



SAN ANTONIO REGIONAL HOSPITAL

Medical Education

Dear Student,

Welcome to your clinical rotation at San Antonio Regional Hospital (SARH)! The following instructions are provided to enhance your experience at our facility. Please use this welcome letter as an orientation guide while you rotate here at the hospital.

It is expected that you will print out your orientation packet and review all the information provided. In addition, a **complete orientation packet is mandatory** and must be turned in to your Student Coordinator **a minimum of one month prior** to your rotation start date.

The following is a list of the onboarding requirements and must be completed prior to starting the clinical rotation:

General Orientation Packet & Test

We expect the student to thoroughly review the material that is in the orientation packet. The test must be completed and returned with the orientation packet.

Computer Training

If applicable to your rotation, you will be provided your login information on the first day of your rotation. DO NOT call the hospital, you will be notified by Linda Jacobo if your rotation requires IT access. Access to the EMR is for reference only and students are **prohibited** from charting, entering orders or dictating reports.

SARH Confidentiality and Nondisclosure Agreement

This is an agreement of responsibilities for protecting confidential information.

Parking Acknowledgement & Parking Permit

Complete the form using the **last day of your clinical rotation** for the expiration date and place the permit on your dash board. You are to park on the parking strip just west of the 689 Building across the street from the main hospital. Secondary parking is in the northern most area of the employee parking lot on 11th Street (see maps for locations).

Influenza Vaccine and TB

Provide a copy of your most recent (within the last 12 months) influenza vaccination and TB test. If you have chosen not to receive the influenza vaccination, you are not allowed to perform your clinical rotation(s) at SARH.

Dress Code

SARH requires that you wear your medical school issued lab coat and student ID at all times when on campus, and that you adhere to the dress guidelines set forth by your school.

Doctors Dining Room/Physician Lounges

Students are not allowed in the Doctor's Dining Room, Surgeon's Lounge or similar areas. Students may accompany their preceptor to Thursday CME programs which are held in the Aita Auditorium.

You will not be allowed on the units of the hospital until all of the paperwork is received and applicable training/onboarding is completed.

Welcome aboard! We hope you have a wonderful clinical experience!

Warmest Regards,

Linda Jacobo, Medical Staff Director

ljacobos@sarh.org • 909-920-4942



Checklist

School: _____ **Date:** _____

Program: _____ PA _____ DO _____ MD

Rotation: Start Date: _____ End Date: _____

Preceptor: _____

Rotation: _____ Surgery _____ OB _____ Medicine _____ Pediatrics _____ ED Other: _____

Please go over **ALL** of the following items for Orientation to San Antonio Regional Hospital

ALL of the following items MUST be completed and turned in to the before entering the hospital:

- _____ General Orientation Packet & Test
- _____ Parking Acknowledgement & Permit (**KEEP permit** for car dashboard)
- _____ SARH Confidentiality and Nondisclosure Agreement
- _____ Influenza Vaccination Record/Documentation
- _____ TB Record/Documentation

_____ All Paperwork, including the checklist **must be completed and turned in** to your rotations coordinator no later than one month prior to your rotation date.

SARH Office location: San Antonio Regional Hospital
Medical Staff Services
Linda Jacobo, Director
999 San Bernardino Road, Upland 91786

Student's Legal First and Last Name Clearly PRINT	Phone Number Cell and/or Home	Email Address

If you have any questions please contact:

- Linda Jacobo at email: ljacobo@sarh.org

2016 - General Orientation

This orientation packet is provided to meet the general San Antonio Regional Hospital (SARH) education requirements and to provide a review of topics for ALL Students and Instructors. ALL Students and Instructors must complete the General Section. Students and Instructors that participate in direct patient care (RN, LVN) must complete BOTH the General Section and the Clinical Section.

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General 1 Customer Service



SARH implemented the NO PASSING ZONE, a program that helps provide patients with assistance when they push the call light button. Any SARH employee that is walking down the hall and notices an unanswered call light will be expected to respond and assist the patient. The “No Passing Zone” program will improve safety, improve patient satisfaction, and increase patient perception of call light responsiveness. When answering a call light, employees should knock, introduce themselves, and greet the patient – “Hello, my name is _____. I noticed your call light is on. Is there something I can help you with?” Employees can help patients with non-clinical requests such as:

- ◆ Adjusting room temperature
- ◆ Assisting with television
- ◆ Assisting with telephone calls
- ◆ Providing a warm blanket
- ◆ Assisting with items out of reach
- ◆ Turning the light on/off

Employees should use proper hand hygiene by applying hand gel when **entering and before exiting the patient’s room.**

One of our lowest scores on the HCAHPS survey and something patients frequently complain about is the level of noise they hear during their hospital stay. On average, less than half of our patients that have been surveyed reported that the area in and around their room was quiet at night. Sources of noise on inpatient units include the movement of people and equipment; conversations of hospital staff, patients, and visitors; medical equipment; electronic devices such as printers, televisions, telephones, and intercom systems. Calm and quiet environments contribute to healing and in achieving good clinical outcomes. Adequate rest allows patients to heal and recover faster. A noisy hospital environment causes stress and may contribute to longer recovery times. Studies have shown that high levels of noise in a hospital environment can cause sleep deprivation, increased stress levels, increased blood pressure and heart rates.

Strategies to help reduce noise at night include decreasing volumes on telephones, closing patient room doors when possible, maintenance of hinges/squeaky wheels, provide ear plugs/earphones, and moving conversations away from the patient’s door.

Reminder: If you see someone that appears to be lost, please take a moment to stop and assist them. Greet the patient and/or visitor and inquire if they need help.

When answering the telephone, always state the unit and your name. Ask, “How may I help you?” Your voice tone and manner should be professional and appropriate. If the caller has reached the wrong department, be courteous, and try to help.

AIDET represents the five fundamentals of service. It is a simple acronym that represents a positive way for all employees to communicate with people who are often nervous and/or anxious. Here is what AIDET stands for:

Acknowledge—Greet everyone you meet with a friendly smile and use their name if you know it.

Acknowledge visitors in the hallways with a smile or a greeting. First impressions are lasting.

Introduce—Introduce yourself by name and let them know your role and how you are going to help them.

Wear your name badge facing forward so they can see your name.

Duration—Always give the patient an estimate of how long he or she may have to wait and how long it will take to complete the procedure or receive the requested service. Inform family members about any delays.

Explanation—Explain to the patient what you are doing and what is going to happen. Use language that patients/family will understand. Ask if the patient has any concerns or questions by asking, “Is there anything else I can do for you?”

Thank You—Thank people for choosing SARH, and for their help or assistance. Sharing your appreciation can go a long way.

Effectively listening to patients, really hearing what they are saying, increases our ability to meet their needs and allows us to treat them more effectively. The ability to listen and communicate effectively reduces the risk of errors and increases productivity. Here are some tips to learn how to effectively listen to our patients:

- ❖ Focus on the patient and maintain eye contact.
- ❖ Use non-verbal body language to convey your attention: nod occasionally, smile or use other facial expressions, and if possible, sit down at the bedside. Sitting down at the patient’s bedside can increase the patient’s perception of the time you spend with them.
- ❖ Do not interrupt the patient. Allow the patient to finish his/her thoughts so you can fully understand their needs.
- ❖ Paraphrase/repeat what the patient just told you and ask any additional questions if you need more information or clarification.

General 2 Cultural Sensitivity & Health Care Literacy



SARH is an organization that serves a diverse population and values cultural diversity. Cultural sensitivity is achieved by identifying and understanding the needs and health-care behaviors of individuals and families.

Factors to consider in the delivery of culturally competent health care services include understanding of the:

- beliefs, values, traditions and practices of a culture;
- culturally-defined, health-related needs of individuals, families and communities;
- culturally-based belief systems of the etiology of illness and disease and those related to health and healing;

Health care providers must be aware of the role family members have when caring for patients. Family is defined differently and may vary from culture to culture. American/Western cultures value individualism and patient autonomy in the medical decision-making process. Many ethnic groups rely on immediate and extended family members not only for emotional support but as active participants in medical decision-making.

Effective communication between providers and patients may be even more challenging when there are cultural and linguistic barriers. It is important for health care organizations to ensure communication of information in languages other than English. Communication barriers can result in misdiagnosis, inappropriate treatment, or medication errors. Forms presented by hospital staff to patients must either be written in a language that the patient can understand, or be translated orally in such a language.

All patients have the right to receive health information in the language they understand. SARH offers a 24-hour Interpreter Service for non-English speaking patients. SARH also offers services for the hearing impaired; however these services must be arranged with the interpreter and patient/family. Contact the interpreter to set up a time for a meeting between the interpreter and the patient/family.

It is not possible to know everything about all cultures, but as health care professionals we are responsible for:

- respecting another's culture in a non-judgmental manner
- understanding that not all cultural groups communicate in the same way
- willingness to learn about cultures that are different than your own in order to provide culturally competent care.
- Understanding that patients react differently to grief and sadness and supporting their practices without bias or stereotyping.
- Considering privacy needs such as being touched or unclothed. Respect privacy as much as possible and be aware that a patient may prefer to receive care from someone of the same sex.

Healthcare Literacy is the ability to read, understand, and make good decisions about health information.

A low level of healthcare literacy can be a barrier to communication with patients and/or their family members about their health issues. One of the most serious barriers to effective healthcare literacy is an inability to read. Watch for behavioral clues to identify a person with a reading challenge. Always remember to treat our customers with respect, maintaining their pride and dignity. We also have televised patient education videos on selected topics (in English and in Spanish) on the Instant HealthLine service, available for on-demand viewing on the televisions in patient rooms.

General 3

HIPAA /Social Networking / Information Security

Confidential Information

Confidential information is any information considered to be private and sensitive.

Here are some examples of confidential information:

- Protected Health Information (PHI) *Information about patients*
- Social Security numbers (SSN) *Employees or patients*
- Credit card information
- Financial records
- Passwords, PINs, or other security codes



Confidential information takes on many forms. It can be information printed on paper, data files stored on a computer or a USB thumb drive, a hand-held device such as a smartphone, or voice mail. Regardless of the form it takes, you are responsible to protect it from unauthorized disclosure or modification. Therefore, use only approved procedures when handling confidential information, especially when using the Internet, email, or a fax machine.

Unauthorized Disclosures of PHI

Too many of the unauthorized disclosures of PHI are caused by either misdirected faxes or by handing a patient the wrong paperwork. For faxes, please validate the correct fax number for the recipient before sending a fax. Be sure to double check the name on paperwork before handing it to a patient or a family member. These two simple steps will reduce a large majority of the unauthorized disclosures at SARH.



Protecting Media and Mobile Devices

More than half of all the reported breaches affecting 500 or more patients reported to the Department of Health and Human Services within the past year were caused by the theft or loss of a smartphone, a laptop, a tablet, or portable media such as a USB thumb drive. Due to the risks and penalties associated with an unauthorized disclosure, confidential information that is stored on portable media and devices must be encrypted and securely handled.

Additionally, employees who use their personal smartphone (RIM BlackBerry, Palm Treo, Apple iPhone, Google Android, etc.) for business purposes are also required to enable:

1. **Password or user authentication.** To prevent unauthorized access.
2. **Automatic lockout.** To lock the phone after a predefined period of inactivity such as ten minutes, requiring a password to re-enable.

Refer to your owner's manual or contact your cell phone service provider for help.

Individual Fines for Willful Intent

Our Sanction Policy is used as guidance for when disciplinary action needs to be taken for a variety of situations ranging from a coaching session for accidental disclosure of PHI to termination for deliberate acts which violate our policies or confidential agreement. SARH has a zero tolerance for employees who intentionally violate our policies resulting in unauthorized access, use, or disclosure of patient information.

Additionally, you may be personally fined by the Federal government and the State Attorney General under the HITECH Act of 2009, (part of Public Law 111-5) if you act with willful intent and violate our policies regarding the protection of patient privacy. Under the law, SARH must report all data breaches whether intentional or unintentional. The name of the individual responsible for an unintentional breach does not get reported to the Department of Health and Human Services.

Reporting Suspected Privacy Breaches or Information Security Incidents

Notify Eric Jose, in Health Information Management (HIM) at extension 26716 and/or the IT Service Desk at extension 26300 **immediately** if you become aware of or suspect the following:

- An unauthorized disclosure of PHI
- Policy violations pertaining to patient confidentiality and information security
- Any other problems or questions with information security or patient privacy
- Unauthorized use of user passwords or computer resources

Privacy breach as defined by the California Privacy Laws (AB 211 and SB 541) is: *Unlawful or unauthorized access to and use or disclosure of patient's medical information* (even if no proof of harm to the patient). SARH must self-report privacy breaches to the California Department of Public Health (CDPH) and to the patient, **within five working days** after detecting the incident. SARH will not take punitive action against any individual making a good faith report.

Social Networking Sites

Social networking or social media includes sites such as Facebook, MySpace, Twitter, LinkedIn, and can include personal or professional blogging sites as well. Social media can often blur the lines between what is public and private information. Information placed on these sites is not guaranteed to be private and may be viewed by others you did not expect or anticipate. Lawyers are subpoenaing Facebook blogs for lawsuits.

There have been a number of cases reported in the news where healthcare workers violated a patient's privacy by something they posted in a social networking website. You could be liable for personal fines as well as being responsible for fines against the hospital if you violate the patient's privacy.

Some helpful tips for social networking sites:

- Be careful. Information and photos shared on these sites should not be considered as private and can be available to others for a long time.

- If you indicate that you work for SARH, your comments could be perceived as representing the hospital.
- Familiarize yourself with the SARH HR Policy #8650.00515 *Social Networking*.

A breach of patient confidentiality on a social networking site is treated in the same manner as those that occur elsewhere and subjects the employee to formal disciplinary action, loss of job, fines and loss of professional license. Keep in mind that even when no patient identifiers are specifically used in the social communication, discussing what transpired with a particular patient, with a co-worker, friend or family member on a social network site could potentially lead to an unintentional breach of a patient's privacy.

Access Privileges

The computer systems and the kinds of information you are permitted to access are based on your job duties, responsibilities, and a "need to know." However, access to a certain system does not imply that you are authorized to view or use all the information on that system. Ask your supervisor if you have any questions regarding the kinds of information you are allowed to view or use on a computer system.

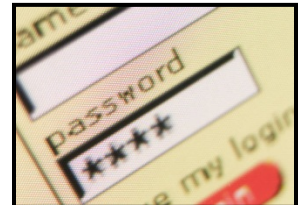
Protect your user ID and password! You will be held responsible for the actions of another individual if you allow them to obtain and use your user ID and password or allow them access to patient information in a clinical application while you are logged on.

Accessing Patient Information

Unless required by their job, employees are not allowed to access any electronic or paper records containing patient information for any of their family members, including spouse, children (adult or minor), or parents. Requests for family member information should be directed to the Health Information Management (HIM) Department. HIM will then coordinate the release of those records using a properly executed authorization to release information.

Auditing and Monitoring

Computer systems are intended for business use. Periodic monitoring and auditing are performed on our applications and systems to ensure appropriate use of files, applications, email, and Internet. For purposes of managing systems, troubleshooting problems, and enforcing security policies, the IT department may periodically monitor your computer activity. There is no expectation of privacy when using organizational computers or networks.



Providing our patients with excellence in healthcare includes protecting their information.

General 4

Patient Confidentiality/Family Spokesperson

The following basic information about a patient may be released only to persons who inquire about, or refer to, a patient by name unless the patient has specified otherwise.

- The general condition of the patient (limited to good, fair, serious, or critical)
- Religious affiliation (released only to clergy of the patient's religious denomination)
- Location in hospital
- If a patient has died and the patient's family/next of kin have been notified, the person calling can be notified of the patient's death when the person has asked about the decedent by name

The following is required by Law: Staff may disclose Protected Health Information (PHI) without obtaining the patient's authorization in the following situations: reporting victims of abuse, communicable disease(s), and coroner's cases to the proper authorities. In addition, disclosures may be made as necessary to funeral directors and organ/tissue procurement agencies.

Disclosures over the telephone: In general, staff should not give patient status information to a person over the telephone. Staff may release PHI over the telephone only in very limited circumstances. The first circumstance is when the staff member recognizes the voice of a person who had previously been identified by the patient. The second is in order to facilitate immediate treatment or to interpret the healthcare practitioner's instructions to a person who is assisting the patient, only after the health care practitioner has determined that the patient is unavailable (and therefore cannot give consent) and has determined that it is in the best interest of the patient to disclose the Protected Health Information.

For Patients wishing to be Confidential, notify Admitting, Social Services, Manager/Designee, & Security. A confidential status will result in withholding any acknowledgement of the patient's presence as well as general condition.

- All visitors/callers who refer to patient by anything other than the confidential name will be told that patient does not exist in system.
- Visitors/callers who refer to patient by the confidential name will be asked for the password. The password will be the patient's PNO/ACCT# given to the spokesperson designated by the patient. The password and the confidential name must match or no disclosure will be made.
- Security will notify Nursing and/or Social Services of any potential patient safety or security concerns.

Spokesperson and/or Emergency Contact is an individual verbally selected by the patient to receive medical information. The Spokesperson is given a password that allows him/her to receive information over the telephone. The Family Spokesperson is assigned to communicate developments to other family members. This person is the First Emergency Contact.

General 5 Compliance Program



Our Compliance Program is based on doing the “right thing” and the foundation is our values:

- Safety-We make safety our highest priority for our patients, employees, physicians and visitors
- Integrity –We do the right thing-ethically. Legally and morally
- Excellence-We hold ourselves to the highest standards of quality
- Compassion-We treat everyone with respect and dignity
- Accountability –We are accountable for our results and actions

Compliance is the law and we follow the legal, regulatory, licensing, accreditation, and other internal requirements that govern our operations. But laws, rules and regulations and policies and procedures cannot cover everything that we do. Therefore compliance also means that we are ethical, honest, fair and respectful in the work place as individuals and as an organization and we promote organizational integrity in all aspects of our work.

We must follow our *Code of Business Conduct and Compliance* (found on the intranet, Human Resources Policy 8650.00509). This code states: “It is the policy of the hospital to conduct its business affairs in accordance with the highest business principles and ethical standards when dealing with employees, doctors, patients, vendors, contractors, payers, payees, and any other Employee doing business with the Hospital.” Another important compliance policy is our *Conflict of Interest* (found on the intranet, Human Resources Policy 8650.00508). The intent of this policy to ensure that employees be free from any interest, influence, or

relationship that might conflict or appear to conflict with the best interests of the hospital. An important section of this policy addresses gifts, favors or gratuities and states: “Gifts or favors from any individual, customer, supplier, vendor or other concern which an employee has reason to believe may transact business, or may seek to transact business with the Hospital, is a conflict of interest and is prohibited. A gift or favor may be accepted if it involves no more than an ordinary social amenity and its value is under \$50 however, any cash gift, including gift cards or gift certificates is prohibited regardless of amount and should be returned with a letter explaining that acceptance is contrary to Hospital policy.”

Healthcare spending makes up a significant part, almost 20%, of our Government’s budget. We must always bill correctly and never attempt to get paid through fraudulent means by:

- Billing for services that were never provided
- Ordering services that are not medically necessary
- Falsifying documents in order to get paid
- Double-billing the Government
- Over-charging the Government

SARH has taken a facility wide approach for fraud prevention and detection by implementing a SARH Ethics toll-free hotline and internet web site, available 24/7, where concerns can be reported. You may call 1-866-580-5398 or report via the web, at <https://SARH.alertline.com> . When you use the Ethics hotline:

- You can choose to identify yourself or remain anonymous.
- Calls are received by a contracted company
- Calls and reports are not traced
- A case number and PIN are provided to you to check back
- All concerns reported are taken seriously
- There will be **no retaliation** for reporting concerns



General 6 Risk Identification Reporting

The purpose of Risk Identification/Patient Safety Incident Reporting is to assure patient safety, quality of patient care and identify incidents that present a risk of liability and/or the potential for injury or harm to patients, visitors, or employees, or other individuals including medical staff members.

An incident is defined as “any unusual event or circumstance(s) that are not consistent with the normal routine operations of the hospital and its staff”.

Examples are:

- Falls
- Medication errors
- Elopements/AMA patients
- Unexpected complications
- Malfunctioning equipment
- Any patient safety issue
- Inappropriate patient transfers, delays in treatment
- Patient complaints/demands/threats of legal action

The Joint Commission and the Department of Public Health have defined a serious adverse, “sentinel event” as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.

Examples include:

- Suicide or suicide attempt resulting in serious disability.
- Unanticipated death of a full-term infant
- Abduction of any individual receiving care, treatment or services
- Discharge of an infant to the wrong family
- Surgery on the wrong individual or wrong body part
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities
- Unintended retention of a foreign object in an individual after surgery or other procedure
- Death or serious disability associated with a fall, medication error, restraints, or other unexpected occurrence including an unexpected death within 24 hours after anesthesia.
- Hospital acquired Stage III, IV, or unstageable pressure ulcer
- Alleged sexual assault of patient.

These events, also called “never events”, are reportable to the Department of Public Health and signal the need for immediate notification to Risk Management for investigation and response. Initiation of the incident report shall be the responsibility of the employee or Medical Staff member involved in the incident or patient safety related issue. The patient, or the party responsible for the patient, will be notified by their **attending physician, and department director or their designees** of any error or adverse event in accordance with the hospitals Disclosure Policy.

Reminders:

- Do not document in the Medical Record that a Risk Identification/Patient Safety Report was completed.
- Do not inform patient or family that a Risk Identification/Patient Safety Report has been completed.
- Incident Reports are protected under attorney-client privilege, therefore no copies or duplicates of the Risk Identification/Patient Safety Report shall be made.

All Risk Identification/Patient Safety Reports shall be forwarded to the Department of Risk Management-within 48 hours.

General 7 **Environmental Safety**

The goal of the Safety Committee is to promote a safe, functional, and supportive environment within the hospital so that quality and safety are preserved. The environment of care is made up of three basic elements:

- The building or space, including how it is arranged and special features that protect patients, visitors, and staff.
- Equipment used to support patient care or to safely operate the building or space.
- People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks.

Reporting Occupational Injuries

If you are injured at work, no matter how insignificant the injury, it should be reported immediately to your supervisor to assure that you receive appropriate care.

Injuries are documented on **Safety Report** forms. Your supervisor will complete an **Accident Report** form to look into why an injury occurred so that the hospital can prevent another employee from having a similar injury.



Reporting Safety Concerns

Are you are aware of:

- Equipment that is unsafe or needs to be repaired?
- Parts of the building that are unsafe (repairs may be needed, insufficient lighting, carpet that is buckled creating a tripping hazard, intersections that may need a safety mirror, etc.)?
- Safety hazards (water or debris on the floor, used needles or syringes found in inappropriate locations)?
- An unsafe practice or procedure?

Notify your supervisor, or contact the hospital's Safety Officer or Employee Health to report your concerns. Call Facilities to report safety repairs, slippery/wet floors, or needle collection boxes that are full.

Security

The Security Department is responsible for the protection of patients, visitors, staff and property. Security staff provides twenty-four (24) hours services, and conducts foot and vehicle patrols of the Hospital grounds and annex buildings.

Assistance – Security staff are available to assist Hospital personnel, patients, and visitors when the need arises. Functions include but are not limited to: access control, building patrol, parking and vehicle management, escort service, loss prevention, lost and found, and limited assistance for disabled vehicles.

Reporting Security Incidents - If you see something, say something

Assaults - You should report any physical or verbal assaults to your supervisor, who will notify the Security Department, by dialing ext 24450. Reports of any act of Assault or Battery against any on duty Hospital personnel, requires the Upland Police Department (909.946.7624) to be notified within seventy-two (72) hours of the incident.

Suspicious person(s) – should be reported to the Security Department, by dialing ext 24450. Employees should remain vigilant and have limited contact with any suspicious person(s). As a matter of customer service, always greet the person and ask if they need help. Offer to call Security for assistance if they appear disoriented or lost.

Reports of crimes against persons or property are taken by Security staff and are entered into the Hospital crime reporting system. They may be forwarded to the Upland Police Department for further investigation as appropriate. All criminal or inappropriate acts or incidents must be reported to the Security Department.

Matters involving threats and harassment are referred to Human Resources who may request assistance from Security staff or the Upland Police Department as appropriate.

Matters involving substance abuse or criminal activity in the workplace are also reported directly to Human Resources. These allegations may be investigated internally or referred to the Upland Police Department as appropriate.

Slip and Falls – shall be reported to the Security department who will complete an Risk Identification Report (RIR) and forward to the Risk Management Department.

Identification

All staff are issued colored SARH photo identification. The badge is to be worn at all times while on duty to provide identification to patients and others.

Most external entry points to the Hospital are locked 24-hours a day, 7 days a week and accessible by your hospital-issued name badge only.

Anyone without a hospital name badge must enter through the Main Lobby or Emergency/ Outpatient entrance only.



All inpatient visitors are asked to enter the Hospital through the Main Lobby or the Emergency / Outpatient entrances and are given a visitor pass at the information desk. After visiting hours, 8:00 PM, visitors are to contact Security in the ED/Outpatient Lobby to request a visitor pass.

All inpatients are provided with identification bracelets by the Admitting Department.

Vendors, service personnel, and contracted individuals are issued temporary badges by the Materiel Management and Facilities Management departments, which authorizes them to visit a specific area in the Hospital.

Controlling Sensitive Areas

Procedures have been established to control access and egress (exit) from sensitive areas of the Hospital and to maintain a visitor control policy twenty-four hours daily.

It is the responsibility of all Hospital staff to provide assistance to visitors to ensure that all Hospital visitors are treated courteously and that they are made aware of visiting regulations.



After 8:00 PM, all entrances into the Hospital are in a locked mode except for the ED/Outpatient Lobby entrance. Access may be gained after hours through certain entrances by staff using their ID card at the card access reader at those entrance locations.

The Hospital maintains a lock and key access control system for the protection of its visitors, patients and staff. The key control system is Facility Management Department's responsibility. Doors in sensitive areas are controlled by keypad systems. Do not permit others to enter with you.

Workplace Violence

Unfortunately, the nature of healthcare places many of our clients and staff under stress that might lead to inappropriate behaviors. The most important action we must take is to be aware of the people in our environment and be prepared to act according to the situation. SARH is committed to being a safe area for patients, families, and staff free of actual and/ or threats of violence. SARH has several policies that address acts of violence. These policies can be reviewed on the intranet. And remember the first response in dealing with a person exhibiting signs of stress is always – BE NICE!

Basic Principles of Nonviolent Crisis Intervention

There are 2 ways a person can act out: verbally and physically. In general, any person can be pushed to the point of physical action, but they will usually give some warning signs first. There are 4 points on the continuum of potential violence:

Anxiety – Most patients and family members entering the facility will be experiencing some form of anxiety due to physiologic or psychological causes such as pain or fear of the unknown. They may demonstrate this anxiety by asking lots of questions, pacing, drumming fingers, or being “fidgety”. The staff should respond to the anxious person by recognizing the person's anxiety and being supportive. Explain what is going to happen to them while they're here, how long it will take, whether any of the procedures are painful, etc. For most people, this will calm them and be all that is needed.

Defensive Behaviors – If the person's anxiety is not handled, it may progress to defensive behaviors. These behaviors include asking questions for information (how long will this take?), or asking challenging questions (why do I have to wait?). The person may appear very upset at this point and might refuse to follow the plan of care and may actually release their frustration by being very loud and “blowing off steam”. Some patients will actually try to intimidate their caregivers – take these threats seriously and get other staff around to support you and witness the behavior. Having a security officer standing by is a good idea at this point. When faced with defensive behaviors, the staff should be directive – let person who is acting out know what you expect of them and what will happen if they don't follow your directions. “If you'll have a seat, I'll go find out how much longer you'll have to wait, if you don't sit down it may take longer to get you treated”. Frequently, after a

person has experienced defensive behaviors, they will have a reduction in energy and apologize for their outbursts. This is the time to tell them how they should act in the future if they are upset again. Do not tell them, “that’s okay, you were upset” as this gives them permission to yell at the staff again.

Acting Out Person – Unfortunately, a person whose defensive behaviors have not been recognized and dealt with may progress to the acting-out phase. In this phase, the person is out of control and may try to strike or grab the person in front of them. Whenever possible keep outside of the person’s striking area, the area beyond their physical reach with their hands or feet. If the person should physically hold or grab the staff member; they should try to remain calm and get free by blocking and moving away from a strike, and getting free of grabs by using leverage, momentum and thinking your way out of the grab. In either case, the staff member should yell, “NO” in the loudest voice possible and get help. Frequently, this is a very short event, lasting only a few seconds at most. As soon as the person realizes what happened they may immediately stop and ask for forgiveness. Depending upon the situation, security and even the local police departments may be involved in dealing with the acting-out person.

Therapeutic Rapport – after a person acts out there is a noticeable decrease in the person’s energy level. Many times the person will sleep for a time after they’ve acted out. Once the person is back in control, the staff can attempt to develop therapeutic rapport, by discussing the events including the acting-out person and the staff observations to decide how to act in the future. People rarely act out in a vacuum. A caregiver that is involved with the acting out person will be affected too. It is important for others to support their team members and allow those involved to talk through the event.

Fortunately, actual violence rarely occurs in a healthcare setting without warning signs of anxiety and defensive behaviors. All clinical staff should include performing assessments of their patients, family and visitors and deal with potential problems quickly to avoid an escalation of behaviors. If we remember to be empathetic to the concerns of our patients and BE NICE, we can prevent many events from occurring.

Security’s Universal Emergency Codes

Combative Person – “Code Gray”

Any staff member confronted with or witnessing a combative situation should initiate a “Code Gray” by calling the PBX Operator at extension 8911.

If you hear the “Code Gray” emergency code over the PA system DO NOT go to the area specified in the “Code Gray.” This is an extremely sensitive situation that should only be handled by trained authorities. DO NOT enter the area that was specified until “Code Gray – All Clear” has been announced.

Armed Intruder Hostage Situation / Active Shooter – “Code Silver”

Any staff member encountering a person brandishing a weapon or involved in a hostage situation should initiate “Code Silver” by calling the PBX Operator at extension 8911.



If you hear “Code Silver” over the PA system DO NOT go to the area specified in the “Code Silver.” This is an extremely dangerous and sensitive situation that should only be handled by trained authorities.

Take cover behind locked doors if possible. Secure doors and stand by for further instructions. DO NOT panic and stay alert. Close all patient and unit doors. DO NOT enter the area that was specified until “Code Silver – All Clear” has been announced.

Unusual Incident – “Code White”

A “Code White” announcement initiates a call to the Upland Police Department when there is immediate criminal threat to self or others, and requires an immediate response from Security Personnel.

Child Abduction – “Code Purple”

When a child is missing or removed by an unauthorized person, or has been kidnapped, activate “**Code Purple**” by calling the PBX Operator at extension 8911.

If you hear the “**Code Purple**” over the Public Address (PA) system you should monitor stairwells, elevators, and building exits until the “Code Purple – All Clear” is announced.

Child abductors in a hospital setting can be male or female adults who may even be the estranged parent of the child. The victim may be difficult to conceal. A very small child could be hidden. An older child might exhibit visible signs of fear and/or discomfort if being taken against their will by another person. It is more likely that a stranger would abduct a child by using fear and perhaps force, which should cause a visible indication that something is wrong.



Infant Abduction – “Code Pink”

When an infant is missing or has been kidnapped, activate “**Code Pink**” by calling PBX at extension 8911 (refer to “Code Pink” section)

Bomb Threat – “Code Yellow”

If you find a suspicious object do not touch or move it. Do not panic, cause alarm, or invite attention to the situation. Notify the PBX Operator by dialing 8911.

Security personnel, Facilities personnel, and Search Wardens will conduct bomb searches. They will look for anything out of the ordinary. They will systematically scan the areas for packages, bags, or items that have no owner or have suddenly appeared in an area or are considered suspicious. If you receive a bomb threat over the telephone, listen carefully, write down information and initiate a “**Code Yellow**” by calling the PBX Operator at by dialing 8911. Use the Bomb Threat questionnaire found in the Emergency Actions Guide flip chart. Write down as much information about the caller as detailed in the questionnaire.



Fire Procedures – “Code Red”

When you discover a fire or smoke (**fire’s point of origin**):

R	Rescue	Move patients from immediate danger while calling out “ Code Red, Room _____ ” to summon help. Instruct visitors to leave by the nearest exit. Close the door to the room.
A	Alarm	Report the fire by using the nearest wall fire alarm. Dial 8911 for the operator to report the location and all pertinent information.
C	Confine	Confine the fire and smoke by closing doors and windows.
E	Extinguish	Extinguish the fire if it has not spread. Do not enter a room with a fire if the door has been closed.



Fire alarms at the hospital sound in the fire zone where the fire occurs and the surrounding fire zones. If you hear the fire alarm, but you do not see the fire (**this is called being away from the fire’s point of origin**):

- close the doors in your area,
- review the RACE procedures,
- know where the evacuation routes are from the area.

Fire Extinguisher

To operate a fire extinguisher:



- P** **Pull** the pin that holds the handle
- A** **Aim** at the base of the fire
- S** **Squeeze** the handle
- S** **Sweep at the base of the fire**

Wall Fire Alarm

To operate the wall fire alarm:



Fire Drills

The hospital conducts fire drills to improve staff training and the ability to respond to an actual fire. Fire drills are conducted once per quarter on all shifts in patient occupied buildings.

Fire drills exercise all primary elements of the fire plan. It is important that all employees “participate” in the drills. Proper employee response during fire drills is evaluated.

When you discover the Fire Box (see the picture below) the fire drill starts. It is expected that you respond exactly as you would with a real fire.



Follow each step of the RACE procedure, except let others know that this is a DRILL.

- 1) Remove anyone from immediate danger and call out “Code Red DRILL, Room ____”
- 2) Pull the wall alarm box and then dial 8911 to report the location. Tell the operator that this is a DRILL.
- 3) Close the remaining doors in the fire zone.
- 4) Simulate extinguishing the fire by retrieving the nearest fire extinguisher and place it at the entrance of the fire drill room.

Hazardous Materials-Working With Chemicals: Your Right to Know



As a health care worker, you know the power of chemicals. They make your job easier, more effective, and may help save lives. They have become so common that it is easy to forget to take basic precautions. When it comes to chemicals, what you don’t know can hurt you.

The *Hazard Communication Act* requires businesses to inform employees about the chemicals they come in contact with in the work place. Your supervisor will inform you about all of the chemicals that you will work with and will review the Safety Data Sheets for those products. When new products are introduced, your supervisor will discuss any hazards and precautions to take. Your supervisor will discuss the proper **Personal Protective Equipment** (PPE) that you should wear when using the chemicals.

Safety Data Sheets are the cornerstones of the Hazard Communication Standard. Safety Data Sheets provide detailed information about the hazards of a chemical and how to control those hazards.

The Safety Data Sheet information is located on the SARH Intranet.

If you would like any information about any product or chemical used in the department, contact your supervisor. You may have photocopies of any Safety Data Sheet upon request. It is your “Right to Know” about the hazards you may come in contact with.

Safety Data Sheet Information

Safety Data Sheets will include the following about a product or chemical:

Identification, Hazard Identification, Composition, First Aid measures, Fire Fighting procedures, Accidental release response, proper handling and storage, exposure controls and PPE , physical and chemical properties, stability and reactivity, toxicological information, ecological information, disposal considerations, transport information, and regulatory information

- **Be Informed, Use Personal Protective Equipment (PPE), Practice safe work habits and never take short cuts**

How To Know If a Chemical Is Dangerous

- ***Read the container’s label.***
- Review the product’s Safety Data Sheet. Your supervisor will provide training about the product.

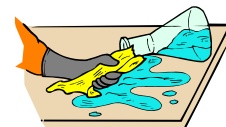
Secondary Container Label

If you place the product into another container that could be used by someone else (a secondary container) it must have the same information as the original label to warn that other employee. This should not be a hand written label. Contact your supervisor to provide a label for the product.

Replace any damaged, incomplete, or missing labels. If you find a secondary container without a label, do not assume to know what may be in the bottle. Some products may look the same, but could be harmful to you if used improperly or mixed with another product. Contact your supervisor and discard the contents of the bottle.

Hazardous Material Spill – Code Orange

If a product is spilled determine which Code Orange Level of response is appropriate.



<u>Level</u>	<u>Action</u>
1	The department can handle the spill itself.
2	The department needs assistance . Call 8911 to inform the Operator about the spill. An Emergency Response Team (ERT) will respond. Provide the ERT with an MSDS for the product that spilled.
3	If the ERT cannot handle the spill , they will contact outside assistance from the fire department or a hazardous material response company.

Electrical Safety

Electrical Fire Awareness

NEVER attempt to put out an electrical fire with water. It will create a greater electrical hazard and chance for severe injury to you.

In the case of an electrical fire:

- Follow all fire safety procedures first.
- Disconnect the electrical power to the equipment if it can be done safely.
- Use an A-B-C or C-type fire extinguisher in attempting to put out the fire.

Electrical Equipment Preventive Maintenance Program

Every piece of medical equipment is checked routinely and prior to initial use to make sure that it is safe to use and is functioning properly. Equipment is tagged with the preventive maintenance (PM) sticker indicating the due date of the next inspection.

The date when the preventive maintenance (PM) is performed is next due is indicated on the P.M. sticker, shown to the right. The “Due Date” is shown in the center box using the month and year that the next inspection is due.

Inspecting and Reporting

All personal electrical appliances should be discouraged. If the patient insists, the appliance must be **checked by Facilities** to insure that it is safe before the patient can use it. Equipment cannot be used until it is checked. The patient, or his/her representative, must also sign the “Permit for Using Electrical Appliances” form and release the hospital from liability for any injury to the patient that might result from use of the appliance.

Remove from service any piece of equipment that causes a “shock” when used, has been dropped, had liquid spilled on or in it, seems to have overheated, or has frayed or damaged wires. Tag the equipment with an “Equipment Failure Tag” and report the needed repair to Facilities.

If an electrical equipment incident involving a patient occurs:

- Notify the Nursing Director, attending physician, and Risk Management department.
- Call Facilities to remove the equipment. Preserve all pieces of the equipment, including packaging, disposable pieces, and other identifiable data for Facilities.
- NOTE: For defective non-electrical equipment or products, save the defective equipment/device and the package it came in and send it to Materiel Management to the attention of the Director.
- Document actual observations of the incident, change in patient condition, and notification of the physician.



Electrical Safety

- Use of extension cords in non-emergency situations is discouraged and may only be used on a temporary basis. Under no circumstances are extension cords to be used in areas where explosive gases are present.
- Hospital grade electrical plugs with 3 prongs are to be used on all electrical equipment that comes in contact with patients.
- Switch equipment to the “off” position before unplugging.
- Always use the plug, instead of pulling on the cord, to disconnect the plug from the wall.
- Never lay a cord across a well-traveled area.
- Do not unplug electrical equipment with wet hands or while standing in water or insert wet electrical plugs into outlets.

- Do not use electrical equipment that smells hot or makes unusual noises.
- Do not bend the blades of a plug to make it fit more securely into an outlet.
- Do not stack things on or behind electrical equipment that could block its ventilation and cause it to overheat.
- Always unplug power cords and communication cables, if used, before moving the patient's bed away from the wall.

DISASTER PLAN – Code Triage

The hospital has developed a Disaster Plan that explains the process to be followed during a disaster. The plan, using an “all hazards” approach, provides response guidance to address local and/or regional events that could impact the normal operation of the hospital. The Disaster Plan can be found on the SARH Web. Printed copies of the Disaster Plan are in the red Disaster Manual located in Administration, Nursing Administration, Hospital Command Center, and with the Safety Officer. The Disaster Manual contains the details that are put into operation when a disaster occurs.

Disaster Packs

A red folder containing key response documents, are located in each department. A disaster pack in each department allows for a response in the event of a power loss or computer failure.

Disaster Plan Activation – “Code Triage”

The disaster plan can only be activated by members of Administration or designees.

There are two types of disasters that affect the hospital. An external disaster (Code Triage – External) could send many casualties to the hospital for treatment. An internal disaster (Code Triage – Internal) compromises our ability to provide treatment for our patients.

To notify the hospital staff that the Disaster Plan has been activated:

- an overhead “code triage” announcement is made.
- a page is sent to disaster pagers.
- the silent page indicates “000”.
- the PBX operator calls each department and announces, “Code Triage Activated” or “Code Triage Standby”. If you answer the telephone inform your supervisor that the Disaster Plan has been activated.

When Code Triage is activated each department shall:

- Determine their staffing requirements
- Informs the Labor Pool how many employees are here and available
- Communicate with the HCC (Hospital Command Center) for any staffing, equipment, supply, or other support needs.
- During an Internal Disaster each department completes a Damage Assessment form that is sent to the HCC.
- Each department has specific duties as described in the *Department Responsibilities* section of the red Disaster Manual.

The hospital uses an Incident Command system called the “Hospital Incident Command System”, or HICS. The HICS is NIMS (National Incident Management System) compliant and its use is mandatory to ensure FEMA reimbursement for disaster related expenses.

General 8
Harassment Including Sexual Harassment

“The Hospital is committed to providing a work environment that is entirely free from unlawful harassment, including sexual harassment, and as such has zero tolerance for anyone who commits, condones, or tolerates any harassment in any form”. Human Resources Policy 8650.00512 – Harassment Policy

Sexual harassment is against the law..... It is prohibited under Title VII of the Civil Rights Act of 1964 as a form of employment discrimination on the basis of sex. If you see or experience sexual harassment, report it. It's your duty!

Types of Unlawful harassment with examples:

HARASSMENT	EXAMPLE
• Hostile Work Environment	• Intimidation, Hostility, Threats
• Verbal Harassment	• Jokes, Slurs, Offensive Comments
• Physical Harassment	• Touching, Blocking Path, Pinching
• Visual Harassment	• Leering, Cartoons, Gestures
• Sexual Harassment	• Quid Pro Quo – Demand for sexual favors in exchange for a work benefit e.g. promotion, raise, day off
• Electronic or Written Harassment	• Pornography, Suggestive Emails
• Retaliation for reporting any of above	

To be considered harassment the action must be sufficiently severe, ongoing and unwanted. A single request for a date, an off-handed comment, or a harsh word is not considered harassment, unless it continues after the person asks the offender to stop.

Harassment is not limited to a Management/Employee relationship but can include Physicians, Visitors, Vendors, Patients, Co-workers, and Contractors.

What should you do if you feel you are being harassed?

1. **ASK THE PERSON TO STOP:** Start by expressing disapproval towards the person responsible for the harassment and ask them to stop. Often this first step will deter further unwanted actions.
2. **NOTIFY MANAGEMENT:** If that does not work, notify your supervisor, manager, director that you are being harassed. (They will notify Human Resources)
3. **NOTIFY HUMAN RESOURCES:** If the harasser is one of your management team, or you do not feel comfortable notifying your management team, go directly to Human Resources.
4. **AN INVESTIGATION WILL OCCUR:** An investigation will be conducted. Efforts will be made to keep the information confidential, but that is not always possible.
5. **ACTION WILL BE TAKEN AGAINST HARASSER:** Once the harassment is confirmed, then specific actions will be taken to have the harassment stop (you may not be aware/told of all actions taken).
6. **NO RETALIATION:** You should not experience any retaliation for making a complaint, but if you do, it will be dealt with immediately.

An RIR should be completed and submitted to Risk Management if harassment should occur from a member of the medical staff, or a non-employee. SARH provides education to all of our management staff at least every

two years about how to handle a complaint of sexual or other harassment, how to identify harassment, and how to stop/prevent harassment.

General 9 General Infection Prevention

STANDARD PRECAUTIONS

Use Standard Precautions with all patients to prevent having any contact with blood, body secretions, non-intact skin and mucous membranes to prevent transmission of bloodborne pathogens and other pathogens.

Bloodborne Pathogens include Hepatitis B & C (viral infection of the liver) and HIV. Signs of Hepatitis B/C include fatigue, loss of appetite, N&V, and jaundice; signs of HIV are related to the infections associated with AIDS. Bloodborne pathogens may be transmitted by sharing needles to inject drugs, unprotected sex with an infected person, mother to child before/during delivery, or from a contaminated needlestick/sharps injury in the workplace. If part of your job duties involves contact with patients' body secretions, take advantage of receiving the Hepatitis B vaccine series at no cost to you through the Employee Health Department.

Perform Hand Hygiene

- When entering and before exiting a patient room / treatment area
- Between patients
- Before putting on gloves for a procedure
- When moving from one site to another on the same patient



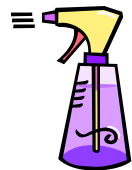
Note: Hand-wash with soap and water when entering and before exiting a C. difficile Isolation Room.

Handle Linen Appropriately

- Transport linen to rooms on a covered clean cart. Do not transport on top of linen hampers.
- Do not stockpile linen in rooms. Once it is in the room, it may never be returned to the linen supply cart.
- Never place linen/bags containing dirty linen on the floor.

Disinfect Patient Equipment

- Disinfect patient equipment routinely and after contamination occurs.
- Leave disinfectant “wet” on the equipment/surface per manufacturer’s label.
- Disinfect glucometer equipment after each use.
- Use Bleach (not Caviwipes) for disinfection for C. difficile and Acinetobacter



Practice Sharps Injury Prevention

- Place sharps in sharps container after use.
- Use needless ports and activate sharps safety sheaths when giving intravenous medications or injections.
- Report sharps injury and blood/body secretion exposures immediately.



Transport Specimens Properly

- Place specimens in a specimen container or transport bag. Liquids should be in a container with a sealed lid before placing it in the bag.
- Label specimens being sent outside with a biohazard symbol.

Wear Personal Protective Equipment (PPE)

Use when contact with body secretions is anticipated.



Gloves



Mask/Goggles



Gown



Dispose of Waste/Trash in Appropriate Receptacles

- Dispose of disposable items/trash soiled with the following in red biohazard bags/containers:

- ◆ Blood (fluid/caked on)
- ◆ Semen/Vaginal Secretions
- ◆ CSF
- ◆ Amniotic Fluids
- ◆ Synovial Fluids
- ◆ Laboratory Waste
- ◆ Biosafety Level 4 Isolation Waste (Highly Communicable Diseases e.g. Ebola)
- ◆ Masks Worn in Droplet/Airborne Precautions Isolation Rooms

(Note: Refer to your department's policy for appropriate disposal of human tissue/bone)

AEROSOL TRANSMISSIBLE DISEASE (ATD) PREVENTION

- Isolate patients with suspect/known ATD's in Airborne or Droplet Precautions including flu, tuberculosis and disseminated shingles according to SARH's Isolation Policy.



Tuberculosis (TB) Signs/Symptoms

Cough
Night Sweats
Weight Loss
Fever
Fatigue

- Get an approved signed discharge plan from the Public Health Department before discharging a patient with tuberculosis (TB).
- Get your flu vaccine each flu season.
- Instruct patients and visitors in waiting areas to use **Respiratory Hygiene/Cough Etiquette**.

Respiratory Hygiene / Cough Etiquette

- Cover mouth/nose with tissue when coughing/sneezing
- Dispose of used tissues into waste receptacle
- Use hand hygiene after contact with respiratory secretion

- Place patients in Airborne Precautions (in negative airflow) if indicated with 5 hours of identified need.
- Wear appropriate Masks in Droplet/Airborne Precaution Isolation Rooms.
 - **Surgical Masks:** Used for Droplet Precautions
 - **N-95 Masks:** Used for Airborne Precautions
 - **PAPR Respirators:** Used for Airborne Precautions For Cough / Aerosolizing Producing Procedures
 - **Note:** Visitors only wear surgical masks not N-95 masks.

??Questions??: If you have questions about infection prevention, bloodborne pathogens, Aerosol Transmissible Diseases, or the exposure control plans, please contact the Infection Prevention Department Monday-Friday (days) or by beeper #8158 during nights, holidays, weekends. Note: Infection Prevention Plans with more detailed information are available on the SARH Intranet “Infection Prevention Manual”.

General 10 Stroke Information

Identifying Stroke

- Sudden numbness or weakness of the face, arm, or leg, one sided
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Subtle Signs

- Sudden unconsciousness
- Falling
- Choking on food
- Slurring
- Behaving oddly
- Sudden forgetfulness
- Cardiac palpitations
- Decreased arousal & alertness
- Clumsiness & dropping things



If you find a visitor or patient with any of the above signs, call PBX at 8911 and ask for Rapid Response for Stroke.

We want to provide the best medical and nursing care for our patients. One way to do that is to follow the evidence-based guidelines set by the American Heart Association & Brain Attack Coalition in caring for Stroke patients. SARH is a certified Primary Stroke Center meaning that we use best practice in caring for our patients.

General 11

Code Pink

The purpose of “Code Pink” (infant security) is to ensure a timely, appropriate hospital-wide response to an abduction of a child less than 2 years of age. The goal for “Code Pink” is for hospital personnel to work together to prevent an abduction or locate and reunite the infant/child with family as quickly as possible.

Upon suspicion of an abduction of an infant or child, call extension 28911 and report a Code Pink and state location of occurrence. Be prepared to provide information of the description of the possible abductor (including sex, race, weight, approximate age, clothing, and unusual characteristics), direction of travel, and description of the missing infant or child.

After notifying Security and Administration, the PBX operator will announce “Code Pink” three times over the overhead intercom. The Security Staff and the nursing unit charge nurse will work to secure the immediate area, conduct a baby /child count, coordinate a search, and contact the Upland Police Department.

The Security staff will immediately stop the flow of traffic out of the hospital until local police arrive. Visitors attempting to leave the hospital will be asked to cooperate until the police arrive. Babies will be placed with their mothers to increase a sense of security.

Once the abduction has been confirmed, the Obstetrician, Pediatrician, or Hospital Administrative designee will notify the parent(s). All departments located near exits and stairwells will assign personnel to monitor those exits, and stairwells until a “Code Pink – All Clear,” is announced. No one will be allowed to leave the hospital until the “Code Pink – All Clear” has been announced. This includes employees.

Staff in the area where the abduction occurred will organize an immediate search of the area this includes checking public toilets, all rooms, closets storage areas, stairwells, etc. Staff should stop and tactfully challenge any person(s) carrying a suspicious bundle, an obvious newborn infant, or seen leading or carrying a child in a hospital gown. Staff will use caution in confronting any individual seen and suspected of abducting an infant or child. If the suspect is seen leaving, have a staff member keep them in sight (do not make physical contact). If they enter a vehicle, get the license number. Note a complete physical description.

Volunteers that may be in any given area at the time of the “Code Pink” call should take up a position at the nearest stairwell, elevator, or exit.

All staff is requested to refrain from discussing the incident with anyone other than the authorities. Any requests for information should be directed to hospital administration only.

General 12

Safe Surrender of Newborns

California law requires hospitals to accept physical custody of newborns up to 72 hours old, which are voluntarily surrendered by a parent or legal guardian. This law makes it possible for parents who would abandon their newborns to do so in a manner as safe as possible for the baby without being held criminally liable for child abandonment.

Newborns up to 72 hours old may surrendered to any officer, employee, or medical staff member. SARH employees accepting the newborn shall obtain a Newborn Abandonment Packet located in the nurse’s station in the Emergency Department, NICU, L&D, or in the Main Lobby.

The person who accepts the newborn must **immediately** summon a designated employee from NICU or ED to receive the newborn from them. This designated employee will **immediately** notify the hospital social worker to respond to the voluntarily surrendered newborn and notify Child Protective Services to assume legal custody of the newborn.

The Newborn Abandonment Packet contains a coded, confidential infant identification bracelet. The designated employee must place the bracelet around the newborn's ankle. In addition, an effort must be made to give the person a Family Medical History Questionnaire. This questionnaire asks pertinent medical information regarding the infant and mother's medical history. The Family Medical Questionnaire may be completed at the time of surrender OR mailed back to the hospital. The code on the bracelet must match the code listed on the Family Medical History Questionnaire. A good faith effort must be made to give an identical coded bracelet to the person voluntarily surrendering the newborn.



General 13 Ergonomics & Body Mechanics

Before we begin any work on the computer, it is imperative that we adjust our workstation correctly and be aware of our body mechanics. There are multiple users for all of the computers therefore, you must readjust your workstation each time you use the computer.

Correct Workstation Set-Up:

- **Monitor Screen**-should be about 18-24 inches away (arm's length) and the top of the screen at eye level. Tilt the screen up or down for comfortable viewing to avoid eye or neck strain.
- **Keyboard**-should be positioned to a height so that shoulders are relaxed, elbows are bent to 90 degrees, & wrists are in a neutral (straight) position which requires the keyboard to be slightly tilted away from you.
- **Mouse Pad**-should be positioned to a height so that shoulder is relaxed and elbow is bent to 90 degrees. It should be close to the keyboard so that you don't have to reach up or too far out to the side. Hold the mouse lightly-don't grip it hard or squeeze it.
- **Chair**-should be comfortable and adjustable. Adjust the height so that your thighs are parallel to the floor and your feet are able to rest flat on the ground. Sit with your torso straight keeping your head up and ears in line with your shoulders. Avoid leaning or slouching forward.
- **Rest**- when you stop typing for a while, rest your hands in your lap and/or at your sides instead of leaving them on the keyboard.
- **Stretch**-frequently throughout the day (every 1-2 hours).

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The #1 solution for ergonomic & body mechanic related injuries is **PREVENTION**.

General 14 Radiation Safety Information

Radiation is an important tool for diagnosis and treatment of patients. From the performance of a chest X-ray to cancer treatments in Radiation Therapy SARH maintains a safety program to comply with state and federal regulations. The Joint Commission also has Radiation Safety guidelines that SARH follows to keep our patients and staff safe from radiation exposure.

SARH's radiation safety program is ALARA (As Low as Reasonably Achievable) and is applied for all patients and staff members.

The radiation safety program is governed by the Radiation Safety Officer (RSO) and the Radiation Safety Committee. The committee meets on a quarterly basis and reviews radioactive materials, exposures to patients, exposures to staff and any radiation safety issues that need to be addressed.

Along with ALARA there are a few guidelines that everyone should remember when encountering a radiation area or radioactive material. You must always be aware of the signs such as the standard radioactive symbol which is Yellow and Magenta.



There are different signs that will tell you if it is a “High” radiation area or even if it is restricted to “authorized personnel only”. Along with reading the signs, there are three more principles you should know.

TIME – The less time you spend around or in a radiation area the less exposure you will receive.

DISTANCE – the more distance between you and the radiation source the less exposure you will receive.

SHIELDING – The more shielding that is worn or is in place the less exposure you will receive.

If you have any radiation safety questions ask the Radiation Safety Officer, Nelson Larrondo, X 24023.

General Orientation for ALL Students

Customer Service / HCAHPS

1. Examples of providing good customer service include:
 - a) Greeting the patient and introducing yourself by name and title
 - b) Taking a moment to assist a lost visitor / family member
 - c) Responding in a timely manner and communicating delays
 - d) All of the above
2. AIDET is an acronym that represents a positive way to communicate with our patients/visitors/families.
 - a) TRUE b) FALSE
3. SARH is committed to providing our patients with excellent customer service. The HCAHPS survey reflects patient satisfaction with the care provided at SARH.
 - a) TRUE b) FALSE
4. Telephone etiquette includes all of the following EXCEPT:
 - a) Your greeting should include identifying yourself and department
 - b) If the caller has reached the wrong department, be courteous, and try to help
 - c) Wait until after the 4th ring to make sure it is not a wrong number
 - d) Speak clearly, in a professional tone. Do not carry on a personal conversation with other workers

Cultural Sensitivity / Health Care Literacy

5. Many ethnic groups rely on extended family members to assist with medical decision-making. It is important to ask the patient to identify their support person(s).
 - a) TRUE b.) FALSE
6. It is not possible to know everything about all cultures, but as health care professionals we are responsible for:
 - a) Providing non-discriminatory care in a non-judgmental manner
 - b) Understanding that patients react differently to grief and sadness and supporting their practices without bias or stereotyping
 - c) Making sure the health care provider is able to speak the same language as the patient
 - d) Both a & b
7. Which of the following statements is TRUE regarding Effective Communication?
 - a) Hospital staff is to utilize the Language Line to provide interpretive services when there is a language barrier.
 - b) Forms presented to patients must be written in a language that the patient can understand, or be translated orally in their native language.
 - c) Effective communication can help eliminate errors related to medication, treatment, and diagnosis.
 - d) All of the above are true

NAME: _____

DATE: _____

HIPAA / Social Networking / Information Security

8. Protected Health Information (PHI) is:
- a) Confidential and needs to be protected from unauthorized access
 - b) Information about a patient
 - c) Found in many forms (paper, data files stored on a computer, etc.)
 - d) All of the above
9. Two simple steps that could reduce the number of unauthorized disclosures of PHI, are:
- a) Validate the fax number before sending and require two forms of ID before handing off paperwork to patients.
 - b) Validate fax number before sending and check the name on the paperwork before handing it off to a patient.
 - c) Use a fax coversheet and remove all PHI from any paperwork.
 - d) Stop faxing patient information and remove patient names from all paperwork.
10. There is no expectation of privacy when using SARH's computers or networks because users' activities may be monitored or audited.
- a) TRUE b) FALSE
11. Which of the following are good practices when using social networking sites such as Facebook, MySpace, Twitter, and LinkedIn?
- a) Become familiar with the SARH policy on Social Networking
 - b) Be careful about the information placed on these sites – the information may be viewed by others you did not expect or anticipate
 - c) Avoid posting information about SARH patients, even when you are not posting their names
 - d) All of the above
12. You may be personally fined by the Federal government and the State Attorney General if you act with willful intent and violate SARH policies on patient privacy and information security.
- a) TRUE b) FALSE

Confidentiality / Family Spokesperson

13. Persons who inquire about a patient by name may be given the following information (unless the patient has specified otherwise):
- a) General condition of the patient limited to good, fair, serious, and critical
 - b) Patient test results, but only if requested by test name
 - c) Type of procedure being performed
 - d) Admission diagnosis
14. All visitors/callers who refer to confidential patients by anything other than the confidential name will be told that patient does not exist in the system.
- a) TRUE b) FALSE

Compliance Program

15. A vendor gives an employee a gift certificate for her birthday, the employee should:
- a) Keep the gift certificate
 - b) Do not accept the gift certificate and return to the vendor explaining it is contrary to hospital policy
 - c) Report this to his/her supervisor
 - d) Both b and c
16. It is not acceptable and fraud to submit a bill to Medicare or an insurance company when:
- a) Services are not provided
 - b) In order to get paid, the documentation is falsified
 - c) Billing twice for the same procedure
 - d) All of the above
17. You have compliance concerns about a manager in your department. What are some options for reporting?
- a) Administration overseeing the department
 - b) The Compliance Officer
 - c) The Ethics Hot-Line
 - d) All of the above

Risk Identification Reporting

18. An example of an unusual event or circumstance is:
- a) A patient fall
 - b) A delay in patient care or treatment
 - c) medication / procedure errors
 - d) All of the above
19. All of the following are true EXCEPT:
- a) Do not document in the Medical Record that a Risk Identification Report was completed.
 - b) Let the patient / family know when a Risk Identification Report is completed and that someone will follow up with them.
 - c) Do not make copies or duplicates of the Risk Identification Report
 - d) The Risk Identification Report is filled in by the employee involved in the incident

Environmental Safety

20. To whom should you immediately report if you are injured at work?
- a) Employee Health Department
 - b) Your personal physician
 - c) The Emergency Department
 - d) Your immediate supervisor
21. Reports of any act of Assault or Battery against any on duty Hospital personnel, requires the Upland Police Department to be notified within seventy-two (72) hours of the incident.
- a) TRUE
 - b) FALSE

22. A person who is exhibiting defensive behaviors will:
- a) Release their frustration by being very loud and “blowing off steam”.
 - b) May refuse to follow the plan of care
 - c) Will ask challenging questions and try to intimidate their caregiver.
 - d) All of the above
23. A “Code Silver” announcement means that there is an armed person brandishing a weapon or involved in a hostage situation.
- a) TRUE b) FALSE
24. What does the acronym RACE stand for?
- a) Respond, Act, Close, Extinguish
 - b) Rescue, Act, Confine, Exit
 - c) Rescue, Alarm, Confine, Extinguish
 - d) Respond, Alarm, Confine, Exit
25. Material Safety Data Sheets contain the following information:
- a) First Aid Measures
 - b) Fire Fighting Procedures
 - c) Proper Handling and Storage
 - d) All of the above
26. If an electrical equipment incident occurs involving a patient, all are true EXCEPT
- a) Notify the Risk Management department.
 - b) Call Facilities to remove the equipment.
 - c) Preserve all pieces of the equipment, including packaging, disposable pieces, and other identifiable data for Facilities.
 - d) Throw the equipment away so that it is not used by another employee
27. The operator calls your department and states “Code Triage Activated” this means that:
- a) The Disaster Plan has been activated
 - b) Each department must determine their staffing requirements and inform the Labor Pool
 - c) Hospital Command Center will communicate staffing, equipment, and supply needs
 - d) All of the above

Harassment

28. Unlawful harassment may include any of the following EXCEPT:
- a) Verbal (jokes, slurs)
 - b) Physical (touching, blocking path)
 - c) Discipline for poor customer service
 - d) Electronic (suggestive emails)

29. Which action is appropriate if a person is being harassed:
- a) Requesting a transfer to another department
 - b) Writing a threatening note to the person doing the harassment
 - c) Notifying Human Resources if the harasser is part of the management team
 - d) Ignoring the behavior so it will stop

General Infection Control

30. Hand hygiene will be done when:
- a) entering a patient's room/treatment area, if it was not done when exiting the previous patient's room/treatment area
 - b) entering a patient's room/treatment area, regardless of where or when it was previously done, and before exiting the patient's room/treatment area
 - c) entering a patient's room if gloves are not worn
 - d) entering a patient's room and you think you will be touching the patient or something in the patient's room/treatment area
31. Disinfectants must remain wet on the surface being cleaned for:
- a) 10 minutes
 - b) 3 minutes
 - c) as recommended by the disinfectant manufacturer
 - d) 2 minutes
32. The only waste/trash from Isolation rooms that must be placed in the red biohazard waste containers include:
- a) any waste saturated with fluid or caked on blood
 - b) all trash from rooms with patients with highly communicable diseases e.g. Ebola, Lassa
 - c) masks worn in Airborne and Droplet Precautions Isolation rooms
 - d) a and b
 - e) all of the above
33. Respiratory Hygiene/Cough Etiquette consists of asking patients and visitors with respiratory illness/infections waiting in our lobbies/waiting areas to:
- a) cover their mouths/noses when coughing or sneezing
 - b) use and dispose of tissues
 - c) perform hand hygiene after hands have been in contact with respiratory secretions
 - d) all of the above

Stroke

34. Which of the following is NOT a sign of stroke?
- a) Sudden trouble walking, loss of balance or coordination
 - b) Depression or extreme sadness
 - c) Sudden confusion, trouble sleeping or understanding
 - d) Sudden severe headache with no known cause
35. For any visitors or inpatients showing signs/symptoms of stroke, call PBX at 28911 and ask for Code Blue.
- a) TRUE
 - b) FALSE

Code Pink/Safe Surrender

36. If a code pink is called the staff on duty will:
- a) Organize an immediate search of the area
 - b) Place babies with their mothers to promote a sense of security
 - c) Refrain from discussing the incident with anyone other than the authorities
 - d) All of the above
37. No one will be allowed to leave the hospital until a “Code Pink-All Clear” is announced.
- a) TRUE FALSE
38. Newborns up to 72 hours old may be surrendered to which of the following employees at SARH?
- a) Only Labor and Delivery RNs
 - b) Only Emergency Room or NICU RNs
 - c) Any officer, employee, or medical staff member
 - d) Only RNs in the hospital

Radiation Safety

39. What does the term ALARA stand for?
- a) Ask Later And Run Away
 - b) Always Leave A Radiation Area
 - c) As Low As Reasonably Achievable
 - d) None of the Above
40. What color is the standard Radiation Area symbol?
- a) Green and White
 - b) Yellow and Magenta
 - c) Red and White
 - d) Green and Yellow
41. SARH has a radiation safety program.
- a) TRUE FALSE

Student Parking

42. Student and Instructor parking: (choose all that apply)
- a) 1148 bldg. parking lot to the furthest back in the lot (**southeast center**)
 - b) Main visitor parking lot (**northeast corner along the gate – 25 spaces**)
 - c) Anywhere parking is available
 - d) Parking spaces marked Patient Parking Only
 - e) Parking spaces marked Medical Offices Parking Only
 - f) If unable to locate parking I will valet park my car

NAME: _____

DATE: _____



SARH Confidentiality and Nondisclosure Agreement

(For non-employed workforce members, contractors, or vendors)

I acknowledge that, as a member of the workforce or a contractor to San Antonio Regional Hospital (SARH), and by virtue of my relationship and work assignments for SARH, that I may acquire access to confidential information. Confidential information includes, but is not limited to, all patient data or protected health information (PHI), social security numbers, credit card data or cardholder information, and other sensitive or proprietary information such as SARH financial or personnel information regardless of format – paper, electronic, magnetic or optical media, or oral. I understand that confidential information is protected through SARH policies and may also be protected under Federal and State law.

Therefore, as a condition of my working relationship with SARH, I agree to the following responsibilities and expectations:

Access and Disclosure

- I will not disclose or disseminate (except as needed to perform my work) any confidential information and I will restrict my access to the minimum necessary
- I understand that the uses and disclosure of patient information is governed by SARH's HIPAA Privacy policies which can be made available upon my request
- My responsibility for maintaining confidentiality continues even after my business relationship with SARH ends

Storage and Retention

- I will securely store media containing confidential information when it is not in use
- I will ensure that media containing confidential information will remain on SARH property unless a valid business need exists to take the media off-site
- I will contact the SARH Information Security Officer (909-985-2811, ext. 26995) to obtain approval for the use of any mobile computing device or portable storage devices prior to storing SARH confidential information
- I understand that access to SARH confidential information does not convey a transfer of ownership and that I will return all documents or media containing confidential information when I no longer have a legitimate business need

Transmission

- When I fax confidential information on SARH's behalf, I will use an approved SARH cover sheet with a confidentiality notice
- I will use encryption approved by Information Services (IS) when sending any confidential information to or from SARH via electronic communications

Disposal

- I will properly dispose of confidential paper documents by shredding them or by placing them in a secure shred bin *(A cross-cut shredder is highly recommended)*



SARH Confidentiality and Nondisclosure Agreement

(For non-employed workforce members, contractors, or vendors)

Agreement

I have read and agree to the provisions in this agreement and understand my responsibilities for protecting confidential information.

I understand that failure to adhere to the terms in this agreement may result in an inappropriate or unauthorized disclosure of confidential information which may lead to sanctions. I also acknowledge that I may be subject to penalties or liabilities under state or federal laws.

I will immediately report any known or suspected breaches of confidentiality to SARH management or my SARH sponsor.

I will abide by the applicable SARH policies and procedures as required, and especially when physically working on-site at a SARH facility.

Printed Name

Signature

Date

Identify your SARH sponsor (Point of contact and/or department)

Briefly describe your role with SARH: _____



**ACKNOWLEDGEMENT
OF
RECEIPT OF
SAN ANTONIO REGIONAL HOSPITAL'S
CONTRACTOR / TEMP HANDBOOK**

This is to acknowledge that I have received a copy of San Antonio Regional Hospital's Contractor/Temp Handbook which includes sections on HIPAA guidelines and safety procedures. I understand that this handbook contains important information on the Hospital's requirements and expectations of me as a contractor/temp Employee. I acknowledge that I am expected to read, understand and adhere to this information.

The term contractor as it is used in the Handbook will include: Students, independent contractors, sub contractors, registry, temporary employees, consultants, law enforcement, sheriffs, correctional officers, bail bondsmen, outside security, and any other person not specifically mentioned who is providing a service to the hospital.

Student Name (PRINT)

DATE

Student SIGNATURE



SAN ANTONIO REGIONAL HOSPITAL

STUDENT PARKING



685 BLDG

**STUDENT
PARKING**



SAN ANTONIO REGIONAL HOSPITAL

Parking Instructions

In an effort to better serve our patients and visitors, we require all students and instructors park in designated areas. A parking permit **MUST** be placed on the dashboard of your car and in a visible location.

Student/Instructor Parking location:

Access from San Bernardino Road

- Traveling **Westbound** on San Bernardino Road - Enter the driveway on the south side of the street after the 685 Building parking lot.
- Traveling **Eastbound** on San Bernardino Road - Enter the driveway on the south side of the street after the 1148 Building parking lot.

SEE AERIAL MAP

A parking citation will result for those who do not park in the designated locations. If you have questions about parking, please contact the Medical Staff Office, Linda Jacobo ext. 24942 or the Security Department at ext. 24450.

Students and/or instructors who are walking to and from their cars after dark are encouraged, as a group, to request an escort from the Security Department.

****Please keep these instructions for your records****



SAN ANTONIO REGIONAL HOSPITAL

SECURITY DEPARTMENT PARKING ENFORCEMENT DIVISION

Student/Instructor Parking Permit

The vehicles described below are authorized to park in the SARH parking lots:

License Plate #	Make	Model

If an alternate car is used:

License Plate #	Make	Model

Please place this permit on your vehicle dashboard in plain sight, thank you.

Issued by: Linda Jacobo
Medical Staff Services Ext. 24942

Expires: ____/____/____
(last day of clinical rotation)