# Orientation and Annual Education Guide

Ronald Reagan UCLA Medical Center
Stewart and Lynda Resnick Neuropsychiatric Hospital
UCLA Medical Center, Santa Monica

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# CHAPTER ONE: OVERVIEW

**Ronald Reagan UCLA Medical Center** is a 520-bed acute-care hospital with outpatient services located in 100, 200 and 300 UCLA Medical Plaza as well as in Jules Stein Eye Institute, Doris Stein Eye Research Center and the West Medical Building on Veteran Ave.

**Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA (RNPH)** is a separately licensed 74- bed acute psychiatric hospital located within the Ronald Reagan UCLA Medical Center, with outpatient services located in 300 UCLA Medical Plaza.

**UCLA Medical Center, Santa Monica** is a 266-bed acute care hospital with outpatient services located on 15th and 16th Streets as part of the medical center's expanding campus. The new UCLA Medical Office building recently opened at 1223 16th Street, across from the main hospital entrance.

All facilities are licensed by the State of California and accredited by the Joint Commission on Accreditation of Health Care Organizations.

## 1.   Mission
Our mission is delivering leading-edge patient care, research and education.

## 2.   Vision
Our vision is healing humankind, one patient at a time, by improving health, alleviating suffering, and delivering acts of kindness.

## 3.   Values
**C**ompassion:   Delivering quality and value to patients/education/research – our customers
**R**espect:       Respecting people by eliminating waste and non-value added efforts, providing the necessary resources.
**E**xcellence:   Continuous improvement to seek perfection – with error proofing and active daily management
**D**iscovery:    Scientific method (PDCA) / evidence-based practice
**I**ntegrity:     Every time, delivering highest quality, safety and service performance with stability and control
**T**eamwork:     Systematic thinking to understand processes and value streams

## 4.   Objectives
Our goals, plans and dashboards incorporate People, Quality/Safety, Service, Operations, Strategic Development and Finances.

## 5.   Leadership
A Board of Regents whose regular members are appointed by the Governor of California governs the University of California system. In addition to setting broad general policy and making budgetary decisions for the UC system, the Regents appoint the President of the University, the nine chancellors and the directors, provosts and deans who administer the affairs of the individual campuses.

Authority to lead UCLA Health System (which includes UCLA Hospital System, UCLA Medical Group, and the David Geffen School of Medicine at UCLA) is delegated to the Vice Chancellor, Medical Sciences. David T. Feinberg has been appointed Associate Vice Chancellor and CEO for the UCLA Hospital System and Dr. Thomas Strouse has been appointed Medical Director of the RNPH. Dr. Peter Whybrow is CEO of the RNPH and Physician in Chief. Dr. Feinberg delegates selected responsibility to key Hospital System leaders, including senior associate directors, senior nursing staff, department managers and unit directors for the daily

operations of the hospitals. Medical Staff (physicians) are led by a self-governance process and an elect Chief of Staff.

## 6.   Providing the Best Healthcare Experience Possible

We want our patients, their families and our staff to have the best healthcare experience possible. As part of our World Class Service, we have committed to building relationships with those whom we serve and each other by adhering to our dress codes, taking our breaks in designated areas, using a standard phone and elevator etiquette and our basic communication standard, C-I-CARE on every encounter. Our patients tell us, and experts agree, that consistent practice of the following behaviors leads to healing relationships with those we care for, and teamwork among co-workers.

As UCLA Health System employees, it is our responsibility to treat patients, families, visitors and each other with courtesy, dignity, respect and professionalism. The following are specific expectations by which all employees are measured in their performance evaluations.

### Communication — The practice of C-I-CARE

Practice C-I-CARE when interacting with patients, their families, visitors, or internal departments.
For patient-care interactions, use the following:
- **C**onnect with the patient and family members by addressing them as Mr./Ms., or by the name that they prefer.
- **I**ntroduce yourself and your role.
- **C**ommunicate what you are going to do, how long it is going to take, and how it will impact the patient.
- **A**sk and anticipate patient and/or family needs, questions or concerns.
- **R**espond to patient and/or family questions and requests with immediacy.
- **E**xit courteously and/or with an explanation of what will come next (or when you will be back to check on them).

### C-I-CARE Phone Etiquette

Practice C-I-CARE phone etiquette during all phone interactions:
- Before answering the phone, discontinue conversations or activities that may be heard by the caller.
- Answer the phone within 4 rings.
- Identify your department, give your name, and offer assistance such as, "May I help you?"

### Courtesy

Always exercise courtesy whenever patients, family members and visitors are present, including in the cafeteria, patient and visitor waiting areas, hallways, elevators, treatment areas and patient rooms.
- Smile and make eye contact with patients, visitors and staff. Offer a greeting when passing, such as, "good morning."
- Allow patients and visitors to go first when getting in/out of elevators, doorways and in the hallways.
- Offer to help visitors get to their destination, or provide directions.
- Speak in moderate tones; be aware of the level of your voice (speaking loudly or yelling) in the hallways or elevators.
- Demonstrate professional behavior whenever patients, family members or visitors are present. Avoid lying down, sleeping, removing shoes, using hospital linen, eating, laughing or speaking loudly or disruptively. Avoid boisterous behavior in areas within earshot of patients and visitors.

Maintain appropriate conversations, being respectful of patient and employee confidentiality.
- Conflicts or disagreements of a work-related or personal nature should be discussed where patients, their families or visitors are not present.
- In order to provide a safe environment of care, speak only English or the language of the patient/visitor you are helping. Arrange for interpretation services when needed.

- Personal cell phones or listening devices may only be used during break times and only in designated break areas.

**Respect**
- Respect privacy and dignity.
- Knock on a patient's door before entering and ask permission to enter.
- Ask permission before examining a patient, and provide an explanation of the examination or procedure.
- Do not make disparaging remarks about other departments or staff in front of patients or visitors.
- Respect individual and cultural differences.

**Professionalism**
Maintain professionalism in the presence of patients, their families, visitors and co-workers.
- Show pride by maintaining professional appearance while on duty. Adhere to organizational appearance standards. Wear name badge appropriately.
- Demonstrate an ongoing responsibility and commitment through good attendance and by being on time to work.
- Demonstrate pride in UCLA Health System by keeping areas clean and safe.
- When within hearing of any patients, family members, visitors or staff members, keep comments about patients, co-workers, physicians or any part of UCLA Health System positive and appropriate.
- Teamwork: recognize that each person has an area of expertise and that his or her contribution is valuable.

Patients and staff provide feedback about their healthcare experience in our hospitals and clinics through ongoing patient and staff surveys, which are shared with faculty and staff throughout the organization. Opportunities for improvement are identified and great performance is recognized and celebrated. Our STAR Program recognizes and awards those individuals identified by patients and colleagues as having made a difference in their experience and demonstrated "C-I-CARE" in their interactions.

## 7. Team Communication and Collaboration

Teamwork is a key component in the success of an organization. Staff meetings, huddles, multidisciplinary committees, open forums, shift meetings, and rounding all contribute to building a unified team, aligning your goals, raising morale, providing support, recognizing accomplishments, and brainstorming ideas or problem-solving issues. These opportunities open the lines of communication between a manager and staff member or various disciplines and caregivers. That connection leads to more accurate and timely information, important education for all participants and clear expectations. It is very important for there to be two-way communication. This allows for interaction, feedback and discussion. Listening is also a critical skill. Even a brief assembly can achieve clarity, alignment and commitment to a common goal. Communication, coordination and collaboration among our staff members promote more successful interactions and outcomes for our patients, visitors and customers.

# Chapter Two: Medical Center Plans, Programs, and Initiatives

## 1. Plans

UCLA Health System leadership develops plans to guide how the institutional mission and values are carried out in specific situations. Key institutional planning issues are summarized below.

### a) Leadership Plan

UCLA Health System leadership seeks to identify needs and resources, set goals, and guide the institution toward achieving those goals. Additionally, leadership is responsible for planning, directing, coordinating and improving the institution's performance.

### b) Communication Plan

UCLA Health System is committed to open communication with patients, staff, and the community and follows three basic principles in accomplishing this task:

- All staff will have an opportunity to be heard.
- UCLA Health System leadership will listen.
- Information will be shared.

There is continuous effort to improve communication throughout the organization. New tools and techniques are introduced and their effectiveness is assessed.

### c) Staff Education Plan

The UCLA Health System Education plan is a two-year plan that was created to address formally assessed learning needs across the organization. The purpose is to provide an effective and efficient process that builds the requisite skills for optimum performance at all levels of staff. The ultimate purpose of the plan is to provide a learning environment that supports progressive learning and optimum performance in providing exemplary patient care. The goals of the plan are to ensure that employees are provided with an adequate orientation, to provide an environment that is conducive to continuous learning, and to ensure the effective collection and aggregation of data related to education, training and development. Education, training and development is an ongoing process rather than a single event, and occurs at any time or any place. All employees and their managers are responsible for ongoing achievement of competencies and learning objectives.

### d) Information Management Plan

The UCLA Health System Information Management plan addresses both computer and non-computer activities. These activities include paper-based processes, fax and e-mail communications as well as all other computer-based activities. Information management links research, teaching, and patient-care activities as well as administrative and business functions. In addition, there is an IT Steering Committee whose primary function is to assess information needs, develop and plan the current and future use of technology, and evaluate and approve Information Technology projects. RNPH also has an Information Management Committee whose mission is to streamline workflow, improve communication and review and approve policies.

The goals of information management are to:

- Develop and maintain an integrated information and communication network linking research, academic and clinical activities
- Provide computer-based patient records with integrated clinical management and decision support
- Support administrative and business functions with information technologies to improve service quality, cost-effectiveness, and flexibility

- Build an information infrastructure that supports the continuous improvement initiatives of the organization
- Ensure the integrity and security of information in order to protect patient confidentiality

Protecting patient confidentiality is everyone's responsibility so all employees who access patient data must sign confidentiality statements. To assure security of computerized information, individual passwords are required for all employees who use a computer.

### e) Institutional Plan for the Provision of Patient Care
This plan guides UCLA Health System in providing excellent patient care. Four important factors guide patient-care planning:
- **Patient-focused care —** Services are decentralized at the unit level whenever possible for greater efficiency, cost savings, and staff and patient satisfaction.
- **Consideration of special patient populations —** Patient-care plans consider patients' age, language, cultural background and special needs and circumstances.
- **Single level of care —** All patients with similar health care needs receive the same level of care regardless of the department providing the care, the discipline of the health care practitioner, or the patient's ability to pay.
- **Continuity of care —** Patient care is coordinated as patients move from one level of care to another, i.e., from admission, through hospitalization and to ambulatory or home care.

Each department/unit has a written *Scope of Service* that highlights its functions and services. It also identifies and provides a summary of its standards and staffing to meet the needs of its patients and/or other customers.

## 2. Programs and Initiatives
As a way to continually improve the UCLA Health System's performance, the following initiatives and programs have been established to provide structure and formal process improvement, and to support quality patient-care activities.

### a) Performance Improvement
Our Performance Improvement (PI) program continuously plans, measures, assesses, and improves processes, systems and outcomes to ensure exemplary performance. This includes "quality assessment," which refers to systematic monitoring activities.

The systematic methodology used to conduct Performance Improvement activities is "FOCUS-PDCA," which stands for the following:
- **F**ind a process to improve
- **O**rganize a team that knows the process
- **C**larify current knowledge of the process
- **U**nderstand the source of improvement
- **S**elect the improvement process

- **P**lan the improvement
- **D**o improvement, collect data, and analyze it
- **C**heck and study the results
- **A**ct to hold the gain and to continue to improve the process

Performance Improvement includes evaluation of clinical effectiveness to improve patient care and achieve treatment efficiency and cost effectiveness. The program also incorporates the institution-wide PI Program, which is organized to integrate UCLA Health System PI activities into a comprehensive, interdisciplinary program. Annually, the organization identifies organization-wide measures that demonstrate the quality of care provided. Additionally, at the beginning of each fiscal year, each department or service identifies its quality goals consistent with the performance improvement priorities. These organization-wide and department-specific goals are shared throughout the organization so groups with similar interests can share resources and ideas. At the end of the year, the accomplishments of the performance improvement program are summarized and communicated to the organization.

UCLA Health System has established the following three priority areas:
- Quality – Delivering the highest quality of care to all of our patients
- Service – Meeting all of our patients' and customers' expectations
- Cost – Keeping our costs in line so we can deliver the best care to as many patients as possible

All employees are responsible for ensuring patient safety by identifying unsafe practices, participating in root-cause analyses, and understanding the relationship between Performance Improvement and Risk Management. Employees will work with Risk Management to identify risk and reduce or eliminate risk exposures. Identifying and eliminating risk provides opportunities for improvements in process and practice of care.

**b)    The Incentive Award Program** is established for career, limited appointment and per-diem staff who meet eligibility requirements. Under this program, an employee or a team may be nominated to receive up to $1000 per fiscal year for meeting one of the following criteria:

1. The employee's creativity or innovative actions impacts departmental or organizational performance.
2. The employee makes a measurably significant, special, one-time contribution to departmental performance.
3. The employee's performance elicits favorable reactions from customers and he or she handles customer or client needs that meet departmental objectives.
4. The employee improves organizational performance and operational efficiency.
5. The employee provides significant support for strategic or functional business plans and objectives.

**c)    Patient and Family Education** improves health outcomes by promoting healthy behavior and involving patient and their families in care and care decisions. Patient and family education is specific to patients' assessed needs, abilities, and readiness to learn. Educational resources are available to patients and their families. The patient and family educational process is collaborative and interdisciplinary, as appropriate to the plan of care. When health professionals understand one another's contributions to patient education, they can collaborate more effectively. Collaboration, in turn, ensures that the information that patients and families receive is as comprehensive, consistent and effective possible

# Chapter Three: Key Medical Center Policies and Highlights

All UCLA Health System staff must be aware of key policies that guide appropriate behavior and quality patient care as well as provide a safe working environment for staff.

## 1.   Disruptive Behavior / Workplace Conduct

Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. Intimidating and disruptive behaviors can contribute to employee turnover, increased costs of care, poor patient satisfaction, poor overall quality of care, medical errors and adverse outcomes.

To ensure quality and to promote a culture of safety, UCLA Hospital System has zero tolerance for disruptive behaviors that affect patient care. Disruptive and inappropriate behavior includes, but is not limited to: any behavior that distracts, interferes with, or prevents normal work functions or affects employee morale or turnover. All staff members are responsible for modeling desirable behaviors to create a positive work environment.

Staff should report disruptive behavior through the chain of command and to Human Resources. Reporting and investigating will remain confidential. Retaliation against someone who reports disruptive behavior is strictly prohibited. For more information, please refer to the Disruptive Behavior Policy, HS 7313.

## 2.   Patient Rights and Responsibilities

UCLA Health System respects the rights of the patient and recognizes that each patient is an individual with unique healthcare needs. UCLA Health System has adopted a Patients' Bill of Rights and Responsibilities. Employees should be aware of these rights, which include, but are not limited to, roles of the physicians, decisions about medical care, information about diagnosis, treatment and prospects for recovery, effective pain management, privacy and confidentiality, billing explanations, and reasonable requests for services. Patient responsibilities include the expectation to treat providers and others with courtesy and respect, to follow hospital policies, to provide necessary medical information, and to cooperate with the delivery of care.

A detailed description of all of the patient rights is posted throughout Ronald Reagan UCLA Medical Center, UCLA Medical Plaza, and inpatient and outpatient areas of UCLA Medical Center, Santa Monica.  It can also be obtained by contacting Patient Affairs at x40512 (RRUCL), x41276 (Medical Plaza) or 424-259-9120 (SMUCLA).

## 3.   Ethics Center of Medical Ethical Decisions

Medical advances, technological changes affecting the storage and availability of information, and economic pressures have created unprecedented ethical issues in healthcare and end-of-life care. How do we choose which patients will receive the newest treatments? Do economic factors, information technologies and genetic breakthroughs threaten trust in the doctor-patient-family relationship and impede optimal bedside care for patients? What choices do we make if ethical issues become obstacles to technological development and medical advancement?

To explore these increasingly complex issues, UCLA Health System has created the UCLA Health System Ethics Center. The center's mission is to provide education, service and research to enhance the practice of medicine for patients, families, professionals and the public. In service to that mission, the center hopes to advance the ethics debate and examine the ethical issues that complicate everyday medicine. The medical staff has an organized Ethics Committee to address these complex issues.

**The center is committed to:**
- Promoting the care of patients in an environment that is humanistic and compassionate.

- Drawing on the perspectives of health professionals, patients and families in resolving ethical issues.
- Addressing the challenges of rapid socioeconomic, cultural and technological changes in healthcare.
- Utilizing the rich and diverse UCLA academic resources to benefit from the strengths and perspectives of various disciplines and professions.
- Carrying out innovative research to advance ethical aspects of healthcare and health policy.
- Hosting community lectures on medical-ethical topics of public interest.

Utilizing resources and experts in the fields of social work, pastoral care, nursing, public health and law, among others, the UCLA Health System Ethics Center focuses the efforts of the University, the David Geffen School of Medicine at UCLA and UCLA Health System on developing innovative, humanistic solutions to new ethical issues in patient care.

Patients, family members, employees and physicians can receive support in addressing ethical issues. For an ethical problem or question 24 hours a day, 7 days a week, *anyone* can request assistance by paging: "ETHIC" (#38442).

A Professional Staff Ethics Committee at the Resnick Neuropsychiatric Hospital identifies and clarifies ethical issues. Posters situated throughout the hospital invite anyone including staff, faculty, trainees, and patients to call, write or e-mail the chair of the Ethics Committee in confidence to discuss an ethical issue. The chair can be reached at 310-825-6962 or by letter to the Chair, RNPH Ethics Committee, c/o RNPH Ombuds Office, NPH B8-257, Campus Mail 175919.

## 4.   The UCLA Compliance Program

UCLA Health System and the David Geffen School of Medicine are committed to providing quality healthcare services, health professional training, and biomedical research in compliance with all applicable laws and regulations. At the same time, the University is expected to take responsibility for appropriate ethical and legal behavior in the work place. The Compliance Program pertains to all members of the medical sciences workforce, including all staff, faculty, healthcare professionals, students and trainees, contractors and volunteers.

The program supports our three hospitals, all outpatient areas, including clinics, the School of Medicine and the Faculty Practice Program. (http://compliance.uclahealth.org)

Healthcare has become more complex in recent years, with an increased emphasis on financial considerations. In addition, federal and state governments, have placed growing importance on preventing and detecting instances of fraud and abuse in violation of healthcare laws and regulations. The primary method of preventing healthcare fraud and abuse has been the creation of compliance programs at the corporate level as a method of self-monitoring by members of the healthcare sector.

The Federal Department of Health & Human Services and its Office of the Inspector General (OIG) strongly urge all healthcare providers to implement effective corporate compliance programs not only to further advance the prevention of waste, fraud and abuse in healthcare, but to further the fundamental mission of all healthcare entities, which is to provide quality healthcare to patients. The OIG also recognizes that a sincere effort to comply with applicable federal and state standards through the establishment of an effective compliance program significantly reduces the risk of unlawful or improper conduct and may, in fact, mitigate the severity of administrative penalties. UCLA has taken up this mandate in part to serve as a role model for good corporate citizenship in healthcare in the 21st century. UCLA began its compliance program in 1997 with the creation of standard documentation rules for physician professional billing, along with a monitoring capability to ensure that these rules are being adhered to throughout the healthcare enterprise. UCLA has expanded its compliance program to cover all components of UCLA Health System and the David Geffen School of Medicine (UCLA HS & DGSM).

A Code of Conduct is a critical part of our Compliance Program and is intended to provide guidance to all those who work in the UCLA HS & DGSM. While much of this Code appears to be self-evident, it serves an important function in ensuring adherence to the law. A Chief Compliance Officer (CCO) has been appointed by the Vice Chancellor and Dean to administer the Program, ensure that it is kept up to date, facilitate education of all employees about compliance issues and investigate compliance questions.

The Goals and Objectives of the UCLA HS & DGSM Compliance Program:
- Reduce risk of fraud, abuse and waste within UCLA HS & DGSM
- Detect and prevent misconduct and violations of laws, regulations and UCLA Health System, UCLA and UC policies and procedures
- Educate UCLA HS & DGSM Employees about the Compliance Program and their responsibilities under the program
- Develop an ethical infrastructure to help guide staff and faculty behavior and activities on behalf of UCLA HS & DGSM

The Compliance Program helps make compliant, ethical behavior part of the standard operations of all parts of UCLA HS & DGSM. Both "doing things right" and "doing the right thing" are consistent with UCLA Health System's mission, vision and values.

The Program has been developed in the context of the UCLA HS & DGSM core mission, which is "to develop and maintain an environment in which the educational and scientific programs of the Schools of the UCLA Center for Health Sciences are integrated with exemplary patient care." The specific purposes of the Program are to:
1. Maintain and enhance quality of care.
2. Demonstrate sincere, ongoing efforts to comply with all applicable laws.
3. Revise and clarify current policies and procedures in order to enhance compliance.
4. Enhance communications with governmental entities with respect to compliance activities.
5. Empower all responsible parties to prevent, detect, and resolve conduct that does not conform to applicable laws, regulations and the Program.
6. Establish mechanisms for employees to raise concerns about compliance issues and ensure that those concerns are appropriately addressed.

As set forth in the Code, all UCLA Health System faculty and staff should adhere to all applicable standards of professional practice and ethical behavior in carrying out their duties and should not feel forced to take part in unethical, improper or illegal conduct. A Confidential Compliance Hotline is available for staff to anonymously report compliance concerns. The hotline can be reached by calling 1-800-296-7188.

## 5. Patient Confidentiality
Every patient has a right to privacy and it is every employee's responsibility to protect that confidentiality. This means keeping information about patients and their healthcare private. Both federal law (the Health Insurance Portability and Accountability Act or HIPAA) and California state law require the protection of all Patient Identifiable Health Information, including all identifiers, images and other information that could be used to determine the identity of a patient. The privacy laws apply to all forms of patient health information including paper, electronic and verbal information. Unauthorized use of UCLA's information systems, including inappropriate viewing, review, access and disclosure of medical and personal information can result in disciplinary action (up to and including termination), notification to the government, fines and reporting to licensing boards, and may constitute grounds for either civil or criminal actions. Do not share your password and *log off when you leave a workstation*.

Staff are required to use or access only the patient information that is minimally necessary to complete a task, responsibility or function. Staff are required to use and access information only on patients for whom they are providing care, or which they need to complete a task that is part of their responsibilities.

Confidential information includes a wide variety of information about a patient's healthcare. Examples of confidential information include:
- Patient identifiers such as medical record number, name, date of birth, Social Security Number, address, phone number, contact information, photographic images and any other unique code or characteristic that could be used to identify an individual patient
- Details about illnesses or conditions (particularly AIDS, psychiatric conditions, genetic testing or alcohol and drug abuse)
- Information about treatments
- Healthcare provider's notes about a patient
- Patient billing information
- Conversations between a patient and a healthcare provider

General patient information in the facility directory, such as patient name and condition, may be released as provided by California state law and federal privacy regulations without the patient's specific authorization unless the patient requests that they not be listed in the facility directory or census. *Your department may have special rules regarding when to release this information. Please consult with your supervisor or manager before releasing information.*

Patients have certain rights granted under federal and state law to control their protected health information, including the right to access and receive a copy of their health information, request addendums to or changes to their health information, request restrictions on how and to whom their information is used or disclosed, request alternate methods for communicating with them, and obtain a list of individuals or organizations to whom UCLA Health System has provided access to their information. These rights apply to both the patient's medical and billing records.

At the time of admission or at the first outpatient direct service encounter, each patient receives a "UCLA Health System Notice of Privacy Practices," which explains how UCLA Health System uses patient information and the rights patients have over their own health information.

### Privacy and Information Security Policies and Resources
UCLA Health System policies and procedures, and University of California policies, relating to the protection of patient privacy can be found on the Office of Compliance and Privacy website, accessible from the UCLA Health System Mednet home page at: http://www.mednet.ucla.edu/. The website outlines how patients may exercise their privacy rights over their health information and provides training materials and resources for staff on the legal requirements for protecting and securing patient information.

### Guidelines for Protecting Patient Confidentiality
The federal HIPAA regulations require all staff to use physical, technical and other safeguards to keep protected health information secure and private.
- Protect all records. Keep records secured, and ensure that only authorized staff are accessing records for valid treatment, payment and healthcare operations purposes.
- Keep all patient information covered. Do not leave patient information displayed on computer screens. Only authorized personnel may review medical records whether in paper or electronic formats.
- Don't talk about patients in public. Be careful not to discuss confidential information where others, including patients, visitors, or other employees, might overhear.
- Use care with telephones, fax machines, and e-mails. Make sure that all department printers, fax machines and other devices used for transmitting or storing patient information are secure.

- Protect your computer passwords and never share them with anyone else.
- Dispose of trash that contains confidential patient information in secured disposal containers or shred the information.
- Do not look up information not required for your job.
- Use only encrypted flash drives or USB keys to protect the integrity of clinical information.
- Report suspected information security and privacy violations to your supervisor, through the event reporting system, the Hotline, or to the Office of Compliance and Privacy.

## 6. Organ and Tissue Donation

At UCLA Health System, organ and tissue donation are incorporated into our mission. The donation process is regulated, defined, outlined and supported by the Center for Medicare and Medical Services (CMS), The Anatomical Gift Act, The Uniform Determination of Death Act, The California Health and Safety Code, The Joint Commission, *The Organ Donation & Transplantation Breakthrough Collaborative* (HRSA), and the UCLA Health System policy for Organ and Tissue Donation.

OneLegacy, a federally designated Organ Procurement Organization (OPO), is our partner in the donation and procurement process.

All patients are provided with the opportunity for organ and or tissue donation as part of end-of-life care. Families of patients who become donors report that organ donation provides meaning to their loss and is a source of comfort and healing.

In California, consent for organ donation via the DMV, California Donor Registry (www.donatelifecalifornia.org) or other legal document that has not been subsequently changed by the individual, does not required additional consent for donation.

A multidisciplinary team, Bruins for Life (WW), comprised of physicians, nurses, social workers, the Ethics Center, educators, managers, and OneLegacy staff oversees the donation process (under the oversight of the Performance Improvement and Patient Safety Committee or PIPS), maintains knowledge of best practices, identifies opportunities for improvement, and works collaboratively across disciplines to implement improvements in the organ and tissue donation process.

Organ donation occurs after a pronouncement of "brain death" and in certain circumstances, after cardiac death (Donation after Cardiac Death or DCD). Tissue donation occurs after a patient is declared dead.

The laws governing consent for organ and tissue donation serve as the basis for the donation consent process.

**Key elements of best practice donation processes include:**
- Use of defined "Clinical Triggers" for early identification and referral of potential organ donors.

- All potential donors (per clinical triggers) are reported to 800-338-6112 within one hour of identification (brain death and DCD) or within one hour of death (tissue).

- Multi-disciplinary team huddles facilitate the development of the patient/family plan of care and the effective request process. The huddle process may occur by phone and or in the patient-care area.

- Effective requesting incorporates all of the known information about the patient and family to determine the "who, how, when and where" aspects of the donation request. A culturally competent requester is preferred. A culturally knowledgeable or like-requester may be used. The goals of the effective request process are to optimize the opportunity for donation consent and to support the patient and family throughout the process. Although there are commonalities, every request is unique to the needs of the

patient/family situation. A OneLegacy partner is usually the requester. If, based on the needs of the family, a member of the multidisciplinary team is the requester, a OneLegacy partner is usually physically present during the request.

- After-action reviews are conducted within one week of an eligible donor identification to understand the successes and opportunities in the donation process. The model for improving the process is a rapid cycle "Plan-Do-Study (check) Act".

- Identified metrics (timely referral, conversion rate, medical examiner declines, DCD%, and organs transplanted per donor) are reported to the PIPS committee and to the HRSA "ODTB Collaborative" database.

# 7. Advance Healthcare Directives

Federal and state law requires that patients be informed about their right to formulate Advance Healthcare Directives upon being admitted to the hospital. UCLA Health System supports this law and encourages patients to communicate their health care preferences and values. Advance Healthcare Directives may be made either verbally or in writing. In order to facilitate this process, UCLA Health System provides a legal form to any patient who wants to communicate an advance directive or appoint a health care proxy should he or she become unable to make decisions for himself or herself. All patients who are admitted are offered this choice and assistance is provided to those who need it. Completed Advance Healthcare Directive forms should be sent to the Admissions office. They are entered into the computer system and sent on to the patient's medical record. The forms are available through the Admissions office or Patient Relations.

# 8. Pain Management

Pain is defined as "an unpleasant sensory and emotional experience associated with actual and potential damage, described in terms of such damage" (Merskey, 1986, *American Pain Society* 1992)

Acute and chronic pain are serious problems for 20 to 30 percent of the U.S. population. Some 50 million people in America have disabling chronic pain (Bonica JJ.In: *The Management of Pain*. 2nd ed. Philadelphia: Lea&Febiger.1990)

Pain management is an important consideration among cancer patients. It is estimated that 30 to 50 percent of adults undergoing treatment for a solid tumor experience chronic pain and 90 percent of adult cancer patients with advanced disease experience pain. For infants and children, the provider should recognize the potential for pain or suspect that a child is in pain (Agency of Health Care Policy & Research, 1992, 1994)

The obligation to alleviate suffering is an essential component of the clinicians' broader ethical duties to benefit and not harm. *All* healthcare professionals should maintain clinical expertise and knowledge in the management of pain.

**Making Pain Visible**

The Agency for Health Care Policy & Research (AHCPR) developed practice guidelines to address pain and pain management. These guidelines were designed to help clinicians, patients and families understand the assessment and treatment of pain in both adults and children.

These guidelines emphasize the following:

- An interdisciplinary approach to pain control, including all members of the healthcare team with participation of the patient and family.
- A pain treatment plan that is individualized and involves the patient in all aspects of their care.
- Pain assessment in all patients and ongoing reassessment of patients' pain needs.
- Both pharmacological and non-pharmacological therapies to prevent and control pain.
- A formal, institutional approach to pain management with clear lines of responsibility.

UCLA Health System has developed a Pain Management Policy and Pain Management Standards of Care based on the AHCPR Guidelines, American Pain Society and JCAHO Standards of Care.

**Assessment**
Pain Assessment is the cornerstone of all effective pain management. Successful assessment and management of pain depends on healthcare providers establishing a positive relationship with patients and their families or significant others.

Assessment of pain should be frequent and simple. It helps clinicians understand the patient's pain problems and how the pain affects their activities of daily living.

All patients are screened for the presence of pain at the point of entry into UCLA Health System.
A comprehensive pain assessment is based on the patient's self-report. This assessment includes *intensity, location, quality (description) and duration.*

Our institution uses the 0-10 pain rating scale, with 0 meaning no pain and 10 indicating the worst possible pain.

Observation of behavior and the use of descriptive words is necessary for babies, very young children and adults who cannot communicate. Family members or significant others close to the patient are important sources for describing pain in these groups.

Newborn assessment criteria can include behavior responses, such as restlessness, fussiness, facial grimacing, flaring of arms and legs, clenched fists and vocal changes such as crying and whimpering. Use physiological measures only as adjuncts to self-report and behavioral observation. They are neither sensitive nor specific as indicators of pain.

Children 2 months to 7 years of age can be assessed using the FLACC Scale, which looks at the face, legs, activity, cry and consolability.

Elderly often report pain very differently from younger patients due to physiological as well as psychological and cultural changes associated with aging. Cognitive impairment, delirium and dementia represent serious barriers to pain assessment.

Reassessment of pain is ongoing according to the patient's needs. The importance of reassessment of the patient's pain status is stressed in the above guidelines and in practice.

Effective communication techniques are essential to effective pain management. Patients and their families and significant others are educated about pain and pain management and are provided with appropriate education materials. Patient Education is initiated pre-op/pre-intervention and continued throughout the patient's care.

Our patient/family guide *Lets Talk About Pain Control* is used to start a discussion about the patient's pain. It lets the patient know we need their help to manage their pain. This pamphlet communicates our concerns about pain and the words we will be using to talk about pain.

The discharge process begins during the inpatient care for effective pain management. It is important to consider the patient's needs at the time of discharge early in their care, so that they are adequately addressed.

Remember that patients have a right to appropriate assessment and management of pain. Our institution respects and supports this right. Ask your patients about pain regularly.

## 9.  Staff Rights

UCLA Health System seeks to provide high-quality patient care in an environment that protects employees and respects their ethical, religious, and cultural beliefs. UCLA Health System leadership recognizes that situations may occasionally arise in which an employee's cultural, ethical or religious belief interferes with the rendering of patient care. The policy titled *Staff Request for Reassignment Related to Cultural Values, Ethics and Religious Beliefs* describes the mechanism by which an employee may formally submit a request to their supervisor for such considerations.

## 10.  Abuse Recognition and Reporting

*Every employee has the obligation to look for, recognize, and report suspected or actual abuse of patients.* The abuse may be child abuse, elder abuse, intimate partner abuse (domestic violence), or abuse from an assault. The following conditions may alert you to a case of abuse:
- There is no explanation for the injury, or the explanation does not seem believable.
- There has been a delay in seeking medical treatment.
- The patient has a previous history of injuries or the injuries are in different stages of healing.
- The patient's behavior changes or is inappropriate when in the presence of family or significant others.
- Other family members do not allow the patient to speak for himself or herself.

If you suspect or have knowledge of abuse involving a patient, these steps will guide you through your reporting obligations and address safety for the patient:

*Contact Clinical Social Work for a consultation: x79700 at RRUCLA and x945640 at SMUCLA.*
- If the patient is a child, page the Suspected Child Abuse and Neglect Team (SCAN) on pager #96672.

*Following your contact with Clinical Social Work or if Clinical Social Work is not available:*
- You may also need to complete an abuse-reporting packet (found on each Unit).
- You may also need to call one of the hotlines listed on the instruction sheet of the reporting packet.

### Additional Information:
- If the patient is an adult and it is intimate partner abuse (domestic violence), in addition to contacting Clinical Social Work, you can also page the Domestic Violence Consult Team at pager # 96000.
- If a patient is being treated for an assault, call the University Police Department at x51491. For immediate assistance, call 911.

### Staff Safety

A history of violence is the biggest predictor of violence. If you suspect a family member or caregiver of being abusive to a patient, there is a possibility that they may be abusive to the staff as well. Be alert for indicators of impending aggression: pacing, trembling hands and/or voice, agitation, rise in the tone of voice, increase in breathing pattern. Always position yourself so you are closest to the exit. Never antagonize a potential abuser. If someone becomes abusive, contact UCPD.

### Indicators of Abuse

The following indicators do not always mean abuse or neglect has occurred, but they can be clues to the need for an abuse investigation. A physical assessment of abuse should be done by a physician or trained healthcare practitioner.

### Physical Indicators
- Bruises, welts, discoloration, swelling
- Cuts, lacerations, puncture wounds

- Pain or tenderness on touching
- Soiled clothing or bed
- Absence of hair/bleeding scalp
- Dehydration/malnourishment without illness-related cause
- Evidence of inadequate or inappropriate administration of medication
- Burns: may be caused by cigarettes, flames, acids, or friction from ropes
- Signs of confinement (tied to furniture, bathroom fixtures, locked in a room)
- Lack of bandages on injuries or stitches when indicated, or evidence of unset bone fractures

## Behavior Indicators from the Victim
- Fear
- Withdrawal
- Depression
- Helplessness
- Denial
- Agitation, anxiety
- Hesitation to talk openly
- Shame
- Ambivalence/contradictory statements not due to mental dysfunction
- Conflicting accounts of incidents by the family, supporters, victim

## Indicators from the Family/Caregiver
- Absence of assistance, indifference or anger toward the dependent person
- Blaming of the elder or dependent adult (e.g. accusation that incontinence is a deliberate act)
- Aggression (threats, insults, harassment)
- Previous history of abuse to others
- Social isolation of the family or isolation or restriction of activity of the elder or dependent adult within the family unit
- Reluctance to cooperate with service providers in planning for care

## Indicators of Possible Financial Abuse
- Unusual interest in the amount of money being expended for the care of the person
- Refusal to spend money on the care of the person
- Power of attorney given when person is unable to comprehend the financial situation, and is incompetent to grant power of attorney
- Lack of personal grooming items, appropriate clothing, etc., when the person's income appears adequate to cover such needs
- Checks and other documents signed when the person cannot write

Injuries are sometimes hidden under breasts or in other areas of the body normally covered by clothing. Repeated skin or other bodily injuries should be noted and careful attention paid to their location and treatment. Frequent use of the emergency room and/or hospital or health care "shopping" may also indicate physical abuse.

In observing a family, it is important to be aware of one's personal biases and preconceptions. Remember that all forms of abuse and neglect occur in all cultural, ethnic, occupational, and socioeconomic groups.

Document your patient's and his or her caregiver's explanations of injuries and note any discrepancies between their stories. Identify each speaker and use his or her exact words in quotation marks.

## 11. Sexual Harassment

UCLA Health System is committed to creating and maintaining a community in which everyone can work together in an atmosphere free of all forms of harassment, exploitation or intimidation, including sexual. A harassment-free environment is built on open communication and dialogue regarding this important issue. Prevention and early resolution are also key components. UCLA Health System will not tolerate sexual harassment. This behavior is prohibited both by the law and by University policy. UCLA will take whatever action is necessary to prevent and correct such behavior and, if appropriate, discipline persons whose behavior violates this policy.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

A. Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other work activity;
B. Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decision affecting an individual; or
C. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive work environment.

In determining whether the suspected conduct is sexual harassment, consideration will be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred. It is the responsibility of department heads, managers, and supervisors to take action as necessary to prevent sexual harassment and correct it where it occurs.

Employees should contact the Human Resources Department to obtain information regarding sexual harassment or to initiate a fact-finding investigation of an alleged sexual harassment. During the complaint resolution process, and in accordance with existing policies and laws, every reasonable effort shall be made to protect the privacy of all parties. No person shall be subject to reprisal for using or participating in the informal process or complaint resolution process, or for using or participating in the formal grievance process.

The primary purpose of the complaint resolution procedure is to attempt resolution of the complaint at the earliest stage possible. The sooner the incident or situation is addressed, the better the chances are for a successful resolution.

## 12. Research Involving Medical Center Patients

UCLA Health System participates in numerous research projects in support of the research mission of the School of Medicine. Research regulations and policies are under the auspices of the Food and Drug Administration, the Department of Health and Human Services, the State of California and the University. The UCLA Office of the Human Research Protection Program (OHRPP) shares the primary responsibility with investigators, research staff, and the University for ensuring the protection of patients and others involved in research projects. All human research projects must be prospectively approved by the UCLA Institutional Review Boards (IRBs) or receive a certified claim of exemption from the OHRPP. This includes any work with stored or prospective collections of human biological material, protected health information, phase I-IV clinical trials that involve drugs, biologics, gene therapy, invasive procedures, or medical devices or equipment. The subject has the right to complete information about each research procedure or protocol and can decide to stop participating in the research at any time. Requirements for informed consent are specific to each research protocol and must be explained both verbally and through a UCLA IRB-approved written document to each subject by the IRB-approved clinician/investigator who is conducting the research. When required by the IRB, the patient must sign an Authorization for Release of Protected Health Information for Research Purposes. For treatment research, a copy of the informed consent form and authorization for release of information is filed in the patient's medical record.

## 13. Forensic Staff Orientation and Education

The UCLA Health System provides orientation and education to forensic staff about their responsibilities related to patient care. Forensic staff includes correctional officers or guards assigned to monitor incarcerated patients, and private security guards or bodyguards who accompany patients.

When a patient accompanied by forensic staff is admitted to a UCLA hospital, the Patient Access Services Department (Admitting) notifies the Security Department and the Nursing Unit of the admission.

The Unit Director or Charge Nurse will orient the forensic staff to his responsibilities associated with supporting the safe, effective provision of patient care, such as techniques for interacting appropriately with patients, imposition of disciplinary restrictions (for prisoner/patients), patient confidentiality, and infection control.

The Security Officer will orient the forensic staff to his responsibilities associated with recognizing and responding to emergencies and disaster codes.

For safety purposes, employees will not acknowledge a prisoner/patient's presence in the hospital. Room numbers will not be given out under any circumstances. Employees and physicians will never enter a prisoner/patient's room unattended by forensic personnel. Employees will never fraternize with prisoner/patients.

All authorized communication with forensic staff responsible for the patient will be made by calling the hospital switchboard and asking for the appropriate patient-care unit. Any caller using the patient's name will be refused information and will not be connected to the patient's room.

## 14. Drug-free Workplace

UCLA Health System recognizes dependency on alcohol and other drugs as a treatable condition and offers programs and services for employees with substance dependency problems. UCLA Health System strives to maintain a worksite free from the illegal use, possession, or distribution of alcohol or of controlled substances. Unlawful manufacture, distribution, dispensing, possession, use, or sale of alcohol or of controlled substances by employees in the workplace, on UCLA Health System premises, at official UCLA Health System functions, or on UCLA Health System business is prohibited. In addition, employees shall not use illegal substances or abuse legal substances in a manner that impairs work performance.

Employees found to be in violation of this policy may be subject to corrective action, up to and including dismissal, under applicable University policies and labor contracts, or may be required, at the discretion of UCLA Health System, to participate satisfactorily in an Employee Support Program.

Pursuant to law, employees working on federal contracts and grants shall notify UCLA Health System within five calendar days if they are convicted of any criminal drug statute violation occurring in the workplace or while on UCLA Health System business.

# 15. Staff and Faculty Counseling Center

UCLA provides confidential counseling, assessment and referral services to faculty, staff and their immediate family members, as well as management consultations and coaching to department managers.

For more information, visit the *Staff and Faculty Counseling Center website* or call 310-794-0245.

# Chapter Four: Age-specific Guidelines and Care of Special Patient Populations

In order to ensure that each patient's care meets his or her unique needs, staff who interact with patients as part of their job must develop skills or competencies for delivering age-appropriate communications, care and interventions. People grow and develop in stages that are related to their age and share certain qualities at each stage. Certain populations and specific categories of patients require unique care and interventions as well. By adhering to these guidelines, staff can build a sense of trust and rapport with patients and meet their psychological needs as well.

Age-specific guidelines are as follows:

## 1.   Neonates (less than 30 days)
- Provide security and ensure a safe environment.
- Involve the parent(s) in care.
- Limit the number of strangers around the neonate.
- Use equipment and supplies specific to the age and size of neonate.

## 2.   Infants (greater than 30 days and less than 1 year)
- Use a firm, direct approach and give one direction at a time.
- Use a distraction, e.g., pacifier or bottle.
- Keep the parent(s) in the infant's line of vision.
- Use equipment and supplies specific to the age and size of infant.

## 3.   Pediatrics (greater than or equal to 1 year and less than 13 years)
- Give praise, rewards, and clear rules. Encourage the child to ask questions. Use toys and games to teach the child and reduce fear.
- Always explain what you will do before you start. Involve the child in care.
- Provide for the safety of the child. Do not leave the child unattended.
- Use equipment and supplies specific to the age and size of the child.

## 4.   Adolescents (greater than or equal to 13 years and less than 18 years)
- Treat the adolescent more as an adult than a child. Avoid authoritarian approaches and show respect.
- Explain procedures to adolescents and parents using correct terminology.
- Provide for privacy.

## 5.   Adults (greater than 18 years and less than 65 years)
- Be supportive and honest, and respect personal values.
- Support the person in making healthcare decisions.
- Recognize commitments to family, career, and community.
- Address age-related changes.

## 6.   Geriatrics (greater than or equal to 65 years)
- Avoid making assumptions about loss of abilities, but anticipate the following:
  - Short-term memory loss
  - Decline in the speed of learning and retention
  - Loss of ability to discriminate sounds
  - Decreased visual acuity
  - Slowed cognitive function (understanding)

- Decreased heat regulation of the body
- Provide support for coping with any impairments
- Prevent isolation; promote physical, mental, and social activity. Provide information to promote safety.

# 7. Cultural and Religious Diversity

## Diversity Values Statement
The UCLA Health System community is located in one of the most culturally and ethnically diverse cities in the world. The diversity reflected among our staff and patients is an asset to our organization. UCLA Health System values and respects these differences, which include: ethnicity, nationality, race, religion, gender, sexual orientation, economic class, age and disability. We commit ourselves to promoting better understanding and appreciation of our human diversity toward the preservation of human dignity. This commitment can be realized only through the continuous effort of the entire community.

## Achieving Cultural Competence
The two keys to achieving cultural competence are attitude and knowledge.

**Attitude:** it is essential to understand that different people's ways of doing things may be different, but are equally valid. Anthropologists term this attitude *cultural relativism* and contrast it with *ethnocentrism* – the belief that your culture's way of doing things is the only right and natural way, and that all other ways are inferior. It is important to realize that cultural beliefs and traditions are adaptations to different environmental circumstances, and evolved because they lead to the survival of its members. The healthcare practitioner who tries to understand the beliefs and values of his or her patients will be much more effective than one who merely sees them as strange. Strive to find your patients *interesting*, rather than *annoying*.

**Knowledge:** knowing something about different cultures' beliefs, values, and traditions is important. While no one can be expected to know everything about every culture, we can learn something about the most common patterns of the populations we commonly serve, while keeping in mind the fact that there is tremendous variation both within each group, and among individuals.

All patients have the right to care that is sensitive to, respectful of, and responsive to their cultural and religious/spiritual beliefs and values. An assessment of patients must include cultural and religious practices in order to provide appropriate care to meet their special needs and to assist in determining their response to illness, treatment, and participation in their healthcare.

To comply:
- Be self-aware; know how your views and behavior is affected by culture.
- Appreciate the dynamics of cultural differences to anticipate and respond to miscommunications.
- Seek understanding of your patient's cultural and religious beliefs and values systems.
- Determine their degree of compliance with their religion/culture (do not assume).
- Respond to their special needs, which may include:
  - Food preferences
  - Visitors
  - Medical care preferences
  - Rituals
  - Gender roles
  - Eye contact and communication style
  - Authority and decision making
  - Alternative therapies
  - Prayer practices
  - Beliefs about organ/tissue donation

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# CHAPTER FIVE: ENVIRONMENT OF CARE, LIFE SAFETY AND EMERGENCY MANAGEMENT

The purpose of UCLA Health System's Environment of Care program is to provide for the health and safety of patients, staff and visitors and to ensure that operations do not have an adverse impact on the environment. The program also provides for the appropriate response to emergency and disaster situations to enable UCLA hospitals to continue serving the community.

## 1. Emergency Management

When disasters or emergencies occur, people automatically appeal to hospitals for assistance. The task of providing immediate medical care to victims becomes the responsibility of all physicians and employees of hospitals within the stricken area.

### HICS

UCLA Health System utilizes the **H**ospital **I**ncident **C**ommand **S**ystem (HICS) for the management of emergencies or disasters within the organization (internal) and for responding to events within the surrounding communities (external). HICS provides a chain of command and prioritization of duties to ensure an effective and efficient response, integrated with community response activities and agencies, for a variety of emergencies and disasters. The Incident Commander is responsible for implementing HICS. The Incident Commander is the individual who initiates a disaster declaration (Code Triage) and could include the CEO, COO, CAO, administrator on-call, nursing supervisor on-duty, Emergency Department faculty physician on-duty or safety officer.

### Department Plans

Every department has its own specific disaster plan. These plans outline staff's roles and responsibilities during emergencies. Staff should become familiar with this document, which is maintained in their department. Employees should follow the procedures outlined in their departmental disaster plans. During a designated disaster, supplies should be obtained in the same manner as during normal operations. Non-medical services should be requested from the appropriate command center.

### CommandAware Emergency Management Software

Upon activation of Code Triage, departments will log into the online CommandAware system to provide status updates to the Hospital Command Center (HCC) and receive ongoing communication about the disaster situation. In the event that the system is down, status updates will be provided via the Unit Disaster Assessment Report (UDAR) paper form.

### Emergency and Disaster Response Procedures

**a) Disaster Activation and Responsibilities**

Disaster and Emergency Response procedures for a variety of situations are found in the red Disaster and Emergency Response Manual. These procedures are implemented as a part of the hospital's Emergency Operations Plan.

**b) Overhead Emergency Pages**

Emergency overhead pages are used at UCLA hospitals to alert staff to potential emergency situations and to summon staff who are responsible for responding to specific emergency situations. After hearing such a page, you should check your email or check with your supervisor for more specific information and response procedures. In addition, pagers, runners, email, and the campus emergency radio station (AM 1630) may be

used to disseminate emergency information to staff. You may hear the following emergency pages while you are working:

- Code Red     Fire
- Code Blue     Medical emergency
- Code Triage   Disaster
- Code Orange Hazardous material spill or release
- Code Pink     Infant abduction
- Code Purple  Child abduction
- Code Gray     Abusive or combative person
- Code Silver   Person with weapon/hostage situation
- Code Green   Evacuation of a patient-care area

For recorded information regarding disasters involving the UCLA Health System, staff should call the UCLA Health System Disaster Hotline at (310) 206-3232 or the UCLA Campus Disaster Hotline at 1-800-900-UCLA (x51234).

**c)  Medical Emergency Response**
The response to medical emergencies is different, depending on the location of the emergency.

- *Ronald Reagan UCLA Medical Center including Stewart and Lynda Resnick Neuropsychiatric Hospital (RNPH); CHS NRRU – 1 West, 200 UCLA Medical Plaza Nuclear Medicine, Radiation Oncology, and the Surgery Center*
  Emergency Medical assistance for any area of the Ronald Reagan UCLA Medical Center including Stewart and Lynda Resnick Neuropsychiatric Hospital (RNPH); CHS NRRU – 1 West, 200 UCLA Medical Plaza Nuclear Medicine, Radiation Oncology, and the Surgery Center is available by dialing #36.

- *Jules Stein Eye Institute, Doris Stein Eye Research Center, other Medical Plaza locations, and Dentistry and other CHS locations*
  Emergency medical assistance is not available at the other UCLA Medical Plaza locations, the Doris Stein Eye Research Center or Jules Stein Eye Institute, Dentistry or the other Center for Health Sciences locations. Therefore, emergency assistance for any patient, visitor, or staff member incident must be summoned by **calling 911**. Do not attempt to seek emergency care from clinics or ancillary services within these buildings.

- *UCLA Medical Center, Santa Monica*
  Emergency Medical assistance for any area of UCLA Medical Center Santa Monica is available by dialing #36.

**d)  Building Evacuation Locations**

| RRUCLA and RNPH | South side of the medical center between the RNPH entrance and the UCLA Medical Plaza Buildings |
| --- | --- |
| Center for Health Sciences | Corner of Tiverton and Le Conte |
| UCLA Medical Plaza | Between 300 UCLA Medical Plaza and Westwood Plaza |
| Jules Stein Eye Institute | JSEI Plaza (Grassy area west of Doris Stein) |
| UCLA Medical Center, Santa Monica | MNP and SWW: ED parking area (15$^{th}$ and Arizona), NW: Wilshire Courtyard, CW: 16$^{th}$ Street Main Entrance |

Upon arrival, all employees should check in with their supervisor in order to be accounted for.

## 2. Fire Safety
UCLA Health System has fire-response procedures that all staff must know and be prepared to implement in order to protect patients, co-workers, themselves, and property from confirmed or suspected fires.

### a) Fire Evacuation Routes/Procedures
- Fire doors, corridors and stairs must always remain clear, unobstructed and free from storage to allow for safe evacuation during an emergency.
- There are always two different exit routes out of your work area or floor.
- Evacuation routes, corridors and stairwells are clearly marked by *EXIT* signs.
- Emergency stairwells are located in the pods; these can be exited only on the first floor.
- Building core stairwells allow staff to travel between floors and are called communicating stairwells.
- Do not use elevators during a fire; use the stairs.
- Do not use stairwell as an exit to the roof.
- In patient-care areas within the Medical Center, it is preferable to "defend-in-place" by closing doors, unless the fire or smoke is directly threatening patients. If evacuation is necessary, evacuate horizontally, staying on the same floor but proceeding past a set of fire doors in the corridor. If you must leave the floor, try to go vertically down a few floors, but stay in the building. Follow instructions from your supervisor.
- In the UCLA Medical Plaza buildings, evacuate the entire floor or area.
- During construction in which exits are blocked, evacuation routes are altered, or fire-safety systems are compromised, special compensatory measures are implemented, called Interim Life Safety Measures (ILSM).
- Use readily available materials such as beds and blankets to assist with patient evacuation efforts.

### b) Reporting a Fire (Code Red)
- Go to the nearest fire alarm box; swing pivot to break the glass, or pull handle down.
- Go to the nearest phone and dial 911 and #36. State the following information:
  1) This is: (your name) reporting a fire at: (location/engineering room number)
  2) Describe the type of fire (i.e. smell smoke, see smoke, see flames etc.)
- If it is safe to do so, go back to the fire alarm box to direct responding personnel.
- 911 calls and fire alarm pulls from RRUCLA are received by UCLA Police Department dispatch and then forwarded to the Los Angeles Fire Department.
- #36 calls go to the Medical Center operator who activates the proper Fire Response Group.
- #36 calls from SMUCLA are received by the operators and then forwarded to the Santa Monica Fire Department. Fire alarm pulls at SMUCLA go directly to the Santa Monica Fire Department.

### c) Emergency Actions (R-A-C-E)
- **REMOVE** patients and personnel from the immediate fire area if it is safe to do so.
- Activate the **ALARM** using the Fire Alarm Box and/or call 911 and #36. Notify a supervisor and others in the area. Fire alarm activation gives a visual and audible alarm in the area and notifies the police department and the fire department.
- **CONTAIN** the fire and smoke by closing all doors to the immediate fire area, taking advantage of the building's compartmentalization features. Do not lock the doors.
- **EXTINGUISH** the fire with the proper fire extinguisher only if safe to do so.
- Or, **EVACUATE** as necessary

### d) Types of Fire
The type of fire refers to its source:

**Class A:** Ordinary combustibles such as paper, wood, cloth, and rubbish.
**Class B:** Flammable solvents and liquids such as ether, alcohol, oil, gasoline and grease.
**Class C:** Electrical equipment and other sources of electricity.

## e) Types of Fire Extinguisher

Look for the symbol(s) on the fire extinguisher to choose the correct type of extinguisher for the fire:

**Type A:** Pressurized water. Use only on Class A fires. Do not use on Class B or C fires.
**Type B-C:** Use on flammable liquids or electrical equipment, Class B or C.
**Type A-B-C:** Use on Class A, B, or C fires.
**Type K:** Use on grease fires (primary located in kitchen areas)

## f) How to Use a Fire Extinguisher (PASS)

While holding the fire extinguisher upright:

- **P**ull pin
- **A**im at the base of the fire
- **S**queeze lever
- **S**weep side to side

## g) Important Points to Remember:

- Code Red means that there is a fire reported in the building.
- Know the location of fire-safety equipment in your work area. Know where the alarms, exits, extinguishers, etc. are located.
- If you are not at the fire's point of origin, still continue to listen to overhead pages to obtain updates.
- The Fire Response Group consists of representatives from Administration, Environmental Services, Campus Facilities Management, Health System Facilities, Respiratory Therapy, Safety and Security who are prepared to assist with fire suppression and evacuations. For fires in inpatient-care areas, representatives from adjacent areas should respond with fire extinguishers to assist.

## h) Smoking Regulations

UCLA Health System has implemented a *Smoke-free environment* throughout the indoor and outdoor areas of our hospitals and health-sciences campuses in Westwood and Santa Monica. Smoking is prohibited inside and outside all UCLA Health System-owned, -occupied or -leased buildings and associated facilities within the boundaries of these locations. This includes stairwells, loading docks, and outdoor areas. Staff are expected to comply with and enforce this policy. Smoke-free Environment locations include the following areas:

1. Westwood
   All buildings and areas within the boundaries of Gayley Avenue to Tiverton Drive and Charles E. Young Drive South to Le Conte Avenue – buildings/areas include but are not limited to:
   a) Ronald Reagan UCLA Medical Center and Resnick Neuropsychiatric Hospital
   b) UCLA Medical Plaza buildings 100, 200 (Peter Morton) and 300
   c) Peter Ueberroth Building
   d) All of the Center for the Health Sciences
   e) Tiverton House
   f) Parking structures and lots
   g) Buildings along the Charles E. Young Drive South research corridor.

2. Santa Monica
   All buildings and areas within the boundaries of Wilshire Boulevard to Arizona Street and 16th Street to 15th Street – buildings/areas include are not limited to:
   a) UCLA Medical Center Santa Monica
   b) 16th Street Medical Office Building

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c)  16th Street Outpatient Surgery and Medical Building
d)  Luskin Children's Clinic
e)  Stuart House
f)  Arizona Parking Structure

## 3.  Hazardous Materials

Hospitals have a variety of hazardous materials that can pose a risk to staff, patients and others if not handled properly. These include chemicals, infectious agents, radioactive materials, some pharmaceuticals, and compressed gases. Accordingly, it is important to become familiar with the hazardous materials you may encounter and know how to handle, use, store and dispose of them safely.

### a)  General Considerations
- Ensure all chemical containers are labeled with the chemical or product name and a warning statement, message or symbol. Read and understand the labels.
- Read and understand information provided in Safety Data Sheets (SDS) prior to using chemical so you know how to use chemical safely.
- Know the location of SDS.
- Store chemicals safely; sealed, in a secure area, away from ignition sources.
- Use chemicals only in well-ventilated areas.
- Look for leaking or defective containers when working around hazardous materials.
- Always wear the personal protective equipment (e.g. goggles, respirators, gloves, gowns) issued by your department whenever working with hazardous materials. Consult the SDS.

### b) Responding to a Major Chemical, Biological or Radioactive Material Spill
- Remove yourself and others from the area of the spill. Secure the area.
- Attend to injured/contaminated persons and remove them from exposure if it is safe to do so. Ensure they stay in place to be decontaminated by the campus Hazardous Materials Spill Response Team prior to transport.
- Call #36. State the following: "This is (name) reporting a (type of spill) at (building and room number)."
- Report all hazardous materials spills to your supervisor immediately.
- Have persons knowledgeable of the incident assist responding personnel.
- Be available to the Hazardous Materials Response Team to answer questions and direct them to the scene of the spill.
- Attempt to clean up the spill only if you (1) have been trained, (2) have spill cleanup supplies, (3) have personal protective equipment and, (4) feel comfortable.

### c)  Storage and Disposal of Chemicals
- Follow expiration date guidelines.
- Flammable chemicals should be stored away from sources of heat and ignition.
- Segregate incompatible chemicals (read Safety Data Sheet)
- Transfer chemicals only to other properly labeled containers.
- Follow the Hazardous Chemical Waste Disposal policy to dispose of chemical property.
- Use only UCLA Health System or department-issued hazardous-waste labels.

### d)  Infectious Materials and Medical Waste
- Always wear appropriate personal protective equipment when handling infectious materials and medical waste.
- Disposed of needles, blades and other sharps only in labeled sharps containers.
- Medical waste goes into red, labeled bags, which are placed in red, labeled containers with lids.

For more information on hazardous materials, contact the Safety Department at x79888 or x79885.

# 4. Safety and Body Mechanics

## Your Safety Rights

As an employee, you have rights that protect you from health and safety hazards on the job. You have the right to participate in workplace health and safety programs and to know about potential hazards. You also have the right to refuse work that you believe is dangerous, and to stop working in certain circumstances.

**Your Health and Safety Rights**

• **The right to know.** You have the right to know the hazards in your job. Your supervisor must make sure you know how to work safely.

• **The right to participate.** You have the right to play an active role in keeping your workplace healthy and safe. This includes training and participation on safety committees/programs.

• **The right to refuse unsafe work.** If you believe your job is likely to endanger you, you have an obligation to report the unsafe situation to management. If the situation is not corrected, you have the right to refuse to perform the work without reprisal.

Be aware of the risks involved in your job and set an example of safety awareness and safe practices for coworkers.

## a) General Safety Rules
- Approach all aspects of your job with safety in mind.
- Use good body mechanics at all times.
- Keep hallways and corridors clear.
- Become familiar with safety hazards and evacuation routes in your work area.
- Report to your supervisor any unsafe conditions, situations or practices.
- Be aware of surroundings to avoid trips, slips and falls.  Report any tripping hazards to the Safety Office.

## b) Injury and Illness Prevention Program
The Injury and Illness Prevention Program is designed to maintain a safe environment for visitors, patients, and employees. Employees are expected to be knowledgeable about the components of this program:

- **Employee Reporting of Unsafe Conditions:** Employees are responsible for immediately reporting any unsafe conditions or potential hazards to their supervisor. Supervisors are expected to evaluate the concerns and implement corrective actions or direct the problem to the Safety Office.

- **Ergonomics:** Employees should be knowledgeable of the proper ergonomic conditions at their workstation, and proactively arrange their workstation accordingly to prevent unsafe working conditions and job practices. The Safety Office provides ergonomic evaluations and training upon request. Ergonomics means designing the work place to fit the worker. In other words, making your work area worker friendly. Check your work area for the following problems:
  1. Are the tables you work at too high or too low to comfortably fit your body frame?
  2. Do you have to stretch to reach the items with which you work?
  3. Does the location of work tools keep you from using proper lifting techniques?
  4. Look around your facility for areas that make using correct lifting techniques difficult. It's possible that by moving a shelf or rearranging items, the problem can be eliminated or reduced.
  5. Take an active role in your well-being by communicating any problems to your supervisor.

- **Back Safety:** Employees should be knowledgeable of the back safety risks involved when performing their job functions, and proactively prevent unsafe working conditions and job practices. Back safety training can be provided upon request by the Safety Office.

- **When doing lifting jobs, remember:**
  1. Size up the job before beginning and plan how to accomplish it. Ask for help. (Lift twice rule)
  2. Use the large muscles of the legs, hips and arms. They are the strongest in your body.
  3. Avoid bending at the waist. Maintain normal curves in your back by bending at the knees and hips.
  4. Use a broad base of support by keeping feet shoulder-width apart. This will increase your stability and balance.
  5. Avoid twisting your back when carrying or lifting. Lift up your feet to turn.
  6. Keep loads close to your body. Avoid over-reaching.
  7. Avoid lifting heavy objects higher than your waist whenever possible.
  8. Use a stool or ladder to reach items above shoulder height. Consider moving frequently used items to waist level.
  9. Avoid carrying heavy objects long distances, use a cart if possible

- **Work-related Injuries:** All employees injured on the job should report the injury to their supervisor as soon as possible, document the incident on the *Employee's Referral Slip for Industrial Injury and Report of Accident* form and be referred to the Occupational Health Facility or Employee Health during normal work hours or the Emergency Room during off hours. For employees who receive a needle-stick, follow these procedures: (1) Flush with water. (2) Report the incident to your supervisor. Your supervisor will sign an Industrial Injury Referral Form and a Needle-stick form (3) Call the Exposure Page Number for direction. Dial 231 and page #93333. After hours, you will be directed to the Emergency Department for care or proceed directly there yourself.

- **Event Reporting and Investigation:** Patient- and visitor-related incidents should be reported using the on-line event reporting system or the Confidential Report of Incident/Occurrence form. The Risk Management Department conducts an investigation, evaluation and follow-up of events.

- **Environmental Rounds and Surveillance:** Environmental rounds are conducted twice yearly in patient-care areas and annually throughout RRUCLA Medical Center and RNPH. Hospital Epidemiology maintains a surveillance program for hospital-acquired infections.

- **Illness Prevention:** Hospital Epidemiology conducts illness prevention activities such as tuberculosis-exposure control and follow-up of needle-stick injuries.

- **Police Reporting:** Certain incidents involving injury or death, e.g., abuse, neglect or assault, shall be immediately reported to the University of California Police Department.

- **Hazardous/Defective Products Management:** The Director of Materials Management is responsible for coordinating the reporting, documentation and distribution of information regarding hazardous or defective products within UCLA Health System.

- **Workers Compensation Program:** When an injury or illness results from work or working conditions, the Workers Compensation Program provides assistance for the worker's prompt recovery and return to work.

- **Workplace-Safety Training:** Information regarding workplace safety is presented at orientation and through annual training. Various manuals and publications are available to employees. Safety-training classes are also available upon request for back safety, ergonomics, chemical safety and other topics.

- **Departmental Safety Committees:** Departments are encouraged to maintain individual Safety Committees, particularly those with unique hazards.

- **Disaster Committee:** The Disaster Committee reviews emergency preparedness plans and coordinates drills to ensure that employees are prepared to respond effectively.

For more information, contact the Department of Emergency Management at x63873.

# 5.  Security
Personal security for oneself and one's work environment is influenced by knowledge of surroundings and available resources.

**General Considerations**
- All employees, staff and physicians are required to wear a hospital-issued picture identification badge at all times while in Ronald Reagan UCLA Medical Center (RRUCLA), CHS, Resnick Neuropsychiatric Hospital (RNPH), 200 & 300 UCLA Medical Plaza and UCLA Medical Center, Santa Monica (SMUCLA).
- Call the Security Command Center (x77100 at RRUCLA and x99100 at SMUCLA) immediately to report security incidents against patients, visitors, staff or property requiring security officer involvement.
- To contact the UCLA Police Department: for *emergencies*, dial 911 from any campus phone; from off-campus UCLA phones located in Westwood, (i.e. 924 Westwood, Oppenheimer, Wilshire Center, Brentwood Labs), dial 8 + 911. For *non-emergencies*, dial x51491 from any UCLA phone.
- At SMUCLA, report suspicious activity to Security at x99100 or dial "0" for operator assistance in contacting Security by radio.
- There is safety in numbers, walk with groups of people.
- Intimidation, harassment, assault and battery in the workplace violate the Campus Workplace Violence Policy and state law and must be reported to your supervisor immediately.
- Events to be reported include: Alleged Assault and/or Battery Against Health Care Workers (report form by same name), crimes in progress or events of crime after the fact (call UCLA Police Department or use the on-line event reporting system or complete the Confidential Report of Incident/Occurrence form).
- During established hours, building access is monitored to verify authorization to enter.
- The Westwood Plaza entrance to RRUCLA is designated as the after-hours access point for staff and visitors. A security checkpoint will operate from 9 p.m. to 6 a.m.; all persons entering the hospital are required to show identification. The RNPH and Mattel Children's Hospital entrances are open from 6 a.m. to 9 p.m.
- The 16th Street entrance is the after-hours entrance for UCLA Medical Center, Santa Monica.
- Police and Security respond to alarms initiated by unauthorized access to sensitive areas, duress alarms located at various areas, and staff-assistance requests throughout the facility.
- Keys and proximity ID badges are not interchangeable. You cannot use your keys on proximity entrances in the medical centers. Misuse will send an alarm notification to the Security Command Center.
- All staff are to be alert and politely contest anyone carrying, transporting or concealing an infant or child during a Code Pink or Purple overhead page (infant or child abduction).
- Security trains Forensic Personnel to appropriately respond to fire alarms and overhead emergency pages. Forensic Personnel include police/correctional officers who are assigned to monitor incarcerated patients and private security guards or body guards who accompany patients.

# 6.  Utilities
UCLA Health System is dependent upon the good working order of its utilities. It is essential that all utilities are in proper working condition and that staff be aware of their capabilities, limitations and applications to ensure their safe and effective use.

## a) RRUCLA and RNPH Utilities

- Heating and air-conditioning system
- Steam
- Electrical power — both general and emergency
- Water supply
- Waste disposal system (sewer system)
- Medical gas and vacuum
- Elevators
- Communication systems (telephones, overhead page, beeper system, computer, email and voice mail systems)

## b) Utilities Management

- To place a request to be fulfilled by Clinical Engineering, Environmental Services, Facilities or Linen, access the Support Services Website at *http://www.ssc.mednet.ucla.edu*
- To report utility outages, including electrical, plumbing, steam, medical gases and ventilation, please call #36 from any house phone. All other non-emergency utility issues should be reported via the Support Services Website.
- Communication Technology Services (CTS), Medical Information Technology Services (MITS) and Medical Center Communications (MCC) are responsible for the management of communications systems. Each of these departments maintains 24-hour/7-day-a-week monitoring and repair of these critical systems. Repair calls for the departments are:
  1. Inpatient telephones, beeper system, overhead page (MCC): x56929 (After hours, press "0" when you hear the recording in order to be connected to operators. Ask for the supervisor on duty.)
  2. All other telephones/voicemail (CTS): x114
  3. Computer systems: x50721
- In the event of a flood (uncontrolled continuous release of water, sewage or other liquid), dial #36 and give the communications operator your name, location, source and nature of flood, if known. Facilities, Environmental Services and Safety will then be immediately dispatched to take care of the repair and safeguard patients and staff while overseeing the cleanup.
- Emergency medical-gas shutoff valves, water shutoff valves, and electrical breakers are located throughout RRUCLA, RNPH and SMUCLA. These are labeled with the area served.
- Except in extreme emergencies, emergency shutoff valves and breakers should not be shut off unless an appropriate assessment has been made regarding the impact to patients. This consultation should include an area supervisor, the appropriate ancillary services and Health System Facilities.
- Utility systems can be shut off only by authorized personnel in Health System Facilities or Campus Facilities Management in consultation with Medical Center Administration. The only exception is medical gases, in which case, charge nurses, respiratory therapists or Facilities Management in consult with clinical staff can shut off the valves in an emergency.
- Facilities Management maintains master plans regarding the location of all shutoff controls.
- Red outlets and switches indicate that equipment and lighting is supplied by emergency power in case of normal power loss.
- Preventive maintenance of all utilities equipment is done by Campus Facilities Management and Health System Facilities at RRUCLA and RNPH. Power Plant Operations and Health Systems Facilities conduct preventive maintenance at SMUCLA.
- EC policies outline response procedures to be taken in the event of a variety of utility outages.

For more information, contact Health System Facilities at x41101, Bob Minich at x41111, Mike Aguiar at x41145 or Ken Kaidin at x66043. Safety issues can be reported at x54012.

# Elevator Safety

All elevators on campus are equipped with an emergency telephone. They are connected directly to a campus-based 24-hour answering service. If you are trapped in an elevator, use the emergency call system to get help. You do not need to dial; it will ring automatically and identify your location. Answer any questions the operator asks concerning your situation and help will soon be on the way.  Stay calm and remain inside the elevator; do not attempt to force the doors open and exit.

If an elevator does not seem to be operating properly, call the Facilities Management Trouble Call Desk at 310-825-9236 and report the problem. An engineer will be dispatched to evaluate and correct the problem.

# 7.   Medical Equipment

Medical equipment is a significant contributor to the quality of care. It is used in treatment, diagnostic activities and monitoring of the patient. It is essential that the equipment is appropriate for the intended use; that staff, including licensed independent practitioners, be trained to use the equipment safely and effectively; and that the equipment is maintained appropriately by qualified individuals.

## General Considerations
- Electrical medical equipment must be properly grounded and have a hospital-grade, 3-prong plug as well as being UL-approved or equivalent for its intended use.
- Power cords and plugs should be checked for fraying or broken wires before use.
- Failure of medical equipment resulting in an injury requires an Event Report.
- Clinical Engineering Department is responsible for the maintenance of all medical equipment.
- All medical equipment should have a current inspection label and control number by the Department of Clinical Engineering. The inspection label indicates the date of the last completed inspection, as well as the next inspection due date.
- All medical equipment is scheduled for periodic inspections for safety, performance verification and preventative maintenance by Clinical Engineering. The frequency of periodic inspections is based on the risk priority of the device, manufacturer's requirements and organization's experience (inclusive of failed inspections, repair history, and incident history). In general, inspections take place at 3-, 6- or 12-month intervals.
    - Defibrillators (output test only): 3 month interval
    - Life-saving/support: 6 month interval
    - Monitoring, diagnostic and therapeutic: annual interval
    - No patient contact equipment: annual interval
- Scheduled inspections of all life-support equipment must be completed within the month due.
- All incoming medical equipment (including purchased, loaner, demo and rental) must be inspected by Clinical Engineering prior to use on patients. All departments are responsible for notifying Clinical Engineering of their incoming medical equipment so the required acceptance inspections can be completed promptly and prior to use on patients.
- Clinical Engineering must be notified of all medical equipment that is being removed from active usage (including sales, trade-ins, and surplus).
- Every employee should read department-specific manuals pertaining to unit-specific equipment to find out further information about proper operation of medical equipment. Equipment operators' manuals are maintained in departments.
- All general-use infusion and PCA pumps are tested to ensure protection against free-flow. Compliance with this requirement is monitored through performance testing during acceptance inspections, scheduled periodic inspections and at the completion of repairs.
- There is regular testing of medical equipment's alarm systems through periodic performance and preventive maintenance inspections.
- The Medical Center ensures that clinical alarms are activated with appropriate settings and are sufficiently audible within the patient-care areas.

- The Clinical Engineering Department provides on-site technical coverage 7:00 a.m. to 4:00 p.m., Monday through Friday (except holidays) and on-call coverage for emergencies and urgent service requests after regular hours.
- To request service or to report a problem with medical equipment, call the Clinical Engineering Department.
  - ➢RRUCLA: Support Services Dispatch (x76000)
  - ➢SMUCLA: Clinical Engineering Department (x99000)

- For emergencies and urgent service requests after regular hours, the user department's supervisor/manager should call the Communications department and ask the page operator to contact the on-call Clinical Engineering technician.
  - ➢ RRUCLA:  Communications Department (x56301)
  - ➢ SMUCLA:  Communications Department (x94500)

# Public Access Defibrillators

The *UCLA Public Access Defibrillation (PAD) Program* provides for a more rapid response to sudden cardiac arrest for visitors in the medical center. The program is designed to save lives by making automated external defibrillators (AEDs) available.

The Medical Center's AEDs are designed to be used by individuals without any specialized training and are located in cabinets in various publically accessible areas such as lobbies and hallways throughout the Medical Centers and in some Medical Office Buildings.  If an AED is used in the event of an emergency, please call the Health System Safety Department at x45665.

# 8.   Social Environment

UCLA Health System's environment is designed and maintained to preserve the dignity of our patients, provide maximum comfort, ensure privacy, and facilitate medical treatment. This includes providing appropriate recreation and social interaction, comfortable indoor conditions, and a clean, attractive and functional environment. Your participation and support in maintaining an appropriate environment for our patients is very important to our patients and their families.

# CHAPTER SIX: PATIENT SAFETY

## 1.  Patient Safety Overview

In 1999, the Institute of Medicine's report, *To Err is Human: Building a Safer Health System* focused the spotlight on patient safety. Studies estimated that medical errors kill between 44,000 and 98,000 hospital inpatients annually. Effective July 1, 2001, The Joint Commission modified their standards to explicitly include patient safety requirements for continued accreditation.

Reduction of medical/healthcare errors and other factors that contribute to unintended adverse patient outcomes in a health care organization requires an environment in which patients, their families, and organization staff and leaders can identify and manage actual and potential risks to patient safety. This environment encourages:

- Identification of barriers to effective communication among caregivers
- Initiation of actions to reduce identified risks
- Interdisciplinary, collaborative approach to the delivery of patient care
- Proactive identification to prevent adverse occurrences, rather than simply reacting when they occur

The UCLA Health System Center for Patient Safety and Quality works with colleagues throughout the organization to improve the quality and safety of the care we deliver. The Center defines and promotes changes necessary to create a culture that encourages reporting and learning from mistakes, near misses and mishaps by creating a "blame free" environment. More information and tools are available on the Center's website: http://quality.mednet.ucla.edu.

UCLA Health System has also launched our "Partners in Safety" program, encouraging our patients to be vigilant regarding safe medical practices (e.g., make sure providers wear proper identification, medications are not unfamiliar, and caregivers wash their hands) and ask questions if something appears wrong or unsafe. A copy of our Partners in Safety brochure is available on the Center's website.

Questions and comments are always welcome, please email: *safety@mednet.ucla.edu*

## 2.  National Patient Safety Goals

Following are the current Joint Commission National Patient Safety Goals. These specific goals as defined by the Joint Commission are consistent with and supportive of our institution's drive to provide excellent patient care, to measure the quality of our care, and to constantly strive to improve our care. These patient-safety requirements must be incorporated in our everyday practices.

### Identify Patients Correctly
- 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 all patients get the medicines and treatments meant for them.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

### Improve Staff Communication
- Get important test results to the right staff personon time.

### Use Medicines Safely
- 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

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patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

**Use Alarms Safely**
- Make improvements to ensure the alarms on medical equipment are heard and responded to on time.

**Prevent Infection**
- Use the hand-cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.  Set and use the goals for improving hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

**Identify Patient Safety Risks**
- Find out which patients are most likely to try to commit suicide.

**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.

UCLA Health System educates its staff that any employee who has concerns about the safety or quality of care provided at UCLA Health System may report these concerns to the Joint Commission. UCLA Health System further informs its staff that it will take no disciplinary action because an employee reports safety or quality of care concerns to the Joint Commission. The health system demonstrates this commitment by taking no retaliatory disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission. The toll-free number for the Joint Commission is (800) 994-6610.

# 3.   Accreditation

The Joint Commission has been accrediting hospitals for more than 50 years. Its accreditation is a nationwide seal of approval that indicates a hospital and its clinics meets high performance standards. Established in 1988, the Joint Commission's Home Care Accreditation Program accredits more than 3,400 organizations that offer a variety of services in the patient or client's home.

The Joint Commission's Certificate of Distinction for Primary Stroke Centers recognizes centers that make exceptional efforts to foster better outcomes in stroke care. Achievement of certification signifies that the services you provide have the critical elements to achieve long-term success in improving outcomes. It is the best signal to your community that the quality care you provide is effectively managed to meet the unique and specialized needs of stroke patients. In fact, demonstrating compliance with these national standards and performance measurement expectations may help obtain contracts from employers and purchasers concerned with controlling costs and improving productivity.

The Joint Commission's Primary Stroke Center Certification program was developed in collaboration with the American Stroke Association. It is based on the Brain Attack Coalition's *Recommendations for the Establishment of Primary Stroke Centers*.

The Joint Commission's Certificate of Distinction for Ventricular Assist Device (VAD) Destination Therapy recognizes centers that make exceptional efforts to foster better outcomes for patients. The VAD Destination Therapy program for our adult population has proven to demonstrate a solid infrastructure of support for

ventricular assist device placements as evidenced by our staff as well as the facilities where we perform and recover patients after cardiac surgery. UCLA Medical Center is now an active, continuous member of a national, audited registry for mechanically assisted circulatory support devices that requires submission of health data on ventricular assist device destination therapy patients from the date of implantation throughout the remainder of their lives.

## 4. Know the Warning Signs of a Stroke

**Weakness –** Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.
**Trouble Speaking –** Sudden difficulty speaking or understanding or sudden confusion, even if temporary.
**Vision Problems –** Sudden trouble with vision, even if temporary.
**Headache –** Sudden severe and unusual headache.
**Dizziness –** Sudden loss of balance, especially with any of the above signs.

If an *inpatient* has a stroke, call the page operator at #36 from any hospital phone and ask for the Stroke Team to be urgently paged.

If you suspect that a visitor or a hospital staff member has a stroke, please dial #36 from any hospital phone and request a red gurney (Ronald Reagan Medical Center only).  At UCLA Santa Monica, dial operator / #36 for an urgent response.  In any other location, dial 9-1-1.

A stroke is a brain attack (just like a heart attack); it means that an area of the brain is not receiving its blood supply. This could be because of a blood clot blocking the blood vessel, or it could be caused by the blood vessel tearing and bleeding. A stroke needs to be identified as soon as possible in order to have the most effect in treating the symptoms. There is no pain associated with a stroke except sometimes it is associated with a headache. There is no obvious bleeding that you can see in a stroke patient. Sometimes, the stroke patient does not realize that anything is wrong. Nevertheless, it is an emergency. Don't wait for it to get better.

## 5. Ventricular Assist Device (VAD) Emergency Information
Certain diseases of the heart can decrease its ability to pump blood effectively. A ventricular assist device, or VAD, is a device that can assist your heart in pumping blood. When medications can no longer help, and other surgical options have been exhausted, a physician may recommend a ventricular assist device. All VADs have some components on the outside of the body, including a power source and a controller that is used to monitor the pump and make adjustments as necessary. A VAD can provide improved blood flow and better organ function in patients with end-stage heart failure.

**ATTENTION**! If you encounter a person needing assistance and they have a "LVAD" or "BiVAD" implant:
*Please dial #36 and ask for VAD pager (93544) for assistance.*

VAD outpatients always carry an emergency card with their specific device type and their surgeon's contact number.

## 6. Event Reporting
An "event" at UCLA Health System is considered to be an unusual occurrence, such as:
- an incident or action that is not consistent with the routine care of a patient
- a major violation of established procedure
- a disturbance or unfavorable situation that could disrupt UCLA Health System's functions or damage UCLA Health System's public relations

Examples of events include medication errors, personal injuries, serious verbal threats, and missing patients. If an event occurs, a supervisor should be notified immediately, and the employee most familiar with the event should complete an objective description of the occurrence in the Event Reporting System (EVR). Event reports should be submitted whenever an unsafe process is identified (near misses in addition to harmful events).

The event reporting homepage can be accessed through the MedNet homepage, or at http://www.eventreporting.mednet.ucla.edu. User guides with instructions on how to connect to the system and enter an event are available at most computer terminals where an event may be entered. Help can also be found online on the event reporting homepage under the documentation heading. The posted information includes the current user and manager guides, reporter and manager manual, frequently asked questions, and helpful hints.

Reporting occurrences is important because the information helps us identify opportunities for improvement. Some things warrant immediate action. Other things are tracked to identify recurrent system problems that would be appropriate performance improvement projects. Event Report data are reviewed, analyzed, and discussed with department representatives; findings are collectively reported to our Performance Improvement and Patient Safety Committee and the Medical Staff Executive Committee.

Event reports are not part of the patient's medical record, nor is the event mentioned in the medical record. *Event reports are not used for disciplinary purposes.*

# 7. Medication Use

The medication use process involves many steps to deliver the appropriate drug to the correct patient. The following are some important medication use practices to ensure medication safety and reduce the potential for medication-related events.

## Prescribing of Medications

Each practitioner has a responsibility to ensure appropriate utilization of medications and to decrease the potential risk for medication errors. Clinically understanding the indication, dose and the pharmacological effects of each drug that is prescribed is essential to avoiding adverse drug events. However, following good prescribing practices can also help to reduce the potential for medication errors.

**Good Prescribing Practices**
- Write legibly – medication errors can occur when handwritten orders are difficult to read.
- Medication orders need to be clear and complete.
  - Date and time all medication orders
  - Use generic drug names
  - Include specific dose, route, frequency (ranges such as 1-2 tabs; q4-6h in orders will not be accepted)
  - PRN orders must include qualifier (e.g., PRN pain)
  - Sign your orders and print your name and beeper number
- Avoid the use of abbreviations - write the complete name of the drug to avoid confusion.
- Avoid the abbreviation "u" or "U"; spell out "units" – orders written with "u" will not be accepted due to the potential confusion of the "u" with a zero in handwritten orders.
- Avoid leading decimal points. Do not write ".5mg" since the decimal point can be difficult to read leading to a 10-fold dosing error – write "0.5 mg."
- Avoid trailing zeros. write "1 mg," not "1.0mg."
- Identify and communicate patient's allergies by documenting allergic reactions on admission orders and other specific order forms such as Antibiotic Order Forms.

**Dispensing of Medications**

Prior to dispensing, pharmacists review all medication orders for appropriate indication, dose, route, frequency, and drug allergy/interactions. This clinical review of each order includes a review of the patient's current medication profile to avoid therapeutic duplication and drug interactions. If orders are incorrect or require clarification, the pharmacists will clarify the order with the prescriber *prior* to dispensing the medication.

**Administration of Drugs**

The person administering the medication is responsible for proper patient identification (i.e., checking patient's ID band using two patient identifiers) and drug identification (i.e., drug name, dose, frequency, route) prior to administering the medication. The MAR (medication administration record) or physician order will be brought to the patient's room to verify and document the dose administered.

**Patient's Own Medications**

Medications brought into the hospital by the patient are to be delivered to the pharmacy where they are stored until the patient's discharge. A patient's personal medication will not be administered to the patient unless all of the following conditions are met:

1.  The physician writes an order in the patient's medical record indicating that the patient's personal supply of medication be used; *and*
2.  The medication is not on the *UCLA Drug Formulary*, *and*
3.                                                                    The medication containers are labeled according to State Board of Pharmacy regulations and the pharmacist can make a positive identification of the medication by verifying the product's physical shape, size, color, and manufacturer's imprinted identification number. Oral liquids, ophthalmic drops, topical agents, and other products that have the potential to have additional additives and/or adulterants that cannot be identified short of chemical analysis, cannot be administered to patients.

# 8. Medical-gas Safety

Medical gases are considered prescription drugs and as such require a written order by a physician. Medical gases include oxygen, compressed air, carbon dioxide, helium, nitrogen, and nitrous oxide. These gases have a variety of medical uses. For example, oxygen is usually administered to patients with respiratory distress and surgeons may use carbon dioxide to inflate the abdomen during a laparoscopic procedure. If used inappropriately, some these some gases may become flammable, explosive, and lethal.

To reduce risk to staff, patients and their families:

**Always** read the label on each cylinder before using a medical gas, in addition to checking the tank color. Color-coding is only for a quick ID. If the written label does not match the color of the tank, *do not administer* the gas.

**Never** use an adapter to make a connection. When gases in small cylinders are used, the American Standards Association Pin Index Safety System must be used to avoid improper connections. If the regulator does not fit, do not remove the pins to make the connection.

**Always** check to be sure that the cylinder is full *immediately* prior to transporting a patient.

During patient transport, small cylinders *must be in carriers that are specifically designed for them*. In addition, the cylinder carriers must be fastened securely to the bed, gurney, wheelchair or cart.

**Never** move a cylinder by rolling it across the floor. *Cylinders should be moved via carriers or carts.*

Check to see that the medical gas cylinders are secured in place, in an upright position, and in a well-ventilated area. Do not allow cylinders to be stored on their sides or loosely on the floor.

## 9. Bed Rails

Patients who have problems with memory, sleeping, incontinence, pain, uncontrollable body movement or weakness must be assessed for ways to keep them from harm. Historically, bed rails were thought to keep some patients safe while in the hospital. However, health care providers learned that the use bed rails could be dangerous. Some potential risks of bed rail use include strangulation, suffocation, or death if a patient is caught between the bed rails and the mattress. Serious injuries, and bruising, cuts and scrapes can result from falls when the patient attempts to climb over the bed rail to get out of bed.

To meet patients' safety needs healthcare providers should:
**Assess** patients for the high risk of bed rail injury:
- Patients with high risk for falls (e.g. previous falls, poor muscle control, impaired judgment)
- Patients receiving psychoactive or sedative medications
- Patients whose size and/or weight is inappropriate for bed size (e.g. too small)

**Evaluate** beds to ensure there is no gap wide enough between mattress, bed frames, and bed rails to allow patient's head or body to be trapped:
- Use protective barriers or safety devices to fill gaps

**Observe** patients at frequent intervals:
- Monitor and reassess patients at risk for bed rail injury frequently to ensure safety
- Use devices that alert staff that a patient may be getting out of bed unaccompanied

**Anticipate** the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain.

**Educate** patients and their families:
- Discuss with families how the institution ensures the safety of patients when bed rails are used (e.g. individual assessment; use of protective barriers)
- Inform the patient and his/her family of the potential benefits/risks of bed rail use

## 10. Fall Prevention

Each year, many patients are injured by falls, both at home and in the hospital. It is very important that all staff are alert to potential falls, and provide a safe environment for patients in order to prevent falls. This is every staff member's responsibility.

**People who are at risk for falls include the following:**
- Those with medical problems causing them to feel weak or tired
- Those with impaired mobility
- Those using assistive devices (cane, crutches, wheelchair, walker, etc.)
- Those with difficulty seeing
- Those with a prior history of falls
- Those who are navigating slippery or wet floors, obstructed pathways, or unlit hallways
- Those with a history of incontinence
- Those receiving medications that may cause weakness, sleepiness, confusion or dizziness
- Those recovering from electroconvulsive therapy (ECT)

**Things all staff should do to help prevent falls:**
- Instruct patients to use call buttons for help getting out of bed if they are unsteady

- Instruct patients to wear non-slip socks or footwear
- Be mindful to keep corridors and hallways well lit and unobstructed
- Be mindful to always lower the height of beds and side rails
- Wipe up any spills immediately

## 11. Suicide-risk Assessment — RNPH Only

Suicidal thoughts or behaviors are the most common reason for admission to an inpatient psychiatric unit and suicides are the most frequent sentinel event reported to the Joint Commission. Inadequate suicide-risk assessment is the main cause identified when a patient commits suicide. This includes inadequate assessment of the patient, the environment and staff's level of knowledge about suicide.

To address these issues, guidelines and best practices must be in place at all times. Assessment of the patient should be ongoing throughout the hospital stay. The unit environment can also be a risk factor and should be constantly checked for safety. Environmental risks include windows, ceilings, locks, alarms and sharps. Staff need to be aware of possible suicide-risk behaviors by the patient, like checking medication, hiding silverware or hovering at exits.

Some other facts to consider include the following:

High-risk periods for suicides are at times of transition for the patient, including shortly after admission and just prior to or immediately following discharge.

The most common methods of suicide by inpatients include hangings in the bathroom or closet and jumping out a window or from a roof. Other methods involve the patient using a gun or other lethal item that was not taken away at the time of admission.

The following Interdisciplinary Safety Assessment Guide is an aid to the clinical assessment process. Items do not have a numerical value and should not be added up to give a score.

| Interdisciplinary Safety Assessment Guide | | | | |
|---|---|---|---|---|
| **SAFETY RISK** | **No Risk** | **Lower Risk** | **Medium Risk** | **Higher Risk** |
| 1. Suicide Plan<br>• Details | No plan | Vague plan | Plan with some specifice | Well thought-out plan; knows when, where and how |
| • Availability of means | No means; no time frame | Would have to obtain means; no specific time frame | Available means, has close by; time frame within a few hours | Has the means on hand; time frame as soon as possible |
| • Lethality | Not lethal | Pills/slash wrist | Drugs and alcohol, car wreck, carbon monoxide | Gun, hanging, jumping |
| • Chance of intervention | Help readily available | Others present most of the time | Others available if called upon | No one nearby |
| 2. Previous suicide attempts | No prior attempts | One attempt (low lethality) | Multiple attempts of low lethality or one of medium lethality; history of repeated threats | One attempt of high lethality or multiple of moderate |
| 3. Stress | Minimal | Low significant stress | Moderate reaction to loss and environment changes | Severe reactions to loss or environmental changes |
| 4. Symptoms<br>• Coping Behavior | None present | Daily activities show no change | Daily activities disrupted; disturbance in eating, sleeping, school work | Gross disturbance in daily functioning |
| • Depression | None present | Mild; feels slightly down | Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy | Severe, with hopelessness, sadness and self-worthlessness |

| | | | | |
|---|---|---|---|---|
| • Anxiety | None present | Mild; feels slightly anxious | Moderate; some anxiousness; more often than not, isolative | Overwhelmed with out-of-control anxiousness and hopeless it will change |
| • Psychosis | None present | Minimal interference of symptoms | Symptoms present and interfering with thinking; sporadic medication compliance | Prominent psychotic symptoms that are not under control; interfering with judgment with mood congruent delusions |
| 5. Resources | Available | Help available; concerned and willing to assist | Family and friends not consistently available | Family or friends are not available or hostile, exhausted, injurious |
| 6. Communication skills | Good | Direct expression of feelings and any suicidal intent | Interpersonalized suicidal goal ("I'll show them — they'll be sorry") | Very indirect or nonverbal expression of suicidal goal (guilt, worthlessness) |
| 7. Life style | Well-adjusted | Stable relationships and work/school performance | Recent acting-out behavior; acute suicidal behavior in a stable personality | Suicidal behavior in unstable personality; emotional disturbance, repeated difficulty with peers, family |
| 8. Medical Status | No issues | Low level of medical problems | Acute short-term or psychosomatic illness | Chronic catastrophic or end-of-life issues |
| 9. Substance Abuse | No focal history | Social, occasional use | Active abuse or addiction | Repeated escalating addiction |
| 10. Eating Disorder | Not present | Absence of other psychopathology | Anorexia nervosa with substance abuse; sexual abuse | Bulimia with alcoholism |

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# Chapter Seven:  Infection Control – Non-Clinical

## 1.  Personal Wellness — Basic Infection Prevention Strategies

Everyone has organisms on their body, and has the potential to pass those organisms to others. These organisms may or may not cause infection. There are some basic things we can do to decrease the amount of organisms on our bodies and decrease the possibility of passing them to others:

1. **Regular bathing and oral care:** Bathe with soap and water to decrease the amount of organisms on your body. Brush your teeth to decrease the amount of organisms in your mouth and on your teeth.
2. **Clean clothing:** Wear clean clothes each day to work. Wash them between each use. If you work in an area that provides scrubs, you must wear a new clean set each day.
3. **Keeping cuts/wounds covered:** Your skin is your best barrier to organisms. Keep cuts/wounds covered with a bandage. This will prevent accidental exposure of open wounds to organisms that may cause infection, and will prevent accidental exposure of an infected wound to others.
4. **Staying home when you are sick:** If you have a fever (100˚F or higher), cannot contain bodily fluids (vomiting, diarrhea, uncontained draining wounds), or do not feel well enough to work, *stay home*.
5. **Getting vaccinated:** See information in next section.
6. **Practicing frequent hand hygiene:** Clean your hands with soap and water or alcohol-based hand rub.
7. **Practicing respiratory etiquette:** Remember to cover your mouth and nose with a tissue when you cough or sneeze *or* cough or sneeze into your upper sleeve. Place your used tissue in the waste basket right away and then clean your hands.

### Patient and Visitor Hygiene
Patients and visitors should be educated on the basic principles of personal wellness, including hand hygiene and respiratory etiquette.

### Vaccination
Workers in a healthcare facility have a higher chance of being exposed to communicable diseases. Vaccinations can protect you from getting and transmitting specific communicable diseases. Vaccines create protective immunity to a communicable disease and prevent further exposures to that disease from causing illness.

Vaccinations are available to Health System staff at no cost through Employee/Occupational Health for a variety of communicable diseases. All vaccines administered are FDA-approved and recommended by Centers for Disease Control and Prevention (CDC) guidelines:

| Vaccination | UC Health System Policy | Method of Administration |
|---|---|---|
| Influenza | All staff are offered the influenza vaccine *each year*. You must be vaccinated or submit formal declination | Annual shot prior to December |
| Measles, mumps, rubella (MMR) | Before start of employment, all staff must show evidence of MMR immunization (appropriate shots or blood test ) | Two shots total or booster if titer is low |
| Chickenpox (Varicella) | Before start of employment, all staff must show evidence of varicella immunization (appropriate shots or blood test for appropriate titer levels) | Series of two shots |

| Hepatitis B | Before start of employment, all staff must be offered hepatitis B immunization or have evidence of immunization or blood titers level | Series of three shots |
| --- | --- | --- |
| Tdap (tetanus, diphtheria, and pertussis) | Offered and recommended to all staff | Single shot if no Td shot within two years. |

## Work Restrictions When you are Sick

### Conjunctivitis (pink eye)
Viral conjunctivitis can be particularly contagious and has been associated with outbreaks in hospitals and work settings. An employee should not report to work with pink eye.

### Diarrhea
Personnel with acute diarrheal illness that is severe, accompanied by other symptoms (such as fever, abdominal cramps or bloody stool) or lasts longer than 24 hours should not report to work.

### Group-A Streptococcal Disease
Personnel with a sore throat, fever and swollen glands should be seen by their primary-care physician and have throat cultures performed.

### Exposure to chicken pox or shingles
The same virus causes both diseases. If you are exposed to either infection and do not remember having either infection in the past, please notify your primary-care physician. Your blood antibody titer must be checked.

### Respiratory Infections
Even a mild cold in adults may be caused by viruses that can result in severe infections in others. Influenza is spread via respiratory droplets, produced by coughing and sneezing, at the beginning of the illness when you may not feel sick enough to stay home. However, if you have a fever, sore throat or cough, please stay at home and monitor your symptoms. If you are getting worse, please contact your primary-care physician.

If you must work with a respiratory infection, remember that most infections are spread by direct contact. Clean your hands every time you have contact with your own secretions. Dispose of tissues immediately.

Remember to get your flu vaccine yearly through Occupational Health/Employee Health.

## 2.  Aerosol-transmissible Diseases Including Tuberculosis

Aerosol-transmissible diseases (ATDs) are usually spread person to person through direct contact with droplets from coughing or sneezing or though breathing air that contains infectious organisms. Healthcare workers are at risk for occupational exposure to ATDs, including *Mycobacterium tuberculosis* (TB), influenza (flu), measles, mumps and pertussis (whooping cough). Although rare, transmission may also occur patient to patient.

TB germs must be inhaled to cause infection. It is not spread by contact with dirty items, soiled tissues or by touching. The risk of developing TB is greatest for those who have *prolonged* contact with an infected person in an *enclosed* setting. Hospitals and clinics are required by law to screen all employees on hire and annually for TB. TB screening tests used at UCLA include: tuberculin skin test (TST) and QuantiFERON-TB Gold In Tube (QFT GIT).

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- Employees with a negative TB screening test on hire must repeat the test at least once per year.
- Employees with a prior or newly positive TB screening test on hire are screened for active TB disease by completing an annual health questionnaire asking if they have experienced any of the symptoms of TB. Employees with a positive health questionnaire receive a chest X-ray.
- It does no harm to repeat a TST unless you have ever had a severe reaction to the test (for example, skin blistering). If you have had a severe reaction, you should not be re-tested. You can however get a QFT GIT. More information on this subject is available though Occupational Health/Employee Health.
- Employees who have a TB screening test conversion will be followed and offered treatment.

**Bacille Calmette-Guerin (BCG)**
People from countries where TB is more common may have received a TB vaccine called BCG. BCG vaccine initially will cause a positive TST reaction, but this reaction usually wears off over time. In addition, it has been determined that the BCG vaccine does not necessarily prevent TB infection. As a result, a TST skin test should be performed if it has been more than 10 years since you received the BCG vaccine. Those with a positive TST more than 10 years after receiving BCG vaccine should assume that they have been exposed to TB and have previously developed TB infection, and should keep a record of the size of their skin reaction. Recommendations on repeat annual skin testing will depend on the presence and size of any reaction.

**Reporting Exposure of Communicable Diseases to Occupational/Employee Health**
- Staff who have unprotected exposure to blood, bodily fluids, or other infectious materials:
    1. Immediately clean the exposure site when applicable.
    2. Notify supervisor/manager of the exposure immediately.
    3. Report to Occupational Health/Employee Health for evaluation and possible medical follow-up.
    4. If Supervisor/Manager or Occupational Health/Employee Health are not available:
        - Ronald Reagan UCLA Medical Center employees, report to the Emergency Department
        - UCLA Medical Center, Santa Monica employees, contact the nursing supervisor on call
    5. Complete requested exposure documentation, make note of date/location of exposure and source.
- An employee who has unprotected exposure to another employee with a confirmed communicable disease must report this exposure to both their manager and Epidemiology/Infection Prevention as soon as possible for evaluation. For Epidemiology/Infection Prevention at Ronald Reagan UCLA Medical Center, call extension 40187, at UCLA Medical Center, Santa Monica, call extension 94454.
- If you are seen in the Emergency Department you must report the incident to Occupational Health /Employee Health on the next business day.
- For additional information on exposures, see policy *HS IC 006*.

**What to expect**
An Occupational Health/Employee Health or Infectious Disease physician will assess the severity of your exposure and will determine the need for testing or prophylactic treatment based on the assessment.

# 3.  Use of Personal Protective Equipment (PPE)
PPE refers to items that provide a temporary barrier to prevent direct contact with blood, body fluids or organism exposure. Always look for the isolation precaution signs as you enter a patient room. Each colored sign will give you instructions on what type of PPE you must wear. If you do not understand the sign, check with a nurse before entering the room. Patients are placed on isolation precautions for their protection and the protection of everyone who enters the room

- Ronald Reagan UCLA Medical Center and UCLA Medical Center, Santa Monica encourage patient visitation, but please limit visitors to immediate family.
- Our priority is protecting patients and visitors from contact with germs that might make them sick.

- To stop the spread of germs and protect you from contamination, you are required to *clean your hands* and wear PPE including gloves, masks, and gowns.
- Cleaning hands is required before putting on and after removing PPE.
- Wear PPE before entering the patient's room.
- Remove PPE and clean hands before leaving the patient's room.
- For airborne precautions, remove mask/respirator just outside the room.
- All PPE is single-use; it cannot be reused.
- PPE is not allowed to be worn in the hallway.

## Isolation Precautions

Depending on the type of communicable disease, a patient may be placed on one of the following Isolation Precautions.

|  | Contact Precautions | Spore Precautions | Droplet Precautions | Airborne Precautions |
|---|---|---|---|---|
| **Purpose** | Prevent transmission of germs spread by direct or indirect contact with contaminated patients or objects. | Prevent transmission of the germ *Clostridium difficile*, which causes infectious diarrhea | Prevent transmission of germs spread by respiratory droplets generated by coughing, sneezing, or talking. | Prevent person-to-person and environmental transmission through the air. |
| **Hand Hygiene** | • Clean hands with soap and water *or* <br>• Clean hands with waterless hand sanitizer <br><br>If the patient has diarrhea or if you help change a diaper, wash hands with soap and water rather than using waterless hand sanitizer | • Clean hands with soap and water | • Clean hands with soap and water *or* <br>• Clean hands with waterless hand sanitizer | • Clean hands with soap and water *or* <br>• Clean hands with waterless hand sanitizer |
| **Type of PPE** | Gown, gloves | Gowns, gloves | Mask | Mask/respirator |

# CHAPTER EIGHT: LEGAL ISSUES/PATIENTS' RIGHTS

**Voluntary Admissions:**
## Minors (any person under 18 years of age)
Parent or guardian having legal custody may consent to admission of a minor on the minor's behalf, as well as to any necessary and appropriate medical treatment.

## Exceptions:
- Minors in the Armed Forces
- Married minors
- Minors 12 years of age or older who are dangerous to themselves or to others or who are the victims of child abuse or incest.
- Minors between 14 and 17 years of age who object to being admitted by their parents or legal guardians into an acute psychiatric facility and who do not meet criteria for involuntary admission. They may contest on the basis that even if a mental illness exists, confinement in a locked psychiatric unit is not necessary. A panel of board-certified child psychiatry faculty may be contacted for a clinical review.

## Adults (Ages 18 and older)
Welfare and Institutions Code: Mentally competent adults
Conservators on behalf of mentally incompetent adults.

## Involuntary Admissions:
**Three reasons a patient can be placed on a 72-hour hold (WIC 5150)**

A hold signifies an involuntary admission to a hospital; there must be "probable cause" to detain a person for involuntary mental health evaluation and treatment. A law-enforcement officer or a health professional designated by the County Department of Mental Health and appointed by a facility can write a 72-hour hold for evaluation and treatment when there is probable cause to believe that the person suffers from a mental illness, and because of that mental illness, is a danger to self, danger to others or is gravely disabled. The detaining officer or professional must state in writing on this application what has been observed regarding the person's behavior and the facts that led to the belief that this person suffers from a mental illness and is either dangerous or gravely disabled. The patient is then detained for 72 hours, during which he or she is evaluated and treated. At the conclusion of the 72-hour hold, the patient must be re-assessed for either discharge, inpatient voluntary treatment or to be certified for a 14-day hold for intensive, involuntary treatment.

**1. Danger to self.** Any person who, as a result of a mental illness, is threatening or has attempted to take his or her own life and presents an imminent risk of suicide and is unwilling to accept treatment on a voluntary basis.

**2. Danger to others.** Any person who, as a result of a mental illness, inflicts, attempts to inflict or threatens to inflict substantial physical harm on other persons.

**3. Grave Disability.** A condition in which a person, as a result of a mental illness, is unable to provide for food, clothing and shelter. For minors, "grave disability" refers to a minor who, as a result of a mental illness, is unable to use the elements of life, such as food, clothing and shelter, even though provided to the minor by others.

**What rights do patients who are involuntarily detained have?**
They have all the basic human rights that a voluntary patient has in the hospital.

**May a patient's right be denied during hospitalization?**
A patient's rights may be denied while they are hospitalized provided there is just cause, which is clearly documented, followed by a denial of rights form. Each denial of rights must be reassessed, and a new order and denial of rights form must be done every seven days.

**What two types of conservatorship are granted?**
A Conservatorship is a court order adjudging a person as lacking capacity to manage his or her estate, make legal decisions and give informed consent for medical treatment. Such a person is called a "conservatee." The court appoints a "conservator" to conduct the legal and financial affairs of the conservatee. The court may appoint a temporary conservatorship, in which the court appoints the Public Guardian's Office to carry out the necessary functions (usually 10 days) until the court hears the petition for a one-year conservatorship.

**1. Probate Conservatorship.**
**2. LPS Conservatorship.** This is the only type of conservatorship that allows for admission to a psychiatric facility. It is of utmost importance to have a copy of the paperwork and to check the date of expiration and the powers granted to the conservator.

## Firearms Prohibition
The hospital reports to the Department of Justice all patients who are involuntarily admitted for danger to self, dangers to others and grave disability. This prevents them from purchasing guns for five years.

## Certification – 14-day Hold
If, following a 72-hour hold, a patient is considered to continue to meet the criteria for being involuntarily hospitalized and will not consider signing a voluntary consent for continued treatment, a 14-day hold will be filed. At this time the court is notified of this change in status and the patient receives a probable cause hearing at the facility. This involves a neutral court officer assessing from the evidence presented in the chart, by the treating physician and by the patient whether or not there is probable cause to believe that the patient, as a result of a mental illness, is a danger to self, others or is gravely disabled. If the court officer believes that the criteria are met for certification, the patient may be held for 14 days of intensive treatment.

## Writ of Habeas Corpus
If the patient chooses to exercise his or her rights when the certification is upheld by the court officer at the probable cause hearing, the patient may file a writ of habeas corpus. This allows the detained patient to plead to the court the lawfulness of their detention.

## Riese Petition
If the involuntary patient refuses to consent to treatment with psychotropic medication, and the treating physician believes that the patient is clinically incompetent to give informed consent, the physician may file a Riese petition. This asks the court to determine if the patient is legally competent to give informed consent. If the court decides that the patient is legally incompetent to give informed consent, the court will grant permission to the Hospital to medicate the patient and provide treatment stated on the Riese petition without need for the patient's consent. The physician may write an order, that the patient may "acquiesce" to medication the physician feels is necessary for treatment of the mental illness, with out a formal consent, prior to the Riese hearing. However, a progress note must be present in the medical record indicating that the physician has reviewed the risks and benefits of taking this medication with the patient.

These patients can be medicated in an emergency situation, defined as "a sudden, marked change in the patient's condition so that action is immediately necessary for the preservation of the life or the prevention of seriously bodily harm to the patient or others." Following a 14-day hold certification, there are options dependent on the patient's clinical condition. If the patient is unwilling to sign for voluntary treatment:

**Danger to self.** An additional 14-day hold for imminently suicidal patients may be applied for. Certification of this kind must be supported by affidavits of other staff professionals who have observed or evaluated facts made known to them that lead them to believe that the patient presents an imminent threat to his or her own life.

**Danger to others.** Post-certification procedures for continued hospitalization require a 180-day application. The treating professional must file a petition, supported by affidavits, in which he or she alleges that the patient has presented or demonstrated danger of serious physical harm to others based either on pre-hospitalization behavior or behavior during the hospitalization.

## Confidentiality
Patient or legal designee must give written permission prior to a release information to other organizations, patient-care providers or inquiring individuals for the purposes of patient care. Exceptions include suspicion of abuse or a Tarasoff situation, where the treating team has a duty to warn and protect others of the discharge or release of a patient who had been a potential risk for this individual prior to hospitalization or who presents a potential risk following the release. **HIPPA (Health Insurance Portability and Accountability Act**) protects confidentiality rights of patient information. This includes electronic transmissions containing patient-care information. Patient-right advocates and hearing officers have the right to review the patient's chart in probable cause hearings and Riese petition hearings that are held on the unit. In all other cases, the patient-rights advocate needs to have written authorization before being allowed access to the chart. Authorization to release information may be revoked by the patient or legal designee at any time.

## Seclusion and Restraint
**Seclusion** is involuntary confinement of a patient in a room or area which the person is physically prevented from leaving. Seclusion can only be used in emergency situations if needed to ensure the patient's physical safety and only when less restrictive interventions have been found to be ineffective to protect the patient or others from harm.

**Restraint**, like seclusion, can only be used in emergency situations if needed to ensure the patient's physical safety and may be used only when less restrictive interventions have been found to be ineffective to protect the patient or others from injury. Restraint includes a physical restraint or a medication used as a chemical restraint. A physical restraint is any physical restriction of movement, or mechanical device (e.g. leather restraints) that restricts freedom of movement. A chemical restraint is a medication used to control behavior in an emergency situation that is not a standard treatment for the patient's medical or psychiatric condition.

Under the law, seclusion or restraint may only be used:
- In emergency situations
- To ensure the patient's physical safety or protect others from harm
- When less restrictive alternative interventions have been found/considered to be ineffective
- Only as long as necessary to prevent injury

Rights of patients in seclusion or restraints
- At the time of admission, patients have the right to decide whether they wish to have a family member/significant other notified by phone during an episode of seclusion or restraint.
- To be seen and evaluated by a physician to determine the need for seclusion and restraint within one hour after being placed in seclusion or restraint following an RN assessment.
- To be monitored with frequent assessment of patient's readiness for release from seclusion or restraint.
- Timely attention to physical needs.
- To participate in a debriefing within 24 hours following an episode of seclusion or restraint.

**Contraband Search**

A contraband search is defined as a thorough examination of the patient's belongings to include luggage, purse, bags and person for the presence of weapons, authorized and unauthorized drugs, and potentially harmful substances and object. The search shall be made in a reasonable manner with respect for the patient's individual dignity and privacy. The patient must be given an opportunity to be present during all inspections of his or her belongings.

**Medical Protection**

Medical protection is used when the patient has a medical condition with the presence of a feeding tube, IV, post-surgical wound, etc., and is unable to follow directions and has disrupted or attempted to disrupt the integrity of one of the above medical treatments. Medical protection is ordered by a physician and is renewable every 24 hours. The RN will assess the patient's need for medical protection and initiate the appropriate interventions beginning with the least restrictive. Medical protection is used in accordance with safe and appropriate techniques and removed at the earliest time possible. The Medical Protection protocol is to be followed and the patient is monitored at least every 15 minutes. *Medical Protection is not a behavioral restraint.*

**Non-Clinical Post Test**

Name: _____   Employee ID#: _____   *TEST HAS BEEN CORRECTED*
Unit/Dept _____   Manager: _____   *AND REVIEWED BY:*_____
Date: _____

**(<u>CHECK ONE</u>:) New Employee Orientation** _____   **Annual Education Training** _____

<u>**DIRECTIONS:**</u> **Please answer each question below. Upon completion, return the test to your department rep./supervisor or class facilitator. Be sure to review your answers and make corrections as necessary.**

1. The UCLA Health System mission is delivering leading-edge patient care, research and _____.
   a. customer service
   b. education
   c. communication
   d. leadership

2. (T/F)  Any employee can review a patient's personal health information as long as they don't tell anyone about it.

3. (T/F)  Sharing computer passwords with co-workers is acceptable if you work in the same department.

4. (T/F)  An employee may request not to participate in certain aspects of patient care or treatment if it conflicts with the employee's political beliefs.

5. (T/F)  Patient-care providers use different types of communication, care and interventions with patients of different age groups and populations.

6. (T/F)  To teach a pediatric patient about a procedure, you should use toys and games.

7. Which of the following are true about adolescents?
   a. Treat the adolescent more as an adult than a child.
   b. Explain procedures to adolescents and parents using correct terminology.
   c. Avoid authoritarian approaches and show respect.
   d. All of the above

8. People who display stroke symptoms must be treated _____.
   a. Urgently, call #36 or 911 outside the medical center.
   b. As soon as reasonably possible.
   c. Whenever the Stroke Team is available.
   d. By calling a Code Blue.

9. Emergency codes are used to alert staff to potential emergency situations. Which of the following is correct?
   a. Code Triage = Disaster
   b. Code Red = Fire
   c. Code Orange = Hazardous Material Spill
   d. All of the above

10. (T/F)  Code Silver is for a person with a weapon and Code Gray is for an abusive or combative person.

11. Identify the proper emergency codes for a possible infant or child abduction.
    a. Code Black and Code White
    b. Code Pink and Code Purple
    c. Code Pink is used for both infant and child
    d. None of the above

12. Code _____ overhead page means that a patient-care area is being evacuated and all available staff should assist.
    a. White
    b. Blue
    c. Green
    d. Evac.

13. (T/F)  Both the building core stairwells and the unit/tower/pod emergency stairwells can be used for traveling between floors.

14. (T/F)  Staff should pull the fire alarm and call 911 and #36 in RRUCLA, SMUCLA, RNPH, JSEI and the Medical Plaza buildings to report a suspected or real fire to police dispatch and the fire department.

15. In the event of a fire, staff should follow R.A.C.E. What does that acronym stand for?
    a. RACE out of the building
    b. Ride the elevator, Ask questions, Call for assistance, Exit
    c. Report the problem, Assemble staff, Communicate plan, Educate patients
    d. Remove people in danger, Activate the alarm, Contain the fire, Extinguish/evacuate

16. In addition to the label on a hazardous chemical container, what other information should you read to understand how to handle a hazardous material?
    a. Medical chart
    b. Employee handbook
    c. Safety Data Sheets (SDS)
    d. Nothing else

17. An appropriate response to a major chemical, biological or radioactive material spill is:
    a. Remove people from area of spill
    b. Secure the area
    c. Call #36 and give your name and report type of spill and location
    d. All of the above

18. (T/F)  Proper lifting techniques include bending at the waist, keeping your feet close together, twisting to reach objects, and carrying loads away from your body.

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19. (T/F)  Keys and proximity ID badges are interchangeable, and you can use your keys on a prox entrance in the medical center without an alarm notification to the Security Command Center.

20. (T/F)  The Support Services website should be accessed for all utility problems and any Linen, EVS and Facilities requests.

21. (T/F)  All floods (continuous release of water, sewage or other liquid) should be reported to the communications operator at #36.

22. Who is responsible for notifying Clinical Engineering of any incoming medical equipment (including purchased, loaner, demo and rental) in order to complete an acceptance inspection prior to initial use on a patient?
   a. Technical staff of Clinical Engineering
   b. Purchasing Department
   c. Each department receiving the equipment
   d. Nursing Department

23. When is the next preventive maintenance inspection due on a piece of medical equipment?
   a. It is indicated by the due date on the inspection label
   b. Whenever Clinical Engineering makes their rounds
   c. Medical equipment only needs to be checked by the manufacturer before it arrives in the department.
   d. All medical equipment is inspected every 12 months

24 (T/F)  Using at least two ways to identify patients and getting important test results to the right staff person on time are two examples of how the medical center promotes a safe environment for our patients.

25. (T/F)  HIPAA requires us to indicate the name of the organism or disease on the isolation sign.

26. Personal Wellness activities that decrease the potential to pass organisms to others include all of the following EXCEPT:
   a. Regular bathing
   b. Using the stairs instead of the elevator
   c. Keeping cuts/wounds covered
   d. Staying home when you are sick

27. Which vaccines are approved by the FDA and recommended by the center for Disease Control?
   a. Influenza
   b. Measles, Mumps, Rubella (MMR)
   c. Hepatitis B
   d. All of the above

28. There are work restrictions for:
   a. Conjunctivitis (pink eye)
   b. Diarrhea
   c. Influenza with fever, sore throat or cough
   d. All of the above

29. (T/F)  If I am exposed to a communicable disease, it's OK for me to inform my supervisor/manager the next time I see them.

30. (T/F)  If I visit a patient in a hospital setting I may need to wear personal protective equipment to enter the patient's room.