



5/2006

## Registry Student Volunteer and Physician - Safety and Infection Control Program

### PACIFIC HOSPITAL OF LONG BEACH

#### Introduction

Welcome to Pacific Hospital Long Beach.

This program outlines key elements of the Organization's Safety and Infection Control programs. The following information is important in providing a safe environment for physicians, associates, contract staff, patients and visitors. By utilizing the information outlined here, you can help prevent accidents, control losses, and support the process for providing patient care.

#### Mission and Values

##### PHLB Mission

To Heal with Compassion and to  
Perform with Distinction

##### PHLB Values

**Cultural Sensitivity** – We providers and our patients comprise a diversity of cultures. We recognize and accept individual differences and strive to listen to, communicate with and understand others.

**Heroic Service** – We are committed to creating the best possible experience for those we serve. Our efforts are bold-spirited and immense enough to be of heroic measure

**Accountability** – We understand that accepting responsibility for our position, pledges us to perform at a high level. We expect to be held accountable for this effort and for the results.

**Respect** – We seek to provide a work environment that values

relationships among employees, medical staff and based on honesty, mutual respect, trust and recognition.

**Teamwork** – We believe in working in partnership by promoting an environment that encourages involvement of others and sharing of information.

#### Environment of Care

The goal of this program is to provide a safe, functional, and effective environment for patients, associates, and other individuals in the hospital.

#### Safety Management

PHLB is committed to providing a safe work environment. Working safely in a hospital is more than a matter of watching out for back injuries, needle punctures, spread of infection and exposure to hazardous materials. It's a matter of overall ATTITUDE, an awareness of safe and unsafe conditions and behavior. This means watching out for accidents ABOUT to happen.

Each department is provided with Policy and Procedure manuals for use and reference. Included are: Administrative, EOC, and Infection Control policies.

#### Reporting Unsafe Conditions

Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians and their coworkers. This means taking an ACTIVE role in reporting any UNSAFE CONDITION.

To report an unsafe condition, notify the area / shift supervisor or the Safety Officer.

#### Examples of Unsafe Conditions:

**Environmental Hazards:** such as slippery or uneven floor surfaces, cluttered work areas, cabinets or furniture with sharp / protruding areas.

**Fire Hazards:** such as obstructed corridors and fire exits, missing fire extinguishers, accumulated trash and smoking in designated "no smoking" areas.

**Electrical Hazards:** such as frayed cords, exposed wires, ungrounded plugs, extension cords, or electrical appliances from the home being used in patient care areas (i.e. portable space heater).

**Equipment Hazards:** such as unsafe or defective equipment, overdue electrical safety inspections / preventative maintenance and damage.

**Hazardous Substances:** such as strong, unpleasant fumes or improper handling and disposal of toxic substances.

**Unsafe Acts or Procedures:** such as improper use of equipment or instruments, failure to wear appropriate protective apparel, or attempts to bypass mechanical safety switches, or other equipment safety guards.

#### Safety Officer

The Safety Officer, Bob Vance, can be reached at extension 2488.

## Security Management

The Organization employs Security Officers to safeguard employees, patients, the hospital and its physical assets. The officers are authorized to check all packages or boxes brought into or taken from the hospital and to enforce parking regulations.

### Identification badges

When you are in the Medical Center you are required to wear the identification badge that was issued to you by the Registry, Hospital or School. Your badge is to be worn above the waist with picture side out. Lost badges should be reported to Security immediately.

### Visitors' Pass

All visitors are required to have a Visitors' Pass. These passes are color-coded and are issued by the Information Desk. Any visitor without a pass should be directed back to the Information Desk.

### Parking

Registry, Students and Volunteers will be expected to park in the areas listed as employee parking. Physician's parking is by control ID badge access only.

### Emergency Response Line

To report any type of emergency (Code Blue, Code Pink, Code Grey, Code Red and Silver Triage), dial "3111" from any non-public telephone. This emergency response line is answered immediately by an operator.

### Code Pink (Infant Abduction and Prevention)

The safety and security of infants will be protected by the collaborative efforts of all employees.

### PHLB Policy

- Department staff directly involved in Perinatal patient care is responsible for maintaining the integrity of the security of the unit.
- All Perinatal staff must wear their specially coded pink photo ID badges.
- Infants are to be transported within PHLB in bassinets / isolettes and accompanied by staff from that unit.
- Upon hearing Code Pink announcement staff should be alert for individuals carrying an infant or bundled objects.
- Suspicious individuals should be reported to Security.

### Code Grey

The safety and security of patients, visitors, associates and physicians is of vital importance. A Code Grey is a situation in which there is the possibility of bodily harm and/or property damage.

#### Action:

If you are in a situation where there is danger of physical harm or destruction of property, follow these actions:

- Stay calm
- Remove yourself from immediate danger or call attention to yourself (scream, yell or make a loud noise)
- Dial "3111" and communicated the Code Grey to operator. Competent trained staff will respond to assist in controlling the situation.

### Silver Triage (Hostage Incident)

Any initial contact person can act as a temporary negotiator.

#### Your Role

- Call "3111" immediately if able to report danger.
- Remain calm
- Give your first name only
- Determine what the hostage taker wants

- Offer alternative to alcohol, drugs, weapons or substitute hostages
- Downplay the incident
- Do not bluff
- Repeat questions or demands
- Avoid deadlines

Away from site of incident:

- Close all doors
- Stop all patient & supply transport
- Be alert and cautious
- Remain where you are

## Hazardous Materials

There are many hazardous chemicals in a hospital. To help ensure your safety you should learn to identify hazardous materials and the precautions that need to be taken with them.

Obtain information on chemical's hazards from the product label and the material safety data sheets (MSDS).

Labels contain information such as:

- the chemical identity,
- major hazards,
- precautions for avoiding injury,
- handling and storage instructions.

MSDS are required for each chemical in your work area. They contain more detail than is included on the label. In addition to the label information you will also find:

- emergency first aid procedures,
- spill or leak procedures and
- waste disposal methods.

Familiarize yourself with the MSDS manual in your department.

### Personal Protective Equipment (PPE)

PPE is available for your protection and safety. Please contact the

area / shift supervisor for a detailed description of appropriate PPE available in your work area. All PPE must be removed at the site of use.

### Internal Hazardous Spill

- Remove anyone near the spill
- Isolate spill and deny entry
- Obtain the MSDS
- Contact your supervisor or the House Supervisor.

### Life Safety (Fire)

#### Hospital Response to Fire

**CODE RED** is paged over the intercom system to indicate a fire within the Medical Center.

Important locations to know:

- Fire extinguisher
- Fire doors and walls
- Closest fire-alarm pull
- Evacuation route

#### Important facility conditions to maintain

- Keep emergency exits, fire doors, fire-fighting equipment and fire alarm pull stations clear at all times.
- Never use door wedges that prevent doors from closing
- Keep doors closed unless they are controlled by an electromagnetic system. These are smoke and/or fire doors and they provide horizontal separation between you and the fire.
- During a "fire" evacuation, the primary type of evacuation is horizontal (to the other side of the closed fire doors).
- Every area of the hospital has an evacuation route posted that shows the location of the emergency exits.
- Elevators may not be used during a fire situation.
- Keep all corridors and exits clear of all unnecessary traffic and/or obstruction.

- Keep telephone lines clear for fire control.

#### Your role during a fire

Away from the point of origin: close all doors, remove all items from hallways, calm patients, and await specific instruction.

At point of origin: follow RACE procedure.

## R A C E

# R

### RESCUE

Remove everyone in immediate danger from the fire area.

# A

### ALARM

Pull the nearest FIRE ALARM BOX and dial "1111"

# C

### CONTAIN

Close the door and isolate the fire.

# E

### EXTINGUISH/-EVACUATE

With proper extinguisher, fight fire without endangering yourself.

## P A S S OPERATION OF FIRE EXTINGUISHERS

# P

Pull out the safety pin

# A

Aim the nozzle at the BASE of the fire (stand about 10 feet away from the fire.)

# S

Squeeze the handle

# S

Sweep the nozzle from side to side.

### Smoking Policy:

Smoking is prohibited within the Medical Center. Smoking outside the Medical Center is permitted in designated areas only.

### Medical Equipment Management

The objective of the Medical Equipment Management Program is to ensure that medical equipment is safe and effective for use by patients and staff. You must be sure that equipment has been safety inspected prior to use. You will receive training in the safe operation of all equipment in your department.

### Operating equipment inspection

Check equipment prior to use with a visual inspection:

- Cords and plugs have no exposed wires and are not frayed
- Tags are current
- Functional checks, where applicable

Equipment training is required when:

- You are new to a work area or assignment;
- New equipment is introduced to an area;
- A change or update occurs with equipment.

### SAFE MEDICAL DEVICE ACT (SMDA)

Purpose: to ensure reporting of an illness or injury that resulted from a medical device.

Action: Any person who knows of a medical device that may have caused illness or injury shall immediately:

- Attend to the patient's needs;

- Report the incident to the area / shift supervisor;
- Remove the device from service and the patient's room.
- Not change settings or dials
- Label the equipment as broken
- Call Biomed

If you have any questions or concerns about the operation of the equipment, contact the area / shift supervisor or Biomed (x8444). For more information, refer to the Medical Equipment section of the Safety Manual in your department.

### **Emergency Preparedness**

The hospital disaster plan is designed to direct how our business of patient care can be carried out during a disaster. Be prepared to respond to the following situations.

**Internal Disaster:** a disaster or emergency situation within the hospital.

**External Disaster:** a disaster or emergency situation outside of the hospital that results in mass casualties appearing at the hospital.

**Triage HazMat:** an incident (internal or external) that involves hazardous materials.

Response to a disaster is department specific. The Emergency Preparedness Section of the EOC Manual contains the full Disaster Plan that describes each department's responsibility. It is your responsibility to familiarize yourself with your department's role.

### **WHAT IS MY ROLE IN A DISASTER?**

If you are ON-DUTY when a disaster strikes, you must:

- Return to your department.
- Keep telephone lines free for emergency communication.

- Physicians should report to the labor pool located in on the Patio

### **Utility System Management**

Utility Systems are designed to keep our environment comfortable for physicians, associates, contract staff, patients and visitors. However, utility systems may experience problems. When a disruption in a utility occurs, you must be familiar with procedures for maintaining a safe environment.

#### **Utility systems include:**

- Nurse Call System
- Telephone System
- Paging System
- Beeper System
- Medical Gas System
- Vacuum System
- Domestic Water
- Steam
- Electricity with/without Emergency Power
- Natural Gas
- Elevators
- Air Conditioning
- Heating and Ventilation System

### **UTILITY FAILURE**

In the event of Utility Failure, immediately notify the area / shift supervisor or Engineering.

#### **Medical Gas Shut-Off**

Authorization to shut-off medical gases is as follows:  
Patient care areas - Charge Nurse  
Non-patient care areas -  
Engineering

### **Emergency Power**

#### **Generators**

- In the event of a loss of electricity, emergency generators become operational in 10 seconds or less.
- Essential patient-care equipment should be plugged

into RED receptacles for access to emergency power.

### **If emergency generators should fail:**

- Obtain a flashlight.
- Respond to the most immediate patient needs.
- Make plans to obtain medical air and vacuum.
- Patients on ventilators will require manual "bagging,"
- Communication: Hand-held radios will be delivered to patient care areas.

### **PREVENTION AND CONTROL OF INFECTIONS**

Every hospital employee is responsible for infection control. Protect yourself and others by practicing these basic measures.

#### **Basic Measures**

- Wash hands often and appropriately
- Always cover coughs and sneezes with a disposable tissue or at least, your hands.
- Do not touch your own eyes, nose, or mouth except with freshly washed hands.
- Stay home from work if you have a contagious illness such as the flu or the start of a cold.

#### **Wash your hands**

- Before starting work
- When hands are soiled
- After handling blood and body fluids, even if gloves were worn
- After removing gloves
- Between patients
- Before and after eating
- After performing any personal care for yourself, such as blowing your nose or using the restroom
- Before going home

## Wash hands with

- Warm water. Water that is too hot or too cold water irritates your skin
- Soap. Enough to work up a good lather
- Friction. 10 - 15 seconds of friction is needed to remove debris.
- Free-flowing water. Let it flow freely enough to adequately rinse off soap and soil.
- Paper towel. Thoroughly pat hands dry with paper towel.

### Remember!

The single most important thing you can do to prevent the spread of infection is hand washing. Refer to your Infection Control Manual for specific policies.

## Infection Control/ Epidemiologist

The Infection Control Epidemiologist, Alfonso Torress-Cook can be reached at extension 3071.

## Needlesticks

- Always use safety needles when available
- Do not bend, hand-recap, shear or break contaminated needles and other sharps.
- Recap or remove contaminated needles from disposable syringes **only when medically necessary**. To recap needles, use a mechanical device or a one-handed technique.
- Do not pass contaminated sharps from one person to another.
- During codes or high stress situations, communicate your actions to others
- Dispose of contaminated sharps immediately rather than holding them in your hand or setting them on a table or bed.
- Place contaminated sharps in an appropriate puncture-resistant, leak-proof container immediately after use.

- Do not overfill sharps container. Close and seal when  $\frac{3}{4}$  full.

## Additional self-protective controls should be followed:

- When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, splattering and generation of droplets.  
**EXAMPLE:** Before removing a rubber stopper from specimen tube, cover it with gauze to reduce the chance of splatter.
- Do not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses where you may be exposed to blood or other potentially infectious materials.
- Avoid petroleum-based lubricants that may eat through latex gloves. Applying hand cream is OK if you thoroughly wash your hands first. (Use only Hospital approved hand cream. Do not bring products from home to the hospital.)
- Never mouth pipette or suction blood or other potentially infectious materials.
- Do not keep food and drinks in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.
- Do not eat or drink at nurse's station where specimens have been placed.

## If you are exposed

- If possible, wash exposed area with soap and warm water.
- Students - notify your instructor immediately and report to your school's employee health services
- Registry, Students, and Volunteers are to report incident to their supervisors and referrals to appropriate

occupational health services will be furnished.

## Tuberculosis

### Testing for Employees, Registry, Students, and Volunteers

Pacific Hospital of Long Beach maintains a formal TB screening program, ensuring completion of legally required testing and documentation of test results. Registry, students and volunteers must be screened each year. Anyone who is not tested at the Medical Center must provide written evidence of TB status. This serves to prevent the spread of TB among patients and coworkers.

## Quality Improvement

### **Event Reporting**

PHLB promotes a non-punitive environment for reporting of events. Event reporting assists in quality improvement of systems / processes and increases patient safety. All untoward incidents, medication errors, adverse drug reactions and near miss events should be reported immediately.

Events may be reported via the Notification/Occurrence Reporting Form (for incidents) or Medication Error/ADR Occurrence Report form (for medication errors or adverse drug reactions). Forms are available in each hospital department or nursing unit. Reports are to be completed before end of shift and forwarded to shift supervisor or charge nurse.

### **Health Insurance Portability and Accountability Act (HIPPA)**

HIPPA laws require that certain types of patient information be protected. Protected Health

Information (PHI) is any information that can be used to identify a patient or access a patient's medical information. Examples of PHI include patient's name, address, birth date, social security number, and medical record number.

*Disclosures of patient information usually require an authorization unless the disclosure is for treatment, payment or healthcare operations purposes.*

Promptly report any privacy violations that you see or hear.

### Privacy Officer

The Compliance/Privacy Officer, Mike Tichon, can be reached at (562) 446-2222.

### Things you can do to protect patients' privacy

- Access only the minimum necessary amount of PHI needed to perform your jobs.
- Use patient information only for the task at hand.
- Disclose PHI only for treatment, payment, or healthcare operations purposes.
- Disclose only the PHI that allows the person to perform his or her job function.
- Be sensitive to the surroundings in which PHI is shared.
- Refrain from discussing PHI in public areas or elevators.
- PHI is not to be removed from the hospital without proper authorization

### Patient Safety

#### Reduce medical errors by following these practices:

- Always verify patient's identity by comparing name and medical record number to

ordered service and before performing any procedure.

- Use the "time out" process to confirm the correct patient, procedure, site, and appropriate documentation (e.g. medical records, imaging studies) prior to start of the procedure.
- Involve the patient in marking the surgical site.
- When taking a verbal order write the order down, read the order back to the prescriber and await prescriber's verification that the order is correct.
- When giving a verbal order speak order slowly and clearly; spell out drug names; express doses in units of weight, not units of use such as vials; express doses as individual numerals (e.g. say "one-four" units rather than "fourteen").
- Use only hospital approved standardized abbreviations, acronyms and symbols.
- Avoid using abbreviations, acronyms and symbols on the **"Do Not Use" Abbreviation** list.
- Assure that alarms are appropriately set and sufficiently audible with respect to distances and competing noise.
- If you need more than three of anything to prepare a medication dose", verify with a pharmacist.
- Investigate patient's concerns / questions about medications.
- Label all syringes with the drug name and total dose, or prepare the syringe at the bedside and administer its contents immediately
- Never use any product that is not labeled.
- Be careful when administering medications via a syringe, this will avoid the possibility of inadvertent IV administration in patients with IV lines.
- Ask before you crush - crushing certain oral

medications may destroy the intended effect of the drug and in some cases cause an adverse reaction.

- Always verify medication or treatment orders that are difficult to read or interpret with another license practitioner.
- Obtain a complete list of patient's medications on admission.
- Communicate list of patient's current medication to the next provider on transfer and discharge.
- Assess and reassess each patient's risk for falling.

### Patient Safety Officer

Patient Safety Officer, Karen Scott, R.N., CPHQ, can be reached at extension 2073



5/2006

**Registry Student Volunteer and Physician -  
Safety and Infection Control Program**

**PACIFIC HOSPITAL OF LONG BEACH**

**EMERGENCY CODES  
DIAL "1111"**

<u>CODE</u>	<u>MEANING</u>
BLUE	Medical Emergency
RED	Fire Emergency
PINK	Infant/Child Abduction
GREY	Security Emergency
SILVER TRIAGE	Hostage Situation
INTERNAL TRIAGE	Internal Disaster
EXTERNAL TRIAGE	External Disaster
TRIAGE HAZMAT	Hazardous Materials Incident



## Registry **S**tudent **V**olunteer and **P**hysician- Pacific Hospital Long Beach

### **Acknowledgment of Receipt**

By signing below, I acknowledge I have received the Registry Student Volunteer and Physician Orientation Training packet. I understand it is my responsibility to familiarize myself with the information given and will read through all the material contained within.

I also understand that should I require any further information or clarification I can refer to my area / shift supervisor or the appropriate Policy and Procedure Manuals located in each department.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date