ARROWHEAD
REGIONAL MEDICAL CENTER

Orientation and Safety Resource Booklet

Revised 4/2018

ARROWHEAD REGIONAL MEDICAL CENTER

MISSION STATEMENT

To provide quality health care to the community.

VISION STATEMENT

To improve the health of our community by being the provider of choice for healthcare delivery and education.

The Heart of a Healthy Community

H.E.A.R.T
Honor
Engaged
Accountable
Respect
Teamwork

INTRODUCTION

The goal of ARMC is to provide an environment that is safe and secure for patients, employees, medical staff, and visitors. This booklet has been designed to provide information and safety reminders to assist you in meeting that goal. The practice at ARMC is to continually develop, educate, and enforce a safe and hazard free work environment.

The responsibility for safety rests with all of us. Abiding by the rules and regulations of ARMC will ensure the safety of our patients, our staff, and our community.

ARMC Organization Chart

A complete Organizational Chart is available on ARMC Tools, under the icon labelled "Org Charts".

Organization of the Medical Center and Administrators:

ARMC reports directly to the **County Board of Supervisors**.

William L. Gilbert, Chief Executive Officer

Medical Director, Vacant

Associate Medical Directors

Arvind Oswal, Chief Financial Officer

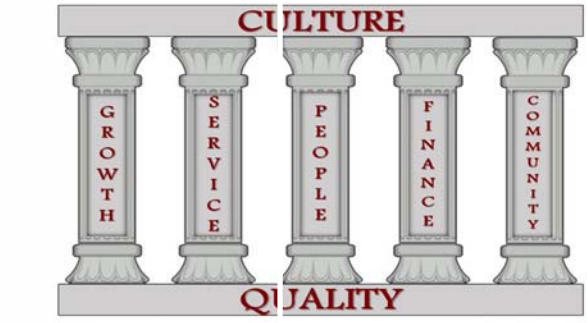
Jerome Dayao, **Chief Nursing Officer**

Katrina Shelby, Quality, Regulatory and Compliance Officer

Wesley Toh, Associate Hospital Administrator, Support Services

Staci McClane, Associate Hospital Administrator, Ambulatory Services

Kevin Saunders, Human Resource Officer



CUSTOMER SERVICE AND A CARING CULTURE:

How we communicate is KEY to a successful customer service program. **AIDET** is a framework for staff to communicate with patients, families, and co-workers. The A.I.D.E.T framework helps reduce patient anxiety and improves outcomes.

*A*cknowledge

Seek out and greet patient/customer with a warm and friendly smile.
Anticipate your patient's/customer's needs

- ★ Be alert, make eye contact and smile
- ★ Demonstrate empathy, show that you care!

*I*ntroduce

First step in forming a relationship with your patient/customer

- ★ Elaborate on your competency/ability - Managing up

*D*uration

Educate your patient/customer about the length of time that a particular procedure or request will take

- ★ Under promise and over deliver
- ★ Give a time expectation that will surely be met
- ★ This is your opportunity to decrease patient anxiety

*E*xplanation

Keep your patient/customer knowledgeable and involved

- ★ Explain step by step what will happen
- ★ Offer to answer any concerns or questions or resolve any complaints
- ★ Use easily understood terminology and phrases

*T*hank you

Always thank your patient/customer. Ensure they are "very satisfied"

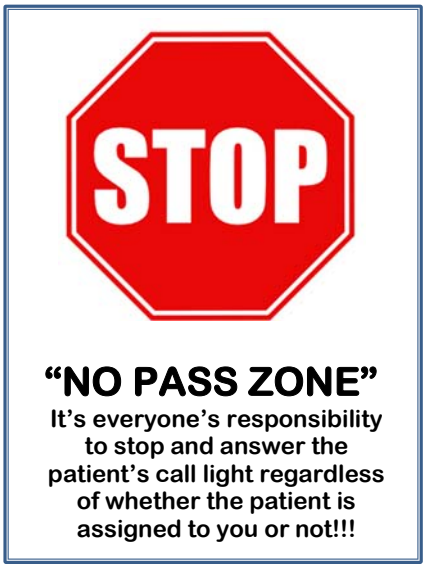
*S*urvey

You will receive a survey ~ ARMC Thanks you for choosing us!

Customer Service
Requires
A Team Approach.

No Pass Zone

We ALL take part in the No Pass Zone because everyone who works here on campus has an effect on our patients experience and because we want to ensure we always meet our patient's basic needs, *FAST* when they ask for help.



T.A.F.F.Y

Two Patient Identifier
AIDETS
Foam In
Foam Out
You

Hourly Rounding

Staff check on the patient proactively about every hour. Responsibility is shared between nursing and nursing support ~ No Pass Zones are established

- ★ Increase patient safety
- ★ Increase patient satisfaction and customer service scores
- ★ Reduce falls
- ★ Assess the "4 Ps" (Pain, Potty, Position & Placement)

GENERAL INFORMATION

- **Dress standards:**

All hospital personnel will present a professional appearance in order to promote a positive image to our customers. The policy takes into consideration employee safety and supports infection control standards. Employees not required to wear uniforms are expected to wear clothes suitable for business and to present themselves in a professional manner. Individual services may have more specific policies...please check with the supervisor of the area in which you will be working.

- Students and Instructors must wear their school uniform, or attire required by their school. All attire must be modest, clean and pressed, and shoes with closed toes and low heels are required. Instructors must wear professional attire and a lab coat.
- All attire must be modest, clean and pressed and shoes with closed toes and low heels are required. All clothing is to be neat, clean, and within the bounds of decency and good taste. Tight fitting garments, shorts, T-shirts, sweats, see-through clothing, bare midriff tops, and spandex are not permitted.
- Footwear should be clean and in good repair. Flip-flop or thong sandals are not permitted.
- Hospital scrubs are to be worn *only* in OR, PACU, Labor and Delivery, Burn, and Sterile Processing. Shoe covers are not to be worn outside of these areas.
- Denim jeans or coveralls are not permitted.
- Jewelry for facial piercing (including the tongue) is prohibited.

- **Personal Hygiene**
  - A clean, presentable appearance is essential in the hospital environment.
  - Personal hygiene includes bath/shower and mouth care.
  - All hair, beards, sideburns, and mustaches must be clean, neatly groomed, and properly restrained for its length and job assignment. In direct patient care areas, shoulder length hair or longer must be tied back.
    - In patient care areas, avoid use of items causing strong odors such perfume, after-shave, hairspray, and tobacco.
    - Finger Nails: Employees and students providing patient care or support services with patient contact **are not permitted to have**

artificial nails, gel nails, nail tips, or wraps. Additionally, nail polish must be without chipping, cracking or peeling
- Natural Nails are to be kept clean and closely trimmed.

GENERAL INFORMATION

- **Identification**: Identification must be visible at all times – Students and Instructors must wear their School ID, or that which is arranged through their respective departments.
- **Weapons**: Weapons, including personal protection weapons of any kind are not allowed anywhere on our premises including parking lots and facilities.
- **ARMC** has a zero-tolerance standard with regard to violent behavior or threats of violence in the workplace. Workplace violence is deemed to include , but is not limited to threats or aggressive acts , both implied and actual to any other employees, patients and the public, and any physical violence, fighting or creation of a disturbance.
- **Drug-free Workplace**: The illegal manufacturing, distribution, dispensation, purchases, possession, sale or use of drugs is prohibited. Failure to comply will result in disciplinary action.
- **Smoking**: Smoking, vaping, and the use of tobacco products are not permitted on the Arrowhead Regional Medical Center (ARMC) campus or at any of our facilities.
- **Discrimination**: We do not tolerate any discriminatory practices that violate applicable laws, including sexual harassment.
- **Computer Use**: Use of institution computers is only permitted during, and for, the care of patients/clients. Use is not permitted for personal or school use. If you need to complete an assignment, you must use your own personal home computer, school's computers, or those in a public or school library.

For general hospital information, an information desk is located just inside ARMC's main entrance. The number is **580-1001**

PARKING INFORMATION:

All staff who have ARMC issued badges have access to the gated parking lots and are expected to use them at all times. No staff parking in non-gated patient/visitor lots is permitted except where specifically designated; such as Physician, Volunteer or Administration parking.

Parking is very limited, so it is important for all to understand that we adhere to these policies for good reasons. Staff should feel empowered by the knowledge of these principles:

- A patient's care begins upon their arrival.
- Those we serve include many who are sick, injured, and elderly or have children and infants with them and need the closer spaces.
- Patient/visitor spaces may be utilized multiple times throughout the day whereas an employee will park once and remain for 8-12 hours.
- Employees benefit from the gated lots, which protect their cars from damage, both deliberate and cumulative (from daily contact with multiple car doors, crutches, walkers, strollers, etc.).
- Spaces not used in gated lots are wasted, as patients/visitors can't access them.

REFERENCE MANUALS:

The following resources are available as references. They are located in the Patient Care Areas, Individual Departments, Ambulatory Services and Hospital Administration.

1. ARMC Administrative Operations Manual
2. ARMC Department of Nursing Policy Manual
3. ARMC Safety Manual
4. Department of Nursing Equipment Manual
5. Infection Control Manual
6. Emergency Response Manual
7. Department-specific Policy Manuals

COMMUNICATION MECHANISMS:

Countywide and ARMC phone books are available in every work area. If you are unable to find a needed phone or beeper number, you may call the hospital operator for help by dialing "0".

- Paging System:
  Page numbers can be found in the hospital directory. To page:
  Dial 9, then the pager followed by the pound sign.
  - If you should access a voice paging system, please pay close attention to confidentiality issues by avoiding use of patient names, medical record numbers, room numbers, and conditions.

HOSPITAL NUMBERS & EMERGENCY NUMBERS:

Security……..x44444 (emergency) or x01111

Hospital Operator……Dial "0"

Main Hospital Number…….580-1000 or 888-USE-ARMC

SUMMARY OF CODES USED AT ARMC

ALL Emergency Codes are activated by calling x44444

CODE	MEANING
Blue	**Respiratory** or **Cardiac Arrest (13 years or older)**
White	**Respiratory or Cardiac Arrest (Infant to 13 years old)**
Triage "Shelter in Place"	**Disaster – divided into 4 stages:** ***Alert** Used to notify staff of the "possibility" of an event. Only Administration responds to this level of the code. ***Internal Threat** Signifies something occurring inside ARMC (i.e. utility failure, etc.) ***External Threat** Used for any event in the community that would impact ARMC (i.e. mass casualties, etc.) ***Shelter-In-Place** Used to indicate that we must prevent anyone from entering or exiting the building (i.e. a chemical cloud is heading our way).
Gray	**Combative Person**

Pink	**Infant Abduction (birth to 1 year)**
Purple	**Child Abduction (age 1-13 years)**
Red	**Fire**
Orange	**Hazardous Material Release**
Silver	**Possible Weapon or Hostage Situation** - Keep Out of the Area
Yellow	**Bomb Threat**
Green	**Patient Elopement**

RESPONSE TO DISASTER:

"**Code Triage**" announced over paging system signifies impending disaster. Report to your immediate supervisor or personnel pool area according to department plan. Sheriff's deputies and Correctional Officers have a responsibility to remain on premises and oversee their charge.

- **During an emergency situation the Medical Center will make every reasonable effort to:**
    1. Ensure the safety of patients, visitors and employees.
    2. Meet the health care needs of hospitalized patients.
    3. Meet the health care needs of the injured.
- **Response to a disaster is specific for each department.**

  Learn emergency hospital numbers and become familiar with the location of the Safety Manual and department-specific disaster plans.

EARTHQUAKE (Duck, Cover, & Hold!—Do Not Panic!):

A. During:

1. **Inside,** take cover under study tables/desks & hold on!
2. Do not leave building until safe; falling debris may injure or kill.
3. **Outside,** step into a doorway or move into an open area, away from falling objects.

B. After:

1. **Do not use telephone** except for emergency assistance.
2. Check on persons & patients nearby and assist where possible. Wait for instructions after the shaking stops.
3. Expect aftershocks.
4. DO NOT USE ELEVATORS**.**
5. Listen to radio for instructions when away from the site.

6. Refer to Emergency Operations Plan located in the Emergency Response Manual

C. <u>Items recommended to be available at home or in car:</u>

1. Flashlights and batteries.
2. Battery-powered radios.
3. Fire extinguishers.
4. First Aid kits.
5. Emergency food supplies.

FIRE EMERGENCY:

- ❖ Quick execution of emergency plans will help assure patient safety.
- ❖ Know the location of emergency exits, posted evacuation plans, fire extinguishers, and fire alarms in your work area. Make note of additional locations as you travel throughout the hospital.
- ❖ Access to emergency exits and firefighting equipment must be kept clear at all times.
- ❖ Do not "wedge" doors to prevent them from closing.
- ❖ Do not attempt to use the elevators during a fire event.
- ❖ Know where the nearest adjacent fire compartment is located in your immediate work area.
- ❖ Know the fire ratings of all doors in your area (found on a sticker over each door jamb).
- ❖ **RESPOND** to all Fire Events (Code Red) per dept. policy!

FIRE PROCEDURE - - - - DIAL "44444" & Use R.A.C.E:

Tell operator: Fire location, type of fire, size of fire & your name
The operator will verify notification of:

Fire Department
Administration
Facilities Management
Security

Note: Off-site Family Healthcare Center personnel are to call 911 in case of fire.

R = RESCUE — **Remove** all patients and visitors from the immediate fire area

A = ALARM — **Activate** the fire alarm by pushing in and pulling down the handle Notify **the Medical Center Communication Office by dialing x44444**

C = CONFINE — **Close** doors and windows.

E = EXTINGUISH — **Extinguish** small fires if it is safe to do so using an appropriate fire extinguisher.

OPERATION OF PORTABLE EXTINGUISHERS (P.A.S.S.):

P = PULL	Pull out safety pin
A = AIM	Aim the nozzle at the base of the fire
S = SQUEEZE	Squeeze the handle
S = SWEEP	Sweep the nozzle from side to side at base of fire

ELECTRICAL SAFETY:
Facilities Management Ext: 00085, Bio-Med Ext: 00079

Electricity Demands our Respect - Be alert for electrical hazards

Dos

- Do establish that electrical equipment is functioning properly prior to use and that it has a current Safety Sticker.
- Do notify the Facilities Management or Bio-Med when equipment is not functioning correctly.
- Do fill in the equipment failure report tag on equipment from Sterile Processing and remove malfunctioning equipment from the patient care area.

- ❖ Do notify the Bio-Med at Ext: 00079 to have patients' personal equipment such as radios, fans, etc. checked prior to use.
- ❖ Do keep cords out of traffic areas to prevent damage or tripping.
- ❖ Do dry your hands before you touch the patient, bed or electrical equipment.
- ❖ Do avoid electrical shocks to patients by touching the bed frame before you touch the patient.
- ❖ Do report any plugs that are warm or hot to the touch.
- ❖ Do grasp plug, not cord, when unplugging from wall unit.
- ❖ Do use only electrical equipment in patient care areas that have a three-pronged hospital safety plug and a three-wire power cord receptacle by UL listed standards.

Don'ts

- ❖ Do not use any equipment that is beyond its preventative maintenance date - Red Tag it & call Bio-Med.
- ❖ Do not use a cellular phone in Critical Care areas.
- ❖ Do not drop cords or plugs in water or on wet floors.
- ❖ Do not use extension cords.

HAZARDOUS MATERIALS:

ARMC has coordinated an MSDS Management Program that allows all staff quick access to Material Safety Data Sheet (MSDS) information by **telephone.** The telephone number is available on a prominent yellow and black sticker that has been placed on telephones and other obvious places within each department. You will receive information over the phone on hazardous materials, how to respond to a spill, and answers to other questions that you may have.

Become familiar with hazardous materials in your work area, their precautions, and the proper manner in which they should be used. Refer to the **Safety Manual** for policies and procedures related to hazardous materials.

Hazardous Materials Spill Response:

The *first priority* is to ensure safety of all individuals in the area.

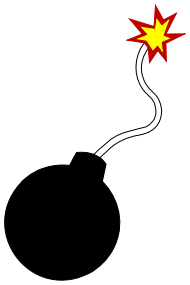
- **Control** the spill by covering with towels if safe to do so.
- **Confine** traffic through the area & close doors if necessary.
- **Call** Environmental Services for clean-up. Note: Chemotherapy spills require special handling & use of a special spill kit.

RADIATION:

The hospital has a Radiation Safety Committee to assure that radioactive materials in the hospital are being used in a safe manner.

1. Patients who receive radiation treatment require monitoring, and employees must take care to avoid unnecessary exposure to radiation. Hospital personnel & visitors have time restrictions at the bedside. When a radiation sign is posted, ask the charge nurse if there are special precautions prior to entering the patient's room.
2. When portable x-ray machines are being used in patient rooms, you must move away from the patient or wear a leaded apron when the technician asks you to do so.
3. Report all radioactive spills to ARMC Radiation Safety Officer, Tung Huynh, M.D., x01520 or the Radiology Supervisor if Dr. Huynh is not available.
4. Staff who are pregnant or under 18 years of age are not to care for patients who have implanted radionuclides or radiopharmaceuticals. Check with the charge nurse. Time is also limited to 5 minutes per visit and 30 min. per 8 hour shift.
5. Remember: TIME, DISTANCE, & SHIELDING are the primary ways to protect yourself and be safe.

BOMB THREATS EXT: 44444



Bomb threats are always treated as a real situation and are handled in a professional manner:

1. Pay attention to details about the phone call which may be helpful.
2. Do not hang up and do not put the caller on hold.
3. Call Security at x44444.
4. Complete the bomb threat check list, available in all hospital areas.
5. Read the Safety Manual policies #5030 and 5031.

SECURITY EXT: x01111 (or x44444 in an Emergency)

Everyone at ARMC is a part of the Security Department. The best personal security occurs when you remain alert, aware, and responsive to your surroundings. Anyone you do not recognize as belonging in your area is a suspicious person. Call x44444 and report immediately to security. Always ask for identification of an individual that you think is a suspicious person or that you do not recognize.

1. **Employees wear the ARMC picture-issued identification badge while on duty. Your picture MUST face outward at all times.**

2. All visitors, students, vendors, etc. wear a Visitors arm band obtained from Security at main entrances. After hours arm bands are available at the Emergency Department entrance only.
3. All admitted patients are identified by arm bands.
4. Lock all purses, wallets, and other valuables in a locker or cabinet. Do not bring large sums of money or many credit cards to work.
5. Report all thefts immediately to Security.
6. Call Security to ask for a Security escort to or from your car.

INFANT SECURITY:

A system for assuring the safety and security of infants and children is enforced at ARMC. Department-specific orientation is available.

INJURY AND ILLNESS PREVENTION PROGRAM (IIPP):

ARMC is strongly commitment to the formation of a safe and healthy work environment for our patients, employees, and visitors. The main objective of the IIPP is loss control, injury prevention, and reduction of work place injuries through heightened safety awareness.

What can you do to promote a safe environment?

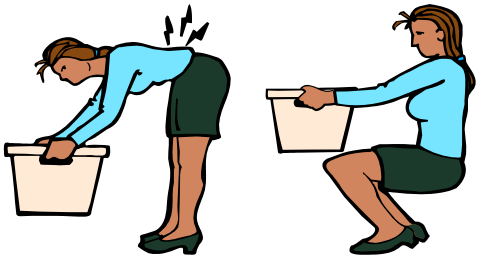
- ❖ Actively participate in safety initiatives
- ❖ Report any unsafe conditions immediately
- ❖ Report work related incidents immediately
- ❖ Watch out for your own safety

BODY MECHANICS AND BACK SAFETY:

Body mechanics refers to the way in which the body moves and maintains balance with the most efficient use of all its parts. Basic guidelines are provided to avoid strain and help maintain muscle strength.

- ❖ Use the strongest muscles to do the job. They are located in the shoulders, upper arms, hips, and thighs.
- ❖ Maintain a broad base of support when assisting patients, and point your toes in the direction of movement.

- ❖ Bend from the hips and knees and keep your back straight.
- ❖ Use the weight of your body to **push** rather than pull an object.
- ❖ Carry heavy objects close to your body & don't lift overhead.
- ❖ Avoid twisting your body as you work. Pivot with your feet.
- ❖ If a patient or object is too heavy for you to lift alone, always get help.



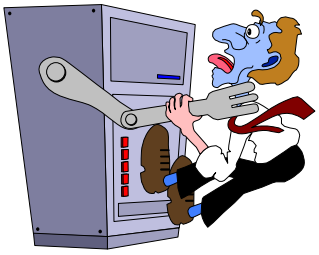
STEPS TO MAINTAIN YOUR HEALTH AT A COMPUTER WORK STATION:

- ❖ Screen is positioned at arm's length.
- ❖ Top of screen lines up with eye level.
- ❖ Shoulders relaxed with elbows bent at 90 degrees.
- ❖ Wrists are straight and supported.
- ❖ Support your lower back.
- ❖ Hips are bent at 90 degrees and as far back on the chair as possible.
- ❖ Knees bent at 90 degrees and feet supported.
- ❖ Documents straight ahead on same level as screen.

MACHINERY:

Mechanical and electrical equipment are always potential sources of injury. The following are general suggestions to reduce incidents.

- If equipment malfunctions or fails:
  1. Ensure patient safety and your own.
  2. Contact the supervisor immediately to obtain alternate/replacement equipment.



Always become oriented to equipment **prior** to using it.

- Be sure all personnel are clear and appropriate warning signals have been given before starting or moving a piece of equipment or machinery. All equipment should have a current Safety Sticker! If it does not, report it and do not use the equipment.
- Do not operate equipment without appropriate safety guards. Missing, broken, or inadequate safety guards should be reported, repaired, or replaced before using.

- Equipment must be turned off and/or unplugged before making adjustments or repairs. Any exception to this safe practice must be specifically approved by your supervisor/administrator.
- Personal protective equipment such as gloves, safety glasses, ear protection, hard hats, safety clothing etc. is required for certain operations. Know the requirements and follow them before starting the job.

SUPPLY AND MATERIAL HANDLING:

- Keep your field of vision clear when carrying supplies.
- Carry only what you can safely manage and seek assistance when needed.
- Do not reach into waste containers or trash with hands or feet.
- Keep cleaning/maintenance liquids in properly labeled containers.
- Store flammable supplies in special storage cabinets.

NEWBORN SURRENDER:

To stop the abandonment of newborn infants, California law provides immunity from prosecution to persons with legal custody of newborns 72 hours old or younger who are voluntarily surrendered to a licensed staff member on duty in the emergency room. If someone enters the hospital and wishes to leave a baby:

- Attempt to escort the person to the Emergency Department (ED).
- Effort must be made to utilize ID bands and provide the Newborn Family History Questionnaire.
- If the person refuses to go with you to the ED, take the baby and go directly to the ED.

EMPLOYEE HEALTH SERVICES EXT: 00084.

⇒ Agency personnel, contracted clinical personnel, onsite instructors and students will meet the requirements of ARMC's screening and immunization program to assure they are free of communicable disease.

⇒ **NOTE**: **Students /Interns must have their health screening and immunization done via their educational institution. The information must be kept on file with the school and is easily retrievable when requested by ARMC.**

⇒ Initial Screening and Immunizations is accomplished through new employee orientation and includes:

1. Tuberculosis (TB): 2-step test is required initially and one test is repeated annually thereafter for those individuals with a negative skin test history.
    - Failure to have your TB Test read will result in your receiving another TB Test. It is your responsibility to have your TB Test read. A Nurse Manager, Assistant Nurse Manager or any Attending Physician can read the test if it is negative. Only the Employee Health Nurse or her designee can read positive (red/raised) results.
    - Individuals who have received TB skin testing elsewhere may submit the written results to the Employee Health Nurse.
    - Annual TB screening is done annually based on your last name and is determined by a quarterly division of the alphabet. Example: Last names beginning with "A-F" due February, "G-L"due May, "M-R" due August, and "S-Z" due November.

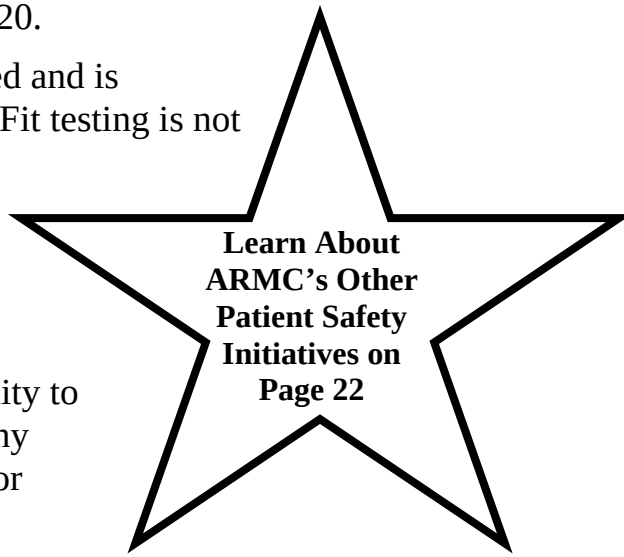
2. A Chest X-ray and TB Questionnaire: Performed if the individual has a positive TB history. TB Questionnaire is required annually thereafter. CXR is repeated if symptomatic.
3. Evidence of immunity to Measles, Mumps, Rubella (MMR) and Varicella,
    - For MMR-*Must meet at least one of the following*: Documentation of 2 doses of MMR vaccine; Laboratory evidence of immunity or confirmation of disease (Provide Lab Report); or Birth before 1957.
    - For Varicella:-*Must meet at least one of the following*: History of Chicken Pox; History of Herpes Zoster diagnosed by a health-care provider; Documentation of 2 doses of Varicella vaccine; or Laboratory evidence of immunity or confirmation of disease (Provide Lab Report).
    - If immune status is unknown; laboratory testing is available via Employee Health Services.
4. Hepatitis B Vaccination: Recommended for Healthcare workers (HCWs) who's duties places them at risk for bloodborne pathogen exposures *(i.e. duties that require the handling or cleaning up of blood or body fluids)*
    - Documentation of Hepatitis B vaccine series or positive HbsAb titer result, or
    - Signed Hepatitis B declination form if you elect not to be immunized.
5. Tdap (Tetanus, diphtheria, pertussis) Vaccination: A single dose of Tdap vaccination is recommended for all Healthcare Workers
6. Hepatitis C Screening

- All employees who handle blood or body fluids will be screened for Hepatitis C infection. Individuals found to be Hepatitis C positive on their initial screen will be educated on infection transmission precautions and will be instructed to seek follow up care from their primary care physician.

7. Influenza Vaccination: (Required for HCWs during the Fall and Winter starting between September 1st and March 31st)
   - Documentation of Seasonal Influenza Vaccine or a signed informed declination
8. Respiratory Protection and Fit Testing: Fit testing for the N95 Particulate Respirator (PR) is required for HCW's who will enter Airborne Infection Isolation Rooms (AIIR's) of patients having suspect or active Tuberculosis (TB), or an airborne transmissible disease that require the use of an N95 PR.
   - Fit testing is required at least annually and is due at the time of your annual TB Screen.
   - Powered Air Purifying Respirators (PAPR): Recommended for those HCWs who are medically certified, but who cannot wear a N95 mask because the N95 choice(s) does not fit; the HCW has facial hair or facial shape that interferes with mask-to-face seal.
   - The use of a PAPR is required when performing high hazard procedures (i.e. bronchoscopies, airway suctioning, intubation, extubation, etc). Exceptions: When the use of a PAPR interferes with the successful performance of the task(s). In this case, an N95 shall be used.
   - The PAPR is available thru SPD. Ext. 00020.
   - Initial and annual PAPR training is required and is performed by Employee Health Services. Fit testing is not required for the PAPR.

⇒ Your health records are kept in the Employee Health Office and consist of any testing, screening, or immunizations you have received at ARMC.

⇒ The Employee Health service provides an opportunity to review your immunization records and to discuss any specific health concerns and/or recommendations for follow up.



⇒ After screening, vaccinations including MMR, Varicella, Tdap, Hepatitis B and Flu are offered *free of charge* to at risk HCWs.
⇒ Other Services: Blood Pressure monitoring and Accu-check testing is done on request.

⇒ Latex Allergy/Sensitivity: Let your manager or supervisor know if you have a **Latex allergy** or sensitivity. Report symptoms of Latex allergy or sensitivity to your manager, supervisor, and the Employee Health Nurse immediately. Symptoms of allergy include: itchy eyes, nose, or mouth; nasal congestion; wheezing; coughing; shortness of breath; trouble breathing; rise or fall of blood pressure; swelling of the throat; rapid, pounding heartbeat; nausea and/or vomiting.

⇒ Latex-free carts and supplies for patient care are available from Sterile Processing.

HOW TO REPORT AN INJURY:

When a work-related injury occurs at ARMC, the following systems are in place:

A. Non-hospital personnel:

1. Notify your immediate supervisor or nurse manager and if a student your clinical instructor at once.
2. Appropriate follow-up will be done through your own agency or school.
3. For Blood/Body Exposure
    1. Provide First Aid appropriate for the type of exposure. (See Blood/Body Fluid Exposure section below)
    2. Notify the instructor or preceptor (if a student)
    3. Notify the Nurse Manager and go to the Employee Health office for further instructions. After hours, weekends and holidays report the exposure to the Nursing Supervisor
    4. Complete the Blood borne Pathogen Report.
    5. Have the following information ready:
        a. Student or clinical instructor name and contact information
        b. Source patient's name and medical record number
        c. Date and location of incident
        d. Circumstances of exposure (i.e. recapping a needle, discontinuing a Foley catheter)
        e. Name and contact information of the physician that the student or clinical instructor will be seeking care from.

B. ARMC personnel:

Notify your immediate supervisor or nurse manager at once, and follow the procedures below.

1. For Occupational Illness or Injury

- ❖ Complete these forms and turn in to your supervisor within 24 hours:
  - o Report of Occupational Illness or Injury
  - o Report of Hazard, Unsafe Condition or Practice, if injury was a result of a hazard
- ❖ You and your supervisor will sign the report. The situation will be evaluated and if medical attention is required, the supervisor will provide you with the appropriate forms.
- ❖ For any further questions, contact ARMC Human Resources at x01600.

2. Blood/body fluid exposures

The Exposure to Bloodborne Pathogens Exposure Control Plan is found in the Infection Control Manual, Policy 600. Included in this plan are specific policies and procedures defining ARMC'S methods of exposure prevention, injury response, and follow-up for our employees, according to the OSHA standards.

An exposure is:

- Needle stick or puncture of skin with a needle, sharp instrument, or object which has been soiled with blood or certain body fluid.
- Splash or aerosolization of blood or certain body fluid onto the mucous membranes of the mouth, nose, or eye.
- A break in your skin which would allow someone else's blood or certain body fluids to enter your body.

Health care workers who are exposed to blood or body fluids by any of the methods defined above should report the incident ASAP and follow the procedure below:

- **REPORT EXPOSURES IMMEDIATELY**
  - M-F during regular hours, notify your manager and/or supervisor, and go to the Employee Health Office.
  - After hours, weekends, and holidays report the exposure to your manager/supervisor and report to the Nursing Supervisor.

- Initiate routine first aid appropriate for the type of exposure (Flush eyes with normal saline, clean wound with soap and water).
- Complete Bloodborne Pathogen Report. All employee exposures are evaluated and considered for post HIV and/or Hepatitis B exposure prophylaxis.
- It is important to get the information regarding exposure to the Employee Health Nurse quickly to expedite review of the patient's medical record, obtaining consents as appropriate, and determination of any other appropriate lab testing that may be needed.
- **NOTE:** If the exposed individual is a patient, follow established hospital procedures in completing an Unusual Occurrence Report (UOR). Refer to AOM Policy 110.19. The UOR is to be completed no later than the end of the shift during which the event occurred and the Department Supervisor/Manager is to be notified. The exposed patient must be notified by his or her physician of the incident and post exposure testing, counseling and follow-up be provided to rule out risk for HIV, HBV, and HCV transmission.

Preventing Transmission of Influenza Viruses -

The #1 goal of Infection Control in healthcare is to minimize the transmission of microorganisms that cause disease. Influenza viruses are listed by Cal/OSHA under the Aerosol Transmissible Disease (ATD) Standard (IC P&P 800), which recommends patients with confirmed, probable or suspect cases of influenza in ICU patients must be placed in Airborne Infection Isolation, and N95 or higher respirators must be used when entering the room. If a nasal swab is to be done, the patient must be placed in Airborne Infection Isolation before a nasal swab is obtained.

Patients with suspected or known cases of influenza and are not being cared for in an ICU should be in Droplet Isolation.

Who should be considered for influenza testing?

- Hospitalized patients with suspected influenza
- Patients for whom a diagnosis of influenza will guide decisions regarding clinical care, infection control or management of close contacts
- Patient who died of an acute illness in which influenza was suspected

Influenza Isolation Requirements:

Follow requirements for Airborne Infection and Droplet Isolation as needed.

INFECTION CONTROL:

All hospital employees are responsible for infection prevention and control. Protect yourself and others by practicing these measures.

1. Personal Hygiene:

☺ Always cover coughs and sneezes with a disposable tissue.

☺ Don't touch your own eyes, nose or mouth, except with freshly washed hands – and always wash your hands after touching.

☺ Stay home from work if you have a contagious illness.

REMEMBER...The single most important means of preventing the spread of infection at ARMC and home is effective hand hygiene.

2. Hand Hygiene Practices Need to be Observed:

- ❖ Before starting and after ending work.
- ❖ Before and after patient contact.
- ❖ When hands are visibly soiled.
- ❖ Immediately after removing gloves
- ❖ After contact with blood and any body fluid, even when wearing gloves
- ❖ After doing any personal care, such as blowing your nose, or using the restroom.
- ❖ Before eating, drinking or handling food.

HANDWASHING Required when hands are visibly soiled**:**

- ❖ Wet hands with water.
- ❖ Apply enough soap to work up a good lather.
- ❖ Apply fifteen (15) seconds worth of friction
- ❖ Rinse hands well to remove the soap and soil.
- ❖ Thoroughly pat hands dry with paper towel.
- ❖ Use paper towel to turn off faucet and open any doors.

Alternate method of Degerming hands:

Use alcohol based hand sanitizer for hands **not** visibly soiled.

- ♦ Apply adequate amount of foam or liquid to palm of hand
- ♦ Rub onto all surfaces of hand plus fingernails.
- ♦ Allow to dry (20 seconds) before touching anything.

EXCEPTION: When caring for a patient with Clostridium Difficile (C-Diff), **do not** use alcohol based hand hygiene products. Use antimicrobial soap and water for hand hygiene.

Artificial fingernails or other fingernail enhancement, e.g., tips, wraps, acrylic overlays, gels or decals are not allowed for those who provide direct hands-on

patient care or provide an indirect patient care service, including but not limited to EVS, Pharmacy, and Medical Imaging. See IC P&P #401 for full list.

STANDARD AND ISOLATION PRECAUTIONS: (See IC Manual, Policy #402)

1. Use a combination of **Standard Precautions** and **Isolation Precautions** as needed to protect yourself from known as well as unknown diseases. Protect yourself from contact with any body fluids, but especially blood or fluid containing blood by using appropriate personal protective equipment (PPE).

2. **Transmission Based Precautions**-- Follow all instructions on the sign posted at the patient's door and/or ask for direction from the Charge Nurse before entering room.

   Airborne: (TB, Chicken Pox [also Contact Isolation], Measles and patients identified with known or suspected influenza AND are being cared for in any Critical Care area). These diseases are passed from person to person by microorganisms released into the air.

   - The patient will be placed in a negative pressure isolation room. A list of negative pressure rooms is found in the IC Manual, in Appendix C of the Tuberculosis Exposure Control Plan, #700.
   - Place an Airborne Infection Isolation sign at the entrance to the room.
   - For **Chicken Pox and Measles**, maintain isolation until the patient is no longer considered contagious. When caring for patients with **TB**, all employees and health care workers **must wear** an **N95** mask for which they have been fit tested. The patient must wear a surgical mask when leaving the room. Visitors, and/or family should wear a surgical mask when visiting.
   - In the clinics, patients needing respiratory precautions are placed in an exam room as soon as possible and given a surgical mask to wear.

   Droplet: (e.g., Neisseria Meningitis, Rubella, Mumps). Large particle droplets spread by certain medical procedures or by coughing and sneezing.
   - Wear a surgical mask when within 6 feet of the patient.

   Contact: (RSV, Clostridium difficile, VRE and Carbapenem-Resistant Enterobacteriaceae {CRE}). Infectious diseases spread by skin to skin contact or by contact with contaminated objects.
   - Wear gloves whenever entering the room for any reason.
   - Wear a gown whenever entering the room for any reason.
   - Wash hands upon entering and when leaving the room.

- Discard gown, gloves, and mask before leaving the room.

3. Personal Protective Equipment (PPE)

- Use gloves when you anticipate contact with body fluids.
- Wear gowns, the appropriate mask, and goggles when further exposure is anticipated (i.e., splashing, spraying, or likelihood of soiling personal clothing, or for Airborne Infection Isolation.
- Employees who must provide direct care to patients with known or suspected TB will be fit tested for an N95 respirator mask as required. Contact the Employee Health Nurse at 580-0084 regarding fit testing.

4. Signs, Ante Rooms and Isolation Carts

Anyone who enters an isolation room must follow the directions on the sign. Isolations rooms with ante room are stocked with the necessary supplies including signs, masks, gowns, face shields, bags, and BP cuff in the ante room. If no ante room is present, an isolation cart must be requested from Sterile Processing.

5. Linen

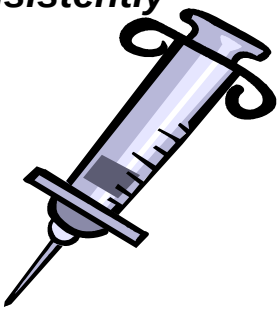
- All soiled/used linen is considered contaminated. Hold linen away from your body and below your waist when carrying to hamper. Place all contaminated linen in soiled linen hampers.
- Do not store extra linen in patient rooms or place any linen on the floor.
- Always place contaminated linen in the soiled linen hamper only. Never place linen in a red biohazard bag or container.

6. Biohazard Waste Disposal (IC P&P #323 & 600)

- Dressings and disposable articles GROSSLY contaminated with body fluids, liquid blood, caked or flaking secretions, and blood products will be disposed of in the RED biohazard trash bags marked with this symbol.
- Use a solidifier to treat fluid secretions in suction canisters prior to disposal into a biohazard waste container.
- All other dressings and supplies are disposed of in regular waste.
- In case of a **large** blood or body fluid spill, notify Environmental Services. Otherwise, put on appropriate protective apparel and contain with disposable towel or pad. A hospital approved disinfectant can be used by trained personnel for cleaning non-porous surfaces. Sweep up broken glass without touching it.

7. Sharps and Needles

Always use sharps safety features correctly and consistently



- Dispose all needles and sharps in the needle box in each patient room immediately after use.
- DO NOT RECAP, or manipulate the needles.
- Activate the sharps safety feature immediately after use!
- To replace sharps containers when they are ¾ full, call Environmental Services. DO NOT OVER FILL!

8. Lab Specimens

- All lab specimens and containers are considered potentially infectious.
- Tightly close specimen containers to prevent leaking, properly label, and place initially into 2 re-sealable plastic bags for transport to the lab-through the **Computerized Tube System (CTS).** Identify your unit on the bag.
- The test request form is affixed to the outside of the bag.

ARMC'S PATIENT SAFETY INITIATIVES

It is the responsibility of each staff member to ensure that our patients receive reliable, quality medical care. At ARMC we work as a team using top notch technology and strategic work practices to reduce errors that could lead to critical outcomes for our patients. The following goals are included in our Patient Safety Initiatives:

1. Hand Hygiene Guidelines: To prevent person-to-person transmission of infection, See Page 19.
2. Employee Health Vaccines: Healthcare workers will be offered vaccinations, See Page 16.
3. Advance Directives: See Page 26. Staff will ask patients if they have advance directives upon admission, and will request a copy to put in the chart. If the patient does not have one, they will be instructed as to how to obtain forms.
4. Culture of Safety: It is our goal that staff can feel can feel safe when reporting any patient safety events. A non-punitive system is in place so that events are reported and safety measures are placed in effect to prevent further incidents.

5. Ensure Effectiveness of Communication Among Caregivers: Use only ARMC Approved Abbreviations. The list of approved abbreviations is available on ARMC Tools.
6. Improve the Accuracy of Patient Identification: Use at least two patient identifiers (patient's name and date of birth are the identifiers we use at ARMC) whenever administering medications; taking blood samples and other specimens for clinical testing; or providing any other treatments or procedures.

Have a Concern about Patient Safety? Report all near misses! *If you:*

- *See a near miss*
- *See an unsafe or unfamiliar practice*
- *Any time you feel uncomfortable about the safety of our patients*

Utilize the Patient Safety Concern Telephone line: (909) 580-1888
Or email your concern to: ARMC-PatientSafetyConcerns@dept.sbcounty.gov

PATIENT CARE:

1. Call Systems

- Safety Call Systems are located at the bedside. An emergency button is located in each patient bathroom.
- The Nurse Call system is integrated with the SpectraLink phone system. Please ensure that you receive training on these devices prior to using them.

2. Restraints

- The use of restraint or seclusion is considered only after alternative less restrictive measures have been attempted and proven unsuccessful. These alternatives and the results of such attempts must be documented.
- A **licensed physician's order is required** and should include the physician's signature, the date and time, the type of restraint, reason, and duration of restraint. The physician must also **perform and document a face-to-face assessment** of the patient.
- The Behavioral Health Unit has slightly different policies and time frames. If you will be working in Behavioral Health (BH), you must review BH policies before ordering restraints, or caring for patients in restraints.
- Prisoner patients are handcuffed (metal handcuffs) or shackled at all times while in the custody of law enforcement officers, and should be monitored by the authority having custody of that person. The nurse must assess the skin in contact with the handcuff/shackle. Exceptions

to the use of metal handcuffs include inmates admitted to an Intensive Care Unit, Code Blue, or inmates with a special heart monitor where leather restraints would be alternatively used.

In the acute in-patient areas, the following apply:

- In an emergency, a registered nurse may place a patient in medical restraints. A Telephone order may be obtained and must be signed with-in twenty-four (24) hours
- The order for Medical/Surgical Restraints must be renewed at least once each calendar day and is based on an assessment of the patient.
- Adult patients who are restrained in acute inpatient areas will be assessed every **2 hours.** Pediatric patients will be assessed every **hour**.
- The patient / family will be instructed on the reason for restraints, use of call bell, assessment rounds, and expected care.
- Patient assessments, interventions, and response to restraint will be documented in the medical record using the restraint flowsheet and progress notes.
- ARMC Administrative Operations, Dept. of Nursing Policy & Procedure, & Behavioral Health policies **must be strictly observed**.

3. Code Blue Ext: 44444

Any member of the health care team may call a code. Dial Security at Ext. 44444. Tell the Security Officer "Code Blue" and state the location of the patient.

- Security activates the "Code Blue", followed by the location.
- Security is alerted to maintain crowd control and code team escorts when necessary.
- All patients will be resuscitated unless there is a "Do Not Resuscitate" order written by the physician. Patients with an Advance Health Care Directive, or documentation of patient discussion still require a physician order for no resuscitation.
- Crash Carts are located in all patient areas and are equipped with medications and equipment necessary to provide basic and advanced life support.

4. Prisoner Patient Detention

ARMC has a locked Detention Unit on 5-North for prisoner patients who are in need of medical services, however not all forensic patients are located on 5 North. A deputy sheriff is assigned to the unit at all times. The Medical

Center provides all services that the prisoner patient's medical condition requires.

- The County Deputy Sheriff will insure that the handling of prisoner patients will be within the established procedures for the County Jail.
- Prisoner patients are confined to the Detention Unit unless escorted out by a Deputy for prescribed medical services. Prisoners are escorted by ARMC staff long with a Deputy Sheriff and will be shackled unless there is a medical reason for not doing so.
- Prisoner patients who are confined outside the Detention Unit are shackled for security purposes, and a deputy assigned.
- Labor/Delivery patients need not be shackled to the bed or delivery room table; however, they will be under close surveillance by a deputy. Following delivery, prisoners may be shackled to the bed and will remain the Postpartum Department.
- Intensive Care Unit prisoners will be shackled according to SB County Sheriff's departmental procedures. Exceptions may be required in situations where defibrillation may take place. This is discussed by the nurse with the deputy.
- The Detention Unit is not to be entered by hospital personnel without a Deputy Sheriff in attendance unless a medical emergency exists.
- Visitors are controlled in compliance with jail regulations.
- Deputy Sheriffs are assigned to the medical center guard detail for security reasons and do not engage in non-law enforcement activities.
- In the event that the Emergency Room must be evacuated, patients who are in locked rooms will be removed in the most efficient way possible to retain custody.
- No information is given out regarding prisoner patients.
- All patients, regardless of legal status, are treated with respect and dignity.
- The physical restraint of Prisoner patients and Patton patients are classified as penal/forensic and does not require a physician's order nor does it fall under ARMC's restraint monitoring guidelines. It is important that the skin is checked and if necessary the area around the shackle is padded to prevent skin breakdown.

Note:

- The use of handcuffs on patients who are not prisoners is strictly prohibited!

5. Patient Rights

The ARMC Administrative Operations Manual Policy # 900.01 states that consideration for patient rights is **integrated into every aspect of service and care** provided to patients. The "Patient Rights" brochure is given to patients at their first ambulatory visit and at the time of admission to the hospital.

What do patient rights include?

- The right to prepare an **Advance Directive** (a legal document stating the care a patient wants to received should he / she be unable to make their own decisions, or the name of someone to make decisions on their behalf).
- The right to informed participation in decisions regarding their treatment e.g. informed consent, validation of patient understanding of treatment and procedures, information about hospital policies and procedures, information about the hospital bill.
- The right to refuse care and / or treatment.
- The right to participate in ethical discussions on issues related to their care.
- The right to privacy and confidentiality
- The right to considerate, respectful and safe care, including freedom from abuse and harassment
- The right to file a complaint or grievance

6. Language Interpretive Services

ARMC ALWAYS provides appropriate auxiliary aids and services, including qualified interpreters, in a timely manner to all patients and companions who are deaf or hard of hearing where necessary to ensure effective communication and an equal opportunity to participate fully in the services, programs, or activities of ARMC. When you identify the need for translation, contact the unit's charge nurse, who will request a medically qualified interpreter by contacting the outside company for translation services. *Qualified interpreter* means an interpreter who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators, and cued-language transliterators. The ARMC Administrative Operations Manual Policy #900.02 regarding ADA-Effective Communication for the Deaf or

Hard of Hearing outlines the procedures and services, and tools (TTY, UbiDuo, VRI) available at ARMC.

CHART AND SPECIMEN LABELING:

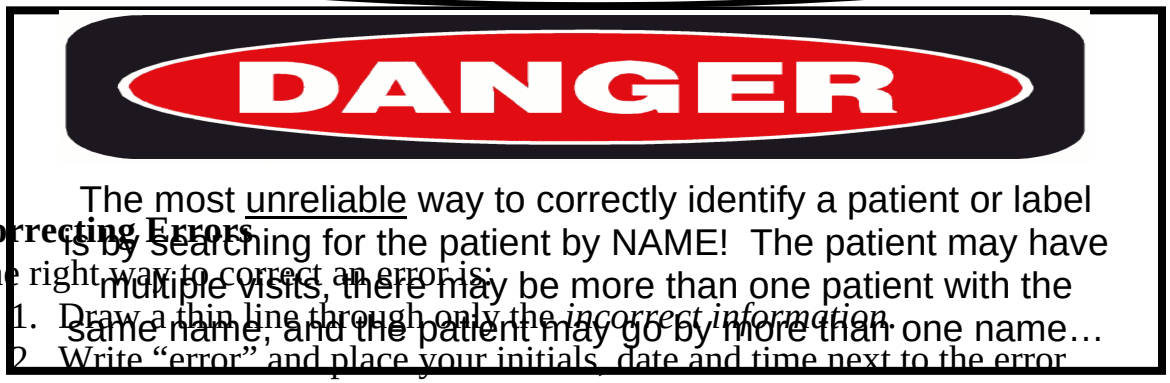
Patient Safety and quality care are foundations of the Medical Center. All personnel need to be aware of the potential harm caused by errors in patient identification and documentation.

Chart Labeling

Electronic charting demands accuracy of labeling and handling by each member of the healthcare team. Putting an incorrect label on a document can causes cascade of events including mistreatment, poor service, unsafe patient identification, HIPAA violations, improper billing, etc.

Taking simple steps to assure proper labeling improves outcomes for everyone.

The Visit Number (V#) has been established as the **GOLD STANDARD***ALL PATIENT IDENTIFICATION AND LABEL PRINTING MUST USE THAT VISIT NUMBER TO ACCESS THE ACCOUNT*



Correcting Errors

The right way to correct an error is:

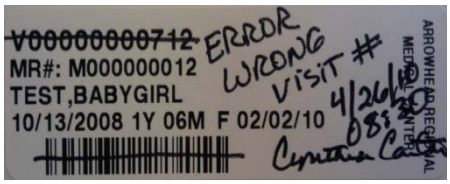
1. Draw a thin line through only the *incorrect information*.
2. Write "error" and place your initials, date and time next to the error. Never erase, white out or in any other way obliterate the incorrect information!
3. As appropriate, place a new label with the correct information on a blank or White space area on the document (the back of the form can be used)

Three **NEVERS** of error correction

- ✓ **Never** place a new label on top of the incorrect label
- ✓ **Never Never** cover up any written documentation on the form
- ✓ **Never Never Never** cover the form ID bar code with a patient ID label

Specimen Labeling

Proper identification of laboratory specimens is of extreme importance if test results are to be of value. Putting an incorrect label on a specimen and poor label orientation causes delays in diagnosis and treatment; loss of time, data, or information; Unnecessary discomfort for the patient when specimens are re-collected; increased costs; etc.



Steps for Proper Specimen Labeling

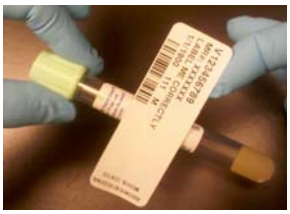
- ✓ Know Your Patient
  - o Check patient identification
    - o Correct any discrepancies BEFORE collection
    - o Obtain the correct specimen in the correct container/tube
    - o Need a minimum of three (3) unique identifiers (V#, M#, DOB, Name, etc)
- ✓ Label the Specimen Immediately, AT THE BEDSIDE and Include
  - o Time and date of collection
  - o Initials of person obtaining the specimen
    - ▪ Double check required for all Blood Bank Specimens (Both signatures must be present on the lab tube)
- ✓ Place the Label Properly
  - o Orient the label with the patient's name toward the tube stopper
  - o Don't cover bar codes on Blood Culture bottles
  - o A requisition must be sent with pathology specimens
    - ▪ It must be filled out completely
    - ▪ It must identify **what** the specimen is and **where** (from the body) it came from

Examples of Proper Labeling

EXCELLENT!!

Examples of Unacceptable Labeling

Never place a label over a cap



COMPLIANCE AND ETHICS PROGRAM:

ARMC is committed to complying with all applicable laws and regulations which support the efforts of federal and state authorities in identifying incidents of fraud and abuse and has the necessary procedures in place to detect, report and correct incidents of fraud and abuse in accordance with contractual, regulatory and statutory requirements.

ARMC's Compliance Program is based upon the following 7 elements:

1. Written policies and procedures (See AOM)
2. Designation of Chief Compliance Officer
3. Effective training and education
4. Confidential reporting- Compliance & Ethics Helpline – 1-877-797-ARMC
5. Appropriate response to allegations of improper activity
6. Audits and monitoring
7. Enforcement and discipline

ARMC does not employ, contract with or do business with any person or entity ineligible to participate in government healthcare programs. Before you begin any type of service at ARMC we need to know:

> Have you ever been excluded, debarred, suspended, or otherwise deemed ineligible to participate in federal/state health care programs (Medicare, Medicaid, etc.) or in federal/state procurement or non-procurement programs; or have you ever been convicted of a health care related criminal offense but not yet been excluded, debarred, suspended or otherwise declared ineligible? If yes, have you been reinstated?

If you answer "yes" to any of the above, immediately notify the department manager to which you report and the Chief Compliance Officer prior to engaging in any activities at ARMC.

If you have any questions or concerns, or would like further information regarding ARMC's Compliance Program, please feel free to contact the Compliance Department at 909-580-2198, or through our Confidential Helpline.

PRIVACY, SECURITY & HIPAA

Privacy is a fundamental right of patients and families relative to their hospitalization. ARMC is committed to protecting the privacy and security of patient information. It's everyone's responsibility to protect patient information in all forms. Federal law also protects patient privacy under the Health Insurance Portability and Accountability Act or HIPAA. HIPAA requires ARMC to implement and enforce policies that protect patient information. Unlawful or unauthorized access to or disclosure of patient information is considered a breach and must be reported to the Department of Public Health and the patient within 15 days of discovery. Violations can lead to civil and criminal monetary penalties and up to 10 years in prison. And if you are a licensed health care provider, you are reported to your licensing agency for their investigation and possible action. Further, the removal, storage or transporting of Protected Health Information (PHI) from ARMC premises is *strictly prohibited* without prior approval is received and appropriate safeguards are in place to protect the information from unauthorized access, use or disclosure.

HIPAA also requires ARMC to provide patients with our Privacy Notice. The **ARMC Privacy Notice** informs patients of their rights under HIPAA and describes how ARMC may use or disclose their information. The Notice is available in all areas of the hospital where patients are registered.

Some common sense practices for protecting patient information include the following:

- Use common sense, think before you speak
- Never share your User ID or password or use someone else's
- Follow ARMC's policies on the proper use of e-mail, computers, fax machines and voice mail
- Discard confidential information in "Shred It" containers
- Never leave information on unsecured fax or copy machines
- Do not openly discuss patient information in public areas, elevators, or the cafeteria
- Never leave patient charts unattended in an unsecured area

- Shield computer screens from public view and log off computers before leaving to avoid unauthorized access
- Contact your supervisor or the Hospital Privacy & Security Officer for questions.

HIPAA PRIVACY RULES APPLY TO SOCIAL MEDIA!

It is a violation of the Federal HIPAA Privacy Regulations and California state laws to post any identifiable information about a patient on social media sites, such as Facebook, Instagram, Snapchat or other websites

The inadvertent or malicious posting of any patient information such as a patient name, picture or other medical information about a patient is prohibited by law and ARMC policy and can subject the responsible individual to disciplinary action up to and including termination of employment or contract, expulsion from training programs or affiliation with the Medical Center. Further, you can be held personally liable for HIPAA violations with fines ranging up to $250,000 and in certain cases, imprisonment.

All staff must take great care in protecting the privacy of all patients and their information at all times!

If you have questions please contact Hospital Compliance or refer to AOM policies 1000.07 or 700.01.

- **ZERO-TOLERANCE POLICY FOR SNOOPING**
- If an authorized user of ARMC resources is determined to be responsible for unauthorized access to patient information, the individual is subject to immediate termination of employment, or expulsion from training programs. (POLICY 700.06)

PERFORMANCE IMPROVEMENT:

The Improvement of Organizational Performance is a work philosophy that encourages every member of ARMC to find new and better ways of conducting business.

The active Performance Improvement problem solving model used at ARMC is:

1. Plan
2. Do

3. Check
4. Act

- It is everyone's job at ARMC to continuously improve care and service outcomes.
- Any employee can submit a suggestion for a multidisciplinary task force through their immediate supervisor.

UNUSUAL OCCURRENCES:

Unusual occurrences include, but are not limited to:

- ✓ A disturbance than can or does disrupt facility functions
- ✓ An event inconsistent with routine patient care
- ✓ A significant violation of established policies and procedures
- ✓ An unusual event which can or does result in injury

Note: Medication errors are reported on a ***Medication Variance Reporting*** form.

Clinical instructors and students are responsible for immediately notifying the Nurse Manager, charge nurse or supervisor on duty upon recognizing a reportable occurrence. Injury does not have to occur. The potential for injury (near misses) and/or property loss/damage is sufficient to justify calling an event an unusual occurrence.

An **Unusual Occurrence Reporting Form** should be completed for every unusual or untoward occurrence involving a patient or visitor. The form is NEVER:

a) Photocopied
b) Placed in the medical record
c) Documented about in the medical record

ABUSE RECOGNITION AND REPORTING:

Abuse is generally defined as the intentional maltreatment of an individual which may cause injury, either physical or psychological. There are several types of abuse.

How Do You Know if Abuse Has Occurred?

If a healthcare worker has knowledge of--or observes abusive behavior, then it is easier to report in more confidence than when only reasonable suspicion exists.

The following clues or indicators may be helpful when deciding whether or not to report abuse (See policies for more extensive lists of abuse indicators):

- **<u>Indicators for a Victim of Abuse</u>**
  - Injuries incompatible with explanation (see above definitions). Change in appearance, weight loss, malnourishment, dehydration without illness or related cause presence of bedsores, soiled clothing.
  - Individual shows signs of fearfulness, hopelessness or resignation, depression, contradictory statements, or other type of abnormal behavior.
  - Improper dress, such as too many clothes for the existing temperature.

- **<u>Caretaker - Cues for Potential Harm</u>**
  - History of substance abuse and resentment towards individual. Expresses feeling of obligation or feels forced to provide care. Expresses poor relationship with individual.
  - Care giver exhibits poor self-control with anger towards individual, general hostility, frustration, little concern or regard towards individual, uses 'blame' towards individual.
  - Does not allow individual to speak for him or herself; is reluctant to cooperate.

Abuse should be reported anytime it is known or suspected.

In all cases of known or suspected abuse toward our patients or visitors, hospital employees may contact the Social Services Department for case referral, consultation or reporting procedures.
In cases where violence or mistreatment is observed on campus, notify Security. Our security staff will complete a report and notify Colton Police, as needed.

Who MUST report abuse?

<u>ANY</u> healthcare practitioner or other licensed or certified professional or trainee.

The following policies are available in the <u>Administrative Operations Manual</u> to assist you in the reporting process:
Policy 620.01 Abuse – Children – Reporting of
Policy 620.02 Abuse – Elder, Dependent Adult
Policy 620.03 Health or Community Care Facility
Policy 620.04 Abuse – Domestic Violence, Reporting of

<u>ADVERSE DRUG REACTION REPORTING:</u>

An Adverse Drug Reaction is any reaction caused by a prescribed medication that was not *anticipated* or *idiosyncratic* that results in a *change* in medication or therapy and/or additional health care resources.

How do you report a Suspected Adverse Drug Reaction?

- Complete the Suspected Adverse Drug Reaction Reporting Form and <u>submit to the Department of Pharmacy</u>.
- If you do not have time to complete the form, phone the Pharmacy.
- Submission of a report does not constitute an admission that medical personnel or the product caused or contributed to the event.

EMTALA ~ Emergency Medical Treatment and Labor Act AOM Policy 610.05

Ensure public access to emergency services regardless of ability to pay, including care to the public on ARMC Campus

This includes Hospital on campus departments and any building owned by the hospital <u>within 250 yards of the main building</u> (including parking lots, garages, sidewalks and driveways)

This includes any individual on the hospital property whom request examination for what maybe an Emergency Medical Treatment or request made on his/her behalf

<u>On Campus for EMTALA</u> (Medical Emergency)

Call Security 01111/44444

Outside line (909) 580-1111

Give location

Give Situation

Utilize a wheel chair, gurney or other means to transport the patient to the Emergency Department when safe and appropriate

<u>Off Campus Call 911</u>

Render care within your professional scope until the 911 responders arrive

This booklet serves as a resource for you while you are working at the Medical Center.

If you have further questions or concerns,

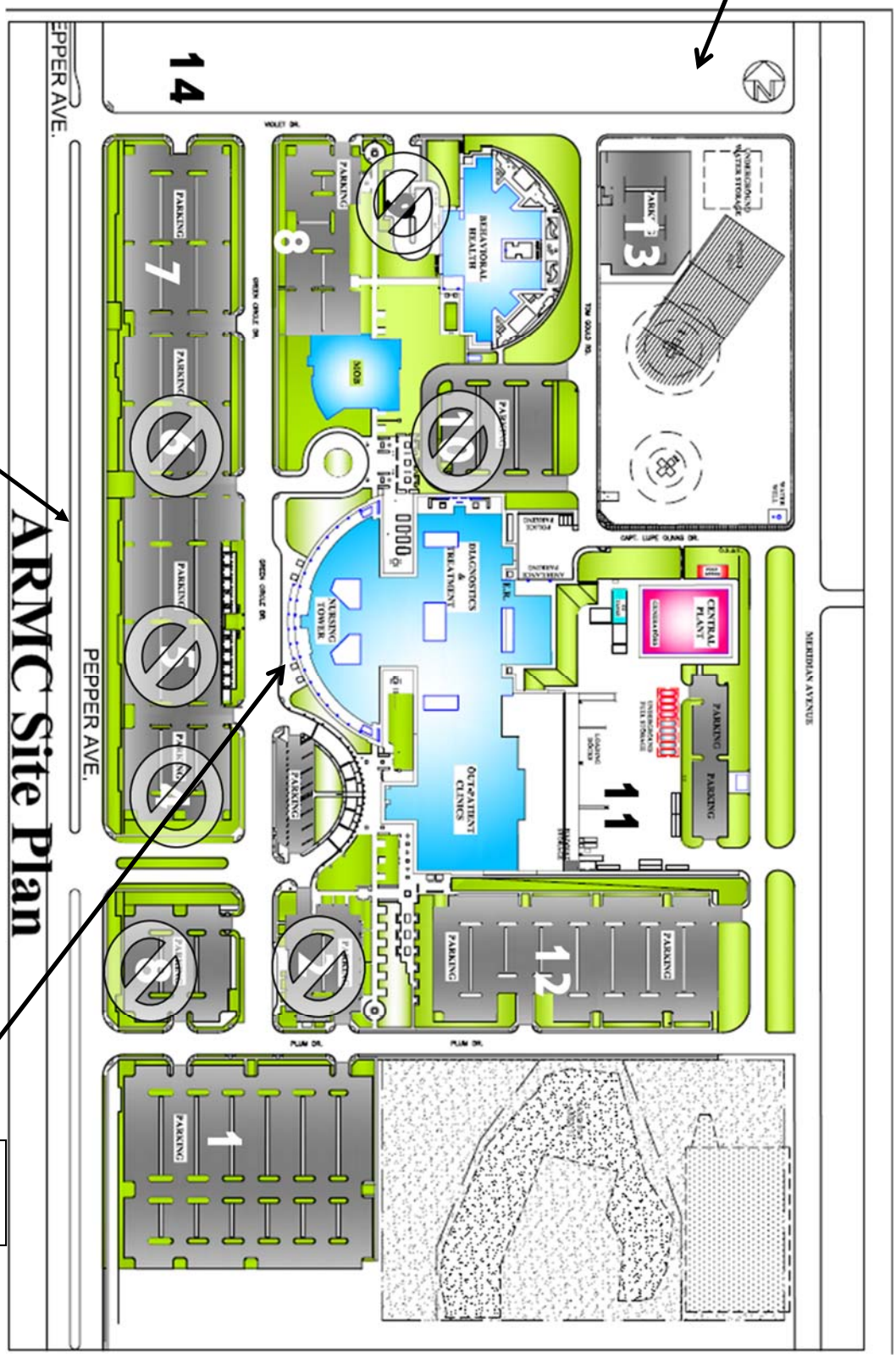
please ask your supervisor who will be most happy to help.

A post-test is included in this booklet and will need to be completed within <u>one week</u> of starting your work at ARMC.

Detach the post-test and return to the Education Development Department through the interoffice mail. A record is kept documenting your compliance. For nursing and allied health students, submit your completed post-test to your clinical instructor or school coordinator.

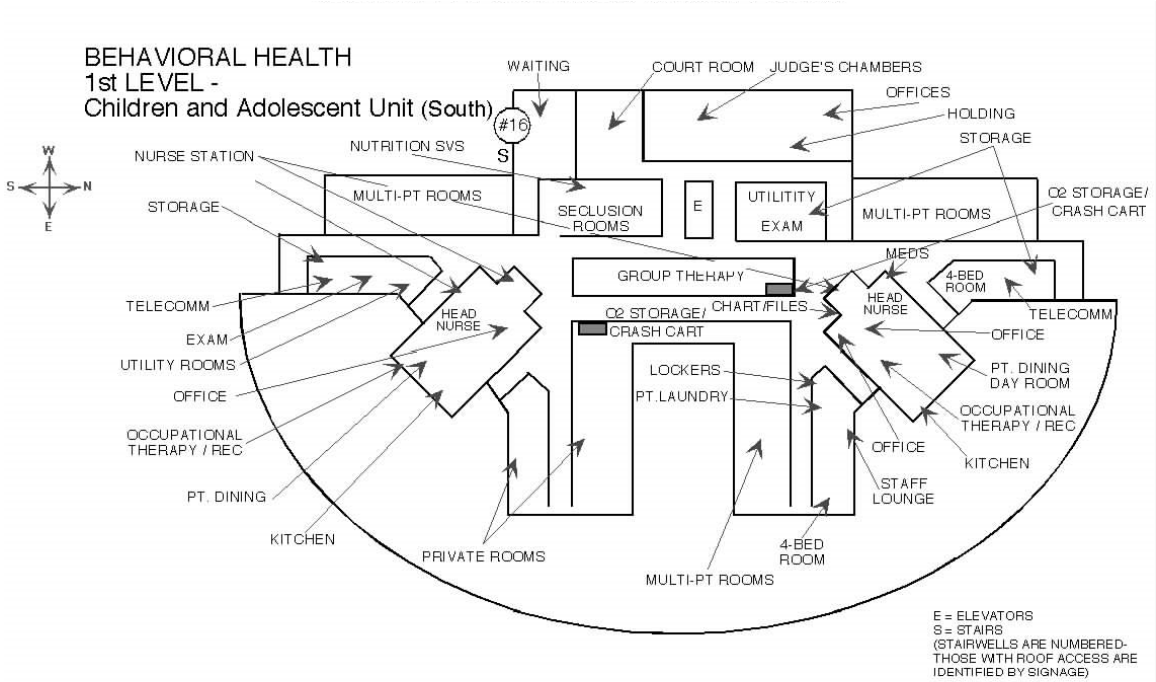
STUDENTS and FACULTY MUST PARK IN LOT 14 ONLY. **All ungated lots are strictly for visitors and patients (special permits excepted). This will be strictly enforced.**

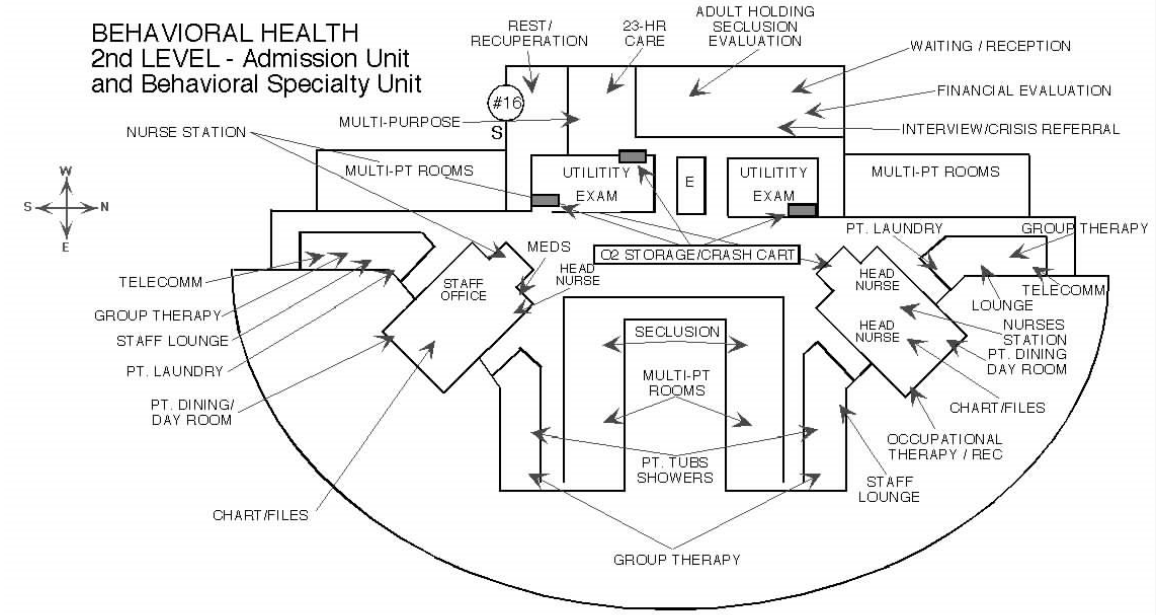
PARKING MAP

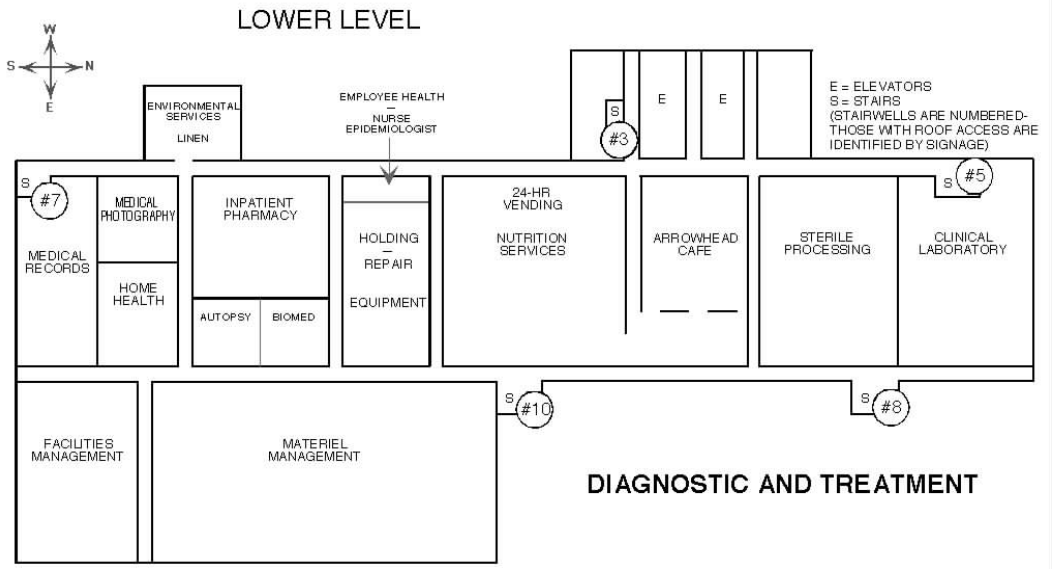


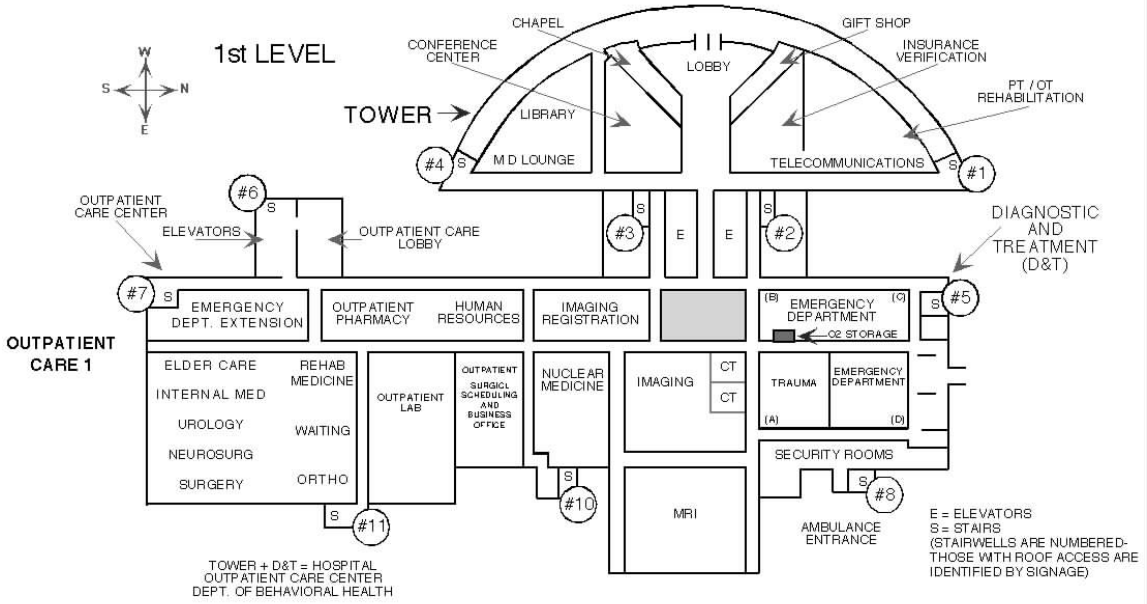
Pepper Ave

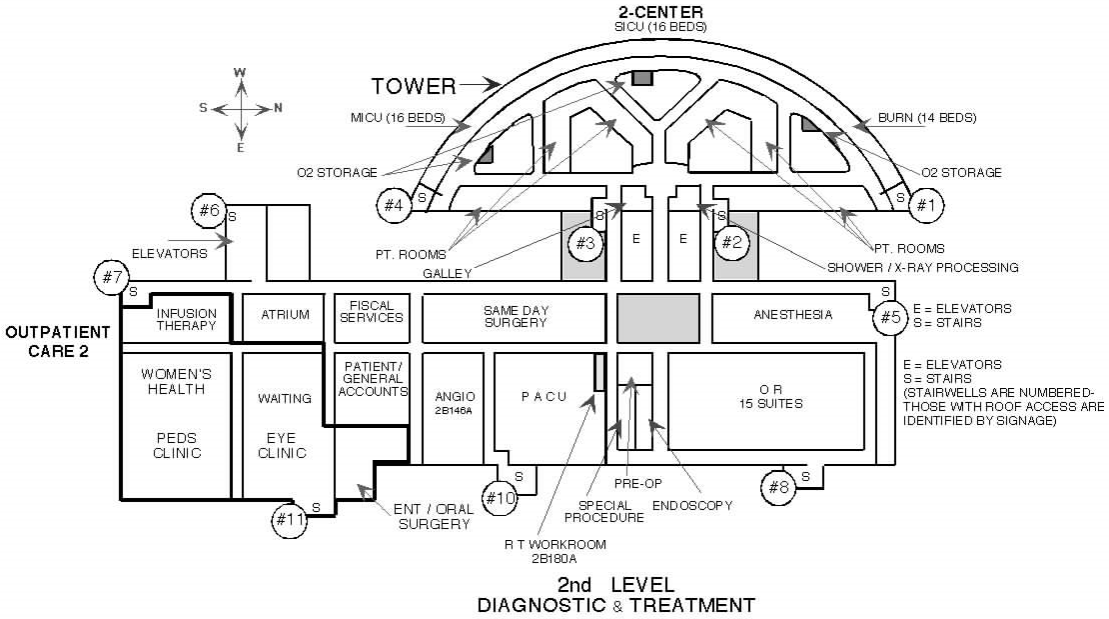
Main Hospital Entrance


BEHAVIORAL HEALTH
1st LEVEL -
Children and Adolescent Unit (South)
WAITING
COURT ROOM
JUDGE'S CHAMBERS
OFFICES
HOLDING
STORAGE
#16
S
NUTRITION SVS
NURSE STATION
MULTI-PT ROOMS
SECLUSION ROOMS
E
UTILITITY EXAM
MULTI-PT ROOMS
O2 STORAGE/ CRASH CART
STORAGE
MEDS
GROUP THERAPY
4-BED ROOM
TELECOMM
HEAD NURSE
CHART/FILES
O2 STORAGE/ CRASH CART
HEAD NURSE
OFFICE
TELECOMM
EXAM
UTILITY ROOMS
OFFICE
LOCKERS
PT. LAUNDRY
PT. DINING DAY ROOM
OCCUPATIONAL THERAPY / REC
OCCUPATIONAL THERAPY / REC
OFFICE
KITCHEN
PT. DINING
STAFF LOUNGE
KITCHEN
PRIVATE ROOMS
4-BED ROOM
MULTI-PT ROOMS
E = ELEVATORS
S = STAIRS
(STAIRWELLS ARE NUMBERED-
THOSE WITH ROOF ACCESS ARE
IDENTIFIED BY SIGNAGE)

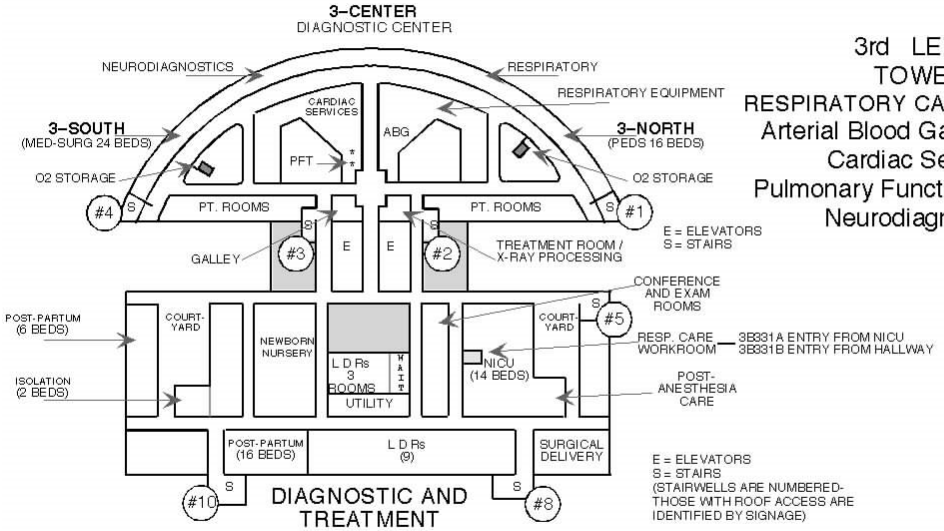

BEHAVIORAL HEALTH
2nd LEVEL - Admission Unit
and Behavioral Specialty Unit
REST/ RECUPERATION
23-HR CARE
ADULT HOLDING SECLUSION EVALUATION
WAITING / RECEPTION
FINANCIAL EVALUATION
INTERVIEW/CRISIS REFERRAL
#16
S
MULTI-PURPOSE
NURSE STATION
MULTI-PT ROOMS
UTILITITY EXAM
E
UTILITITY EXAM
MULTI-PT ROOMS
PT. LAUNDRY
GROUP THERAPY
MEDS
O2 STORAGE/CRASH CART
HEAD NURSE
TELECOMM
STAFF OFFICE
HEAD NURSE
LOUNGE
TELECOMM
GROUP THERAPY
STAFF LOUNGE
SECLUSION
HEAD NURSE
NURSES STATION
PT. LAUNDRY
MULTI-PT ROOMS
PT. DINING DAY ROOM
PT. DINING/ DAY ROOM
CHART/FILES
OCCUPATIONAL THERAPY / REC
PT. TUBS SHOWERS
STAFF LOUNGE
CHART/FILES
GROUP THERAPY


LOWER LEVEL
W
S
N
E
ENVIRONMENTAL SERVICES
LINEN
EMPLOYEE HEALTH
NURSE EPIDEMIOLOGIST
E = ELEVATORS
S = STAIRS
(STAIRWELLS ARE NUMBERED-THOSE WITH ROOF ACCESS ARE IDENTIFIED BY SIGNAGE)
#3
#5
#7
MEDICAL PHOTOGRAPHY
MEDICAL RECORDS
HOME HEALTH
INPATIENT PHARMACY
AUTOPSY
BIOMED
HOLDING – REPAIR EQUIPMENT
24-HR VENDING
NUTRITION SERVICES
ARROWHEAD CAFE
STERILE PROCESSING
CLINICAL LABORATORY
#10
#8
FACILITIES MANAGEMENT
MATERIEL MANAGEMENT
DIAGNOSTIC AND TREATMENT

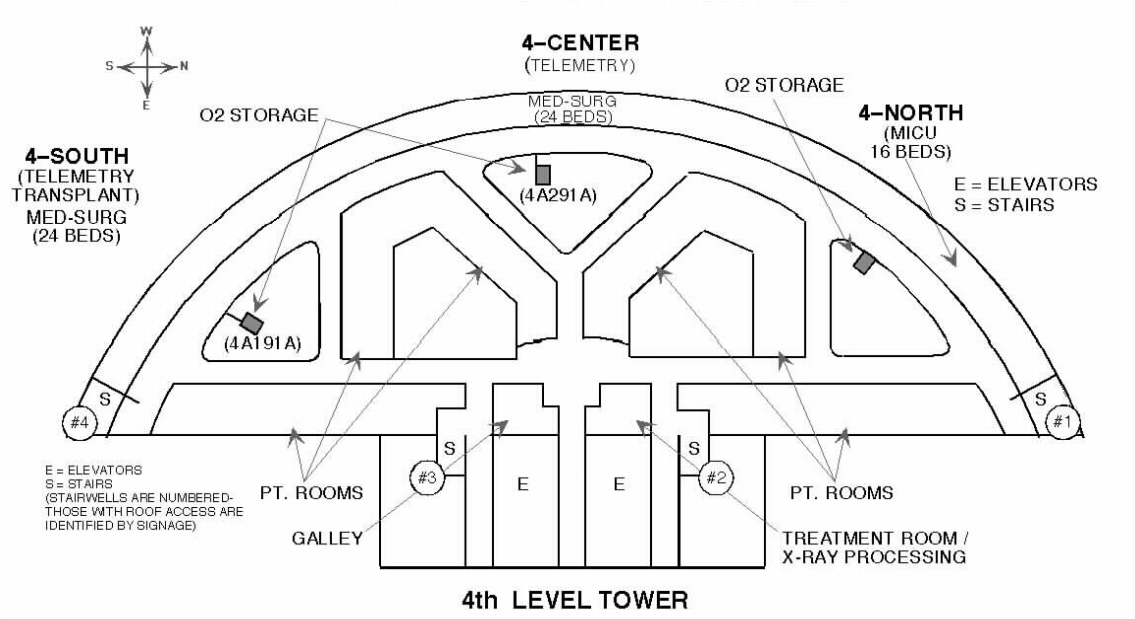

1st LEVEL
W
S
N
E
CHAPEL
GIFT SHOP
CONFERENCE CENTER
LOBBY
INSURANCE VERIFICATION
PT / OT REHABILITATION
TOWER
LIBRARY
M D LOUNGE
TELECOMMUNICATIONS
#4
#1
#6
OUTPATIENT CARE CENTER
ELEVATORS
OUTPATIENT CARE LOBBY
#3
#2
DIAGNOSTIC AND TREATMENT (D&T)
#7
EMERGENCY DEPT. EXTENSION
OUTPATIENT PHARMACY
HUMAN RESOURCES
IMAGING REGISTRATION
EMERGENCY DEPARTMENT
O2 STORAGE
#5
OUTPATIENT CARE 1
ELDER CARE
REHAB MEDICINE
INTERNAL MED
UROLOGY
WAITING
NEUROSURG
SURGERY
ORTHO
OUTPATIENT LAB
OUTPATIENT SURGICL SCHEDULING AND BUSINESS OFFICE
NUCLEAR MEDICINE
IMAGING
CT
CT
TRAUMA
EMERGENCY DEPARTMENT
SECURITY ROOMS
#10
#11
MRI
#8
AMBULANCE ENTRANCE
TOWER + D&T = HOSPITAL OUTPATIENT CARE CENTER DEPT. OF BEHAVIORAL HEALTH
E = ELEVATORS
S = STAIRS
(STAIRWELLS ARE NUMBERED-THOSE WITH ROOF ACCESS ARE IDENTIFIED BY SIGNAGE)



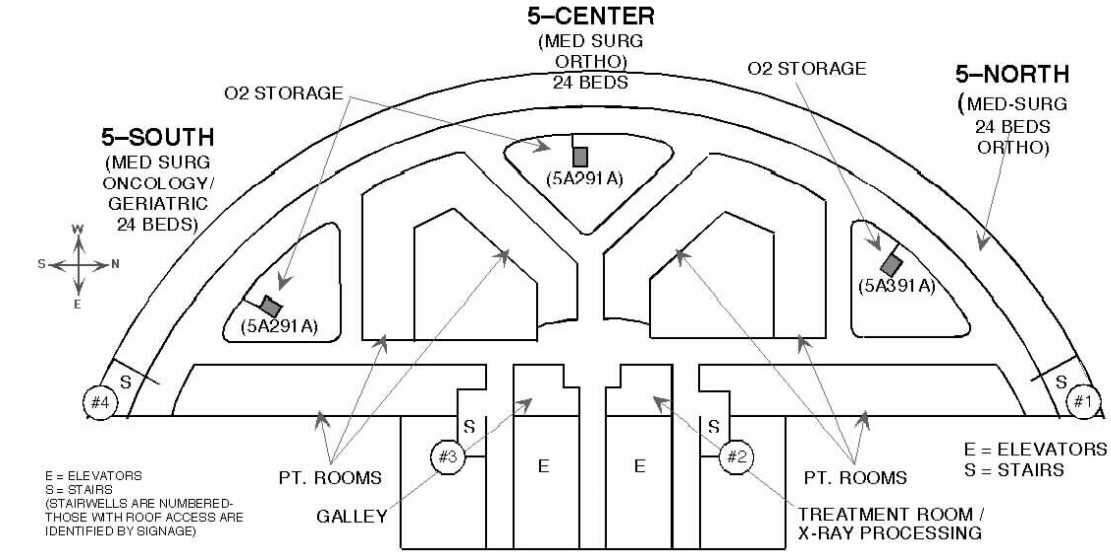
2nd LEVEL
DIAGNOSTIC & TREATMENT



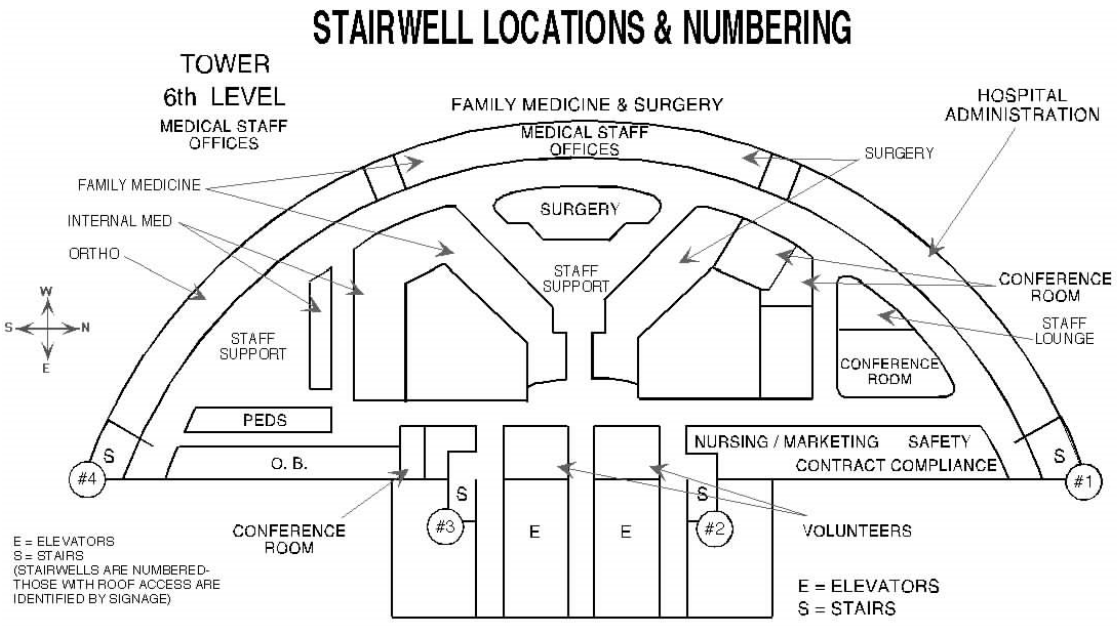
3rd LEVEL
TOWER
RESPIRATORY CARE SERVICES
Arterial Blood Gas Lab (ABG)
Cardiac Services
Pulmonary Function Lab (PFT)
Neurodiagnostics



4th LEVEL TOWER



5th LEVEL TOWER



Compiled by the Arrowhead Regional Medical Center
Education Development Department
2018

Rev. 1/10, 9/10, 5/11, 11/11, 10/12, 4/13, 12/13, 12/14, 6/15, 8/15, 8/16, 4/18

Please detach the Post-Test and send to
the Education Department via interoffice mail
within ONE WEEK of employment or student rotation

RESOURCE BOOKLET POST TEST

Signature_____ Date _____

Print Name: _____ Department/School _____

Are you a Student? ☐ Yes ☐ No

FILL IN THE BLANK OR CIRCLE CORRECT RESPONSE

1. The emergency number to call to report a cardiac arrest (Code Blue) is:
   A. 44444 B. 0 C. 44555 D. 911

2. List, in order, the steps used for the fire procedure at ARMC?
   1_____ 2_____
   3_____ 4_____

3. What announcement over the ARMC paging system signifies an impending disaster?
   _____

4. Where can you find information related to Hazardous Materials?
   A. Telephone B. Electronically C. Both A and B

5. How do visitors obtain passes at ARMC after hours?
   _____

6. AIDET stands for:
   A. Always; Immediately; Demonstrate; Economic; Teaching
   B. Acknowledge; Introduce: Duration; Explanation; Thank you
   C. Anyone can; Interpret; During; Emergency; Treatment

7. When should abuse be reported?
   _____

TRUE OR FALSE

8._____ All patients have the right to language interpretive services.

9._____ Prior to the application of restraints, it is important to try alternatives first. If these alternatives are ineffective, then the least restrictive type of restraint should be used.

10._____ Sharps containers must be replaced when they are 3/4 full.

11._____ Blood and body fluid exposures should be reported immediately.

12._____ All patients, regardless of legal status, will be treated with respect and dignity.

13._____ All lab specimens are considered potentially contaminated.

14._____ The Performance Improvement approach at ARMC is to plan, measure, assess and improve.

15._____ Soaked linen is placed in a leak-proof bag.

16._____ An Adverse Drug Reaction is any drug reaction caused by a prescribed medication that was not anticipated that results in a change in medication or therapy and/or additional health care resources.

MATCH COLUMN A WITH THE CORRECT RESPONSE IN COLUMN B.

Column A	Column B
17._____ Resource for isolation, protection, and prevention practices.	A. Elbows should bent at 90°, wrists straight and supported.
18. _____ In the event of a Non hospital personnel work related injury .	B. Notify your immediate supervisor and complete the Occupational Illness or Injury Report.
19._____ Employee Health Services includes:	C. Body mechanics
20._____ When using a computer	D. Notify your immediate supervisor and then your agency.
21._____ Negative pressure room, post sign, use mask for disease transmitted by the airborne route (e.g. H1N1)	E. TB, Rubella, Measles, Varicella, Hepatitis B screening.
22._____ Refers to the way in which the body moves and maintains balance with the most efficient use of its parts, including correct lifting.	F. Airborne Precautions
23._____ Handwashing is:	G. Standard precautions.
24._____ The term Exposure refers to:	H. Contact with blood or body fluids to non-intact skin, mucous membranes, or needle stick.
25._____ In the event of a Hospital Personnel work-related injury.	I. The single most important means of preventing the spread of infection.
26._____ Personal protective measures used by the health care worker to prevent the spread of infection.	J. Infection control manual.
27._____ The phone number for emergencies	K. Ensure the safety of all individuals in the area.
28._____ The primary ways to protect yourself around radiation	L. x44444
29._____ First priority in a Hazardous Materials spill	M. Time, Distance, & Shielding

<u>REMEMBER</u>: SUBMIT COMPLETED POST TEST TO <u>YOUR</u> DEPARTMENT/SCHOOL. ***Thank You***

Staple closed and submit back page to your department.

Your department/school will forward completion information to the Education Development Department for tracking purposes.