The Joint Commission Safety Review

Introduction

Adventist Health is accredited by The Joint Commission (TJC) – a non-profit organization that sets minimum standards for quality and safety in healthcare organizations. TJC is also a deemed-status agency authorized by the federal government to certify healthcare organizations as meeting Medicare Conditions of Participation (CMS).

TJC standards require that hospital staff, contract employees, students, physicians, other licensed independent practitioners, and other members of the medical staff receive education on selected topics. This packet has been developed to meet these requirements. Also, the following information is important in providing a safe environment for our patients, employees, and visitors.

Please review the information contained in this packet as it provides key elements of the hospital's regulatory compliance, safety, risk and infection control programs. By utilizing the information outlined here, you can help prevent accidents, control losses, and support the process for providing high quality and safe patient care.

Upon conclusion, you will be asked to sign the accompanying attestation record indicating that you have reviewed and understood the information contained herein.

Table of Contents

Mission and Values 3
Reporting Abuse 4
Back Safety 6
Building Utilities 8
Code Blue Response 9
Disaster and Emergency Preparedness 10
Electrical Safety 12
Ergonomics 13
Fire Safety 14
Hazardous Materials 15
HIPPA 17
Illness and Injury Prevention Program 19
Infection Prevention 21
- Hand Hygiene
- Standard Precautions
- Contact Precautions
- Airborne Precautions
- Droplet Precautions
- CLABSI
- Peripheral IV Line Management
- SSI
- Exposure to Blood or Body Fluids
- Medical Waste

Medical Equipment Safety 33
Medication Management 34
Patient Safety 35
- Competency
- Restraint Safety
- Pain Management
- Reporting Safety Issues
- Patient Safety Goals

Radiation Safety 41
Safety and Security Management 42
Non-Smoking Policy 43
Workplace Violence Prevention 44

[ADVENTISTHEALTH:INTERNAL]

Mission and Values

The Adventist Health Story

The mission of Adventist Health encompasses each of us in a contemporary expression of the healing ministry of Jesus as we seek to bring physical, mental and spiritual well-being to each person in the communities we serve.

The story of Adventist Health is a humanitarian expression of the Adventist faith and a contemporary expression of the health ministry of Jesus. Our story has roots anchored deep in time, connecting us to an ancient world that continues to shape us today. Our faith-inspired identity is best understood through this powerful, transformative narrative about the past, the present and the future. We invite you to explore this journey with us as we live God's love.

Being Adventist Health
To live our mission, we challenge one another to live according to a set of six values.

Be love.
Love matters. Treat yourself with love and care so that you are free to love and care for others. Be trustworthy, forgive freely, and find common ground.

Be a force for good.
Be courageous. Take action. Whether it is through your position or your passion, work to impact your community for the better.

Be a mission owner.
Own your role, find your talent, and know that your contribution is mission-critical. Ask yourself, "How do I inspire health, wholeness, and hope?"

Be welcoming.
Recognize all people are created equal and embrace them in hospitality as you would a cherished friend.

Be curious.
Seek to understand how things work and why. Innovate and be open to new ideas and approaches. Own your mistakes and learn from them.

Be brilliant.
Leverage your best talents and skills to shine. Make promises and keep them. Always expect the same from others. Every story we share is through these values.

[ADVENTISTHEALTH:INTERNAL]

Reporting Abuse

As health care providers, we need to understand our role and responsibility in reporting abuse, neglect or exploitation. California law defines the types of reportable instances and acts. If allegations of abuse, neglect or exploitation are raised, or you suspect possible abuse, neglect or exploitation, you are mandated to report the following:

- Elder/dependent adult abuse
- Child abuse or neglect
- Domestic abuse/assault
- Exploitation

Signs and symptoms that may indicate abuse:

- Multiple injuries/fractures in various stages of healing
- Extent or type of injury inconsistent with patient/family explanation
- Physical neglect such as unclean appearance, inadequately dressed, decayed teeth, over-grown nails
- Repeat admissions with multiple generalized complaints or injuries of increasing severity
- Malnutrition in very young and very old
- Behavior abnormalities such as: sense of hopelessness or apprehension, avoidance of eye contact, flinching when approached, child refusing parent contact or affection
- Injuries to the face, and failure to seek medical treatment for injuries
- Unusual patterns of injuries
- Patient statements of abuse
- Suicide attempts or self-destructive behavior
- Problems with pregnancy
- Eating disorders
- Alcoholism/drug abuse
- Emotional/verbal abuse of patient, or family discord observed by staff

Terms that refer to adult-to-adult domestic violence most commonly include family violence, battering, domestic assault, marital violence, spousal abuse, and wife beating.

Because domestic violence centers on intimacy, it is important to consider violence between boyfriends and girlfriends, ex-spouses, and others with an ongoing or prior intimate relationship in the same category as violence between married partners.

Although commonly thought of as hitting, kicking, stabbing, and other serious physical attacks, domestic violence may also be sexual or psychological. The penal code defines domestic violence as involving “the infliction or threat of infliction of any bodily injury or harmful physical contact or the destruction of property or threat thereof as a method of coercion, control, revenge, or punishment upon a person with whom the perpetrator is involved in an intimate relationship.”

[ADVENTISTHEALTH:INTERNAL]

If you suspect abuse to an elder, child, patient, or colleague, you are mandated to report it to the appropriate agency. Talk with your manager or social worker for appropriate forms to use in reporting child/adult abuse or domestic violence.

Contacts/Reporting

Adult Protective Services - https://www.cdss.ca.gov/adult-protective-services
Child Protective Services - https://www.cdss.ca.gov/reporting/report-abuse/child-protective-services
Human Trafficking - https://www.cdss.ca.gov/reporting/report-abuse/report-human-trafficking

[ADVENTISTHEALTH:INTERNAL]

Back Safety from UCLA (https://ergonomics.ucla.edu/backsafety/how-to-save-your-back)

Always try to maintain the natural curves in your back. These curves provide strength and support for your back. This is especially important when lifting or when sitting for long periods.

Hinge at your hips and bend your knees when lifting.

- You should be doing most of the work with your legs rather than with your back!
- Placing your feet shoulder-width apart will help you stay balanced.
- A wider stance can also help if you have difficulty bending your knees.

Tighten your stomach muscles before you lift.

- They help support and stabilize your back when you lift.

Plan ahead before lifting. Test the weight first.

- Many injuries result from poor planning and overexertion.

Keep objects close.

- A 10-pound bag of groceries can put 100 pounds of pressure on your lower back.
- Holding things away from your body greatly increases this pressure.

When possible, use your hand and arm for added support when bending and lifting.

- Use a golfer's lift to retrieve light objects or when reaching into low containers like a hamper or shopping cart.

Pivot with your feet when lifting and moving objects.

- Turn your whole body instead of twisting your spine - especially if you are holding something heavy.
- Your nose should always be in-line with your toes.

Balance objects when you carry them.

- Use dollies and carts for heavy items whenever you can.
- Use your body weight to push the dolly or cart with your legs rather than pulling with your back.

When sitting, sit all the way back in the chair seat against the backrest.

- Let the chair do some of the work for you - no slumping allowed!!!

Use a bookstand or a copyholder to elevate reading materials.

- Looking down puts a tremendous train on the neck and upper back.

Change positions frequently when sitting or standing for prolonged periods.

- When standing, use a footstool to prop one foot up, and switch sides every so often.

[ADVENTISTHEALTH:INTERNAL]

- When at a sink or counter, see if you can open one of the cabinets and put one foot on the bottom shelf.

Get as comfortable as you can in the car.

- Long commutes can be hard on your back. Adjust your seat and position your arms so that you can easily reach the steering wheel.
- Use a pillow in the seat if needed to support your lower back curve. Remember to stop to take stretch breaks when on a long trip.

Sleep on a firm mattress providing good support.

- Place a pillow under your knees when on your back, or between your knees if you are on your side.

Back injuries can result from use of bad postures and poor movement patterns.

- Always use good mechanics when lifting either a heavy box or a light newspaper.

Stay in good shape.

- Exercise. Do daily stretches and watch your weight. Extra weight, muscle weakness, or muscle imbalances due to tightness, can affect your posture and result in back discomfort or pain.

Report work-related injuries to your supervisor and Employee Health Services as soon as possible.

Building Utilities

The Utility Management plan includes the following utilities:

a. electrical distribution
b. emergency power
c. HVAC (Heating, Ventilation, Air Conditioning)
d. natural gas
e. water and sewer
f. medical gases & vacuum systems
g. communications systems
h. boilers
i. plumbing
j. mechanical equipment
k. fire alarm
l. nurse call system

Inspecting, testing, and maintenance of these utilities is managed by Plant Operations.

In the event of an emergency staff shall follow the facilities emergency operations plan.

For incidental findings needing repair or evaluation, contact your department manager or lead to assist you in placing a facility work order request for repair. The request is placed via the link located in My Toolbox on the ConnectNow page.

[ADVENTISTHEALTH:INTERNAL]

Code Blue Response

A Code Blue is called in the event a patient is not breathing or is pulseless.

What should you do in the event of a code situation?

- Dial **700**.
  - State, “Code blue, (location or room number).”
- Alternatively, push the code blue button on the wall in the patient room.
- Begin basic life support (BLS)
  - When in doubt as to a patient’s code status, initiate resuscitation until directives are verified.

Are you unsure about your role in a code?

Mock codes occur on your unit on the day and night shift. This is a perfect time for you to learn your role in a code. Remember, having too many people in the room during a code is detrimental to the code team. Once the code team arrives, the patient’s nurse, the shift leader, and the code team (physician leader, ICU lead, RN, code assistant, security and RT) should be the only people in the room unless otherwise requested by the code team leader.
Adventist Health supports the American Heart Association standard of family presence in a code situation, if appropriate

Potential Tasks or Roles

- Make sure the crash cart/defibrillator is in the room.
- Hook the patient up to the monitor leads to determine if other treatments will be needed.
- Verify a patent IV or place an IV (large bore in the antecubital with NS solution).
- Assist the code team as directed.
- Make sure someone is recording code activity on the Code Sheet (located on the crash cart).
- Allow patient’s family/significant other to remain in the room if there is staff who can stay with that person to explain to them what is happening. Provide privacy. If the code is occurring in a semi-private room, remove other patient and family members from the room.

NOTE: Some patients choose to withhold life-sustaining treatments. Based on patient’s advanced directive, resuscitative efforts may not be initiated.

[ADVENTISTHEALTH:INTERNAL]

Disaster and Emergency Preparedness

Emergency Codes: These codes can be found in the emergency flip charts located in each department as well as in the Emergency Management Program/Emergency Operations Plan policy in Lucidoc.

California & Oregon	
EVENT	**CODE NAME**
Medical Emergency (Adult)	Code Blue
Medical Emergency (Child)	Code White
Fire	Code Red
Missing/Abducted (Infant)	Code Pink
Missing/Abducted (Child)	Code Purple
Missing/Abducted (Adult)	Code Green
Hazardous Materials Spill/Release	Code Orange
Bomb Threat	Code Yellow
Combative Person	Code Gray
Person with a Weapon	Code Silver
Active Shooter	Active Shooter
Internal Disaster	Code Triage Internal
External Disaster	Code Triage External
Massive Blood Transfusion	Code Crimson

What do you do in a disaster?
Report to your manager or supervisor or the prearranged area as determined in the Emergency Management Program/Emergency Operations Plan policy in Lucidoc. Prepare to stand by for further instructions and remain on duty.

What situations are considered disasters?
Disasters can be internal or external. They may include bomb threats, disruptions of service, earthquakes, mass casualties, civil disturbances, radiation emergencies, bioterrorism, etc.

Confused about your role in disaster preparedness?
A department-specific disaster plan is included in the Emergency Management Program/Emergency Operations Plan policy in Lucidoc. Please review your departmental plan and ask your supervisor if you have any questions about your role in a disaster.

The emergency flip charts also contain emergency information.

The hospital works with the federal government through NIMS (National Incident Management System) and other local emergency response organizations to share responsibility. The hospital uses the HICS (Hospital Incident Command System) for organizational response to disasters.

[ADVENTISTHEALTH:INTERNAL]

It is very important that every employee have a “Personal Family Emergency Plan” for communication purposes and knowledge of disaster response. In addition to supplies, employees should consider preparing an emergency bag filled with items that could be needed if the employee were to work at the hospital for an extended period during a disaster. Knowing who is responsible for family members, etc. should also be part of the plan.

MIR3 – Emergency Alert Notifications



[ADVENTISTHEALTH:INTERNAL]

Electrical Safety

Use common sense around electricity.

- Don’t place cords near heat or water.
- Don’t touch anything electrical with wet hands.
- Make sure equipment is properly grounded.
- Report any frayed/damaged cord needing repairs or missing electrical face plates to Plant Operations or medical equipment concerns to Biomed. A ticket can be placed via the link located in My Toolbox on the ConnectNow page.
- Refrigerators, microwaves, etc., should be plugged directly into the electrical outlet, not extension cords.
- Heaters and fans should not be used in patient care areas. Exceptions may be made for patients with COPD. Contact the unit lead or manager for further information on these types of patients.
- Do not block any electrical panels.
- Extension cords are not allowed in patient care areas and should only be used in other areas as a temporary measure. They should have surge protection. Computer components can be plugged into a hospital approved extension cord provided by IT. If you have any questions about electrical extension use, please contact Plant Operations.
- Electrical equipment such as refrigerators, microwaves, toasters, etc. must be safety checked by Plant Operations before placing into use in the hospital.
- Personal non-medical electrical equipment i.e., cell phone chargers, radios, etc. should be kept to a minimum and not overload any circuit. They cannot be plugged in at any patient care area.

Red Outlets

The back-up generator powers all red outlets in the main hospital. All red electrical outlets are on emergency back-up power. These outlets should be used for critical lifesaving patient equipment.

Electrically Sensitive Patients

Clinical staff should be aware of the dangers of electricity to electrically sensitive patients. Those patients with implantable devices such as pacemakers, or with invasive lines, are at increased risk of danger from electric current. Be sure to inspect electric plugs before using electrical equipment around patients. No personal electrical equipment should be used in patient care areas. Unplug equipment carefully, avoiding pulling on the cord to prevent damage to the cord and plug connection and ensure that there is a grounded/three-pronged plug on equipment used on or around patients.

[ADVENTISTHEALTH:INTERNAL]

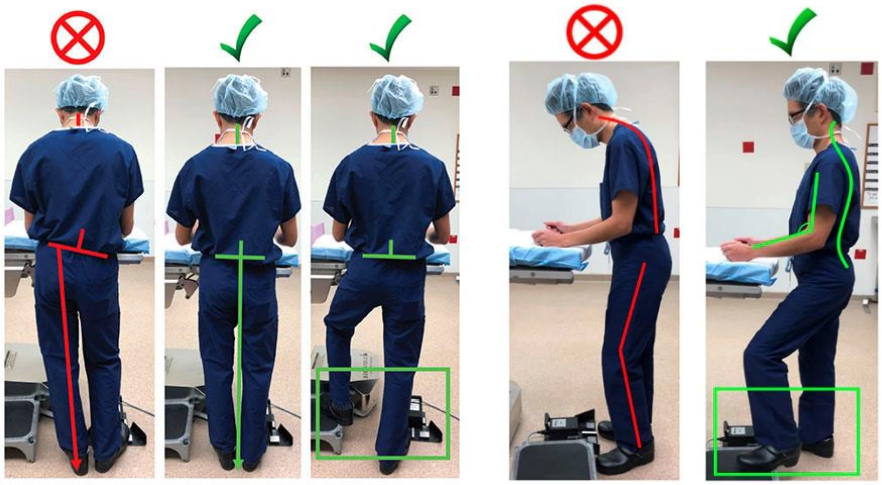
Ergonomics

Cal/OSHA Standard (8 C.C.C. 5110)

Ergonomics is the study of how we work with machines, equipment, or patients in our environment. Common ergonomic injuries can happen to a person's back, wrist, shoulder, or neck. No matter where we work, or what type of work is done, we all have a responsibility to prevent an ergonomic injury.

An Ergonomic Program focuses on providing a safe workplace for all employees. The program will focus on minimizing repetitive motion injuries (RMIs) occurring in the work environment. Administered through the Employee Health Department, the Ergonomics Program includes identification, hazard control and ergonomic education for all employees.

Standing



While working with patients

Avoid bending, twisting, or over-reaching while caring for patients. This puts strain on your joints and muscles which could lead in injury.

Tips

- Lift the bed to working height
- Use a step stool
- Place equipment in easy reach
- Request help from additional staff when needed

Report work-related injuries to your supervisor and Employee Health Services as soon as possible.

Fire Safety

What should you do if there is a fire?
Remain calm, do not panic, and act quickly.

RACE
Remove patient from immediate area.
Alarm activation of the nearest fire alarm and call extension 700. Always give exact location, nature, and extent of fire.
Confine fire by closing doors.
Extinguish fire, using the proper extinguisher.
And/or
Evacuate everyone to a safe area if the fire is out of control.

- Clear the hallways to maintain access for fire response and possible evacuation.
- Be sure to check all inner rooms before closing door.
- Closing doors is the best defense against fire and smoke spread.
- If an evacuation is required, use the colored tags found in extinguisher cabinets to mark the doorways of evacuated rooms.

Employees are responsible for knowing the location of all fire extinguishers, pull stations and exits. Pull stations are always located at exits.

Employees should also know how to operate a fire extinguisher.
PASS
Pull the pin
Aim at the base of the fire
Squeeze the trigger
Sweep back and forth

Always stand back and watch to make sure the fire is out after extinguisher use.

It is every staff member's responsibility to help maintain a fire safe environment. All fire doors, fire extinguishers, fire pull stations and fire exits should be kept clear at all times. Miscellaneous items cannot be left or stored in the hallways.

All staff should review their department's specific fire and evacuation plan in Lucidoc.

[ADVENTISTHEALTH:INTERNAL]

Hazardous Materials

OSHA requires the hospital to have a written HazCom (hazardous communication) program. This is because hazardous substances are present in our workplace. The hospital is required to communicate hazards in our work area. Employees must be trained in the best way to handle these materials. Training is received during general and departmental orientation and whenever a new hazardous material is brought into the work environment. Knowing about container labels and Material Safety Data Sheets (MSDS) is an important component of this program.

The MSDS can be found electronically on the ConnectNow page under My Toolbox in the SDS Online application.

What is your role in a hazardous material spill?

- Dial ext. 700 and give your exact location and the nature of the spill.
- If necessary, evacuate personnel from the area.
- Check the MSDS and the Hazmat Manual for spill procedure.
- Security will respond for large spills to help contain the area.
- The person using the chemical is responsible for spill cleanup.
- If more than a 2-liter of a hazardous substance is spilled, notify your supervisor and the hospital safety officer.

Types of Hazards

Physical hazards can cause harm quickly. They may cause fires or explosions, become unstable, or react with other substances. Health hazards can irritate, cause illness, and injure your body. A substance can be both types of hazards.

How You Can Be Exposed

You can be exposed to a substance in several ways. You can breathe (inhale) it in the form of a gas, vapor, mist, or dust. Some can be absorbed through eyes or skin. Swallowing (ingesting) is also a way a substance can enter the body.

Protect Yourself

- Use Safe Work Practices: Put what you learn into practice. Don't just go through the motions. Consider before you handle, store, or transport substances.
- Protect Yourself: Use personal protective equipment (PPE) to protect yourself from hazardous substances. Gloves, safety glasses, respirators, and other PPE can help keep you safe. But they only work if you use the right type for the substance and job.
- Labels Inform and Warn: Container labels and warnings provide brief health and safety facts about a hazardous substance. Labels and signs may help protect you, but only if you read them. Ask your supervisor or read the MSDS on a substance to learn more about it.

[ADVENTISTHEALTH:INTERNAL]

The Material Safety Data Sheet Covers:



1. Identity - Who makes it, their address, emergency phone number, and date prepared.
2. Hazardous Ingredients - The substance's hazardous components, chemical ID, and common names will be listed.
3. Physical and Chemical Characteristics - Boiling point, vapor density, evaporation rate, vapor pressure, melting point, water solubility, and appearance and odor under normal conditions.
4. Physical Hazards - Fire and explosion and ways to handle those hazards, such as fire fighting equipment and procedures.
5. Reactivity - Whether the substance is stable. Learn which other substances and situations to keep the chemical away from so it won't react.
6. Health Hazards - How the chemical could enter the body.
7. Precautions for Safe Handling and Use - What to do if the substance spills or leaks. How to dispose of the substance along with equipment and procedures needed for cleaning up spills and leaks.
8. Control Measures - Harmful exposure reduction methods are listed in this section; for example, what type of PPE to use when handling a particular chemical.

Here are some tips to help YOU work safely with chemicals:

1. Know the chemical you work with. Follow all directions carefully.
2. Never mix solutions/powders unless you are following specific manufacturer or your supervisor's directions. If one product doesn't yield a satisfactory result, tell your supervisor.
3. Your senses don't always warn you of danger. Some products don't have an odor or cause immediate damage. Read and follow all directions carefully.
4. Always allow adequate ventilation. Always wear protective gear.
5. Repeated misuse is dangerous, not only to you, but also to other employees.
6. Any secondary container must have the same label information as the primary container and should be used minimally. Secondary labels can be obtained from the manufacturer.

If you do not know about the chemicals in your workplace, ask your supervisor.

[ADVENTISTHEALTH:INTERNAL]

Health Insurance Portability and Accountability Act (HIPPA)

The Health Insurance Portability and Accountability Act (HIPAA), a federal law signed in August 1996, affects all health care providers including those within Adventist Health.

HIPAA regulations, specifically, require that:

- Health care providers maintain the privacy and security of "Protected Health Information" (PHI), which is identifiable patient information that is maintained or transmitted in any form, including oral communications, and protecting access to electronic and other health information.
- PHI only be used and disclosed for purposes of treatment, payment, and healthcare operations unless otherwise authorized by the patient.

Hospitals must track and verify that disclosures are happening for these purposes. Therefore, like our patients, you have a right to access, inspect and copy your medical records. However, you also must go through the same formal health information request process to access your records, just as a patient would. This involves filling out a written request form and submitting it to our HIM Department.

Accessing your own, families, friends, or even fellow co-workers' medical records is a violation of hospital policy and subject to disciplinary action. Remember records should only be accessed if you are involved in the treatment of the patient or if you need to know information based on your role in the organization.

As health care providers, we know that our patients, community and the law expect us to maintain the privacy of health information. Th steps to comply with HIPAA have been developing policies, procedures, and a privacy plan that center around the privacy and security of PHI. Policies regarding HIPPA and PHI can be reviewed on Lucidoc via the ConnectNow page.

Effective January 1, 2009, California legislation has been enacted due to privacy violations my different hospital entities. Privacy violations will now carry a maximum sentence of 10 years in prison, followed by three years of supervised release and a $250,000 fine based on the findings of the California Department of Public Health's (CDPH) investigation. In addition, the federal government can take action towards professional licenses.

Think Privacy, Think Security:

- When printing patient discharge instructions, be sure to double check EACH page to assure they belong to the correct patient. Multiple staff use the same printer and print jobs can become intermingled. The secure print feature on the printers is intended to help mitigate this risk.
- Under no circumstances should a private citizen be allowed to observe patient care and treatment without specific written consent from the patient or legal authorized person.

- When faxing or emailing medical record documents: Always double check the fax number dialed or email address before pressing 'Send'.
- You are held responsible for all activity that takes place in the electronic record system under your user ID and password. Sharing of user ID's and passwords is a violation of HIPAA and puts you at risk.
- No photography allowed.

Another important part of our mission and values relating to patient privacy is to hold each other accountable. When you see a co-worker or colleague heading down a questionable HIPAA path – stop them and inquire, encourage, direct them as to avoid a breach/violation.

How to Report Suspected or Known Privacy Incidents

- Your Supervisor
- Your Facility Privacy Official (see Contacts above)
- Submit a HRP (High Reliability Platform) Privacy Form via the HRP app on the Connect page
- Send an email to corpcomp@ah.org
- Call the Compliance Hotline: 1-888-366-3833

  A special toll-free telephone line is dedicated to reporting Compliance and Privacy concerns. Please be prepared to provide details of the situation, but you may remain anonymous.

Injury and Illness Prevention Program

Because the safety of our employees is important to us, Adventist Health (AH) established policies and procedures to prevent occupational injuries and illnesses. Any violation of AH's safety standards, or conduct that shows a disregard for safety concerns, may result in disciplinary action.

Safety Officer
Each AH Hospital Location appoints a Safety Committee which is responsible for administering the Location's safety standards.

Communications
AH will provide information of matters relating to occupational safety and health through posted notices and inter-office memos. Safety issues may also be raised and discussed at employee meetings training programs.
You should also notify your supervisor immediately of any hazard, unsafe conditions, or threat of violence at the work site. If you have any questions, suspect, or want to report a hazard or unsafe conditions you can contact your local safety committee; local compliance officer; the Corporate Compliance Officer or the Office of General Counsel in Roseville at 916-781-2000; anonymously report to the Compliance Hotline at 1-888-366-3833, or through HRP which is available on the ConnectNow webpage.

Identification of Workplace Hazards
Each AH Location inspects the work site routinely to identify and evaluate possible unsafe conditions and work practices. Inspections may occur when new substances, processes, procedures, or equipment are introduced to the workplace that may represent a hazard or whenever AH is made aware of a new or previously unrecognized hazard.
Management is responsible for ensuring all safety and health policies and procedures are clearly communicated and understood by all employees and enforce the rules fairly and uniformly.
All employees are responsible for using safe work practices, following all directives, policies and procedures and for assisting in maintaining a safe work environment.
The following is our system of ensuring all workers comply with the rules and maintain a safe work environment:

- Informing workers of the AH Location's safety policies
- Evaluating the safety performance of all workers
- Recognizing employees who perform safe and healthful work practices
- Providing training to workers whose safety performance is deficient
- Providing corrective action to workers who fail to comply with safe and healthful work practices

Investigation of Injuries and Illnesses
AH will investigate occupational injuries and illnesses in the manner it deems appropriate. This may include:

- Inspecting the location where injury occurred

[ADVENTISTHEALTH:INTERNAL]

- Interviewing affected workers and witnesses
- Investigating the circumstance(s) that led to the injury or illness, as soon as possible
- Analyzing whether specific procedures, practices, or preventative measures could have helped reduce or eliminate the danger or prevent the injury or illness
- Taking corrective action to prevent the accident/exposure/near-accident from reoccurring Recording the findings or corrective actions taken

Correction of Unsafe Conditions
When AH determines an unsafe or unhealthy condition, work practice or work procedure exists, it will take appropriate corrective action. AH will consider the severity of the hazard, along with other relevant factors, when evaluating the most appropriate method for correcting any hazardous situation and the time frame within which to make the correction. If an imminent hazard exists that cannot be abated immediately without endangering employees or property, AH may find it necessary to remove all exposed personnel from the area in which the hazard exists. Should AH need the assistance of employees to correct the hazardous condition, employees will be provided necessary safeguards. All such actions taken, and dates of completion shall be documented.

Training and Instruction
Each AH Location provides various health and safety training instruction to employees on a routine basis and will notify you of specific health and safety trainings for your position or department. Each AH Location will provide health and safety training to all new employees; employees when a new training program is established; employees given a new job assignment; employees whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard; and whenever AH receives notification of a new or previously unrecognized hazard.

You can contribute by doing the following:

- IMMEDIATELY REPORTING to your supervisor any accident—major or minor—which happens to you, another employee, or a visitor. Your supervisor will assist you in filling out the appropriate report and in providing for the proper medical attention or follow up. You are also encouraged to report to your supervisor, or a member of the Safety Committee, any potential hazards which may cause illness or injury.
- Caring properly for equipment and keeping your work area well organized.

Infection Prevention

The purpose of infection prevention is to keep everyone in the hospital from catching an infection they didn't come in with, including patients, staff and visitors. Everyone must work together to achieve this goal. Infection prevention is an important part of EVERYONE'S job! Three things must be present for a new infection to occur. If you can get rid of anyone of these, you can prevent the new infection.

- RESERVOIR: This is where the germs live and grow. They are usually wet. The most important ones in the hospital are people, who may be sick or well.
- SUSCEPTIBLE HOST: This is the person who will catch the infection. None of us are immune to everything. The reservoir and the susceptible host may be the same person.
- MEANS OF TRANSMISSION: Most germs can't fly but must be carried from one place to another. This is the weakest link in the chain of infection.

Hand Hygiene

Indications for hand hygiene:

- When hands are visibly dirty or contaminated or are visibly soiled with blood or other body fluids, wash hands with soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands.
- Perform hand hygiene:
    - Before Patient Contact/Environmental Contact
    - Before Clean/Aseptic Procedures
    - After Body Fluid Exposure Risk
    - After Patient Contact
    - After Contact with Patient Environment
- Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
- Decontaminate hands after removing gloves.
- Before eating and after using a restroom, wash hands with soap and water.
- Antimicrobial-impregnated wipes (i.e., towelettes) are for patient use only and should not be used by HCWs as a substitute for using an alcohol-based hand rub or soap and water.
- Wash hands with soap and water if exposure to Clostridium difficile, Norovirus or Bacillus anthracis (anthrax) is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

Hand hygiene technique:
Alcohol based hand rub

[ADVENTISTHEALTH:INTERNAL]

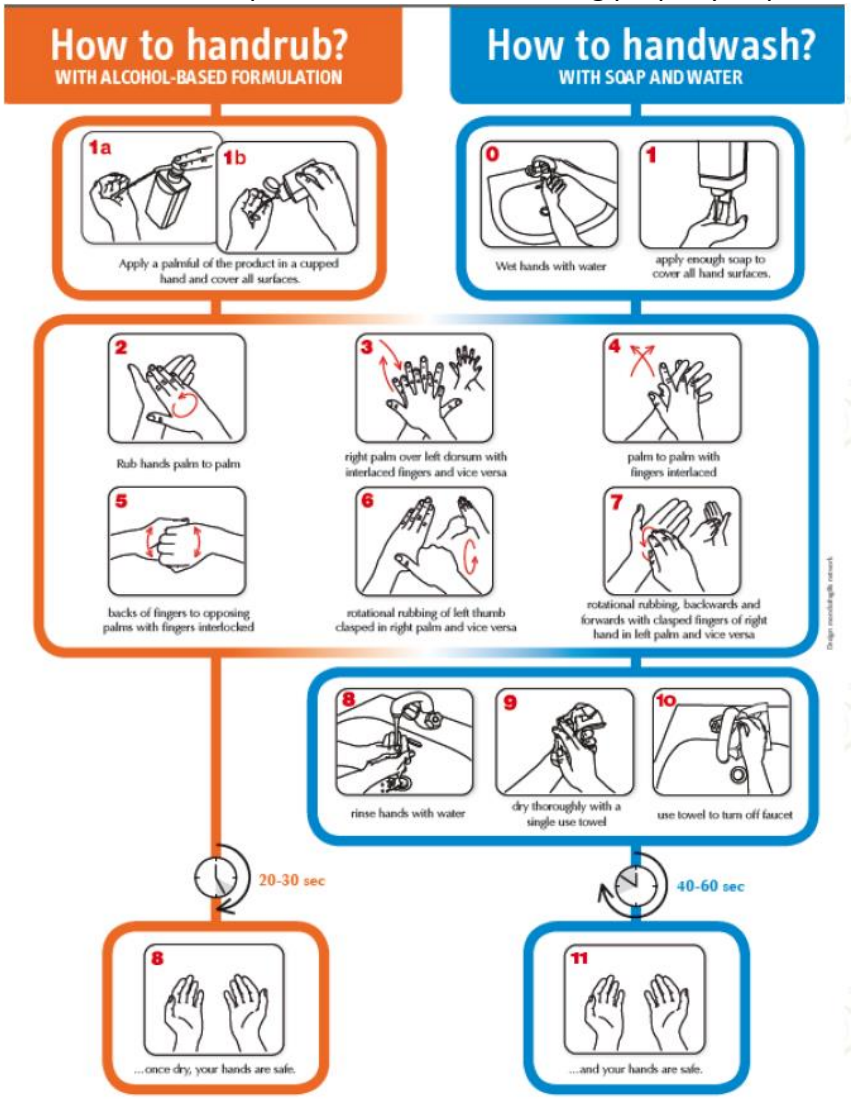
When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Apply enough product for hands to be covered and wet for 15 seconds.

Hand wash with soap and water

When washing hands with soap and water, wet hands first with water, apply product to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis.

Hand hygiene products:

Staff also have a responsibility to inform EVS when hand hygiene products are not immediately accessible or when they run out, or are about to run out, and need restocking. They should notify Engineering when automated faucets are not functioning properly. They should notify EVS when automated paper towel dispensers or alcohol-based hand rub dispensers are not functioning properly or providing adequate product.



[ADVENTISTHEALTH:INTERNAL]

Glove Use:
Wearing gloves does not eliminate the need for hand hygiene. Hand hygiene should be performed immediately before putting on gloves and immediately after removing them. Gloves are worn as part of standard precautions to prevent hands from becoming contaminated with blood, body substances, non-intact skin and mucous membranes. Change gloves and perform hand hygiene during patient care if moving from a contaminated body site to a clean body site. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient. Change and discard gloves if they become torn, punctured or compromised in any way. Gloves must not be sanitized, washed or reused.

Jewelry:
Ring use should be limited in non-surgical locations. Rings should be moved about on the fingers during hand hygiene. Rings or other jewelry are not allowed in surgery or during surgical procedures. Other hand, wrist or forearm jewelry must not be worn by healthcare professionals providing direct patient care unless required for patient care (eg. watch) or medically essential (eg. medical alert bracelet). These must be removable and able to be cleaned.

Fingernails:
Maintain fingernails in a clean, well-groomed fashion. Maintained in a short conservative style referred to as active length. Nail polish must be a conservative neutral color. Use of acrylic or artificial nails are not acceptable in direct patient care areas.

Hand Care:
Hand lotion is available throughout the facility and should be applied regularly though out the day. Only hand lotion provided by AHTV for HCWs can be used. Hand lotions from outside the hospital or patient care products may not be used as they may interfere with effectiveness of hand soaps and sanitizers. Hand care problems such as dermatitis and/or sensitivity should be reported to Employee Health for action or referral to address hand care problems. Staff who have cuts and abrasions on exposed skin and are involved in direct patient care, sterilizing patient care equipment, or food services should consult with their department director or Employee Health, as temporary redeployment may be necessary. All non-intact skin on hands must be covered with a waterproof dressing. Use of dressing that are not waterproof are not allowed.

Promoting Patient and Visitor Hand Hygiene:
HCWs should encourage patients to perform hand hygiene and provide education on the correct hand hygiene technique. Patients must be provided with the means to perform hand hygiene after going to the toilet or using a bedpan or urinal, before eating, after sneezing or coughing into hands, and after touching/handling animals. Visitors must be provided with the means to perform hand hygiene and provided education on the correct hand hygiene technique.

Reminders

All HCWs have a responsibility to remind staff members, patients, and family of the need to perform hand hygiene if they observe someone who fails, or is about to fail, to perform hand hygiene in line with this Policy. Such reminders must be delivered in a courteous and supportive manner. Patients and their families are encouraged to remind HCWs to decontaminate their hands.

Standard Precautions

Applies to all patients receiving care regardless of their diagnosis or presumed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. Standard Precautions are utilized at all times with all patients regardless of patient status or diagnosis. All blood, body fluids, excretions or secretions must be considered potentially infectious. Appropriate use of "barrier" precautions are worn with any reasonably anticipated contact with potentially infectious agents. Standard precautions are used when exposure to non-intact skin, mucous membranes, and blood or other potentially infectious material is anticipated. This includes the use of hand hygiene and barriers to prevent contact with blood, all body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood.

Respiratory Hygiene/Cough Etiquette:
Health care personnel are educated on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens. Signs may be posted at appropriate areas such as entrances and waiting rooms with the following instructions for patients and visitors:

- Wear a mask if coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them;
- Perform hand hygiene after discarding tissues

Personal Protective Equipment (PPE):
PPE should be worn when it is reasonably anticipated that contact with blood or body fluids may occur during patient care. This includes the use of gloves, gowns, masks, and eye protection.

Patient Care Equipment:
Patient care equipment contaminated with blood, body fluids, secretions or excretions should be handled, contained and transported in a manner that prevents transmission of infectious agents to other patients and the environment. Appropriate PPE shall be worn when handling patient-care equipment that is visibly soiled and may have been in contact with blood or body fluids. Reusable patient-care equipment (e.g., glucometers and transportable medical devices) should be cleaned and reprocessed appropriately with the hospital-approved disinfectant prior to use on another patient. Adhere to manufacturer’s instructions for use (IFUs) for contact time recommendations. All single-use, disposable items should be properly discarded or placed in designated container for reprocessing after use.

[ADVENTISTHEALTH:INTERNAL]

Care of the environment:
All environmental surfaces will be cleaned/disinfected between patient uses. A hospital-approved disinfectant shall be used in accordance with manufacturer's IFUs for contact-time recommendations and allowed to dry.

Transmission-based Precautions:
Transmission-Based Precautions are used when the routes of transmission are not completely interrupted using Standard Precautions alone. Additional barriers/PPE are implemented based on route of transmission. Categories of Transmission-Based Precautions include: Airborne Precautions, Droplet Precautions, Contact Precautions, and Contact PLUS Precautions. They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

Contact and Contact Plus Precautions

Contact Precautions:
In addition to Standard Precautions, use Contact Precautions, for patients known or suspected to be infected with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) to indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.
Frequently seen conditions requiring Contact Precautions include:

- Multidrug-Resistant Organisms, including but not limited to MRSA, VRE, ESBL, CRE, MDR-Acinetobacter, VRSA/VISA, Candida auris
- Respiratory syncytial virus (RSV)
- Pediculosis (lice)
- Scabies
- Herpes Zoster (if disseminated or in the immunocompromised patient, Airborne Precautions are also required)
- Varicella Zoster (also Airborne)

Personal Protective Equipment:

- Gown
- Gloves
- Change gloves between and after performing patient care tasks.

Patient placement:

- Place patients in a private room
- When a private room is not available, cohorting can be used for patients with same diagnosis/condition
- Consult with Infection Prevention when cohorting is required.

Patient Transport:

Limit the movement and transport of the patient for essential purposes only.
Notify receiving department of precautions prior to transport

Patient-care Equipment:

[ADVENTISTHEALTH:INTERNAL]

Dedicate the use of noncritical patient-care equipment and items such as stethoscopes, sphygmomanometer, thermometer or bedside commode.

Contact Plus Precautions:
Contact PLUS Precautions includes Contact Precautions with addition of hand washing with soap and water and specific disinfectants labeled with sporicidal activity.
Frequently seen conditions requiring Contact PLUS Precautions:

- *C. difficile*
- Norovirus
- Acute gastroenteritis with unknown cause

Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance).
Examples of such illnesses include:

- Tuberculosis (Mycobacterium tuberculosis)
- Measles (Rubeola)
- Varicella Zoster (also Contact)
- Herpes zoster (shingles) – Disseminated disease in any patient; Localized disease in immunocompromised patient until disseminated infection ruled out (also Contact)
- SARS – Severe Acute Respiratory Syndrome (also contact and droplet)

Personal Protective Equipment:

- N95 or higher level of respirator is required when caring for these patients

Patient Placement - Place patients in a private room that has:

- Negative airflow with monitored negative air pressure in relation to the surrounding areas
- The door to the room must remain closed
- Consult with Infection Prevention when an appropriate room is not available

Patient Transport:

- Limit the movement and transport of a patient requiring airborne precautions.
- If transport is necessary, patient must wear a surgical mask if airway is not maintained with a closed ventilation system (i.e., on a ventilator).
- Notify the receiving department of precautions prior to transport.
- Patients who need a procedure should be done at the end of the day/schedule to allow for appropriate cleaning

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions, for patients known or suspected to be infected with microorganisms transmitted by large particle droplets that can be generated

[ADVENTISTHEALTH:INTERNAL]

by the patient during coughing, sneezing, talking, or the performance of procedures such as suctioning.

Frequently seen conditions requiring Droplet Precautions include:

- Influenza, human (seasonal variations)
- Meningitis
- Haemophilus influenzae, type b, known or suspected
- Neisseria meningitidis (meningococcal), known or suspected
- Meningococcal disease: sepsis, pneumonia, meningitis
- Diphtheria Pharyngeal
- Epiglottis, due to Haemophilus influenzae, type b
- Mumps
- Mycoplasma pneumonia
- Parvovirus B19 (Erythema infectiosum)
- Pertussis (whooping cough)
- Adenovirus pneumonia (also contact)
- Pneumonia Streptococcus, group A – adults
- Pneumonia Streptococcus, group A – infants and young children
- Rhinovirus
- Rubella (German Measles)
- SARS – Severe Acute Respiratory Syndrome (also contact and airborne)

Personal Protective Equipment:

- A surgical mask is required while caring for these patients.

Patient placement:

- Place patients in a private room
- When a private room is not available, cohorting can be used for patients with same diagnosis/condition (e.g., influenza patients roomed together).
- Consult with the Infection Prevention when cohorting is required.

Patient Transport:

- Limit the movement and transport of the patient for essential purposes only.
- If transport or movement is necessary, minimize patient dispersal of droplets by placing a surgical mask on the patient, unless contraindicated
- Notify receiving department of precautions prior to transport.

CLABSI – Central Line Associated Blood Stream Infection

A central line or central catheter is a tube that is placed into a patient's large vein, usually in the neck, chest, arm or, if necessary, the groin. The catheter is often used to give fluids or medications.

A bloodstream infection can occur when bacteria or other germs travel down a "central line" and enter the blood. Symptoms of a blood-stream infection are fever, chills or the skin around the catheter may become sore and red.

To prevent catheter-associated bloodstream infections doctors and nurses will:

[ADVENTISTHEALTH:INTERNAL]

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small – avoid femoral vein insertions since it is associated with higher infection rates.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- SPEAK-UP and Stop the procedure if at any time any deviation from the critical steps of the bundle are compromised.
- Clean their hands, wear gloves, and scrub the hub of the needleless connector with an alcohol scrub for 15 second vigorously then allow to dry 30 seconds before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Carefully handle medications and fluids that are given through the catheter.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Assess the catheter and insertion site daily including line patency.

Review the CLABSI – Central Venous Catheter Management policy in Lucidoc for additional information.

Peripheral IV Line Management

A peripheral intravenous (IV) line is a tube that is placed into a patient's peripheral vein, usually in the arm. The catheter is often used to give fluids or medications.
A peripheral IV site should be monitored frequently for:

- Changes in color
- Changes in skin temperature
- Edema
- Leakage of fluid or purulent drainage from the puncture site
- Pain
- Phlebitis
- Infiltration

Infection Control

- Peripheral IV Catheters have a recommended maximum dwell time of ten (10) days.
- IV site will be changed when clinically indicated such as, but not limited to, when phlebitis, signs/symptoms of infection or extravasation are present.
- Standard precautions, hand hygiene, and aseptic technique will be observed during initiation, care and maintenance of peripheral IV sites.
- A securement dressing will be kept in place and maintained as clean, dry and intact.
- Needleless connectors will be disinfected by wiping for at least 15 seconds with alcohol and allow to air dry prior to access.
- The IV catheter will be removed if there are any signs of phlebitis or infection, document and notify physician.

[ADVENTISTHEALTH:INTERNAL]

SSI – Surgical Site Infection

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to the patient depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery or invasive procedure.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of some of the patient's hair immediately before the surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean. The surgical attire worn in surgery and invasive procedure areas is hospital-supplied, professionally laundered and stored in a manner to prevent contamination. Surgical attire should only be worn by physicians and employees who are authorized in the surgery and procedure areas and should never be worn outside of the building. Masks are removed before leaving restricted areas.
- Follow strict adherence to regulatory standards in sterilizing and storing surgical supplies, equipment and instruments used during surgical procedures.
- Require restricted access to areas where surgery and procedures are performed.
- Encourage patients to keep warm both prior and after their surgery.
- Give antibiotics to the patient before surgery starts. In most cases, the patient should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of surgery with a special soap that kills germs.

Exposure to Blood or Body Fluids

OSHA has enacted federal laws, which require infection prevention practices. Bloodborne pathogens are organisms in the blood, which can cause disease. Some of the more common pathogens are hepatitis B, hepatitis C, and HIV. It is important to remember that most patients with these infections have no symptoms.
Bloodborne pathogens can be transmitted by needlesticks, blood or body fluid contact with mucous membranes, such as eyes or mouth, or contact with broken skin.
It is important to use standard precautions for any job which involves contact or potential contact with blood, body fluids or sharps (needles).
What to do if you are exposed:

- Wash the exposed area immediately
- Notify your supervisor
- Report to employee health or the emergency department for additional assessment and/or treatment

When able, protect yourself by getting vaccinated before exposure. Contact employee health or a primary care provider for additional information.

Medical Waste

There are many types of medical waste and many ways to dispose of it properly. Medical waste includes biohazard, pathology, sharps, pharmaceutical, chemotherapy, RCRA and controlled substance waste. These wastes must be disposed of in the appropriate container. If you need further assistance review the policy in Lucidoc or speak with a supervisor.

			
Regular Waste	Biohazardous Waste	Pathology Waste	Sharps/ Pharmaceutical Waste
Clear Bags	Red Bags	Red Bags	White Container Comingled
• Trash/wrappers • Empty IV bags (not containing any medication) and tubing • Gloves, gowns • Empty tubes, medication vials or containers • Dressings (not dripping blood or OPIM) • Chux/diapers (soiled OK) • Empty Foley bags and other drainage bags • Disposable patient items • Sanitary napkins	• Blood and all OPIM (Other Potentially Infectious Materials) • Blood tubing/ bags/ hemovacs/pleuravacs • Soaked/dripping bloody dressings • Intact glass or plastic bottles with body fluids • All disposables soaked or dripping with blood or OPIM • Contaminated waste from isolation patients • Suction canisters or liners with bloody fluid or OPIM	• Pathology Waste includes all biopsy materials and all human tissues and anatomical parts that emanate from surgical, obstetrical, autopsy and laboratory procedures. **NOTE:** Containers shall be labeled with the words "Pathology Waste" or "PATH" and the waste shall be segregated from other red bag waste.	• All sharps • All empty syringes with attached needles, • Trocars, introducers, guide wires, sharps from procedures. • All syringes, tubexes, carpujects with residual (pourable) medication. • IV bags and tubing with residual medication (except for controlled substances). • Partially used/residual prescription or over-the-counter medication. **EXAMPLES:** needles, broken glass vials, broken ampoules, blades, scalpels, razors, pins, clips, etc.

[ADVENTISTHEALTH:INTERNAL]

			
Chemo Waste	Pharmaceutical Waste	RCRA*	Controlled Substance
Yellow Boxes	Blue or Red Boxes	Black Boxes	Green and Grey Containers
TRACE CHEMO: • All supplies used to make and administer chemo medication. **EXAMPLES:** tubing, empty bags/bottles/vials, syringes, gloves, pads, masks, gowns, wipes, etc. **NOTE:** Return all unused Chemo to Pharmacy in original bag for disposal	• All syringes, tubexes, carpujects with residual (pourable) medication. • IV bags and tubing with residual medication (except for controlled substances). • Partially used/residual prescription or over-the-counter medication. **EXAMPLES:** vials, tablets, capsules, powders, eye drops, suppositories, etc. **NOTE:** Unopened/Unused or expired medications: Return to Pharmacy	**PHARMACEUTICALS:** • Return to Pharmacy. **EXAMPLES:** Inhalers with residual medication, unused nicotine gum or patches, nitroglycerine tablets, epinephrine, physostigmine, silvadine, cyclosporine, mycophenolate, oxytocin, coumadin, warfarin, etc. ***Federal Resource Conservation and Recovery Act (RCRA)**	**CONTROLLED SUBSTANCE PROTOCOL:** **IV's and Liquids:** Drain the controlled substance into the container **Syringes:** Expunge contents into container and place empty syringe into sharps container **Vials and Ampoules:** Draw out remaining contents and expunge into container. **Patches:** Drop through vertical slot **Pills, Tablets and Capsules:** Drop through middle hole **NOTE:** Ensure to place empty IV bags, vials, or ampoules into the appropriate waste container

[ADVENTISTHEALTH:INTERNAL]

Medical Equipment Safety

Medical equipment is any equipment, fixed or portable, that is used for life support, therapeutic, diagnostic, or analytical function.

What if the patient has their own medical equipment?
Patient owned medical equipment is not to be used unless the hospital cannot provide the specified equipment ordered by a physician as required for patient treatment. Any exception must be approved by the risk manager, Clinical Engineering and the department director where the patient is receiving care.

What if the equipment is broken or not working?

- Notify the department lead or supervisor.
- Contact your facilities plant operations or Biomed department for repair or replacement.
    - Place a Facility Work Order Request located on the ConnectNow page.
- The Safe Medical Device Act requires that equipment failure resulting in patient injury or death must be reported to the FDA within five days of the event. If equipment failure or malfunction results in patient injury or death immediately tag and remove the equipment from service and place in a secure location per you supervisors' direction. Do not change the equipment settings but secure the device. An HRP, or similar event tracking, should be completed.

[ADVENTISTHEALTH:INTERNAL]

Medication Management

Medication Safety
Medications must be always secured. Access to areas where medications are stored must be controlled to prevent unauthorized individuals from accessing medications. Only staff authorized by the hospital may be unsupervised in areas where medications are accessible. Licensed individuals will be considered authorized. Hospital personnel not covered by this policy must be always supervised when in areas where medications are accessible. Authorization does not imply that personnel may prepare medications for or administer medications to patients unless working within their scope of practice.

Medication Administration
Medications at Adventist Health Tehachapi Valley will be administered only upon the order of physicians, physician's assistants, nurse practitioners, or podiatrists, who are members of the Medical Staff, or have been granted clinical privileges to write such orders and under the guidelines of their respective scopes of practice. Pharmacists may initiate and/or adjust the drug regimen of a patient pursuant to an order or authorization made by the patient's prescriber in accordance with policies, procedures, or protocols developed using a multidisciplinary review and approved by the Medical Staff. Medication may be administered by a physician, registered nurse, radiologic technologist, respiratory therapist, physical therapist and/or their respective affiliated students under the supervision of their clinical instructor as described below. Clinical supervision and competency validation of personnel during the orientation period is done to ensure safe administration of medications. Nursing staff assumes the responsibility of administering medications based on complete and validated orders. In all areas this includes responsibility for accurate documentation of medication administration.

The Six Rights
1. Right patient
2. Right drug
3. Right dose
4. Right route
5. Right time
6. Right indication

Refer to Lucidoc for additional information on medication administration.

[ADVENTISTHEALTH:INTERNAL]

Patient Safety

Key Facts from the World Health Organization

- Around 1 in every 10 patients is harmed in health care and more than 3 million deaths occur annually due to unsafe care. In low-to-middle income countries, as many as 4 in 100 people die from unsafe care (1).
- Above 50% of harm (1 in every 20 patients) is preventable; half of this harm is attributed to medications (2,3).
- Some estimates suggest that as many as 4 in 10 patients are harmed in primary and ambulatory settings, while up to 80% (23.6–85%) of this harm can be avoided (4).
- Common adverse events that may result in avoidable patient harm are medication errors, unsafe surgical procedures, health care-associated infections, diagnostic errors, patient falls, pressure ulcers, patient misidentification, unsafe blood transfusion and venous thromboembolism.
- Patient harm potentially reduces global economic growth by 0.7% a year. On a global scale, the indirect cost of harm amounts to trillions of US dollars each year (1).
- Investment in reducing patient harm can lead to significant financial savings, and more importantly better patient outcomes (5). An example of a good return on investment is patient engagement, which, if done well, can reduce the burden of harm by up to 15% (4).

Patient Safety at Adventist Health

The hospital is committed to continuously improve patient safety and reduce health care errors through the establishment of proactive processes that;

- Encourages a non-threatening environment for reporting medical errors.
- Uses a system to identify, analyze, and implement procedures to prevent the occurrence of medical errors.
- Fosters awareness from historical accidents.
- Spreads current knowledge to improve patient safety.

The hospital is committed to improve organization-wide patient safety and error reduction through a coordinated approach that integrates activities related to performance improvement, environmental safety, and risk management. The hospital has a Patient Safety and Error Reduction Plan that is implemented through the Quality Improvement Committee which is an interdisciplinary committee of the Medical Staff which manages the organization-wide Patient Safety and Error Reduction Program.

Competency

Adventist Health is committed to providing a process for initial and annual education and competency management. Education is provided upon hire and ongoing for clinical staff which includes information, knowledge verification, skill and competency validation. Education and initial competency is tracked on paper, electronically or in the electronic learning management system (LMS). Each employee is assessed upon hire and on an ongoing basis to identify areas for

[ADVENTISTHEALTH:INTERNAL]

growth as well as to develop and provide opportunities for ongoing learning. Employees are expected to maintain education and competency as required by their position.

Essential time-sensitive requirements/cards and competencies must be kept current for all clinical staff as appropriate for their licensure/certification and department and may include:

- Advanced cardiac life support
- Arrythmia recognition
- Basic life support
- Dantrolene: Preparation & administration of dantrolene sodium
- Glucometer (blood glucose monitoring; BGM) point of care testing
- Moderate/procedural sedation
- Neonatal resuscitation provider
- Pediatric advance life support
- Pressure injury prevention or skin/wound conditions
- Restraints
- Any additional point of care testing

For a site-specific list refer to your hospital's Addendum YY, which can be located in Lucidoc on the ConnectNow page.

Restraint Safety

Adventist Health follows an approach to restraints that protects the patient's health and safety and preserves their dignity, rights and well-being. This includes an understanding of patients' basic rights and an organizational intent to eliminate inappropriate and unnecessary use of restraint or seclusion and to manage restraint initiation, monitoring, discontinuation, documentation, staff education and reporting.
Adventist Health recognizes that restraint use has the potential to produce serious consequences, such as physical and psychological harm, loss of dignity, violation of a patient's rights and even death. It is our intent to provide an environment that minimizes circumstances that give rise to use of restraint(s) and seclusion and maximizes safety when restraint or seclusion is used. The hospital also recognizes patients at risk for self-harm due to suicidal ideation require specific screens, assessments, and interventions. A suicide prevention policy is maintained.

Patients have the right to:

1. Be free from physical or mental abuse and corporal punishment.
2. Be free from restraint or seclusion in any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.
3. Not have restraints or seclusion solely on the history of dangerous behavior, if any.
4. Alternatives or least restrictive form of restraints or seclusion imposed only when clinically justified or when warranted to ensure the immediate physical safety of the patient, a staff member, or others and less restrictive measures were ineffective.

5. Be informed and receive an explanation of rationale for restraint use and restriction of rights.
6. Have restraints or seclusion discontinued at the earliest possible time when unsafe situation ends regardless of the scheduled expiration of the order.
7. Be treated with respect, protecting modesty and privacy.

EDUCATION – PATIENT/FAMILY

When a patient is placed in restraints or seclusion and/or administered a medication as a restraint, the following education (as appropriate) is provided to the patient and/or family: (The term restraint used in 1-5 refers to either physical or chemical restraints, or seclusion)

1. An explanation as to the clinical justification for restraint
2. An explanation of the purpose and use of the restraint
3. The criteria by which restraint may be terminated
4. An explanation as to the observation and evaluation of the care that will be provided to the patient
5. Other information necessary to assure safety, comfort, dignity, and preservation of rights and well-being

EDUCATION – STAFF/PHYSICIAN

Staff education and assessment of competencies is completed at the following intervals:

1. New employee orientation
2. Before participating in the use of restraints and seclusion for the first time
3. Annually

Based on population served, staff education, training, and demonstrated knowledge focus on the following:

- Strategies to identify staff and patient behaviors, events and environmental factors that may trigger circumstances requiring the use of restraint or seclusion.
- Use of nonphysical intervention skills.
- Methods for choosing alternatives or the least restrictive interventions based on an assessment of the patient's medical or behavioral status or condition.
- Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).
- Removal of restraints in the event of a fire or other emergency.
- Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
- Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including, but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the in-person evaluation conducted within 1 hour of initiation of restraint or seclusion (violent, self-destructive).
- Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.

Restraint policy and procedure can be found on Lucidoc for additional reference.

Pain Management

Adventist Health has identified pain assessment and pain management, including safe opioid prescribing, as an organizational priority. It is policy that all patients presenting to the hospital will have a pain assessment completed. A comprehensive pain assessment should include, to the extent relevant, intensity, site(s), quality, radiation, and onset. The patient's pain treatment plan is based on evidenced-based practices and the patient's clinical condition, past medical history, and pain management goals. This may include non-pharmacologic, pharmacologic, or a combination of approaches.
When appropriate, based upon individual patient circumstances the healthcare team may consider non-pharmacological pain treatment that may include:

- Patient's preferences: If patient's preferred treatment modality cannot be provided, the patient will be educated on where the treatment may be accessed post-discharge.
- Physical modalities, such as massage therapy and physical therapy
- Relaxation therapy
- Behavioral therapy, such as cognitive behavioral therapy
- Aroma therapy
- Spiritual care
- Pet therapy
- Music therapy

If the non-pharmacological alternatives are ineffective for pain management, the licensed independent practitioner (LIP) will be notified. The LIP may consider prescribing the following non-opioid drug pain treatment modalities including but not limited to:

- Acetaminophen
- Non-steroidal anti-inflammatory medications
- Nerve pain: pregabalin (Lyrica), gabapentin, amitriptyline
- Others: ketamine

If the non-opioid alternatives are ineffective for pain management, the LIP will be notified, and opioid based medication will be considered per policy guidelines.

Reporting Safety Issues

Adventist Health is committed to the following goals:

1. Maintain a safe environment and conditions for patients, staff and visitors
2. Reduce and control environmental hazards and risks of safety-related incidents by proactively evaluating systems in place and make the necessary changes through the EOC Safety Committee, Performance Improvement Committee, Administration and departmental participation
3. Reduce and prevent accidents and injuries to patients, staff and visitors
4. Provide education to all staff on the elements of the Safety Management Program

[ADVENTISTHEALTH:INTERNAL]

5. In-service all staff on the use of and how to complete incident reports
6. Ensure safe work practices and conditions

What to report:

- Property damage (hospital, patient, visitor or staff including, damage, loss, etc.)
- Occupational illness (needle sticks, back injury, etc.)
- Unusual or dangerous occurrence (falls, equipment malfunctions, injuries or accidents, etc.)

How to report:

- Notify a supervisor
- Place a HRP report, located on the ConnectNow page
- Contact your local risk management, compliance officer, or privacy official team member
- Email the corporate compliance team, corpcomp@ah.org
- Call the hotline: 1-888-366-3833

Patient Safety Goals

Each year The Joint Commission (TJC) gathers information about emerging patient safety issues from widely recognized experts and stakeholders. From this information TJC creates National Patient Safety Goals tailored for each specific area of healthcare. This section is going to review some of the patient safety goals for 2025 for hospitals. The information can also be found here, National Patient Safety Goals (NPSGs) | Joint Commission

- Improve the accuracy of patient identification.
    - Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine, treatment, or service.
- Improve the effectiveness of communication among caregivers.
    - Get important test and/or diagnostic results to the right staff person on time.
- Improve the safety of using medications.
    - Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
    - Take extra care with patients who take medicines to thin their blood.
    - Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
- Reduce patient harm associated with clinical alarm systems.
    - Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
- Reduce the risk of health care associated infections.

[ADVENTISTHEALTH:INTERNAL]

    - Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.
- Identify patient safety risks.
    - Reduce the risk for suicide.
- Improve health care equity.
    - Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.
- Prevent mistakes in surgery.
    - Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
    - Mark the correct place on the patient's body where the surgery is to be done.
    - Pause before the surgery to make sure that a mistake is not being made.

Adventist Health has many policies and procedures in place to support the current national patient safety goals. In addition, Adventist Health promotes a Just Culture.



A Just Culture is a Learning and Improvement Culture

We are committed to a creating a culture where everyone feels safe to raise concerns and discuss mistakes, conflicts, and potential harm for the purpose of learning and improvement.

In a Just Culture we have shared accountability where individuals are accountable for their choices, team members are accountable for supporting each other, and leaders are accountable for designing more reliable systems.

Good Choices + Strong Teamwork + Reliable Systems = Better Outcomes.

Radiation Safety

In everyday life, most people encounter sources of radiation such as sunlight, heat lamps, radio, television, and microwaves. In the hospital setting, radiation is used in the treatment and diagnosis of patients. Radiation can be harmful if the proper safety precautions are not followed. Radiation can be found in several areas of the hospital such as patient rooms, diagnostic imaging (X-ray) and nuclear medicine. While you can protect yourself from low dosages of sunlight radiation by using sunscreen and sunglasses, higher dosages found in some areas of the hospital require further protection and labeling.
Employees with direct access to radiation wear film badges that monitor exposure. Exposure is monitored quarterly. All areas using radiation equipment should have the appropriate signs posted.
Please note: X-ray equipment does not emit radiation when it is turned off.
When x-ray equipment is turned on time, distance, and shielding are three things that determine the amount of radiation exposure:

- Time – when possible, limit the amount of time spent in radiation areas.
- Distance – if you are in an area where an X-ray is being taken (i.e., patient room), you should step back at least 6 feet or leave the room.
- Shielding – lead aprons or appropriate shielding barriers should always be used to protect yourself from high doses of radiation.

Radiation implants can be used in patient treatment and emit small amounts of radiation. When high-dose dosage isotopes are used, safety precautions are followed, and signs must be posted. When working with a patient or in an area where radiation/isotope treatment is used, it is always best to treat the patient as one with an infectious disease.

MRI Safety: Note that MRI equipment is not a source of radiation.
MRI stands for Magnetic Resonance Imaging. We must all be aware that we are working around an unseen force and must be very careful around the magnetic field. Because of the effects of the static magnetic field, all patients are thoroughly screened for contraindications for MRI before entering the magnetic field area or magnet room. An MRI technologist or specially trained staff will accompany any patients, visitor, and other staff, at all times, who are not familiar with the MRI suite. The patient screening includes a questionnaire, which asks if the patient has a pacemaker, any other implants, any previous surgery, any possible metal fragments from a war injury, gunshot wounds, or as a metal worker. Hospital staff should never enter the MRI room without approval from MRI staff. They must also confirm no presence of any type of metal will be taken into the MRI with them.

A special fire extinguisher is available for use within the MRI room. Due to the magnetic field NEVER use a regular fire extinguisher in the MRI room.

If you have any questions regarding a patient being treated with radiation or a radiation area, contact the treating nurse or hospital Radiation Safety Officer.

[ADVENTISTHEALTH:INTERNAL]

Safety and Security Management

Adventist Health (AH) has multiple locations, and building security varies by location and size of the facility. Consult with onsite Security personnel, your manager, or supervisor regarding the requirements for your location.
Personal security is everyone's responsibility. Employees should put all personal valuables in their desk, locker, or other secure space. It is recommended that you do not leave personal articles of value unattended on your desk or workstation. AH is not responsible for personal property lost or stolen on AH premises. Employees are also encouraged to take normal precautions in safeguarding their automobile; and to take normal precautions when arriving or leaving work, particularly when it is dark.
Report to your supervisor, or to security personnel, any of the following incidents that occur on AH property:

- Any act of dangerous horseplay
- Anyone who appears to be acting erratically, overly upset, or a danger to themselves or others
- Any suspicious, illegal, or dangerous activity
- Missing or damaged AH property

If the circumstances warrant it, call extension 700 or 911 immediately. For all other matters, please report to your supervisor.

Surveillance
For employee protection, as well as that of AH property, the premises of AH Locations may be protected by electronic surveillance and guard services. Surveillance may include cameras in the parking lots and inside and outside buildings.
In the unlikely event AH has reason to believe an employee is in unauthorized possession of AH property and/or products, they will be asked to demonstrate this is not the case. Refusal to cooperate with this request is subject to disciplinary action, up to and including termination.
AH Security may also patrol all interior areas of AH buildings throughout the day.

Photo Identification Badges
AH photo identification badges must be worn above the waist and must always be visible while on AH property. Your badge not only identifies you as an employee, but it also serves as your access or "key" into the facilities. If you have any questions regarding your badge access, or if you misplace your badge, you must immediately notify your supervisor, Human Resources (HR) and Security.

Visitors
Visitors are not permitted on AH premises without prior approval. All authorized visitors will be given a temporary identification badge which must always be worn. Visitors (including vendors and former AH employees) who enter areas which require badge access, must be registered with Security and the supervisor or manager of the department visited must be given prior advance notice.

[ADVENTISTHEALTH:INTERNAL]

Non-Smoking Policy

Adventist Health (AH) is committed to providing a smoke-free environment. Smoking is defined as the use of tobacco products through pipes, cigars and cigarettes, and the use of e-cigarettes regardless of whether they contain tobacco. Smoking in any form using tobacco products or “vaping” with e-cigarettes is prohibited on any AH Property.

[ADVENTISTHEALTH:INTERNAL]

Workplace Violence Prevention

Workplace violence (WPV) can be any act of violence against persons or property, threats, intimidation, harassment, bullying, or other inappropriate, disruptive behavior that causes alarm, fear, or concern for one's personal safety at the work site. Workplace violence is also defined as any physical assault, threatening behavior, or verbal abuse in the work setting and includes:

- Intimidation: An intentional act toward another person, causing the other person to reasonably fear for their safety or for the safety of others.
- Threat of Violence: An intentional act that threatens bodily harm, however slight, to another person or damage to property of another.
- Act of Violence: An intentional act that causes bodily harm, however slight, to another person or actual damage to the property of another.

There are several types of workplace violence that is recognized: bullying, harassment, inappropriate gestures, verbal abuse, direct verbal threats, stalking, destruction of property, physical assault, armed assault, brandishing/displaying weapon, implied threats, mental abuse, badgering, disruptive behavior, written threats, physical abuse, inappropriate physical contact, sexual assault, loss of control causing fear, and hostile or foul language.
Workplace violence does not include lawful acts of self-defense or defense of others.

Preventing Workplace Violence
It is important to understand the consequences of workplace violence. These include corrective action up to and including removal from premises, security or police involvement, termination, and/or criminal charges.
Prohibited behaviors and conduct include, but are not limited to:

- Injuring another person physically
- Hitting, kicking, punching, slapping, shoving or physically striking an individual
- Engaging in unlawful threat or use of physical force against an individual that results in injury, psychological stress or trauma
- Engaging in verbal or physical behavior that creates reasonable fear of injury or concern for safety
- Engaging in any hostile, inappropriate behavior or disruptive acts that causes legitimate concerns for an individual's personal safety
- Threatening to harm an individual or their family, friends, AH personnel or damage their property
- Engaging in verbal or physical behavior that subjects an individual to emotional distress, stress or psychological trauma
- Engaging in the destruction or threat of destruction of property owned, operated or controlled by AH
- Engaging in threatening, violent or inappropriate behavior based on race, ethnicity, gender, sexual orientation, or other protected status
- Making harassing or threatening phone calls, emails, texts, letters or other forms of written or electronic communications

[ADVENTISTHEALTH:INTERNAL]

- Committing injurious or threatening acts related to sexual assault, stalking, domestic violence or sexual harassment
- Using language directed at another individual in a threatening or hostile manner
- Possession of a weapon or firearm on AH property, brandishing or displaying a weapon or firearm, discharging a firearm
- Intimidating or attempting to coerce an individual or AH Personnel to do wrongful acts
- Stalking, defined as the willful, malicious and repeated following and surveillance of another individual and making a credible threat with intent to place another individual in fear for their safety
- Retaliating against any individual who, in good faith, reports a violation of AH's WPV Guidelines or any AH workplace violence prevention policies or practices
- Bullying directed at another individual that includes verbal abuse; threats, intimidation or humiliating behaviors which can include non-verbal conduct; threat to professional status (public humiliation); threat to personal standing (name calling, insults, teasing); work interference, physically impeding, or sabotage, which prevents work from getting done; isolation (withholding information); overwork (impossible deadlines); and destabilization (failing to give credit where credit is due)

Reporting/Record-keeping

Staff should also notify their supervisor immediately of any threat of workplace violence at the work site. If an employee has any questions, concerns, or needs to report a threat of workplace violence they should contact the local Safety Committee; local Compliance Officer; local Risk Manager or Director; local Security Manager or Director; the Corporate Compliance Officer or the Office of General Counsel at the Roseville System Office by calling 916-781-2000. Employees may also anonymously report to the Compliance Hotline at 1-888-366-3833, or through HRP (Safety/Security) on AH's intranet.