

Graduate Medical Education South Sacramento

Hienvu Nguyen, DPM
Director of Graduate Medical Education
(916)688-6804

Cha Murphy
Program Administrator
(916)591-7155



South Sacramento



Elk Grove



Wyndham



Promenade

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KAISER SOUTH SACRAMENTO PROGRAM DIRECTORS

<u>Specialty</u>	<u>Program Director</u>	<u>Phone</u>	<u>Email</u>
Anesthesia:	Dr. Kegang Hu	688-2694	Kenny.K.Hu@kp.org
Dermatology	Dr. Jasdeep Sharma	688-4290	Jasdeep.Sharma@kp.org
Emergency Medicine:	Dr. Cameron Jones	688-2511	Cameron.Jones@kp.org
ED EMS/PIT	Dr Kevin Mackey	688-2511	Kevin.E.Mackey@kp.org
HNS:	Dr. Levi Ledgerwood	525-6354	Levi.G.Ledgerwood@kp.org
HNS (ENT)	Dr. Anne Johnstone	525-6361	Anne.K.Johnstone@kp.org
HNS (Maxillofacial):	Dr. Sean Digman	525-6356	Sean.W.Digman@kp.org
HNS (Peds Anes)	Dr Jonathan Rittenbach		Jonathan.S.Rittenbach@kp.org
Neurology – Med E:	Dr. Neuzil Lai	688-6452	Neuzil.X.Lai@kp.org
OB/GYN:	Dr. Lindsey Dyson	688-6027	Lindsey.N.Dyson@kp.org
Occupational Medicine	Dr Michelle Palvolgyi		Michelle.P.Palvolgyi@kp.org
Ophthalmology	Dr Mark Drabkin		Mark.E.Drabkin@kp.org
Orthopedics:	Dr. Domingo Hallare	688-2223	Domingo.Hallare@kp.org
Pediatrics:	Dr. Heather Chou Dr Janice Gee	688-2419	Heather.C.Chou@kp.org Janice.Gee@kp.org
Physical Medicine & Rehab:	Dr. Vanessa McGowan	688-6711	Vanessa.McGowan@kp.org
Podiatric Surgery:	Dr. Kelly. Wallin	688-4283	Kelly.J.Wallin@kp.org
Podiatry VA SF	Dr Daniel Lee	688-2030	Daniel.K.Lee@kp.org
Psychiatry Psychiatry (GERI)	Dr. Humberto Temporini Dr Angie Yu	525-6164	Humberto.D.Temporini@kp.org Angie.M.Yu@kp.org
Surgery:	Dr. Andres Crowley	688-2379	Andres.Crowley@kp.org
Surgery - Vascular:	Dr. Christopher Abbot	688-4252	Christopher.M.Abbot@kp.org
Bariatric Surgery:	Dr. Pandu Yenumula	627-7410	Panduranga.R.Yenumula@kp.org

HOUSE STAFF ORIENTATION GUIDE TO KAISER SOUTH SACRAMENTO

Welcome to the Kaiser Foundation Hospital, South Sacramento. This guide is designed to orient house staff from University of California Davis Medical Center (UCDMC) rotating as interns or residents at the Kaiser Permanente Medical Center on Bruceville Road (i.e. South Sacramento Kaiser). Please refer to the house staff manual available at house staff offices at UCDMC for general policies applicable to all rotations. This manual will emphasize those policies that differ at South Sacramento Kaiser Hospital. The goal of your rotation at Kaiser Permanente is to help you develop the skills, attitude, and knowledge to become a better physician. We hope that your experience here fosters a life-long process of self-directed learning.

GRADUATE MEDICAL EDUCATION OFFICE

The Director of Graduate Medical Education at Kaiser South Sacramento is Hienvu Nguyen, DPM, extension (916) 688-6804, or pager (916) 819-0668. Dr. Nguyen oversees all of the residency programs. Ms Cha Murphy will help you with administrative matters in the residency office, extension (916) 688-6813, or cell# (916) 591-7155.

THE KAISER SYSTEM

Kaiser Permanente is America's leading integrated health care organization. Founded in 1945, it is a nonprofit health plan with headquarters in Oakland, California. Kaiser Permanente serves the health care needs of about eight million members in nine states and Washington, D.C. There are about 3 million members in Northern California.

Kaiser Permanente encompasses Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and the Permanente Medical Groups. Kaiser Permanente aspires to be the world leader in improving health through high-quality, affordable, integrated health care. We are distinguished by our strong commitment to community service, physician responsibility for clinical care, and enduring cooperation between our health plan and our medical groups.

Kaiser Permanente is a pre-paid health plan with over 600,000 members in the Sacramento area. As a pre-paid health plan, all members or their employers have paid a monthly premium that entitles them (sometimes with deductibles or co-insurance charges) to most health care needs that they may have. The staff physicians at Kaiser are full-time employees of The Permanente Medical Group. All medicine subspecialties are represented.

The South Sacramento Kaiser Hospital is on 6600 Bruceville Road, Sacramento, CA 95823 and serves all Kaiser Patients in the South Sacramento area. Other Kaiser main hospitals are Sacramento and Roseville medical center.

Other clinics, containing offices for adult medicine, women's health, ophthalmology, pediatrics, dermatology, sports medicine, and several other departments are located at three other medical offices, one on Wyndham Drive, one at Big Horn Blvd (Elk Grove), and Promenade (Elk Grove).

Kaiser South Sacramento is a Level 2 Trauma Center for the South Sacramento area which both Kaiser and Non-Kaiser patients will be hospitalized at Kaiser Hospitals when they present to our ER or are transported here by ambulance.

THE PATIENTS

Part of the uniqueness of your experience at Kaiser Permanente will be from your involvement with our patients. While all socioeconomic groups are represented, you will find Kaiser Permanente patients to be more typical of the Sacramento community than the patients at UCDCMC or the VA. Moreover, a broader spectrum of disease processes can be encountered at Kaiser Permanente.

SIGNING IN/SIGNING OUT

Upon arrival for each rotation at Kaiser, you must sign in with Ms. Bernadette Sario in the Residency office, ext. 2589, or at orientation.

RESIDENT PERFORMANCE

All resident / medical student performance reports and any patient complaint reports (involving resident / medical student) will be reviewed by the Kaiser GME Director and forwarded to the home residency program director.

RESIDENT'S RESOURCE/BENEFIT

A. MEAL POLICY

The purpose of the on-call meal policy is to provide on-site meals for residents.

Each resident is assigned a specific dollar amount for each clinical rotation. This amount is specialty specific.

At the beginning of clinical rotations at Sacramento campus, residents will receive a SOGO Meal Card. Meal Cards are either obtained from the Residency Program Administrator or Program Director. Residency Program Administrator is located in the Graduate Medical Education office, Dan B Moore Building (Rm DB6A) Building, Bruceville Road campus. Call 916-591-7155 prior to picking up Meal Card ID's.

SOGO Meal Cards should be presented to the cafeteria cashier at the time of meal purchases. A Hospital ID tag (Kaiser or home residency facility) is required to confirm identity. This is for theft protection. The cashier will not accept verbal bar code numbers. Residents who forget to bring and present their SOGO meal card will be held responsible for purchasing their own meals. Any additional charges will be the responsibility of the resident and collected by the cashier.

Residents are responsible for reporting lost, stolen or damaged cards immediately to the Residency Program Administrator.

SOGO Card is to be kept by trainee until the end of residency. Each block roster will allocate funds as such: 1 week = \$56; 2 weeks = \$112; 4 weeks+ = \$225.

Cafeteria purchases cap at a \$50 daily max. Please do not wait until the last day of rotation to utilize your meal funds - as this is abusing the meal privilege and café inventory.

At the end of each clinical rotation, SOGO meal card will be adjusted for any unused funds. No cash or credit given for any funds left on the SOGO meal card.

Kaiser South Sacramento's policy is different from the on-call meal system at UC Davis and Sacramento Kaiser.

Cafeteria hours: Monday – Friday 7:00 am – 5:00 pm. Saturday and Sunday – CLOSED. There are also vending machines in the cafeteria with access at all hours.

B. PARKING INFORMATION

Residents are requested to park in lots #14 and #15, west of the Dan B Moore Building and in the parking garage on the 4th and 5th floors. Residents should not park in the gated physician's lot #17 and could park in lot #16, across the physicians' parking lot.

After 5pm, residents may park in the gated physician lot #17, and lot #16 (across the physicians' parking lot). ER Residents can park in lot #8, on the east side of the campus.

Each resident must provide complete information to register their vehicle with Security. Upon completion of the rotation, the resident may then return the access card (if applicable) to the Graduate Medical Education Office or pass on to the next resident.

When leaving the facility after dark, you may call x 72480 and have a security guard meet you to escort you to your car.

C. LIBRARY

There are four kpLibraries in Sacramento Valley supporting the area staff. The South Sacramento Library is located on the ground floor of the main hospital. It has computers, tables for work space and study, audio books, and specialty programs, DVDs and medical textbooks. The Resource tab in Clinical Library provides links to online databases such as OVID, Dynamed, PsychInfo, Pubmed, full text Journals, eBooks and much more.

The librarian can provide one on one training and instruction in searching the medical literature. To check out books and for any other question, click on the Ask-a-Librarian button in Clinical Library.

The South Sacramento Library is staffed Monday, Thursday, and Fridays, from 8:30am – 5pm; Access is available five days a week from 7am to 5pm. Access card entry after-hours is available for all Kaiser Permanente staff. The library extension is 7-2540. Return all library books at the end of your rotation.

KAISER SOUTH SACRAMENTO RESIDENT DRESS CODE

All residents are expected to dress professionally (shirt and tie for men, business attire for women) as well as a white coat with name badge. ADJUSTMENTS FOR INDIVIDUAL DEPARTMENTS MAY BE MADE AT THE DISCRETION OF THE PROGRAM DIRECTORS FOR THAT DEPARTMENT. For questions, please speak with your department Program Director.

TELECOMMUNICATIONS

You will be using your UCD long-range beepers for this rotation. When trying to dial an outside number, please dial a "9" first. For dialing an extension number when you are in the hospital, please add a "7" to the extension number. Please note that not all Kaiser extensions can be called from outside the facility. If you have any questions, please call the operator (916) 688-2000.

For dictation, dial 10999 and follow the voice prompt for dictation. First, you will need to enter your NUID number. The South Sacramento facility code is 60. Operative Report code is 30.

Nurses/physicians using a Kaiser pager with a number consisting of 3 digits can be reached as outlined below:

Dial ext. 1200. When the computerized voice asks you to "enter pager number", press the numbers on the dial to indicate which pager you are trying to reach (i.e., 966). When the voice asks you to "enter number to be displayed", press digits of the extension where you wish to be called back. Be sure to enter the entire phone number (973-XXXX), also be aware that the extensions beginning with a 1, 2, or 3 cannot be reached from outside the medical center.

Nurses/physicians using a pager with a number consisting of 7 digits can be reached by:
Dial 9 for an outside line, dial the pager number, enter your call-back number when prompted.

COMPUTER ORIENTATION

(please refer to "Commonly Used Numbers Card Pamphlet")

1. Workstation Login – your NUID and password
2. Radiology / STENTOR – mainframe login (UCD ____) and password
3. Clinical Library Icon – resource for looking up articles on your patients, utilize OVID, MD Consult or Pub Med to do your searches and print out articles.
4. Health Connect (EPIC) to access current patient information
 1. Click on "Regional Applications Portal" icon on desktop
 2. Click on Sacramento Valley icon
 3. Type in NUID and password

***** You will have to attend Health Connect Training on the first day of your rotation ***
This will be coordinated by Cha Murphy 916-591-7155 and the Health Connect Trainers**

NEW REQUIREMENT

All printed materials must be shredded



Desktop PHI bin, left, can be used to collect ALL paper for transport to locked collection bins.

Kaiser Permanente remains committed to strictly following the law and our own established policies when it comes to proper disposal of regulated waste. To further these efforts, KP is enacting a policy:

All printed materials of any kind (including handwritten notes), whether clinical, administrative, or business related, are to be placed in confidential waste bins. No printed material is to be disposed of in regular trash or in recycling bins.

Anyone who generates PHI or business paper is responsible for bringing it to a common locked PHI console in your department, unless an alternate work flow agreement has been established.

Please contact your local building manager or Support Services Administrator if you need assistance in understanding your facility's paper waste removal processes.

MEDICAL RECORDS – for Inpatient Rotation

You are responsible for completing your patient’s medical records, at Kaiser South Sacramento. All medical record notes for both clinic and in-patient care are documented on a computerized, paperless system using Health Connect (EPIC).

An incomplete record is a record that has not been completed by the physician upon a patient’s discharge. A delinquent record is a record that remains incomplete 14 days after the patient was discharged.

Section 70751(g) of Title 22, California Code of Regulations requires that “medical records be completed promptly and authenticated or signed by a physician, dentist, or podiatrist within two weeks following the patient’s discharge.” According to the California Attorney General: “Failure or refusal by a physician to complete or maintain hospital patient records when requested to do so by the hospital constitutes unprofessional conduct under the State Medical Practice Act” (Section. 58, Attorney General, 894-1975).

According to the Medical Staff Rules and Regulations, medical records must be completed within 14 days after the patient’s discharge.

For In-patient rotation, residents are required by regulation to authenticate their own dictations and entries, i.e: progress notes, interval H&P notes, post operative notes, long operative notes, discharge summary, discharge instruction, verbal orders. All notes must be cosigned by Kaiser medical staff – this is accomplished by simply checking the “Cosign” box when completing the note. The notes will then be forwarded to the appropriate Kaiser medical staff for cosigning. Any deficiency such as missing the required note or incomplete note will be listed as “Deficiency” and automatically forwarded to the appropriate attending staff.

It is recommended that you check the “In-Basket” in Health Connect every day for listing of “Deficiency”.

It is your responsibility to complete all incomplete and delinquent medical records prior to extended vacation, planned sick leave, sabbatical, leave of absence or completion of residency.

If you do not fulfill your obligation regarding medical records, your South Sacramento Program Director may make a recommendation for appropriate disciplinary action, which may include suspension from the rotation/residency program.

WHAT SHOULD BE INCLUDED IN THE MEDICAL RECORDS: A Medical Legal Perspective

Good documentation is important for providing better patient care. Also, it is useful for prevention and defense of a lawsuit by showing the thoroughness of the evaluation and care provided. Principles of documentation include clear and accurate expression, not blaming others, not wrongly admitting fault, not altering records or using them for obviously defensive purposes, etc. The physician should include only the information necessary for good patient care and which, incidentally, provides the appropriate evidence in the event of litigation. Everything else should be omitted.

The best documentation, from the standpoint of good patient care and of legal defensibility, is concise. Excessive commentary in the records tends to cause the most important information to be lost and discourages other health professionals from taking the time necessary to read it. It also provides a plaintiff's attorney with many more possibilities for misconstruing the meaning of the statements made, finding language which can be interpreted as suggesting fault, or simply confusing the facts that could help defend the case.

The content of any telephone call to or from a family member, which includes information relevant to patient care, should be briefly documented. Clinical judgment must be used to identify those calls that are significant enough to require documentation. Telephone conversations with consultants provide information about patient care, which can show thought processes and can support clinical decisions. Conversations to and from other persons involved in the patient's care, such as, nurses, pharmacists, and therapists also frequently contain significant information, which may be necessary for the defense of a lawsuit.

A discussion with patient and family is the most effective way to convey informed consent information and must be briefly documented in the records. Noting the details of the discussion are not necessary unless there are special factors which affect the risks and require a different or more elaborate than usual disclosure.

Failure to follow instructions given to the patient at the time of discharge from the clinic or hospital is a frequent cause of injury. If the patient denies that adequate discharge instructions were given, the patient's negligence can become the practitioner's liability. Documentation of the types of instructions given may be proof that the patient's conduct was negligent.

Harm may result when patients fail to heed warnings such as medication side effects, the importance of follow-up symptoms requiring immediate intervention, serious risks of contraindicated activities, etc. The practitioner's duty is to warn of the seriousness and urgency of foreseeable risks. That this warning was given must be documented.

Objective and factual statements, without criticizing anyone or attacking their competence, should be used to correct errors in the records. An example of an objective correction is: "the previously noted patient history of myocardial infarction should be changed. The patient was hospitalized with chest pain but no cardiac etiology was confirmed." Errors must be distinguished from disagreements. Patient's records should not be used as a forum for disagreeing about diagnosis or choice of treatment.

South Sacramento Do Not Use Abbreviation List

Our facility is taking another step in our commitment to patient safety. Many organizations including the Institute for Safe Medical Practice (ISMP) and JCAHO suggest avoiding abbreviations and dose expressions that have led to serious medication errors.

Please help us in this commitment by changing your practice to avoid potentially dangerous abbreviations. Help us eliminate the risk of harming a patient.

Abbreviation/ Expression	Intended Meaning	Misinterpretation	Correction
U or u	unit	May be read as a zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as "44").	"Unit" has no acceptable abbreviation. Use "unit".
IU	international unit	May be misread as IV (intravenous).	Use "international units."
QD	Once daily	May be misread as OD.	Use "once daily"
QOD	Once every other day	May be misread as OD or QID.	Use "once every other day"
Trailing zero: Zero after decimal point (1.0)	1 mg	May be misread as 10 mg if the decimal point is not seen.	Do not use terminal zeros for doses expressed in whole numbers.
Lack of a leading zero: No zero before decimal dose (.5 mg)	0.5 mg	May be misread as 5 mg.	Always use zero before a decimal when the dose is less than a whole unit.
MS	Morphine sulfate	May be misread as Magnesium sulfate	Always use "morphine"
M _{SO4}	Morphine sulfate	May be misread as Magnesium sulfate	Always use "morphine"
MgSO ₄	Magnes. Sulfate	May be misread as Morphine sulfate	Always use "magnesium"

- **SMART PRESCRIBING TIPS:**

1. Write legibly.
2. Date, Time and Sign all orders
3. Do not write frequency range orders.
4. All "PRN" orders must be qualified.

Approved by the HIM Committee and Medication Safety Committee

Approved by the Executive Committee

Approved by the Pharmacy and Therapeutics Committee

Infection Control/Infectious Diseases Orientation

Contact the Infection Prevention & Control Department: (916) 688-2227

Contact the Infectious Disease Physician on-call by asking the Operator

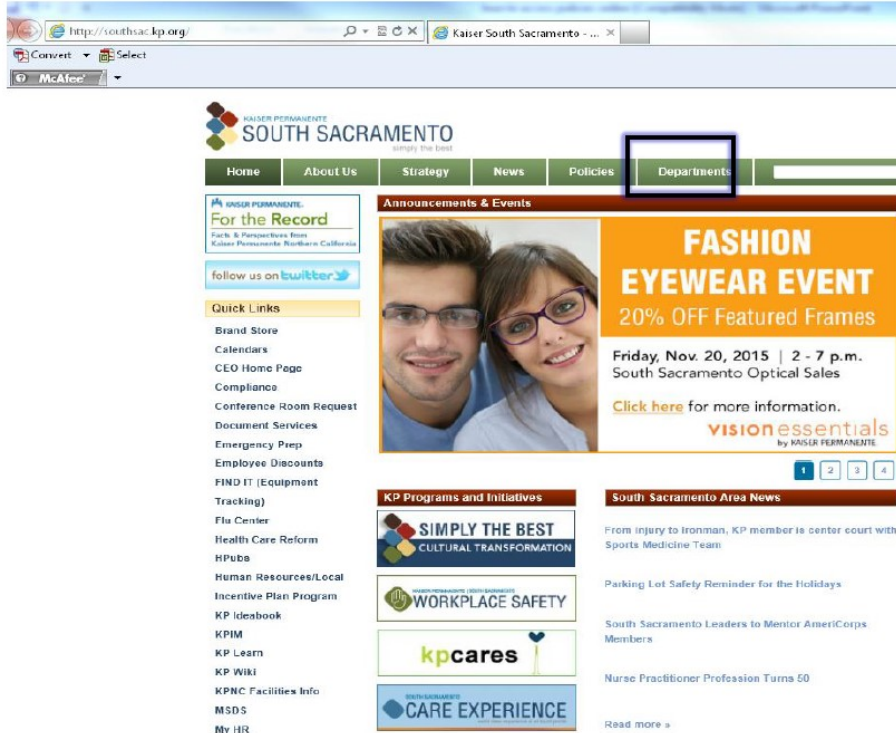
Andrew McNeil, MD, Infectious Disease x72980

John Belko, MD, Pediatric Infectious Disease x7619

Find all Infection Prevention policies online using the link below:

<http://southsac.kp.org/>

Click: Policies at top of page

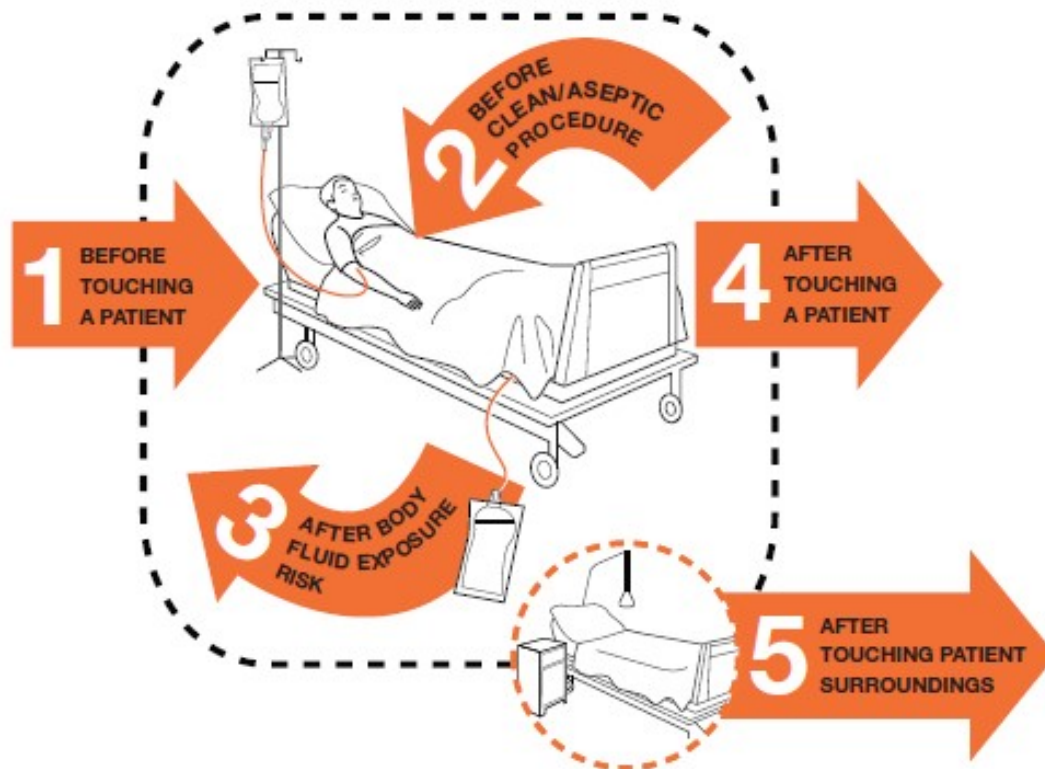


Contact the Infection Prevention & Control Department @ 916-688-2227 or 7-2227



Contact the Infection Prevention & Control Department @ 916-688-2227 or 7-2227

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A WHO Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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May 2009

2015 SSC Quality Priority: Preventing Patient Harm - Total Harm Index

Hospital Acquired Pneumonia (HAP)



- Head of bed 30°
- Out of bed – ambulate
 - M/S → 2x day > 21 feet
 - ICU → 2x day, 4 hours apart
- NGT marked at nares
- Use Incentive Spirometer



Clostridium Difficile (C. Diff)

- Foam in / Hand wash out
- Contact Plus Isolation sign
- Use of personal protective equipment (PPE)
- Isolation supplies available



Hospital Acquired Pressure Ulcers (HAPU)

- Turn every 2 hours
- Support surface
- Increase nutrition intake
- Pad oxygen devices



Central Line Associated Blood Stream Infection (CLABSI)

- Hand hygiene before touching line
- Curoc cap on all IV ports
- Scrub the hub
- Dressing intact – dated, timed, initialed
- Patient/family educated on CLABSI



Early Recovery after Surgery (ERAS)

- Non-narcotic pain medication
- Out of bed – ambulate within 12 hours post-op
- Blue armband



FALL PREVENTION

- Call light within reach
- Bed/chair alarm on
- Bed in lowest position
- Fall Precaution sign



Catheter Associated Urinary Tract Infection (CAUTI)

- Remove foley when no longer needed
- At least 18 inches below bladder
- No dependent loops or kinks
- Bags/tubes not touching floor



Created by Joy Grande & Kenne Stevenson-Baker, Quality, 0430-3650.

Infection Prevention and Control Training Bloodborne Pathogen (BBP) & Aerosol Transmissible Diseases (ATD)

How can I contact the Infection Prevention Department if I have questions:

- Phone: x72227 / 916-688-2227
- Infection Control Website: SouthSacWeb→Departments→Quality Management→Infection Control
- Review policies (including BBP & ATD Exposure Control Plans): SouthSacWeb→Policies→Infection Control

Bloodborne Pathogen (BBP) Training

1. Where to find a copy of the regulatory standard: Cal-OSHA bloodborne pathogen standard is available in the Infection Control Department and online: www.dir.ca.gov/title8/5193.HTML
2. The BBP Standard includes the following topics: division of responsibilities; exposure determination; engineering and work practice controls; personal protective equipment (PPE); training and training records; post-exposure evaluation and exposure analysis and information provided to healthcare professionals; and a description of the recordkeeping requirements.
3. Diseases with bloodborne pathogen transmission: Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human immunodeficiency virus (HIV).
4. Epidemiology: Bloodborne pathogens are microorganisms that are transmitted through the bloodstream. The most common cause of transmission in the workplace is when an infected person's blood enters another person's bloodstream through an open wound or mucous membrane.
5. Signs and symptoms of HIV include possible flu-like illness, depressed immunity, enhanced susceptibility to opportunistic disease.
6. Signs and symptoms of HBV and HCV include possible flu-like illness, jaundice, dark urine, fatigue, nausea, abdominal and joint pain, or rash.
7. Transmission of BBP via exposure: 1) Specific contact to eye, mouth, other mucous membrane; 2) Sharps injury to intact skin; 3) Non-intact skin or sharps injury with blood or OPIM (semen, vag secretions, CSF, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, vomitus)
8. Exposure Control Plan includes: Exposure Determination, Methods of Compliance, Post Exposure Incident Evaluation, Recordkeeping
9. Standard precautions means that healthcare workers treat all body fluid as potentially infected and choose appropriate PPE
10. The BBP plan lists job titles and assigns staff as higher risk or lower risk for BBP Exposure. There is also a thorough list of tasks and provides required/recommended PPE instruction. Any task that presents an opportunity for exposure to blood or OPIM presents a risk such as invasive procedures and even simple procedures involving body fluids such as emptying a foley catheter bag. Apply Standard Precautions.
11. How do we prevent the transmission of BBP in the hospital and clinic: Standard precautions, sharps safety, hand washing, environmental cleaning and waste management]



12. PPE

- a. Check with your department manager to locate the PPE in your location
- b. Dispose of PPE in biohazard trash if contaminated with blood/body fluids. May be disposed in regular trash if minimally soiled.
- c. Gloves: when touching body substances, mucous membranes, and non-intact skin; all venipuncture and IV starts. Skin that is chapped, abraded, or with dermatitis is open to infection and requires protection from contact with blood and OPIM. You must be able to wear gloves and perform hand hygiene in order to work in patient care areas.
- d. Masks, Eye Protection, Face Shield: during activities that are likely to generate a splash.
- e. Gowns: to prevent soiling of clothes during activities that are likely to generate splashes or sprays of blood or body substance
- f. Aprons/Lab Coats: if used as PPE, must be removed prior to leaving work area
- g. Shoe Covers/Caps/Hoods: surgical suites; when gross contamination is anticipated
- h. Emergency resuscitation equipment such as ambubags, mouthpieces, pocket masks, and ventilation devices must be used in resuscitation situations.

13. Sharps safety requires that all sharps are discarded in puncture-resistant container at the point of use. Sharps safety devices should be used when available and always activated before discarding. Do not bend/break or recap needles. If it is a medical necessity to recap, use one-handed scoop method.

14. Hepatitis B Vaccine provides immunity to the hepatitis B virus. It is available at no cost and is recommended for all HCWs unless: 1) HCW previously received complete series; 2) antibody testing revealed immunity; or 3) vaccine is contraindicated for healthcare reasons.

- a. Healthcare workers who refuse Hep B vaccinations must sign a declination form

15. Post Exposure

- a. If blood or body fluids is on skin, in a cut or puncture, wash the area with soap and water. **DO NOT USE BLEACH!**
- b. If the exposure is a splash to mucous membranes (eyes, nose, mouth), immediately flush the area well with water. **DO NOT FLUSH EYES OR MUCOUS MEMBRANES WITH BLEACH OR DISINFECTANT!**
- c. Report this exposure promptly to your manager and report to Emergency Department promptly.
- d. EHS will complete paperwork, assist to request source testing, answer questions for employee, attain baseline testing, complete assessment for post-exposure prophylaxis (PEP), do repeat testing.
- e. EHS will document the exposure on the OSHA Sharps Injury Log.

16. Signs, labels/color coding of BBP: Biohazard trash is red and has the biohazard symbol on it



Aerosol Transmissible Diseases Exposure Control Plan (TB Exposure Control Plan)

1. Where to find a copy of the regulatory standard: The Cal-OSHA Aerosol Transmissible Diseases standard is located in the Infection Control Department and online at: <http://www.dir.ca.gov/title8/5199.html>.
2. The Exposure Control Plan is in place to provide guidelines, standards of work practice, overall policy goals and references to elements of existing procedures designed to assist in protecting our health care workers against occupational transmission of aerosol transmissible diseases. Employee input is requested during initial and annual N95 fit test and/or PAPR training
3. An Aerosol Transmissible Disease (or ATD) is a disease or pathogen that requires droplet or airborne precautions to prevent exposure. "Droplets" are relatively large in size and can result from coughing, sneezing or talking and include Meningitis, Meningococcal disease, Mumps, Pertussis, Rubella. "Airborne" refers to relatively small particles which can remain suspended in the air and can travel great distances and include Pulmonary TB, Chicken pox (varicella), Measles, SARS.
4. Signs and symptoms of Active TB Disease: fever, fatigue, night sweats, weight loss/loss of appetite, persistent cough/bloody sputum, abnormal chest x-ray
5. Signs and symptoms of Latent TB infection: no active disease, positive PPD skin test, no symptoms. Immune compromised individuals may have a false negative PPD test so it is important to consider signs and symptoms.
6. Multi-drug resistant (MDR) TB is a strain of TB that is resistant to many medications and is difficult to treat.
7. Groups at risk – Healthcare workers, Persons infected with the human immunodeficiency virus (HIV); close contacts of persons known or suspected to have tuberculosis; persons with medical risk factors known to increase the risk of disease if infection has occurred; foreign-born persons from countries with high TB prevalence. Medically underserved low-income populations; medically underserved low-income populations; alcoholics and intravenous drug users, residents of long-term-care facilities, correctional institutions, mental institutions, nursing homes/facilities, and other long-term residential facilities.
8. Source control measures include the use of procedures, engineering controls, and other devices or materials used to minimize the spread of airborne particles and droplets from individuals who exhibit signs of having ATD. Also includes providing respiratory hygiene education and products (tissue, mask, hand degermer) at entrances, reception and volunteer desks.
9. Personal Protective Equipment (PPE) protects wearers from exposure to ATD pathogens. PPE creates a physical barrier protection including facial protection for droplets and respiratory protection for airborne particles. PPE includes: gloves, gown, surgical mask for droplet ATDs, and respirator (N95 or PAPR) for airborne ATDs. PPE should be removed after exiting the patient room. PAPR should be wiped down and put back in storage. N95 or regular/surgical masks should be discarded in trash. Hands should be cleaned after handling PPE.
10. Typical tasks that involve potential exposure to ATDs when done on a high-risk individual include: administration of nebulized or aerosolized medication, autopsy, bronchoscopy, intubation, nasal/endotracheal suctioning, nasopharyngeal swabbing, pulmonary function testing, sputum induction, lancing of a TB lymph node.
11. Responsibilities
 - b. Employer: annual TB Risk Assessment, new hire and annual TB testing, education/training, exposure follow-up, respiratory protection program
 - c. Employee: comply with plan and wear respiratory protection when required, complete annual PAPR training, complete annual and post-exposure TB screening, complete annual TB education, report all incidents of exposure to supervisor

South Sacramento, Kaiser Medical Center

12. How do we prevent droplet nuclei transmission:
 - a. Respiratory hygiene – providing mask and respiratory hygiene supplies to coughing members in public places
 - b. Patient isolation for hospitalized patients – Droplet (staff wears regular mask)
13. How do we prevent TB transmission in the Hospital:
 - a. Patient isolation – Airborne (staff wears Powered Air Purifying Respirator - PAPR, negative pressure rooms, local exhaust ventilation - HEPA filters)
 - b. Patient discharge coordinated with PHD
14. How do we prevent transmission in the Clinic:
 - a. Early identification of TB patients based on clinical symptoms and risk factors
 - b. Mask the patient and room as soon as possible
 - c. Communicate with the Public Health Department
15. Respiratory Protection: Staff must wear Powered Air Purifying Respiratory (PAPR) in Airborne Isolation and when performing aerosol-generating procedures (sputum induction, bronchoscopy, intubation, CPR) on persons suspected to have ATD. N95s are available in the crash carts for emergency CPR – and discarded after use.
 - a. Check for the PAPR storage location in your dept.
 - b. After PAPR use, wipe down hood with Sani-wipe
 - c. Store PAPR in designated clean area and charge power component.
16. Exposure Incident: If it is determined that you were exposed to an Airborne or Droplet ATD, all exposure incidents must be reported to your manager immediately and then to Employee Health for post-exposure evaluation. Medical follow up may include testing, preventive therapy (medication or vaccinations) or other procedures such as a chest x-ray.
17. TB Screening is managed by the Employee Health Department on employment and annually thereafter
 - a. Monitors, tracks, documents ongoing TB surveillance (PPD/Questionnaire/X-ray)
 - b. Documents all PPD conversions and reports to appropriate local and state agencies
 - c. Refer to Employee Health Protocol for Treatment of Latent TB
 - d. Immune compromised individuals may have a false negative test and health status should be reviewed with Employee Health Nurse.
18. Influenza immunization is provided annually, free of charge. CDC recommends that all persons older than 6 months old receive flu vaccine. Information on safety and efficacy is provided annually.
19. Elements of facility TB risk assessment:
 - a. Community profile/local and state epidemiological surveillance data
 - b. # pts with suspected or confirmed TB in facility, # pts with unrecognized TB in facility
 - c. Determine which healthcare workers should be included in TB screening program/frequency of testing
20. A copy of our facility surge plan is available in the IC Department and on the SSC intranet. The topics covered in our Facility Surge Plan include: Epidemics or other events may create a surge situation, meaning a large number of patients present at a facility. SSC has a facility plan that covers patient triage and isolation procedures, procedures for handling specimens, accessing supplies, decontamination of facilities and procedures and how to coordinate with emergency response personnel from other agencies.

Hand Hygiene

...is the single best way to prevent the spread of infection

Foam/Gel IN and Foam/Gel OUT:

Antiseptic hand rubs (waterless cleaners)

- 1) Only use if hands are not visibly soiled
- 2) Apply enough to cover entire surface of hands (egg-size for foam and quarter-size for gel)
- 3) Rub hands vigorously causing friction to degerm between fingers, back of hands, wrists, and palms until dry



When to use soap & water?

1. When hands are visibly soiled
2. After caring for patient in Contact Plus isolation
3. When hands "feel" sticky (usually after 10-12 uses of waterless cleaner)



CONTACT PLUS PRECAUTIONS

VISITORS

Please check with a nurse before entering.

探訪者：請與護士
諮詢後方可入內。

Visitantes: Por favor,
consulte con una enfermera
antes de entrar.



Use hand degermer **before** entering patient room.



Use soap and water to wash hands for 15 seconds **after** all patient care.



Wear gloves while in patient's room. *Discard gloves in patient's room* before leaving.



Wear a gown while in patient's room. *Discard gown in the patient's room* before leaving.



Use bleach wipes for routine cleaning of patient equipment and high touch surfaces.

KAISER PERMANENTE.

**Clostridium difficile =
Contact Plus Isolation =
Soap & Water Wash Out**

Standard Precautions: 1.0 Policy Statement

Healthcare workers, staff and volunteers will treat all blood, body fluids, secretions, excretions, mucous membranes, specimens, and tissues as potentially infectious. Appropriate barriers including Personal Protective Equipment (PPE) will be used to avoid direct contact.

Transmission Based Isolation Precautions: Signage will be posted outside door

CONTACT PRECAUTIONS

VISITORS

Please check with a nurse before entering.

探訪者：請與護士
諮詢後方可入內。

Visitantes: Por favor,
consulte con una enfermera
antes de entrar.



Use hand degermer before and after all patient care.

OR



Use soap and water to wash hands for 15 seconds before and after all patient care.



Wear gloves while in patient's room. *Discard gloves in patient's room* before leaving.



Wear a gown while in patient's room. *Discard gown in the patient's room* before leaving.

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Contact:
Gown & Gloves

Examples:
MRSA
VRE
Shingles

Droplet:
Surgical Mask

Examples:
Influenza
Meninaitis

DROPLET PRECAUTIONS

VISITORS

Please check with a nurse before entering.

探訪者：請與護士
諮詢後方可入內。

Visitantes: Por favor,
consulte con una enfermera
antes de entrar.



Use hand degermer before and after all patient care.

OR



Use soap and water to wash hands for 15 seconds before and after all patient care.



Surgical mask required.

 KAISER PERMANENTE.

CONTACT PLUS PRECAUTIONS

VISITORS

Please check with a nurse before entering.

探訪者：請與護士
諮詢後方可入內。

Visitantes: Por favor,
consulte con una enfermera
antes de entrar.



Use hand degermer **before** entering patient room.



Use soap and water to wash hands for 15 seconds **after** all patient care.



Wear gloves while in patient's room. *Discard gloves in patient's room* before leaving.



Wear a gown while in patient's room. *Discard gown in the patient's room* before leaving.



Use bleach wipes for routine cleaning of patient equipment and high touch surfaces.

 KAISER PERMANENTE.

Contact Plus:

Gown & Gloves

Soap & Water Upon Exit

Examples:

C.diff

Norovirus

Airborne:

PAPR or N95 Respirator

Examples:

Tuberculosis

Chickenpox

AIRBORNE PRECAUTIONS

VISITORS Please check with a nurse before entering.

探訪者：請與護士諮詢後方可入內。

Visitantes: Por favor, consulte con una enfermera antes de entrar.

Use hand degermer before and after all patient care.
OR
 Use soap and water to wash hands for 15 seconds before and after all patient care.

Negative pressure room **KEEP DOOR CLOSED.**

Wear an N95 respirator.
OR
 PAPR (Powered Air Purifying Respirator).

KAISER PERMANENTE.

Check our website's **Isolation Precautions** page to see the back of these signs for a complete list of diseases.

Preventing Central Line Associated Bloodstream Infections

Central Line Insertions: Use the Central Line Procedure Navigator to document all required elements including: 1) Hand Hygiene; 2) Maximal Sterile Barriers; 3) Skin Prep (CHG); 4) Site dry before insertion; 5) Catheter Type; 6) Successful Insertion.

Complete all elements in the navigator

The screenshot displays the Epic EMR interface for a procedure titled "Central Line - MD CENTRAL LINE INSERTION (SHIFT+F6 to enter comments)". The patient information at the top includes MRN 6085, Room/Bed OPTHP5-01/*, Age 47 yrs, Sex F, DOB 11/11/1961, Allergies Pcn Class, Isolation None, Code Prior, Attending Bz-Lang, Optger* 38days, and LOS Inactive. The procedure details include "Encounter: Inpatient 9/28/09", "Current Unit: HPS", and "Date: 09/28/2009". The form contains several sections with checkboxes and dropdown menus: "Pre Central Line Insertion" with a "New Indication for central line" dropdown (options: Suspected central line-associated..., Replacing malfunctioning central line, Vascular Access and Monitoring, Other (specify)); "Consent Obtained" with a "Short Consent: Risk/Benefits/Alte ..." dropdown (options: No Consent / Emergency Insertion); "Occupation of Inserter" with a dropdown (options: Attending MD, Intern/Resident, PA, Fellow, Other MD, Med Student, Other Student, IV Team); "Subclavian Site Considered" with "Yes" and "No" checkboxes; "Site placement" with a dropdown (options: Left, Right, Femoral, Jugular, Subclavian, Umbilical); and "Hand Hygiene performed prior to insertion" with "Yes" and "No" checkboxes.

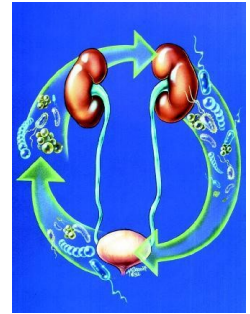
Preventing Catheter Associated Urinary Tract Infections

Does that patient really need a foley catheter?

Avoid unnecessary catheter use and remove catheter as soon as possible! Evaluate need every 24 hrs.

Appropriate indications for foley catheter:

- Frequent urine output monitoring for critically ill
- Chemically paralyzed, sedated, or comatose patient
- Chronic retention
- To assist in healing of open sacral or perineal wounds in incontinent patients
- Acute urinary retention/obstruction (PVR on scanner > 250 ml.)
- Peri-operative use for selected procedures
- Trauma
- End of life care or comfort measures
- Continuous bladder irrigation
- Regional anesthesia
- Diagnostic procedures, if indicated



Infection Prevention & Control - The Joint Commission National Patient Safety Goal: Prevent Infection

1) Use the hand cleaning guidelines from the World Health Organization (WHO) :

“5 Moments for Hand Hygiene” model:

- Before touching patient
- Before Clean/Aseptic Technique
- After removing gloves
- After touching a patient
- After touching patient surroundings

Inpatient Rooms – Foam in and Foam out every time you enter patient room

Contact Plus – After you foam out, go to a sink and do a soap and water hand wash



2) Multi-drug resistant organisms (MDRO): Use proven guidelines to prevent infections that are difficult to treat

Active Surveillance for MRSA – Patients who meet criteria are screened upon admission

Infection Control Surveillance – Monitoring for clusters/outbreaks, reporting to public agencies

Alerts – Lab alerts the floor and Infection Control of +

Isolation - Patients with MDRO like MRSA, VRE and Cdiff are isolated

Personal Protective Equipment (PPE) – Gown and gloves are required to prevent these contact organisms from contaminating your clothing or hands, and mask and/or shield if splash is anticipated

★ Patient/Visitor Education – 1) Why are they isolated? 2) Hand Hygiene, especially soap and water for Cdiff 3) Visitors need to wear PPE to prevent carrying germs out of isolation room

3) Use proven guidelines to prevent blood infections related to “central” lines



- Central line inserters use a checklist to ensure proper insertion practices including hand hygiene, maximal sterile barrier precautions (mask or mask and eye shield, sterile gown, sterile gloves, cap, large sterile full body drape on patient) , skin prep with chlorhexidine, appropriate site selection
 - Staff “scrub the hub” before accessing a central line
 - A review of the necessity of the line is done daily
 - Line assessment and dressings changed per protocol
- ★ **We are required to teach patients/family what we do to prevent infections. Document it!**



4) Use safe practices to treat the part of the body where surgery was done


- Hand Hygiene is the best way to prevent transmitting germs to the surgical site
- Skin antiseptics prior to surgery
- Appropriate antibiotic selection and use
- Appropriate hair removal – clippers, no razors
- Maintaining post-operative glucose control for cardiac surgery patients
- Maintaining postoperative normothermia for colorectal surgery patients



OR Etiquette

Talking Point/Guideline/Requirement	Source (Policy/Guideline)
<p>Hand Hygiene is required:</p> <ul style="list-style-type: none"> • Prior to entering a patient or procedure room regardless of contact with the patient or environment • Upon exiting the patient or procedure room regardless of contact with the patient or environment • Before touching a patient or before donning gloves, gown, or other PPE • Before clean/aseptic procedures • After body fluid exposure/risk or after doffing gloves, gown, or other PPE • After touching a patient • After touching patient surroundings <p>Scenarios:</p> <ul style="list-style-type: none"> • If I am going into the OR to check on the patient, and do not plan to touch anything, do I have to clean my hands before going into the OR? Yes. • If I am going to put on a pair of regular gloves to help position the patient, and I cleaned my hands upon entering the OR, do I have to clean my hands again before donning gloves? Yes, if you touched anything. If you did not touch anything, your hands are still clean and you can don gloves without potential contamination. If you touched anything, you must clean your hands again prior to donning gloves. • I have gloves on and just helped position the patient. I am exiting the OR to scrub. Do I have to clean my hands upon exit of the OR? Yes, if you touch something between doffing gloves and exiting the OR (such as the door handle). If you use your elbow to open the door, and you proceed directly to the sink to scrub, you do not have to clean your hands between doffing gloves and going to the sink. • I am in the OR, and I am working on the computer or adjusting equipment. I cleaned my hands upon entry to the OR. Now I need to don gloves to help position the patient. Do I have to clean my hands again prior to donning gloves? Yes. Your hands are contaminated by touching the environment and must be cleaned prior to donning gloves. • I am seeing patients on the floor. Do I have to clean my hands before going in the patient room to talk to the patient? Yes. • I am done seeing the patient and am going to the next patient room. Do I need to clean my hands upon exiting the room even if I did not touch anything? Yes. • I just cleaned my hands leaving a patient room, and I am going to the next patient room. Do I need to clean my hands again before I go into the next room? No, unless you touched something before going into the next room. 	<p>Policy: Hand Hygiene NCAL Regional Policy</p> <div style="text-align: center;">  Hand Hygiene Policy_SSC.pdf </div> <p>References:</p> <ul style="list-style-type: none"> • HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, MMWR Oct 25, 2002 • AORN Recommended practices for hand hygiene in the perioperative setting, 2015 • KP Human Resources Policy Number CA.HR.5.02 • Journal of Hospital Infection Control, Volume 67, 2007 • WHO (World Health Organization) 5 Moments for Hand Hygiene <div style="text-align: center;">  Your_5_Moments_For_Hand_Hygiene_P </div>
<p>Surgical Attire: Appropriate surgical attire consists of the following elements:</p> <ul style="list-style-type: none"> • Hospital issued Gray Scrubs (top and bottom) • Hospital issued cover jacket completely 	<p>Policy: Surgical Attire NCAL Regional Policy</p>

<p>buttoned/snapped to the top when in restricted areas (OR, SPD) or areas with sterile supplies.</p> <ul style="list-style-type: none"> • Bouffant to cover hair, cloth hats, and skull caps; bouffants do not have to be removed when exiting the OR area. • Shoe covers: <ul style="list-style-type: none"> ○ Shoe covers should be worn in the OR/restricted areas if shoes are not dedicated facility shoes or if gross contamination can reasonably be anticipated. ○ Soiled shoe covers should always be removed. ○ New/clean shoe covers may be worn outside the OR/restricted area over dedicated facility shoes only. <p>Additional elements:</p> <ul style="list-style-type: none"> • All hair must be covered: chest, head, ears, and facial hair, including sideburns, beards, and hairlines • All personal clothing must be covered, ie undershirts, cloth hats, or skull caps • All shirts must be tucked in • NO visual jewelry (must be covered by surgical attire) • NO rings allowed under sterile gloves • For non-scrubbed staff, rings must be covered by non-sterile gloves • Do not wear off campus/outdoors or take home 	 <p>SurgicalAttirePolicy.pdf</p> <p>References:</p> <ul style="list-style-type: none"> • OSHA – Occupational foot protection, 2012 • OSHA – Bloodborne pathogens, 2012 • AORN, Perioperative Standards, 2015 • AORN, Recommended practices for prevention of transmissible infections, 2013
<p>Masks:</p> <ul style="list-style-type: none"> • Surgical mask will be worn and secure (no hand holding) upon entry to the OR room when sterile supplies/equipment are opened and during procedure • Masks will be worn at the scrub sink area when personnel are scrubbing • Mask must be changed with each patient surgery and whenever it becomes soiled and/or before leaving the OR department • Mask cannot hang from neck or ears 	
<p>Time Out:</p> <ul style="list-style-type: none"> • Required for each patient and for each procedure (if multiple) • All team members must be present in the OR and must actively participate in the Time Out, and must acknowledge their agreement with all elements of the Time Out 	<p>Policy: Universal Protocol (NCAL)</p>  <p>Universal Protocol_SSC.pdf</p> <p>References:</p> <ul style="list-style-type: none"> • AORN, Perioperative Standards, 2015 • The Joint Commission Accreditation Standards, 2015 • World Health Organization Surgical Safety Checklist • AHRQ – Surgical Safety

	<ul style="list-style-type: none"> • Patient Safety in Surgery Journal Universal Protocol
<p>Safety Stop:</p> <ul style="list-style-type: none"> • Encouraged of all staff when safety issues identified • Any staff can call a Safety Stop. • Safety Stop is non-punitive. 	<p>Policy: Safety Stop Policy</p>  <p>Safety Stop Policy.pdf</p>
<p>Enforced traffic control practices protects personnel, patients, supplies and equipment from potential sources of cross-contamination</p> <ul style="list-style-type: none"> • Keep doors closed • Limit traffic in and out • Eliminate unnecessary activity • Eliminate unnecessary personnel 	

Preop: Surgical Attire

Our responsibility

- Only use hospital laundered scrub, home laundered scrubs not allowed
- Wear jacket in the OR
- Remove jackets outside the OR before scrubbing to minimize air flow in the OR
- Wear shoe covers if your shoes don't 'live' in the hospital

STOP before passing **GO**



- ✗1. Hair showing
- ✗2. T-shirt showing
- ✗3. Hip packs
- ✗4. Open cover jacket
- ✗5. White coat
- ✗6. Mask hanging around neck
- ✗7. Watches, jewelry
- ✗8. Nail polish
- ✗9. Street shoes (no covers)
- ✗10. Scrub shirt not tucked into scrub pants
- ✗11. Badges on lanyard or fabric badge holder

+



- ✓1. Hair covered (including sideburns)
- ✓2. Cover jackets closed
- ✓3. Sleeves rolled down
- ✓4. Mask is on or off (not hanging)
- ✓5. Scrub shirts tucked in
- ✓6. No visible street clothes
- ✓7. Badges showing (not lanyard)
- ✓8. No white coat
- ✓9. No jewelry or nail polish
- ✓10. Street shoes covered with CLEAN shoe covers

KAISER PERMANENTE RESTRAINT MANAGEMENT SUMMARY: 2009

Restraint or seclusion may ONLY be used: 1) when medically necessary, to ensure the immediate physical safety of the patient or others, and restraint does not cause unnecessary physical harm, discomfort, 2) when less restrictive, non-physical interventions are ineffective 3) if it is the least restrictive device possible, and discontinued at the earliest possible time, 4) if patient’s dignity, privacy and well-being can be preserved, and 5) it is never used as a means of coercion, discipline, convenience or staff retaliation.

Restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.

Types of Restraint:

NON-BEHAVIORAL: Restraint used to ensure the physical safety of the non-violent/non-destructive patient. The direct application of physical force/device to a patient to restrict freedom of movement and that directly supports medical healing and prevents significant harm to the patient.

BEHAVIORAL: Used to manage violent/aggressive behavior that results in imminent harm to self or others. Types- manual hold, physical device, seclusion or “drugs used as a restraint”

Restraint Exceptions (NOT considered a restraint):

- ✓ Medical immobilization: Arm board for IV stabilization, temporarily holding patient for procedure
- ✓ Procedural immobilization: Restraint of a limb during and post surgery to prevent movement of the limb, strapping patient to operating table during surgery or immobilization of a patient during MRI
- ✓ Protective devices: 4 side rails to prevent a patient from sliding off of specialty bed or , gurney rails or wheelchair belt used during transport, crib used in an infant, helmet
- ✓ Adaptive devices: Torso support belt to maintain proper body alignment, orthopedic devices, table top chair
- ✓ Correction restrictions; For the purposes of law enforcement for security purposes (e.g. handcuffs)
- ✓ Pediatric applications: Therapeutic holding, comforting or “time out” for 30 minutes

<u>Seek etiology & an alternative</u>	<u>Use least restrictive means</u>	<u>Use for shortest time required</u>	<u>Ensure Patient Safety</u>
<ul style="list-style-type: none"> - Eliminate CAUSE (e.g. Over/under stimulation, pain/discomfort/positioning/elimination needs, caregiver approach) - Assist with routine toileting/ambulation - Bed/Chair exit alarm or Low bed - Engage patient in meaningful activity e.g. newspaper, Busy Boxes/ other diversionary activities - Daytime recliners - Family supervision - Frequent reorientation - DC unnecessary lines/tubes - Hide or camouflage tubes/dressings (skin sleeve) - Ambulate and toilet frequently 	<ul style="list-style-type: none"> - Use hand mittens prior to bilateral soft wrist ties if possible - Use table top chair, wedge cushion, lap hugger, torso support belt before a lap belt or vest in bed or chair - Use opponet splints prior to bilateral soft wrist ties - Look at effectiveness of two point soft ties before using 4 point restraints 	<ul style="list-style-type: none"> - Restraints are used for the shortest period of time possible - Need for continuing restraint is assessed and documented at least every 2 hours - Discontinuation of the restraint is documented and restraint is not reapplied without new physician’s order. 	<ul style="list-style-type: none"> - Tie restraints to movable portion of bed - Use slip knots/ quick release devices (not double knots/ bow ties) - Assess patient for risk of bed entrapment when using full side rails. - Educate patient/family regarding the potential dangers of restraints including bed rails, - Position side rail wedge to eliminate any gaps between side rails

Nursing Assessment: RN MUST 1) use safe technique when applying, 2) notify physician if behavior due to unanticipated change in patient condition, and 3) modify the written plan of care. Use of restraint must take into consideration risks posed by restraint to vulnerable patient populations such as emergency and pediatric patients, and patients who are cognitively or physically challenged. Use of restraint for behavioral purposes must include 1) assessment of relevant clinical and social information that places the patient at greater physical or psychosocial risk e.g. physical or developmental disabilities, physical or sexual abuse or preexisting medical conditions 2) **techniques, methods or tools that would help patient to regain control his/her behavior (this is NEW).**

Patient/Family Education: If restraints are deemed necessary, the nurse will provide the patient and/or family explanations regarding the rationale, purpose and dangers of restraints AND when restraint will be discontinued. When restraints are initiated for behavioral management, nursing will promptly attempt to contact and inform the family in accordance with patient wishes.

Restraint Application Summary

	NON-BEHAVORIAL	BEHAVIORAL
RESTRAINT Defined:	NON-BEHAVORIAL: To ensure the physical safety of the non-violent/non-self-destructive patient in need of acute medical care; Device reduces ability of patient to move limbs, body or head freely.	BEHAVIORAL: To emergently manage violent or destructive behavior that jeopardizes immediate safety of pt./others . Severely aggressive behaviors causing imminent danger
Method:	Manual method/physical device: mitten, elbow extender/freedom splint, soft limb, roll belt, velcro lap belt (not restraint when self releasing)	Manual holds, physical devices (e.g.Tuff Cuff), seclusion and/or drugs are used to assist the patient to regain control; Drug used as a restraint is one that is used <u>solely</u> to manage the patient’s behavior or restrict freedom of movement, and is not a standard treatment or dosage for the patient’s condition.
Initial Nursing Assessment:	Behavior justifying the restraint (fall risk, pulling lines), alternatives to restraint (DC lines or camouflage; diversionary activities, family, bed alarm, zone, etc) and less restrictive interventions attempted (mitts before soft limb).	SAME + Relevant clinical and social information that places the patient at greater physical or psychosocial risk during restraint e.g. physical or developmental disabilities, physical or sexual abuse or preexisting medical conditions.
Physician Order: If order obtained by <u>on-call</u> MD, the ordering MD or RN must consult with treating MD ASAP.	Verbal or telephone order obtained ASAP not to exceed few minutes from time of application. If reason for restraint represents significant /unanticipated change of condition, the physician must be notified immediately and the patient assessed as soon as possible.	SAME: Verbal or telephone order obtained either immediately or within few minutes from initiation of restraint.
Physician Assessment	In-person assessment <u>within 24 hours</u> of application with clinical justification documented in medical record.	*Face-to-face assessment within 1 hour of restraint initiation If done by trained RN, MUST consult with MD ASAP after assessment to discuss findings of evaluation, and the need for both other intervention and/or restraint need for continuation or not. The provider/CNS will work with patient and staff to identify ways to help the patient regain control, revise the plan of care and provide new written order as needed.
Duration of Initial Order: Never PRN**	Maximum time limit: 24 hours	Maximum time limit of: 4 hours for adults (18 years or older); 2 hours for Children 9-17 yrs.; 1 hour for Children under 9 yrs
Order Renewal/ Reassessment	Once each calendar day	Same as above: At 24 hrs., provider MUST see /evaluate patient before writing new order with reasonable rationale to continue restraint
Nursing Observation frequency	As indicated by patient condition and type of restraint. Must be observed at least every two hours	<u>Continuous</u> observation with recording of observation/assessment every 15 minutes.

* The face-to-face medical and behavioral evaluation (within 1 hr for behavioral) must be documented in medical record and includes: a) Patient’s immediate condition, with description of the patient's behavior that warranted the use of the restraint or seclusion; b) Patient’s reaction/response to intervention, c) Patient medical and behavioral condition (complete review of systems, behavioral assessment, review of history, drugs and meds, most recent labs) in order to complete “a comprehensive review of the patients condition to determine if other factors contributing’ to violent behavior d) Efforts to help the patient regain control and e) Need to continue or terminate behavioral restraint.

*Physician order for restraint must meet following criteria:

- a) Includes reason for the restraint, including the clinical justification for any drug ordered solely to control behavior; All orders for psychotropic meds require documentation of condition causing behavior AND must be an FDA or standard treatment and within appropriate dosage parameters. Lack of necessary documentation constitutes a “drug used as a restraint” requiring implementation of behavioral restraint standard.
- b) Includes the type of restraint, site(s), and must be time-specific
- c) Reflect the least restrictive manner possible
- d) Be in accordance with a written modification to the patient's overall plan of care and treatment (**with note in medical record daily justifying need for restraint and within one hour for behavioral**);
- e) Be discontinued at the earliest possible point in time when the initiating behavior is no longer evident or less restrictive alternatives are effective, and
- f) NEVER be written as a standing order or on an as needed basis; “Trial release” (release at any time other than to provide nursing care and mandated q2h. release/assessment) is interpreted as a PRN restraint. Trial releases are encouraged, but a new order MUST be obtained if behavior triggering need for restraint returns (even if order still valid). Exceptions include side rails, gerichair, roll belt, lap belt used every time patient in bed or chair or self mutilating behavior in patient with chronic medical or psychiatric disorder.

PATIENT IDENTIFICATION, VERIFICATION, SITE MARKING **POLICY & PROCEDURE**

I. PURPOSE and SCOPE

Patient identification, final verification and site marking, will be consistent throughout the Medical Center/Medical Office.

- To ensure that identification of the correct patient, procedure, anatomic side and/or site, level, equipment, position, and implant is conducted in all locations throughout the service area, where operative and other procedures are performed that expose patients to harm.
- Locations include, all licensed hospital settings including the operating room, emergency room, imaging, and other procedure rooms; and out patient ambulatory settings including endoscopy and other procedure rooms and surgical rooms.
- Most procedures that involve puncture or invasion of the skin, or insertion of an instrument or foreign material into the body, including but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, and endoscopies are within the scope of this policy.
- Certain routine "minor" procedures such as venipuncture, peripheral IV line placement, insertion of naso gastric tube or Foley catheter insertion are excluded.

II. POLICY STATEMENT

The physician, staff members most closely associated with the procedure and to the extent possible the patient (or legally designated representative), are responsible for the following:

Pre-operative (Pre-Procedural) Verification Process: Correctly identify the patient, relevant documents, procedure, surgical side/site and as applicable the need for special equipment or implant information with expiration dates. Ensure all information is consistent regarding the patient, procedure and side/site and that missing information or discrepancies are addressed before starting the procedure.

Mark the side/site of the procedure or surgery as appropriate. For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.

* **Time Out or "Briefing" for final verification of the patient, procedure and side/site,** position and as applicable, implants or special equipment will take place in the operating room, procedure room or other location before the surgery/procedure begins. The final verification will include active communication and agreement with all members of the of the surgical procedure team including: the physician, anesthesia practitioner, the circulating RN and the scrub technician/nurse. The Time Out will be consistently initiated by a designated member of the team, and conducted in a fail-safe mode, i.e. the procedure is not started until any questions or concerns are resolved.

A. If imaging studies are required to determine operative side/site in procedures such as urology, orthopedic, or neurosurgery, the procedure must not commence until the practitioner has verified the imaging findings. In cases where a prosthesis, implant, or special equipment is to be used, verification of the device or equipment will take place prior to the start of the procedure.

III. PROCEDURE

A. Preoperative (Preprocedural) Verification Process should occur as applicable:

1. Verification of the correct person, procedure and side/site will occur:
 - a. At the time the surgery/procedure is scheduled.
 - b. At the time of admission/registration/check-in.
 - c. Anytime the responsibility for care of the patient is transferred to another caregiver.
 - d. With the patient involved, awake and aware, if possible (or with the legally designated representative).
 - e. Prior to patient leaving preoperative area or entering the procedure/surgical room.
2. Verification of the patient, consented procedure and surgical procedure side/site must be accomplished by:
 - a. Patient interview
 - b. Review of the consent

- c. Physician's orders
- d. History and Physical
- e. Procedure/surgery schedule as available.

3. Using a preoperative verification checklist, ensure availability and consistency of the following, prior to the start of the procedure:

- a. Relevant documentation (e.g., H&P, laboratory and other diagnostic tests, and consent).
- b. Relevant images properly labeled and displayed.
- c. Any required implants and special equipment.

4. Utilizing the consent, the responsible staff will:

- a. Check the patient's armband for name and medical record number.
- b. Verify patient identity by utilizing the armband, consent and patient's acknowledgment of identity.
- c. Ask the patient to verbally and physically indicate the operative procedure side/site.
- d. If the patient is non-English speaking, interpretive services shall be provided.

5. For outpatient procedures when patients do not have armbands, identification of the patient must be verified by other means such as:

- a. Ask the patient to state their name versus asking them to confirm their name.
- b. Verify picture ID, name and patient medical record number.
- c. Ask a family member or companion to identify a child or elderly person by name.

B. Marking the Operative Side/Site

1. Make the mark at or near the incision side/site. DO NOT mark any non-operative side/site unless necessary for some other aspect of care.
2. The mark will be unambiguous (e.g. use initials, "YES," or a line representing the proposed incision; DO NOT use "X").
3. The mark will be positioned to be visible after the patient is prepped and draped.
4. The mark will be made using a marker sufficiently permanent to remain visible after completion of the skin prep.
5. The method of marking and type of mark will be consistent throughout the medical center as discussed above.
6. At a minimum, mark all cases involving laterality, multiple structures (fingers, toes, and lesions), or multiple levels (spine). Note: In addition to pre-operative skin marking of the general spinal region, special intra-operative radiographic techniques are used for marking the exact vertebral level).
7. The person performing the procedure should do the side/site marking. If the person performing the procedure did not mark the site, he/she must confirm that the correct site was marked.
8. Marking should take place with the patient involved, awake and aware, if possible, (or with the patient's legal surrogate).
9. Final verification of the side/site mark will take place during the "Time Out."
10. Documentation of the side/site verification by the patient/representative and the surgical team will be present on the operative record.
11. Patients who refuse side/site marking will be informed of the risks associated without marking and will be documented in the medical record.

Site Marking Exceptions:

1. Emergent/urgent cases when not prudent.
2. Single organ cases (e.g., C-section, cardiac surgery).
3. Interventional cases for which the catheter/instrument insertion side/site is not predetermined (e.g. cardiac catheterization).
4. Teeth - BUT, indicate operative tooth name(s) on documentation OR mark the operative tooth (teeth) on the dental radiographs or dental diagram.
5. Premature infants, for whom the mark may cause a permanent tattoo.
6. The individual doing the procedure is in continuous attendance with the patient, from the time of the decision to do the procedure and consent from the patient, through the conduct of the procedure. (The requirement for a "time out" final verification still applies).

C. “Time Out” is the final verification of the patient, procedure and site immediately before starting the procedure.

1. The “Time Out” will be conducted in the location where the procedure will be done, just before starting the procedure. It must involve the entire operative team, use active communication, (unassisted procedures require a brief pause), reconcile all differences, and be documented, such as in a checklist and must include:
 - Correct patient identity
 - Correct side and site
 - Agreement on the procedure to be done
 - Correct patient position
 - Availability of correct implants
 - Any special equipment or special requirements.

In the operating/procedure room, verification of patient, procedure and site/site will be made with the surgeon, anesthesia practitioner, circulating nurse, and scrub staff member if applicable immediately prior to the procedure. In the event a discrepancy is identified, no one will proceed until any questions or concerns are resolved.

- Any discrepancies noted concerning the consent, history and physical, surgeon’s orders, surgery scheduling or patient’s verbal identification or operative site/site will be documented. Calls to appropriate parties, including the surgeon, will be attempted to correct the discrepancies.
- Side/site will NOT be marked UNTIL all discrepancies are rectified.

D. Documentation

- Documentation of the patient, the operative plan, procedure verification and marking of the side/site will be found in the electronic record in the Intraoperative Log. See Intraoperative Log: Guidelines for Documentation Policy.
- Documentation in the out patient care and other settings will be found in the electronic record in the Procedural Sedation Navigator, see Procedural Sedation Policy and Documentation Guidelines.

E. General Issues

1. Procedures for non-OR settings including bedside procedures. Site marking must be done for any procedure that involves laterality, multiple structures or levels (even if the procedure takes place outside of an OR).
2. Unassisted procedures (one person, often at the bedside): A brief pause should occur to confirm the correct patient, procedure and site. Exception: The individual doing the procedure is in continuous attendance with the patient, from the time of the decision to do the procedure and consent from the patient, through the conduct of the procedure. (The requirement for a “time out” final verification still applies).
3. All "mistakes" from a surgical marker will be removed from the skin and corrected prior to patient arriving in the procedure/surgical suite.
4. All marking should be removed prior to the application of steri-strips, surgical dressings or casts at the conclusion of surgery.

DECEDENT AFFAIRS

South Sacramento

Coordinator: Christina Barnes or Lavina Dunson

Hours: 8:30am – 5:00pm 7 days a week

Office#: 8-527-2504, (916) 688-2504

Pager for URGENT ISSUES: (916) 819-2620

Fax#: 8-527-6482, (916) 688-6482

After hours: Please refer to the Admitting Department (916) 688-2522 for further assistance.

The Decedent Affairs Coordinator responsibilities include completion of appropriate paperwork and assisting medical staff in fulfilling legal requirements, death certificates, and coroner cases.













Nursing Responsibilities

- Demise checklist
- Release to undertaker
- Organ procurement organization notified

Physician Responsibilities

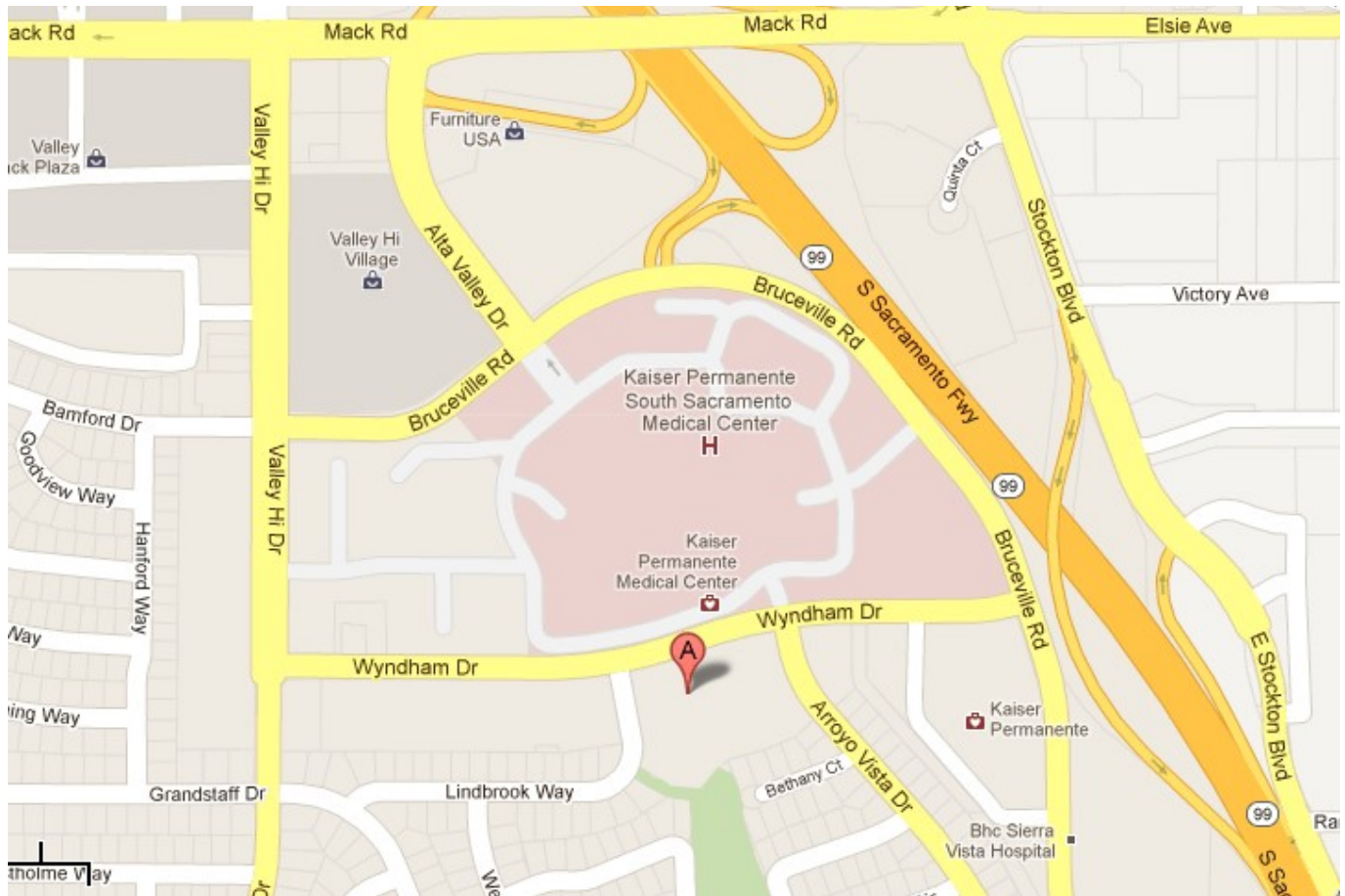
- Patient Progress Record Report completed
- Authorization for Autopsy completed
- Hospital Report to Coroner's Office completed
- Death Certificate signed

Emergency Codes

Code List	Sample Scenario	Initial Response	Resources
 Code Blue Adult cardiac/respiratory arrest	A cafeteria customer goes into cardiac arrest.	Use the Code button. Ask medical staff to assist until Code Blue team arrives.	Rainbow Flipchart, Code Blue Response Policy
 Code Gray (formerly Dr. Strong) Combative or abusive behavior by a person.	A staff member is verbally assaulted. A frustrated patient raises their arm, attempting to hit you.	Stay a safe distance away from the person. Call a Code Gray by pushing the code button.	Rainbow Flipchart, Security Dept. Safety Manual (Policy 4.1)
 Code Orange Chemical release or spill	Chemo waste container spills onto the floor.	SIN Safety of people and area Initiate code system Notify supervisor	Rainbow Flipchart, Safety Manual (Policy 4.11)
 Code Pink (formerly Code Lindberg) Newborn is missing	A newborn is missing from a bassinette in the special care nursery.	Use the code button. Standby at an exit or hallway. Respectfully challenge suspicious people. Report information to Security.	Rainbow Flipchart, Safety Manual, Security Dept.
 Code Purple Child is missing	A child wandered away from his mother while waiting at the pharmacy	Use the code button. Standby at an exit or hallway. Challenge suspicious people. Report information to Security.	Rainbow Flipchart, Safety Manual, Security Dept.
 Code Red Seeing or smelling fire or smoke or feeling unusual heat	Your copy machine begins to smoke and bursts into flames.	R – Remove people from danger A – Activate Code Red C – Contain fire by closing doors E – Extinguish fire P – Pull pin A – Aim towards base of fire S – Squeeze the trigger S – Sweep the fire	Badge Insert, Rainbow Flipchart, Safety Manual (Policy 4.9, 5.2)
 Code Silver Person with weapon or hostage situation	Member flashes a gun in his waistband and threatens violence.	Stay a safe distance away from the person. Use the code button. Report observations to Security.	Rainbow Flipchart, Security Dept. Safety Manual (Policy 4.1)
 Code White Unplanned KPHC or IT downtime	Nurse is charting and the system closes on her and she cannot log on again.	Notify supervisor as only specific personnel can initiate a Code White.	Rainbow Flipchart KPHC Downtime Policy
 Code Yellow Bomb Threat	Receptionist receives a call from a member at her window stating that a bomb has been placed in a car in the parking lot.	Listen carefully, use power of observation. Keep caller on the line and get as much info as possible. Use the code button to report observations to Security.	Rainbow Flipchart, Security Dept. Safety Manual (Policy 4.1)
 Code Triage Internal/ External	Internal: infrastructure issues, power, shelter in place, water outage, surge External: multi-car pileup, biochemical attack	Use code button. Specify the type of disaster. Notify supervisor and await instruction.	Rainbow Flipchart Safety Manual
 Code C Emergency C-section	Laboring patient requires an emergency Cesarean section	Use the code button. Initiate departmental policies.	Rainbow Flipchart PCS L&D Policy Safety Manual
 Code One Fainting, hysteria, bleeding	A patient faints when having blood drawn.	Check the scene for safety and the victim for condition Call the code. Care for the patient until help arrives.	Rainbow Flipchart, Code One Response Policy Emergency Dept.

Activate the Code System

Use the Code Button on the phone (indicated by a red button) or dial ext. 73333
Provide as much information as possible including location and description of problem.

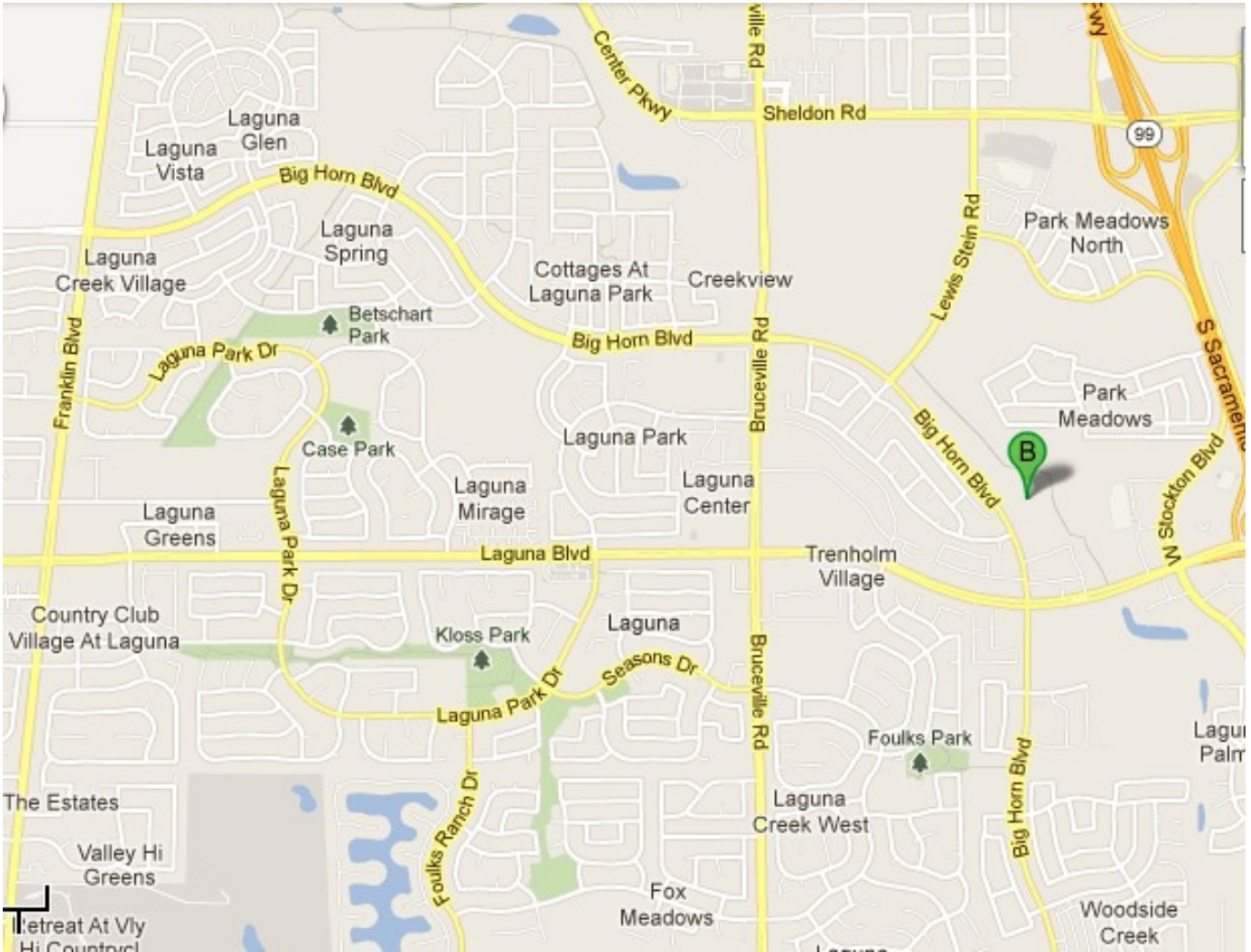


SOUTH SACRAMENTO:
6600 Bruceville Road, Sacramento, CA 95823
Operator: (916) 688- 2000
Tie Line: 8-527-xxxx

WYNDHAM:
7300 Wyndham Drive, Sacramento, CA 95823
(916) 525-xxxx
Tie Line: 8-490-xxxx

SOUTH SACRAMENTO Campus Map



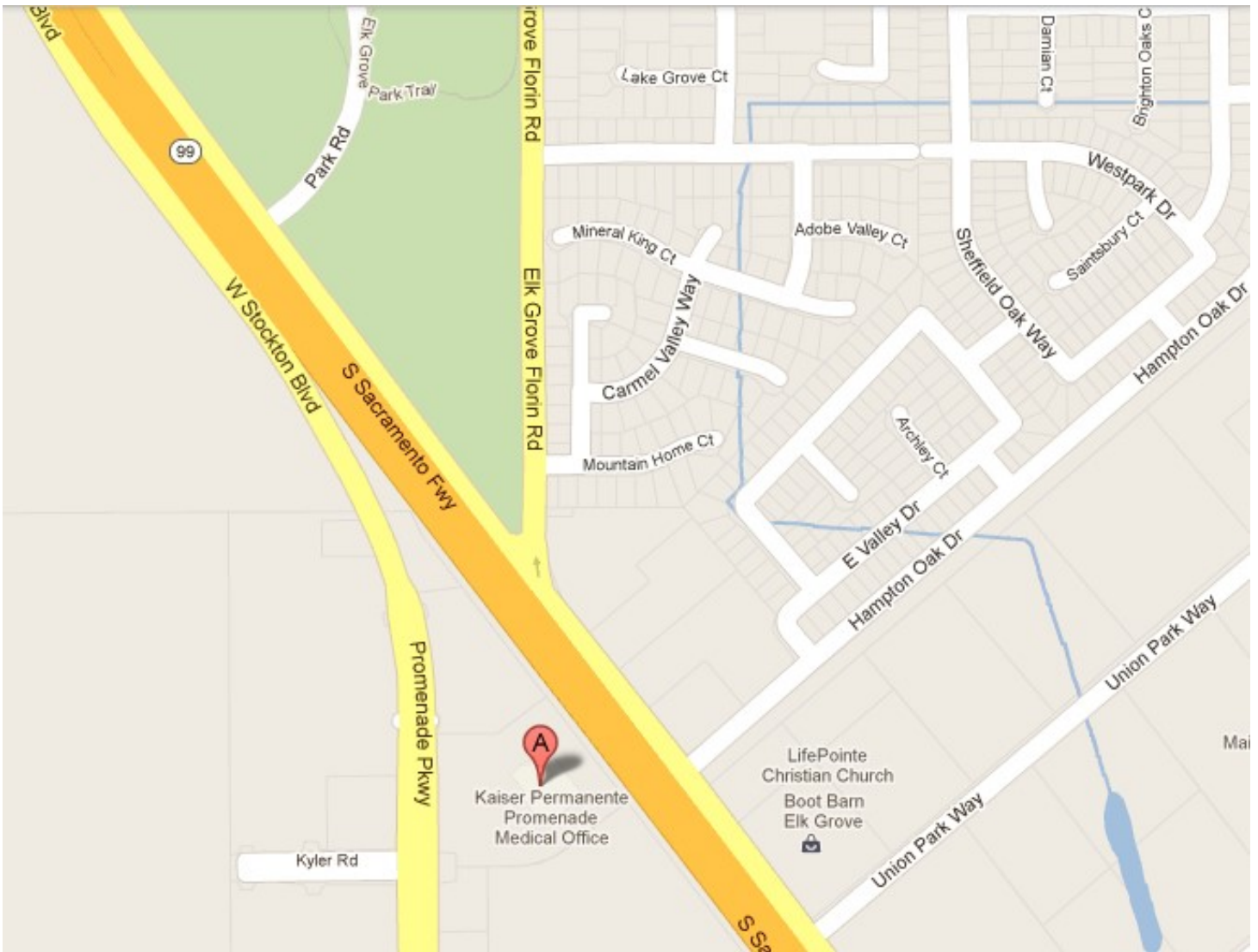


ELK GROVE

9201 Big Horn Blvd., Elk Grove, CA 95758

Operator: (916) 478-5000

Tie Line: 8-418-xxxx



PROMENADE
10305 Promenade Parkway, Elk Grove, CA 95757
(916) 544- 6000
Tie Line: 8-544-xxxx

Our Elk Grove Promenade Medical Offices are located just eight miles southeast of our South Sacramento Medical Center and five miles southeast of our Elk Grove Medical Offices.

Highway 99 North from Galt

From North 99 take the Grant Line/Kammerer Rd exit, take a left and head West to Promenade Parkway. Take a right at Promenade Parkway. Our facility is at Kyler Rd and Promenade Parkway.

Highway 99 South from Downtown Sacramento

From South 99 take the Grant Line/Kammerer Rd exit, take a right and head West to Promenade Parkway. Take a right at Promenade Parkway. Our facility is at Kyler Rd and Promenade Parkway.