PIH Health Hospital- Downey
Department of Education

Nursing Student Orientation Packet 2017

Welcome to PIH Health Hospital-Downey! This packet is used to provide basic orientation to PIH Health. The goal is for you to become familiar with life safety and emergency procedures as well as be aware of your responsibility to always protect the privacy of the patients. After reading the information; **1) complete the post test, 2) sign the Attestation of Orientation, 3) sign the Patient Privacy and Confidentiality form, 4) sign Consent for Release of Information, 5) complete the HIPAA post test** and **6) sign the eMD User ID Code Receipt.** Please return all completed student documents to the Education Department.

Hospital Mission, Vision, Values and Goals

At PIH HEALTH, we provide the highest quality healthcare without discrimination and contribute to the health and well-being of our communities in an ethical, safe, and fiscally prudent manner in recognition of our charitable purpose.

• Our vision: Patients First

• Our values:
- *Patients First:* Our patients' safety, well-being, and medical condition will be our primary concern at all times.
- *Respect and Compassion:* We will consistently demonstrate respect and compassion for the beliefs, situation, and needs of our patients and co-workers.
- *Responsiveness:* We will strive to anticipate needs and respond in a timely way to meet or exceed the expectations of others.
- *Integrity:* Our attitude and actions will reflect the highest ethical and moral standards.
- *Collaboration and Innovation:* We will work together – within and outside the organization – to solve problems and pursue opportunities in creative ways.
- *Stewardship:* We will serve the community wisely through the efficient and prudent use of our financial resources.

• Our Goals:
- We will provide the highest standards of care to our patients.
- We will attract and retain the highest caliber people who reflect the diversity and composition of the communities we serve.
- We will be recognized as the best choice for high quality medical care in our service area, while also expanding the market area in which our reputation is recognized.
- We will improve the health status of the communities we serve.
- We will maintain an infrastructure that fosters innovation and efficient operations.

Customer Service

The customer experience is critical at PIH HEALTH - We strive to create a positive customer experience for all patients and visitors. Our goal is to be their first choice for healthcare.

• Telephone Etiquette – Speak clearly with confidence. Smiling as you speak projects a friendly tone over the phone. Identify yourself with full name, discipline, and unit you are calling from.

• Service Excellence:
- Wear your name badge above the waist and facing forward so it is clearly visible to all.
- Introduce yourself to the patient stating your name, department/discipline and how you'll be involved in their care.

- Uniform/professional attire should be clean and appropriate for job duties.
- Respond to patients and hospital staff in a timely manner.
- Help keep the work area clean and safe.
- Use appropriate language and be conscious of HIPAA regulations.
- Notify unit manager of any conflicts that are unable to be resolved during your shift.
- Our Code of Conduct is designed to protect and promote organization-wide integrity, to ensure values are adhered to, and to enhance PIH HEALTH Health's ability to achieve the organization-wide mission. If there is a concern about a code of conduct violation, please contact the Compliance Officer at extension 12818.

• Parking PIH HEALTH
- The designated area for students, contract staff and the vendors is the employee lot across Patton Street. PIH HEALTH is not responsible for thefts, damage or loss of property while parking in any designated area.

• Dress Code PIH HEALTH
- Purpose: To present a clean neat appearance and dress according to the requirements of their positions, taking into account business, safety and infection control standards.
- Identification badges must be worn above the waist at all times while on duty.
- No open toed shoes allowed.
- Tattoos that are visible must be covered.
- Nursing Students must wear white scrubs.

• Telephone Etiquette, electronic devices PIH HEALTH
- Employees, contract staff, and students are not to use personal cell phones or other electronic devices in public areas and not unless authorized by the department management and it does not interfere with job performance. Devices will not be used for personal reasons in any public area. This includes hallways and elevators. In addition, head phones or ear pieces are not to be used in work area or public areas.
- Use of cell phones and other electronic devices for personal reasons is limited to break or lunchtime only, and not in work areas including hallways and elevators. Cell phone ear pieces, IPod, or other electronic devices for personal reasons, to include accessing Facebook, Twitter or other social networking sites, is limited to break or lunch times only, and away from work areas.
- If permitted to carry them, employees are to keep their cell phones on silent modes at all times**.**

Patient Rights/Ethics

Patients have the right to:

- Considerate and respectful care, and to be made comfortable. Have their cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- Have a family member (or other representative of their choosing) and to have their physician notified promptly of their admission to the hospital.
- Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure, who has primary responsibility for coordinating their care, and the names and professional relationships physicians and non-physicians involved in their care.
- Receive information about their health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms they can understand. They have the right to effective communication and to participate in the development and implementation of their plan of care. They have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment

or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.

- Request or refuse treatment, to the extent permitted by law. However, they do not have the right to demand inappropriate or medically unnecessary treatment or services. They have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
- Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting their care or treatment. They have the right to refuse to participate in such research projects.
- Reasonable responses to any reasonable requests made for service.
- Appropriate assessment and management of their pain, information about pain, pain relief measures and to participate in pain management decisions. They may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform them that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.
- Formulate advance directives. This includes designating a decision maker if they become incapable of understanding a proposed treatment or become unable to communicate their wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on their behalf.
- Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. They have the right to be told the reason for the presence of any individual. They have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
- Confidential treatment of all communications and records pertaining to their care and stay in the hospital. They will receive a separate "Notice of Privacy Practices" that explains their privacy rights in detail and how we may use and disclose their protected health information.
- Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. They have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
- Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. They have the right to be involved in the development and implementation of their discharge plan. Upon their request, a friend or family member may be provided this information also.
- Know which hospital rules and policies apply to their conduct while a patient.
- Designate a support person as well as visitors of their choosing, if they have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
    - No visitors are allowed.
    - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
- They have told the health facility staff that they no longer want a particular person to visit. However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform them (or their support person, where appropriate) of their visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny

visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability

- Have their wishes considered, if they lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in their household and any support person pursuant to federal law.
- Examine and receive an explanation of the hospital's bill regardless of the source of payment.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
- File a grievance. If they want to file a grievance with this hospital they may do so by writing or by calling:

PIH Health Hospital- Downey; 11500 Brookshire Avenue, Downey, CA 90241 Tele. 562 904 5000

The grievance committee will review each grievance and provide them with a written response within seven days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

- File a complaint with the California Department of Public Health.
- The California Department of Public Health's address is:
  Administrative Headquarters Staff- Health Facilities Inspection Division Administration; 12440 E. Imperial Highway, Room 522 Norwalk, CA 90650

- **Ethics:**
  - **Four Main Ethical Principles**
- **Autonomy:** "Patients have the right to make decisions about the course of their life/treatment for themselves."
- (e.g. informed consent, living wills, etc.)
- **Beneficence:** **"**The obligation to promote the good of the patient." (e.g. think do good; think achieve positive results)
- **Justice:** "Decisions about withholding and withdrawing treatment should involve shared decision-making by
- patients/surrogates and providers." (e.g. think fairness and consistency)
- **Non-maleficence:** "Avoid or minimize harm to patients." (e.g. when deciding whether or not to recommend an operation/
- procedure, be fully aware of any secondary medical problems that might increase the patient's risk or harm (short and long term), effectiveness and cost)
- Hospital Ethics Handbook, 5th Edition; Dec. 2002, University of Kansas Medical Center
- The hospital has a Patient's Rights and Ethics Committee that serves as an advisory committee. Its purpose is to promote an environment throughout the hospital that respects the patient's wishes and legal rights, ensure healthcare is provided in an ethical manner, and ensures compliance with patient's rights and ethics regulations. The committee is comprised of a multi-disciplinary team representing various departments. In order to achieve its goal the committee has three main objectives and they include:
- **Consultation Services** – any physician, employee, patient, family member or patient representative can access the Patient's Rights and Ethics Committee by requesting a consultation. The goals of this services are 1) To promote an ethical resolution, 2) To establish comfortable and respectful communication among those involved, 3) To help those involved

learn to work through ethical uncertainties and disagreements on their own, and 4) To help the committee recognize patterns within the hospital and consider reviewing hospital procedures or policies (Hester and Schonfeld, 2012).

- **Policy Development, Review and Implementation** – the committee will assist in the development, periodical review and implementation of policies that pertain to patient rights and ethics (Hester and Schonfeld, 2012).
- **Education** – the role of education is twofold. First the committee will educate itself and maintain competency in the area of healthcare ethics, patient's rights and hospital policies. Second the committee will assist in educating the hospital staff, physicians and patients/families. (Hester and Schonfeld, 2012).

Performance Excellence and Patient Safety Goals

- PIH HEALTH strives to continually improve the quality of services to all of our customers. The hospital model for performance improvement ('PI') is PDCA – Plan, Do, Check, Act. The PDCA model provides the framework for structuring, monitoring, and evaluating activities as well as an opportunity for critical analysis of patient care quality.
- Organizational processes include seven functional teams whose primary goals are to improve performance and to meet all requirements of regulatory agencies.
- **2017 Patient Safety Goals:**

1: Improve the accuracy of patient identification.

- Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. (The patient's room number or physical location is not used as an identifier).
- Eliminate transfusion errors related to patient misidentification.
  - ✓ Match the blood or blood component to the order
  - ✓ Match the patient to the blood or blood component
  - ✓ Use a two verification process or a one person verification process accompanied by automated identification technology such as bag coding.
  - ✓ Label all containers used for blood and other specimens in the presence of the patient.

2: Improve the effectiveness of communication among caregivers.

- Report critical results of tests and diagnostic procedures on a timely basis**.**

3: Improve the safety of using medications.

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

  - ✓ Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

  - ✓ Reconciling Medication Information Record and report correct information about a patient's medicine. Find out what medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

  - ✓ **All medications will be accurately and completely reconciled across the continuum of care.**

 # 6: Reduce the harm associated with clinical alarms.

- Alarm safety is a hospital priority. Procedures and protocols are established for setting and managing alarms.

 # 7: Reduce the risk of health care-acquired infections.

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
  - ✓ **The choice of plain soap, antimicrobial soap, alcohol-based gel, or surgical hand scrub should be used based on the degree of hand contamination and procedure.**
    - **Implement evidence-based practices to prevent health care-associated infections due to multiple drug-resistance organisms**.
  - ✓ Employees involved in patient care are knowledgeable in recognizing and preventing infection
    - **All patients with a positive culture for MRSA, VRE, or other multi-drug resistant organisms will be placed in MDRO Precautions.**
    - **PIH HEALTH uses evidence-based practices to prevent the following:**
      - **Central line-associated bloodstream infections**
      - **Surgical site infections**
      - **Indwelling catheter-associated urinary tract infections (CAUTI)**

#9: Reduce the risk of patient harm resulting from falls.

- All patients are considered to be at risk for falls based on being in an unfamiliar environment.
  - **All inpatients are assessed for fall risk on admission, once per shift, or with any change in condition.**
  - Appropriate interventions will be implemented based on the patient's fall risk level.

#15: The organization identifies safety risks inherent in its patient population.

- Upon admission, all patients will have an assessment by an RN to include physical, psychosocial, and emotional baseline assessment.
- Once the patient has been identified as suicidal, the Clinical Practice Guideline parameter must be added. The CPG includes the following:
  - Safety precaution checklist
  - Suicide observation tool
  - Patient/family educational tools
  - Suicidal patients will have a sitter assigned until no longer determined to be suicidal by a physician with the exception of the CCC.
- Encourage patients' involvement in their own care as a patient safety strategy.
- **All inpatients will have a skin assessment on admission, and once per shift and documented in the medical record.**
- Patients with any stage pressure ulcer or skin tear will have the Standardized Procedure for Pressure Ulcers and Skin Tears implemented. Quality Management should be notified of any Stage III, Stage IV, DTI or Unstageable pressure ulcer..
  - Patients and their families are encouraged to be involved with their care to help prevent errors. It can make a positive experience in their care.

Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person

- Conduct a pre-procedure verification. Purpose is to make sure all relevant documents and related information or equipment are present.
- Marking the procedure side/site. At a minimum, site is marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety.
- Conduct a time-out immediately before starting the procedure. Purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified.

Environmental Safety Procedures

Emergency Codes

At PIH Health Hospital - Downey we have assigned code names to certain hospital emergencies. Please review the attached emergency code sheets. These sheets include the code names, types of emergencies, who responds and how staff is notified. In the event of an emergency please **dial 333** in the hospital. All emergencies are announced over the hospital paging system. For emergencies that occur outside the main hospital building - Rehab Serviced Building, Human Resources or the Medical Office Building or the parking lot - you must dial **9-911** for all emergencies. "333" only works inside the hospital.

EMERGENCY CODES SYSTEM

As part of safety plan, PIH Health Hospital - Downey has established a variety of emergency procedures. In the event a life -threatening event occurs it must be communicated to all hospital staff. To communicate this information we use an emergency code system to communicate the nature of the emergency without alarming our patients and guests. Please refer to the following pages for the code names, procedures, and the appropriate responders to the code.

The Switchboard announces emergency situations over the paging system by use of standardized audible codes to alert hospital personnel without alarming others. Every employee is responsible for knowing these codes and responding accordingly.

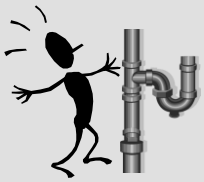
Instructions:

When one of the following emergencies arises inside the hospital, **DIAL "333"** – the emergency number. Once operator answers give appropriate code and other information as indicated.

EMERGENCY TYPE	AUDIBLE TONE / PAGE ANNOUNCEMENT	SWITCHBOARD NOTIFICATION	RESPONSE OF PERSONNEL
 **CODE RED** **(FIRE)**	Siren "CODE RED (location)"3x in a row	Fire Department, Chief Engineer, CEO, Director of Nursing, Hospital Manager, and Department Head fire location (offsite departments)	Departments adjacent to the fire send one person with an extinguisher to that location. Nonadjacent departments send extra staff to the Personnel Pool, located in the Main Lobby. Core Team responds to all fires. Core Team is made up of one person from each nursing unit, Hospital Manager, and Engineer on duty.
CODE BLUE/CODE WHITE **(CARDIAC ARREST; MEDICAL EMERGENCY)**	ADULT - Steady Tone "CODE BLUE plus the floor or location" PEDIATRIC –Steady Tone "CODE WHITE plus the floor or location	Code Blue Team and patient's physician if requested Code Blue Team, and ED PALS nurse	Code Blue Team reports to location. For CODE WHITE in the FBC, an NICU nurse will also respond. .
CODE TRIAGE **(DISASTER; MASS CASUALTY SITUATION)** **INTERNAL OR EXTERNAL**	Repeat (intermittent) Chime –"TRIAGE CODE-report to Personnel Pool" 3x in a row every 15 minutes then 3x in a row once every hour	COO,CEO, CNO, Hospital Manager, Administrative Person On-Call, Medical Alert Center and Police	All employees and volunteers report to the Personnel Pool in the main lobby, if not needed in department. Administration, Interns, Residents and Physicians report to the Command Post in the OPSC Annex, if not needed in department. Activate call trees if needed.

EMERGENCY TYPE	AUDIBLE TONE / PAGE ANNOUNCEMENT	SWITCHBOARD NOTIFICATION	RESPONSE OF PERSONNEL
CODE GRAY **(COMBATIVE PERSON)**	"CODE GRAY plus the location" Repeated 3x in a row	Hospital Manager, Security Guard on duty, and Engineering	Person at location of disturbance calls "333", says "CODE GRAY", and gives location. Nursing Supervisor, Security Guard & engineer on duty report to location. Stay away if not involved.
CODE SILVER **(PERSON WITH A WEAPON / HOSTAGE SITUATION)**	"CODE SILVER plus the location)	CEO or Administrator on call Security Guard on duty Engineering Hospital Manager	If a person is suspected of having a weapon, contact Security immediately. Anyone encountering a person brandishing a weapon should contact the hospital operator using 333 and report a CODE SILVER. Report should include the location, number of suspect (s), description of suspect (s), type of weapon involved and hostages (if any). Staff members in affected area should evacuate self and others if possible. Stay away if not in affected area.
CODE PURPLE **(CHILD ABDUCTION)**	"CODE PURPLE plus the location" Repeat "CODE PURPLE" announcement every 10 minutes over paging system	Security Guard on duty, Director of Security, Hospital Manager and Chief Nursing Officer	Report suspected abduction to person in charge and conduct a quick search of the area. Person in charge calls "333" and reports Code Purple, location and description of child. Staff will respond to all points of access. They will ask guests attempting to leave the area to remain in the hospital. The staff role is to question and report unusual occurrences to Security. The following staff respond to the FBC Conference Room: Chief Operating Officer, Chief Executive Officer, Administrator on Call, Chief Nursing Officer, Director of Corporate Communications, Director of Risk Management, Nursing Supervisors for Med/Surg and Pediatrics
CODE PINK **(INFANT ABDUCTION)**	"CODE PINK plus the location" Repeat "CODE PINK" announcement every 10 minutes over paging system	Security Guard on duty, Director of Security, Hospital Manager and Chief Nursing Officer	Report suspected abduction to person in charge and conduct a quick search of the area. Person in charge calls "333" and reports Code Pink, location and description of infant. Staff will respond to all points of access. They will ask guests attempting to leave the area to remain in the hospital. The staff role is to question and report unusual occurrences to Security. The following staff respond to the FBC Conference Room: Chief Operating Officer, Chief Executive Officer, Administrator on Call, Chief Nursing Officer, Director of Corporate Communications, Director of Risk Management, Nursing Supervisors for Med/Surg and Pediatrics
CODE OB **OB Emergency (Hemorrhage)**	"Code OB" plus location	Responders will be blood bank, pharmacy, anesthesia, primary OB, primary RN, Charge RN from ED, ICU, FBC, respiratory and social service.	Dial "333" and notify operator of code OB. The team will report to the location.
CODE GOLD	"Code Gold"	All hospital employees	Used to notify hospital employees of unannounced regulatory survey.

EMERGENCY TYPE	AUDIBLE TONE / PAGE ANNOUNCEMENT	SWITCHBOARD NOTIFICATION	RESPONSE OF PERSONNEL
CODE YELLOW **(BOMB THREAT)** 	No initial overhead page announcement made about "CODE YELLOW" until situation is assessed by Security, Police Department and Administration	Security Guard on duty, Hospital Manager, Administrator on duty, Safety Officer, Corporate Communications Representative Downey Policy Department, Downey Fire Department	Staff receiving the call or threat notifies the hospital operator immediately via 333. Provide the following information to the operator: Name and title of staff reporting the call, location (workstation/department) of staff member reporting the call, location of the bomb (if known), time the bomb is to explode (if known). Staff member receiving the threat also completes "BOMB THREAT TELEPHONE CHECKLIST" and have it ready to give to security and/or police personnel. Staff may be directed to search for unusual packages. Be alert to suspicious people, parcels, objects and articles. DO NOT TOUCH or move any suspected objects. Do not smoke in area of search. Do not utilize cellular phones or two way radios in the suspected bomb areas. Lights should be left on if they are already on. Do not turn on if the lights are off. Use a flashlight. Once department is searched, report findings to the Command Post.
CODE ORANGE **(HAZARDOUS MATERIALSPILL)** **(FOR LARGER SPILLS ONLY)**	Code Orange (location)" Repeated 3x in a row	Engineering, Environmental Services, Hospital Manager, Fire Department HazMat Team if necessary	If minor spill/release – follow departmental procedures, isolate spill area and deny access to others. Use SDS for reference on clean up procedures and other precautions. Engineering or EVS will dispose of contaminated items. If large - call "333" to report "CODE ORANGE". Isolate area and deny access, and alert people in immediate area to keep away. Engineering will attempt to contain the exposure and consider shutting down air conditioning system. Contain spill if possible by using absorbent. For further instructions refer to CODE ORANGE Policy and Procedure, Risk Management # 38
CODE GREEN M / F **(ELOPEMENT OF CONFUSED PATIENT MALE OR FEMALE)**	"Code Green M (Male) or Code Green F (Female)" repeated 3x in a row	Security, House Manager, RN Supervisor of the Unit	When an identified confused patient goes missing from the room or hospital without informing staff, immediately notify House Manager, Security, and RN Supervisor for the unit. Dial "333" and give the operator a description of the patient and the operator will page "CODE GREEN M (male) or F (female)." Staff in the area will conduct a thorough search of the unit and Security will secure building perimeter. Staff will respond to all points of access. They will ask guests attempting to leave the area to remain in the hospital. The staff role is to question and report unusual occurrences to Security.

EMERGENCY TYPE	AUDIBLE TONE / PAGE ANNOUNCEMENT	SWITCHBOARD NOTIFICATION	RESPONSE OF PERSONNEL
CODE LOCKDOWN (INTERNAL AND EXTERNAL) 	"Initiate an Internal or External Lockdown" repeated 3x in a row. Repeat "CODE LOCKDOWN" announcement every 30 minutes over paging system	Security, Administrator, and House Manager	Hospital Lockdown procedures may be initiated in the event of an emergency situation which threatens the security and safety of the hospital. After the overhead announcement of "Initiate an Internal Lockdown" all departments and areas will secure and/or lock doors at this point. All employees are to remain in their departments until further instructions. After the overhead announcement of "Initiate an External Lockdown" all departments and areas will secure and/or lock exterior doors at this point. Employees should be posted in areas where doors cannot be locked to control access. The Administrator/designee or Security will notify the hospital operator to announce "Lockdown All Clear."
CODE RAPID RESPONSE (MEDICAL EMERGENCY)	Rapid Response Team plus floor or location" repeated 3x in a row	Rapid Response Team and patient's physician if requested	The Rapid Response Team will report to the location.
CODE LIFT (PATIENT / VISITOR SUSTAINS A FALL)	"Code Lift plus floor or location"	Code Lift Team and either a resident or ED RN	Dial "333" and notify operator of a code lift so staff members can obtain assistance when necessary after a patient or visitor sustains a fall and resuscitative measures are deemed unnecessary. The Code Lift Team will report to the location. The resident or ED RN will assess the need for C-Spine precautions
CODE FACILITY (MAJOR PLUMBING ISSUES) 	"Code Facility" plus affected floor or location	Chief Operating Officer or Administrator on Call, Hospital Manager, Director of Safety, Affected Department Managers, Director of EVS, Director of Dietary	When an emergent/planned plumbing problem is identified in a manner that an immediate response is needed. When such a situations occurs, the Director of Engineering or designee will immediately notify the Chief Operating Officer or Administrator on Call, the Hospital Manager, and the Department Director (s) of the immediately affected areas of the impending and immediate need to implement "Code Facility". During the Code Facility, the affected departments should not flush any toilets and run or pour water down any sink, shower, or hopper. Environmental Services will respond by bringing trash bags and additional hand sanitizers to the affected areas. Staff will place "Out of Order" signs on all showers, restrooms, sinks, and hoppers. Bags are to be placed over sinks and hoppers

EMERGENCY TYPE	AUDIBLE TONE / PAGE ANNOUNCEMENT	SWITCHBOARD NOTIFICATION	RESPONSE OF PERSONNEL
 **CODE FACILITY (PLANNED ELECTRICAL DISRUPTION)**	"Code Facility"	Chief Operating Officer or Administrator on Call, Hospital Manager, Director of Engineering, Director of Safety	When a planned electrical disruption is required to complete a project the following protocols are required to maintain a safe environment for all occupants of the facility. All Managers where interventional procedures occur must be consulted to assess any possible risk to patient or staff safety. All Managers will receive notification of the scheduled disruption. After information from all Managers is gathered, a time and date can be set for the Code Facility to be initiated and all required actions will be completed. When it has been determined that the facility's electrical system has to be taken from normal power to emergency power or vice versa, the Director of Engineering or designee, Director of Safety or designee, the Administrator on duty, and the Hospital Manager will meet in the Staffing Office to coordinate the timing of the switchover. An emergency checklist will be followed prior to the switchover from normal power to emergency power, or vice versa. Five minutes prior to the switchover all computers are to be properly shutdown.

Explanation:

Audible Tone

Is sounded for 5 seconds - after which the Page Announcement will be repeated as noted above. When fire, emergency, or disaster situations are resolved, the switchboard pages the code and "Code _____, ALL CLEAR".

Switchboard Notification- Is accomplished by the operators via telephone, portable pagers, cell phones and the emergency H.E.A.R. radio

Code Blue Team -Nursing Supervisor, CCU Nurse, Respiratory Therapist, EKG Tech, ER Physician and House Orderly

Fire Safety

PIH Health Hospital – Downey's fire plan involves the use of the acronym R-A-C-E. R-A-C-E helps you remember what order of activities to follow during a fire. If a fire were to happen at PIH Health Hospital – Downey you should **R**escue those closest to the fire, then those easiest and quickest to remove. Secondly, you should activate the **A**larms. The alarms are located strategically throughout the hospital and are on the walls. To activate the alarm, just pull the lever down. In addition to activating the alarm, call the hospital emergency number (only works in the hospital) **333** to report a Code Red and the location. Third, contain the fire by closing all doors, windows and fire doors. Damp linen may be placed under the door to block air from getting into the area. Lastly, **E**xtinguish the fire with a fire extinguisher, if safe to do so. The fire extinguishers are located throughout the hospital. To operate the fire extinguisher the acronym P-A-S-S may be helpful, **P**ull the pin, **A**im at the base of the fire, **S**queeze the trigger, **S**weep the fluid past the edges of the fire to extinguish thoroughly.

Rescue	**P**ull the pin
Alarm	**A**im
Contain	**S**queeze
Extinguish	**S**weep

Evacuation

If the fire is confined to one floor, it may be necessary to perform a *horizontal evacuation*. A horizontal evacuation means taking patients and/or staff across fire doors. Do not use beds to evacuate patients. Patients should be assisted out or carried of their rooms as needed.

If the fire is spreading and is not confined to one location, it may be necessary to perform a *vertical evacuation.* A vertical evacuation is to move people down to another floor, usually to a lower level. Remember never to use elevators during a fire.

Our Engineering Department holds *fire drills* throughout the hospital to evaluate staff knowledge and response regarding fire procedures. Participation in emergency procedure drill is required of all employees – including contracted employees. During a *fire drill:*

1. Call 333 and tell the Operator "Code Red Drill in " – give the name of the department or unit where the drill is being held
2. Tell the person who is holding the drill that you would activate the fire alarm. You will be asked to show them the location of the nearest alarm pull station
3. Close the doors in your department to contain the "fire"
4. Tell the person who is holding the drill where the fire extinguisher is in your department. You may be asked to demonstrate how you would use the extinguisher
5. The person holding the drill may also question you about how you would evacuate your department if necessary

Performance during a fire drill is documented by the Engineering Department. This information is reported to the Safety Committee and to your Department Manager.

Response to Hospital Fires

Once a fire is reported to the hospital operator, an announcement will be made over the paging system of "Code Red" followed by the location of the fire. This is how all employees are notified of the fire.

Responses

Hospital employees will respond to the Code Red based on their location in relation to the fire.

- Departments **adjacent** to the fire send 1 person with the fire extinguisher to the location of the fire.
- Departments **non-adjacent** to the fire send all extra staff to the labor pool, located in the Family Birth Center lobby.
- Nursing units send one person to the affected area regardless of the location of the fire.

NOTE: For the purpose of the hospital, adjacent means all the departments you can see if you could see through all the walls of your department. This is only through 1 wall and on the same level.

Disaster Procedures

PIH Health Hospital - Downey has implemented a comprehensive Emergency Management Plan. The Emergency Management Plan that describes how the hospital will establish and maintain a program to ensure effective response to disasters or an emergency that affects the environment of care.

As a contractor, the minimal things you need to know about our Emergency Management Plan are:

- The Code name used for a Disaster is Code Triage
- A Code Triage may be activated in the event of an internal (in hospital only) or external disaster (disaster occurs outside the hospital) or a combination of the two (the disaster affects the community as well as the hospital)
- When a Code Triage is announced over the paging system, follow your employer's disaster plan. Inform your hospital supervisor if you will be leaving the facility
- Disaster drills are held at least twice a year. They will be announced over the paging system as a Code Triage Drill. When a disaster drill is being held, our staff will respond by implementing our disaster plan and also the HICS plan. During a drill, check in your department supervisor to receive further instructions.

Electrical Safety

Electrical problems are the top cause of fires in hospitals. Please be conscious of all electrical equipment at all times. Patients are **NOT** allowed to bring any electrical equipment into the hospital. This includes electrical razors, hairdryers etc. The only exception is necessary electrical medical equipment that has been approved for use by the Biomed Department. Employees may bring electrical devices for use at the hospital only if the equipment has been approved by their Department Head, with the exception of space heaters.

Hazard Communication Standard

In compliance with the OSHA Hazard Communication Standard, PIH Health Hospital - Downey is responsible for informing all personnel of hazardous materials used in the workplace. Another component of the law requires that our hospital maintains a system to help us identify all hazardous materials used in the workplace. This system includes proper labeling of hazardous chemicals and the use of Safety Data Sheets (SDS). SDS provides you with the following information about chemicals used at PIH Health:

- ✓ What the chemical or chemical mixture is
- ✓ What conditions could increase the hazard
- ✓ Who makes or sells the chemical
- ✓ How to handle the substance safely
- ✓ What protection is needed
- ✓ Why it is hazardous
- ✓ What to do if exposed – first aid measures
- ✓ What to do if there is a spill or emergency involving the chemical

Each department has a binder containing the SDS's for each chemical used in their department. It is also important for you to know that binders containing copies of SDS's for all chemicals in the hospital may be found in the Emergency Department and the Infection Prevention Office.

Chemical Spill Procedures

Hazardous Spills

1. In the event of a hazardous materials spill, immediately **isolate** the area and **deny** access to the area. **Evacuate** patients/visitors from the area. Notify the Department/Hospital Manager that a spill has occurred, so that clean-up efforts can be coordinated.
2. **IF THE SPILL IS SMALL**, and the chemical has been identified, a **trained** staff member may proceed with cleanup in accordance with MSDS guidelines.
3. **IF THE SPILL IS LARGE,** dial 333 to notify the operator to call a **CODE ORANGE**. Engineering, maintenance and environmental services staff will respond to the affected area. While awaiting their arrival, employees at the scene should isolate the area and deny access. Do not attempt to clean up the spill by using rags or other clean up materials.
4. The hospital operator will announce "**CODE ORANGE"** over the paging system, as well as notify Engineering and Environmental Services via radio. A two-man team will respond to the affected area. They will bring with them the emergency response spill cart.
5. The Engineering team will attempt to contain the spill. If unable to do so, the Director of Engineering will notify the Fire Department HazMat Team if necessary.

Proper Waste Removal

Biohazardous Waste includes: Blood spills; saturated or grossly soiled disposables such as gauze and gloves; containers, catheters and blood sets should be placed in a red bag.

Sharps include: Needles, syringes, stapes, and wires. Sharps should be placed in sharps container.

Regular trash includes: Empty IV bags; tubing without needles; food products and waste; and unused medical products and supplies. These are disposed of in a brown clear trash bog.

Pharmaceutical Waste is defined as prescription and over the counter drugs that are damaged, contaminated or outdated, or a partial dose. Examples include: Controlled medication, partial tubes of creams or ointments, eye drops, partial bottles (glass) liquid medication, partial vials/amp of injectables, partial IV solutions/piggybacks with medication, tablets and capsules that cannot be reused. Place in Pharmaceutical Waste Container located on the unit.

Lockdown Procedures

In the event of an emergency situation which threatens the security and safety of the hospital or potentially places patients, visitors, and staff in a dangerous situation a hospital lockdown may be indicated. Examples of situations that may require a hospital lockdown include: Civil Unrest, gang and/or police activity in the perimeter of the hospital, workplace or domestic violence that originates outside the hospital, VIP presence in the hospital or an external hazardous material spills. For specific information on hospital Lockdown, please refer to the enclosed handout.

Infection Control

Infection control is designed to prevent the spread of illness in the hospital. Everyone who works at PIH Health Hospital – Downey is expected to take part in preventing the spread of infection in the hospital by

- Following standard precautions with all patients
- Wearing Personal Protective Equipment (PPE) as indicated in hospital policy and procedure. PPE includes gloves, gowns, masks, eye protection, etc.
- PPE is available in all departments where its use is indicated. If you have any questions regarding the location and/or use of PPE, please ask your immediate supervisor.
- Hand hygiene is the most important measure in controlling the spread of infection.
- Use proper cough etiquette – cover your mouth and nose when you cough or sneeze.

Approved Hand-washing Methods:

- Alcohol Hand Decontamination/Preferred method unless hands are visibly soiled. Available in all patient rooms, patient care areas and many of the offices where staff comes in contact with patients or the public.
- Hospital approved soap and water
- Hospital approved lotion. No personal hand lotions.
- Artificial Fingernails are not permitted in those who provide patient care. Natural nails should be kept to ¼ inch above the fingertip. Ask you supervisor if you have any questions regarding this issue.

- Following disease specific isolation precautions - A Disease Specific Isolation card is placed on the patient room doors when a patient requires that staff use disease specific isolation precautions. Do not enter the room until you have read and followed all the precautions on the card. If you are not sure, please ask a nurse at the desk. If you have questions or need information the Infection Control Nurse is located on the lobby level in the same office as Employee Health.
- Disposing of bio-hazardous waste in appropriate containers (red bags with bio-hazardous symbol on them). Bio-hazardous materials are materials that are blood saturated. These materials are to be disposed only in the appropriately labeled RED bags. Please do not put any non bio-hazardous materials in the red bags.
- If you are exposed to blood or body fluids through sharp injury or splash, wash with soap and water immediately or flush (eyes) with warm water. Notify Supervisor or Department Manager. Seek medical help immediately through employee health or the emergency department after hours.
- Between November 1, and March 31, students must have documented current flu season vaccine or wear a mask when in patient care areas. Dates may be modified.

Fall Prevention and Management PIH HEALTH

- All patients are considered to be at risk for falls based on being in an unfamiliar environment.
- Patients will be assessed for fall risk on admission, at a minimum of once every shift and with any change in patient's condition.
- Patients will be scored at one of three levels using the John Hopkins Fall Assessment:
  - ✓ Universal

- ✓ Moderate
- ✓ High

- After the patient has been assessed for fall risk, the appropriate interventions will be implemented based on risk level

Universal Fall Precautions (score <6) will receive the following:

- Bed in lowest position, wheels locked
- Call light and personal items within close proximity
- Intentional rounding/toileting schedule
- Anti-skid footwear (brown/blue)
- Side rails up at a minimum x2
- Trained PIH HEALTH staff and students will use the gait belt if patient requires assistance with mobility

Moderate Fall Risk (score 6-13) will receive

- Bed in lowest position, wheels locked
- Call light and personal items within close proximity
- Intentional rounding/toileting schedule
- Anti-skid footwear (RED)
- Side rails up at a minimum x3 (minimum of x2 for LDRP only)
- Yellow “Fall Precaution” wristband
- Fall Precaution magnet at door frame
- Trained PIH HEALTH staff and students will use the gait belt for ALL mobility
- Patient must be “within arms’ reach” during ambulation, toileting and transfers

High Fall Risk (score >13) will receive the same interventions as Moderate Fall Risk plus the following:

- Develop individualized toilet plan when necessary, may require more frequent rounding
- Consider use of restraint(s), if clinical justification met
- Consider sitter
- Family members will not be used as a preventative measure for patients that are at risk for falling
- The following will be documented in the medical record:
  - ✓ Assessment for fall risk
  - ✓ Patient/family education
  - ✓ Fall prevention interventions implemented

EVERYONE is responsible for identifying and responding to situations that could potentially lead to a fall.

Abuse Reporting Requirements PIH HEALTH

All healthcare workers are mandated abuse reporters. Here’s what you need to know.

Child Abuse/Neglect – Section 11166 of the Penal Code **requires** that any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child (in his or her professional capacity or within the scope of his or her employment) whom he or she knows or reasonably suspects has been the victim of child abuse **must** report the known or suspected instance of child abuse of a child to a protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information about the incident. Report suspicions

of child abuse to the *Department of Children & Family Services* at their 24-hour Hotline: Los Angeles County: (800) 540-4000. Orange County: (800)207-4464.

Elder and Dependent Adult Abuse – Section 15360 of the Welfare and Institutions Code **requires** that care custodian, health practitioners, employee of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse, abandonment, isolation, financial abuse, and/or neglect **must** report this to county adult protective services or local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two (2) working days Elders are defined as person's 65 years or older and dependent adults are defined as persons between the ages of 18 and 64 whose physical or mental limitations restrict their ability to care for themselves. Report Elder and Dependant Abuse by calling: LA County: (877)477-3646. Orange County: (800) 451-5155. For persons in long-term care facilities, staff members need to contact the Long Term Ombudsman to make the report: LA County 1- 800-334-9473 and Orange County (714) 479-0107 or (800) 300-6222 Toll free.

Domestic Violence/Duty to Report Injury – Section 11160 of the Penal Code **requires** health practitioners who, in their professional capacity or within their scope of employment, provide medical services for a physical condition to a patient whom they know or reasonable suspect has an injury that is the result of assaultive or abusive conduct must report this to the law enforcement agency where the incident occurred immediately and then submit a written report within two (2) working days. This stature is extremely broad. It includes **adults, children and other persons (including spouses).** Domestic abuse is reported to the local police department. "Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurse, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, as well as additional practitioners as defined in Section 11166 of the Penal Code Section 15632 of the Welfare and Institutions Code. Failure to comply with these laws is a misdemeanor, punishable by up to six (6) months in jail or by fine of one thousand dollars ($1,000) or by both.

Advanced Directives

An Advanced Directive is a legal document which allows people to express in advance and in writing, the kind of health care they would or would not like to receive. Patients can name another person to make health care decisions for them in the event that they are unable to make them for themselves.

Chain of Command PIH HEALTH

If a concern relates to patient care operations, the chain of command is as follows:
- RN Supervisor
- RN Unit Manager
- Nursing Director
- Chief Nursing Officer

For concerns relating to physicians, the chain of command is as follows:
- Primary MD
- Medical Director
- Department Chair
- President, Medical Staff
- Senior Vice President and Chief Medical Officer
- President and Chief Executive Officer

Reporting of Incidents

PIH Health Hospital - Downey has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of your employment at our hospital, you may come into possession of confidential patient information, even though you may not be directly involved in providing patient services. Everyone working at Downey, regardless of the type of employee or contractor, is expected to maintain confidentiality regarding all patient information and to adhere to privacy regulations and hospital policies and procedures. PIH Health has a process to help address conflict that may occur between those who participate in hospital and patient care decisions. We seek to resolve issues in a fair and objective manner. When the conflict involves issues with medical ethical implications, the Medical Staff Ethics Committee may be involved in the resolution of the issue.

At PIH Health we encourage our staff to report unusual occurrences without fear of punitive action. An unusual occurrence is anything that is not consistent with routine care or anything unusual that occurs and is not associated with a patient's diagnosis. We use the Unusual Occurrence form to report these types of situations/incidents. These forms are utilized to improve patient care and safety and may be obtained from your supervisor. Although you may not be the one completing the form, our expectation is that you will report all unusual occurrences and/or complaints to your Supervisor for proper follow up.

PIH Health Corporation also has a **Reporting Line** that may be used to report issues related to Corporate Compliance or Safety. This telephone line is confidential. **The Reporting Line phone number is 866 368 1901.**

Reporting of Injuries

To report a workplace injury, notify your immediate supervisor promptly. In case of injury to yourself, employees are responsible for immediately reporting any work-related injury or occupational illness they suffer regardless how minor, to their department manager or other person in charge of the working area. Failure to report an illness or injury may affect eligibility for benefits and may result in disciplinary actions.

Population Specific Care

Age Specific Care - In order to provide the best care to our patients, PIH HEALTH employees must understand that our patients have individual, age specific characteristics that may affect how they view illness and medical care.

Stage I (birth-1 year):
- ✓ Child has basic needs (feeding, bathing, sucking, and affection).
- ✓ If possible, parents should remain nearby to provide comfort to the child following painful procedures.

Stage II (1-3 years):
- Child becoming more autonomous.
- When possible, familiar routines should be maintained while the child in is the hospital.

Stage III (3-6 years):
- ✓ Child becoming more imaginative and inquisitive about his/her surroundings.
- ✓ Be careful to avoid causing feelings of guilt or punishment related to hospitalization.
- ✓ Demonstrating procedure on a doll or stuffed animal may help to calm the child's fears.

Stage IV (6-12 years):
- Child learning to reason, to think logically, and act according to rules.
- An honest approach to describing procedures will help build and maintain trust.
- Allow time for the child to talk about their frustrations or concerns.

Stage V (12-18 years):
- ✓ Child may demonstrate increased desire for privacy.

- ✓ Child may demonstrate increased concern about their physical appearance.

Stage VI (18-30 years):

- Assess impact of emotional response to illness.
- Encourage the patient to explore options and choices in response to illness.

Stage VII (30-60 years):

- ✓ Allow the patient to participate in the plan of care to meet the goal of regaining health or adjusting to illness.
- ✓ May have concerns about the effects of their hospitalization on family and career.

Stage VIII (60+ years):

- Assess for any stresses related to independence affected by transitions and losses that may impact health and response to illness/hospitalization.
- Include the older patient in the plan of care. Explanations should be given in a manner that respects the patient as a thoughtful, mature, and capable individual.

Cultural Diversity and Sensitivity

Culture affects how individuals deal with health and illness. In order to provide the best care, PIH HEALTH employees must understand that various cultures view illness and medical care differently. The following are ways to approach cultural competence:

Awareness

- Of one's own biases and preconceptions and how they may affect care and treatment of others.

- Be aware that each patient or client we encounter also has their own viewpoint and way of looking at the world.

Knowledge

• Understand specific needs of cultural groups.
• Know each person is an individual within their cultural group.
• Many people are at least "bi-cultural", having adopted values from two or more cultures they live within.

Encounters/Experience

• Every time we work with someone from a different culture, we learn more.
• Experience helps us to modify out perceptions.

Desire

• We must want to become culturally aware**.**
• Our motivation is to give the best care to all our patients or clients.

Tools in place to support client diversity:

• STRATUS computer assisted translation- available in Staffing Office.
• Assistive devices in place for hearing impaired individuals:

- ✓ TTY: Teletypewriter (Available in Emergency Department and switchboard)

Team Building

PIH HEALTH defines teamwork as a group of people working together to accomplish a shared purpose. The members of the group work together and are equally accountable to each other. Through teamwork we are able to tap into individual strengths and wisdom in order to reach a shared purpose. The result of good teamwork is greater quality due to collective wisdom, enhanced relationships, and increased trust and collaboration.

Procedures for Medical Equipment Repair

If you suspect that a piece of electrical equipment is faulty, (has been dropped, loose or exposed wires, bend prongs, smokes or sparks etc.) that piece of equipment must be "tagged-out" immediately. To "tag out" a piece of electrical equipment please follow the following 4 steps:

- ✓ Turn off the device
- ✓ Unplug the device
- ✓ Affix a "Do Not Use" sign to the device
- ✓ Report the device to the Biomed Department.

It is very important that you do these 4 steps immediately because someone may come behind you and use the equipment. All patient care equipment has a Preventative Maintenance sticker on it. This sticker indicates how often the equipment is serviced – every 3, 6 or 12 months – and when the next preventative maintenance check is due. If you notice that a piece of equipment has an overdue sticker on it, remove it from use and report it to the Biomed Department immediately.

The Impaired Practitioner PIH HEALTH

To assure safe medical management of patient care when a medical staff practitioner, allied health professional, nurse or any employee on duty is suspected to be under the influence of alcohol and/or drugs, the following steps should be taken:

- ✓ Any hospital staff member should report the incident immediately to their manager or shift supervisor, who in turn contacts the Chief Nurse Officer (CNO).
- ✓ The CNO reports the incident to the Chief of Staff or Medical Executive Committee designee for appropriate action.
- ✓ The incident will be reported to the Physician's Well Being Committee for department chair review, and recommendations will be sent to the Executive Committee.

At risk criteria includes but is not limited to the following:

- ✓ Observed use or possession of substance thought to be alcohol or drugs.
- ✓ Reports from one or more sources considered reliable which allege that the employee has impaired functioning and/or the presence of alcohol or drugs in his/her body.

Indicators of impaired fitness for duty, such as

- Slurred speech
- Odor of alcohol
- Disorientation
- Lack of motor control
- Unsteady gait
- Unsafe actions Erratic behavior

Pain Management PIH HEALTH

Patients have the right to effective pain management. The goal of pain management is to relieve physical and psychological symptoms associated with pain while maintaining or improving the patient's level of function.

Complete a comprehensive pain assessment during the initial patient assessment if the patient reports acute or chronic pain. Assess and document the following:

- Onset/duration of pain
- The intensity of pain using age or condition appropriate assessment tools
- The location(s) of pain
- The description of pain
- Factors that aggravate pain (not necessary for labor pain)
- Factors that alleviate pain (not necessary for labor pain)
- Whether the patient with chronic pain has an implanted pump or spinal cord stimulator

Routine pain assessment / reassessment: Patients will be assessed / reassessed for the presence of pain at a minimum of once a shift. If pain is present this assessment / reassessment will consist of noting:

- Intensity of pain using age or condition appropriate tools
- Location(s) of pain (minimum once per shift)
- Description of pain (minimum once per shift)
- Sedation level if patient receiving opioids
- The patient who has been stable may not need to be awakened if asleep. While the patient is asleep, assess respiratory rate, depth, regularity and sound (snoring) and compare with previous assessments. Awaken patient for further assessment for a decrease in respiratory rate, shallow respirations, periods of apnea, or snoring.

Reassessment after intervention for pain

- If an intervention for pain is provided, the response to that intervention should be assessed. Reassessment is recommended to occur for within an hour following medications for treatment of pain. Reassessment at a minimum will include intensity of pain or patient's response to the intervention.
- If pain was not relieved to the patient's satisfaction, continue to treat and / or notify the physician.

Pain assessment for the patient unable to self report **(**non verbal patient) – neonate, infant, child, cognitively impaired (such as patients with delirium, dementia or confusion), sedated, or intubated patients

- Attempt to elicit a self-report from the patient. The patient may not be able to use the pain intensity scale and may only verbalize the presence of pain. If so, document findings. If unable to self-report, continue with the next steps.
- Identify possible reasons patient may have pain and if any potential causes are present, assume pain is present.
- Document patient behaviors that may indicate the presence of pain. A behavioral pain scale may be used. The following are approved behavioral pain scales:

  - ✓ N-PASS (Neonatal Pain, Agitation, and Sedation Scale)
  - ✓ NIPS - newborn to 2 months of age
  - ✓ FLACC - 2 months of age and older including adults
  - ✓ NVPS (Non verbal pain scale) CCC patients
  - ✓ PAINAD (Pain Assessment in Advanced Dementia)

- Ask family members and caregivers to provide information regarding pain and behavior/activity changes.
- Medicate the patient according to the estimated level of pain and reassess the change in behaviors and presence of side effects. Sedation and sleep do not show the absence or relief of pain.
- Document the assessment in the electronic medical record

RESTRAINTS

Restraints should be used as a last resort and after all alternatives have been tried and were unsuccessful. Examples of alternatives include:

- Bed alarm
- Ask the family to stay/Use of Sitter
- Wrapping IV sites or Abdominal binders to hide G-Tubes
- Frequent Toileting/nursing rounds

Non Violent Restraints
Reason for Use

- Unable to comprehend or follow directions.
- Cognitively impaired. Unable to ask for assistance.

MD orders

- A physician's order must be obtained.
- No PRN or standing orders.
- Orders must be renewed every calendar day or with each episode if less than a day.
- A face to face assessment by physician every calendar day is required.

Nursing Care/Documentation---See Non Violent Restraints for specific instructions

- Document care on the Non Violent Restraint Form on chart
- Document restraint alternatives on form.
- Document day of week restraint was initiated.
- Document assessment/care of patient at least every 2 hours.
- Document specific narrative note each shift, when restraint initiated or discontinued or when patient's condition changes.
- Do Restraint care plan daily. Leave attached to Non Violent restraint flowsheet.
- Begin new restraint form daily or with each new episode of restraint.

Behavioral Restraints **See Violent Restraint Form.**

Violent Restraints are indicated for the following reasons:

- Injury to self
- Injury to others

MD Orders

- Time Limit may not exceed 4 hours for an adult, every 2 hours for 9—17 year olds and every 1 hour for children less than 9 years old.
- In an emergency, the RN may obtain a telephone order within 1 hour of applying restraints.
- A face to face evaluation must be performed by the physician or RN within 1 hour of application.
- Physician needs to perform a face to face evaluation each day.
- Seclusion and Chemical are also considered Violent Restraints.

Nursing Care

- Assessment/Monitoring of patient at least every 15 minutes.
- Care of patient/release of restraints at least every 2 hours.
- Document care on Behavioral Restraint flowsheet.
- Complete Restraint Care Plan.
- Begin new restraint form with each new episode of restraint. There are no "trial" periods.

SKIN CARE

There will be individualized patient care plan focused specifically on personal hygiene of the skin with

evaluation of the individual patient's risk for skin injury. This shall include basic procedures as defined in the policy for initiation and carrying out of preventative and early interventions. The pathological stages of pressure ulcers may be described as follows:

(Suspected) Deep Tissue Injury (DTI): Purple or maroon localized area or discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or sheer. Area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.
Stage I: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
Stage II: Partial thickness skin loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
Stage III: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
Stage IV: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some part of the wound bed. Often includes undermining and tunneling.
Unstageable: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed.

- ✓ Braden score and skin assessment will be done on all patients on admission, daily, and post op.
- ✓ 2 nurses will do a skin assessment on admission, transfer, post op, and at discharge.
- ✓ Photographing of skin alterations will be done on admission, every Wednesday night, ne alterations, changes in current alterations, dressing changes, and at discharge.
- ✓ Only pressure ulcers will be staged and treated per the pressure ulcer algorithm
- ✓ Patients with other alterations will be treated per the skin pointer sheet
- ✓ Documentation will be on the daily skin form, skin care plan, turn schedule, education record, 24 hour flow sheet, and narrative.
- ✓ Wound care and nutrition referral for all patients with a Braden score of 18 or below.

End of Life Care

- Staff members shall give respectful, responsive care to the dying patient in order to optimize the patient's comfort and dignity. Appropriate treatment for primary and secondary systems (as desired by the patient or surrogate) will be provided in order to respond to the psychosocial, emotional, and spiritual concerns of the patient and family.
- Manage pain aggressively:

- Pain medication should not be withheld due to inappropriate concern about respiratory depression or addiction. High doses of opiates may be used for palliation without concern of harm. Patients with orders for "No attempt at CPR" or "Modified attempt at CPR" on the medical record may be exempt per physician order from monitoring by continuous oximetry, being awakened to have sedation level assessed, and treatment for sedation and/or respiratory depression if being treated for pain with an opiate.
- Provide psychosocial support:
    - Allow the patient/significant others time to grieve.
- Provide for spiritual needs:
    - Contact PIH HEALTH Pastoral Care Services (extension 12500) if the patient/family requests.

    - Assist patient/family in formulating an advanced directive as needed.
- Be aware of cultural concerns:
    - Consider cultural background when assessing needs.
    - Allow patient/family individual expressions.
- Address physiological needs:
    - Do bathing as needed for comfort.
    - Provide hygiene for comfort.
    - Assist with positions for comfort.
    - Allow family time and foods as desired.

Conscious Sedation

No person shall administer conscious sedation without previously completing a Healthstream module and competency.

STUDENTS WILL NOT ADMINISTER CONSCIOUS SEDATION.
Conscious sedation is a drug-induced depression of consciousness which achieves sedation, amnesia, and/or analgesia during a diagnostic or therapeutic procedure. During conscious sedation, the patient retains protective reflexes, maintains an airway independently and continuously, as well as preserving the ability to respond purposefully to physical stimulation and verbal commands. The patient should retain a gag response unless specifically suppressed with local anesthesia.

The minimum staffing requirements for administering conscious sedation include the physician performing the procedure and the ACLS Certified RN or RCP monitoring the patient. When the condition of the patient or the complexity of the procedure requires the diversion of the designated individual from monitoring the patient, for more than minor interruptible tasks, provisions for additional personnel must be made. If the physician is not present for the procedure (i.e. MRI), the minimum requirement is an ACLS RN.

Transfusion of Blood and Blood Products

STUDENTS WILL NOT TRANSFUSE BLOOD OR BLOOD PRODUCTS.

Intravenous Therapy

STUDENTS WILL NOT ACCESS CVAD to initiate IV therapy, withdraw blood, change dressings, or declot CVAD.

STUDENTS WILL NOT PERFORM ANY STANDARDIZED PROCEDURES such as Influenza Vaccination.

Procuring and Donating

- Organ Donor (Heart still beating, brain death being declared). All brain deaths or impending declaration of brain death will be called into **Donor Hotline (ONELEGACY) at 1 800 338 6112** as soon as possible. OneLegacy will evaluate the medical information given by the nurse and will determine organ donation suitability. OneLegacy will do an onsite visit for further evaluation and will approach the family for consent. DO NOT APPROACH THE FAMILY FOR DONATION.
- Tissue Donor: (Biological death, heart has stopped). All biological deaths will be called into the **Donor Hotline at 1 800 338 6112** within 2 hours of the death. OneLegacy will evaluate the patient's medical information and determine suitability for donation.

PIH HEALTH HOSPITAL DOWNEY

ATTESTATION OF ORIENTATION

FOR NURSING STUDENTS AT PIH HEALTH

NAME_____

SCHOOL _____

This document is to be returned to the Education Department for all nursing students.

BY SIGNING BELOW, I _____ATTEST THAT I HAVE REVIEWED THE NURSING STUDENT ORIENTATION PACKET IN ITS ENTIRETY AND TAKE RESPONSIBILITY FOR THE INFORMATION CONTAINED THEREIN. IF I HAVE ANY QUESTIONS REGARDING THE MATERIALS IN THE ORIENTATION PACKET, I WILL SEEK CLARIFICATION FROM THE PERSON IN CHARGE OF MY ASSIGNED AREA PRIOR TO STARTING MY FIRST SHIFT AT PIH HEALTH.

_____ _____

SIGNATURE DATE

1/01/2017

PIH Health Hospital - Downey

EMPLOYEE AGREEMENT FOR ACCESS, USE and DISCLOSURE OF PATIENT INFORMATION

PIH Health Hospital - Downey has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my employment/assignment at PIH Health Hospital - Downey, I may come into possession of confidential patient information, passwords, access codes and/or other methods of accessing patient information even though I may not be directly involved in providing patient services.

I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree that, I will not at any time during or after my employment/assignment with PIH Health Hospital - Downey disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other document prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my employment/assignment. Further, ***I will not disclose any password, access code and/or other methods of accessing patient information to anyone unless instructed by my supervisor***.

When patient information must be discussed with other healthcare practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the patient's care.

I will not access, review or view patient information without a direct need for that information in order to perform my job duties. I must have a "need to know the protected information" to obtain the information.

I understand that violation of this agreement may result in corrective action, up to and including discharge (***Reference: Human Resources policy no. 28, Disciplinary Options***), as well as punishment under State and/or Federal laws including individual fines of up to $250,000.

_____ _____ _____

Signature Print Name Date DPS-160 (11/13)

CONSENT FOR RELEASE OF INFORMATION

_____ _____

Name (Last, First, MI) Date of Birth

The Agency may not disclose information contained in employee's records without the employee's written consent except under certain conditions. The employee's record may be release to a third party by providing a written authorization or consent.

Consent for Release of Information:

I hereby give my consent for the following information to be release to PIH Health Hospital - Downey (upon the hospital's request) specifically for the calendar year: _____.

1. Background Check
2. Immunization Records
3. TB Screening Results
4. Drug Screen Results
5. Physical Examination by Licensed Provider

_____ _____

Signature Date

Photocopies of this authorization may be made and used as duplicate originals. This authorization shall remain valid for as long as this Agreement remains in effect and/or Agency provides services to Hospital, whichever is longer.

NURSING STUDENT ORIENTATION PACKET POST-TEST

Name: _____ School: _____

Date: _____ Assigned Unit: _____

Instructions: Send test to Education Department to be graded. Please circle the best answer:

1. During a fire which would you do first?
    a. Help a co-worker to safety
    b. Pull the alarm
    c. Call “333” to report a Code Red
    d. Activate the fire extinguisher

2. During a fire it becomes necessary to evacuate your department across fire doors. This is called:
    a. Vertical evacuation
    b. Horizontal evacuation
    c. General evacuation
    d. Complete evacuation

3. During a fire drill, which of the following are you NOT supposed to do?
    a. Report the fire drill to the operator by dialing “333”
    b. Close the doors in the department
    c. Describe the evacuation route to the person conducting the evaluation
    d. Pull the alarm

4. If there is a fire announced in a non-adjacent department to yours, what should you do?
    a. Nothing. It is not in your department so you are not expected to do anything
    b. Respond to the personnel pool without a fire extinguisher
    c. Respond to the affected area without a fire extinguisher
    d. Respond to the Command Post

5. The Code Name used for a disaster is:
    a. Code Blue
    b. Code Red
    c. Code Disaster
    d. Code Triage

6. If you find a piece of electrical equipment that is not working properly or safely, what should you do?
    a. Tag the equipment with a note that says “DO NOT USE”
    b. Turn off and unplug the equipment
    c. Report the equipment to the Biomed Department
    d. All of the above

7. The most important means to prevent the spread of infection in the hospital is:
    a. Staying home when you are sick
    b. Wearing personal protective equipment (PPE)
    c. Hand hygiene – hand-washing
    d. None of the above

8. In the event of a large chemical spill within the hospital, what actions would you take?
    a. Isolate and deny, call 333 and report a Code Orange
    b. Isolate and deny, call 333 to report a Code Yellow
    c. Call Engineering and Housekeeping and wait for them to tell you what to do
    d. Call 911

9. What should you do in case of an out of the ordinary event involving a patient and/or occurs?
    a. Report the incident by phone to Hospital Administration
    b. You are not required to do anything
    c. Inform your supervisor and assist in completing an Unusual Occurrence form
    d. Report the incident to Quality Management via e-mail

10. It is an acceptable practice to discard papers containing protected health information in trashcans.
    a. True
    b. False

11. You are walking down the hallway when a woman comes up to you and tells you that she is new to the area and was wondering where the nearest Kaiser facility is. She is pregnant and appears to be in some discomfort. What should you do?
    a. Provide her with directions to the nearest Kaiser facility
    b. Ask if you can give her the phone number of one of our OB doctors
    c. Offer to take her to our emergency room for an evaluation examination
    d. Walk her to the Family Birth Center

12. If a life threatening emergency occurs outside of the hospital building, you should:
    a. Turn the other way and go to work
    b. Go to the nearest phone and call 9-911. Have someone stay with the person if possible
    c. Contact the Hospital Operator by calling 333 and inform the operator of the emergency
    d. Both “b” and “c” are correct

13. If you suspect that an employee may be violating a law what should you do?
    a. Report the suspected violation via our Corporate Compliance Reporting Line
    b. Do nothing. Only regular employees can make reports
    c. Report the problem to the Human Resources Department
    d. None of the above

14. The code name for an infant abduction is:
    a. Code Pink
    b. Code Purple
    c. Code Blue
    d. Code Orange

15. The code name for a combative person is:
    a. Code Silver
    b. Code Blue
    c. Code Purple
    d. Code Gray

16. The code name for when a person is seen brandishing a weapon is:
    a. Code Silver
    b. Code Gray
    c. Code Green
    d. Code Yellow

17. The code name for when a child is abducted from our hospital is:
    a. Code Pink
    b. Code Red
    c. Code White
    d. Code Purple

18. The code name used to announce a bomb threat is:
    a. Code Pink
    b. Code Yellow
    c. Code Green
    d. Code Orange

19. Write down what the acronym PASS stands for:
    P_____
    A_____
    S_____
    S_____

20. You hear a Code Internal Lockdown announced over the paging system. What is your response?
    a. Evacuate the hospital
    b. Report to the Labor/Personnel Pool
    c. Lock the doors in my department
    d. Turn off all the lights and computers in your department

PIH Health Hospital

Health Insurance Portability and Accountability Act (HIPAA)

- A Primer -

Patient Privacy: It's everyone's job, not everyone's business!

What is HIPAA?

- HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996
- Federal legislation that governs among other things the privacy and security of private health information (PHI) and a patient's rights to access their own health information
- Safeguards the confidentiality of private health information (PHI) and protects the integrity of health data while allowing the free flow of information for the provision of healthcare… a.k.a. the *Privacy Rule*

- Addresses the required physical, technical and administrative safeguards that must be employed to protect the integrity, availability, and confidentiality of electronic health information… a.k.a. the *Security Rule*

Who must comply with HIPAA?

- All "Covered Entities" must comply with the requirements of HIPAA
- A Covered Entity is defined as one of the following:
  - Healthcare provider
  - Health plan
  - Healthcare clearinghouse
  - PIH's Business Associate

How to Recognize PHI (Protected Health Information) - *A 4-Point Checklist*

1. Protected health information (PHI) is past, present, or future health info collected by a covered entity from a patient that identifies the patient or can be used to reasonably identify the patient. There are several ways, other than the patient's name, that health information can identify a patient; here are some examples:
   - Social Security Number
   - Address, phone / fax #
   - Medical Record Number
   - Photo
   - Driver's License Number
   - E-mail address

• Account/Health Plan ID Number

• Date of Birth

• NOTE: Sometimes one item of information alone won't identify a person, but a combination of items may give you a reasonable basis for linking PHI to a person. If it does, the health information is PHI.

2. PHI can be information we create or that we receive from another provider.

3. PHI can be written, verbal, faxed, emailed, or text messaged PIH HIPAA Primer

4. PHI can be written or printed on paper, displayed on a computer screen, or provided on some other media.

5. Generally speaking, prior to PHI being disclosed a patient must authorize the disclosure. However, PHI can be used and disclosed without patient authorization while treating a patient, obtaining payment for treatment services, or conducting healthcare operations associated with the treatment provided to the patient.

Patients' Rights under HIPAA - *A 6-Point Checklist*

1. Patients must be given a copy of PIH's Notice of Patient Privacy Practices.

2. Patients may ask us to restrict how we use or disclose their protected health information (PHI).

3. Patients may ask to communicate their PHI by an alternative method or an alternate location.

4. Patients may inspect and/or obtain a copy of their medical records or PHI that we maintain through:

PIH's Health Information Management (HIM) Department.

5. Patients may ask us to amend or correct their medical record and/or PHI that we maintain. Health Information Management will assist in accomplishing this.

6. Patients may request a list (an accounting) of when their PHI was used or release for reasons other than treatment, payment or healthcare operations.

Potential Consequences of Violating HIPAA - *A 7-Point Checklist*

1. Civil penalties of up to $100 per violation. Maximum of $25,000 in a calendar year for all violations of the same requirements.

2. Criminal penalties of up to $50,000, and a one-year jail sentence for releasing patient information in violation of HIPAA.

3. Gaining access to or release of patient information under false pretenses can result in a five-year sentence and a $100,000 fine.

4. Releasing patient information with harmful intent or selling the information can lead to a ten-year sentence and a $250,000 fine.

5. The hospital and employee can be sued for damages by patients through lawsuits.

6. Disciplinary action up to and including termination of employment at PIH.

7. If you have knowledge of a violation or potential violation of PIH's privacy policies, report it immediately to the HIPAA Privacy Officer, ext. 2894, or the compliance hotline:

English - (888) 368-1901

Spanish - (800) 297-8592

Giving Patients our Notice of Privacy Practices - *A 8-Point Checklist*

1. During the registration process, we must give patients our Notice of Patient Privacy Practices, describing how we are allowed to use and disclose their PHI.

2. The Notice must be given before the first delivery of services, except in emergency treatment situations.

3. Patients not given our Notice due to an emergency treatment situation must be given the notice as soon as possible after the emergency ends.

4. In most cases, if the patient is a minor or incompetent, our Notice must be given to the patient's personal representative.

5. We encourage the patient to sign an acknowledgment of receiving our Notice of Privacy Practice. However, signing this acknowledgment is not a condition to treatment.

6. We must document the efforts made to obtain the signature and, as appropriate, why they were unsuccessful.

7. We may deliver our Notice electronically, if the patient has agreed in advance to receive the notice that way.

8. We must post our Notice in prominent locations and provide it to any persons who ask for ones. Copies are available at all Registration areas and in the Health Information Management department.

Processing Requests to Obtain an Accounting of PHI - *A 7-Point Checklist*

1. Patients may get a written accounting of disclosures of their PHI made by us and our business associates for reasons other than treatment, payment or healthcare operations.

2. Patients must make their requests in writing by completing the form Request for Accounting of Disclosures, available in the Health Information Management department.

3. The accounting covers disclosures beginning April 14, 2003.

4. We must provide the accounting within 60 days of the request unless we get an extension. We can get a one-time extension of 30 days.

5. The accounting must list the disclosure date(s), the recipient, the purpose, and a description of the PHI disclosed.

6. The patient can receive one accounting in a 12-month period free of charge. Additional accountings will be provided for a fee.

7. All disclosures of PHI must be kept for six years. In addition, the documentation of accountings provided must be kept for six years.

Processing Patient Requests to Amend Their PHI

1. Patients may ask to amend their PHI.

2. Patients must make their requests in writing by completing the form Request to Amend Protected Health Information, available at each patient care area.

3. The request should be forwarded to the HIM Department

4. We must act on the request within 60 days unless we get an extension. We can get a one-time extension of 30 days.

5. We must notify patients that we granted or denied their request.

6. We must add any amendment which we have approved to the patient's medical record and establish an electronic link to information stored in our computer systems.

7. We must ask the patient who else needs the amended record and give it to whomever the patient identifies.

Processing Patient Requests for Access to Their PHI - *A 7-Point Checklist*

1. Patients may ask for access to protected health information (PHI) that we maintain on them in our medical record or business office records.

2. Access may be either by inspection and/or through obtaining copies.

3. Patients must make their requests in writing by completing the form Request for Access to PHI, available in the Health Information Management department and in all patient care areas.

4. The request should be forwarded to HIM department.

5. Upon approval, inspection must be provided within five working days of receipt of the written request. Copies must be provided within 15 calendar days.

6. Patients may make as many requests for access as they like.

7. We must keep all documentation regarding a patient's request for access for at least six years.

Minimum Necessary Standard of HIPAA - *A 5-Point Checklist*

1. PIH is required to adopt a "minimum necessary" standard in its use and disclosure of PHI.

2. Simply stated, the amount of patient data that you are allowed to access is dependent on the information you require to carry out your job.

3. For PHI contained in the medical record, the HIPAA Privacy Officer determines criteria and policies to define "minimum necessary" for chart requests.

4. For PHI contained in computer systems, the HIPAA Security Officer sets criteria and policies to define "minimum necessary" within the computer systems.

5. The Information Solutions department has procedures for monitoring and adjusting access levels to PHI based on changes in an employee's status, department, and job.

Accessing a Computer System Containing PHI - *A 6-Point Checklist*

1. Never share your computer login (user ID and password) with anyone. Computers log activity and track which patients are accessed by your user ID.

2. To protect your own login, always sign off the computer system whenever you are done using it or lock the system.

3. Never leave patient information displayed on the computer screen when you walk away from the workstation.

4. All PIH systems containing PHI will be set to automatically log off a user after 15 minutes of no activity.

5. Never leave faxes or printed reports on the fax machine or printer, unless it is in a secured area.

6. All workstations that can access PHI must be in a secured location and not be visible to the public.

Using a Computer System Containing PHI - *A 6-Point Checklist*

1. Never store or save patient PHI on a CD, diskette, or any local disk drive (e.g., C:drive.)

2. PHI should not be entered into PDAs, handhelds, or laptops without prior approval from the `HIPAA Security Officer.

3. PHI may not be sent to any external e-mail address without prior approval by the HIPAA Security Officer. (Note: External e-mail addresses do not end with@pihhealth.org.)

4. Any databases created in Microsoft Excel or Access (or similar software program) that contains PHI must be approved in advance by the HIPAA Security Officer.

5. If other programs (e.g., Microsoft Word, Excel, and Access) are used to record or transmit PHI, all of the same protections apply for that PHI.
6. Immediately report any known or suspected information security problems to the HIPAA Security Officer.

Manual Faxing of a Patient's PHI - *A 9-Point Checklist*

1. Fax only when PHI is needed for emergency or immediate patient care, or when the patient authorized faxing.

2. Never fax sensitive information such as mental health records, chemical dependency records, or clinical results of HIV tests.

3. Use only the hospital's approved cover sheet.

4. Verify the fax number of the recipient before faxing.

5. Test pre-programmed fax numbers before using them for the first time.

6. File the fax transmission receipt in with the faxed material, or on the patient's medical record.

7. If a fax goes to the wrong fax number, contact the recipient and request that the material be returned. Fill out a Notification Form (CRUO) on this incident.

8. Tell frequent fax recipients to notify you when their fax number or area code changes.

9. If you receive a misdirected fax containing patient PHI, call the sender of the fax and follow their instructions for returning or destruction of the fax.

HIPAA Do's…

- Remember to talk softly if your conversation can be overheard.
- If you have questions about HIPAA, a patient's rights under HIPAA, or PIH's policies and procedures, call the HIPAA Privacy Officer, ext. 2818.

- Be careful when using patient sign-in sheets that the PHI on them cannot be viewed by the public.
- Be careful what information you relay to individuals other than the patient. The patient might have placed restrictions on what he/she allows to be disclosed.

HIPAA Don'ts…

- Don't take any printed reports or written records home with you, even if they are temporary notes created by you.
- Don't throw papers or reports containing PHI away in the trash can. Use only PIH-approved recycle bins.

- Don’t provide patient information to anyone unless you are sure it has been approved for release by the patient.
- Never “lend” your user ID/password to anyone nor use someone else’s user ID/password. Systems log and track activity and use these to identify accesses to the patient data.
- Don’t leave PHI on any answering machine or recording device.
- Do not discuss PHI when either party may be using a speaker phone.
- Do not speak with a loud voice when using a wireless communication device.
- Don’t leave PHI unattended. Clear off or cover a PHI at your workstation when you leave the workstation for any reason.

Primary PIH HIPAA Contacts:

HIPAA Privacy Officer: Anup Patel; Director, Corporate Compliance

Ext. 12818

HIPAA Security Officer: Peggy Chulack; Chief Administrative Officer

Ext. 12908

Corporate Compliance Hotline (English): (866) 368-1901

Corporate Compliance Hotline (Spanish): (800) 297-8592

PIH HEALTH HOSPITAL DOWNEY

Name_____

HIPAA GLOBAL TRAINING POST TEST

School_____

1. What is a “covered entity” under the HIPAA Privacy Rule?

    a. Only hospitals

    b. Hospitals and doctor offices

    c. Most providers, clearinghouses, and health plans

2. When you see or hear patient health information while on the job, but you are not directly involved in the patient care, the information is confidential and cannot be shared with others.

    _____ True _____ False

3. You are allowed to repeat patient health information that you hear on the job when:

    a. The patient dies

    b. It is needed to do your job

    c. You believe the patient won’t mind

    d. You no longer work at the hospital

4. Protected health information can be:

    a. Written or verbal

    b. Information we create or that we receive from another provider

    c. Displayed on a computer screen, faxed, or given over a telephone

    d. a, b, and c

5. When you disclose information, it is shared with an outside entity.

    _____ True _____ False

6. Criminal penalties for wrongfully and knowingly disclosing protected health information carry large fines and jail time.

    _____ True _____ False

7. You notice a vendor looking at a computer screen with protected health information on it. Because the vender is not an employee of the hospital, this is not a violation.

_____ True _____ False

8. You have knowledge of a violation or potential violation of PIH's privacy policies. To whom should you report it?

_____

9. A patient can be denied treatment if he or she has not signed an acknowledgment of receipt of our *Notice of Patient Privacy Practices* even though a good-faith effort to get the signature has been made.

_____ True

_____ False

10. The HIPAA Privacy Rule protects the patient's fundamental right to confidentiality and privacy.

_____ True _____ False

`1/2017

PIH HEALTH HOSPITAL DOWNEY

eMD User Identification Code Receipt

As a/an □ Contract Staff □ Student □ Volunteer □ Instructor at PIH Health Hospital Downey, or any of its affiliates, I understand that the confidentiality and protection of hospital and patient information is legally mandated and of the utmost importance.

I, the undersigned, acknowledge receipt of my User Identification Code for eMD and understand that:

1. My User Identification Code is the legal equivalent to my signature.
2. I understand that disclosure of my User Identification Code to anyone is a breach of confidentiality.
3. I will not attempt to learn another employee's User Identification Code.
4. I will not attempt to access information in the system by using a User Identification Code other than my own.
5. I will not attempt to access any unauthorized information.
6. I am responsible for all entries of orders, information, and data entered into the information system under my User Identification Code.
7. It is my responsibility and obligation to notify Information Services immediately if I have reason to believe that the confidentiality of my User Identification Code has been broken.
8. Any disclosure of patient and hospital information will be subject to disciplinary action in line with hospital policy.
9. I am responsible for working within my scope of practice.

I have read the above information and understand that any violation or compromise of the confidentiality of the PIH Health Hospital Downey Information System or the information contained therein will subject me to disciplinary action.

I further understand that my User Identification Code will be deleted from the system as soon as I terminate my services at PIH Health Hospital Downey or transfer to a position which changes my need for computer access. Should I be re-instated at PIH Health Hospital Downey or transfer to a position which requires a different user code, a new User Identification Code will be issued.

_____	_____	_____	_____
Signature	Printed Name	ID Number	Date

1/2017

Nursing Student Guidelines

MEDICATION ADMINISTRATION

- Students are to pass all medications with their instructor or RN preceptor
- Insulin and Heparin require two licensed co signatures. Students are **NOT** allowed to co-sign for RNs
- IVP medications must be given in the presence of the instructor or RN preceptor
- IVPBs must be given in the presence of the instructor or RN preceptor
  - ✓ Students may ONLY piggyback into CVADs if there is maintenance IV fluid running. Students are NOT allowed to initiate access or flush a CVAD as this requires a competency
- Students will not be assigned a blood glucometer ID number and will use their instructor's or preceptor's number to access the machine
- The nursing instructor is responsible for students at all times when on site
- The RN Preceptor only precepts and oversees the student when the instructor is not on site and they have been assigned to precept by the Education Department

SKILLS

- IVs are allowed to be inserted by students as long as education has been previously provided through their nursing program
- All new skills being performed for the first time must be done in the presence of the instructor or RN preceptor until the student is deemed competent
- Students are **NOT** allowed to draw blood, hang blood, or document blood transfusion

ASSIGNMENT PLANNING

- No more than 2 students should be assigned to 1 nurse's patient assignment
- Instructors are responsible for checking in with the RNS to ensure appropriate student assignments
- Students are not to be assigned to patients being cared for by nurses with less than 6 months experience

STANDARIZED PROCEDURES

- ❖ Students are **NOT** allowed to perform standardized procedures. This includes:
  1. Hypoglycemia
  2. MRSA
  3. Pneumococcal/Influenza Vaccine Administration
  4. Chest Pain

ANNUAL COMPETENCIES

- Students will be oriented to the facility, policy and procedures, by their nursing instructor
- Annual competencies for students on restraint application and gait belt use, prior to patient care
- All student competencies are to be returned to the Education Department

I have reviewed the above information and take responsibility for the information.

SIGNATURE_____ DATE_____ (1/2017)