

# **Washington Hospital Healthcare System**



## **Orientation Packet for Temporary Agency Staff, Contract Staff and Students/Interns**

*Washington Hospital Education Department  
Revised 3/16/2006*

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## **Welcome**

**Welcome to Washington Hospital Healthcare System! We're glad you're here.**

The following pages contain general information, policies and procedures. You will receive a more specific department orientation when you report to your work area. If you have a question or concern that your supervisor or orientation coordinator cannot address, contact our **Safety and Security Manager at x7007**. If he is not available, leave a voicemail or have the Hospital operator page him if it is an urgent concern.

## **About Washington Hospital Healthcare System (WHHS)**

Washington has a proud 50-year history of serving the communities of Fremont, Newark, South Hayward, Union City and unincorporated Sunol as a district hospital. As the local health care district, our mission is to meet the health care needs of the residents through medical services, education and research. We are committed not only in law, but in spirit to local accountability. We serve our community by providing high quality, affordable and convenient care, and our essential purpose is to improve the human condition. Our ethic is always "Patient First" in everything we do.

## **Staff Conduct**

### **Appearance**

The appearance and conduct of our staff make an important impression on patients, physicians and the public. To provide the best possible service to our patients, we have developed standards of dress and cleanliness that apply to all staff.

Perfumes, colognes and scented hair products are not to be worn when working in patient care areas, and we discourage their use in other areas, for the health of visitors and co-workers. Jewelry should be in keeping with professional appearance and not interfere with patient or staff safety and infection control standards. Two sets of pierced earrings are acceptable. Visible ornamental body piercing and visible tattoos are not acceptable. Fingernails should be kept clean and neatly trimmed. Due to infection control concerns, staff providing direct hands-on patient care cannot wear acrylic fingernails or nail tips.

Hair should always be neat and clean. Staff working in certain areas, such as Food Services, may be required to wear hairnets or hats. Beards and mustaches should be neatly trimmed and groomed and at a length within safety and appearance standards.

In a hospital, there is always the danger of spreading infection and disease. Washing your hands frequently is essential. Your uniform or clothing must meet standards of cleanliness, safety and appearance and be appropriate for the work you are doing. Your supervisor will inform you about dress standards for your department based on job duties, safety factors and client/patient interaction. The hospital reserves the right to determine types or styles of dress that are appropriate.

## **Staff Conduct, cont'd**

### **Attendance and Punctuality**

It is essential for the smooth operation of the Hospital that you arrive at work as scheduled and on time. If you will be absent or late for any reason, always call your supervisor with as much advance notice as possible. Failure to do so and/or extended and continuing absences may result in the termination of the employment contract.

### **Attitude**

Remember that a visit to the hospital can be a strange and frightening experience for people. It's our goal to create a caring and responsive environment. Patients and visitors are our customers and the Hospital exists for their benefit.

Your attitude affects not only your ability to provide good service but also other staff, employees, patients and the public. Remember to give respectful, pleasant, helpful and courteous service at all times. Be certain that the information you give is accurate. Your supervisor will be available to help if you are asked a question you cannot answer.

### **Rules of Conduct**

Conduct which is considered to be harmful to the legitimate best interests of WHHS is prohibited. Failure to comply with the Rules of Conduct may result in the termination of the employment contract. Some examples of prohibited conduct are listed below. This listing is not comprehensive and activities not listed here might also be deemed to be harmful to the Hospital's best interest and therefore subject to discipline.

1. Refusal to follow work directions or instructions from supervisors, department heads or other hospital management.
2. Falsification of employment application for the purpose of obtaining employment.
3. Excessive and recurring absenteeism, regardless of the reason.
4. Misuse, consumption, or being under the influence of drugs, narcotics, alcohol or other intoxicants while on the Hospital premises.
5. Falsification of time records.
6. Willful misuse, damage or theft of Hospital property or property of patients or co-workers.
7. Unjust or malicious criticism, which relates to the hospital, staff, employees, physicians, patients or others in the Hospital community.
8. Repeated tardiness or failure to report for work as scheduled.
9. Violation of the rules of confidentiality.
10. Inappropriate treatment of or interactions with patients.
11. Threats, threatening behavior or violence towards staff, co-workers, patients or visitors.

## ***On the Job***

### ***Name Badge***

While on duty, all personnel are required to wear their hospital-issued identification badges, between the shoulders and the waist, with name, title and photo visible. You may wear a name pin in addition to but not in lieu of the ID badge.

### ***Parking***

Parking is available for staff in the controlled-access lot at rear of the Hospital and other designated employee parking areas. You will be issued a parking tag.

### ***Smoking***

Smoking is prohibited in all WHHS buildings including off-site buildings. Smoking is not permitted within 30 feet of buildings or in areas adjacent to pathways or walkways.

### ***Use of Telephones***

Telephones must be available for business purposes. Non-emergency personal calls should be made during your break periods by use of pay telephones located throughout the Hospital. Incoming personal calls must be limited to emergency situations.

### ***Eating Facilities***

The cafeteria, located on the ground floor of the main Hospital, is available for staff, employees, medical staff members, Service League volunteers and visitors. Hours of service are posted outside the entrance. Vending machines and a microwave oven are located on the first floor near the surgery waiting area. Break rooms, microwaves, refrigerators and vending machines are also located in other work areas in other buildings. Ask your supervisor about facilities in your work area.

### ***Accidents and Injuries at Work***

Inform your supervisor if you have an allergy to latex products, so that you are not exposed. If you have an injury or illness at work, no matter how minor you feel it is, notify your supervisor immediately. If you experience a needle-stick or other sharps-related injury, this requires immediate help in Employee Health or the Emergency Room. All work-related injuries must also be reported to your agency or school.

### ***Gift Shop***

Operated by the Washington Hospital Service League, the Gift Shop is located on the first floor near the main entrance to the Hospital. Candies, magazines, sundries, books and gifts are available for purchase. The proceeds benefit the Hospital's programs.

## **Harassment-Free Workplace**

Washington Hospital prohibits sexual harassment and harassment because of race, color, national origin, ancestry, religion, creed, physical or mental disability, medical condition, marital status, sexual orientation, age or any other basis protected by federal, state or local law. All such harassment is unlawful and the hospital has a "zero tolerance" policy towards it. In addition, all staff is expected to treat patients, visitors and co-workers with respect, including for their culture, beliefs and values. Professional communication is to be used at all times, with all parties, while you are working here. Hospital policy outlines expected behavior and the steps taken if suspected harassment or disrespectful behavior occurs. If you feel you are being harassed here, refer your concern to your Washington Hospital supervisor or to the Chief of Human Resources. You may obtain a brochure, "Sexual Harassment Hurts Everyone" from the Education Department (first floor-2500 Mowry, or call x3470).

## **Patient Rights**

All inpatients receive a brochure listing their rights and responsibilities, and this information is also posted in all inpatient and outpatient registration areas. Review this document if you have any contact with patients (obtain a copy from the Admitting Department). It is each staff member's moral, ethical and legal responsibility to respect our patients' rights. These rights include, but are not limited to:

- emergency medical screening and treatment (COBRA/EMTALA)
- care that safeguards patient dignity (confidentiality and privacy)
- safety and protection
- appropriate assessment and management of pain
- care that respects developmental, cultural, psychosocial and spiritual values
- ability to direct their own medical care

## **COBRA/EMTALA**

This federal act protects patients who need emergency medical care regardless of their ability to pay for it. When an emergency medical condition exists, treatment must be provided by the closest hospital so the patient's condition does not worsen. We cannot refuse medical care to anyone at our emergency room, birthing center, clinic or psychiatric emergency service. We cannot ask what type of insurance they have or request payment before a medical screening exam is done. If the patient requires emergency medical care, stabilizing treatment is provided before discharge. (Exception: If the needed medical care is not available here, patient is transferred to a hospital providing a higher level of care.)

While you are at work, if anyone asks you where they can get medical care, always direct them to the Emergency Department. If they ask you about paying for care, explain that: **"Federal law requires us to do a medical screening exam and provide care for you regardless of your ability to pay."**

## **Confidentiality / HIPAA**

In 1996, Congress passed the **Health Insurance Portability and Accountability Act**, referred to as **HIPAA**. This legislation was designed to increase the rights of patients in a number of ways. In particular, it formalized the need for confidentiality of all Protected Health Information (PHI) for all patients.

### **HOW DOES HIPAA AFFECT YOU?**

- **HIPAA rules apply equally to every employee, temporary or contract staff member, student/intern, volunteer and security guard.**
- HIPAA requires confidentiality of the patient's Protected Health Information ("PHI"). PHI is information related to a patient's health condition which also contains patient identifiers (such as patient name or SSN). PHI may be found in patient files, phone calls, voicemail, verbal communications, faxes, emails, data on computer screens, in computer files and on reports.
- If you learn information about hospital patients, business or financial information, or safety and security issues while working here, you must not reveal this information to anyone, not even a WHHS employee, unless the person has a job-related need to know that information at that time. You must maintain this confidentiality even after your time working or volunteering here ends and you leave WHHS.
- Only share as much information as is needed for patient care or hospital operations at that time (this is called the "minimum necessary standard"). Never gossip about patient information, even with other WHHS staff or volunteers.
- If you come across patient information accidentally, notify your supervisor immediately. (For example, a patient file left out or a computer not logged off.)
- Don't disclose confidential patient information to family or friends of the patient unless you are sure patient has given permission.
- Don't share your computer passwords. Log off hospital computers as soon as you are done using them or if you have to walk away. Safeguard confidential data contained on disks, CD's, PDA's and other electronic devices or files.
- Maintain the safety and integrity of our systems and data by not adding anything to hospital computers (including downloads from internet/web) unless IS has OK'd it. Don't open suspicious emails or email attachments sent by unknown parties.
- Report any breaches in patient confidentiality immediately to your supervisor or to the WHHS Privacy Officer, Kris LaVoy.

HIPAA includes provisions for fines and even prison terms for people who divulge or sell patient information. Disciplinary and legal action may be taken for HIPAA violations.

## **Mandatory Reporting Requirements (mandated by California)**

Health care providers have an ethical and legal responsibility to recognize and report physical assault, rape, sexual molestation, domestic abuse, neglect, and emotional or financial abuse. The victim could be a child, domestic partner, dependent adult or an elderly person. Look for the following indicators of assault, abuse and neglect:

### **Physical indicators of assault or domestic abuse:**

1. Cuts, lacerations, puncture wounds
2. Bruises, welts, discoloration
3. Injury is inconsistent with history of how it occurred
4. Evidence of past injury that hasn't received medical care
5. Injury caused by weapon or criminal intent
6. Child sexual abuse or adult sexual assault (refer to department protocols for additional indicators of sexual abuse/assault)
7. Poor skin condition or poor skin hygiene
8. Absence of hair and/or hemorrhaging below scalp
9. Dehydration and/or malnourished without illness-related cause
10. Burns caused from intentional acts, e.g., cigarette burns, friction from ropes
11. Soiled clothing or bed

### **Indicators of rape or other sexual molestation:**

1. Refer to Sexual Assault Protocol for physical indicators
2. Inappropriate display of affection to the patient
3. Flirtations, coyness or other indicators of inappropriate sexual relationship

### **Behavioral indicators of domestic abuse displayed by the abuser – i.e., parent, child, boyfriend/girlfriend, spouse, partner or other primary caregiver:**

1. Patient not given chance to speak for self or see others without abuser present
2. Attitude of indifference or anger towards the patient
3. Blames the patient for wrongdoing
4. Aggressive behavior (threats, insults, harassment) towards the patient
5. Conflicting accounts of incidents
6. Inappropriate or unwarranted defensiveness

### **Behavioral indicators (seen in patient) of psychological/emotional abuse:**

1. Helplessness, Withdrawal
2. Hesitation to talk openly
3. Stories that are beyond belief
4. Confusion or disorientation
5. Anger
6. Fear/Depression
7. Denial
8. Agitation

## **Mandatory Reporting Requirements (mandated by California), cont'd**

### **Physical and behavioral indicators of prenatal exposure to drugs/alcohol:**

1. Excessive tremors, seizures, diaphoresis
2. Poor feeding, lethargy
3. High-pitched cry
4. Vomiting, watery stools
5. Small for gestational age, premature
6. Frantic sucking

### **Physical indicators of neglect by caregiver:**

1. Dirt, fecal or urine smell, or other health and safety hazards
2. Rashes, sores, lice
3. Inadequate clothing (particularly for the weather)
4. Malnourished or dehydrated
5. Untreated medical conditions
6. Abandonment under circumstances when a reasonable person would provide care

### **Physical and behavioral indicators of self-neglect:**

1. Inability to manage personal finances
2. Inability to manage activities of daily living
3. Suicidal acts, wanderings, refusing medical attention, isolation, substance abuse
4. Lack of toilet facilities, utilities or animal infested living quarters
5. Poor hygiene and/or inadequate food, water, clothing
6. Change in intellectual functioning
7. Failure to keep medical appointments for serious illnesses

### **Indicators of financial abuse**

1. Unusual or inappropriate activity in bank accounts
2. Signature on checks doesn't resemble patient's handwriting
3. Missing personal belongings
4. Isolation of patient by family and friends insofar as caregiver has total control

Clinical licensed staff who observe, are told of, suspect or have knowledge of any form of abuse, assault or neglect, are mandated by law to report it. ***Non-clinical staff must report to WHHS licensed clinical staff anything they observe, suspect or are told.***

The mandated procedures for reporting are specified in the Hospital policies listed below (you'll find these in your department's gray Numbered Memorandum binder):

- 3-138 Notification of Child Abuse and Child Sexual Abuse to Authorities
- 3-155 Sexual Assault Protocol
- 3-186 Elder & Dependent Adult Abuse
- 3-194 Statutory Duty to Report Injury by Deadly Weapon or Criminal Act
- 3-195 Statutory Duty to Report Injury or Condition Resulting from Neglect or Abuse
- 3-211 Domestic Violence Reporting Requirements

## Pain Management

As a hospital, we are committed to the appropriate assessment and management of each patient's pain. All staff who have patient contact (not just care providers) need to pay attention to patients' comfort.

No matter what your job is here, if you observe a patient who appears to be in pain or in any type of distress, do something! If the patient can speak, ask if s/he is in pain or needs assistance. Report your findings to the patient's nurse, charge nurse or other care provider immediately.

All patients are either asked to rate their pain or are observed for behavioral symptoms of pain. Below are the scales we use:

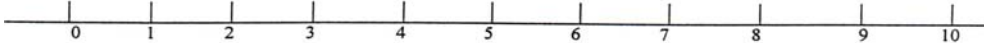
### **Wong-Baker Face Scale:**

Young child who demonstrates ability to use the scale or adult who prefers method. The patient picks the face that best indicates their level of pain. The scores range from 0-10, in intervals of 2 (0, 2, 4, 6, 8, 10).



### **Pain Scale:**

Older children and adults who demonstrate the ability to communicate effectively. Scores range from 0-10. Patient states the number score they feel best describes their level of pain.



### **FLACC Scale:** (Behavior pain assessment)

Score is obtained by assessing each of the five categories for the appropriate score (0-2), then adding the category scores together. The total score of the combined categories should range from 0-10 - this equals the pain score for the patient. Used for patients who are comatose, without verbal expression, or are experiencing dementia, alzheimers, language barriers, or young children (0-3) who are unable to use the Wong-Baker scale.

	0	1	2
FACE	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
LEGS	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
ACTIVITY	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, ridged, or jerking
CRY	No Cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
CONSOLABILITY	Content, relaxed	Reassured by occasional touching, hugging, or 'talking to'; distractible	Difficult to console or comfort

## Advance Directives

All patients have the right to direct their own medical care. In case they should become unable to communicate their wishes, we encourage patients to make them known by completing a written Advance Directive before or at the time of hospital admission.

## ***Multicultural Issues***

For all patients, the hospital is an alien culture where usual routines and ways of being are interrupted. The patient population served by Washington Hospital is also highly diverse in culture and religious beliefs. Cultural diversity affects food and drink preferences, clothing, hygiene and personal care, health beliefs and religious practices (visits by clergy, wearing religious symbols, having special rituals, sacred writings, etc.).

It is our job to make all patients and visitors as comfortable as possible. We try to honor a patient's cultural/religious beliefs and practices and integrate them into the plan of care, unless medical necessity or safety concerns dictate otherwise. In those cases, explain the reason to the patient and, if at all possible, obtain his/her verbal consent before proceeding. Depending on the nature of the concern or issue, you may obtain specific guidance from the Spiritual Care Coordinator, patient's family members, your department supervisor, the Safety/Security Manager, or one of the dietitians.

Disrespectful comments about a patient's religion, beliefs, culture, ethnicity or national origin will not be tolerated, whether they are made to the patient, visitors or to other staff.

## ***Spiritual Care***

Spiritual care is available 24 hours a day for all patients and their families upon request. For assistance, contact the Hospital Operator by dialing "0".

## ***Communicating with the Hearing-Impaired or non-English Speaking***

Many of our patients, families and visitors speak little English or are hearing impaired. (Fremont is the location for the California School for the Deaf and has a large population of hearing-impaired residents.) This may create communication issues.

For communicating basic information (e.g., whether someone is thirsty, needs to use the toilet, etc.), try using charades, gestures and facial expressions, writing notes or symbols, or drawing pictures. If you are having difficulty, ask your supervisor for help.

**You must arrange for professional interpretation when you need a patient's health history, when communicating diagnosis, prognosis and plan of care, or when discussing discharge plans.** Informed consent is not possible unless the person completely understands the information. **DO NOT** use a patient's family or friends to translate critical medical information, even if the patient requests it. Instead:

- For foreign language interpreters, talk to your supervisor about using the Cyacom translation service.
- For hearing-impaired patients, talk to your supervisor or the Hospital Operator to arrange for an interpreter. A certified hearing-impaired interpreter must be provided any time the patient requests the service.

Call Central Processing to obtain a TTD/TTY device/phone if hearing-impaired patients request one. Contact Engineering if a closed-captioned TV is needed.

## **Age-Specific Care**

As a hospital, we are committed to providing age-appropriate care. We recognize that patients of different ages vary in the type of care they need, their understanding of instructions, how they perceive painful medical procedures, and their physical/psychosocial needs as well as their need for a safe environment. Below are some tips for providing age-appropriate care:

### **Age 0-1 (Infant)**

- Do not leave infant unattended
- Protect from bright lights, loud noises, or sudden environmental changes
- Keep parents involved in the care
- Allow infant to be held as much as feasible

#### **Age 1-3 (Toddler)**

- Use toys/blankets, and distraction
- Ensure safe environment; remove unnecessary equipment; don't leave child unattended
- Evaluate discomfort

#### **Age 4-6 (Preschool)**

- Introduce yourself
- Communicate using praise, clear rules and reward
- Allow parent to stay with child
- Maintain privacy
- Allow to help by using games if possible

#### **Age 7-12 (School age)**

- Promote feeling of competency
- Use child's name or nickname
- Teach healthy lifestyle

#### **Age 13-18 (Adolescent)**

- Communicate – privacy, respect, listen
- Call by preferred name
- Update vaccination record
- Anticipate emotional swings
- If appropriate, give choice of parental presence

- Teach parent proper childcare
- Cuddle/support/stroke skin, talk softly
- Keep him warm and dry
- Secure IV and other objects well
- Evaluate pain using FLACC scale

- Involve parents in care
- Speak at eye level; maintain eye contact
- Maintain continuity of rituals

- Cuddle/support/play with child
- Health – vaccines, nutrition, hygiene
- Side-rails up unless parent holds child
- Explain not to touch IV lines or dressings

- Explain what you'll be doing
- Allow parents to stay with child
- Allow child to make some decisions

- Support strong parent/peer relationship
- Explain procedures and how they will affect him, do not treat him like a child

**Age 19-44 (Young Adulthood)**

- Communicate – respect personal values; don't use terms of endearment
- Address by preferred name (Mrs. Smith vs. Sally)
- Explain time sequencing of treatments and procedures
- Involve family in care if appropriate and acceptable to patient

**Age 45-59 (Middle Adulthood)**

- Communicate – focus on strengths
- Avoid terms of endearment
- Address by preferred name
- Explain time sequencing of treatments and procedures
- Involve family in care if appropriate and approved by patient
- Promote healthy lifestyle
- Encourage staying physically active
- Encourage regular physical exams
- Encourage trying new activities
- Emotional – may feel “stuck” in life

**Age 60-79 (Late Adulthood)**

- Address by preferred name
- Allow time for questions
- Don't raise voice unless patient has hearing impairment
- Prevent falls; provide assistance
- Educate about medication use
- Support coping with impairments
- Involve family or guardian in care
- Put glasses, dentures within reach
- Keep warm and dry
- Maintain privacy
- Give info on community resources
- Follow patient's pace of doing things

**Age 80+ (Geriatric)**

- Provide education for end-of-life decisions
- Assist in taking medications
- Be aware of age-specific medication reactions
- Give information in short segments; repeat as needed
- Adjust techniques for patient transfers, positioning, mobilization
- Involve family or guardian in care
- Encourage independence
- Provide for safety to prevent injury
- Provide information on community resources, e.g., Meals-On-Wheels
- Put glasses, dentures within reach
- Keep warm and dry; provide comfort measures
- Avoid rushing the patient

***Interdisciplinary Team Collaboration***

At Washington Hospital, interdisciplinary teams of staff members are involved in planning patient care via on-line care plans and weekly care conferences held on each nursing unit. We also assemble interdisciplinary teams to evaluate critical hospital processes. These teams use a multitude of problem-solving techniques to identify and prioritize processes and strategies for improvement.

## **Patient Safety**

All staff members are responsible for patient safety! One way we provide a safe environment is by following the National Patient Safety Goals:

### **GOAL: Improve the accuracy of patient identification:**

- Use a minimum of 2 patient identifiers **every time** that you give medications or blood products, take blood samples or specimens, give clinical tests or treatments, or transport patients. **NEVER use room number** as an identifier. Always use active communication (“What is your name?”) rather than asking Yes/No questions.
  - **In-Patient Identifiers:** Name and Medical Record Number or Account Number or Date of Birth
  - **Out-Patient Identifiers:** ASK patient their name and Date of Birth

### **GOAL: Improve the effectiveness of communication among caregivers:**

- Always verify verbal/phone orders or critical test results with a “Read Back”:
  1. Write it down
  2. Read it back
  3. Get confirmation that it’s correct
- Use a standardized approach to “hand-off” communication (at transfer of care to another provider), including an opportunity to ask and answer questions. When providing information to a physician about a patient’s condition, use “SBAR” format (Situation, Background, Assessment, Recommendation).
- NEVER use these abbreviations: **u (units), I.U., μ (microgram), QD, QID, QOD, MgSO<sub>4</sub>, M.S., MSO<sub>4</sub>, A.S., A.D., A.U., O.U., O.D., O.S., TIW, trailing zero (always use leading zero)**. Use only WHHS-approved abbreviations, acronyms and symbols (see Numbered Memo, 3-198, “Abbreviations, Acronyms and Symbols”).
- Spell out medication verbal orders to prevent sound-alike medication errors.
- Validate written orders if hard to read, if medication is similar in spelling to another, if order is contrary to patient’s plan of care or if you are unsure of the order in any way.

### **GOAL: Improve the safety of using medications:**

- Label all medications, medication containers (syringes, medicine cups, basins) and solutions, on and off the sterile field, in perioperative and other procedural settings.

### **GOAL: Reduce the risk of health-care acquired infections:**

- Always wash hands with soap & water for 10-15 seconds OR use alcohol gel or foam:
  - After removing gloves
  - Before and after every patient contact
  - After acts of a personal nature (using rest room, coughing, sneezing)
  - Before and after eating
- Do not wear artificial nails or nail tips if providing hands-on patient care.

## ***Patient Safety, cont'd***

### **GOAL: Reduce Risk of Patient Harm from Falls**

- Evaluate each patient's risk for falls; follow WHHS fall protocol procedures
- Be alert to medications which may contribute to risk for falls
- Take appropriate action to address any identified risks

### **GOAL: Accurately and Completely Reconcile Medications:**

Document patient's current medications upon admission. Compare with medications given by hospital. Communicate complete list of medications to next provider of care when patient is transferred to another nursing unit or outside the hospital.

In addition, ensure patient and staff safety by:

- Following all WHHS safety policies and procedures.
- Performing a "Time Out" before all invasive procedures or tests, whether conducted at bedside or elsewhere, to verify patient identity matches paperwork/order. Mark site of procedure to reduce risk of errors. Involve patient in process if possible.
- Preventing patient injuries due to electrical shock, burns, falls, slips, etc.
- Recognizing patient identification arm bands:
  - **Green Arm Band:** Falls Precaution
  - **Red Arm Band:** Allergies
  - **Yellow Arm Band:** Do not use this arm
  - **Blue Arm Band:** Latex Allergy

## ***Error and Risk Reporting***

- Report both actual and potential errors (near-misses) to your supervisor and by using a Quality & Risk Report form.
- Report Adverse Drug Reactions using the ADR Hotline at x4000.
- Identify and report safety hazards by using a pink Safety Alert card.

## ***Compliment/Complaint Management Program***

Washington Hospital practices the Patient First ethic and has a very proactive Compliment and Complaint Management program. If you hear any compliments or complaints about Washington Hospital:

- 1) Attempt to resolve complaint immediately if possible, or find someone who can, or refer the concern to your supervisor.
- 2) Document complaint or compliment on a yellow "quick card" located by any Compliments & Complaints box and deposit the card in the box.

## Infection Control

Hospital-acquired infections are a leading cause of patient complications and death. In a hospital, infections are most often spread by our hands and by moisture droplets from coughing and sneezing. Even if you have no direct patient contact, you must help prevent infections from being spread in the hospital and to other staff by:

**Keeping your hands clean.** Use an alcohol-based rub (Alcare or Purell) or wash your hands with soap and water any time you touch a dirty item, remove gloves, before or after eating, after coughing, sneezing or wiping your nose and after using the restroom. Use tissue and cover your mouth and nose when you cough or sneeze. Immediately dispose of the tissue and wash your hands.



**Staying home if you are ill or contagious.** If you have a fever, acute diarrhea or a contagious illness (e.g., skin infection, “pink eye,” exposure to a childhood disease or active stages of a respiratory infection such as cold or flu), report this to your agency, as you may be asked to stay home from work.

**Using the appropriate PPE needed for your job duties.** Your supervisor or orientation coordinator must show you how to properly use, locate, remove, and dispose of personal protective equipment (PPE) needed for your job, such as gloves, gowns, masks, goggles, N-95 (TB) Respirators, protective caps or shoe coverings.



### Maintaining safety when handling or delivering lab specimens:

- Before you handle the specimen or bag, **put on gloves!**
- Place specimen in a sealed container (if hasn't already been done by someone)
- Place container in a zip lock bag labeled with an orange biohazard symbol. The zip lock bag must be securely sealed before delivery to prevent an exposure.
- Find a staff member to accept/acknowledge delivery of specimen.
- After the delivery, **remove your gloves** and **wash your hands**.



**Reviewing your department's copy of the Infection Control Manual,** which contains all the Hospital-approved procedures. Review all procedures specific to your job function during your departmental orientation, including how to:

- enter an isolation room
- handle blood borne pathogens
- handle wastes, contaminated equipment or supplies

**Addressing your questions or concerns about infection control** to your supervisor, orientation coordinator or the Infection Control Coordinator (call x4848, or if urgent, you can page her via the hospital operator).

## **Emergency Response Plans**

WHHS has an Incident Management System and a written **Emergency Operations Plan (EOP)** which provide a planned emergency response for each type of internal Hospital or external community emergency (disaster) that may disrupt or overburden normal Hospital operations. The **Emergency Operations Center (EOC)** would be established to facilitate communication and to provide direction to all staff.

Each employee (including agency/contract and student/intern) is responsible for:

- Recognizing the emergency page announcements
- Knowing what to do for each type of emergency
- Knowing how to use job-appropriate emergency equipment

## **Reporting Emergencies & Emergency Codes**

To report an emergency in the main Hospital, dial “**55**”, which ensures a priority response from the operator. State what the emergency is (e.g., **Code Red**), the exact location of the emergency and any other relevant information. If you work outside the main Hospital building (including in 2500 Mowry or 1900 Mowry), dial “**9-911**”.

When an emergency code is announced on the audible paging system, all staff will respond according to Hospital and department-specific procedures. (**See Emergency Operations Plan in the red binder located in your department and/or ask your supervisor.**) The WHHS emergency codes are:

- |                           |  |
|---------------------------|--|
| • Code <b>Red</b>         | Fire   |
| • Code <b>Blue</b>        | Adult respiratory or cardiac arrest                    |
| • Code <b>Pink</b>        | Pediatric medical emergency                            |
| • Code <b>Yellow</b>      | Hazardous chemical spill, medical gas/radiation leak   |
| • Code <b>Green</b>       | Infant Abduction                                       |
| • Code <b>Purple</b>      | Child Abduction  |
| • Code <b>Triage</b>      | Emergency Operation Plan activated                     |
| • <b>Relocation Alert</b> | Evacuation - Levels 1-4                                |
| • Code <b>Utilities</b>   | Utility loss—electrical power, water, medical gas etc. |
| • <b>Staff Stat</b>       | Security incident                                      |
| • Code <b>Zero</b>        | Danger - stay away from identified area                |
| • Code <b>10</b>          | Bomb threat  |
| • Code <b>Silver</b>      | Person with weapon or hostage                          |
| • Code <b>Campus</b>      | Medical emergency on hospital campus                   |

**NOTE:** If the operator announces “**DRILL**” before the emergency code, respond the same as you would in an actual emergency but know that it is only a drill. (E.g., during a fire drill, the operator will page “**DRILL-CODE RED**” and announce department in which drill is taking place.)



## General Hospital Emergency Procedures

Your WHHS supervisor will review department-specific procedures with you.

### “Code Red” - Fire

If a fire is discovered inside the Hospital, “**Code Red**” will be paged and **you should report to your department for further instructions.**



If a fire is discovered in other buildings (e.g., 1900 or 2500 Mowry), the fire alarm will sound. After following the R-A-C-E procedure (below), everyone should evacuate to a department-designated location outside the building.

**If you discover a fire** or you see a stand with a flashing red light (fire drill simulator), follow the **R-A-C-E** procedure:

- **Rescue** anyone in immediate danger. Do not use elevators!
- **Activate** the alarm—pull the fire alarm (even for a fire drill), dial **55 (or 9-911)** and state “**Code Red**,” the location, and what’s burning. If it is a drill, say “**Drill Code Red**.” Do not actually call 9-911 for a drill.
- **Confine** the fire by closing doors and windows – the fire doors close automatically.
- **Extinguish** the fire if you are able – hospital fire extinguishers are **ABC** rated and will extinguish any type of fire.



**NOTE:** Some fire extinguishers are located in cabinets, and others are free hanging from the wall secured by a safety strap. To remove those, first release the safety strap!

Use the acronym **P-A-S-S** when extinguishing a fire:



- P**ull the pin
- A**im at the base of the fire
- S**queeze the handle
- S**weep the spray across the base of the flames



### “Relocation Alert Level (1-4)” - Evacuation/Relocation

If an evacuation or relocation of patients or staff is necessary, the Hospital operator will page as follows:



- “**Relocation Alert Level 1**” - Evacuate one patient room or small area
- “**Relocation Alert Level 2**” - Relocate horizontally on same floor beyond fire doors
- “**Relocation Alert Level 3**” - Relocate vertically to lower floor and beyond fire doors
- “**Relocation Alert Level 4**” - Evacuate entire building from top floor downward

## “Code Yellow” - Internal Hazardous Material Incident

All departments have a **MSDS Binder** listing all hazardous substances used in that department and a Material Safety Data Sheet (MSDS) for each substance listed. Each staff member must know how to properly use, store and handle the department’s hazardous substances, as well as first aid for inhalation, ingestion (swallowing), skin or eye exposure, including use of eye wash stations.



Radiation precautions must be taken during X-ray or fluoroscopy procedures as well as when radionuclides have been injected for nuclear medicine scans. Limit your length of exposure (**time**), keep a **distance** of 6 feet whenever possible, and wear a lead **shield** when appropriate to prevent radiation exposure.

All chemicals are to remain in their original containers so hazard precautions and first aid instructions printed on the label can be read. Staff in high-risk departments where hazardous exposure incidents are most likely to occur (e.g., chemotherapy or radionuclide spill, radiation leak, anesthetic gas leak, etc.), must know how to manage these incidents. If you are assigned to work in a high-risk department, the department will provide you with training.



“Code Yellow” (and location) is paged 3 times if there is a spill or leakage that could result in injury if not handled properly. Staff qualified to manage the incident will do so.

Drills are held in departments at greatest risk for hazardous exposure. You will see colored water spilled near an orange cone with a sign, “Drill Code Yellow”.

If either **Code Yellow** or **Drill Code Yellow** is paged for your department, report to it.

## “Code Blue” and “Code Pink” – Medical Emergency

If paged for your location, a full team of people will be responding -- **get out of the team’s way**. If you are expected to respond to these codes, you will be given specific instructions during your departmental orientation.

## “Code Green” and “Code Purple” – Infant or Child Abduction



“Code Green” will be paged if an infant abduction is suspected and “Code Purple” if a child abduction is suspected. All departments located near a hospital exit will be required to send a staff member to secure the door. No one will be allowed to leave the hospital until the code is announced to have been cleared. Information about your department’s response will be included in your departmental orientation. Security and Maternal Child Health employees are always required to respond to these codes.

## “Code Triage Standby” and “Code Triage”

If a community (external) emergency incident has occurred and a large number of injured are expected, a **Code Triage Standby** is paged. Once patients begin arriving, a **Code Triage** is paged. **Code Triage** is also paged any time we activate our Emergency Operations Plan (EOP), for any reason (not just incoming patients).

When “**Code Triage**” is paged, report to your department for further instructions. Staff may be pulled from their normal job duties and reassigned to perform other functions appropriate to their knowledge and skill level. Off-duty staff may be called to work.

### ***If you are on duty during an earthquake:***

- Protect yourself; get under a strong desk, table, doorway, or against an inner wall or corner. Direct patients, visitors and co-workers to do the same.
- Avoid potential hazards; stay away from windows, mirrors, light fixtures, falling debris, and falling electrical lines. If outside, remain there.
- Do not dash for exits or use elevators.

### ***After the earthquake:***

- Be prepared for aftershocks, which can cause further damage
- Extinguish small fires (see procedure for **Code Red**).

## “Code Utilities” - Utility Incident

“Code Utilities” will be paged 3 times if an event within or outside the Hospital renders one or more of the following utilities inoperable:

- Water pressure, use of sewer system
- Electrical power
- Communication systems (phones, computers, tube system)
- Medical gases (oxygen, air, vacuum)

If you hear “**Code Utilities**” paged:

- Return to your department for instructions (use stairs, not elevators)
- Initiate emergency procedures appropriate to the disrupted utility
- Stay on duty or stand-by until dismissed

Emergency generators usually restore power to critical and emergency outlets. Emergency lighting will light the corridors. If you need more light, request a flashlight (kept in each department). If critical life-sustaining equipment becomes inoperable, use manual systems and portable equipment. In the event we lose:

Water pressure	→	use bottled water
Sewer system	→	pour water into toilets to flush biological waste
Communications	→	assign clerical staff as runners to facilitate communication; walkie-talkies or special frequency phones may be used
Medical gas	→	deliver portable oxygen, air, suction to all patient care areas

## **Security Risks/Incidents:**

For security concerns or to report theft or other security incidents, call x7000. A security guard will be dispatched as necessary and a security report will be completed.

### **“Staff Stat” - Potential physical assault:**

If a person becomes verbally abusive, the behavior could escalate into physical violence. Staff in the main Hospital should dial 55 to page a **“Staff Stat”**. In buildings outside the main Hospital, dial x7000. Security staff will immediately report to the area. If you are in the department where a “Staff Stat” is paged, **get out of the area quickly**.

### **“Code Silver” – Weapon or hostage and “Code Zero” – Stay Away!**

If there is actual or threatened use of a weapon, dial 9-911. Local law enforcement will respond. If possible, also dial 55 to alert operator that a **“Code Silver”** and a **“Code Zero”** should be paged to warn staff outside the threatened area to stay away. Persons at the location will be sheltered in place or evacuated, whichever is safest.

### **“Code 10” – Bomb Threat**

A **“Code 10”** is paged 3 times when there is a bomb threat. When **“Code 10”** is paged, **report to your department** for instructions. You may be asked to search your work area and look for anything which seems unusual or out of place.

*If you suspect you have located a bomb:*

- **Do not touch or disturb a suspected bomb in any way**
- Keep calm. Do not panic.
- Try to isolate the object as much as possible by closing doors.
- Notify Emergency Operations Center of exact location of the suspected bomb.



**“All Clear”** will be paged when authorities confirm there is **no** potential danger.

## **Medical Equipment Use**

You must be specifically trained on each piece of equipment you will be using on the job. You must be able to describe or demonstrate:

- capabilities, limitations and special applications
- operating and safety procedures
- emergency procedures in the event of failure
- how to report equipment problems, failures and user errors



## Electrical Safety

**Levels of Power** - Every outlet or switch plate has a label specifying its priority level:

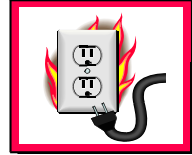
**#1 = Critical emergency outlet (Red)** - Hospital generator will provide back-up power. Use for all patient care equipment.

**#2 = Emergency outlet (Yellow)** - Hospital generator will provide back-up power. Use for essential equipment in Food Services, MIS, Lab, Medical Imaging and Engineering.

**#3 = Normal outlet** - No back-up power. Use for all other equipment - TV's, etc.

### Preventing Electrical Hazards

Using faulty equipment or overloading electrical circuits can result in an electrical fire, which can spread quickly, or a shock, which can be fatal. Follow these electrical safety rules to prevent patient and staff injury:



**Check outlets regularly for signs of damage.** Report outlet damage to Engineering and initiate a work order for immediate repair.

**Check equipment before use** for damage; check for leakage if it uses water.

**Use equipment properly.** Don't handle equipment with wet hands or if standing on a wet floor. Don't use plugs, cords or equipment if damaged, bent, cracked or frayed. Keep cords away from heat and water. Never use adapters or extension cords.

**Have Engineering inspect all equipment** that is brought in by patients or staff.

**Disconnect equipment from power source** before cleaning, or if it feels hot, stalls, blows a fuse, trips a circuit breaker or gives the slightest shock. Do not touch cord or equipment if it is sparking or burning. Page an Engineer "STAT" to turn off power.

### Electrical Equipment Problems

If a problem is identified, remove equipment from service immediately and label with Hospital repair tag, noting what is wrong, including any equipment alarm or error messages. Initiate repair order with Engineering. **Page Biomed or On-Duty Engineer if you need immediate repair (critical care devices, defibrillators, etc.).**

### Equipment/Product Alert and Recall Program

If you receive any type of equipment or product related hazard notice or recall from a manufacturer, immediately notify (and forward notice to) the Safety Officer.

### Electrical Fire

Follow the "R-A-C-E" procedure (under "Code Red").

## Electrical Shock

Do not touch the victim until power source has been turned off. Page Engineering "STAT" to shut off power at main service panel, if needed. If there is a delay, attempt to remove cord or equipment off victim with a plastic, wood or rubber object that does not conduct electricity. Dial "55" (or "9-911") to obtain emergency medical assistance. Once scene is safe, emergency medical care may be given to the victim.

## Equipment or Medical Device Incident Involving Patient or Staff Injury

If a patient or staff is injured while using a medical device:

- Notify your Supervisor and Biomedical or On-Duty Engineer immediately.
- Report incident to patient's physician (consult with Supervisor) and give treatment per doctor's orders. Report any staff injury to Employee Health Services.
- **Document equipment settings and alarm messages before power is turned off (if safe to do so).** Often this data cannot be retrieved once power is off.
- **Save all accessories (including disposables) in a plastic bag; attach bag to equipment.** Complete Quality & Risk Report and forward it to Safety Officer.

## PG&E Power Failure

In the event of a power failure, equipment plugged into #1 (red) critical emergency and #2 emergency outlets will transfer to emergency generator power automatically. Elevators will remain in service. Overhead lighting will be affected.

In the event of **emergency generator failure**, Engineering will activate the back-up generator and power will be restored to equipment connected to #1 red outlets. Only the north wing service elevator will be in operation. **Use stairs.** Obtain a flashlight if needed. In the event of complete generator failure, no electrical equipment or elevators will operate. Perform life-sustaining procedures using manual systems until power is restored. The Hospital's Emergency Operations Plan will be activated.

## Utility System Problems or User Errors

- Substitute manual items if needed and report the problem to supervisor
- Contact Engineering for problems with elevator(s), medical gas, water, sewer or pneumatic tube system (or page for On-Duty Engineer after business hours).
- Contact Information Systems (I.S.) for computer and printer problems (x4357).
- Contact switchboard (x0) for telephone problems.
- Contact mailroom for photocopier or fax machine problems (x4710).

Department-specific procedures should be reviewed with you. **If it is relevant to your job duties**, review the location of zone valves and procedure for shutting off oxygen valves (in the event of fire) and water valves (in the event of fire sprinkler activation).

**WASHINGTON HOSPITAL**  
**Temporary Agency/Contract Staff/Intern/Student Orientation Post-Test**

**INSTRUCTIONS: Complete this post-test after reading packet, then tear off these 2 pages (only) and give them to your Supervisor to file.**

Your Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions 1-12, write the letter which matches the proper emergency code.**

- |                           |   |
|---------------------------|---|
| 1. ____ Code Red          | A. Stay Away – Violence or hazard   |
| 2. ____ Code Blue         | B. Bomb Threat  |
| 3. ____ Code Yellow       | C. Possible Large Influx of Patients - Emergency Operation Plan activated |
| 4. ____ Code Green        | D. Fire   |
| 5. ____ Code Utility      | E. Medical Emergency  |
| 6. ____ Code 10           | F. Child Abduction  |
| 7. ____ Code Zero         | G. Hazardous material spill or leak                                       |
| 8. ____ Staff Stat        | H. Evacuate—Levels 1-4  |
| 9. ____ Code Triage       | I. Loss of power, water, medical gas etc.                                 |
| 10. ____ Relocation Alert | J. Person with weapon or hostage  |
| 11. ____ Code Silver      | K. Infant Abduction   |
| 12. ____ Code Purple      | L. Security Incident – appropriate staff to respond                       |

13. What number do you dial for emergencies? At Main Hospital \_\_\_\_\_ At other WHHS sites \_\_\_\_\_

14. If the fire alarm goes off in a WHHS building other than the main hospital, what do you do?  
\_\_\_\_\_

13. If a Code Triage is announced, where do you immediately report for further directions?  
\_\_\_\_\_

14. State where the following items are located (closest to your work area):

Fire alarm \_\_\_\_\_ Fire extinguisher \_\_\_\_\_

Infection Control Manual \_\_\_\_\_

Emergency Operation Plan Manual \_\_\_\_\_

MSDS Binder \_\_\_\_\_

Eye Wash Station (if applicable) \_\_\_\_\_

15. List the steps for fire response using the acronym R-A-C-E:

R = \_\_\_\_\_ A = \_\_\_\_\_

C = \_\_\_\_\_ E = \_\_\_\_\_

16. Sexual harassment is verbal, visual or physical behavior which is sexual in nature and which is not welcomed by the recipient or others who witness it.

True                  False

17. Washington Hospital has a "zero tolerance" policy for harassment of any kind by its staff.

True            False

18. Check (✓) the personal protective equipment you must wear for Universal/Standard precautions:

- Wear gloves before contacting blood/body fluids, non-intact skin or mucous membranes
- Wear masks and goggles if there is a potential risk of body fluid (or chemical) splashing/exposure
- Wear gowns if contact with contaminated surface or equipment is likely

19. If you observe, are told of, or even suspect physical or emotional abuse, assault or neglect of a patient, you must follow mandatory legal reporting requirements (if you are a licensed clinical staff member) or report it to a licensed clinical staff member (if you are non-clinical staff).

True            False

20. Rules of confidentiality include (✓ all that apply):

- Obtain patient permission before discussing patient information with family/loved ones
- Discuss patient information only with staff who have a job-related need to know
- Log off computers when you are done using them or must step away
- Secure hospital business/financial information when work area will be left unattended
- Safeguard incoming faxes which are intended for the addressee's eyes only

21. Staff who observe or are told that a patient is in any pain or discomfort should intervene or report this to the direct caregiver/Charge Nurse.

True            False

22. As part of the hospital's commitment to the "Patient First" ethic, you must respect a patient's religious and cultural beliefs or practices unless safety or medical necessity dictates otherwise.

True            False

23. For questions on how a religious or cultural practice might affect patient care or safety, you may want to consult: (✓ all that apply)

- Your Supervisor             Patient/patient's family             Safety/Security Manager
- Spiritual Care Coordinator             Dietitian

24. If you see an elderly patient walking unsteadily, you should assist him and/or alert a clinical staff member.

True            False

25. To ensure patient safety, it is everyone's job to: (✓ all that apply)

- Identify errors or "near misses"
- Take action when a "near miss" could have resulted in a bad outcome for the patient
- Speak up if you have concerns or believe a change is needed

26. For a patient age 80 or older, ✓ what you would do to provide age-appropriate care:

- Give information in short segments, repeat as needed             Encourage independence
- Involve family or guardian in care             Avoid rushing patient

\_\_\_\_\_  
Staff/Student Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date