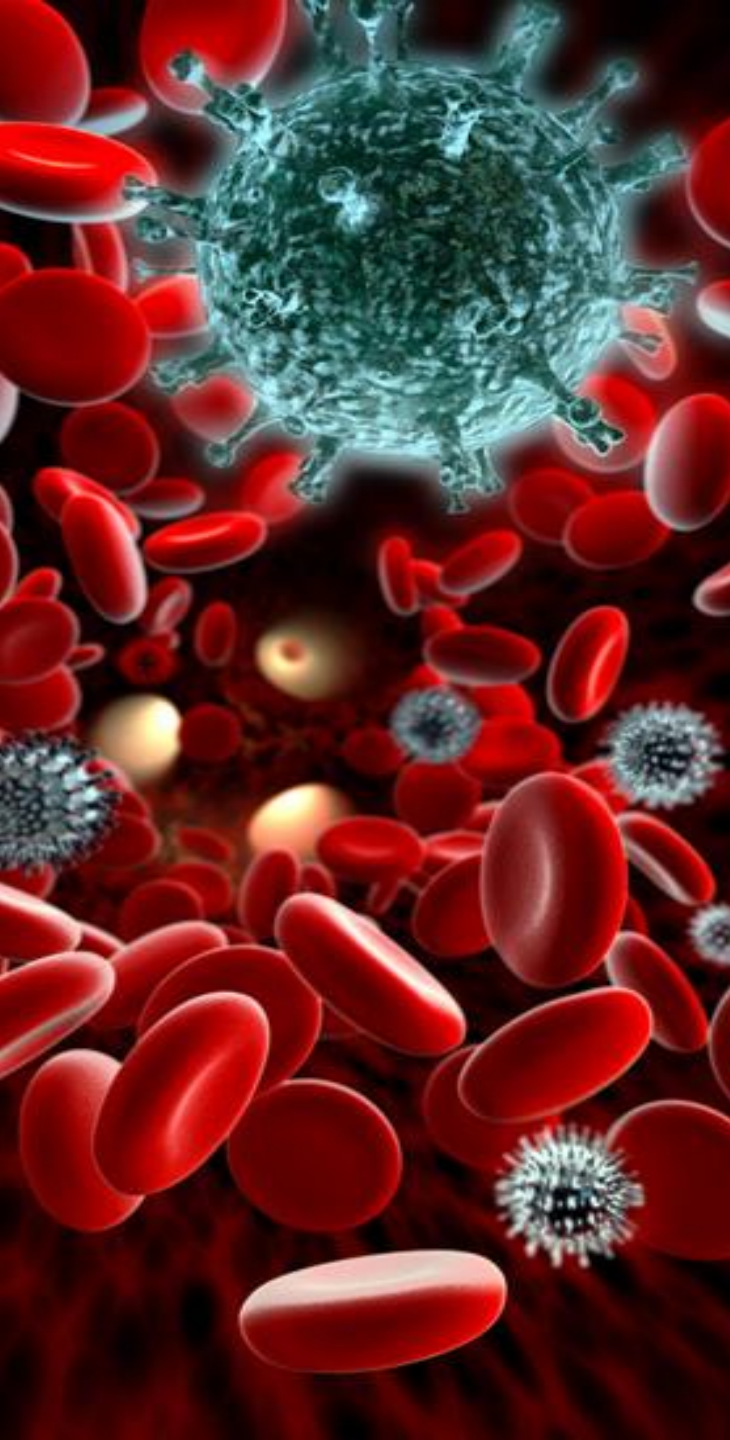




**2023 Annual Education
Medical Staff and Advanced Practice Providers**

- Blood Borne Pathogens and Needle Stick Prevention
- Chest Pain Program
- Communication and Teamwork – Implicit Bias
- Corporate Compliance and Ethics
- Disruptive Persons
- Emergency Codes
- Emergency Preparedness
- EMTALA Education
- Environment of Care - Parts 1, 2 and 3
- Ethics and Compliance
- Healthcare Equity
- Human Trafficking
- Infection Prevention Review
- Intimate Partner Violence-Recognition and Reporting
- Mission, Vision, STAR Values and Standards of Professional Behavior
- MRI and Radiation Safety
- National Patient Safety Goals
- Obesity and Bariatric Sensitivity Training
- Patient Rights and Responsibilities
- Patient Safety, Just Culture and Reporting Quality or Safety Concerns/Events
- Regulatory Compliance – Survey Preparedness
- Sharps Injury
- Workplace Violence Prevention



Bloodborne Pathogens and Needle stick Prevention

Annual Education 2023



Lesson Objectives:

1. Define Bloodborne pathogens.
2. Identify workers who are at risk of exposure to Bloodborne pathogens.
3. Identify key aspects of a Bloodborne Pathogen Exposure Control Plan;
4. Describe methods for controlling exposure to Bloodborne pathogens.
5. Describe steps to take when exposed to a Bloodborne pathogen



What are Bloodborne Pathogens?

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans.

These pathogens include, but are not limited to:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human immunodeficiency virus (HIV).

Workers in many occupations, including first responders, housekeeping personnel in some industries, nurses and other healthcare personnel, all may be at risk for exposure to Bloodborne pathogens

Risk of exposure

Contamination sources:

- Blood
- Other potentially infectious materials (OPIM)
- Human body fluids
- Any unfixed tissue or organ from human
- Cultures, culture mediums, or other solutions
- Experimental animal blood, tissues, or organs infected with HIV or HBV

Source: OSHA



Risk of Exposure

Contamination sources:

- Blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Amniotic fluid
- Breast milk

- NOTE: Saliva, sputum, urine, nasal secretions, sweat, tears, vomit and stool are not considered infectious unless blood is present. This type of exposure will be evaluated by EHS/IP to determine exposure risk.
- (PEP Line 888-448-4911 is a clinician to clinician advice line for blood exposures.)

BLOODBORNE PATHOGEN Exposure Control Plan (ECP)

29 CFR 1910.1030

Salinas Valley Health Exposure Control Plan can be found in [STARNET](#).

5 WAYS TO PREVENT SHARPS AND NEEDLESTICK INJURIES

- 1 Plan safe handling and disposal before any procedure.
- 2 Use safe and effective needle alternatives when available.
- 3 Activate the device's safety features.
- 4 Immediately dispose of contaminated needles in OSHA-compliant sharps containers.
- 5 Complete bloodborne pathogens training.



[osha.gov/sharps](https://www.osha.gov/sharps)

Be Sharp Safe



Waste Disposal Guidelines

				
Regular Waste: Clear Bag	Biohazardous Waste: Red Bag	Sharps: Sharps Containers	Pharmaceuticals Waste: Blue and White Containers	Pharmaceuticals: R.C.R.A.* <small>*Federal Resource Conservation and Recovery Act (R.C.R.A.)</small>
				
Chemo Waste: Yellow Box/Bag	Special Waste: Radioactive	Confidential: Containers or Totes	Non-Confidential / Non-PHI: Recycle Bin	Universal e-waste:

CONTACT:
Environmental Health
and Safety Manager,
extension 1804

Controlling Exposures

Clean-up and decontamination:

- Wear protective gloves
- Use appropriate disinfectant
- Clean and disinfect contaminated equipment and work surfaces
- Thoroughly wash up immediately after exposure
- Properly dispose of contaminated PPE, towels, rags, etc.



Controlling Exposures

Training: No cost; during working hours

Who

- All employees with occupational exposure to blood or other potentially infectious material (OPIM)
- Employees who are trained in first aid and CPR

When

- Initial assignment
- Annually; or with new/modified tasks



Controlling Exposures

Hepatitis B vaccination:

- Offered to all potentially exposed employees
- Provided at no cost to employees (within 10 days to employees with occupational exposure)
- Declination form (Done through READYSET)

No vaccinations for:

- Hepatitis C
- HIV

EHS, in collaboration with Infection Prevention, shall manage the Hepatitis B vaccination program.

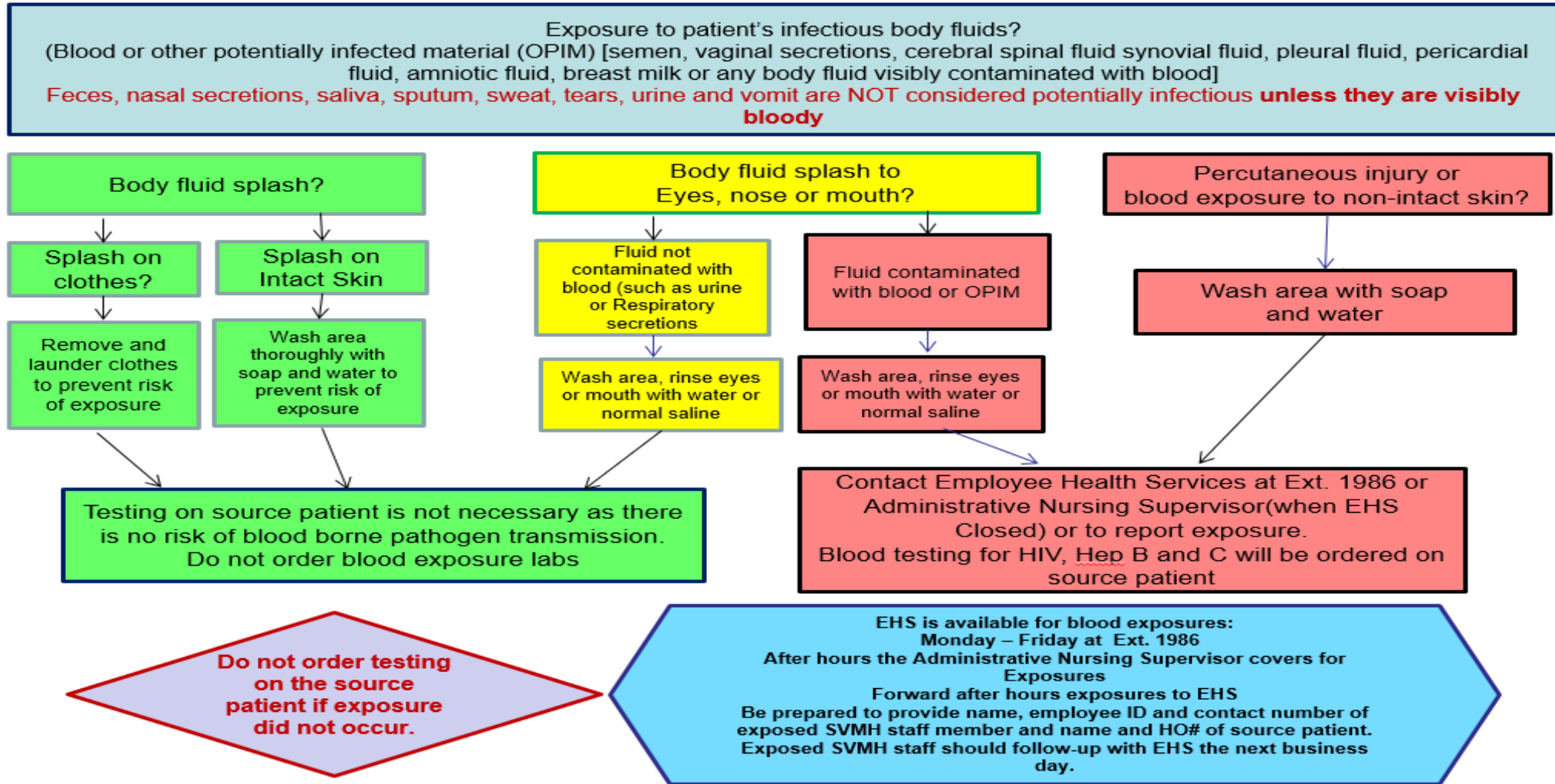
All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal as required by OSHA.

Salinas Valley Health follows guidelines for the Hepatitis B vaccination imposed by the United States Public Health Service and /or the California Department of Public Health.

POST EXPOSURE EVALUATION & FOLLOW UP

- ★ Employees must report all exposure incidents to their immediate supervisor and EHS **IMMEDIATELY** or as soon as possible but **within 1 hour** of incident.
- ★ If the exposure occurs off hours/holiday/weekend, then the employee is to notify Administrative Supervisor immediately if EHS is unavailable.
- ★ The Administrative Supervisor will investigate and document each exposure incident for follow up by EHS.
- ★ Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by EHS and/or Salinas Valley Health Emergency Department.

Salinas Valley Health Bloodborne Pathogen Exposure Guidelines



Any Questions



Contact:

Employee Health: Ext 1986 or
Infection Prevention: Ext 1858



Congratulations!
You have completed this Annual Education of:
Bloodborne Pathogens and Needle stick Prevention



Communication, Teamwork, Cultural Competence and Implicit Bias

Annual Education 2023



Communication Facts

According to the Joint Commission, if medical errors appeared on the National Center for Health Statistic's list of the top 10 causes of death in the United States, they would rank number **5th** ahead of accidents, diabetes, and Alzheimer's, as well as aids, breast cancer and gunshot wounds.

44,000-98,000 people die every year in the U.S. hospitals because of medical errors. Even more disturbing, communication failures are the leading root cause of the sentinel events reported to the Joint Commission.

Communication Facts *(cont'd)*

The Joint Commission stated that ineffective communication resulted in **70 percent** of all preventable errors involving death or serious injury between 2005-2019.

- This percentage of preventable errors **increases** as we include a different language spoken.



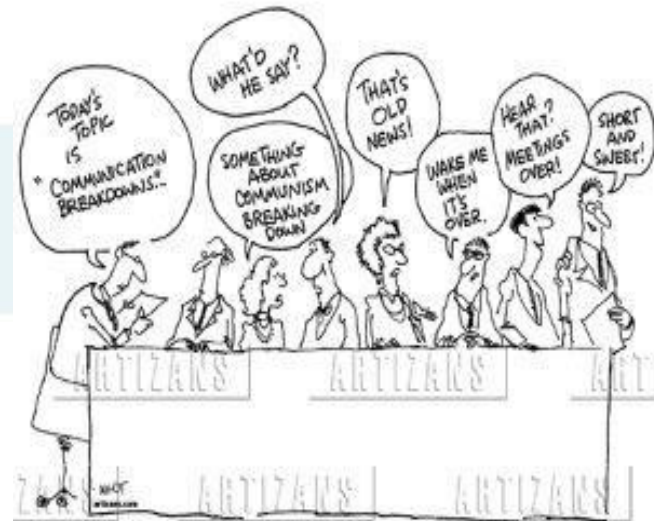
What Does Lack of Communication Cause?

Faulty and incomplete exchange of information

Professionals ignore potential red flags and clinical discrepancies

Lack of teamwork amongst individuals

Creates situations where medical errors can occur



Team Failures that Lead to Patient Harm

Several factors can impede the development of a culture of safety, including:

- A person's tendency to view errors as failures that warrant blame
- The focus of training on rules rather than knowledge
- Not addressing communication/behavior issues
- Punishing the individual rather than improving the system
- Assuming that if a patient was not injured, that no action is required—Importance of "near miss" reporting



Important Definitions to Know

Effective Communication:

- General:

- The successful exchange of information between people to ensure that the responsibilities of both parties are understood.

- Patient Care

- Encouraging active participation in patient care from admission through discharge, and ensuring that the responsibilities of both patients and providers are understood.

Cultural Competence: the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.

Identifying the Cultural & Language Needs of the Patient

As part of the Patient's Bill of Rights, patients have the right to:

- Receive information in their preferred language
- Have a qualified interpreter when they are making decisions about their care
- Only use family or friends to interpret for basic needs



Identifying the Cultural & Language Needs of the Patient (*cont'd*)

As part of the Patient's Bill of Rights, patients have the right to receive **information in their preferred language**

Upon admission and/or initial presentation for care, the organization will collect the following information on each patient and document it in the patient's medical record:

- Race and ethnicity
- Oral and written communication needs including the patient's preferred language for discussing healthcare
- The presence of any significant vision, hearing, speech, or cognitive impairment

What You Can Do to Provide Effective Communication

Patient communication needs and supports should be recorded in the patient's medical record, and any documented communication needs should trigger staff to arrange for the appropriate communication assistance.

Check the patient's medical record to determine if any **communication needs** were previously identified, including the **patient's preferred language** and any sensory or communication needs.

Arrange for **language services** during assessment to help patients whose preferred language is not English

Ensure that **appropriate aids and services** are available during assessment for patients that have sensory impairments.

Provide **alternative communication** resources for patients with communication impairments to help during assessment.

Determine if the patient has developed any **new communication impairment** since admission as a change in health status may impair the patient's ability to communicate.

Note the use of communication assistance in the medical record and **communicate this need** to staff.

Effective Communication for the Deaf and Hard of Hearing

Federal Law requires “Effective Communication” be provided for the Deaf and Hard of Hearing.

“Effective communication” means different things to different people. In some cases writing notes or speaking clearly may be all that is needed.

In other cases for those who are native signers and who cannot communicate effectively with written notes, a Sign Language Interpreter is a reasonable accommodation under the law. Failure to provide reasonable accommodation is a violation of Federal Law.

Note: The Video Interpreter System (e.g. Stratus or Language Line) being used here at Salinas Valley Health includes a Sign Language Interpreter.

Method of Communication for the Deaf and Hard of Hearing

Attempt to get the individual's attention, speak clearly (but not loudly) and look directly at the person's face when speaking.

Try to move to a quieter area and communicate more there without as much background sounds.

Use a note pad and pen because the affected individual may not understand what you are saying.

Obtain a Certified Sign Language Interpreter

Identifying Patient's Cultural, Religious Practices & Beliefs

Cultural, religious, or spiritual beliefs can affect a patient's or family's perception of illness and how they approach treatment. In addition, patients may have unique needs associated with their cultural, religious, or spiritual beliefs that staff should acknowledge and address.

Ask the patient if there are any cultural, religious, or spiritual beliefs or practices that may influence his or her care.

Ask the patient if the hospital environment is welcoming to their cultural and religious or spiritual beliefs. Some religious-based hospitals display items in patient rooms that reflect the organization's religious tradition and may conflict with the culture, religion, or spirituality of the patient and family.

Respect the patient's needs and preferences for modesty by assigning appropriate providers, uncovering only the parts of the body necessary for examination and treatment, providing privacy in toileting and washing, and using full gowns or robes for walking and transport. Many cultures and religions have restrictions on touching, distance, and modesty, which may be affected by providers of the opposite sex or staff that are younger or older than the patient.

Note any cultural, religious, or spiritual needs that influence care in the medical record and **communicate** these preferences to staff.

CASE STUDY #1

A middle-aged Chinese patient refused pain medication following cataract surgery. When asked, he replied his discomfort was bearable and he could survive without any medication. Later the nurse found him restless and uncomfortable. Again, the nurse offered pain medication. Again he refused, explaining that her responsibilities at the hospital were far more important than his comfort and he did not want to impose. Only after the nurse firmly insisted that the patients comfort was one of her most important responsibilities did the patient finally agree to take the medication.

Things to consider about this case:

- Chinese are taught self-restraint. The needs of the group are more important than those of the individual.
- Another factor that may be involved in an Asian's refusal of pain medication is courtesy. They generally consider it impolite to accept something the first time it is offered.
- The safest approach for the nurse is to anticipate the needs of an Asian patient for pain medication without waiting for requests – Nurses should be aware of Asian rules of etiquette when offering pain medication, food or other services.
- If the patient continues to refuse medication, their wish should be respected.
- What are other cultural competence issues that may impact retention into care and treatment?

(Adapted from Howard University College of Medicine)

CASE STUDY #2

This case focuses on a non-English speaking Latino patient and family. As you read through this story, pay special attention to issues involved in medical decision-making such as gender roles and values, and interest in treatments outside of traditional western medicine based on culturally constructed folk illness beliefs.



Alejandro is a 4-year old Puerto Rican who has frequent exacerbations of his asthma. Serious asthma problems run in the Flores family. Alejandro takes a lot of medications for his asthma symptoms. His parents have been taught about asthma and have been given an asthma action plan – all in Spanish. Despite these actions, Alejandro still continues to have heavy wheezing and a tight cough, especially at night. His mom became skeptical that the medications were not working. She took Alejandro to an "*espiritista*." At the *espiritista's* advice, the mom stopped giving Alejandro all of the prescribed medications, and began giving him an herbal tea that she believed, along with prayer, would alleviate Alejandro's asthma symptoms completely. Alejandro's condition worsened.

Things to consider about this case:

Why might Alejandro's mom have chosen to consult an *esperitista* rather than call the clinic when Alejandro was not getting better?

Do you think that traditional Latino gender roles might have some effect on this child and family's experience with the health care system?

How might it be possible to incorporate alternative folk remedies with mainstream western medicine in developing a treatment plan for Alejandro?

Implicit Bias

An implicit bias is an unconscious association, belief, or attitude toward any social group.

Due to implicit biases, people may often attribute certain qualities or characteristics to all members of a particular group, a phenomenon known as stereotyping.

Holding an implicit bias towards a particular social group can determine how you treat an individual from that group.

What can you do?

Focus on seeing people as individuals. Rather than focusing on stereotypes to define people, spend time considering them on a more personal, individual level.

Work on consciously changing your stereotypes. If you do recognize that your response to a person might be rooted in biases or stereotypes, make an effort to consciously adjust your response.

Adjust your perspective. Try seeing things from another person's point of view. How would you respond if you were in the same position? What factors might contribute to how a person acts in a particular setting or situation?

For More Information

The Office for Minority Health offers a comprehensive cultural competency education on their website:

<https://ccnm.thinkculturalhealth.hhs.gov/>

More information on utilizing interpreters available in the Interpreter Rapid Regulatory presentation.

Center for Improvement of Healthcare Quality website:

<https://www.cihq.org/>

Congratulations!

**You have completed this
Annual Education of:**

**Communication, Teamwork, Cultural
Competence and Implicit Bias**



Corporate Compliance and Ethics Program

Annual Education - 2023



Corporate Compliance Resource



Ethics and Compliance Officer

Lorrie Oelkers

831-759-1958

loelkers@salinasvalleyhealth.com

952-270-4069 (mobile)

Corporate Compliance and Ethics Resource

Compliance and Ethics Hotline

888-274-8231 or

<https://secure.ethicspoint.com/domain/media/en/gui/19058/index.html>

No retaliation for reports made in good faith.

May report anonymously.

What's the Difference?

Compliance

- Following laws, regulations, procedures, etc.
- So we don't get in trouble
- Objective

Ethics

- Our approach to compliance
 - What we do when no one is watching
 - Would we want to see it in the newspaper?
 - Integrity, trust
 - Subjective
-

ROOTS OF HEALTHCARE COMPLIANCE EMBEDDED IN SEVERAL REGULATIONS

Who Says...			
<p>Global Regulations</p> <p>Federal Sentencing Guidelines (FSG)</p> <p><i>We must have a compliance and ethics program.</i></p>	<p>Healthcare Regulations</p> <p>Office of Inspector General (OIG)</p> <p>U.S. Department of Justice</p> <p>Center for Medicare and Medicaid Services (CMS)</p> <p><i>What is an effective compliance and ethics program?</i></p>	<p>Governance Regulations</p> <p>California Healthcare District Law</p> <p>Assembly Bill No. 1234</p> <p>Fair Political Practices Commission</p> <p>Brown Act</p> <p><i>Examples</i></p>	<p>Salinas Valley Health Internal Organizational</p> <p>Mission</p> <p>Vision</p> <p>Values</p>

WHY HAVE A COMPLIANCE AND ETHICS PROGRAM?

- **Type of benefits...**

- ✓ Model ethical behavior for others
- ✓ Bolster credibility
- ✓ Enhance positive culture
- ✓ Create proactive problem solving
- ✓ Demonstrate honesty and responsibility
- ✓ Avoid regulatory conflicts
- ✓ Encourage reporting

7 KEY REQUIREMENTS OF COMPLIANCE PROGRAM FRAMEWORK



1. Policies & Procedures

- **Establish standards/procedure to prevent and detect criminal conduct:**
 - ✓ Written Compliance Program
 - ✓ Standards of Ethical Business Practices
 - ✓ False Claims Act Provisions Policy
 - ✓ Gift, Ticket, & Honoraria Policy and Procedure
 - ✓ Conflict of Interest Code and Policy
 - ✓ Non Compliance Reporting and Response Policy
 - ✓ And others....

7 KEY REQUIREMENTS *(cont'd)*



2. Governing Structure Oversight

- ✓ Governing authority must be knowledgeable & exercise oversight; high level role assigned oversight & reports periodically to governance.



3. Hiring & Promoting Practices

- ✓ Individuals hired are checked to ensure they are not excluded from doing business with a hospital that gets money from the Federal and state governments.



4. Communication & Education

- ✓ Communication and education is done periodically throughout the organization.

7 KEY REQUIREMENTS *(cont'd)*



5. Monitor and Audit

- ✓ A risk-based audit and monitoring plan is established and approved by governance.



6. Consequences are Promoted and Enforced

- ✓ Consequences of non-compliance are enforced consistently.



7. Investigate and Remediate

- ✓ Confidential reporting mechanisms are available and publicized and reports are addressed quickly.



Key Liability Regulations

Targeted Area – False Claims Act

Under the False Claims Act, anyone who knowingly submits or causes another person or entity to submit, or knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approval of government funds can be liable for three times the government's damages plus:

- Federal: 3x the government's damages + civil penalties of up to \$22,076 per claim
- State: 3x the government's damages + civil penalties of up to \$11,000 per claim
- Government costs of bringing the action
- 10 false claims at \$100 each: \$223,760 federal + \$113,000 = **\$336,760 + costs**

“Knowingly” means:

- Actual knowledge of the information
- Deliberate ignorance of the truth or falsity of the information
- Reckless disregard for the truth or falsity of the information.

Proof of intent is not required.

The FCA contains whistleblower provisions which allow anyone with evidence of fraud to sue on behalf of the government in order to recover overpayments of federally funded health care programs.

FCA: CRITICAL POINTS

42 U.S.C. § 1320a-7k(d)(1). The overpayment must be reported and returned within **60 days** after the date on which it was identified

Salinas Valley Health has Policies to ensure we are positioned to prevent false claims – Examples

- Compliance Program
- False Claims Act Provisions Policy
- Standards of Ethical Business Practices Policy
- Non Retaliation/Non Retribution Policy



Salinas Valley Health has an anonymous reporting mechanism to communicate concerns

- EthicsPoint and / or Compliance Officer

Salinas Valley Health has a non retaliation / non retribution expectation

PHYSICIAN SELF REFERRAL PROVISIONS

Section 1877 of the Social Security Act (42 U.S.C.) 1395nn commonly referred to as the **“Stark Law”**

- Prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare (MCR) to an entity with which he or she (or an immediate family member) has a financial relationship (ownership, investment, or compensation), unless an exception applies.
- Prohibits the entity from presenting or causing to be presented claims to MCR (or billing another individual, entity, or third party payer) for those referred services.
- Establishes a number of specific exceptions

Consequence of Non Compliance

- Strict Liability - No intent standard for overpayment
- Intent required for civil monetary penalties for knowing violations
 - Overpayment / refund obligation; False Claims Act liability
 - Civil monetary penalties and program exclusions for knowing violations

Salinas Valley Health has Contract Management Policies/Procedures & designated leadership to support compliance

ANTI-KICKBACK STATUTE

42 U.S. Code § 1320a–7b

Liability for knowingly or willfully:

- Offer, pay, solicit, or receive remuneration; directly or indirectly; in cash or in kind; in exchange for:
 - referring an individual; or
 - furnishing or arranging for a good or service; and
- For which payment maybe made under Medicare or Medicaid.

Penalty Potential

CONFLICT OF INTEREST

- A “conflict of interest” may exist when an obligation or situation resulting from an individual’s personal activities or financial interests may influence, or be perceived as influencing, the individual’s judgment in the performance of duties for Salinas Valley Health.
- Personal activities or financial interests include, but may not be limited to, a business, commercial or financial interest, either of the individual or deriving from family or marital relationships, from friends, or from former, existing or prospective business associations
- If in doubt, call Compliance Officer at extension 1958.

• **Regulations:**

- California Government Code Sections 1090, and 81000 et. seq.
- The Joint Commission Standards

• **Salinas Valley Health adopted Conflict of Interest Code & Policy**

- Establishes required filers of Statement of Economic Interest Forms
- Process for organizational oversight

• **Salinas Valley Health has adopted a Gift, Ticket & Honoraria Policy**

- Employee’s may not accept gifts of value in the performance of any officer or employee’s duties or responsibilities.
- This includes gifts from patients, family members of patients, **vendors or business associates.**

SANCTIONS SCREENING

- Claims for payment cannot be submitted to obtain reimbursement from the Medicare & Medi-Cal program for the services, goods, supplies or merchandise provided, directly or indirectly to a beneficiary, by an individual or entity that is suspended, excluded or otherwise ineligible because of a sanction
- Consequence of Non Compliance
 - Return of any reimbursements
 - Potential entity exclusion
- **Salinas Valley Health has a policy / procedure to assess employees, providers, vendors and volunteers against:**
 - GSA List of Excluded Parties
 - DHHS Office of Inspector General Federal Healthcare Program List of Excluded Individuals/Entities
 - Medi-Cal Suspended and Ineligible Provider List
 - And others

EMERGENCY MEDICAL TREATMENT & LABOR ACT (EMTALA)

Also known as the Patient Anti-Dumping Statute.

Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services

This statute requires Medicare hospitals to:

- Provide emergency services to all patients, whether or not the patient can pay.
- Screen patients who *may* have an emergency condition
- Stabilize patients who *have* an emergency condition

Salinas Valley Health has policies/procedures in place to ensure compliance

- Compliance with the Emergency Medical Treatment & Labor Act
- Immediate questions or concerns should be address to Administrative Supervisor on Duty, the Emergency Department Director
- Non-urgent questions or concerns should be addressed to the chain of command, WeCare, EthicsPoint or Compliance Officer

GIFT POLICY

The Federal Anti-Kickback Statute (covered earlier) prohibits the acceptance of any item of value made directly or indirectly, in cash or in kind, that may induce or appear to induce purchase or referral of any kind of health care goods, services, or other items reimbursed by a federal healthcare program.

Receiving Gifts

From	What Should We Do?
Patients and their families	<u>Discouraged</u> . Suggest giving to Foundation. If not accepting would have a detrimental effect on patient or hospital system, give to Department Head.
Vendors	OK <u>if</u> providing significant education AND venue is conducive to educational purpose. Attendance records required. Meals < \$50 per attendee unless senior leader approves. Annual value < \$500 unless senior leader approves.
Perishable items from anyone	Must be shared with department and, where possible, made available to the public. < \$500 per occasion < \$1,000 annually

Giving Gifts

To	What Should We Do?
Other employees	OK if reasonable value based on the occasion and hospital funds not used
In course of business	If specific amount, check with Accounting to determine if taxable

Requesting Gifts

Only if authorized to do so for approved hospital functions.

Why?

Tax considerations.



How to Report A Concern

Types of reports

Ethics Point Examples


- Accounting and auditing
- Conflict of interest
- Embezzlement, theft
- Falsification of contracts, records, or reports
- Inappropriate receipt of gifts
- Improper referrals
- Kickbacks
- Retaliation
- Violation of Standards of Ethical Conduct

WeCare Examples

- Clinical care
 - Falls
 - HIPAA Privacy or Security
 - Medication Errors
 - Misconduct
 - Patient Safety
 - Security/Violence
 - Transfusions
 - Pressure Injury
-

See Quick Links on STARnet

 Quick Links

 Ethics Hotline



Retaliation against a concern reported in good faith is prohibited.

How to report



Attention! This web page is hosted on EthicsPoint's secure servers and is not a part of Salinas Valley Health website or intranet

❖ **Make a Report**

❖ Follow-up on a Report

❖ Compliance Plan

❖ FCA Policy

❖ Standards of Professional Behavior

❖ Discrimination/ Harassment Policy

❖ Gift, Ticket And Honoraria Policy

EthicsPoint is NOT a 911 or Emergency Service:

Do not use this site to report events presenting an immediate threat to life or property. Reports submitted through this service may not receive an immediate response. If you require emergency assistance, please contact your local authorities.

Our Commitment

Salinas Valley Health dedicated to providing high quality and safe care for our patients and also providing employees a safe and productive workplace. Our standards of conduct are based on a broad definition of integrity that must govern our actions in all relationships including those with patients, referral sources, suppliers, providers and one another. SVH has instituted a Compliance and Ethics Plan in accordance with federal guidelines. Our commitment must include compliance with all applicable laws regulations and policies. We must all be personally committed to follow our Compliance and Ethics Plan.

Your job is to:

- Take Responsibility
- Keep it legal
- Do the right thing
- Report any concerns
- Follow the SVH Standards of Conduct

The Board of Directors and the Management of SVH value your input. That is why we have selected EthicsPoint to provide us with an ANONYMOUS and CONFIDENTIAL method to hear your suggestions, concerns or reports of inappropriate behavior or actions. Your report cannot be traced back to you if you chose to report anonymously. There is no audit capability. Your confidentiality is completely protected. We guarantee that we will listen to your comments.

We believe that SVH's viability and integrity depend on the protection of our critical assets, including our people, physical assets and our information. We appreciate your support and cooperation in keeping SVH an ethical organization.

To Make a Report

You may use either of the following two methods to submit a report:

- Select the "Make a Report" link at the top of this web page.
OR
- Dial toll-free, within the United States, Guam, Puerto Rico and Canada:
888-274-8231


After you complete your report you will be assigned a unique code called a "report key." Write down your report key and password and keep them in a safe place. After 5-6 business days, use your report key and password to check your report for feedback or questions.

Types of reports

ethics.point

You are now in an EthicsPoint Secure Area | [File a Report](#)

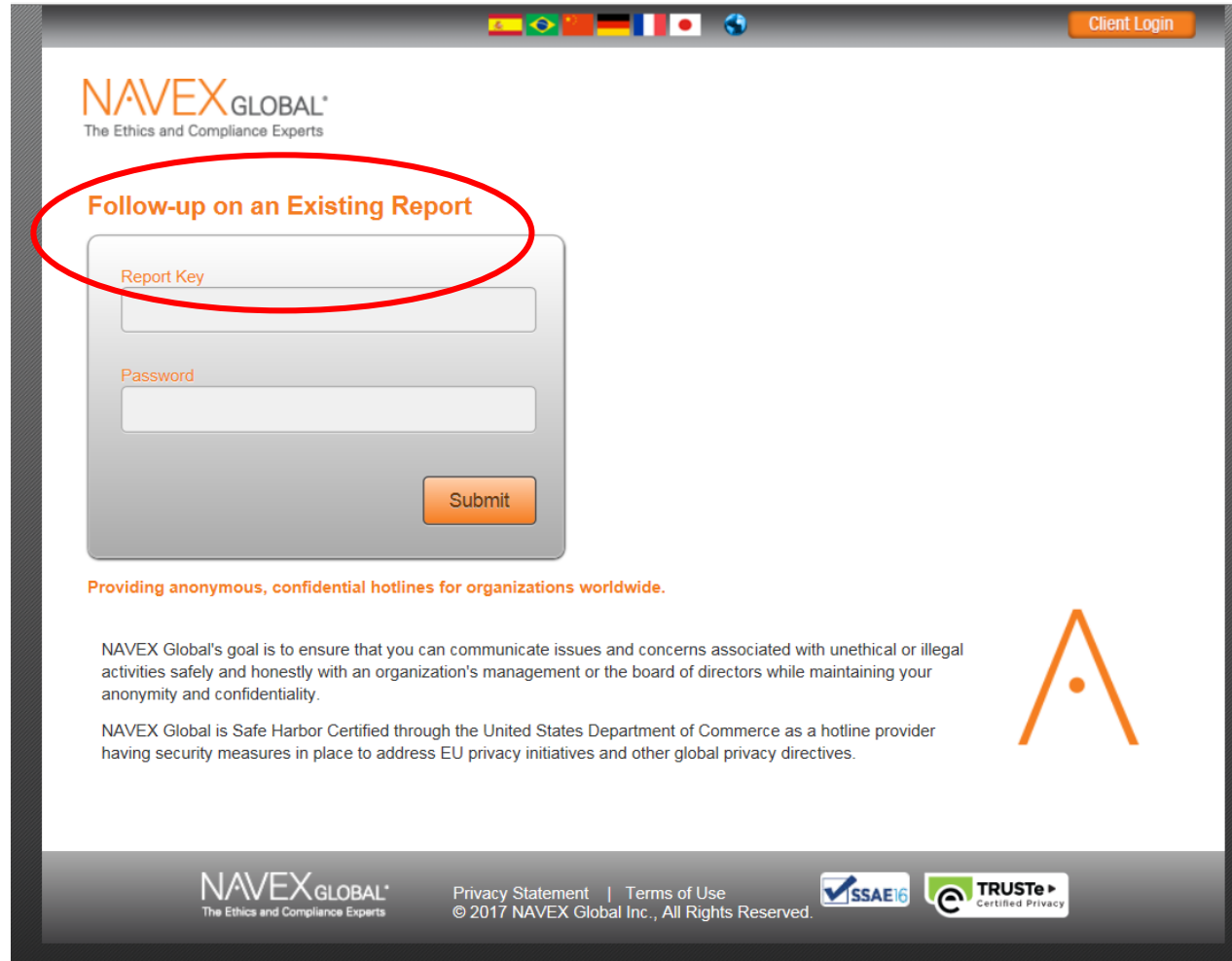
You are currently in the confidential and secure reporting structure of EthicsPoint. Below are the choices available to you.

Please click on the arrow () to select the type of report you would like to make.

Salinas Valley Health

 Accounting and Auditing Matters	The unethical systematic recording and analysis of the business and financial transactions associated with generally accepted accounting practices. (Examples include: misstatement of revenues, misstatement of expenses, misstatement of assets, misapplications of GAAP principles, wrongful transactions.)
 Conflict of Interest	A conflict of interest is defined as a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties. (Examples include: inappropriate vendor relations, bribery, misuse of confidential information, inappropriate customer relations)
 Discrimination or Harassment	Uninvited and unwelcome verbal or physical conduct directed at an employee because of his or her sex, religion, ethnicity, or beliefs. (Examples include: bias in hiring, bias in assignments, wrongful termination, bias in promotions, bias in educational decisions, unfair compensation, inappropriate language)
 Embezzlement	To appropriate (as property entrusted to one's care) fraudulently to one's own use. (Examples include: bookkeeping errors, misapplication of funds, and mishandling of cash)
 Falsification of Contracts, Reports or Records	Falsification of records consists of altering, fabricating, falsifying, or forging all or any part of a document, contract or record for the purpose of gaining an advantage, or misrepresenting the value of the document, contract or record.
 Health Insurance Portability and Accountability Act	This Category should be selected if there is a concern with the improper use or disclosure of Protected Health Information. Protected Health Information is information that: (1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) for which there is a reasonable basis to believe the information can be used to identify the individual.
 Misconduct or Inappropriate Behavior	Intentional wrongdoing; specifically: deliberate violation of a law or standard.
 Sabotage or Vandalism	Destruction of an employer's property (as tools or materials) or the hindering of manufacturing by discontented workers (Examples include: Equipment destruction, stealing, work slowdown, computer virus)

How to follow-up



The screenshot shows the NAVEX Global website interface. At the top, there are flags for Spain, Brazil, China, Germany, France, and Japan, along with a globe icon and a 'Client Login' button. The NAVEX GLOBAL logo is prominently displayed, with the tagline 'The Ethics and Compliance Experts'. The main heading, 'Follow-up on an Existing Report', is circled in red. Below this heading is a form with two input fields: 'Report Key' and 'Password', followed by a 'Submit' button. The text below the form states: 'Providing anonymous, confidential hotlines for organizations worldwide.' and 'NAVEX Global's goal is to ensure that you can communicate issues and concerns associated with unethical or illegal activities safely and honestly with an organization's management or the board of directors while maintaining your anonymity and confidentiality.' A stylized orange 'A' logo is positioned to the right of this text. At the bottom, there is a footer containing the NAVEX GLOBAL logo, a 'Privacy Statement | Terms of Use' link, a copyright notice for 2017 NAVEX Global Inc., and logos for SSAE16 and TRUSTe Certified Privacy.

NAVEX GLOBAL
The Ethics and Compliance Experts

Follow-up on an Existing Report

Report Key

Password

Submit

Providing anonymous, confidential hotlines for organizations worldwide.

NAVEX Global's goal is to ensure that you can communicate issues and concerns associated with unethical or illegal activities safely and honestly with an organization's management or the board of directors while maintaining your anonymity and confidentiality.

NAVEX Global is Safe Harbor Certified through the United States Department of Commerce as a hotline provider having security measures in place to address EU privacy initiatives and other global privacy directives.

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The Ethics and Compliance Experts

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Certified Privacy

Questions we can ask ourselves

- How would it look in the newspaper?
- What would I tell my child to do?
- Would I feel comfortable telling my family about it?
- How will I feel about myself afterwards?
- Is it in the best interests of Salinas Valley Health?



Congratulations!
You have completed this Annual Education
of:

Corporate Compliance and Ethics





Disruptive Persons

Annual Education 2023

Salinas Valley Health has a Zero tolerance standard for violence or abuse of any kind. Outlined in the “***Disruptive Persons Policy***” (#6537) is detailed behavior that is unacceptable within our organization and the support available to staff when these behaviors are displayed by patients, family or visitors.

- Salinas Valley Health is committed to maintaining a safe workplace that is free from threats, acts of intimidation and violence from patients.
 - Continued acts of aggression / intimidation / care refusal or like situations may result in the patient being discharged from our care.
-

Definition of Disruptive Person

- Behavior by patients, family members or visitors which is disruptive to their care, care of other patients, the safety of the patient, staff, visitors and facility operations.
 - Conduct or comments that are inappropriate, demeaning or otherwise offensive behaviors intended to create an uncomfortable, hostile, and/or intimidating environment.
-

**STAFF SHOULD ALWAYS CONSIDER
HIS/HER SAFETY WHEN DEALING
WITH PATIENTS WHO DISPLAY
UNACCEPTABLE BEHAVIOR**

***The key to keeping yourself and
patients safe is:***

EARLY INTERVENTION

What do I document (every time)

FACTS only – ***not opinions:***

- What behaviors were exhibited
 - What intimidating or threatening statements were made by the patient / family / visitor and to whom
 - What actions were taken by the staff
 - Informed that behaviors are not acceptable
 - Leader spoke with them
 - Referred for care conference
 - Etc.
-

INPATIENT

- Discussions with the patient / others that behaviors are not tolerated.
 - **Level I** continued noncompliance:
 - Request a Care Conference (Leader / Case Management)
 - Review appropriate behaviors, plan of care and define actions with the care team and patient
 - Provide the Patient Responsibilities
 - Consider 3 Bears
-

INPATIENT

- **Level 2** continued noncompliance:
 - Management Team Conference - Unit leadership meets with patient and defines appropriate behaviors.
 - Notify Security if safety concerns
 - Contact Patient Safety Officer (PSO) for direction X1983
 - Team Conference with necessary care providers and others to strategize and define a course of action
 - Develop Treatment Agreement
-

INPATIENT UNITS cont

- **Level 3** continued noncompliance or escalation or violation of Treatment Agreement
 - Notify Security if safety concerns
 - Contact Patient Safety Officer (PSO) / Risk Management X1983
 - Define ability to discharge patient safely
 - Police department may be contacted to assist in discharge if requested
-

OUTPATIENT UNITS

- Inappropriate phone call
 - Attempt to calm the caller
 - If unsuccessful advise that the call will be terminated or refer directly to the unit leader
 - Unsuccessful in calming the individual refer caller to the Patient Relations dept. (x1709) or 755 -0709
-

OUTPATIENT UNITS

Clinic Visit

- Make all attempts to calm the individual – if able remove from the location but be sure location is safe
 - Contact the leader to assist in resolving
 - Hospital campus – contact Security
 - Off campus - SPD may be contacted
 - Practitioner may withdraw care permanently – transfer of care to another provider is required.
-

Immediate notification of inappropriate behaviors is critical to provide a therapeutic environment for staff and patients.

**Do not wait to
escalate a situation.**

CONGRATULATIONS!
YOU HAVE COMPLETED THIS
ANNUAL EDUCATION OF:
DISRUPTIVE PERSONS



Emergency Notification Codes

CODE NAME	DESCRIPTION
CODE Red	An actual or suspected fire
CODE Blue	A suspected or actual cardiopulmonary arrest ages 14 yrs. and over
Code Blue MH	Notifies designated staff to expedite care of a patient presenting with malignant Hyperthermia
Code Blue MTP	Notifies designated staff to initiate Massive Transfusion Protocol
CODE White	A suspected or actual cardiopulmonary arrest ages 31 days to 13 yrs.
CODE White Neonatal	A suspected or actual cardiopulmonary arrest. Ages 0 to 30 days.
CODE Orange	Hazardous Materials Spill
CODE Green	A patient who is missing from the facility/elopement.
CODE Pink	A suspected or actual infant abduction
CODE Yellow	A bomb threat or the discovery of a suspicious device
CODE Gray	A combative or potentially combative person
CODE Silver	A person with a weapon
CODE Silver – Active Shooter	A person who is brandishing a weapon or actively shooting with in the facility or SVMH property
CODE Purple	Emergency Department is at maximum capacity
CODE Triage Internal	An internal disaster affecting one or more departments
CODE Triage External	An external disaster External mass casualty incident in which the ED is expecting several trauma victims
CODE Stroke	Notifies designated staff to expedite care of a patient presenting with stroke-like symptoms.

Code STEMI	Notifies designated staff to expedite identification and treatment of an ST Elevation Myocardial Infarction.
OB STAT	Called for an obstetric emergency pre-delivery.
OB STAT Postpartum	Called for patients who have already given birth and are experiencing an obstetric emergency such as an eclamptic seizure.
OB STAT Crimson	Called for patients who have already given birth experiencing a postpartum hemorrhage.
Code Internal Triage: Network Downtime	Widespread application downtime. May or may not include internet outage. Follow downtime procedures and wait for updates
Lockdown: Level 1	Heightened awareness for staff only Due to protest or civil disturbance, but continue normal business operations.
Lockdown: Level 2	Secured Emergency Department Due to gunshot/stabbing victims, suspected gang-related activity.
Lockdown: Level 3	Secured Facility Due to major civil disturbance, imminent threat of violence or active violence, or major hazardous materials event.

Emergency Preparedness and Emergency Codes

2023 Annual Education



All Hazards Plan

- Because you can't always predict the nature of an emergency, organizations –including ours–establish an “*all hazards*” plan that **allows us to respond effectively regardless of the nature of the emergency.**
- This plan is called the **Emergency Operations Plan.**

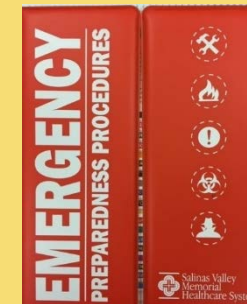
Event-Specific Plans

- **Hazard vulnerability assessments** help identify relatively likely emergencies
- **Salinas Valley Health has specific codes, plans and procedures** for those identified emergencies.

Emergency Notifications Codes	
TO INITIATE ANY CODE, CALL EXT. 2232	
EMERGENCY	CODE
FIRE	CODE RED
MEDICAL EMERGENCY ADULT (14 YEARS AND OVER)	CODE BLUE
MEDICAL EMERGENCY PEDIATRIC (31 DAYS TO 13 YEARS)	CODE WHITE
MEDICAL EMERGENCY NEONATAL (0 DAYS TO 31 DAYS)	CODE WHITE NEONATAL
HAZ MAT SPILL	CODE ORANGE
ELOPEMENT	CODE GREEN
INFANT ABDUCTION	CODE PINK
BOMB THREAT	CODE YELLOW
COMBATIVE PERSON	CODE GRAY
PERSON WITH A WEAPON	CODE SILVER
ACTIVE SHOOTER	CODE SILVER ACTIVE SHOOTER
ER CAPACITY OVERLOAD	CODE PURPLE
INTERNAL DISASTER	CODE TRIAGE INTERNAL
EXTERNAL DISASTER	CODE TRIAGE EXTERNAL
MASS CASUALTY INCIDENT	CODE TRIAGE EXTERNAL, MCI

Department-Specific Plans

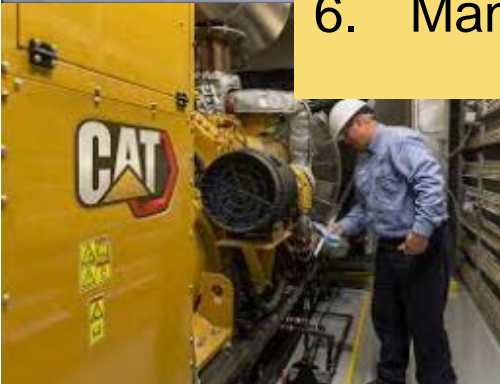
- **The Emergency Preparedness Procedure guidebook is located in each department** and contains response procedures for emergency scenarios.
- **Be familiar with the contents now, before an emergency**





Salinas Valley Health's policies, plans and procedures address six critical areas of emergency preparedness:

1. Communication during an emergency
2. Managing resources and assets
3. Managing utilities
4. Managing security & safety
5. Managing staff responsibilities
6. Managing patients' clinical and support activities



Emergency Preparedness Procedures: Codes

For certain emergency situations, Salinas Valley Health uses a standardized code system to alert staff and prompt an appropriate, predetermined response.

Code Name	Description	Who Can initiate?	Corresponding Policy
Code Red	Actual or suspected fire	Anyone	<u>FIRE RESPONSE PLAN (CODE RED)</u>
Code Blue	Actual or suspected cardiopulmonary arrest ages 14 yrs. And over	Clinical care team	<u>CODE BLUE, CODE WHITE, CODE WHITE NEONATAL Covid Code Blue Plus (attachment D)</u>
Code Blue MH	Expedite care of a patient presenting with Malignant Hyperthermia	Clinical care team	<u>MALIGNANT HYPERTHERMIA</u>
Code Blue MTP	Initiate massive transfusion protocol	Clinical care team	<u>Massive Transfusion Protocol</u>
Code White	Actual or suspected cardiopulmonary arrest ages 31 days to 13 yrs.	Clinical care team	<u>CODE BLUE, CODE WHITE, CODE WHITE NEONATAL</u>

More Codes...

Code Name	Description	Who can initiate?	Corresponding Policy
Code White Neonatal	Actual or suspected cardiopulmonary arrest ages 0 to 30 days.	Clinical care team	<u>CODE BLUE, CODE WHITE, CODE WHITE NEONATAL</u>
Code Orange	Hazardous Materials Spill	Anyone	<u>HAZARDOUS MATERIALS SPILL RESPONSE PROCEDURE</u>
Code Green	Patient missing from facility/elopement	Any member of the care team	<u>PATIENT ELOPEMENT/MISSING PATIENT</u>
Code Pink	Suspected or actual infant abduction	Anyone	<u>CODE PINK RESPONSE PROCEDURE</u>
Code Yellow	Bomb threat or the discovery of a suspicious device.	Anyone	<u>CODE YELLOW</u>
Code Gray	A combative or potentially combative person	Anyone	<u>CODE GRAY</u>
Code Silver	A person with a weapon	Anyone	<u>CODE SILVER -- ACTIVE SHOOTER</u>
Code Silver Active Shooter	A person who is brandishing a weapon or actively shooting within the facility or Salinas Valley Health property.	Anyone	<u>CODE SILVER -- ACTIVE SHOOTER</u>

...Even More Codes!

Code Name	Description	Who can initiate?	Corresponding Policy
Code Purple	Emergency Department is at maximum capacity	Nurse Admin Supervisor	CODE PURPLE
Code Triage Internal	An internal disaster affecting on or more depts.	Admin-on-Call or delegate	EMERGENCY OPERATIONS PLAN
Code Triage External MCI	Mass casualty incident where ED is expecting several trauma victims. Includes patient haz mat decontamination procedures.	Admin-on-call, Nurse Admin Sup, ER physician & Charge RN	Emergency Management for Mass Casualty Incidents
Code Stroke	Expedite care of patient with stroke-like symptoms.	ED physician, charge RN, Nurse Admin Supervisor	Code Stroke Code Stroke Plus
Code STEMI	Expedite identification and treatment of an ST Elevation Myocardial Infarction.	ED physician, charge RN, Nurse Admin Supervisor	Code STEMI team Clinical Procedure COVID Code STEMI plus work flow (attachment D)
OB STAT	Obstetrical emergency during pregnancy	Any provider including RN or Physician	OB STAT/OB STAT POSTPARTUM
OB STAT Postpartum	Obstetrical emergency after pregnancy		

Additional Salinas Valley Health Resources

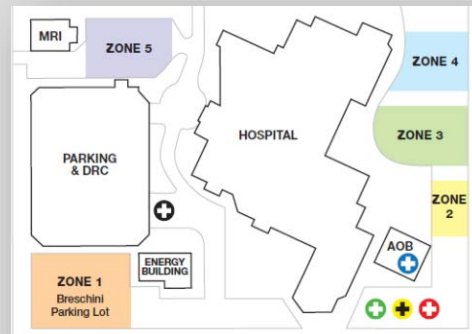


[FACILITY LOCKDOWN procedure](#)



Hospital Surge Plan

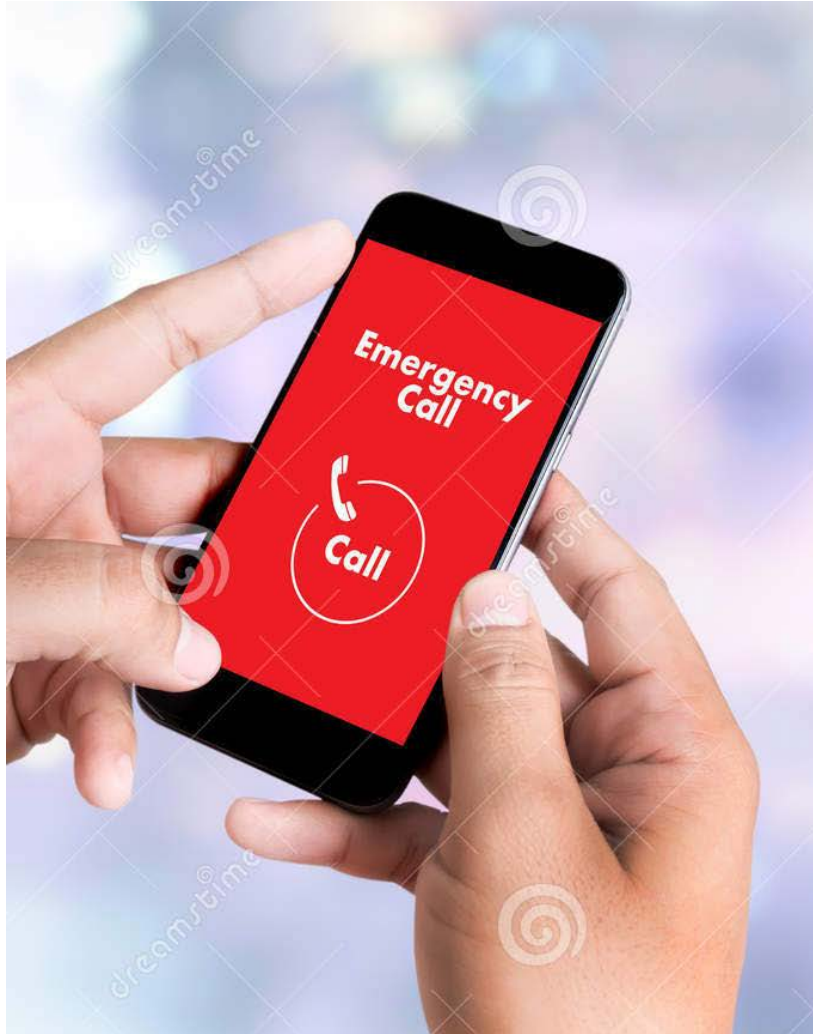
- [CENSUS SATURATION / FULL SATURATION CLINICAL PROCEDURE](#)



Evacuation Procedures

- Shelter-in-place and horizontal relocation guidelines are found in [FIRE RESPONSE PLAN \(CODE RED\)](#)
- [Evacuation Equipment Training Links on Starnet \(HERE\)](#)
- [Evacuation Map is found on Starnet \(HERE\)](#)
- [Facility Evacuation procedure coming soon to PolicyStat](#)

Who Can Activate the Emergency Operations Plan?



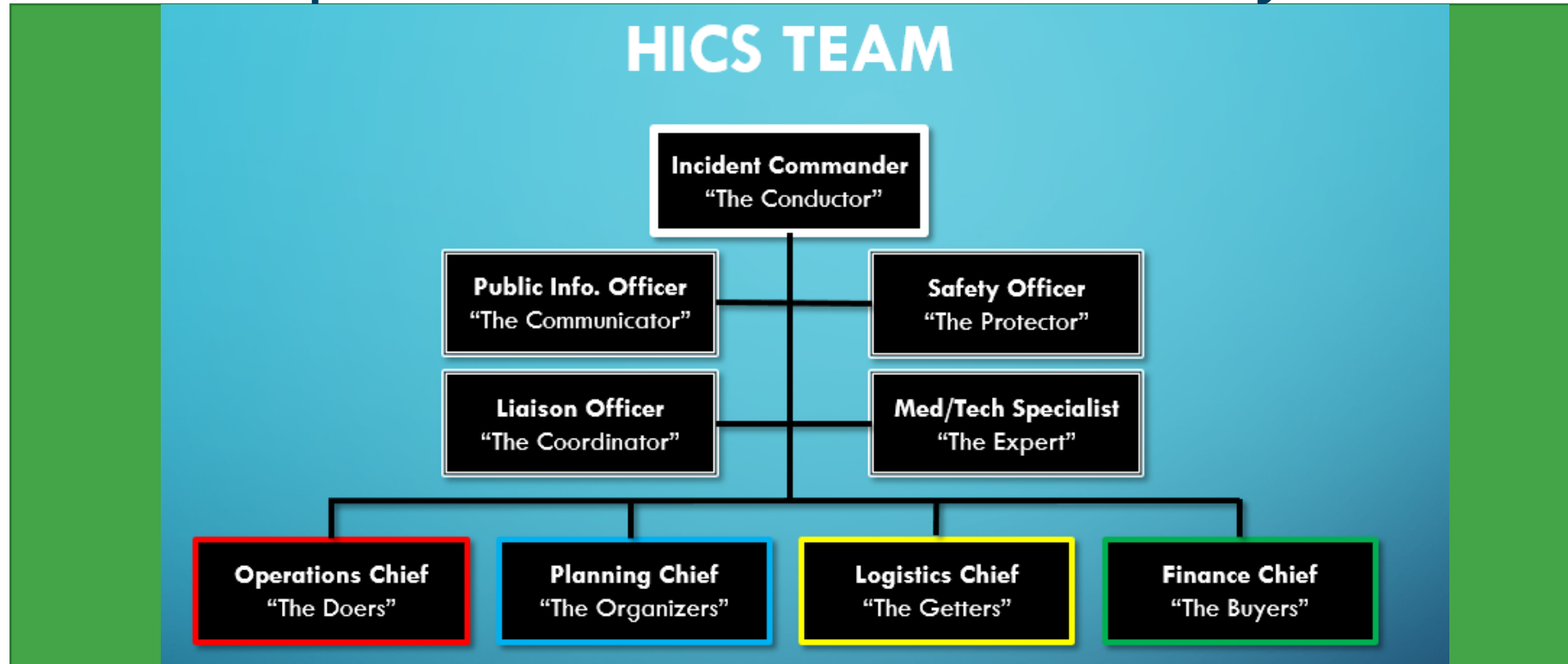
Some codes may resolve without activating the Emergency Operations Plan (EOP). But **when an incident is sized up and resources need to be aligned to meet the challenge, the EOP is activated.**

The individual who would assume the role of Incident Commander is authorized to activate the emergency operations plan and the incident command team.

Generally, this includes:

- Administrator on Duty
- Nursing Administrative Supervisor
- In the case of a mass casualty incident, this is done in collaboration with the ER on-duty physician and charge nurse

Emergency Operations Plan: Hospital Incident Command System



- If the EOP is activated, the Hospital Incident Command System (HICS) team activates to lead the response to the emergency.
- The Incident Commander takes the lead, and fills out additional roles as needed to get the job done.
- A number of Salinas Valley Health’s leaders are on standby to fill each of these team roles.

- Salinas Valley Health adopted HICS to align with the FEMA National Incident Management System (NIMS).
- NIMS compliance allows Salinas Valley Health to be eligible for Federal disaster reimbursement.
- Staff and leaders may be required to take FEMA related courses to maintain Salinas Valley Health's ability to be resilient to disaster.



What's My Role if HICS is Activated?



In most situations, most individuals will continue working in their usual role.

If you receive an assignment from the HICS team this becomes your primary responsibility until you are relieved or the incident is closed.

Communications Plan

- Ongoing communication to staff and providers is vitally important during a disaster.
- All information and communications are funneled through the HICS team.
- The hospital maintains contact lists for key individuals and entities:
 - Staff and physicians, volunteers, other health care organizations, suppliers, community partners, healthcare coalitions and federal, state, tribal, regional, and local emergency preparedness staff.

* Salinas Valley Health maintains several communication channels to call upon in the event of an incident:

- Overhead speakers
- Mass texting platforms
Everbridge and
TigerConnect



- Email
- Phone trees
- Runners
- Radios



- 800 MHz system
- ReddiNet



Emergency Scenario #1

- You are on shift and you notice a foul smell that appears to be coming from the ventilation system and is permeating the patient care areas on your unit. Staff and patients alike are reporting feeling dizzy.



-
- ***What is your first course of action?***

Emergency Scenario #1

Answer:

- **Safely move patients out of the area** to an unaffected area down the hall. This is called a “lateral evacuation”.
- **If a lateral evacuation cannot be done**, consider moving patients to a floor below yours. This is called a “vertical evacuation”.
- **Notify your leader immediately for any kind of evacuation.** If the leader is not available or if it is after normal business hours, notify the Administrative Nursing Supervisor on duty.
- In a situation like this the Hospital Incident Command System (HICS) may be activated. **Further instructions from the Incident Command Center would follow.**



Emergency Scenario #2

- The Hospital Incident Command System (HICS) has been activated due to a mass casualty incident. You are on duty and you answer a phone call from a local news agency asking about the care of the incoming patients.

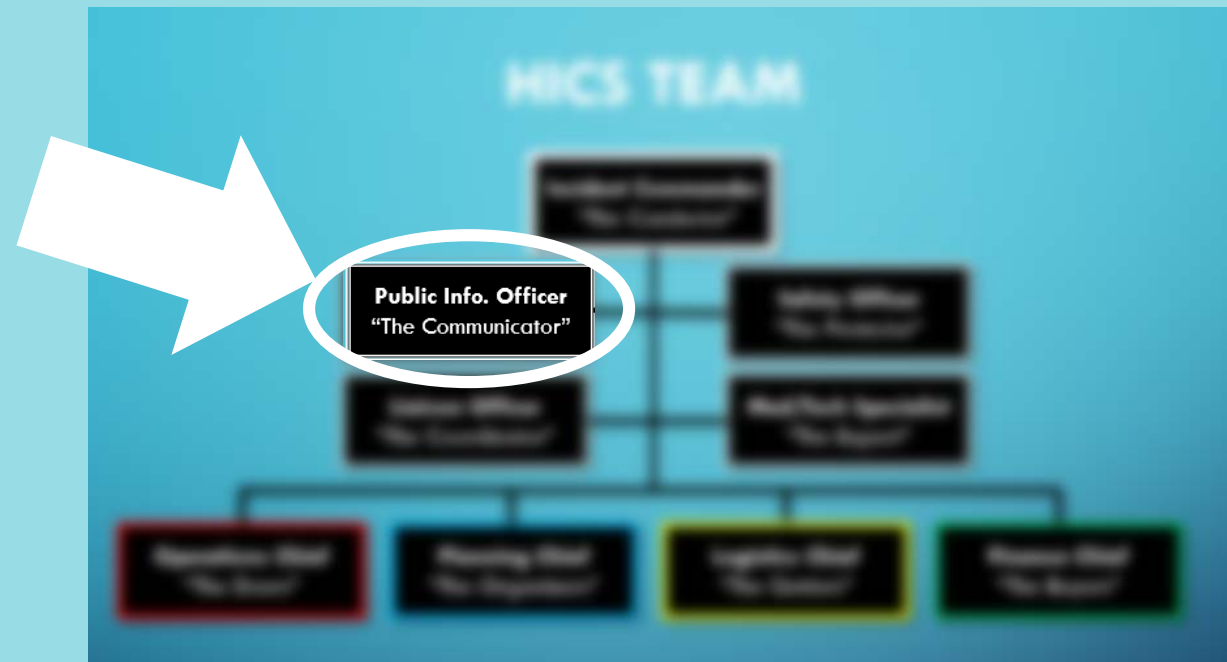


- ***Your next course of action is to do what?***
-

Emergency Scenario #2

Answer:

- **Do not speak to any news agency about the incident. Ask them to contact the Public Information Officer.**
 - The Public Information Officer may be contacted by calling the Incident Command Center when activated.



CONGRATULATIONS!

**YOU HAVE COMPLETED THIS
ANNUAL EDUCATION OF:**

**EMERGENCY PREPAREDNESS AND
EMERGENCY CODES**



EMERGENCY MEDICAL TREATMENT & LABOR ACT (EMTALA)

- Also known as the Patient Anti-Dumping Statute.
- Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services
- This statute requires Medicare hospitals to:
 - Provide emergency services to all patients, whether or not the patient can pay.
 - Screen patients who may have an emergency condition and stabilize patients within our capability
 - Follow appropriate processes when transferring ED/OB ED patients to other facilities
 - Accept appropriate transfers
 - Maintain a list of on-call physicians
 - Post appropriate signage
 - Maintain a log of patients presenting for care in an Emergency Department
- SVMHS has policies/procedures in place to ensure compliance
 - Compliance with the Emergency Medical Treatment & Labor Act
 - EMTALA-Patient Registration
 - Immediate questions or concerns should be address to Administrative Supervisor on Duty, the Emergency Department Director
 - Non-urgent questions or concerns should be addressed to the chain of command, Verge, EthicsPoint or Compliance Officer

SALINAS VALLEY HEALTH

Annual Education - 2023

Environment of Care- Part 1

General Safety & Security

Salinas Valley Health's **Environment of Care Committee** meets to identify and resolve safety issues related to patients, visitors, and employees.

The Joint Commission has many standards relating to safety, and this committee oversees compliance of these standards.

Membership of this committee includes management as well as nursing employees. The expectation of Salinas Valley Health is that you will *"Own Your Area"*.

If you become aware of an unsafe or potentially unsafe situation, please report it immediately to the supervisor of the care or work area.

If an incident occurs, please take actions necessary to protect yourself and others from harm and report the incident immediately to the supervisor of the care or work area.

General Safety & Security (cont'd)

Membership of this committee includes management as well as nursing representation. The expectation at Salinas Valley Health is that you will *"Own Your Area"*.

If you become aware of an unsafe or potentially unsafe situation, please report it immediately to the supervisor of the care or work area.

If an incident occurs, please take actions necessary to protect yourself and others from harm and report the incident immediately to the supervisor of the care or work area.

REMEMBER to call #2222 at the hospital or 9-911 at at off-site locations for any emergency or when immediate response is needed.

General Safety & Security (*cont'd*)

Our organization maintains an active program to provide a safe and secure environment.

The Environment of Care (EOC) Committee is a multidisciplinary body that monitors the vital functions of the environment of care.

These functions are:

- Safety Management
- Security Management
- Hazardous Materials Management
- Fire Safety Management
- Medical Equipment Management
- Utilities Management

Environmental Health and Safety Manager



**For safety and environmental health
issues, contact:**

Jim Hively
Ext. 1804

General Safety & Security (cont'd)

Identifying Hazards in Your Work Environment

It is critically important that you are aware of potentially hazardous conditions in your work environment. Different work areas and job functions may have different hazards. When you were hired and perhaps frequently thereafter, you were trained on how to identify and deal with these hazards.



General Safety & Security (cont'd)

Security Management

All individuals within our facility shall wear some form of identification, either they are healthcare personnel with badges, visitors with visitor badges or vendors with badges.



Vendors who do not have badges shall not be allowed in the hospital work area without a current VendorMate badge. These individuals shall be referred to Security office (parking structure basement) or Material Management office.

Certain areas within the hospital are designated as security sensitive areas such as the **Emergency Department**, **NICU**, **Mother Baby**, and **Labor and Delivery**.

- These areas may be secured by card readers, key pads or signage, i.e. *"Authorized Personnel Only."*
- Employees should be cognizant of and prevent piggy backing into secure areas. An example of this is when going through the door to the ICU allowing someone else to come with you under your access.

Staff should honor these security measures and do not enter unless your assigned job duties require you be in that area. Do not use secure areas as short cuts.

General Safety & Security (cont'd)

Providing for a Secure Environment

Our organization conducts periodic assessments to identify potential security risks. We then establish policies, procedures, and other actions to protect our patients, staff, and visitors.

Here are basic actions that staff can take to provide for a secure environment:



1. Wear your identification badge at all times.
2. Question the presence of individuals in your work area that are unfamiliar to you or lack proper identification.
3. Report any suspicious individuals or activity to your immediate supervisor or to Security.
4. Be observant as to who is in your area.
Should they be there?
5. Keep your personal articles and valuables secure. Do not bring personal items of value to work with you.
6. Lock desks or doors to offices when not in use.
7. Secure equipment in their appropriate area(s).

General Safety & Security (cont'd)

Infant & Child Abduction



Keeping babies and kids safe is very important.

We have established formal policies and procedures to prevent the abduction of infants and children while they are hospitalized.

All visitors to the second floor are required to have a **pink** Salinas Valley Health visitor badge at all times.

Any visitor without a **pink** visitors badge must be directed to the main lobby for proper identification/screening.

Contact security at ext. 5301 for all suspicious activity.

Everyone has a role in protecting infants and children.

General Safety & Security (cont'd)

What you are required to do if you become aware of a possible infant or child abduction?



General Safety & Security (cont'd)



In order to provide a safe work environment for all employees, high-risk areas have been identified, and training for key employees has been provided. **We can maintain a safer environment by doing the following:**

Report all suspicious circumstances to Security immediately.

Secure your work area whenever you leave, and do not leave any items of value unsecured.

Listening to someone who has an issue or complaint and following up with their concerns is one way to diffuse a potential aggressive situation before it becomes a security issue.

Be observant and help keep your work area secure. Politely offer to assist those who do not belong in your work area. If there are any concerns with unauthorized persons in your work area call Security, ext. 1946 immediately.

Trust your gut feelings. Watch for warning signs. Try to spot and head off trouble before it turns to violence.

General Safety & Security (cont'd)

Watch for the warning signs of violence:



Restlessness, pacing

Violent gestures, such as pounding on a desk

Screaming, cursing, challenging authority

Making threats, talking about or carrying weapons

What to do:

- When dealing with a potentially violent patient, visitor, or co-worker, attempt to evade the subject while someone calls Security (ext.1946).
- Stay calm.
- Don't let your escape path get blocked.
- Report all incidents promptly to your supervisor and the Security department.

General Safety & Security (cont'd)

Personal Safety:

Violence can happen in any department or area.

- ✓ Secure your vehicle when you leave it. Do not leave any items of value in plain view as this could encourage a vehicle burglary.
- ✓ Park in designated employee parking lots.
- ✓ Call security if an escort to your vehicle is needed
- ✓ When possible, travel in groups to and from the hospital.
- ✓ If you observe someone following you while driving your vehicle: go to the police department, fire department, or any business that is open, and blow your horn in order to attract attention.

Performance Improvement

Handling of combative patients and aggressive behavior is one of the focuses of the:

- **Environment of Care Committee,**
- **Workplace Safety Committee**
- **Safety and Security Department.**

One of the primary ways in which we can reduce the risk of harm to patients and employees is understanding signs of crisis as well as ways to handle these types of behavior.

The **Crisis Continuum Tool, on the next slide,** has been designed to assist staff in applying safe mitigation interventions.



CRISIS Continuum (CDC)	Stage 1 (Early)	Stage 2 (Middle)	Stage 3 (Late)	Stage 4 (Crisis)	Stage 5 (Resolution)
(CDC, 2011)	Normal stress and anxiety. Results from everyday annoyances and frustrations. Individuals are still in control of their behavior and emotions.	Rising anxiety. Can result in individuals appearing confused and unable to make a decision. Voice is high-pitched and may display repetitive finger or toe tapping.	Severe stress and anxiety. Behaviors are more disruptive, may begin to shout, swear or make threats.	"Out of control" unable to process information or follow instructions. Unpredictable. Highest risk for harm to self and others.	Person may be ashamed of own behavior. Tearful Apologetic
Mitigating Interventions (CDC, 2011)	<p>VERBAL</p> <p>Allow the person to express themselves Use a shared problem solving approach Be empathetic Avoid being defensive Apologize if appropriate Follow through Avoid blaming or "It's not my job" Don't interrupt</p> <p>NON-VERBAL</p> <p>Maintain a calm demeanor Use non-threatening eye contact Smile Hands open and visible Avoid pointing Avoid laughing or inappropriate smiling Listen and nod to reflect paying attention Respect personal space Avoid physical contact – could be misinterpreted Approach from the side or at an angle Act with confidence Consider calling Security</p>		<p>In addition to actions from earlier stages, add actions to protect self and others.</p> <p>Don't go alone Call Security Stay near an exit or have an unobstructed path to the exit Attempt to set limits Avoid issuing threats and set limits instead Avoid "standing up" to the patient. Be aware of patient's and your own verbal and non-verbal communication and body posture.</p>	<p>Remove yourself from the situation maintain a safe distance from danger. Violence is about power and control, in particular over another person.</p> <p>Feeling out of control can lead to attempts to regain control thru violence. If not already done, call Security</p> <p>Anticipate use of meds or restraints.</p>	<p>Allow expression of feelings Maintain empathy Counseling referral Allow person to "save face" (prevent feeling of shame). Re-establish rapport</p>
SIGNS AND SYMPTOMS					
STAMP (Luck, Jackson & Usher, 2007)	S = Staring Prolonged glaring at the person while engaged in care. Absence of eye contact (cultural?)	T = Tone & Volume of Voice Sharp or caustic comments. Sarcasm Demeaning tone Increase or decrease	A = Anxiety Flushed appearance Hyperventilation Rapid speech Dilated pupils Lack of understanding	M = Mumbling Talking "under their breath". Just audible criticisms Repetition of questions Slurring	P = Pacing Walking around a confined space. Back and forth Flailing in bed "resisting" care

Active Shooter: Emergency Response

How to Respond

Active Shooter

QUICKLY DETERMINE THE MOST REASONABLE WAY TO PROTECT YOUR OWN LIFE. PATIENTS AND VISITORS ARE LIKELY TO FOLLOW THE LEAD OF EMPLOYEES AND MANAGERS DURING AN ACTIVE SHOOTER SITUATION.

1. RUN

- Have an escape route & plan in mind
- Leave your belongings behind
- Keep your hands visible

2. HIDE

- Hide in an area out of the active shooter's view
- Block entry to your hiding place and lock doors
- Silence pager or cell phone

3. FIGHT

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the active shooter
- Act with physical aggression and throw items at the active shooter

CALL 911 WHEN IT IS SAFE TO DO SO

When Law Enforcement Arrives on Scene

1. HOW YOU SHOULD REACT WHEN LAW ENFORCEMENT ARRIVES:

- Remain Calm
- Immediately raise hands and separate your fingers
- Keep your hands visible at all times
- Avoid making quick movements towards officers
- Avoid pointing, screaming, yelling
- Do not impede officers movements

2. INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OFFICERS: OR 911 OPERATORS:

- Location of Active Shooter
- Number of shooters
- Physical Description of Shooters
- Number and types of weapons being used by shooters
- Number of potential victims on scene

Recognizing Signs of Potential Workplace Violence

AN ACTIVE SHOOTER MAY BE A CURRENT OR FORMER EMPLOYEE. ALERT YOUR SUPERVISOR, SECURITY DEPARTMENT AND HUMAN RESOURCES DEPARTMENT IF YOU BELIEVE AN EMPLOYEE EXHIBITS POTENTIALLY VIOLENT BEHAVIOR.

INDICATORS OF POTENTIALLY VIOLENT BEHAVIOR MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism, and/or vague physical complaints
- Depression/Withdrawal
- Increased severe mood swings, and noticeably unstable or emotional responses
- Increasingly talks of problems at home
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes

PLEASE CALL THE SECURITY DEPARTMENT FOR ANY ASSISTANCE –

Outside line 831-759-1946

Hospital Phone: ext. 5301



MANAGEMENT OF HAZARDOUS MATERIALS & WASTE

Hazardous Materials

Hazard Communication Program

The Occupational Safety and Health Administration (**OSHA**) requires all businesses to have a written HazCom (Hazard Communication) program.

Our Hazard Communication Program hospital outlines what we do to communicate hazards within your work area. As part of the program:

1. Safety Data Sheets (SDS) provide information on chemicals found in your work area and give basic information about the chemical and how to use it safely
2. SDS can be accessed on STARnet under [Safety Data Sheets](#) link.

Hazardous Materials *(cont'd)*

Training is received during general and departmental orientation and whenever a new hazardous material is brought into the work environment.

Knowing about container labels and **Safety Data Sheets (SDS)** is an important component of this program.

Minor Hazmat Incident (Incidental Spill)

- Ensure that everyone in the immediate area of the spill is safe and prevent all individuals from entering the spill area.
- Obtain appropriate Safety Data Sheet (SDS) on STARnet.
- If the spill is larger than an employee can safely clean up or if the spill is unknown dial x2222 to report a “Code Orange”.
- Employees should only attempt to clean up a spill if they know the hazards of the spilled material and have the appropriate PPE and spill response materials available
- Do not attempt to clean up the spill if you feel your safety will be compromised.

Large or Unknown Haz Mat Spill

NOTIFICATION

- Individuals identifying a large or unknown HazMat spill should call x2222 to notify the hospital Operator of the type and location of the spill.
- Operator will overhead page “Code Orange”
- Designated responders will assess the need to call 911 for assistance.

FOR INDIVIDUAL DISCOVERING INCIDENT

If possible, quickly determine what was spilled or released. Obtain the SDS Sheet for the material.

Evacuate all affected individuals from the area

Isolate or contain the area

Restrict all persons from entering the affected area



Exposure

You can be exposed to a substance in a number of ways:

You can **breathe** (inhale) it in the form of a gas, vapor, mist, or dust.



Some can be **absorbed** through eyes or skin.



Swallowing (**ingesting**) is also a way a substance can enter the body.



Protect Yourself

Use Safe Work Practices

Take what you learn about hazardous substances and health risks and put it into practice. Think before you handle, store, or transport these substances.

Use PPE

Protect yourself from hazardous substances by wearing the right personal protective equipment (PPE). Gloves, safety glasses, respirators, and other PPE can help keep you safe. **But they only work if you use the right type for the substance and job.** Don't take shortcuts or misuse PPE.

Labels Warn and Inform

Container labels and warnings provide brief health and safety facts about a hazardous material. **Labels and signs may help protect you, but only if you read them. Review the SDS (available on STARnet) for all hazardous materials that you use.**

Working with Chemicals

Here are some tips to help YOU work safely with hazardous materials :



1. Know the hazardous materials that you work with. **Follow all directions carefully.**
2. Never **mix solutions/powders** unless you are following specific manufacturer or your supervisor's directions. Mixing solutions or powders can cause a dangerous reaction to occur.
3. Your senses **don't always warn you of danger**. Some products don't have good warning properties. Read and follow the directions on the label and the SDS.
4. Always ensure **adequate ventilation**.
5. Always wear **PPE** to ensure your safety.
6. Repeated **misuse is dangerous**, not only to you, but also to other individuals.
7. Secondary containers must have the **same label information** as the primary container.
8. If you are unfamiliar about the chemicals in your work, **ASK your supervisor**.

Hazardous Materials (*cont'd*)

Below are hazard pictograms that are on the label of hazardous materials when appropriate:



Explosive



Flammable



Oxidizing



Gases Under
Pressure



Harmful
(i.e. eye irritant)



Corrosive



Acute Toxicity
(severe)



Health Hazard
(e.g. Carcinogen)

Hazardous Materials: Test your Knowledge

QUIZ!

Which of the following is **NOT** a warning on the container shown below?



- Health Hazard (e.g. Carcinogen)
- Flammable
- Harmful (e.g. eye irritant)
- Acute Toxicity (severe)

Hazardous Materials: Test your Knowledge

Answer

Which of the following is **NOT** a warning on the container shown below?



- Health Hazard (e.g. Carcinogen)
- Flammable
- Harmful (e.g. eye irritant)
- Acute Toxicity (severe)





ASBESTOS SAFETY

**Asbestos: a fibrous mineral formerly used for making fireproof articles. Often incorporated into construction materials such as wall board, ceilings, floor tile, sprayed-on acoustical ceilings, fireproofing, pipe insulation, mastics, roofing materials, insulation or other building materials*

Asbestos Health Risks

- **Asbestos becomes a health hazard only when fibers are released into the air** where they may be inhaled or ingested. Asbestos does not present a hazard if it is not disturbed, if it is properly covered, or if the fibers are bound, as in floor tiles or “transite” boards.

Asbestos at Salinas Valley Health is contained and does not pose a health risk.

- **Certain risk factors** are relevant to the development of asbestos-related diseases, such as: the number, concentration and size of the asbestos fibers inhaled or ingested; the duration of the exposure and the length of time since exposure and susceptibility to disease development.
- **If not properly controlled**, asbestos may cause asbestosis - a scarring of lung tissue, mesothelioma - a cancer of the chest or stomach cavity lining, or lung cancer.
- Although exact risk assessment is difficult, experts are in agreement that exposure to **airborne** asbestos fibers should be minimized to the lowest feasible levels.

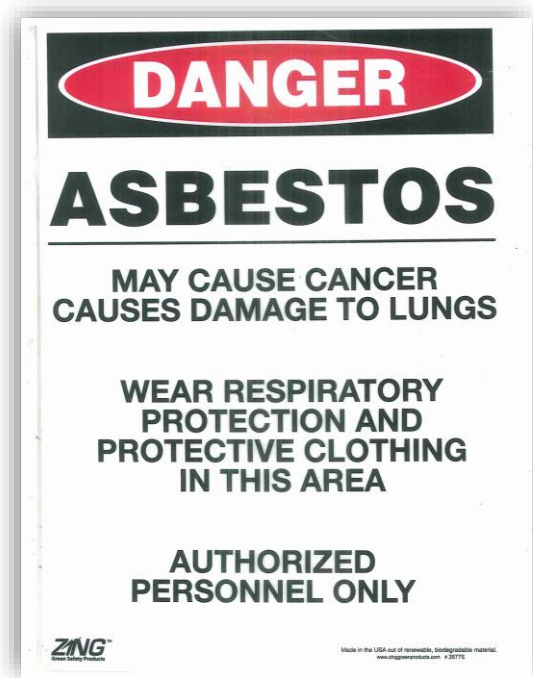


Asbestos Safety

- An Asbestos Management, Operations and Maintenance (O&M) Plan is in effect at Salinas Valley Health to:
 - **Ensure proper warning labels**
 - **Periodically inspect** and document the condition of the asbestos containing material, and
 - **Make repairs**, if necessary.
- Prior to performing any work, precautionary measures shall be taken to prevent possible exposure to asbestos fibers. The use of asbestos containing building materials (i.e., wall board, ceilings, floor tile, sprayed-on acoustical ceilings, fireproofing, pipe insulation, mastics, roofing materials, insulation or other building materials) **is presumed to contain asbestos until confirmed** by an accredited NVLAP analytical laboratory.
- **If you encounter building materials that need to be disturbed** prior to performing your work, please contact Plant Operations and Hospital Construction at (831) 755-1723 to coordinate collection of samples of the materials and have them analyzed properly.



Notes on Asbestos in Construction



Asbestos warning sign used by Salinas Valley Health

The use of asbestos was phased out of most new building materials by 1978. Some asbestos containing materials remained in commerce including mastics and roofing products into the mid 1980's.

In general, buildings constructed after about 1985 are less likely to contain asbestos materials; however, prior to any disturbance, including renovation or demolition these materials are **required** to be sampled and analyzed for asbestos. Until sampled and otherwise proven not to contain asbestos, the materials must be assumed to contain asbestos.

Do Not Disturb the Asbestos



Moving, drilling, boring, sanding or otherwise disturbing any asbestos-containing materials or presumed asbestos containing materials (PACM) may present a health risk and, consequently, **shall not be attempted by anyone who is not qualified, equipped to handle asbestos, or does not have a valid Asbestos Work Permit** from Plant Operations and Hospital Construction.

Should you become aware that asbestos materials have been disturbed or if you have questions, please call:

Jim Hively, Environmental Health and Safety Manager at extension 1804.

Asbestos Notification on STARnet

For more information regarding asbestos, please click on the “Asbestos Notification” link in STARnet under the Safety Department page.

CONGRATULATIONS!

**YOU HAVE COMPLETED THIS
ANNUAL EDUCATION OF:**

ENVIRONMENT OF CARE: PART 1



SALINAS VALLEY HEALTH

Annual Education - 2023











Environment of Care- Part 2

WASTE SEGREGATION DISPOSAL GUIDELINES



Solid Waste Segregation Grid

WASTE DISPOSAL GUIDELINES

									
Regular Waste: Clear Bag	Biohazardous Waste: Red Bag	Sharps: Sharps Containers	Pharmaceuticals Waste: Blue and White Containers	Pharmaceuticals: R.C.R.A.*	Chemo Waste: Yellow Box/Bag	Special Waste: Radioactive	Confidential: Containers or Totes	Non-Confidential / Non-PHI: Recycle Bin	Universal e-waste:
<ul style="list-style-type: none"> ❑ Empty IV bags, Piggyback bags/tubing ❑ NOT labeled with Patient Health (PHI) Information OR Hide a Label COMPLETELY COVERS PHI ❑ Excess LR, dextrose, saline, & electrolytes can be poured down drain ❑ Trash ❑ Disposable Chux ❑ Diapers/Briefs ❑ Sanitary napkins ❑ Gloves ❑ Empty foley bags and other drainage bags ❑ Disposable patient items 	<ul style="list-style-type: none"> ❑ Blood and all Other Potentially Infectious Material ❑ Blood tubing/ bags/hemovacs/ pleurevacs ❑ Intact glass or plastic bottles with bloody fluid or Other Potentially Infectious Material ❑ Suction liners with bloody fluid or Other Potentially Infectious Material ❑ Soaked/dripping bloody dressings/flake-able ❑ All disposable items soaked or dripping with blood or Other Potentially Infectious Material <p>*WHEN IN DOUBT USE RED BAG</p>	<ul style="list-style-type: none"> ❑ All sharps <i>Example: needles, broken glass vials, ampules, blades, scalpels, razors, pins, clips, staples</i> ❑ All empty syringes or blood filled syringes ❑ Trocars, introducers, guide wires, sharps from procedures etc. ❑ <u>Extra Precaution</u> Trash cans shouldn't be stored underneath sharp container. ❑ Use large volume sharps container if needed. <p>"NO MEDS IN RED!"</p>	<ul style="list-style-type: none"> ❑ Medication vials, syringes, and needles ❑ IV bags and tubing that contain liquid, non-narcotic, medication ❑ Liquid narcotics and controlled substances must be wasted in the blue container ❑ Any partially used or wasted prescription, over-the-counter, narcotic, controlled substance, and narcotic patch medications <p><i>Example: tablets, capsules, powders, liquids, creams, eye drops, ½ tablets, and patches (patches must be cut in ½)</i></p> <p>Narcotics must be witness wasted.</p> <p>Unopened/Unused or Expired Medications: Return to Pharmacy</p>	<p>*Federal Resource Conservation and Recovery Act (R.C.R.A.)</p> <p>Hazardous R.C.R.A.* Pharmaceuticals:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • ALL Aerosol Inhalers or any other medications under pressure • Epinephrine • Warfarin /Coumadin • Insulin • Unused OR partially used Nicotine gum or patches • Barium • Birth control pills with Estrogen OR Estradiol • Zinc oxide • Silver nitrate sticks • Nitroglycerine tablets, • Unused/residual Acetone <p>Bulk Chemo:</p> <ul style="list-style-type: none"> ❑ In original pharmacy bag all unused pourable/drippable = bulk chemo <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Greater than 8 milliliters • Greater than 3% of initial volume dispensed (50 milliliters dispensed 1.5 milliliters = 3%) <p>Bulk chemo waste should be placed in the 5th floor RCRA container. Do not return chemo waste to pharmacy.</p> <p>For all other nursing units, please bag the patient's used and unused medications at time of discharge and place in the pharmacy return bin for RCRA disposal if needed.</p>	<p>Trace Chemo:</p> <ul style="list-style-type: none"> • All supplies used to make and administer chemo medication <i>Example: tubing, empty bags/ bottles/ vials, syringes, pads, masks, wipes, contaminated gloves, gowns etc.</i> 	<p>Radioactive Material Contact Radiation Safety Officer at extension 1141</p>	<p>PATIENT HEALTH INFORMATION (PHI) ALL MATERIALS CONTAINING PHI MUST be disposed of in locked Containers</p> <p>Examples: PHI on Handwritten or computer generated</p> <ul style="list-style-type: none"> • paper • wristbands • labels, etc • magazines • newspapers • embossing cards 	<p>The following items should be placed in these containers for recycling:</p> <ul style="list-style-type: none"> • Aluminum cans, plastic bottles, • Small, empty cardboard boxes such as glove boxes <p>*THIS IS NOT TO BE USED AS A TRASH CAN</p>	<p>The following items should be placed in their respective containers for recycling:</p> <ul style="list-style-type: none"> • Batteries <p>Containers are located within department or contact Engineering Department for container</p>

CONTACT: Environmental Health and Safety Manager, extension 1804

Biohazardous Waste

If it can DRIP A DROP of BLOOD, discard it in a red bag!

The LIQUID is the key! If you are unsure place it in a red bag!



Red bags should be securely tied in one single knot (Gooseneck tie NOT Bunny ears) then placed in the appropriate rigid container for transport or storage.

Red bags should not be left unattended in a publically accessible area!

Pharmaceutical Waste

All pharmaceutical waste medications (except hazardous pharmaceutical waste) should be placed in the blue containers.



Items without medications such as saline, dextrose etc. can be placed in a regular trash bin



Hazardous pharmaceutical waste includes Nitroglycerin, Mytomicin, etc.



FIRE SAFETY



Salinas Valley Health Fire Procedure

Follow the RACER procedure as outlined below should you discover a fire:

R – Rescue anyone in danger

without endangering yourself

A – Alarm - pull the Manual

Station and call 2-2-2-2 (9-911 for off site locations)

C – Contain fire and smoke by closing

all doors and windows.

E – Extinguish the fire without


endangering yourself.

R – Relocate others and yourself (Staff and patients in Off site locations must evacuate the building and go to their designated relocation point.)





To Operate a Fire Extinguisher follow the PASS steps as outlined below: (Only do so when you feel it is safe.)

How To Use A Fire Extinguisher

Remember The **PASS** Word



Pull
Aim
Squeeze
Sweep

P	A	S	S
Pull Pull The Pin	Aim Aim At The Base Of Fire	Squeeze Squeeze The Operating Handle	Sweep Sweep From Side To Side
↓	↓	↓	↓
Break seal and test extinguisher	Ensure you have a means of escape	To operate extinguisher and discharge the agent	Completely extinguish the fire
			

Fire Safe Work Areas

ENSURING A FIRE SAFE WORK AREA

Know where the fire alarm pull stations are located in your work area. In general, these are located near the exits and the elevators.

Know where the exits are from your work area. There are two exits from each department. You should be familiar with both locations.

Know the location medical gas shutoff valves and fire extinguishers in your work area.

Fire Safe Work Areas *(cont'd)*

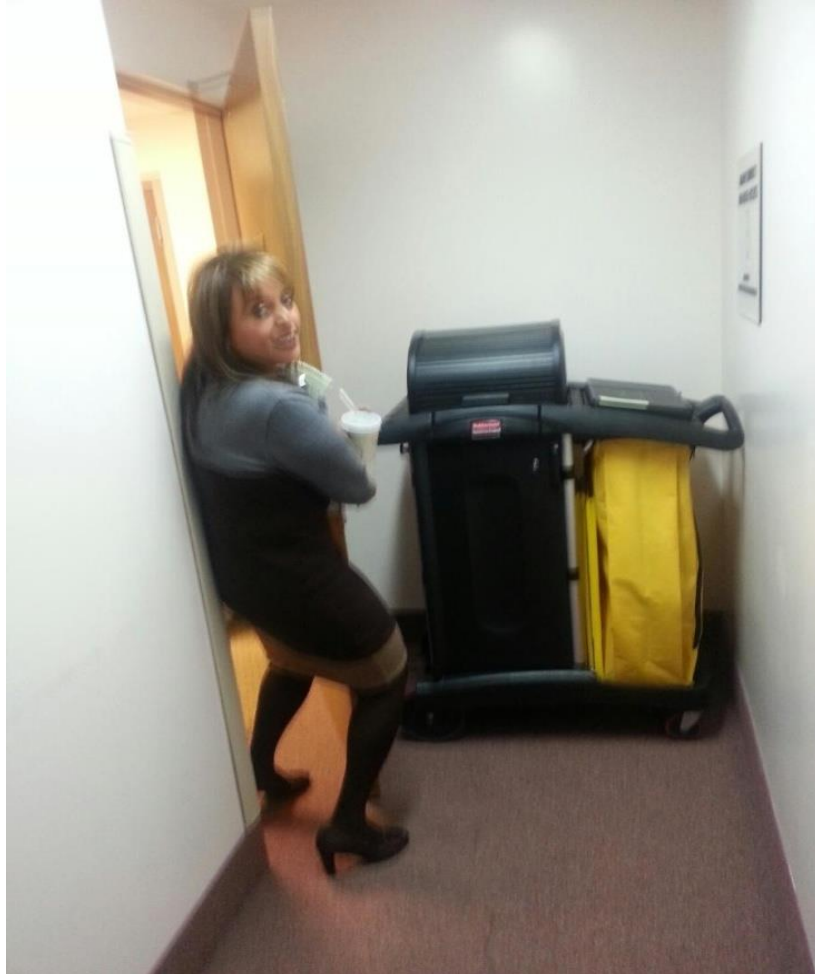
Do not store equipment or equipment or supplies in fire egress (exits) corridors (exceptions are crash carts, and “in use” isolation carts))

Do not store anything within 18 inches of the bottom of sprinkler heads.

Ensure at least 36 inches of clearance around fire extinguishers, medical gas shutoff valves, electrical panels and fire alarm pull stations.

Never block fire or smoke doors. Do not disengage the self-closing mechanism

Fire Safe Work Areas *(cont'd)*



This is an example of blocking of a fire egress that creates a fire safety hazard.

Avoid hallway clutter!!

Exit Corridors Should be Unobstructed



Cluttered corridors make it difficult to evacuate during an emergency.



Uncluttered corridors make it easier to evacuate during an emergency.

What can be “Stored” in Hospital Exit Corridors?

YES!!

These items may be “stored” in an exit corridor:

- Crash carts
- “In Use” isolation carts outside of isolation rooms

No!

Other than the items listed above, nothing can be “stored” in an Exit corridor.



When is an item “in storage”?

- When it is not being used or moved at least every 30 minutes.

What is the Minimum Clearance Required in Front of Electrical Panels?



Blocked electrical panel



Unobstructed electrical panel

Answer: 3 Feet

What is the Minimum Clearance Required in Front of Fire Extinguishers?



Blocked Fire Extinguishers are difficult to access during a fire emergency.



Unobstructed fire extinguishers are easily accessible.

What is the Minimum Clearance Required in Front of Fire Alarm Pull Stations?



Blocked fire pull station



Unobstructed fire pull station

Right Again
Answer: 3 Feet

Fire Safe Work Areas: Test your knowledge

QUIZ!

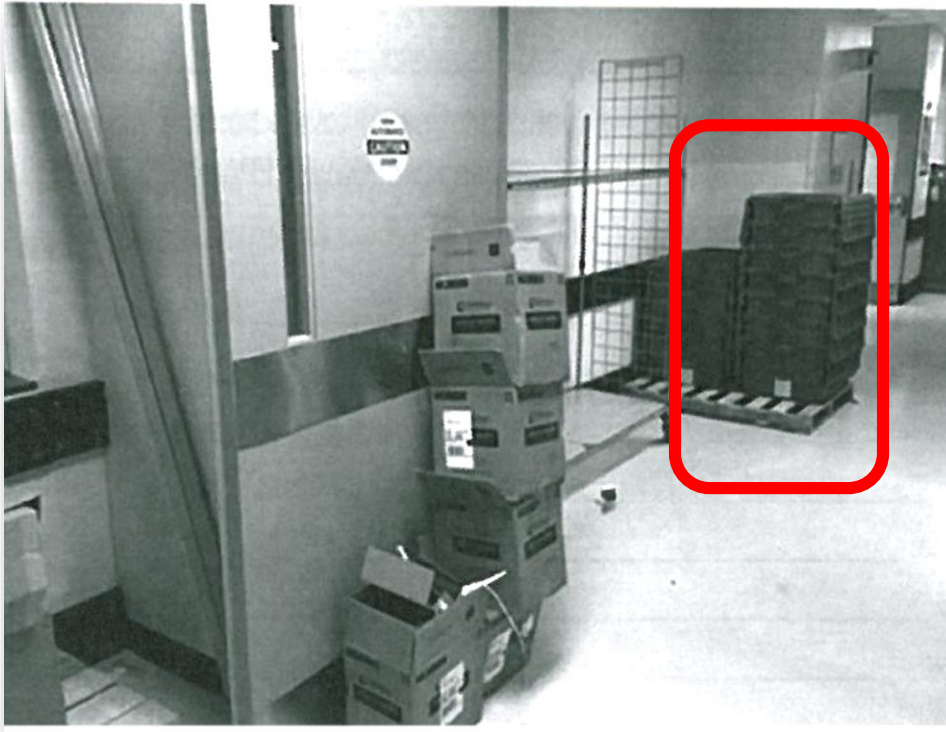


Which of the following is **NOT** a safety risk in the picture at left?

- Boxes are propping open the fire doors
- Cardboard boxes are on the floor
- Plastic bins are on the floor

Fire Safe Work Areas: Test your knowledge

ANSWER



Which of the following is NOT a safety risk in the picture at left?

- Boxes are propping open the fire doors
- Cardboard boxes are on the floor
- Plastic bins are on the floor

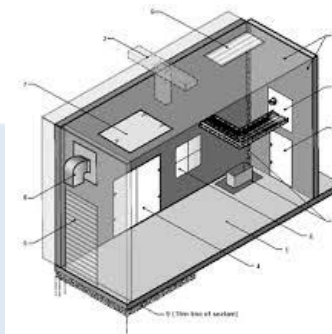
Fire Safe Work Areas (cont'd)

Wall/Ceiling Penetrations:

Penetrations in fire/smoke walls or ceilings can allow smoke or fire to travel through the openings to other units.

Any request for items to be attached to the wall/ceiling must go through the *Plant Operations Work Order Process*.

Also, any item to be removed from a wall/ceiling should also be requested through *Plant Operations* so the penetrations created can be properly filled with appropriate material.



Fire Safety in Procedural Areas

Surgical fires can only occur when all three sides of the “fire triangle” are present:

- Oxidizers:
- Supplemental oxygen
- Fuel:
- Surgical drapes
 - Alcohol-based skin prep agents
 - The Patients themselves



Ignition Sources:

- Electrosurgical units
- Electrocautery devices
- Lasers
- Fiber optic light sources
- Laparoscopic electrodes

20-30 patient injuries result in serious disabling/disfiguring across the US annually.

Strategies for Managing Each Side of the Fire Triangle:

Oxidizer (Oxygen source)

- If supplemental oxygen is necessary, use a closed oxygen delivery system (like an endotracheal tube or laryngeal mask)
- Deliver the minimum oxygen concentration needed for the patient and the particular surgical procedure

Fuel

- Flammable antiseptics should not be allowed to pool during skin prep
- Ensure appropriate dry time by using timers
- Alcohol-soaked materials should be removed from the prep area.
- Adequate drying time should be allowed for the antiseptic (as prescribed in the labeling)
- Extend drying time when antiseptic is used in skin folds or on hairy areas of the patient

Ignition Sources

- These should always be shielded from the patient and placed in holster, not on drapes or on the patient, when not in use (e.g. Unplug Bovie or remove tip)
- Alternatives to these devices should be considered whenever surgery is being performed in the head, neck or upper chest area and high concentrations of supplemental oxygen are being

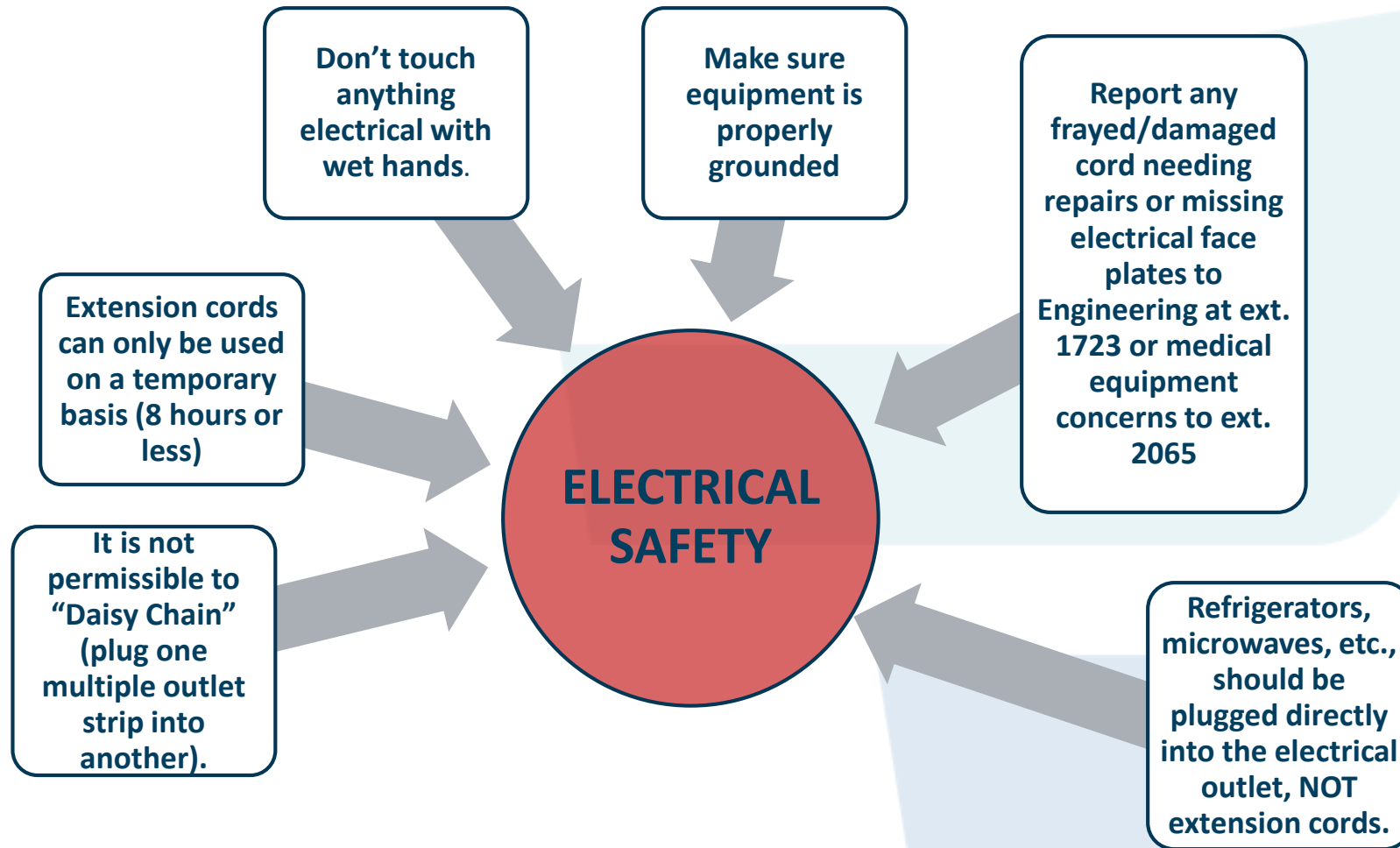
Additional Important Prevention Measures:

- Conduct a **fire risk assessment** before any surgical procedure begins and share this among the entire team
- Everyone in the OR must **communicate openly and honestly** before, during and after the procedure
- Conduct **fire drills** to prepare the team in managing a surgical fire

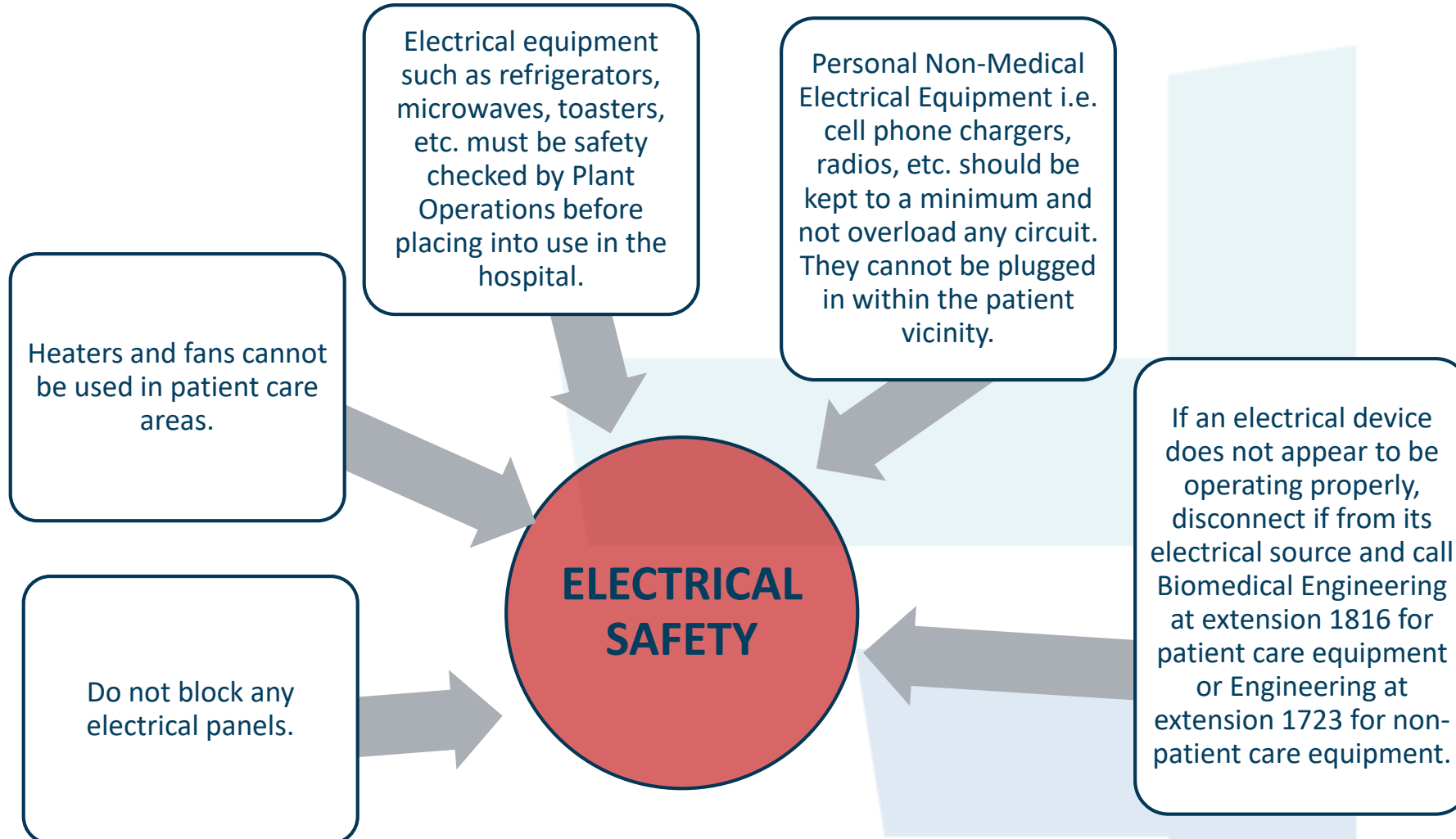
ELECTRICAL SAFETY



Electrical Safety



Electrical Safety *(cont'd)*



Electrical Safety *(cont'd)*

ELECTRICALLY SENSITIVE PATIENTS:

Clinical staff should be aware of the dangers of electricity to electrically sensitive patients.

Those patients with implantable devices such as pacemakers, or with invasive lines, are at increased risk of danger from electric current.

Be sure to inspect electric plugs before using electrical equipment around patients.

No personal type electrical equipment should be used in patient care areas.

Unplug equipment carefully; avoid pulling on the cord to prevent damage to the cord and plug connection, and ensure that there is a grounded/three pronged plug on equipment used on or around patients.

Electrical Safety *(cont'd)*

ELECTRICALLY SENSITIVE PATIENTS:

Equipment Failures

Know what actions to take before the equipment fails. Be familiar with failure response procedures.

Make sure you have the standby supplies and equipment you need in case of failure.

Support the patient and provide for immediate care needs.

Pull the equipment, mark it as "out of service" and notify Biomed at ext. 2065



Service Requested
Event Date: _____
Your Name: _____
Department: _____ Ext: _____

Problem

Damaged Makes Noises
 Display Dropped
 Missing Parts Burn Odor
 Not Accurate Low Battery
 Keypad

Alarm or Message Displayed on Screen: _____

Error Code On Screen: _____

Did this device fail on a patient?
Yes No

Would you like a copy of the repair report?
Yes No

Other Comments: _____

OUT OF SERVICE

Important: In order to ensure proper repair of this piece of equipment, please fill out the other side.

CONTROL NUMBER _____

DEPARTMENT _____

SIGNATURE _____

DATE _____

8720-8275 (Rev. 8/05)

MEDICAL EQUIPMENT



Medical Equipment

Assuring that equipment used on patients is safe and properly maintained is critical to providing a safe environment of care.

Staff plays an important role in safely managing medical equipment.

Service Requested

Event Date: _____
Your Name: _____
Department: _____ Ext: _____

Problem

Damaged Makes Noises
 Display Dropped
 Missing Parts Burn Odor
 Not Accurate Low Battery
 Keypad

Alarm or Message Displayed on Screen: _____
Error Code On Screen: _____

Did this device fail on a patient?
Yes No

Would you like a copy of the repair report?
Yes No

Other Comments: _____

OUT OF SERVICE

Important: In order to ensure proper repair of this piece of equipment, please fill out the other side.

CONTROL NUMBER _____
DEPARTMENT _____
SIGNATURE _____
DATE _____

8720-8275 (Rev. 8/05)

Do you know how to report equipment malfunction?

For equipment, complete and attach a red Out of Service tag.

Be specific - what is broken, etc.??

Be sure to describe the problem on the card. For medical equipment, contact Clinical Engineering (Biomed) at extension 1816 to request pick up.

For all other equipment problems you must contact Plant Operations at ext.1723.

Medical Equipment *(cont'd)*

Whenever you use medical equipment, you should assure the following:

1. Use equipment only for its intended purpose.
2. Follow manufacturer instructions and/or our procedures when using equipment.
3. Inspect the equipment prior to use. Look for obvious break down or disrepair such as frayed cables, broken dials, cracked housing, etc. If there is any question as to the safety of the equipment, do not use it. Pull it from service and notify Biomedical Engineering.
4. Check to see if the equipment has been electrically safety checked and maintained. Each piece of equipment has a sticker that tells you whether or not it was checked / maintained. Also, verify if the sticker date of its last preventative maintenance has not expired. If you are unsure, contact Biomed before you use the equipment.
5. Do not use equipment that you have not been trained to use or are not competent to use. See your Supervisor if you require additional training.

Medical Equipment *(cont'd)*

Requires that equipment failure resulting in patient injury or death must be reported to the FDA within five days of the event. If equipment failure or malfunction results in patient injury or death immediately tag and remove the equipment from service and place in a secure location. Notify Risk Management and Biomedical Services. Fill out a work order. Do not change the equipment settings. Secure the device with any accessories.

Safe Medical Device Act

All Medical equipment is tagged with a label noting the preventative maintenance due date. Staff should always check the label to ensure the equipment has been maintained as scheduled. If the due date has passed, please submit a work order to Biomedical Services and remove the unit from use.

Medical Equipment

No medical equipment should be brought into the hospital and put to use until it has been safety checked by the Biomedical Services Department Staff.

Safety Checks

UTILITIES



Utilities



Maintaining functional and appropriate utility systems is an important part of maintaining a safe environment.

Staff need to know is what to do in the event of a utility failure.

Contact Plant Ops at ext.1723 for failure of:

Electricity

Water

Heating

Cooling

Medical Gases

Suction

Loss of Emergency Power

Pneumatic Tube

Utilities *(cont'd)*

Oxygen Shut Off

Q: *Who has the authority to shut off the oxygen supply during an emergency?*

A: The only staff authorized to shut off any medical gas in the event of an emergency is: The Administrative Nursing Supervisor, Respiratory Care and/or Plant Operations personnel.



*At our Ryan Ranch facility, the on-site qualified personnel have the responsibility for oxygen shutdown in the event of an emergency.**

What is the Minimum Clearance Required in Front of Medical Gas Shutoff Valves?



Blocked Medical Gas Shutoff Valve



Unobstructed medical gas shutoff valve

I'm Back Again
Answer: 3 Feet

Storage of Oxygen Tanks

Understanding whether Oxygen Tanks are full versus partially full versus empty is imperative when responding to codes, alarms or for any other immediate patient need.

For patient safety and as a regulatory requirement, oxygen tanks must be stored and secured in appropriate devices designed for that purpose:

1. All full oxygen tanks must be stored in a rack by themselves and not be co-mingled with partially full or empty tanks.
2. All partially full and empty oxygen tanks must be stored in a rack by themselves.
3. Must never be freestanding.



Utilities *(cont'd)*



Red Electrical Outlets

Question : *How can you determine which electrical outlets are connected to the backup generator?*

Utilities *(cont'd)*

Red Electrical Outlets



Answer: The backup generator powers all **red electrical outlets** in the main hospital. All of the **red electrical outlets** are on emergency back-up power. These outlets should be used for critical life-saving patient equipment.

SMOKING POLICY



SMOKING POLICY

Q: What is the Smoking Policy of the hospital?

A: Salinas Valley Health is officially a **smoke free campus**.

1. The use of **any** tobacco product is prohibited on hospital property. Smoking or Smoking materials are defined as any tobacco product, cigarette, electronic cigarettes, cigar, pipe, smokeless (chewing) etc.

2. Hospital Campus is defined as all buildings (owned or leased) by Salinas Valley Health, including grounds, parking lots, parking structures and Hospital owned vehicles.

Patients are not permitted to leave their room to go outside to smoke under any circumstance.

All individuals are required observe the Salinas Valley Health Smoking Policy.



SMOKE-FREE
ZONE

INFECTION PREVENTION



Infection Prevention Don'ts:

Infection Control: No shipping boxes in patient care areas



Don't
Not even in closets!

No open food packages



Don't

Linen carts covered



Don't

uncovered

CONGRATULATIONS!
YOU HAVE COMPLETED THIS
ANNUAL EDUCATION OF:
ENVIRONMENT OF CARE: PART 2



Safety and Environment of Care in the Healthcare Setting

Annual Education 2023



What all staff should know to help keep our patients and each other safe



Salinas Valley Health Policies and Plans

All Employees should be familiar with the following SVH Policies and Plans:

- [Injury and Illness Prevention Program](#)
 - [Hazard Communication Program](#)
 - [Aerosol Transmissible Disease Exposure Control Plan](#)
 - [Smoking Policy](#)
 - [Emergency Codes Policy](#)
-



Smoke Compartments “Defend in Place” Strategy



Smoke compartments on each floor are separated from each other by fire rated doors that are constructed to prevent the passage of smoke and fire between smoke compartments for at least 90 minutes.

This strategy of relocating patients horizontally to an adjacent smoke compartment rather than vertically down a stairway to an area outside of the hospital building is called the “Defend in Place” strategy and is more safe for our patients.

Doors that lead to an adjacent smoke compartment are identified with a sign over the door (see photo on next slide).

How to Identify Adjacent Smoke Compartments



What is Wrong in this Picture?



Compressed Gas Cylinder Safety

Free standing cylinders are dangerous. If they tipped over, cylinders can cause serious injury due to their weight or become uncontrolled projectiles that can result in serious injury should the valve stem break off.

Compressed gas cylinders must be stored in a rack designed for this purpose or with a chain or strap approved by the Safety Office.

Transport cylinders using a proper cylinder carrier or cylinder holder that is built into either the gurney or wheelchair.

Cylinders are required to be stored in the correct storage rack:

- A “ready to use” cylinder is defined as having a pressure greater than or equal to 500 psi.
- “Empty” cylinders is defined as having a pressure less than 500 psi.

Ready and Empty cylinders must not be placed in the same storage rack.

What is Wrong in this Picture?



Corridor Clutter

General storage is not permitted by the Life Safety Code, the local fire marshal and the Joint Commission in an exit corridor. These items prevent a quick and easy relocation or evacuation of patients in the event of fire or other emergency. Please be aware of the following:

Only three items are permitted to be stored in an Exit corridor:

- Crash cart
- In use isolation cart
- In use chemo cart.

Storage is defined as any item in the same location in an exit corridor longer than 30 minutes.

“In Use” items such as WOWs, Environmental Services, Engineering, carts are permitted to be placed in an exit corridor as long as they move at least every 30 minutes.

Beds, chairs, boxes, etc. cannot be placed in an exit corridor in the same location for longer than 30 minutes.

What is Wrong in this Picture?



Blocking Access to Essential Devices

Staff should not place anything closer than 36 inches, floor to ceiling, that blocks access to critical devices. These devices include:

- Fire pull stations
 - Fire extinguishers
 - Med gas shutoff valves
 - Electrical circuit panels
-

Be Familiar With Your Department

All staff should know the locations of the following in your department:

- Fire Pull Stations
- Eyewash Stations
- Adjacent Smoke Compartments (hospital only)



What is Wrong in this Picture?



Fire Doors

Fire doors are an essential building feature of our fire and life safety program and should never be blocked or have anything stored in front of them to prevent them from closing.

These doors will close and latch (not lock) automatically when the hospital fire alarm is activated, and will contain the spread of smoke and fire for 90 minutes as long as they remain closed and latched.



What is Wrong in the Picture?



Nurse Call Pull Cords

Please ensure that nurse call pull cords in patient bathrooms and showers are hanging freely to about 4-6 inches from the floor. This will allow patients or others to reach the cord should they fall.

If you find a pull cord that is tied off or wrapped around a grab bar, please untie it or unwrap it so it will operate properly in an emergency.

Fire Sprinkler Heads

Nothing can be stored closer than 18 inches from the bottom of a sprinkler head. This condition would block water from reaching a fire in the room.



Hazardous Materials

All containers are required to be labeled whether or not they contain a hazardous material. If you work with hazardous materials, become familiar with the properties of the material by reviewing the Safety Data Sheet (SDS) prior to use. Electronic copies of all SDS can be accessed by going to STARnet and clicking on “Safety Data Sheets (SDS)” under “Quick Links”.

All rooms and locations where hazardous materials and waste are stored are required to be locked or secured when unattended to prevent patients, visitors and other unauthorized persons from accessing the material.

All carts containing hazardous materials are required to be locked when unattended.



Medical and Electrical Devices

Patients may not bring their personally owned medical devices into the hospital. These devices may present a fire and/or electrical to the hospital and our patients.

Staff are also not permitted to bring in their personally owned electrical devices for use in the hospital (portable space heaters, toasters, slow cookers, etc.) These personally owned devices may draw a large amount of electrical power from the same circuits that are used to power our essential medical devices and could cause a circuit breaker to trip. This would result in the loss of power to medical devices.

If a medical devices has an expired Preventative Maintenance Sticker it should be removed from service and Biomedical Engineering should be contacted immediately at extension 1816.

Extension cords are permitted for temporary use only (8-hours or less).



Utility Management

The hospital has emergency generators that provide electrical power to those areas that are critical to providing and supporting patient care should PG&E power be disrupted due to weather or other event within 10 seconds after utility power is lost.

Electrical outlets that are on the hospital's emergency power circuits can be identified with a red cover plate or red outlet.

Please ensure that all essential medical devices and equipment are always plugged into a red outlet.

Examples of Outlets on Emergency Power



Salinas Valley Health Fire Procedure: On & Off-Site Locations R.A.C.E.R



R – Rescue anyone in danger without endangering yourself

A – Alarm - pull the Manual Station and call 2-2-2-2.
Off site locations should call 9-911.

C – Contain the fire by closing all doors and windows.

E – Extinguish the fire without endangering yourself.

R – Relocate others and yourself if instructed to do so. When the fire alarm is activated at an off site location, it is required that you evacuate to the pre-designated location outside of the building.

Reporting Emergencies

- In the hospital call **extension 2222** to report any emergency.
DO NOT call “0”
 - Employees who work at our off-site locations call **9-911** to report any emergency.
-

Emergency Communication

- Multiple communication channels are used for communicating **during** an incident:
 - Overhead page- limited locations
 - STARnet alerts- in development
 - Text messaging platforms
 - Everbridge
 - TigerConnect Text
 - **Be prepared: Register for these as you board**



Look for periodic email invites to Everbridge
Contact Physician Support Services to
register for TigerConnect: extension 4444

Everbridge



What is the Everbridge notification system?

Enrolling in the Everbridge Mass Notification System will enable you to receive up to date information from SVMHS when the hospital activates the Hospital Incident Command System when an incident occurs or is expected to occur that could affect the organization's ability to provide patient care under normal operating conditions. It is also used to provide employees with information when an incident occurs in their neighborhood such as a wildfire, flood or other event.

All new employees are strongly encourage to enroll in Everbridge. You have, or will receive an email from Everbridge containing a link to enroll in in this important notification system.

If you have not received this email or have any questions, please send a message to Laura Zerbe, the SVMH Emergency Preparedness contact at: lzerbe1@svmh.com

Your Role to Ensure a Safe Environment for Our Patients and Each Other

Correct or report any unsafe condition you may observe

Complete all safety training

Practice safe work habits

Always wear PPE when required

Ask you supervisor or call the **Safety Office ext. 1804**, if you have any questions/concerns regarding your safety or safety in your department.

Contact Information

- ❑ Jim Hively, Environmental Health and Safety Manager
 - ❑ Ext. 1804
 - ❑ Email: jhively@svmh.com
-

CONGRATULATIONS!

**YOU HAVE COMPLETED THIS
E-LEARNING OF:**

ENVIRONMENT OF CARE PART 3



Health Equity and Social Determinants of Health

Annual Education 2023



What is Health Equity?

“Health equity is the attainment of the highest level of health for all people.”

Healthy People 2030

There is a national agenda to advance health equity. **Why?** Health inequities can contribute to health disparities and impact quality outcomes of those affected. As the nation’s largest health insurer, CMS is setting the stage for a strong infrastructure through the development of the CMS Framework for Health Equity in an effort to advance health equity and reduce health disparities.

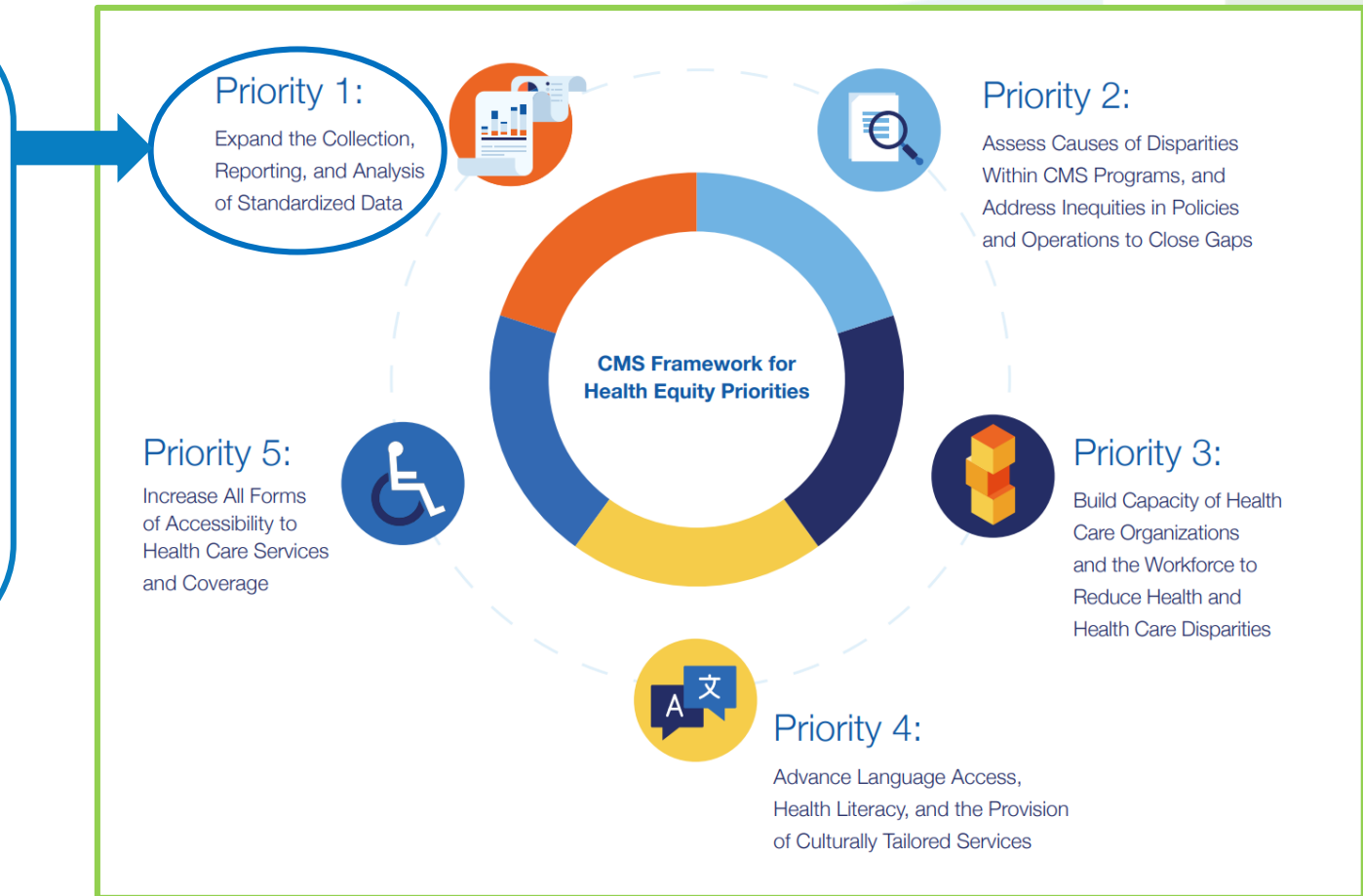
CMS will drive change through policies and programs including quality improvement initiatives. Capturing and understanding the social determinants of health (SDOH) is a key component in addressing health disparities.

www.cms.gov/files/document/cms-framework-health-equity.pdf

CMS Framework for Health Equity 2022–2032

In this framework, **Priority (1)** involves the collection, reporting and analysis of data.

Understanding demographic data and social determinants of health (SDOH) of the population we serve, allows CMS to drive change through new programs and policies aimed at addressing barriers to health equity.



www.cms.gov/files/document/cms-framework-health-equity.pdf

Social Determinants of Health: Definition

- The social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- The SDOH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

Social Determinants of Health: Examples

The following list provides examples of the social determinants of health, which can influence health equity in positive and negative ways:

- Income and social protection
- Education
- Unemployment and job insecurity
- Working life conditions
- Food insecurity
- Housing, basic amenities and the environment
- Early childhood development
- Social inclusion and non-discrimination
- Structural conflict
- Access to affordable health services of decent quality.

World Health Organization. 2023. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Social Determinants of Health: Research

- Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes.
- In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.
- SDOH are of such importance that both ***CMS and TJC*** have included standards for hospitals to perform to in the coming year.

World Health Organization. 2023. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

SDOH Assessment for Inpatients



- We will begin assessing patients SDOH during the admission process, this will ensure we can identify patients needs and work together as an interdisciplinary team to support the patients overall health.
- Identification of social needs allows the healthcare team to develop treatment plans that are best tailored for the unique needs and priorities of the patient.
- Assessment questions related to SDOH can be a sensitive topic for patients. It is imperative to have these conversations in a **culturally sensitive and empathetic way.**
- One study found that having the conversations with **compassion and empathy** “makes patients more forthcoming about their symptoms and concerns, yielding more accurate diagnoses and better care ... and leads to therapeutic interactions that directly affect patient recovery.”

The Four Elements of Compassion

Attention:

Being aware and attentive to the signs, signals and clues that illustrate what is important to another person

Acknowledgement:

Letting others know you respect and appreciate them as unique individuals



Affection:

Offering another the human touch of warmth, humor, comfort and kindness (Consider cultural sensitivity when thinking about touch)

Acceptance:

Allowing a person to just be the way they are without judgment

SDOH Documentation on Admission

1. Documentation Specifics

- Documentation required for Inpatient > 18 years of age
- Included in Admission Interventions
- 5 Sections
 - Housing Instability
 - Food Insecurity
 - Transportation Needs
 - Utility Difficulties
 - Interpersonal Safety
- Responses with double asterisks **, **Yes** to Transportation Needs or a Safety Score of 11 will trigger a Social Service Consult.

The screenshot shows a digital form for 'Social Determinants of Health ONCE'. A green callout box with a white border and a drop shadow points to a blue circle containing a white 'P' icon in the top right corner of the form. The form is organized into sections with expandable/collapsible headers:

- Interventions**
 - Social Determinants of Health ONCE
- Assessments**
 - Social Determinants of Health**
 - Reason if not done Opt out Unable to complete
 - Living Situation (Housing Instability)**
 - What is your living situation today?
 - I have a steady place to live
 - **A place to live today, but worried about losing it in the future
 - **I do not have a steady place to live (temporarily staying w/others)
 - Food (Food Insecurity)**
 - W/i past 12 mos, you worried that your food would run out before you got money to buy more
 - **Often true **Sometimes true Never true
 - Transportation (Transportation Needs)**
 - In the past 12 mos, has lack of reliable transportation kept you from med.appointments, meeting, work or getting things needed for daily living? Yes No
 - Utilities (Utility Difficulties)**
 - In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home? **Yes No **Already shut off
 - Safety (Interpersonal Safety)**
 - How often does anyone, including family and friends, physically hurt you? Never Sometimes Frequently
 - How often does anyone, including family and friends, insult or talk down to you? Never Sometimes Frequently
 - How often does anyone, including family and friends, threaten you with harm? Never Sometimes Frequently
 - How often does anyone, including family and friends, scream or curse at you? Never Sometimes Frequently
 - Safety Score: 8
 - Social Services Consultation**
 - Consult Social Services Yes No

Social Service Consult

Type	Suggestions	Action	Trigger	Result	
<input checked="" type="checkbox"/>	Order	Consult Social Services	Order Now	Consult Social Services	Yes

Triggered By			
Trigger	Answer	Reason	Assessment
Consult Social Services	Yes	Equal to Yes	Social Determinants of Health

Select Action
Do Not Order or Remind Again
Order Now
Queue for Order
Undecided (Remind Again)

The Social Service Consult is triggered by any of the SDOH Assessment responses with ****asterisks, Yes** to Transportation Need or a Safety Score of 11 or greater.

Select **Assist w/SDOH need** reason for Social Service Consult and file order.

Change Action
View History
Cancel
OK

Edit Order

Order	Start/Stop	Status
Consult Social Services Routine	Tue Mar 21 16:19	New

Physician Instructions
 Comment

*Reason for Social Service Consult
 Assist w/ SDOH need

Name	Mnemonic
Assist w/ Coping Skills	2
Assist w/ Decision Making	4
Assist w/ Problem Solving	6
Assist w/ SDOH need	9
Emotional Support	3
End of Life	8
Family Conference Assist	7
Realistic Expectations	5
SS Consult Reason	1

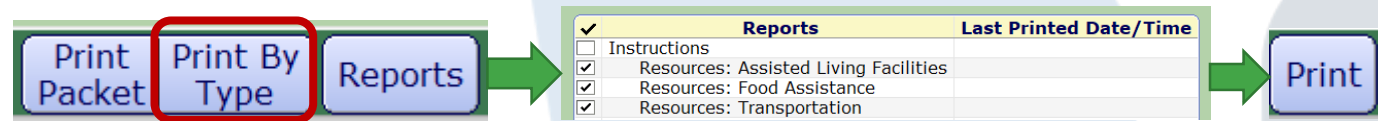
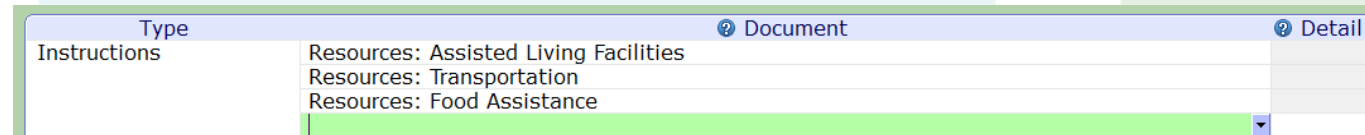
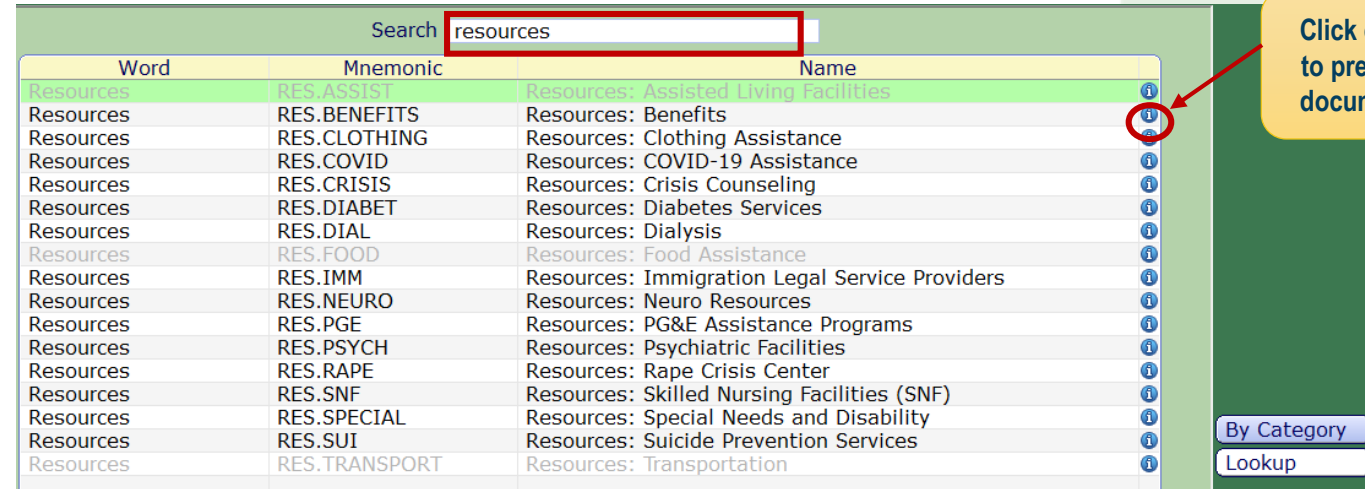
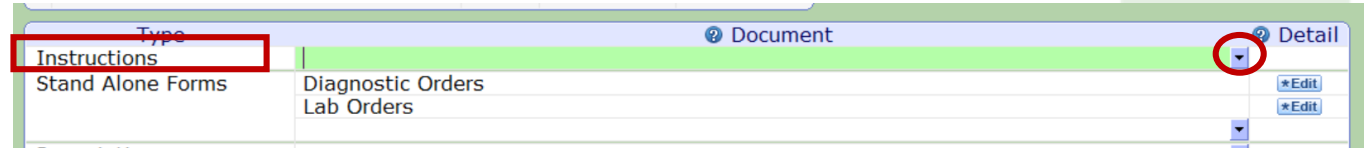
Person requesting assistance

Additional Instructions

*Start Date	Today
Start Time	16:19
*Freq	Routine
Stop Date	
Stop Time	
Count	

Patient Resources

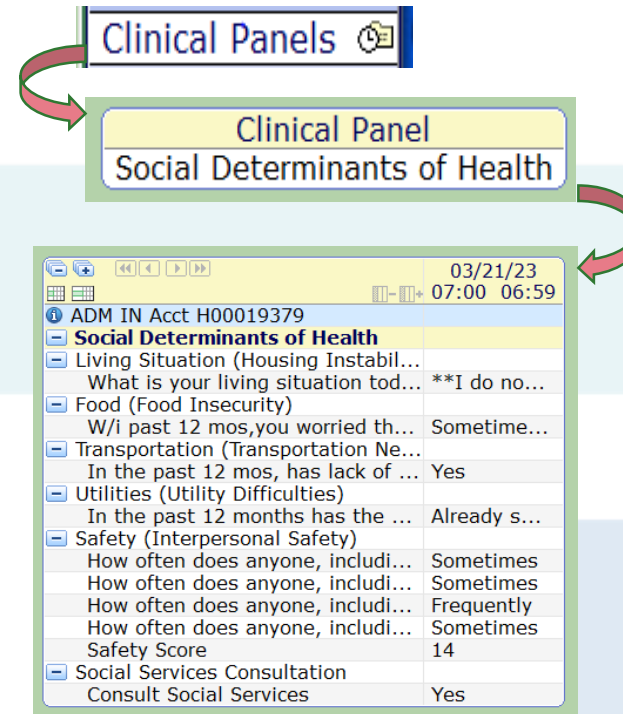
- There are resource handouts you can access to provide the patient when other disciplines have not had the opportunity to consult prior to discharge.
- Patient resources can be found under the **Instruction** section of the Discharge button
- Enter **Resources** in the search field
- Any number of appropriate resources can be selected
- Will print with the discharge documents
- If document needs to be provided earlier, can print using the following steps:



Interdisciplinary Collaboration – We All Have a Role in Health Equity



- Collaboration is critical in effort to identify and communicate patient needs across continuum.
- Nursing SDOH intake to be shared across disciplines
- Documentation from various disciplines related SDOH to be viewed through **Social Determinants of Health Clinical Panel.**
- SDOH Assessment responses will display in the Hospitalist Note template under SDOH tab
- Coders will add appropriate Z-Codes in medical record to account for presence of SDOH



Congratulations!

You have completed this
Annual Education of:

**Health Equity and Social Determinants of
Health**



Safe Computer Practices

- Users must report any suspicious activity to our Help Desk at extension 1738 or HelpDesk@svmh.com.
- Under no circumstances should any involvement in patient care be discussed or shared on any form of social media.
- No photography.
- Only use SVMHS secure texting.
- SVMHS audits our systems and networks.





Cyber Security

- Never Share your password(s) with anyone. Be suspicious of any email from outside SVMHS.
- Never open an email from someone you are not familiar with.



- Never open an email, attachments, or links that you're not expecting without checking with the sender.
- If you have any suspicious events with your user account (repeated lockouts) report to help desk.

Be careful of what
you click on!





Phishing Emails

1. A phishing email is an email intended to lure you into providing sensitive data (user name and password) or possibly install malware or bad software, usually both.
2. Phishy emails often contain misspellings and grammatical errors.
3. Emails from the outside will have a banner at the top – take special caution with these and do not click on hyperlinks or attachments unless they are from known senders.
4. Use a different password for accounts at work than you do with any other accounts: personal email, banking, on-demand video and more.

CAUTION: This email came from an external sender. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.



Acceptable Use Policy



Our Acceptable Use Policy outlines requirements of staff and other users using computing devices on our network. Good judgement and caution are required to ensure the on-going privacy and security of our sensitive data:

<https://policytechv.winroot.svmh.com/dotNet/documents/?docid=9171>



Good Security Depends on Everyone!

Not all scenarios can be accounted for so the policy provides some examples and a general guideline. Again, use good judgement, be vigilant and cautious. Call the Help Desk with any questions or concerns. (831) 755-0738 or HelpDesk@svmh.com.

What is Protected Health Information?

- Any health information that is individually identifiable; thus traceable back to a patient
 - Relates to past, present and future health information
 - Identifies the individual
 - Includes photos
 - Demographic Information





Reminder - PHI Identifiers?

Identifiers attached to health information which can be used to identify the patient. (Example: Posting on Facebook) Any data element below is considered PHI:

* Name	Postal Address	All Elements of Dates Except Year	Telephone Number	Fax Number	E-mail Address
URL Address	IP Address	Social Security Number	Account Numbers	License Numbers	Medical Record Number
Health Plan Beneficiary Number	Patient Device Identifiers and Their Serial Numbers	*Any Other Unique Identifying Number, Code, or Characteristic	Biometric Identifiers (Finger or Voice Prints)	*Full Face Photos or Other Comparable Images	Vehicle Identifiers

Key Things to Know

- Do not access, use or disclose PHI without a “need to know” to do a job function.
- Do not use or share more information than is required to do the task at hand.
- Do not use or share PHI with an individual who is not involved with the patient’s care. Ask the patient first or ask the individual to leave the room.
- Do not access your own PHI. Use the patient portal or request copies through HIM.



Key Things to Know

- Do not hand the patient the wrong information. Check patient ID on documents.
- Do not discuss patient care on any form of social media.
- Use “sendsecure” in subject line of email when sending PHI outside of SVMH.
- Performing a job function on a friend or relative should be passed off to a co-worker if they are available.



Fines & Penalties

- A licensed health care professional who knowingly and willfully obtains, discloses, or uses medical information in violation of the California Medical Information Act is subject to a fine or penalty not to exceed:
 - \$2,500 for a first violation
 - \$10,000 for a second violation
 - \$25,000 for a third or subsequent violation.
- The Office of Civil Rights can also fine SVMHS and any healthcare professional.



Privacy Protection

- NEVER leave any document with patient information viewable to ANYONE.
- Minimize computer screen when not in use.
- When using the WOW in the Hallway, the computer screen should not be visible to anyone when computer in use.
- Position computer screen to face the wall.
- If your computer has a privacy screen, DO NOT remove it.



Human Trafficking

Annual Education 2023



“Why” Provide Human Trafficking Education?

- Increase awareness about human trafficking
- Recognize & respond to signs of human trafficking
- The International Labour Organization (ILO) estimates:
 - There are **50 million people** in situations of modern slavery.
 - 50 million people translates to nearly **one of every 150 people** in the world.

What is Human Trafficking?

- Modern-day slavery
- Defined by the United Nations as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Populations Vulnerable for Human Trafficking

- Victims of childhood abuse or neglect
- Children involved in foster care and juvenile justice system
- Runaway and homeless youth
- Victims of violence
- LGBTQ+ individuals
- Migrant workers
- Undocumented immigrants
- Racial and ethnic minorities
- People with disabilities
- People with low incomes
- Those with a history of substance abuse
- Those in communities exposed to intergenerational trauma

How to Recognize Signs of Human Trafficking

Poor mental health or abnormal behavior such as:

- Fearful, anxious, depressed, submissive, tense, nervous or paranoid
- Avoid eye contact
- Refuses to change into a gown or cooperate with a physical exam
- Behavior does not align with injury or complaint
- Refuses treatment that doesn't take place during that visit

Poor Physical Health:

- Appears malnourished
- Signs of repeated exposure to harmful chemicals
- Signs of physical and/or sexual abuse, physical restraint, confinement or torture

How to Recognize Signs of Human Trafficking

Other signs:

- Is not in control of identification
- Is not allowed to speak for themselves
- Claims they are “just visiting”
- Not able to clarify address or where he/she is staying
- Unsure of where they are
- Loss of sense of time
- Inconsistent in story
- Tattoo(s), brand(s), or other marking(s).

Health problems that may alert health care providers to human trafficking

- Burns
- Fractures
- Bruises/contusions
- Respiratory and other infections
- Tuberculosis
- Sexually transmitted Diseases
- HIV infection
- Pregnancy
- Abortion-related complications
- Abnormal vaginal discharge
- Chronic vaginal and cervical infection
- Pelvic inflammatory disease

What to do if human trafficking is suspected

- Use a victim-centered response
- If the victim is minor contact CPS or law enforcement
- Remain non-judgmental
- Observe body language and communication style of patient and those with him/her
- Use plain language
- Try to examine patient privately
- Use an interpreter if needed
- Build a trusting rapport with patient

What to do if human trafficking is suspected

Simple Screening Questions:

- Where do you sleep and eat?
- Do you live there with other people?
- Is your family there, or nearby?
- Are the doors and windows locked so you cannot get out?
- Has your ID or documentation been taken from you?
- Have you been denied food, water, sleep or medical care?
- Have you been threatened if you try to leave?
- Has anyone threatened your family?
- Have you been physically harmed in any way?
- Are you being forced to do anything you do not want to do?

What is Your Responsibility?

- Increase awareness about human trafficking
- Recognize & respond to signs of human trafficking

If you observe red flags report by:

Clinical Staff

- Place a Social Services consult
- If the healthcare practitioner identifies or suspects the patient has an injury due to physical violence call local law enforcement to make a report.
 - ***Salinas Police Department non-emergency line 831-758-7321***
 - ***Mandated Suspicious Injury Report Document [HERE](#)***

Non-Clinical

- Notify the Primary Nurse or an appropriate supervisor

NOTE: The National Human Trafficking Hotline is available **24/7** to screen patients over phone for victimization; provide information about local, state, national resources; and receive reports of suspected human trafficking. **Call 1-888-373-7888**

Reporting Human Trafficking: <https://oag.ca.gov/human-trafficking/reporting>

CONGRATULATIONS!

YOU HAVE COMPLETED THIS ANNUAL
EDUCATION OF:
HUMAN TRAFFICKING



Infection Prevention Review

2023 Annual Education



“CONFIDENTIAL PATIENT SAFETY WORK PRODUCT. This document is privileged and protected under the Federal Patient Safety and Quality Improvement Act. Do not disclose unless authorized by the Medical Executive Committee.”

Infection Prevention and Control and Antibiotic Stewardship Programs

The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.

Title 22

CMS

The Joint
Commission

OTHER State &
Federal
Governing
Bodies, such as
California Health
and Safety Code
(HSC), Cal OSHA,
CDPH, Etc.

PURPOSE

Inform the Employee:

How to protect yourself

How to protect our patients and visitors

How to decrease risk to all workers in the healthcare environment by raising awareness of potentially dangerous practices that increase risk of exposures.

Guidelines:

Preventive Practices

- Hand washing Practices
- Personal Protective Equipment
- Sharps Containers

HAND WASHING

Hand Hygiene Includes:

- Using Alcohol Hand gel, rubbing until completely dry
- GOOD HAND WASHING: 15-20 seconds

TAKING CARE OF DERMATITIS: Reporting of skins lesions or rashes to your Manager and Employee Health

HAND CARE (LOTIONS, COVER CUTS)

HAND WASHING

WHEN HANDS ARE VISIBLY DIRTY OR SOILED

WHEN CARING FOR PATIENTS WITH *C. DIFFICILE*

WHEN MOVING FROM A CONTAMINATED SITE TO A CLEAN SITE

BEFORE & AFTER PATIENT CARE


BEFORE & AFTER USE OF PPE

AFTER CONTACT WITH INANIMATE OBJECTS
including medical equipment

BEFORE EATING

AFTER USING THE RESTROOM

C-difficile Hand Washing



Do **NOT** use the alcohol based hand sanitizer

C-difficile lives on surfaces for extended periods and can result in staff illness in addition to cross contamination to other patients.

C. diff is a spore that needs 15-20 seconds of friction from hand washing with soap & water to remove from your hands.

MY 5 MOMENTS FOR HAND HYGIENE

This approach recommends health-care workers to clean their hands:

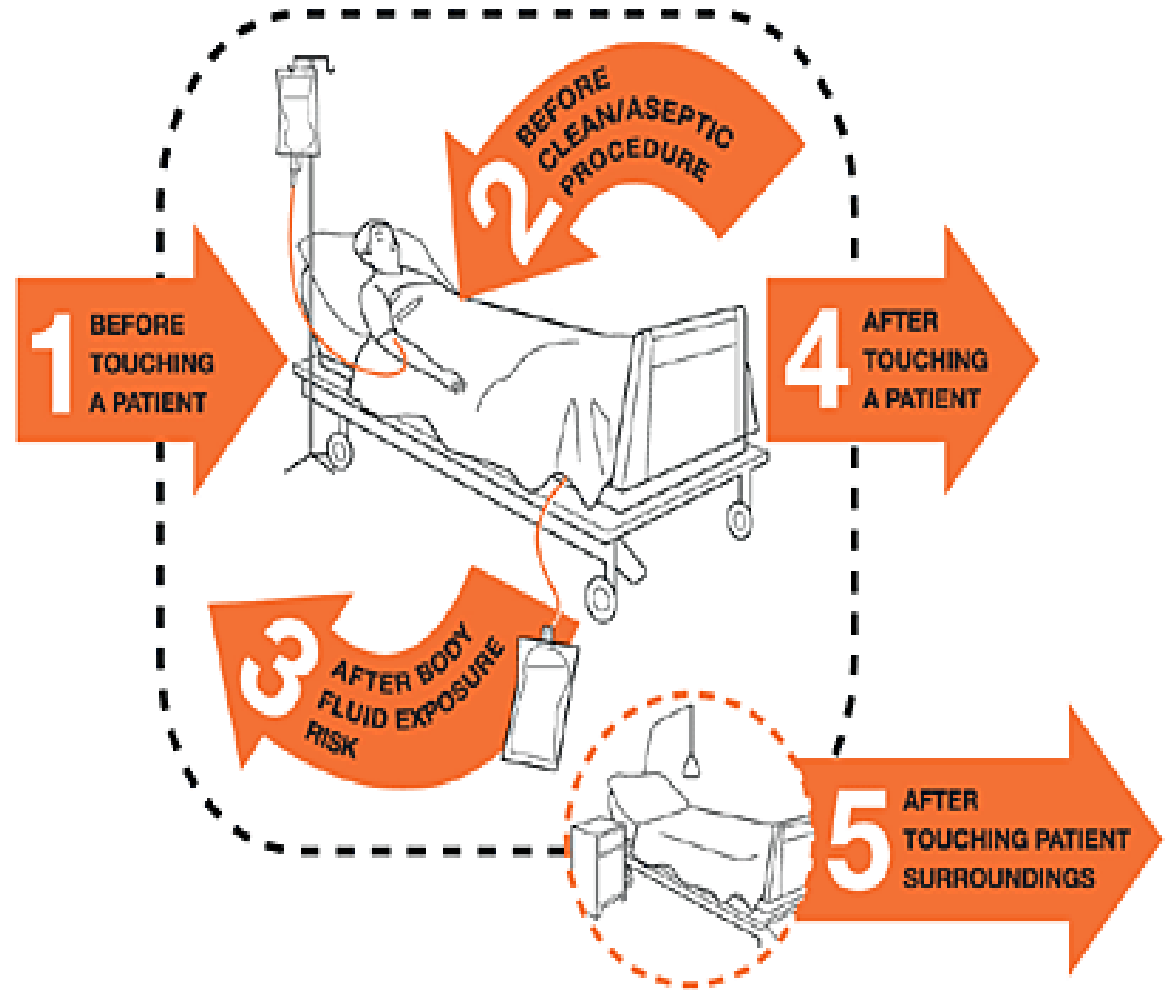
1. Before touching a patient,

2. Before clean/aseptic procedures

3. After body fluid exposure/risk

4. After touching a patient, and

5. After touching patient surroundings



Hand Hygiene: Fingernail Care & Jewelry



Germs can live under artificial fingernails & natural fingernails both before and after using an alcohol-based hand sanitizer and handwashing



Any Salinas Valley Health staff member, which includes but is not limited to all clinical staff, contracted staff, volunteers and providers are not to wear any type of artificial fingernails or extensions when having direct contact with patients, or the patients environment, or when working in a patient care area/department.



Keep natural nail tips less than ¼ inch long



Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings

Personal Protective Equipment (PPE)



PPE refers to a variety of barriers and respirators used alone or in combination to protect:
mucous membranes,
airways, skin, clothing from
contact with infectious
agents.

**Gloves, Gowns, Goggles
or Face Shields,
Respirators**

**Know where to find
PPE in your work
area**

Appropriate PPE Usage:

PPE must be worn when performing activities where potential exposure to bodily fluids could occur. PPE are single use items and must be removed and properly disposed of at time of completion. PPE should not be worn outside of a patient environment or surgical area.



*All the materials above should be taken off & discarded after each use, SINGLE USE ITEM ONLY
Should NOT be worn outside of the Clinical Area's*

Precautions

STANDARD PRECAUTIONS

- Based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain something infectious.
- Standard Precautions and the use of Personal Protective Equipment
 - Protect the employee from exposure
 - Protect other patients from exposure
- Standard Precautions, if used correctly at all times, and with all patients will successfully stop most disease transmission.
- *PPE must be worn when performing activities where potential exposure to bodily fluids could occur. PPE are single use items and must be removed and properly disposed of at time of completion. PPE should **NOT** be worn outside of a patient environment or surgical area.*

TRANSMISSION PRECAUTIONS

- Always used in addition to Standard Precautions.
- Transmission based precautions are:
 - Used when mode of spread is not completely interrupted by Standard Precautions.
 - Some diseases have multiple routes of transmission, and require use of more than one category of precautions
 - Personal Protective Equipment varies based on the method of infection transmission.

Use of Standard Precautions

Use for: All Patients

- **Room**: Private or Semi-private
- **Precautions**:
 - Wear **Gloves**:
 - Contact with blood, body fluids potentially contaminated material.
 - Wear a **Mask**:
 - Contact with blood, body fluid or sprays of blood or body fluids
 - Wear a **Gown** :
 - Contact with blood, body fluids or potentially contaminated material
 - Wear **Eye Protection**:
 - Contact with blood, body fluid or sprays of blood or body fluids

Use of Transmission Precautions

Contact



Contact PLUS



Use for:

- **Patients with:**
 - Multi-Drug Resistant Organisms (MDRO's) such as:
 - MRSA (Methicillin Resistant Staph. Aureus)
 - VRE (Vancomycin Resistant Enterococcus)
 - ESBL Gram-negative bacteria (exp. E.coli)
 - Clostridioides difficile (C. diff)
 - Patients with active diarrhea, and/or draining wounds/lesions.
 - Others such as Lice, Scabies, Herpes Zoster (Shingles)
- **Room:**
 - Private Room.
 - Consult Infection Prevention for cohorting, ext:1858/3161 or Tiger Text
- **Precautions:**
 - Wear gowns & gloves upon entering the room
 - Wear a mask if coming into contact with blood or body fluids
- **Transporting Patient:**
 - Have patient cleanse hands prior to leaving room
 - Have patient wear a clean gown and/or clean linen during transport

Use of Transmission Precautions

Protective “Neutropenic” Precautions



Used for:

This type of isolation is for patients known to have an immunocompromised condition such as a low WBC and/or low ANC, or being a transplant patient, or on immunosuppressive medications.

• Patient Placement:

- Place patient in a private room
- Place a "Protective Isolation" sign outside the patient room.

• Personal Protective Equipment:

- Wear a regular surgical mask, and gloves for every entry into the room

• Patient Transport:

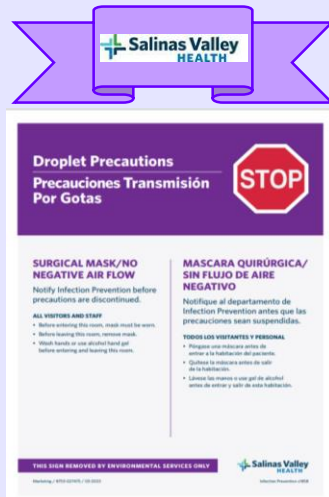
- Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize exposure to the patient by putting a regular surgical mask on the patient.

• Special Considerations:

- Neutropenic precautions when Absolute Neutrophil Count (ANC) reaches 500-650, or provider preference.
- Avoid patient exposure to all sources of stagnant water. Stagnant water provides an excellent medium for the growth of microorganisms.
- Avoid use of respiratory therapy equipment with water reservoirs whenever possible.
- Do not place fresh cut flowers, plants or fresh fruit baskets in the patient's room. Soil/water is a potential source of microorganisms

Use of Transmission Precautions

Droplet



Use for:

- Patients with infections or for viruses, such as:
 - Influenza, Bacterial Meningitis and Pertussis (whooping cough)
- **Room:**
 - Private Room
 - Consult Infection Prevention for cohorting ext. 1858/3161 or Tiger Text
 - Patients must be 3 feet apart.
- **Precautions:**
 - Wear a regular surgical (NOT N-95) mask when you are within 10 feet of the patient
 - Wear a gown if caring for young pediatric patients
- **Transporting Patient:**
 - Have patient cleanse hands prior to leaving room
 - Have patient wear a REGULAR (ear loop) mask during transport

Use of Transmission Precautions

Protective Respiratory Precautions



Used for:

Patients known to be *immunocompromised and at risk for developing a serious illness if they acquire a respiratory infection*. This can be ordered at the physicians discretion based on patient history and co-morbidities

- **Patient Placement:**
 - Place patient in a private room with door closed
 - Place a "Protective Respiratory Isolation" sign outside the patient room.
- **Personal Protective Equipment:**
 - Regular "ear loop" Face Mask or N95
- **Strict Handwashing**
- **Patient Transport:**
 - Limit the movement and transport of the patient from the room to essential purposes only.
 - If transport or movement is necessary, minimize exposure to the patient by putting a regular "ear loop" mask on the patient.

Use of Transmission Precautions

Airborne, Contact and Eye Protection Precaution



USE for:

- Patients known or suspected to have illnesses transmitted by Airborne Droplet nuclei (small-particle residue, 5 microns or smaller in size), which also includes patients known or suspected to be infected or colonized with epidemiologically important organisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact) or indirect contact with environmental surfaces or patient care items in the patient's environment.
- Common organisms isolated in Airborne, Contact and Eye Protection examples:
 - SARS-COV-2, Ebola, Monkeypox, disseminated Varicella (chicken pox or disseminated shingles), etc.

Patient Placement:

- Place the patient in a negative air pressure room in the appropriate level of care.
 - Designated rooms are 329, 429, 529 & 537.
- Use the isolation sign indicating "Airborne, Contact & Eye Protection Precautions".
- Keep the door closed at all times.

Personal Protective Equipment:

- Fluid impenetrable gown,
- Gloves
- N95 mask (PAPR for any Aerosol Generating Procedure)
- Goggles or Full Face Shield
- Use above precautions for any contact with patient, secretions, surfaces or equipment that is anticipated.
- *Remove mask, gown, gloves, goggles and wash hands or use alcohol hand gel before leaving this room.*

Patient Transport:

- Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize the spread of organisms from the patient by placing a regular surgical mask on the patient.
- Special transport considerations for patients on "high flow" and/or aerosolized respiratory support/intervention. (i.e. BiPAP/CPAP, Intubation, High Flow Nasal Cannula over 6 L, etc.)
- **Reference link:** [Aerosol Transmitted Diseases Exposure Control Plan](#)

Use of Transmission Precautions

Airborne



Use for:

- Known or suspected Mycobacterium Tuberculosis (TB), Varicella (chickenpox), Measles, for any aerosol transmissible disease, or other reasons as determined by Infection Control or the physician.
- **Room :**
 - **Private:** Airborne Infections Isolation Room (AIIR), (i.e. negative air environment)
- **Precautions:**
 - Requires the use of an N-95 mask or PAPR
 - Staff must be fit tested & trained on its use by Employee Health for use of N95 &/or PAPR
- **Transport patient:**
 - If the patient must come out of the room, put a REGULAR (ear loop) mask on patient
 - Ask the patient sanitize their hands.
- **Special Considerations:**
 - ONLY IMMUNE STAFF (vaccinated for or have had measles, chicken pox) should enter the room.
 - Consult Infection Prevention for clarification, ext:1858/3161 or Tiger Text
 - **High risk procedures such as bronchoscopy, require employee(s) to wear a PAPR with a Negative Pressure Environment**
- Reference: *Aerosol Transmissible Disease Exposure Plan*

Diseases/Pathogens Requiring Airborne Isolation *Requires AIIR and N95 disposable respirators*

Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, (e.g. Anthrax/*Bacillus anthracis*)

Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)

Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out

Measles (rubeola)/Measles virus

Monkeypox/Monkeypox virus

Novel or unknown pathogens

Severe acute respiratory syndrome (SARS)

Smallpox (variola)/Variola virus

Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which public health guidelines recommend airborne infection isolation

Airborne Infections Isolation Room (AIIR)

All rooms are designed to prevent the spread of droplet nuclei expelled by a patient with Aerosol Transmittable Disease (ATD). All rooms have the following characteristics:

- All rooms have negative pressure relative to other parts of the facility.
- Negative pressure causes air to flow from the corridors into the AIIR room.
- Air cannot escape to the other parts of the facility when the door is closed and the ventilation system is operating properly.
- Air from AIIR room can be exhausted directly to the outdoors, where the droplet nuclei will be diluted in the outdoor air, or passed through a special high efficiency air (HEPA) filter that removes most (99.97%) of the droplet nuclei before it is returned to the general circulation.

Aerosol Transmitted Diseases (ATD)

The term “High-risk procedures” refers to High-risk aerosol-generating procedures:

Any procedure with the potential to generate aerosolized droplets, including, but not limited to:

nebulized therapy,

endotracheal intubation/extubation,

sputum induction,

bronchoscopy,

bag-valve mask ventilation,

non-invasive ventilation (CPAP, BiPAP),

and ventilation using high frequency oscillation, autopsy, clinical/surgical/laboratory procedures that may aerosolize pathogens.

- Requires use of a Powered Air Purifying Respirator (PAPR) to help prevent exposure to the employee, in conjunction with negative airflow environment &/or HEPA Filter in the environment where procedure are performed

Cal OSHA ATD Standard, Title 8, section 5199

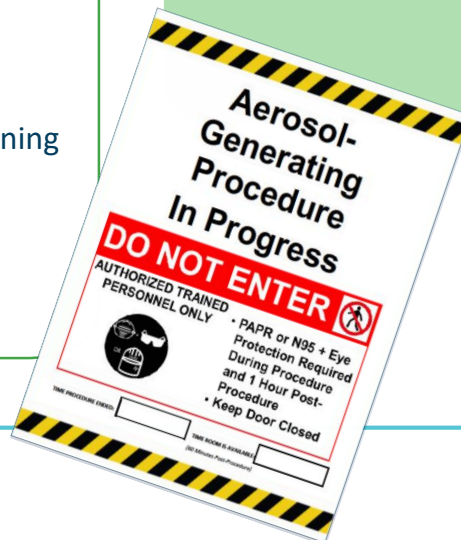
AIRBORNE PRECAUTIONS

High Risk Procedures

Airborne Infection Isolation Room (AIIR) or HEPA Filter in room

- Have Negative airflow on or Hepa Filter in Room 30 minutes prior to procedure.
- Allow 1 hour of clearance time post procedure.
 - EVS staff can conduct terminal cleaning post procedure as long as they are wearing N95 Mask or PAPr.

Fitted Respirator for HCW
PAPR



Limit situations where patient is out of the room

If patient out of room, have patient wear simple surgical mask

SURVIVAL OF Organisms and viruses IN THE ENVIRONMENT

Microorganism	How Long It Survives
Bacteria	
Clostridium difficile	> 1 year
Vancomycin-resistant Enterococci (VRE)	5 days- 4 months
Methicillin-resistant Staphylococcus aureus (MRSA)	7 days – 7 months
Viruses	
Hepatitis B virus (HBV)	> 1 week
Norovirus	8 hours- 7 days

Cleaning & Disinfecting Equipment

All Staff are responsible for cleaning and disinfecting equipment and environmental surfaces in their work environment, must be aware of:

- **WET CONTACT TIME** of the agents they are using
- follow **manufacturer instructions** for use of the cleaning agents.



The current Title 22 Regulations require regular disinfection of all:

- Restrooms
- Countertops
- Furniture
- Televisions
- Telephones
- Bedding
- Office Equipment
- Surfaces in patient rooms
- Nursing stations
- Storage units

Cleaning & Disinfecting Equipment

DO YOU KNOW YOUR WIPE?



OXIVIR 1 Disinfectant wipes

Oxivir®1 Wipes – Available in 3 convenient sizes
FAST. EFFECTIVE. RESPONSIBLE. SUSTAINABLE.

IMPORTANT INFORMATION: Due to supply shortages there may be several different types of hospital approved cleaners.

Please remember:

- Always check the manufacturer's label on the container for use of the product and the appropriate contact time.

CONTACT TIME 1 MINUTE

- *Contact Time means, objects/surfaces to be kept wet for 1 minute before allowing to dry.*

Efficacy claims: 50 microorganisms, including *Clostridium difficile*, Norovirus and 14 multi-drug resistant organisms

Efficacy: Bactericidal, Fungicidal, Tuberculocidal, Virucidal, Sporicidal (*Clostridium difficile* spores)

Cleaning & Disinfecting Equipment

Patient care equipment (*ex: blood pressure cuff, Glucometer*) must be disinfected between each patient use.

Clean utility and dirty utility rooms are clearly marked so that **ONLY** clean supplies and equipment go in the Clean Utility Room and **ONLY** Dirty Equipment and Supplies go the Dirty Utility Room.

The Cal OSHA Standard also **PROHIBITS** personal food and open drinks in patient care areas.

Hydration Station at the Nursing Desk/Clinical Units

All containers must be in spill proof containers, and each department must determine a location for hydration stations.



OSHA's bloodborne pathogens standard prohibits the consumption of food and drink in areas in which work involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists [29 CFR 1910.1030(d)(2)(ix)].



While beverages at the nursing station might have a lid or cover, the container may also become contaminated, resulting in unsuspected contamination of the hands.

Drinks are not allowed on equipment, including W.O.W's

Infection Prevention

Our Infection Prevention Department:

- Supports Clinical Leaders, facilitates prevention processes and aids in implementation of policies that are evidence based to prevent the spread of infections and communicable diseases
- Facilitates staff training/education to prevent the spread of infection
- Monitors through collaboration, with compliance related processes to evidence based practices

***For questions:**
please contact the
Infection Prevention
Department
ext. 3161/1858
Or
Tiger Text*

CONGRATULATIONS!

**YOU HAVE COMPLETED THIS
ANNUAL EDUCATION OF:**

INFECTION PREVENTION REVIEW



Recognition, Assessment and Reporting of Intimate Partner Violence (IPV)

2023 Annual Education



“Why” Provide Intimate Partner Violence (IVP) Education?

Required education for all Salinas Valley Health employees was developed in response to The Joint Commission **Quick Safety Alert 63**. This alert reported an increase in IVP during the pandemic. A task force was put together to review the strategies and recommendations from the safety alert. It identified an opportunity to provide training for all employees who come in contact with or could come in contact with patients. It is essential for all employees to understand the prevalence of IVP, the types of abuse, and how to appropriately respond to IVP.

Objectives

Upon Completion of this presentation, the learner will be able to:

- Discuss the scope of intimate partner violence in varying patient populations
- Recognize signs and symptoms of intimate partner violence
- Identify resources available for persons who are recipients of intimate partner violence
- Verbalize appropriate questions and responses to persons with or without admission of intimate partner violence

Abuse crosses all ages, racial, ethnic, religious, marital status, sexual orientation, educational and socioeconomic lines.



Abuse is all about POWER and CONTROL

What is intimate partner violence (IPV)?

IPV is abuse or aggression that occurs in a romantic relationship.

- “Intimate partner” refers to:
 - **Current spouse**
 - **Former spouse**
 - **Dating partners**

Types of behavior

- **Physical violence:** when a person hurts or tries to hurt a partner with physical force
- **Sexual violence:** forcing or attempting to force a partner to take part in a sexual act when the partner does not or cannot consent
- **Stalking:** pattern of repeated, unwanted attention and contact causing fear or concern for one’s safety or the safety of someone close to the victim
- **Psychological aggression:** verbal or non-verbal communication with the intent to harm a partner mentally or emotionally and/or exert control over a partner

LGBTQ+ Specific Types of IPV

Physical Abuse:

- Targeting partners genitals or chest
- Not letting partner heal from gender-affirming surgeries
- Denying partner access to hormones
- Public displays of affection in anti-LGBTQ+ areas
- Threats of suicide by the abusive partner

Sexual Abuse:

- Using LGBTQ+ stereotypes to coerce a partner into particular sex act
- Using gender roles to control how a partner has sex
- Using words for a partner's body parts that do not align with their gender identity
- Forcing sex in exchange for necessities
- Convincing a partner not to use sexual protection because "LGBTQ+ sex is safer"

Isolation:

- Denying a partner access to LGBTQ+ community support
- Causing dramatic scenes at LGBTQ+ events
- Outing a partner
- Convincing a partner they will be rejected by others because of their LGBTQ+ identity
- Using anti-LGBTQ+ discrimination
- Using the partners LGBTQ+ identity as an excuse to isolate a partner from others

Identity/Cultural Abuse:

- Saying a partner is "too much" or "not enough" of their LGBTQ+ identity
- Denying a partner's gender identity or sexual orientation
- Intentionally using the wrong pronouns or name with a partner
- Controlling how a partner expresses their gender or sexual orientation
- Defining what it means to be LGBTQ+ for a partner
- Using anti-LGBTQ+ slurs or negative stereotypes

Financial

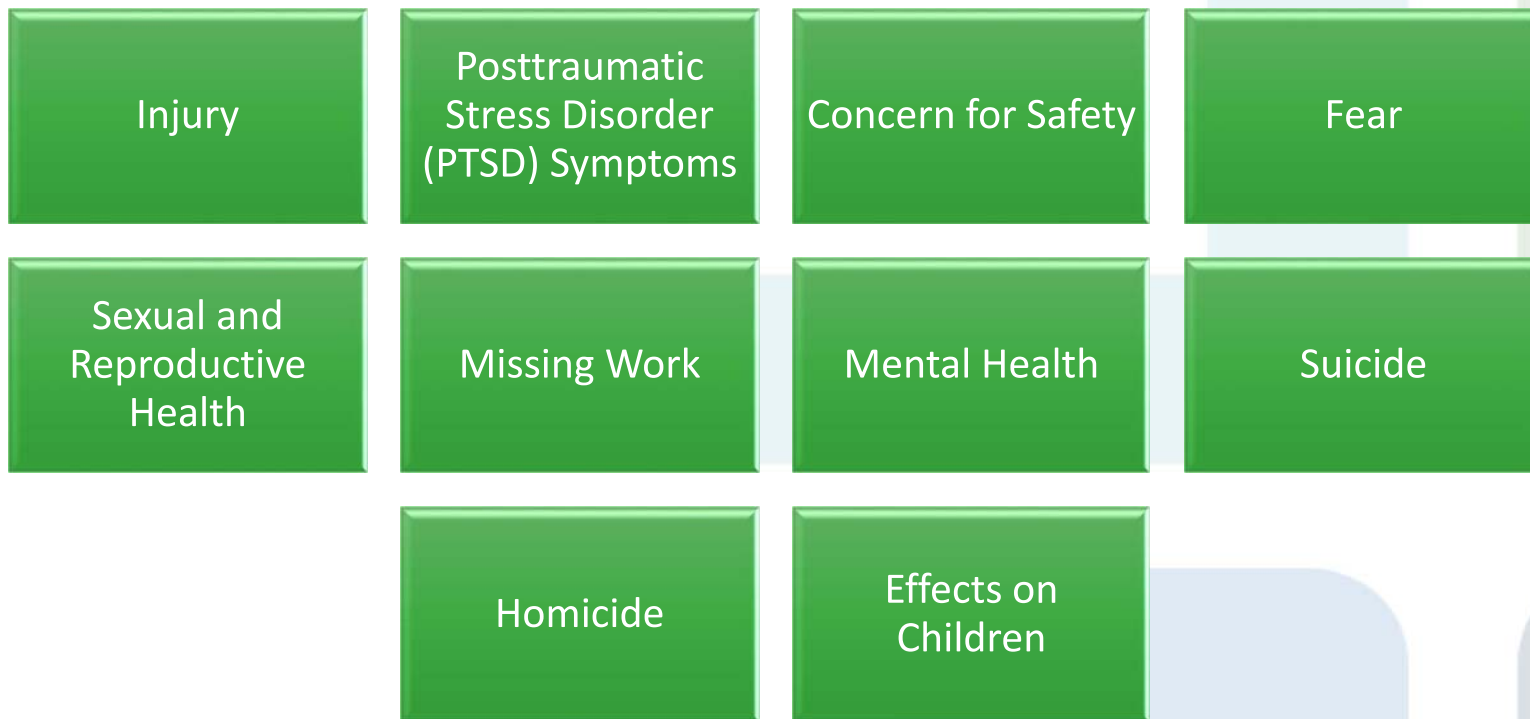
- Threatening to out a partner at work
- Demanding a partner pay for gender-affirming hormones or surgery
- Identity theft
- Using gender roles as a way to demand a partner pays more

How big is the problem?

- About 41% of women and 26% of men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an intimate partner violence-related impact during their lifetime. (Violence Prevention, 2023)
- Over 61 million women and 53 million men have experienced psychological aggression by an intimate partner in their lifetime. (Violence Prevention, 2023)
- 4 in ten (40%) of Gay/Lesbian women and six in ten (60%) Bisexual women report victimization, compared to 35% among heterosexual women. (Brown & Herman, 2015)
- Lifetime prevalence of IPV among transgender people range from 31%-51%. (Brown & Herman, 2015)



Possible Effects of IPV



Identifying Signs of IPV

Inconsistent explanation of injuries

Injuries involving breasts, abdomen, genitals

Wounds on head and neck

Bruising to neck

Wounds on forearms

Bruises of different ages

Delay in seeking treatment

Frequent emergency department visits

Missed appointments

Late initiation of prenatal care

Repeat abortions

Medication nonadherence

Inappropriate affect

Overly attentive partner

Verbally abusive partner

Social Isolation

Reluctance to undress

Reluctance or difficulties examining genital, rectal, or oral

How to screen for IPV

- Screen without partner, friends, family, or caregiver in the room
- Do not assume that a same-gender person who accompanies a patient is a friend or relative and not an intimate partner
- Use professional language interpreters
- Do not use someone connected with the patient as interpreters
- Discuss confidentiality and limits of confidentiality
- Screen routinely so they don't feel singled out
- Avoid using words "battered" "abused" or "domestic violence"
- Discuss IPV in a caring manner
- Provide educational materials
- Be aware of your own areas of discomfort and implicit biases

Screening in Private

- When patient enters bathroom for a urine sample, follow patient in and ask while away from partner
- Any opportunity when patient is alone
- Ask the visitors to step out as you address this screen, or have any concerns
- Inform them if their partner walks into the room during the examination, we will change the subject



LGBTQ+ Supporting Communication

Don't:

- Assume the gender of a person's partner
- Assume the person is "out" to everyone
- Assume LGBTQ+ identify was the reason for the assault

Do:

- Use gender-inclusive language to refer to clients and their partners (e.g. say "your partner" or "they/them")
- Use the same terms the person uses to describe their partner, identity, anatomy. If you are unsure about the meaning of a term, politely ask for a definition, e.g. "I'm sorry, I am not familiar with the term "x". Can you tell me what "x" means to you?"
- Ensure the environment is LGBTQ+ affirming and inclusive

How to ask



I don't know if this is a problem for you, but because difficult relationships can cause health problems, we ask all of our patients the following questions: Does a partner, or anyone at home hurt, hit or threaten you? Do you feel safe?

How to Respond

Be *supportive* and *non-judgmental*

- If answer to questions is “**yes**”, practice phrases that are comfortable for you
 - *“I am very sorry to hear this is happening”*
 - *“Thank you for telling me. You are not alone. We can help.”*
- If answer to questions is “**no**”, sow a seed for future disclosure
 - *“I just want you to know that if something like this ever does come up, this is a safe place to talk about it and get help”*

LGBTQ+ Barriers to Assistance

- Not wanting to “out” themselves when seeking help and increasing their risk of rejection and isolation from family, friends, and society
- Lack of LGBTQ+ specific or LGBTQ+ friendly assistance or resources
- Fear of homophobia from healthcare workers they interact with
- Low levels of confidence regarding compassion and effectiveness of courts and law enforcement for LGBTQ+ people

Injury Mechanism

Hand

- Open Slap
- Fist- bruising, lacerations, fractures, internal injuries
- Pulling
 - Hair- traumatic alopecia
 - Cervical neck trauma
 - Extremity- dislocation

Object Injury

- Look for pattern injury

Strangulation

Strangle

- Obstruct breathing by applying external pressure
 - 10 seconds to unconsciousness
 - Minutes to death
 - If you find another injury, always ask and check neck
 - 6-7 times increased risk of future homicide

****Experienced by 54%-68% of abused women in shelters or with restraining orders****

Signs and Symptoms of attempted Strangulation

Immediate Symptoms:

- Coughing
- Voice changes
- Dyspnea
- Difficulty swallowing
- Nausea
- Headache
- Ears ringing

Immediate Signs:

- **50%** no visible injury
- **35%** minor visible
 - Slight redness or scratches
- **15%** visible injury
 - Red marks and/or bruising
- Subconjunctival hemorrhage
- Bruising and swelling increases over next 24-48 hours-may proceed to fatality

What is Your Responsibility?



Reporting

- Reference Policy ***Abuse and Assault Reporting Requirements***
- ***Mandated Reporters:*** Healthcare Practitioners
- ***Healthcare Practitioner:*** includes physician, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker, associate clinical social worker, associate clinical marriage and family counselor, or any other person who is currently licensed under Business and Professions Code Section 500 et seq. For the extended list see CHA Consent Manual p 19.18.
 - ✓ Healthcare practitioner must report actual or suspected IVP. Place a social service consult if IVP is identified or suspected.
 - ✓ If the healthcare practitioner identifies or suspects the patient has an injury due to IPV place a social service consult and call local law enforcement to make a report.
 - ***Salinas Police Department non-emergency line 831-758-7321***
 - ***Mandated Suspicious Injury Report Document [HERE](#)***

Penal Code Section 11160 requires that if any health practitioner, within their scope of their employment, provides medical services for a wound or physical injury inflicted as a result of assaultive or abusive conduct, or by means of a firearm, shall make a telephone report immediately or as soon as possible. They shall also prepare and submit a written report within 2 working days of receiving the information to a local law enforcement agency.

IPV Community Resources

Name of Agency	Contact Information	Services
Community Homeless Solutions – Emergency Shelter	<p><u>Salinas (Natividad Emergency Shelter)</u> Address: undisclosed location Tel: 831-422-2201 <u>Marina</u> – main office Address: 3087 Wittenmyer Court, Marina CA 93933 Tel: 831-384-3388 Website: https://www.communityhomelessolutions.org/dv</p>	<p>Emergency shelters are available both in Salinas and Monterey (confidential locations). Shelters serve single women, women with children, and men who are victims of domestic violence. Services provided include but are not limited to: counseling, personal hygiene resources, nutritional food, transportation, interpreter services, and art and pet therapy. Legal advocacy, crisis intervention, safety planning, and emotional support and information during criminal justice procedures are offered. Homeless persons are also served when there is availability. Services in English and Spanish.</p>
District Attorney, Victim/Witness Assistance Program	<p>Address: 142 W. Alisal Street, Suite A, Salinas CA 93901 Tel: 831-755-5072 Website: https://www.co.monterey.ca.us/government/departments-a-h/district-attorney-old/victim-witness-unit</p>	<p>Provides services to victims/witnesses of all types of crimes, including assault, domestic violence, rape, and homicide. Services include crisis intervention, emergency assistance, resource counseling, and orientation to the criminal justice system and court escort. No charge for services.</p>
Domestic Violence/Anger Management Groups – Community Human Services	<p><u>Salinas</u> Address: 433 Salinas Street, Salinas CA 93901 Tel: 831-757-7915 <u>Marina</u> Address: 1178 Broadway, Seaside CA 93955 Tel: 831-394-4622 Website: https://chservices.org/</p>	<p>Probation-certified group treatment for domestic violence offenders. Separate groups for men and women conducted in English (possibly Spanish) by trained facilitators. For more information, please call the number listed above.</p>
Family Violence Unit – Monterey County Probation Department	<p>Address: 20 East Alisal, 1st Floor, Salinas CA 93905 Tel: 831-796-1200 Website: https://www.co.monterey.ca.us/government/departments-i-z/probation</p>	<p>Provides referrals to domestic violence intervention and anger management programs in Monterey County that are certified by the department. Two other programs of the department for probationers or families of probationers are the Child Advocate Program, for those involved in domestic violence who have a child, age 0-5, and the Child Abuser Program, a 52-week parenting class.</p>
Harmony at Home	<p><u>Salinas</u> Address: 9 W. Gabilan Street, Suite 2, Salinas CA 93901 Tel: 831-272-6644 <u>Carmel</u> Address: 3785 Via Nona Marie, Suite 300, Carmel CA 93923 Tel: 831-625-5160 Website: http://harmony-at-home.org/programs/</p>	<p>Serves children and families who are victims/witnesses of domestic violence. Sticks and Stones is a school-based and extended family counseling program that helps children and their families learn to communicate in healthy, non-violent ways. No cost to student. On-site counseling for couples, families, relative caregivers, teens, and children who are involved in issues of domestic violence. Fees on a sliding scale.</p>

IPV Community Resources

Name of Agency	Contact Information	Services
Love Is Respect – National Dating Abuse Helpline	24-Hour Helpline: 886-331-9474 24-Hour Text Line: text “LOVEIS” to 22522	Offers 24-hour hotline designated for teens and young adults regarding dating abuse and crisis. Offers support, information, and advocacy to those involved in dating abuse relationships. Also offers support to concerned friends, parents, teachers, law enforcement, and service providers.
MCSTART – Door to Hope	Address: 130 W. Gabilan Street, Salinas CA 93901 Tel: 831-758-0181 Website: http://doortohope.org/programs/clinics/mcstart/	Children between the ages of 0 and 11 with a family history of domestic violence are served. Services include case management, family support services, education, parent child interactive therapy, occupational therapy, sensory integrated therapy, developmental screenings, psychological assessment, and attachment therapy. For more information on eligibility requirement and services, please call the number listed above or visit the website.
Mobile Outreach Services Team (MOST) – Community Homeless Solutions	Address: 3087 Wittenmyer Court, Marina CA 93933 Tel: 831-384-1308 Website: https://www.communityhomelessolutions.org/	Services are offered for individuals who are homeless or victims of domestic violence. Services include clothing closets, day centers, social services, case management, counseling, temporary and permanent housing, and more. For more information, please call the number or visit the website listed.
Monterey County Department of Social Services (MCDSS)	Address: 1000 S. Main Street, Salinas CA 93901 Tel: 831-755-4448 Website: http://mcdss.co.monterey.ca.us/index.asp <u>Child Protective Services (CPS)</u> Tel: 831-755-4661 Report suspected child abuse or neglect: 1-800-606-6618 Adult Protective Services (APS) Tel: 831-755-4466 Report suspected elder and dependent adult abuse or neglect: 1-800-510-2020	CPS investigates and responds to all allegations of suspected child abuse and neglect. APS investigates reports of elder and dependent adult abuse and neglect.
Monterey County Rape Crisis Center (MCRCC)	Tel (Salinas): 831-771-0105 Tel (Monterey): 831-373-3955 24-Hour Helpline: 831-375-4357 24-Hour Helpline: 831-424-4357 Website: https://www.mtryrapecrisis.org/	MCRCC provides ongoing advocacy, support, and healing for all victims and survivors of sexual assault, human trafficking, and child abuse. It also works to prevent sexual violence in our community through education.

IPV Community Resources

Name of Agency	Contact Information	Services
Natividad Emergency Shelter – Hamilton House	Tel: 831-422-2201 or 831-384-3388 Website: https://www.communityhomelessolutions.org/	Emergency shelter for single women and women with children who are victims of domestic violence. Shelters are accessible 24 hours a day, 7 days a week. Women are limited to a thirty (30) day stay, but they may apply for an extension. Job skill assessment, food, clothing, and family case management are also provided. Longer term transitional housing may be available. Services in English and Spanish. Homeless women and children who are not victims of domestic violence may be accommodated if space is available.
National Domestic Violence Hotline	24-Hour Hotline: 800-799-7233	Offers assistance to individuals who are in domestic violence situations. Domestic violence victim advocates are available for victims to provide crisis intervention, safety planning, and information and referrals.
National Resource Center on Domestic Violence	Website: https://www.nrcdv.org/connect	The NRCDV provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials and key initiatives designed to enhance current domestic violence intervention and prevention strategies.
National Organization for Victim Assistance (NOVA)	Address: 510 King Street, Suite 24, Alexandria VA 22314 Tel: 703-535-6682 NOVA Online Help Chat Website: https://www.trynova.org/who-we-are/mission-and-reach/	NOVA advocates for victims by connecting them with services and resources.
RAINN (Rape, Abuse, and Incest National Network)	24-Hour Hotline: 800-656-4673 Website: https://www.rainn.org/	The nation’s largest anti-sexual assault violence organization. Through their National Sexual Assault Hotline, trained support specialists offer support, information, advice, and referral to local service providers who are knowledgeable about state laws and local resources to assist survivors of sexual assault. Services in English and Spanish.
Sexual Assault Response Team (SART)	Tel: 831-648-7731	Women wanting to pursue legal action should call law enforcement or the Monterey County Rape Crisis Center for referral to this program. Victims of sexual assault are provided with sensitive specialty services which include medical and legal evidence gathering necessary to get perpetrators convicted into court. Services are in English and Spanish. No charge for exam to collect evidence.

IPV Community Resources

Name of Agency	Contact Information	Services
YWCA	<p><u>Counseling Center</u> Address: 11 Quail Run Circle, Salinas CA 93901 24-Hour Crisis Line (Salinas): 831-757-1001 24-Hour Crisis Line (Monterey): 831-372-6300 Tel: 831-422-8602 Website: https://www.ywcamc.org/</p>	<p>The YWCA provides phone advocacy, through its crisis line, in English and Spanish, to anyone in the county. Individual and family counseling is provided for those who have experienced domestic violence within the previous six months. Legal advocacy (assistance with restraining orders, divorce, and custody). Fees for counseling and legal advocacy on a sliding scale.</p>
YWCA Safe Houses (Lawson House and human trafficking safe house)	<p>Address: undisclosed location Call the 24-hour crisis line: 831-757-1001 (Salinas); 831-372-6300 (Monterey) Website: https://www.ywcamc.org/</p>	<p>Emergency shelter for battered women and their children, operated by the YWCA at an undisclosed location in Monterey County. Emergency shelter for victims of sex trafficking, at an undisclosed location in Monterey County. Supportive counseling, therapy, and case management is also provided.</p>
Archer Child Advocacy Center/Bates-Eldredge Child Abuse Clinic	<p>Address: Tel: 831-769-8682 Website: https://www.natividad.com/services-main/clinics/sally-p-archer-child-advocacy-center-bates-eldredge-child-abuse-clinic/</p>	<p>Physicians perform medical-legal examinations to evaluate cases of suspected or actual child abuse to provide documented evidence to assist in the prosecution of criminal cases. The center is designed to provide forensic interviews of child sexual abuse victims for law enforcement and DSS Family and Children’s Services. Services in English and Spanish.</p>

Reporting Questions

****If you have any questions related to reporting requirements, please contact our hospital social workers or their coverage partners****



“ They may not confide in the first nurse who asks them the questions, or even to the second person, but at some point when they feel it’s safe, YOU may be the one they confide in.

Take Away Points



References

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Congratulations!
You have completed this Annual Education of:
Recognition, Assessment and Reporting of
Intimate Partner Violence (IPV)

Mission, Vision, STAR Values & Standards of Professional Behavior

Annual Education - 2023

Mission

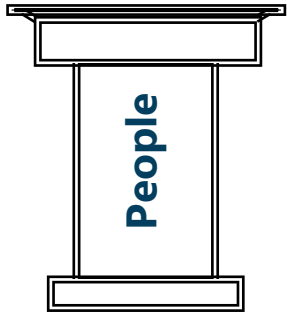
It is the mission of Salinas Valley Health to provide quality healthcare to our patients and to improve the health and well-being of our community.

Vision

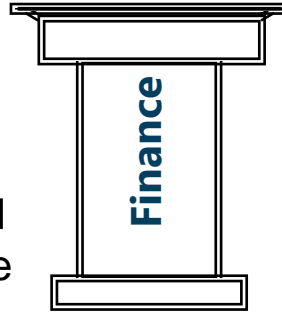
A community where good health grows through every action, in every place, for every person.



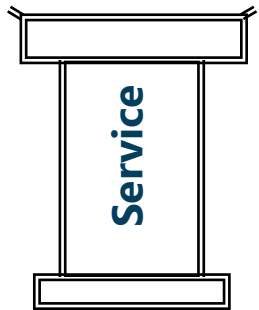
Organizational Pillars



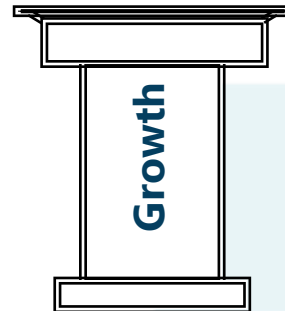
Demonstrates Salinas Valley Health's commitment to provide a supportive, encouraging environment and being the best employer in the region.



Demonstrates Salinas Valley Health's fiscal responsibility and accountability



Demonstrates Salinas Valley Health's commitment to provide excellent experience and service to its customers.



Demonstrates Salinas Valley Health's commitment to continued development and organizational enhancement to be the best health care system in the region.



Demonstrates how Salinas Valley Health's performs in improving and/or exceeding the quality of care and service provided.



Demonstrates Salinas Valley Health's commitment to continuously meet the needs of our community

STAR Values

Support:

- We support each other to put our patients and families first.

Teamwork:

- Together we pursue excellence and exceptional performance with passion.

Accountability:

- We take personal responsibility for our professional conduct in delivering results.

Respect:

- We respect our patients, each other, the community and the environment by demonstrating integrity, honesty, fiscal responsibility in everything we do.

AIDETS: Six Essential Communication Behaviors

A	Acknowledge	Decreases patient's/family's anxiety
		+
I	Introduce	Builds trust and confidence in your skills and abilities
		+
D	Duration	Provides patient/family with realistic time expectation
		+
E	Explanation	Keeps the patient/family informed
		+
T	Thank You	Acknowledges the patient/family
S	Sit Down &/or Survey	

AIDETS

What Salinas Valley Health needs from you:

- Responsibility and accountability to learn and use the AIDETS technique for communication
- Use AIDETS with every patient, every family member, every visitor, every team member, every time
- Support your team to improve their consistent use of AIDETS
- Support your team to improve the patient experience

Standards of Professional Behavior

All employees, contract staff, volunteers, and others who may provide care, treatment, and/or service on behalf of the Hospital will conduct themselves in accordance with the acceptable behaviors as defined in the Standard of Professional Behavior policy as well as all applicable laws, regulations, and policies at all times. Furthermore, Salinas Valley Health has adopted a zero tolerance policy towards the display of disruptive and inappropriate behavior.

Purpose: To create a work environment that fosters respectful and constructive relationships among and between healthcare professionals, patients, and staff in facilities owned and operated by Salinas Valley Health.

Standards of Professional Behavior

Acceptable behavior is defined as behavior which enables others to perform their duties and responsibilities effectively, promoting the orderly conduct of the Hospital resulting in respectful and constructive communication.

Behavior that undermines a culture of safety is defined as behavior which interferes with others' ability to perform their duties and responsibilities effectively, undermines a person's competence in an individual healthcare worker or the hospital, creates a barrier to effective communication, jeopardizes maintaining a safe workplace and safe behaviors, and/or interferes with the orderly conduct of the Hospital.

Standards of Professional Behavior

Any individual who witnesses or is the recipient of disruptive or inappropriate behavior by another should report this to their immediate supervisor or designated chain of command immediately.

It is the responsibility of our leaders to assure that anyone who reports such behavior is protected from retaliatory action. The individual reporting such conduct does not need to be directly involved with the conduct but may be an observer of such conduct.

Prior to completion of a WeCare we should conduct Peer Feedback. If that is unsuccessful, then a WeCare report is to be completed by clicking on the link from StarNet > Quicklinks > Occurrence Reporting System

Harassment will not be tolerated

Harassment is the verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of race, religion, color, national origin, ancestry, age, physical or mental disability, medical condition, marital status, sex, gender, or sexual orientation, or that of his/her relatives, friends, or associates, and that has the purpose or effect of (i) creating and intimidating, hostile or offensive work environment; (ii) otherwise adversely affecting an individual's employment opportunities.

Sexual Harassment is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings, or posters).

Conflict Management

When conflict arises between individuals or groups, it is important to manage that conflict in a way that does not adversely affect patient care.

Good conflict management techniques include:

- Trying to address the conflict early before it becomes a major issue
- Understanding the needs and issues of the parties involved
- Addressing the substance of the conflict while respecting the individual(s) involved.

If you are involved in a conflict, first try to work it out with the individual(s) involved (Peer Feedback).

If this is not successful then use the “chain of command” by involving your immediate supervisor.

If this is not successful, contact Human Resources at ext. 1759 (internally) or 831-755-0759 (externally) for assistance.



Our remarkable commitment to excellent care and a healthy community both defines us – and drives us forward to grow our impact in the region.

Pete Delgado

President & CEO, Salinas Valley Health

MRI & Radiation Safety

Annual Education 2023



Radiation Safety



In everyday life, most people come in contact with sources of radiation such as sunlight, heat lamps, radio, television, and microwaves.

In the hospital setting, radiation is used in the treatment and diagnosing of patients.

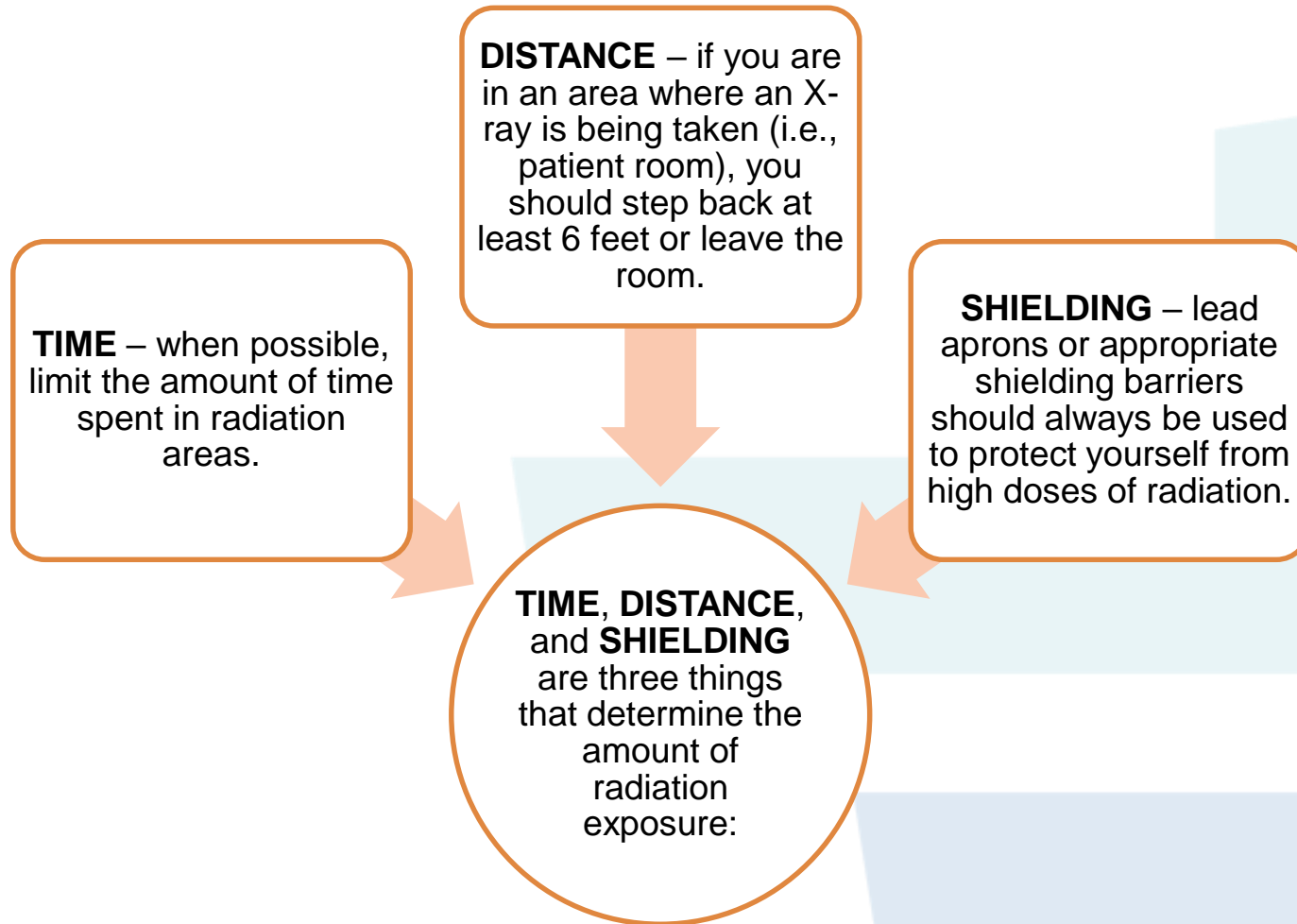
Radiation can be found in several areas of the hospital such as diagnostic imaging (X-ray, CT, Angiography suite), nuclear medicine, and Operating rooms.

Radiation can be harmful if the proper safety precautions are not followed.

X-ray equipment does not emit radiation when it is turned off.

MRI equipment is not a source of radiation.

Radiation Safety *(cont'd)*



Radiation Safety (*cont'd*)



While you can protect yourself from low dosages of sunlight radiation by using sunscreen and sunglasses, higher dosages found in some areas of the hospital require further protection and labeling.

Employees with direct access to radiation wear film badges that monitor exposure.

Exposure is monitored quarterly and reported to staff.

Staff who don't follow badge policy may be subject to disciplinary action.

All areas using radiation equipment should have the appropriate signs posted.

Radiation Safety (*cont'd*)



Pregnancy and Radiation Safety

Definitions:

ALARA = As Low As Reasonably Achievable

NRC = Nuclear Regulatory Commission

Radiation Safety & Pregnancy

Be Informed:

- A consent is required prior to any high dose radiation scan/procedure of a pregnant patient to ensure they understand the risks involved
- Protective shielding is used for all pregnant patients for non-abdominal/non pelvic exams

Employee Safety

- Employees are encouraged to disclose their pregnancy as early as possible if working in a radiation use area i.e. Radiology, Endoscopy, OR, Cath lab.
- NRC recommendation for pregnant employees must limit the radiation dose to 500 mRem during pregnancy.



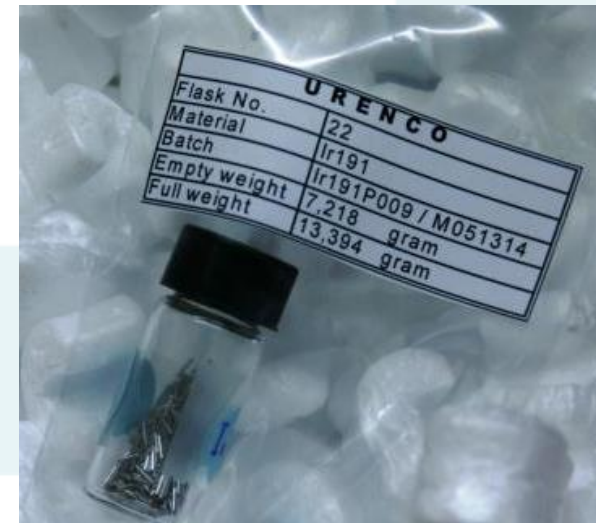
Radiation Safety *(cont'd)*

Radiation implants can be used in patient treatment and emit small amounts of radiation.

When high-dose dosage isotopes are used, safety precautions are followed and signs must be posted.

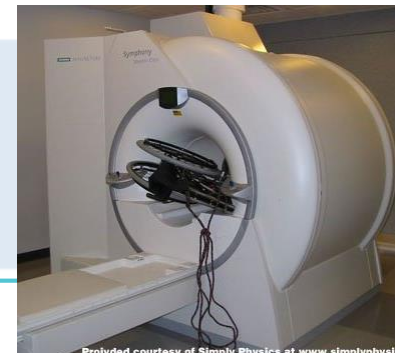
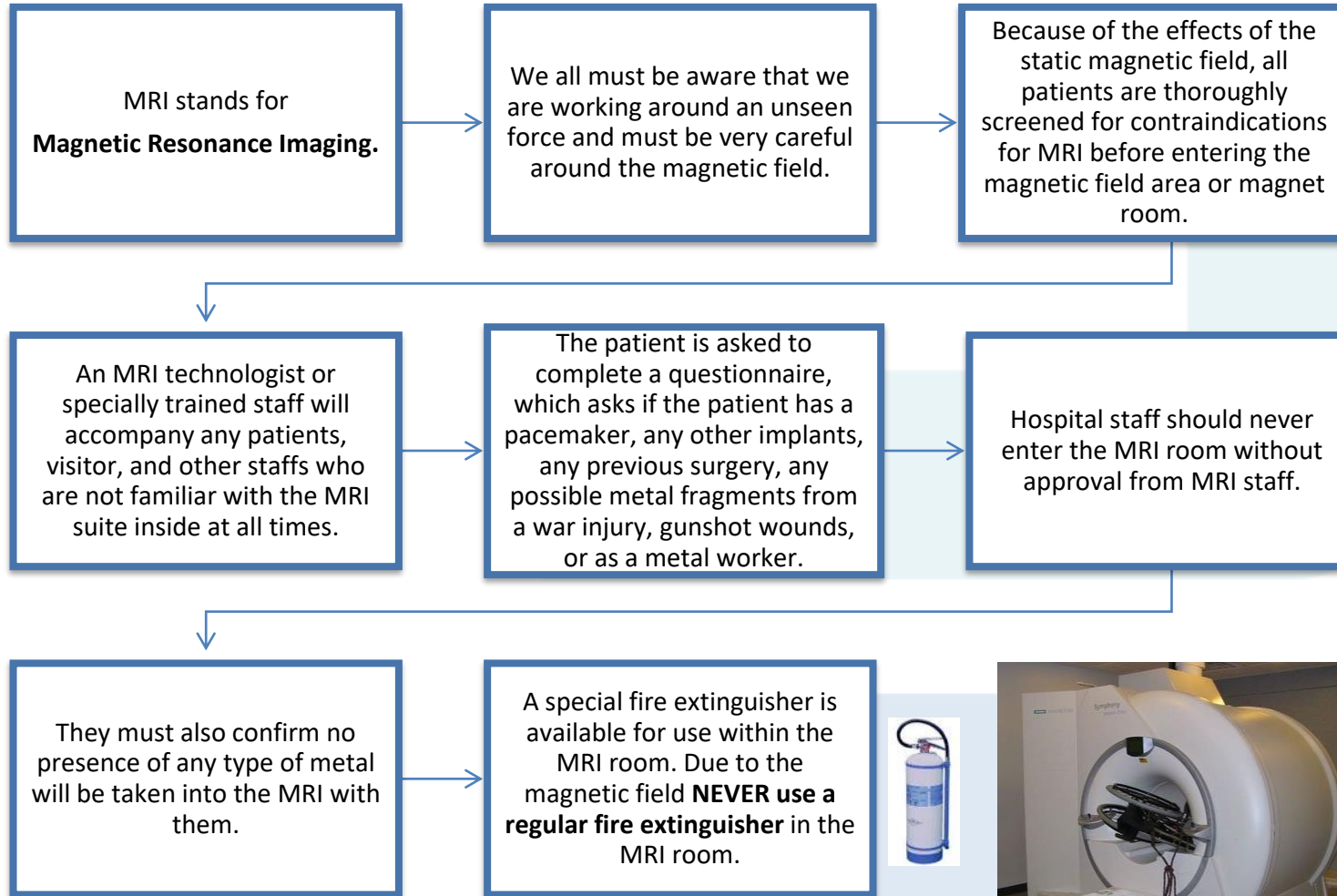
When working with a patient or in an area where radiation/isotope treatment is used, **it is always best to treat the patient as one with an infectious disease.**

If you have any questions regarding a patient being treated with radiation or a radiation area, contact the treating nurse or hospital's Alternate Radiation Safety Officer, **at ext. 2131**





MRI Safety



Provided courtesy of Simply Physics at www.simplyphysics.com

MRI SAFETY

(cont'd)

MRI PATIENT SCREENING QUESTIONNAIRE

Name: _____ Date: _____

Age: _____ Weight: _____ Height: _____

Any prior imaging studies related to today's exam? Yes No Type of exam: _____

Facility: _____ Date: _____

Person filling out this form: _____

History of Claustrophobia Yes No

Are you pregnant Yes No

The following items may be harmful to you or interfere during your MRI examination. Please check "Yes" or "No" to indicate whether you have or have had any of the following. Remove ALL metallic objects prior to MRI. Please provide any implant card. If you respond "Yes" to any of the below questions, you may not be eligible for MRI. Please contact MRI at 831-759-1856 to talk to a representative at the reception desk.

Cardiac Pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pacemaker or Pacemaker Wires? <input type="checkbox"/> Yes <input type="checkbox"/> No
Implanted Cardiac Defibrillator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cochlear or other Ear Implants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial Cardiac Valve? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Model #: _____	Cranial Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Aneurysm clips? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tissue Expanders (breast or other)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Neurostimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Implanted Infusion Pump? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bone Stimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transdermal Patch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tattoos or permanent make-up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any type of implant held in place by a magnet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diaphragm, IUD or pessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any IV access port / chemo port? <input type="checkbox"/> Yes <input type="checkbox"/> No	BioStimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Penile Implant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pins, rods, screws, nails, plates wires? <input type="checkbox"/> Yes <input type="checkbox"/> No
Radiation seeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shunt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Small Bowel Endoscopy Capsule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical clips / vascular clips / stents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spinal Fixation Device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spinal Fusion Procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any metallic foreign body? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any metallic objects in the eye? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical Mesh? <input type="checkbox"/> Yes <input type="checkbox"/> No	Artificial Eye? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you responded "Yes" to any of the items below, for your safety, the items MUST be removed prior to MRI.	
Hearing Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	False Teeth or Partial Plate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Patch? <input type="checkbox"/> Yes <input type="checkbox"/> No	Body Piercing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Artificial Limb? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wig, Hair Implants, Clips or Pins? <input type="checkbox"/> Yes <input type="checkbox"/> No

List all medications: _____

List all major surgeries: _____

Patient Signature _____ Date: _____ Time: _____

Technologist Signature _____ Date: _____ Time: _____



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7140-6113 (Rev.12/16)



DIMRIPTMED

MRI PATIENT SCREENING
QUESTIONNAIRE

ORIGINAL - PACS CANARY - Patient Jacket



MRI Patient
Screening
Form Used
for MRI
Safety

MRI Safety *(cont'd)*



Did you know that Magnets in the MRI scanner are **ALWAYS “ON”**?

MRI Safety (cont'd)

Ferromagnetic Objects are objects that are attracted to magnets and when these objects come into contact with the MRI field they become magnetized to each other and it can be VERY dangerous.

What are some examples of not-so-obvious Ferromagnetic objects?



Buffing machines

Clipboards

Hearing Aids

Pulse Oximeters

Paper Clips

Prosthetic Limbs

Car Keys

Insulin Pumps

IV stands

Hairpins

ID Badges

Pacemakers

Staples

Stethoscopes

Law Enforcement Metal Objects

RFID tags (e.g. on equipment)

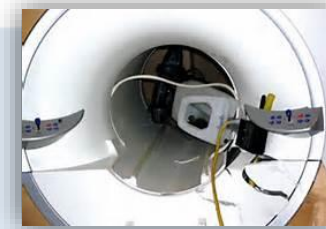
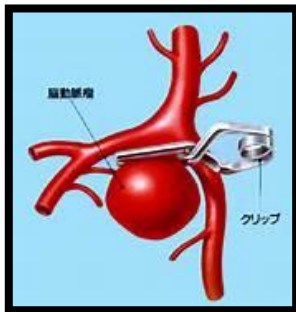


MRI Safety (cont'd)



What is the Risk?

- Projectile injury and the Missile Effect as the objects are hurled into the MRI Scanner
- Burns from the wires that may heat up during the MRI process
- Injury related to dislodged ferromagnetic implants such as aneurysm clips; pins in joints or bone



MRI Risk Reduction Strategies

SITE ACCESS RESTRICTION MRI ZONES

Zone 1 – Areas that are freely accessible to the general staff and public. For example: Registering patients, staff from other departments, etc.

Zone 2 – Areas where screening for metal objects begins for patients, healthcare workers and general public. Unauthorized personnel are not able to move about this zone freely.

Zone 3- Area is restricted to patients, visitors and healthcare workers. Only authorized personnel can access and physical screening of MRI patients and healthcare workers must occur prior to entrance.

Zone 4 – MRI Magnet room itself. Patient and Healthcare Worker screening is confirmed and they must be in constant direct supervision of trained MRI personnel.

MRI Risk Reduction Strategies *(cont'd)*

ADDITIONAL STRATEGIES



Ensure the MRI Tech has the patient's complete medical history and has screened for any potential ferromagnetic objects



Provide MRI Safety information to healthcare workers who accompany patients



Only use equipment that has been approved for use in MRI for employee and patient safety



Screen and educate law enforcement, fire and security on MRI safety to ensure they are aware of the risk of ferromagnetic devices such as prisoner restraining devices and other potential hazards.



Ensure only a MRI Non-Magnetic Pre-Filled Fire Extinguisher is used.

Congratulations!
***You have completed this annual
education of:***

MRI & Radiation Safety



2023

Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

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.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



The Joint Commission

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.



Rapid Regulatory Obesity and Bariatric Sensitivity Training

**Please click on the graphic/photo
below to view the video**





Congratulations!
You have completed the
Rapid Regulatory
Obesity and Bariatric
Sensitivity Training eLearning.
Please proceed to the article
and post test

Patient Rights

Annual Education 2023



Patient Rights and Responsibilities



PATIENT RIGHTS

Patient rights can be divided into three groups:

1. Every patient has the right to be treated with courtesy, consideration, and respect for their dignity and individuality. Every patient has the right to cultural and personal values, beliefs, and preferences.
2. Every patient or his/her health care representative has the right to participate in his/her treatment/care plan and withhold informed consent.
3. Every patient has the right to say NO

The Right To be Treated with Courtesy, Consideration, Respect, Dignity and Individuality

This means patient's have the right to:

- Treatment and medical services without discrimination based on race, age, religion, national origin, sexual preference (gender and identity), diagnosis, ability to pay, or source of payment;
- Retain and exercise all constitutional, civil, and legal rights;
- Freedom from neglect, exploitation, physical and mental abuse;
- Have physical privacy and confidential treatment of information

Right to participate in their treatment/care plan

This means patient's have the right to:

- Be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient;
- Receive, as soon as possible, the services of a translator or interpreter;
- Receive information in terms that the patient understands.

- Be free from restraints and seclusion that is not medically necessary
- Be free from all forms of abuse and harassment

Be protected and respects rights during research, investigation, and clinical trials

Have their decisions respected about care, treatment, and services received at the end of life

Right to say “No”

This means patients have the right to:

- Refuse medication and treatment after possible consequences of this decision have been explained in language that the patient understands, except in life-threatening situations and instances where medication or treatment is required by law;
- Be free from restraints unless a physician authorizes them for a limited period of time to protect the patient or others from injury.

Patient Responsibilities

Patients are informed of the responsibilities during registration.

It is the patient's responsibility to:

- Provide information that is accurate and complete about present symptoms, past illnesses, hospitalizations, medications, and other matters (including work or home situations) relating to their health;
- Report unexpected changes in their condition
- Make it known, as soon as possible, if they do not clearly understand a suggested course of action or treatment, its anticipated risks and benefits, and what is expected of them

Patient Responsibilities, (cont'd)

- Follow the treatment plan recommended by the practitioner primarily responsible for his/her care;
- Follow the instructions of nurses and other health personnel as they carry out doctor's orders, coordinate care plans, and hospital regulations;
- Familiarize themselves with guidelines and information given by Salinas Valley Health and by his/her doctor;
- Keep appointments and, if unable to do so for any reason, notifying the responsible practitioner or appropriate hospital office.
- To abide by the hospital rules and policies.

Patient Treatment Agreement

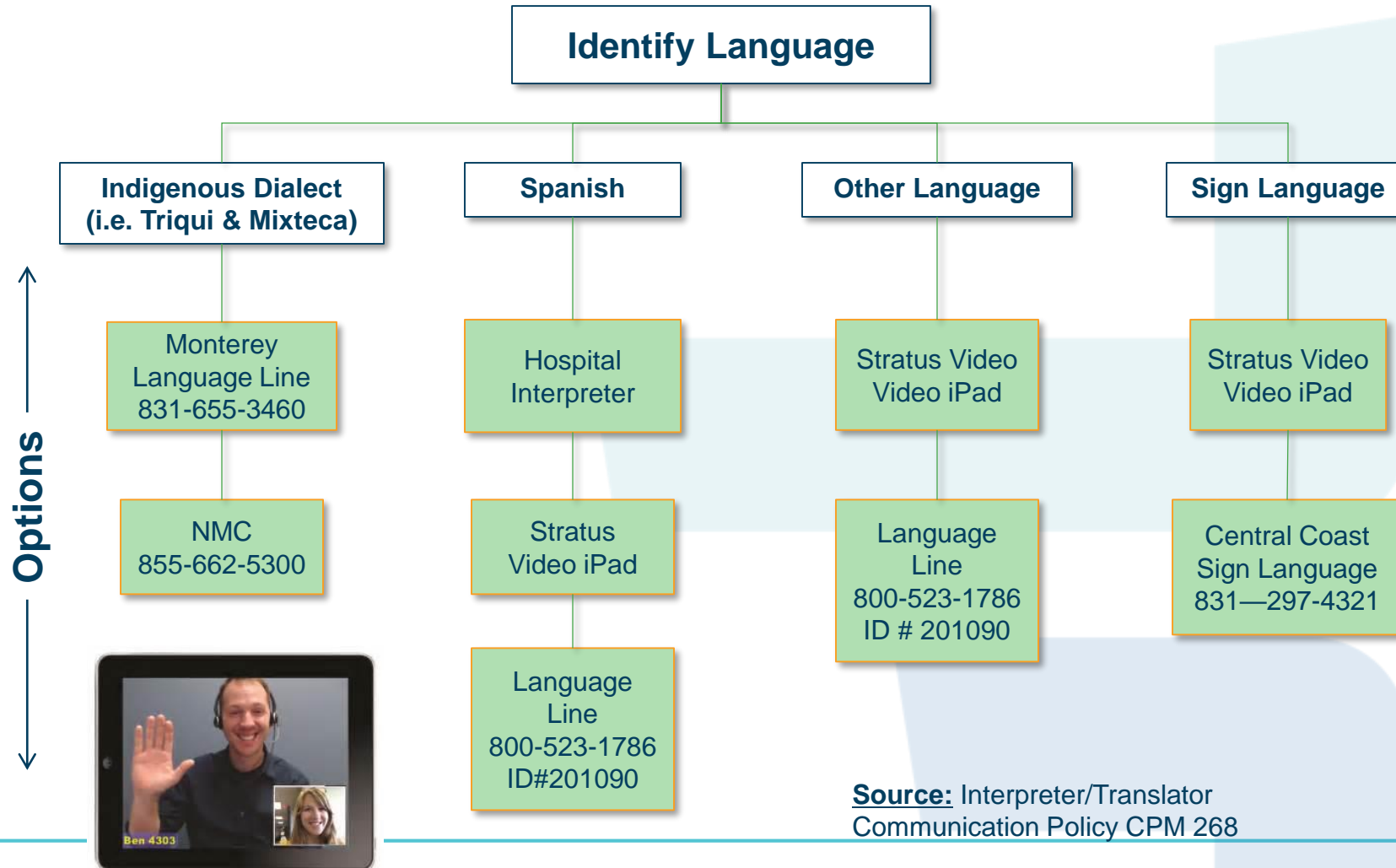
When patients continue behaviors of non compliance or inappropriate behaviors, address with the care team immediately.

Contact the Patient Safety Officer or Patient Experience if behaviors continue.

USE OF INTERPRETERS



Interpreting Services



Source: Interpreter/Translator Communication Policy CPM 268

Interpreting Services *(cont'd)*

Types of Communication	Examples	Resources to Use
Basic Needs or general discussions	<ul style="list-style-type: none"> • Personal demographics • Discussion of ADLs i.e. toileting and feeding 	<ul style="list-style-type: none"> • Language cards • Family / staff who have not been designated as “qualified” <p>***NOTE any concerns use a qualified interpreter (see algorithm)</p>
Intermediate & Advanced Care Planning Needs	<ul style="list-style-type: none"> • Assessments • Investigations • Treatments • Explaining diagnosis • Referral to other services • Discharge issues 	<ul style="list-style-type: none"> • Approved qualified Salinas Valley Health interpreter • Stratus • Language Line

Interpreting Services *(cont'd)*

Types of Communication	Examples	Resources to Use
<p>Discussions about safeguarding children & adults or other safety matters</p>	<ul style="list-style-type: none"> • Concerns about child abuse, elder abuse • Issue related to mental capacity and domestic violence 	<ul style="list-style-type: none"> • Approved qualified Salinas Valley Health interpreter • Stratus • Language Line • Family or staff not “qualified” can be used <p>***NOTE*** Any concerns, use a qualified interpreter!</p>
<p>Obtaining Consent Providing education Providing medical information about their condition in order to make an informed decision</p>	<ul style="list-style-type: none"> • Consents for treatment, procedures, investigations: must ensure patient/guardian understands the full procedure planned and other medical information 	<ul style="list-style-type: none"> • Approved “Qualified” Salinas Valley Health interpreter • Stratus • Language Line • Family or staff not “qualified” cannot to be used

Interpreting Services *(cont'd)*

Key Points:

- Preferred language is identified at admission and patients have a right to receive verbal and written information in their preferred language
- When interpreting for consent, the “qualified” interpreter must read and sign the consent
- It’s the patient’s right to have a “qualified” interpreter when they are making decisions about their care
- **Only use family or friends or staff who have not been designated as**
- **“qualified” to interpret for basic needs only**



Interpreting Services (*cont'd*)

As an additional resource, Stratus can be used to translate instructions:

- Stratus Interpreter will write out the instructions in the preferred language so the RN can copy the words onto the discharge instructions.
- Be careful when transcribing to prevent errors.

Advance Directive





Advance Directive

Salinas Valley Health requires:

- Consistent policies for advance directives
- All adults are provided written information about their right to accept or refuse treatment
- Equal access provided to care for all patients, whether or not they have an advance directive
- Document whether or not each patient has an advance directive
- Allow patients to review and revise their advance directive
- Make sure that appropriate staff members know about each patient's advance directive
- Provide resources if patients wish to write advance directives
- Allow healthcare professionals to honor advance directives within the limits of the law and the capacities of the hospital
- Document and honor patient wishes for organ donation within the limits of the law and the capacities of the hospital

Advance Directive *(cont'd)*

An advance directive is either a written or verbal statement by a patient or their authorized designee regarding care issues.

Types of advance directives include:

- Living Wills
- Durable Power of Attorney for Healthcare
- POLST

Patients are asked if they have an advance directive when they are admitted to the organization.

Advance Directive *(cont'd)*

If the directive is with the Patient, a copy is placed in the record and the Physician is notified of the contents

The Directive can be a Living Will, Durable Power of Attorney for Health Care or POLST (Pink)

A directive may be changed at any time by the patient / surrogate and this becomes the legal directive.

Changing the directive may either be done verbally or in writing. If done verbally record the wishes in the EMR and notify the Physician .

Request the patient to update the Advance Directive document.

Advance Directive *(cont'd)*

Assess for Advance Directive Upon Admission:

Outpatient Setting

Assess AD for:

- outpatient infusion patients (that meet clinical criteria characterized by a significant decline in clinical status).
- patients on observation status.
- patients undergoing same-day surgery, which also includes invasive procedures done in Interventional Radiology, Endoscopy, and Cath Lab.

Inpatient Setting

The presence of an AD will be assessed for all adults 18 years or older, upon admission to the inpatient setting.

Emergency Setting

Assess AD for patients categorized as Level 1 or 2 using the Emergency Severity Index System (Refer to TRIAGE ASSESSMENT CPM Policy #48).
AD will be obtained on Level 1 or 2 patients as soon as reasonably possible.

Note: If the patient does not have the hard copy AD available, but states they do have an AD, the RN should document the wishes of that patient and communicate with the physician. Information to be handed off to all care providers.

Revoked Advance Directive

If patient wishes to revoke AD, write across the AD ***“Revoked as of (date and time)”*** and have the patient and a witness sign

The original is placed in the chart and a copy should be forwarded to admitting (call to request pick up or drop off)

Designation of a Surrogate Decision Maker

A patient may orally designate an adult as a surrogate to make health care decisions for him/her. This is as legal as a written document.

The designation of a surrogate must be promptly recorded in the medical record and the physician notified.

This remains in effect until revoked by the patient.

CONSENT





The hospital may not permit any treatment unless the patient or a person legally authorized to act on the patient's behalf, has consented to the treatment.

- Failure to obtain proper consent may result in a charge of battery or other action.
- Any doubt's / questions / concerns about a consent contact the unit manager, Administrative Supervisor or Risk Management / Patient Safety Officer

Consent, cont'd

The consent is required to be completed in terms / language that a patient / surrogate can understand (Layman's terms) and prior to the treatment / procedure – unless a medical emergency exists

Be careful to not use a Brand name in the consent

Informed Consent



Informed consent is provided by the physician performing the treatment / procedure.

- The patient is informed about the risks, benefits, alternatives, and other important information about the treatment / procedure, including not having the treatment / procedure and this must be documented in the medical record.

When a qualified interpreter is used, the interpreter must also sign that they have interpreted the content of the consent form.

When staff witness the patient's / surrogate's signature on the consent form, it is only a witness to their signature and not to any information about the procedure. If the patient has further questions do not allow signing and contact the physician .

Consent by Phone/E-Mail/Fax

Should be used as **last resort only** when the patient is unable and the responsible next of kin is available but not able to be present.

The individual, relationship to patient, age and other pertinent identifying information of the person giving consent must clearly be identified.

The Physician must:

- Explain procedure in detail, same as written consent
 - Risks
 - Benefits
 - Side effects
 - Alternatives including not receiving the treatment
 - Potential problems and
 - Likelihood of reaching goals etc.
- Request consent from the individual and document the conversation, including agreement with risks and benefits and plan, in the EMR.

Consent by Phone/E-Mail/Fax

(cont'd)

Telephone

- Hospital personnel verifies physician discussion and consent obtained
 - Informs legal representative that 2 personnel on the phone
 - Documents verbal agreement of consent on the Consent Form – including the name, date, time and both personnel witness (this is witness to verbal consent only).



Fax /E-mail

- Physician must first contact via telephone and provide all information.
- Attach a copy of the email / fax to the consent form. Request the original be sent to hospital.

Emergency Situation

An **emergency** exists if a patient's life / limb is in jeopardy (prevent death or permanent disability or to alleviate severe pain).

If the patient can not make their own decisions and no next of kin is available, physician(s) document in the EMR that an emergency, and why, exists and the patient's consent is implied and procedures/ tests can be completed.

MYTH: If two doctors agree that a patient would benefit from a particular procedure or treatment, the two doctors may consent on behalf of the patient.

NO –the patient / surrogate must always consent unless an emergency.





REPORTING ABUSE

Mandated Reporters

All health care providers licensed under the Business and Professions Code Section 500 et. seq.

- Physicians
- Nurses
- Social Workers
- Anyone working in the healthcare profession should escalate a suspected issue to their supervisor

Reporting Abuse

As health care providers, we need to understand our role and responsibility in reporting abuse.

California law defines the types of reportable instances and acts. If allegations of abuse or neglect are raised, or you suspect possible abuse or neglect, **you are mandated to report the following:**

- ✓ **Elder/dependent adult abuse**
- ✓ **Child abuse or neglect**
- ✓ **Domestic violence**

Reporting Abuse *(cont'd)*

Examples of
What to
Report for
Elder
Dependent &
Adult Abuse

- Physical abuse
- Neglect
- Financial abuse
- Exploitation
- Abandonment
- Isolation from friends and community
- Abduction or other treatment with resulting physical harm or mental suffering
- Deprivation of goods or services that are necessary to avoid physical harm or mental suffering

Reporting Abuse *(cont'd)*

Examples of What to Report for Child Abuse & Neglect

- Non-accidental physical injury that was not self inflicted
- Sexual abuse
- Neglect
- Willful harm
- Injury or endangerment
- Unlawful corporal punishment or injury
- Abuse or neglect in out-of-home care

Identifying Abuse

Patients are screened upon admission to the organization or upon presenting for care. This screen is conducted by qualified staff (usually the Physician or Nurse). Patient care staff is trained on recognizing specific types of abuse

If you suspect a patient may be a victim of abuse, **report to the first immediately available supervisor** such as the Charge RN, who can then in turn report to the Administrative Supervisor, and ultimately the Manager or Director.

Patient abuse, assault, neglect and exploitation by a healthcare provider is a **breach of medical ethics** and not tolerated and are grounds for immediate termination.

Assault and abuse are also crimes. These crimes are punishable by jail time and fines. All allegations of abuse, assault, neglect and exploitation will result in placing staff on **Administrative Leave** until investigation is concluded.

Suspected Abuse by a Healthcare Worker

When allegations of inappropriate conduct such as abuse, assault, neglect, exploitation by staff occur the following steps will be taken:



1. Staff member in question is removed from patient care immediately pending investigation outcome
2. May be placed on Administrative Leave until investigation is concluded
3. Hospital representative will meet with patient and/or family
4. The patient and/or family will be kept informed of the investigation
5. If inappropriate conduct is confirmed, State authorities will be notified

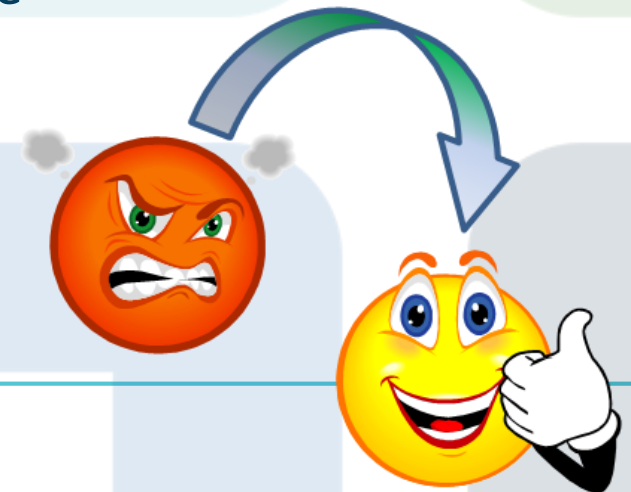
PATIENT COMPLAINTS & GRIEVANCES



COMPLAINT

An initial informal communication, oral or written expressed by the patient or their representative expressing dissatisfaction with the care, treatment, environmental conditions, or other aspects of their visit. A complaint is considered resolved when a patient is satisfied with the action(s) taken – contact Patient Experience

If a patient care complaint cannot be resolved at the time of the complaint by staff present, is referred to other staff for later resolution, requires more investigation, and / or requires further actions for resolution, then the complaint is a grievance. Contact Patient Relations.



GRIEVANCE

Formal or informal written or verbal complaint that is made to the hospital by a patient or their representative after discharge, regarding the patient's care

- A written complaint is always a grievance whether inpatient or outpatient
- If a patient/patient's representative phones in with a complaint regarding patient care or with an allegation of abuse, neglect or failure of the hospital to comply with regulations, immediately apologize to the patient for their perception and contact Patient Relations Department at **X 3098**
- Enter a WeCare under Patient Relations.



SERVICE RECOVERY MODEL

LEVEL	DESCRIPTION
Level 1	Complaint is addressed immediately by employee at bedside
Level 2	If unable to be resolved, complaint is addressed by charge nurse / manager / director / nursing supervisor on site and entered in WeCare.
Level 3	If not resolved, Manager / Director or physician refers family to Patient Experience to assist in resolution of the complaint. When appropriate, Patient Experience may also initiate the Grievance process in accordance with CMS guidelines if needed. Refer to Patient Relations if unable to resolve.
Level 4	Patient Relations personnel refer grievance up the appropriate chain of command for resolution. No further discussion should occur except by the Patient Relations / designee

UNRESOLVED CONCERN

If the patient feels a concern has not been resolved, and wants to file a **formal complaint** with the regulatory agencies the Patient Relations Department provides them with the following information.

**The Department of Health Services
Licensing and Certification Division**

**Division of Accreditation Operations
Accreditation Service Specialist
The Joint Commission**

If a patient / family feels there has been discrimination they are to report the concern to :

Lea Woodrow

Director of Regulatory and Accreditation Department x 1983

Congratulations!
You have completed this Annual Education of:
Patient Rights



Patient Safety, Just Culture and Reporting Quality & Safety Concerns, Incidents & Unusual Occurrences

Annual Education 2023



Patient Safety Facts

440,000 patients die every year from preventable medical errors. [[Journal of Patient Safety](#)]

Preventable medical errors cost our country tens of billions of dollars a year. [[Institute of Medicine](#)]

One in three patients who are admitted to the hospital will experience a medical error. [[Health Affairs](#)]

Studies of wrong site, wrong surgery, wrong patient procedures show that “never events” are happening at an alarming rate of up to 40 times per week in U.S. hospitals. [[Archives of Surgery](#)]

Medical negligence lawsuits amount to just one-half of one percent of all health care costs. [[Congressional Budget Office](#)]

Medical negligence cases represent well under 2 percent of all civil cases. [[National Center for State Courts](#)]

Researchers at Harvard University found that 97 percent of cases were meritorious, concluding, “Portraits of a malpractice system that is stricken with frivolous litigation are overblown.” [[New England Journal of Medicine](#)]



**IMAGINE A FULLY LOADED BOEING 747
CRASHING EVERY DAY OF THE YEAR WITH
NO SURVIVORS, THEN YOU CAN BEGIN TO
UNDERSTAND THE NUMBER OF
PREVENTABLE DEATHS THAT OCCUR IN
OUR HEALTHCARE SYSTEM.**

Salinas Valley Health Patient Safety

Salinas Valley Health's **Patient Safety Plan** outlines how we can improve patient safety and reduce risk as well as how to recognize and respond to medical errors.

An important aspect of this plan is built on a **“just culture”** environment in which healthcare workers are encouraged to communicate errors and near-misses.

If staff communicates errors/near-misses, then we have the opportunity to investigate the errors in the process, discover the causes, and **identify ways to prevent them from occurring in the future.**

Despite constant and committed efforts to provide and improve patient care, it happens from time to time that **patients are harmed rather than helped by health care.**

Another important aspect of this plan is related to **disclosure of unanticipated outcomes** to the patient.

For any system to work well, a **team approach** is necessary.

Just Culture

Patient safety initiative designed to address both system issues and individual behavior.

- Shift from focus on errors and outcomes -to system design and behavioral choices
- Achieve a culture where frontline staff feel comfortable disclosing errors



Just Culture

We focus on effective systems and teamwork to accomplish the mutual goal of safe and high-quality performance.

When something goes wrong, the focus is on what, rather than who, is the problem. This is the focus of the Comprehensive Analysis previous called Root Cause Analysis (RCA) activity.

The intent is to bring process failures and system issues to light, and to solve them in a non-biased non-threatening way. This is called a **Just Culture**.

Our **Just Culture** acknowledges the inevitability of error, and proactively seeks to identify latent threats. Characteristics of this culture include creating an environment where individuals:

- Are confident that they can report errors or close calls (“near-misses”) without fear of retribution
- Collaborate across ranks to seek solutions to system vulnerabilities
- Feel supported by our Administration’s willingness to direct resources to address safety concerns as a result of the Comprehensive Analysis.

▶ A Set of Duties inherent in the organization

- To raise your hand and say "I've made a mistake"
- To raise your hand when you see risk
- To report events to improve the organization
- To resist the growth of at-risk behavior
- To participate in the learning culture
- To absolutely avoid reckless conduct



MANAGE BEHAVIORAL CHOICES TO ERR IS HUMAN...

Human Error	At-Risk Behavior	Reckless Behavior
<p><i>Product of our current system design</i></p> <p>“I forgot to do the 2- hour check”</p> <p>Manage through changes in:</p> <ul style="list-style-type: none">• Processes• Procedures• Training• Design• Environment	<p><i>A Choice: Risk believed insignificant or justified</i></p> <p>“I did a one person transfer with a patient who requires a two-person transfer because the patient needed to use the bathroom and everyone else was busy”</p> <p>Manage through:</p> <ul style="list-style-type: none">• Removing incentives for at-risk behaviors• Creating incentives for healthy behaviors• Increasing situational awareness	<p><i>Conscious disregard of unjustifiable risk</i></p> <p>“I knowingly avoided completing a treatment because it is complex and time-consuming”</p> <p>Manage through:</p> <ul style="list-style-type: none">• Remedial action• Disciplinary action
CONSOLE	COACH	DISCIPLINE

What is an Occurrence?

A event which is NOT, under ordinary circumstances, expected in the course of, or as a consequence of hospital or medical care / treatment

May be an actual event involving patient injury or a potential event or other situation which might result in patient injury or harm

What it is NOT?

- Does NOT denote negligence, malpractice or a potentially compensable event
- NOT to be used for reporting staffing concerns or disagreements between people.
- Employee Accident/Injury/Illness reports will be entered into the Incident Reporting System for improved tracking and trending, however they are NOT considered occurrences.



ADVERSE EVENT



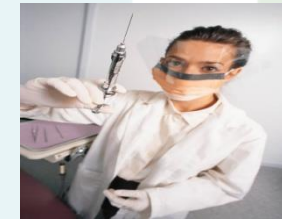
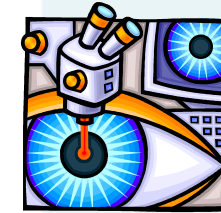
Any untoward medical occurrence that results in death, is life threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity

SENTINEL EVENT

Defined by [The Joint Commission](#) (TJC) as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. Sentinel events specifically include loss of a limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome.

Reportable Events - CA SB 1301

- ▶ Surgical events
- ▶ Product or device events
- ▶ Patient protection events
- ▶ Care management events
- ▶ Environmental events
- ▶ Criminal events
- ▶ Catch all



Reportable Adverse Events

1. Surgery or other invasive procedure performed on the wrong body part
2. Surgery or other invasive procedure performed on the wrong patient
3. Wrong surgical or other invasive procedure performed on a patient
4. Unintended retention of a foreign object in a patient after surgery or other procedure
5. Intraoperative or immediately postoperative/post procedure death in a normal healthy patient (per American Society of Anesthesiologists Class I patient)
6. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the health care setting
7. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used for functions other than as intended
8. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a health care setting
9. An infant discharged to the wrong person
10. Patient death or serious disability associated with patient elopement (disappearance)
11. Patient suicide, attempted suicide, or self-harm resulting in serious disability, while being cared for in a health care facility
12. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)
13. Patient death or serious injury associated with unsafe administration of blood products
14. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a health care setting
15. **Patient death or serious disability directly related to hypoglycemia occurring while cared for in a health facility**

Reportable Adverse Events con't

16. Patient death or serious injury associated with a fall while being cared for in a health care setting
17. Any stage 3, stage 4, or unstageable pressure injury acquired after admission/presentation to a health care facility
18. Death or serious disability associated with failure to identify and treat hyperbilirubinemia in newborns
19. Patient death or serious disability due to spinal manipulative therapy
20. Patient or staff death or serious disability associated with an electric shock in the course of a patient care process in a health care setting
21. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances
22. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a health care setting
23. Patient death or serious injury associated with the use of restraints or bedrails while being cared for in a health care setting
24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed health care provider
25. Abduction of a patient/resident of any age
26. Sexual abuse/assault on a patient within or on the grounds of a health care setting
27. Death or significant injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a health care setting
28. An adverse event or series of events that cause the death or serious disability of a patient, personnel, or visitor
29. Prolonged fluoroscopy with cumulative dose >1500 rads to a single field or any deliver of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
30. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy

Reportable Adverse Events (*cont'd*)

Other Reportable Events

- Repetition of a CT X-ray exposure due to equipment defect or malfunction.
- Irradiation of the wrong patient or irradiation of a body part other than that intended by the ordering physician and surgeon.
- A diagnostic dosage that exceeds by 50 percent or more the protocols

NOTE: "Serious disability" means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or the loss of bodily function, if the impairment or loss lasts more than seven days or is still present at the time of discharge from an inpatient health care facility, or the loss of a body part.

Comprehensive Analysis a.k.a. Root Cause Analysis (RCA)

Is a process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.



RCA Steps:

1. List the chronology of the event
2. List contributing factors (root causes)
3. Develop an improvement strategy for each contributing factor
4. Formalize an improvement plan
5. Assign a responsible person for each step in the improvement plan with an implementation date
6. Identify effectiveness measures for each step in the improvement plan and assign staff members to monitor results

What is Severity of Harm?

Severity of harm is the actual harm that occurred to the patient as a result of an error/process failure that the organization caused, not the outcome of the event.

Error in Care is a preventable adverse effect of care, whether or not it is evident or harmful to the patient. This might include an inaccurate or incomplete diagnosis or treatment of a disease, injury, syndrome, behavior, infection, or other ailment. These should be reported as "near misses".

Severity Scale: Categories of Severity at Salinas Valley Health

Notification only – informs that something happened but no error or harm occurred

A—Unsafe Conditions that could cause harm

B—Event occurred but didn't reach patient (Near Miss)

C—Reached the patient but did not cause harm

D—Reached patient and monitoring / intervention required to confirm no harm

E—Temporary Harm to the patient requiring intervention

F—Temporary Harm that required initial/prolonged hospitalization

G—Permanent Patient Harm

H—Intervention required to sustain life

Death

Examples

A patient who is very ill and has a cardiac or respiratory arrest due to their disease process or natural progression of an illness. This would be a *"Notification Only"* in the incident reporting system under severity because nothing we did or did not do caused the patient to code (no harm).

BUT...if the patient coded due to our failure to provide appropriate medication administration that was ordered that would have prevented the event, or we did not provide the necessary care, this would be a Severity of "E or above" depending on the outcome (harm).

Report Quickly



Hospitals must report an **Adverse / Never / Sentinel event** to the CDPH no later than **five calendar days** after the adverse event has been detected, or, if that situation is an ongoing urgent or emergent threat to the welfare, health, or safety of patients, personnel, or visitors (such as abuse) not later than **24 hours** after the event has been detected.

Question: What do you do if you suspect a serious or reportable adverse event happened?

Answer:

- 1) Staff: Contact your Director/Manager or Administrative Supervisor **as soon as possible after the safety of the patient or staff is cleared** to discuss the event, then enter the event into the WeCare system.
- 2) Director/Manager or Administrative Supervisor will then contact Patient Safety Officer for next steps

Question: When is “detection” of the event?

Answer: *When an individual identifies an event occurred and it can be confirmed that it happened on that date.* For example: If a staff person reports in the occurrence reporting system that a patient died while in restraints on 11/30 and the Risk Manager confirms this on 12/2 the “detection” date is 11/30. Now 3 days have elapsed to meet the 5 day reporting requirement. Must be reported on 12/4 or risk a \$\$ fine.

Reporting Chain of Command for Serious Event

Remember: Timely reporting is imperative to prevent harm and in order to notify external entities if needed. So it is always best to err on the side of caution and report any suspicion/possible reportable event. This means not only reporting in the WeCare system, but escalating it (**meeting with your supervisor directly or call them**) as well.

To effectively report a quality or safety concern, take the following steps:

Report to your **immediate supervisor** or to the Administrative Supervisor, if after hours

Report to your **Department Director/Hospital Contact**

Report to **Patient Safety Officer**

Why Exercise Chain of Command?

For example: A **Never Event** must be reported to CDPH in 5 calendar days. If it happens on Friday at 5 pm, we have until Tuesday to:

- 1) Disclose to the patient regarding what happened
- 2) Investigate the case with those involved to confirm what needs to be reported
- 3) Confirm the physician has done his due diligence with the patient

Only reporting the incident in the Occurrence Reporting System on Friday evening would delay Risk/Patient Safety Officer from knowing about it until Monday.

Therefore, **reporting to your supervisor, Patient Safety Officer is imperative – even after normal business hours.**



Should I Use Chain of Command?

Patient had blood tests drawn in the ED at 9 AM, it is now 1 pm and the lab tests are not. What do I do?

I have been paging the physician since 8 AM regarding patient condition, he hasn't responded as it is now 11 AM and I am concerned. What do I do?

Engineering has not come up to fix clogged toilet. It is now affecting the patient and staff. What do I do?

Answer: Exercise your Chain of Command and document your actions! Be sure to also complete an Occurrence Report

Patient Advocate

All persons at Salinas Valley Health must be a Patient Advocate

- Recognition of situations which are not in the best interest of the patient, i.e. reporting a questionable drug order to the writing MD
- Reporting an incompetent healthcare provider
- Failure to report known or suspected instances of patient abuse - physical, emotional, and sexual abuse constitutes unprofessional conduct and is grounds for discipline.



Disclosure of Harm Events

- Tell the patient or patient's family be truthful
- Disclosure includes opportunity for patient/ family to ask questions regarding the event
- The disclosure must be documented in the medical record, who, what, when, where, how and what doing so not to happen again.
- Ongoing follow-up with the patient / family **and** the caregivers involved in the event



Salinas Valley Health has a policy that outlines the procedure taken whenever a disclosure to a patient is needed.

After consultation with Patient Safety Officer or Risk Management the Physician is responsible for assuring that the patient, or responsible party, is informed of a **medical event**, even if an actual error did not occur.

Risk Management Department and Salinas Valley Health leadership will participate with physicians and/or staff when disclosure is needed.



HEART Program

A program adopted by Salinas Valley Health to develop and implement a high reliable and sustainable culture of safety

HEART

- **HEALING:** For both Patients and Caregivers and others involved in an event
- **EMPATHY:** Capacity to express feelings for what another is going through or experiencing after a harm event
- **ACCOUNTABILITY:** Taking responsibility for causing a harm event (Individual and organization)
- **RESOLUTION:** Resolve the impact of the harm that results from medical error or inappropriate care
- **TRUST:** Among healthcare team and between patients, families and providers

When any medical error is thought to have caused harm, the following actions are taken:

1. The patient is immediately taken care of
2. The patient and is provided immediate medical / emotional care
3. The physician is informed and orders carried out
4. Any evidence regarding the event is saved for follow up investigation i.e., equipment, material packaging, broken items etc. and immediate notification to Biomedical Services and Risk Management (regardless of the time of day).
5. An unusual occurrence or incident report is generated through WeCare located on StarNet
6. The unit leader will provide Care for the Caregiver as necessary

Disclosure Team

- Disclosure Team is activated by contacting the Administrative Supervisor.
- Disclosure includes opportunity for patient/family to ask questions regarding the event
- Factual documentation of the event and disclosure.
- Ongoing follow-up by the Disclosure Team

Reporting Takeaways

- #1.** It's important to report these issues or concerns in a timely manner so that corrective action can be taken so that another event does not happen.
- #2.** Any employee/physician who has a safety or quality concern about care provided in the hospital should immediately report concerns to their direct supervisor or, if after hours to the Administrative Supervisor and submit a report via the electronic occurrence reporting system.
- #3.** Process improvement activities are based on occurrence reporting trends, employee feedback, patient safety surveys and new regulations.



What Should be Included in the WeCare Report?



List just the facts

- Leave out unrelated information and **do not** add your thoughts or opinion

This is notification that something unusual may have occurred - reporting an **EVENT**, not a **PERSON**.....

- This is NOT a forum to “write up so-and-so” or complain.

This narrative will be used for investigation: remember only report facts

NEVER document in the medical record that an occurrence report was filed, but do document the facts surrounding the event

Feedback & Communication About Errors

After you enter an event in the system, what happens?

- In most cases, the leader will follow up with you as soon as possible to determine “why” the event occurred and determine appropriate actions.
 - Note that if an event results in personnel actions that information cannot be shared with you.
- Events are tracked and trended in order to target improvement activities.
 - This means that, usually, one event alone is not enough to trigger improvement activity. Instead, committees look for types and patterns of events. This information is shared with your manager / director who can share or post the information on your unit..

Culture of Safety Survey

Salinas Valley Health is committed to providing and improving the quality of care given to our patients.

A ***Culture of Safety Survey*** is conducted annually with all Salinas Valley Health employees.



Employees are asked about their impression of our patient safety program and environment.

The findings from this survey are reviewed with Leadership and staff and action plans are developed and implemented.

At the Employee Forums the following results were shared with a commitment to work with focus groups to better understand the employee's perception of the culture of safety as well as how to improve the perception of the culture of safety of our employees.

WHO YOU CAN CALL

Patient Safety and Patient Experience here at Salinas Valley Memorial Hospital is extremely important to us. **If you have a patient care or safety concern, please contact your Department Director or Manager and/or the Patient Safety Office at ext. X1779**

If the hospital has not addressed or cannot resolve your issues or concerns, you are welcome to contact the following regulatory agencies:

California Department of Public Health Services—San Jose Office

100 Paseo de San Antonio, Suite 235, San Jose, CA 95113

Toll Free: (800)554-0348 or (408)277-1784 Fax: (408)277-1032

The Joint Commission – Office of Quality Monitoring

One Renaissance Boulevard, Oakbrook Terrace, IL 60181

Toll Free: (800)994-6610 Fax: 1(630)792-5636

complaint@jointcommission.org

Patient Safety Pledge

Salinas Valley Health takes no disciplinary or punitive action against employees, physicians or other individuals who report quality of care or safety concerns to regulatory entities.



YOUR ROLE IN PATIENT SAFETY

- **LEARN** about Patient/Hospital Safety. Patient Safety is the most important component of health care. All persons should consider themselves as members of the Hospital Safety Team and learn/understand Safety Rules that apply to their job.
- **REPORT** any hazards you see or find. Everyone is responsible for safety and preventing injuries/accidents. Everyone should consider themselves as members of the Salinas Valley Health Safety Team and report.
- **BE ALERT** for anything that could harm a patient, visitor, or employee (including environment issues).
- **PARTNER WITH YOUR TEAM and PATIENT SAFETY OFFICER** to proactively focus on integrity of processes, analyze incident reports/errors and promote action through mentorship and training of staff as well as implementation of proven methods for maintaining a culture of safety or changing culture where needed through education.



Patient Safety is Everyone's Responsibility



Questions

Questions or comments about Patient Safety or Just Culture please contact:

- Your immediate supervisor
- Patient Safety Officer x 1779

Congratulations!
***You have completed this annual
education of:***

***Patient Safety and Just Culture
Reporting Quality & Safety
Concerns, Incidents & Unusual
Occurrences***



Successful Regulatory Survey

Annual Education - 2023



On STARnet under Departments: Regulatory and Accreditation Department there are many resources that will assist you in preparing to accept surveyors on your unit when that time comes:

- “Rules of the Regulatory Road” [CLICK HERE TO VIEW](#)
- “Hit List for Daily Survey Use” [CLICK HERE TO VIEW](#)
- “Job Cards” [CLICK HERE TO VIEW](#)
- “Pocket of Knowledge” [CLICK HERE TO VIEW](#)



You are encouraged to review the information contained in these guides, particularly the job cards that directly impact your job function.

Survey Activity

Tour of patient care units and support areas such as PT gym, kitchen, nurses stations, pharmacy, medication rooms, pantry's utility rooms etc.

Observation of care being provided (privacy/HIPAA), communication between staff, environment, blocked egress / electrical panels, doors propped open etc.

Review of patient care records

Interviewing patients, personnel, including physicians on topics of care and services

Review of policies, procedures, temperature logs, engineering and other required documents

Review of personnel and education files and medical staff files

The Communication Center (CC) is always open so anything a surveyor requests contact the CC.



Rules Of The Regulatory Road



- ✓ Be courteous to surveyors; they are our guests
- ✓ Wear ID badge at chest level
- ✓ No food or drink in unapproved areas in your department – All drinks to be in the Hydration Stations and with spill proof lids
- ✓ Dress and act professionally; convey a positive attitude and image to surveyors
- ✓ Have wireless, and cell phones on “vibrate” mode as to not disrupt the interview process
- ✓ Do not argue with surveyors, if you disagree politely ask for clarification
- ✓ Answer questions honestly without adding any unnecessary negative “spins” on the issues
- ✓ Answer the question asked: add an example; do not offer more information than the question calls for
- ✓ If you do not know the answer, refer the surveyor to the appropriate resource
- ✓ Everyone is involved in the survey not just clinical staff. The surveyors watch everything and everyone

HOW TO INTERACT WITH SURVEYORS

The surveyor's job is to determine if our organization is meeting standards and regulations.

The survey is not designed to try and trick you or be hostile.

Don't hide from the surveyors, but welcome them and support each other in your interactions.

The surveyors simply want to know that you understand your job and its impact on patient care/safety and service.



1. Be Honest:

- **3-Second Rule:** Someone should answer the question in 3 seconds, even if they don't know the answer. 3 ways to answer:
 - 1) Repeat the question.
 - 2) Ask for clarification if you don't understand the question.
 - 3) Redirect to someone who can answer the question.
- **It's OK to say,** "I don't know but that's in our P&P manual, let me get it or I'll ask the lead / charge or my manager and I'll get back to you."

HOW TO INTERACT WITH SURVEYORS *(cont'd)*



2. Answer Questions Completely

It's important to answer a surveyor's question honestly and completely. Never make up an answer – tell them what you do. If you don't know, say so, but follow that with "I know where to find the answer". Only answer the question asked. The surveyor will ask a follow-up question if he/she needs to know more.



3. Ask for Clarification

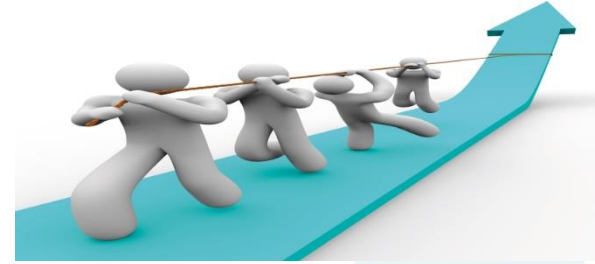
If you don't understand a question ask them to repeat or rephrase the question. Ask them to give you an example of what they are asking for.



4. Be Proud of the Good Work You Do

Speak with pride about the care and service you provide. It's okay – in fact it's great – to talk about how you made a positive difference in a patient's care experience. Talk about what your department or work area has done over the past year to improve care or increase patient safety and satisfaction.

HOW TO INTERACT WITH SURVEYORS *(cont'd)*



5. Know Your Patients!

Know how to access information in the chart!

If you provide patient care, it will be critically important that you are familiar with your patients.

Surveyors may ask you about the following:

- Why the patient here
- What are the patient's major health problems
- What type of care the patient is receiving
- What your role is in providing care to that patient
- If other disciplines are involved in the patient's care, what care and services do they provide
- How you work together to assure that the patient's healthcare needs are met
- Just as in sports, *success is dependent on teamwork*. Excellent patient care is no different. Your communication and interaction with other members of the healthcare team is critical to providing excellent care for the patient!

Everyone on the unit should participate: Help each other respond to questions if needed. If you're in a group interview and the question is directed at you but you're uncertain of the answer, it's okay to deflect the question like, "This is something that Fred is really involved in..." and hope that your colleague takes the hint. It's the organization that's being surveyed, not an individual.

HOW TO INTERACT WITH SURVEYORS *(cont'd)*

6. Prepare Your Work Area to Receive the Surveyors

Surveyors are likely to visit your department or work area multiple times during the survey. Making a “good first impression” will help surveyors understand your commitment to providing top quality care.

If you know when the surveyor will be on your unit plan to be there 5 minutes before they arrive. They have a tight schedule and cannot wait for people to assemble. Welcome them to your unit and do not wait for the manager or director. You know your area, showcase it to the surveyors.

Remain calm & friendly and always have a smile. Being “constantly ready” for a surveyor to show up may be stressful, but we should be always ready because we do what is the right thing for our patients. Remember that surveyors understand patient care comes first, excuse yourself if needed.

You can help prepare your department or work area for a visit by doing the following:

Keep your area clean and organized

Assure that all quality control activities have been appropriately documented

Follow good infection control practices such as hand hygiene and use of appropriate PPE

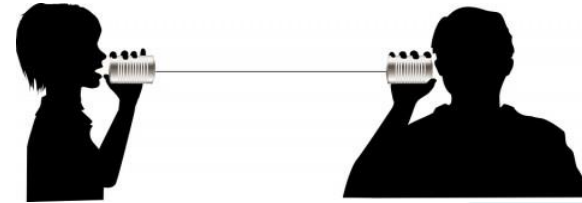
Use the “Hit List Checklist” found on STARnet [CLICK HERE TO VIEW](#)



HOW TO INTERACT WITH SURVEYORS *(cont'd)*

7. Communication to Communication Center

A Guide and a Scribe may be assigned to each surveyor to assist in reporting any issues identified or potentially problematic to Communication Center as soon as possible



8. Continuous Department Readiness

- Know your patients and review your documentation
- Make sure to give a thorough “handoff” and when surveyors wish to speak to you, remember to “handoff” your patient: surveyors expect to see you do this
- Know the National Patient Safety Goals that impact your department and verify that you are applying them when appropriate
- Know what your department is doing in the area of Quality / Performance Improvement using PDCA. Surveyors want to know what your role is in the success of the project being worked on.

Relax – surveyors are just like you - physicians, nurses, medical technologists, engineers, and others who have worked in hospitals. They’ve “been there too!”

Take a DEEP BREATH and SMILE!!

SURVEY RESOURCES

Follow the Regulatory and Accreditation page on STARnet so you do not miss any important updates.

The screenshot displays the STARnet interface for the Accreditation/Regulatory page. The header includes a document icon with a checkmark and the text 'Accreditation/Regulatory', followed by a 'Following' button and a settings gear icon. Below the header is a navigation menu with 'Home', 'Pages', 'Documents', 'News', 'Events', 'Photos', and 'Videos'. The main content area is divided into two sections: 'Recently Uploaded Documents' and 'Latest Department News'. The 'Recently Uploaded Documents' section contains five items:

File Name	Format	Upload Date
RULES OF THE ROAD.docx	DOCX	2/22/23
HIT LIST for Daily.docx	DOCX	2/22/23
SWAT ROUNDS.pdf	PDF	2/22/23
SWAT ROUNDS -.pdf	PDF	2/22/23
Pocket of Knowledge.pdf	PDF	2/22/23

The 'Latest Department News' section is currently empty. On the right side, a 'Quick Links' sidebar is visible, listing the following items:

- Quick Links
- CIHQ log in
- EMTALA Log
- Hospital License
- Survey Job Cards
- Survey Readiness

Congratulations!
You have completed this Annual Education of:
Successful Regulatory Survey



Epidemiology of Needlesticks and Other Sharps-related Injuries in SVH

Where, When, and How Do Injuries Occur?

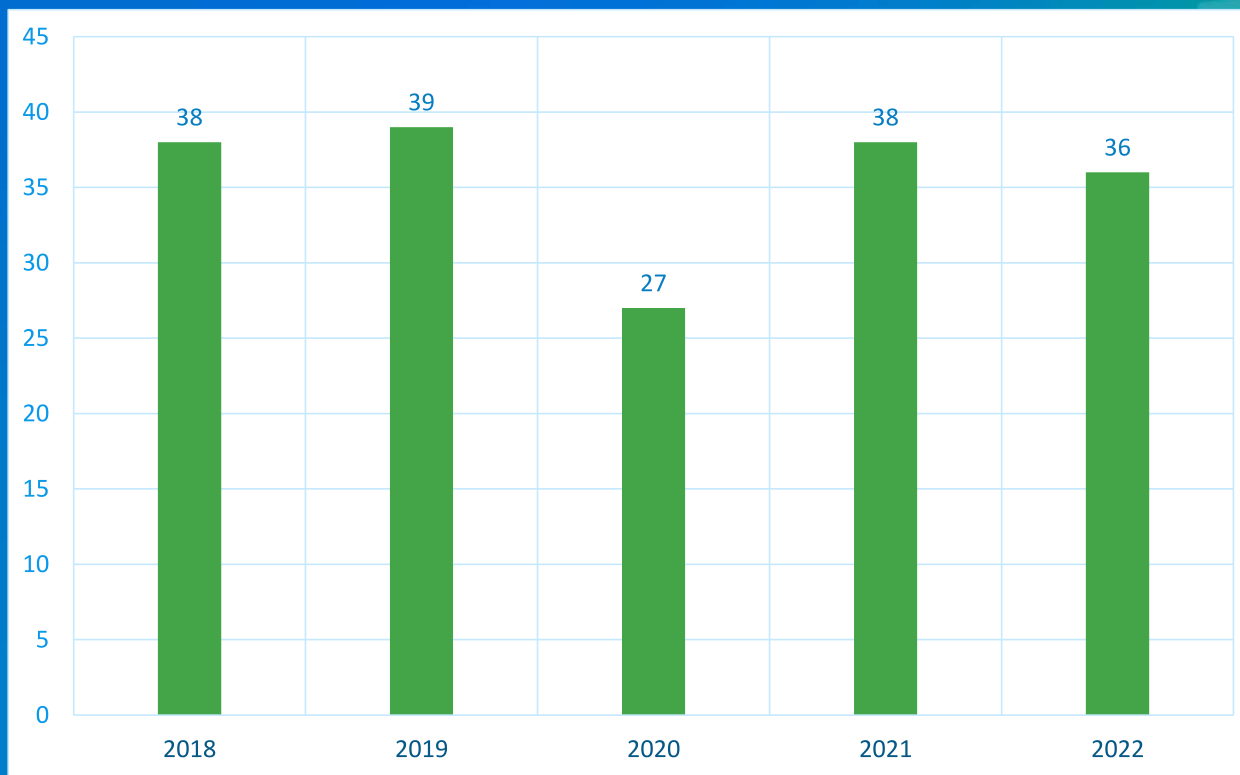
Annual Education 2023



Prepared by: Siegrid Evilla, BSN, PHN, A-IPC
Maureen Felice, BSN, COHN

- CDC estimates that **approximately 385,000** injuries with contaminated needles and other sharps devices occur annually among hospital-based healthcare personnel.
- Occupational exposure to bloodborne pathogens from needlesticks and other sharps injuries is a serious problem, but it is often preventable. The data on sharps injury events, including the circumstances associated with occupational transmission of bloodborne pathogens are essential for targeting and evaluating interventions to prevent sharps injury.(CDC)

Figure 1. Total Sharps Injuries 2018- 2022 (178)



Who is at Risk of Injury?

- Data from SVH Employee Health injury reports in 2018-2022 show that nurses sustain the highest number of percutaneous injuries. However, other patient-care providers (e.g., physicians, technicians), laboratory staff, and support personnel (e.g., housekeeping staff), are also at risk (Figure 2).



Occupational Groups of Healthcare Personnel Exposed to Blood/Body Fluids

Figure 2. Top 5 Job Categories for Sharps Injuries in 2018-2022

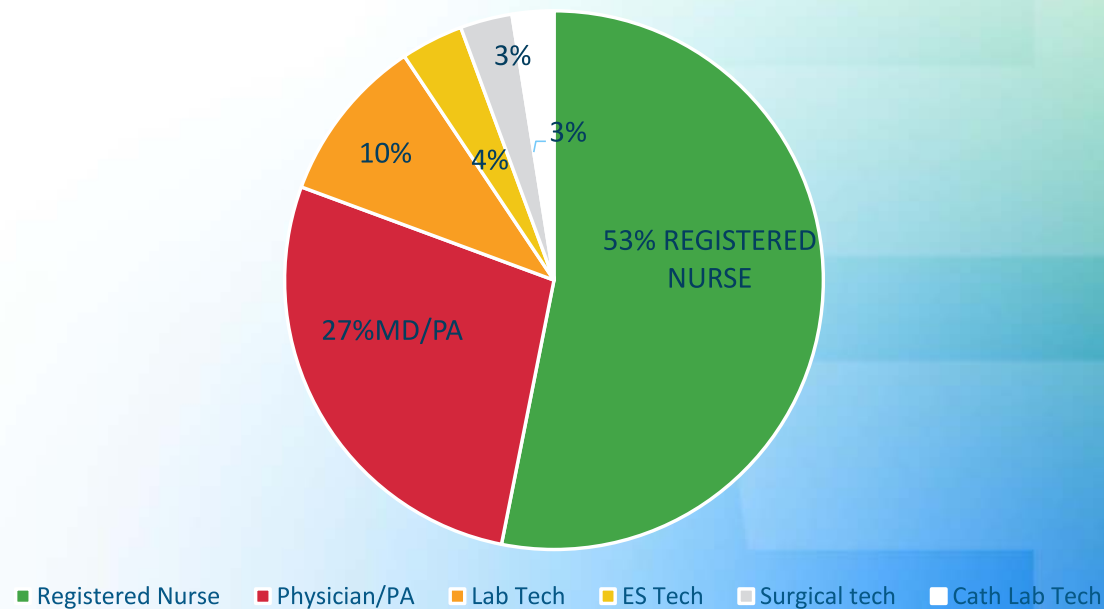
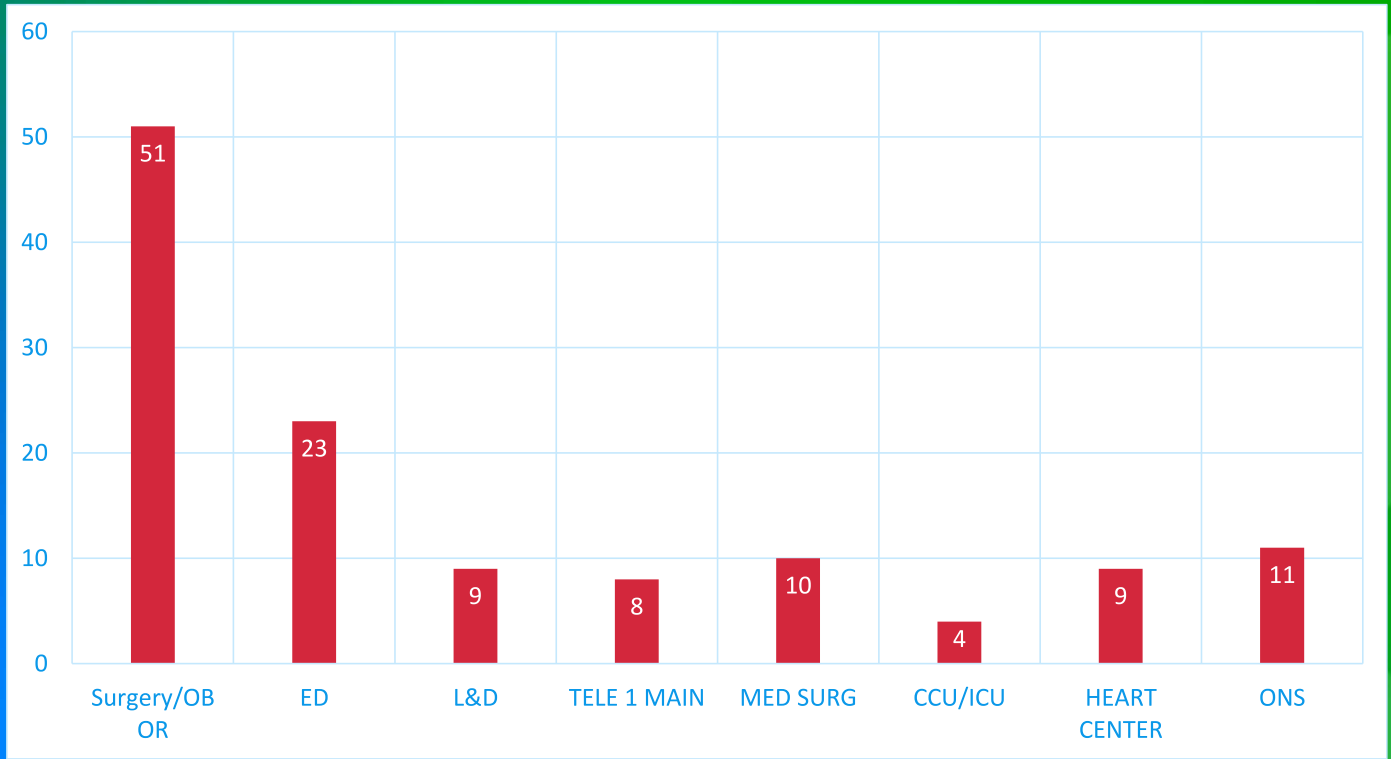


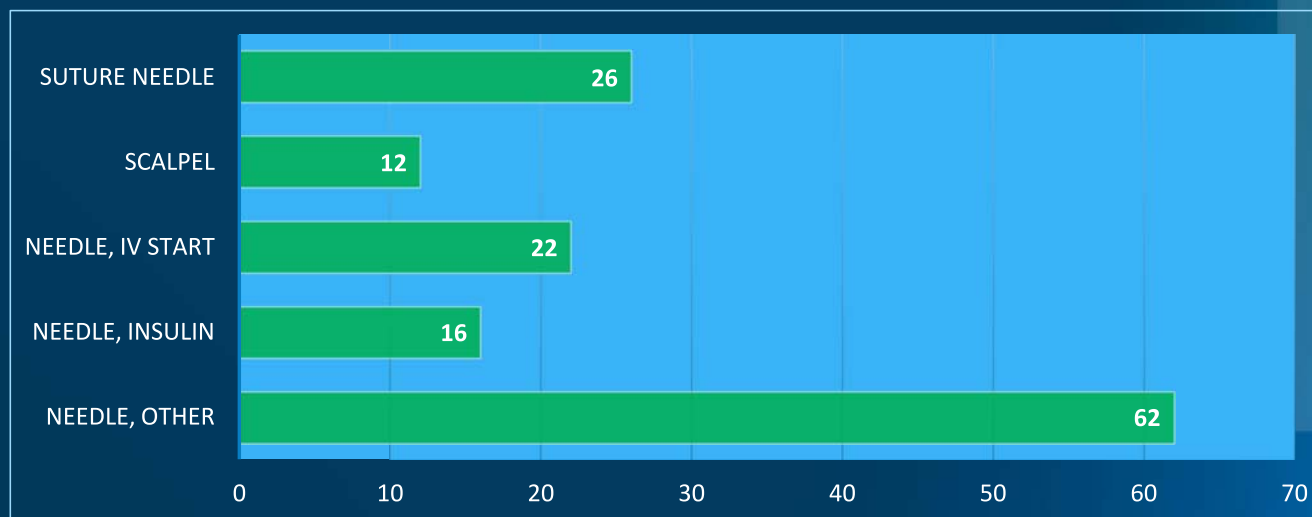
Figure 2. Work Locations Where Sharps Injuries Occur 2018-2022



- Although sharps devices can cause injuries anywhere within SVH, our data show that the majority of injuries occurred in Surgery units (40.8 %) and Emergency Department (12.9%) in the last 5 years.

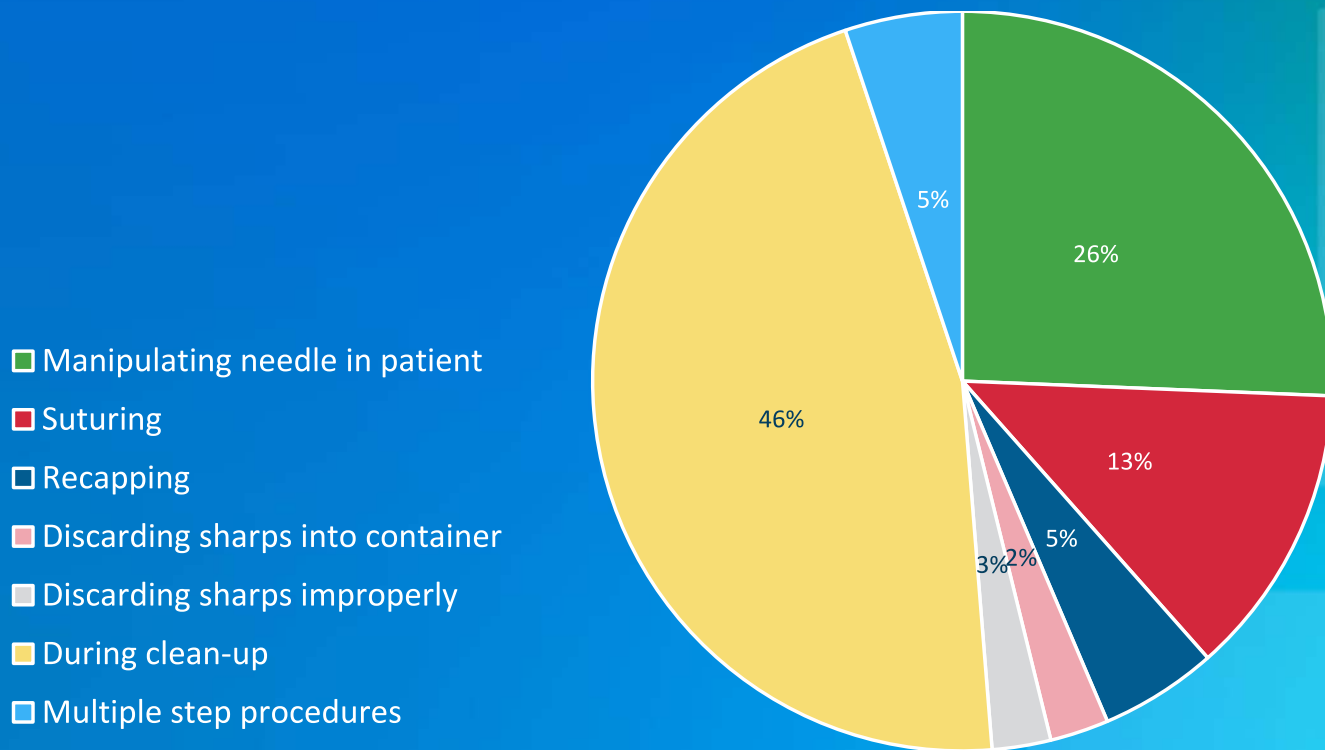


Figure 3. Types of Devices Involved in Percutaneous Injuries 2018-2022



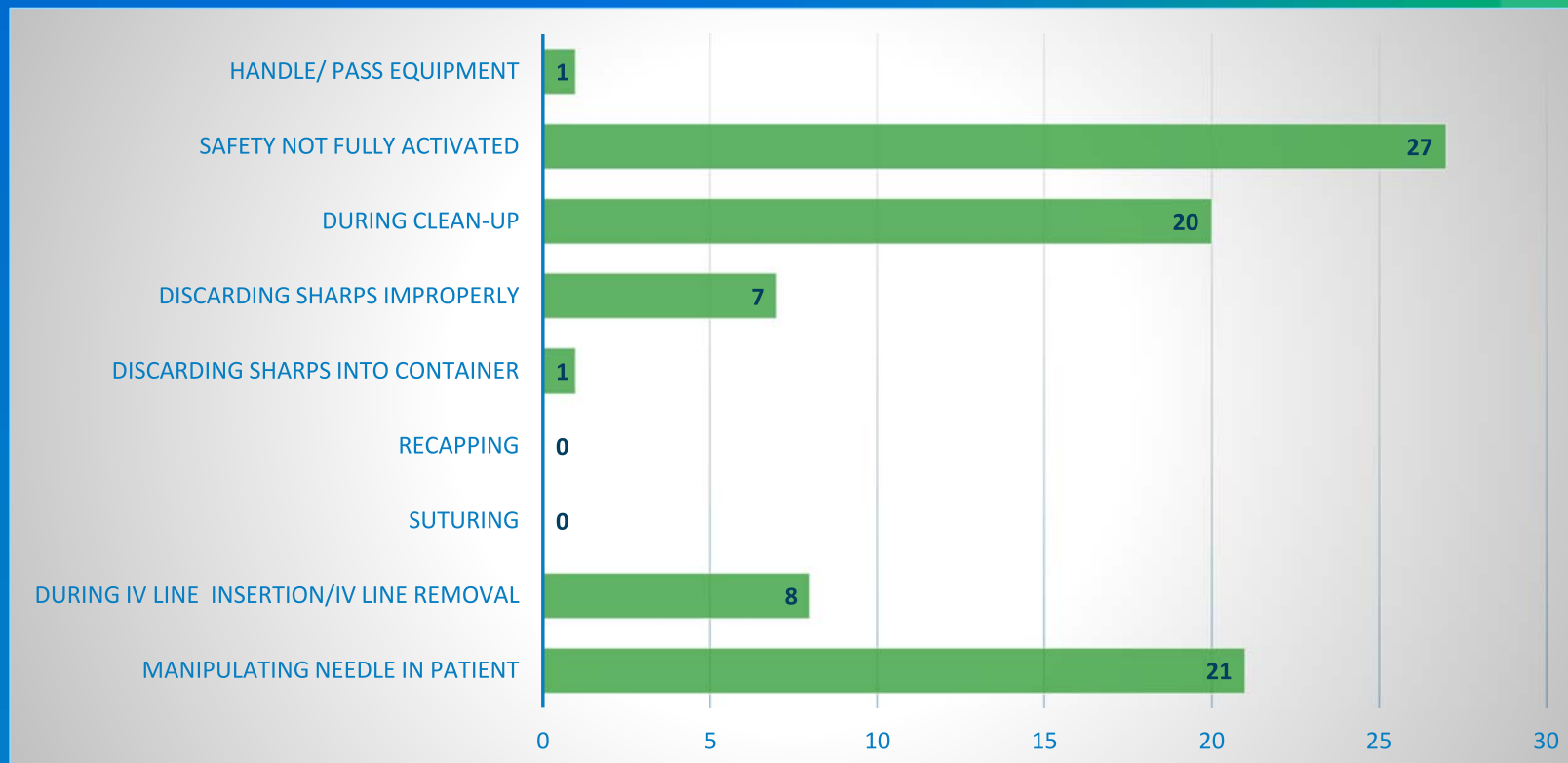
*Other needles include hollow bore needles in different sizes mostly utilized for medication administration.

Figure 4. Circumstances Associated with Sharps Injuries in the past 2 years



Rev. 3.2023

Figure 5. Number of Injuries Occurred During the Following Circumstances –RNs (2018-2022)



Congratulations!

**You have completed this
Annual Education of:**

**Epidemiology of Needlesticks and Other
Sharps-related Injuries in SVH**



Safe Computer Practices

- Users must report any suspicious activity to our Help Desk at extension 1738 or HelpDesk@svmh.com.
- Under no circumstances should any involvement in patient care be discussed or shared on any form of social media.
- No photography.
- Only use SVMHS secure texting.
- SVMHS audits our systems and networks.





Cyber Security

- Never Share your password(s) with anyone. Be suspicious of any email from outside SVMHS.
- Never open an email from someone you are not familiar with.



- Never open an email, attachments, or links that you're not expecting without checking with the sender.

- If you have any suspicious events with your user account (repeated lockouts) report to help desk.

Be careful of what
you click on!





Phishing Emails

1. A phishing email is an email intended to lure you into providing sensitive data (user name and password) or possibly install malware or bad software, usually both.
2. Phishy emails often contain misspellings and grammatical errors.
3. Emails from the outside will have a banner at the top – take special caution with these and do not click on hyperlinks or attachments unless they are from known senders.
4. Use a different password for accounts at work than you do with any other accounts: personal email, banking, on-demand video and more.

CAUTION: This email came from an external sender. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.

Acceptable Use Policy



Our Acceptable Use Policy outlines requirements of staff and other users using computing devices on our network. Good judgement and caution are required to ensure the on-going privacy and security of our sensitive data:

<https://policytechv.winroot.svmh.com/dotNet/documents/?docid=9171>



Good Security Depends on Everyone!

Not all scenarios can be accounted for so the policy provides some examples and a general guideline. Again, use good judgement, be vigilant and cautious. Call the Help Desk with any questions or concerns. (831) 755-0738 or HelpDesk@svmh.com.

What is Protected Health Information?

- Any health information that is individually identifiable; thus traceable back to a patient
 - Relates to past, present and future health information
 - Identifies the individual
 - Includes photos
 - Demographic Information





Reminder - PHI Identifiers?

Identifiers attached to health information which can be used to identify the patient. (Example: Posting on Facebook) Any data element below is considered PHI:

* Name	Postal Address	All Elements of Dates Except Year	Telephone Number	Fax Number	E-mail Address
URL Address	IP Address	Social Security Number	Account Numbers	License Numbers	Medical Record Number
Health Plan Beneficiary Number	Patient Device Identifiers and Their Serial Numbers	*Any Other Unique Identifying Number, Code, or Characteristic	Biometric Identifiers (Finger or Voice Prints)	*Full Face Photos or Other Comparable Images	Vehicle Identifiers

Key Things to Know

- Do not access, use or disclose PHI without a “need to know” to do a job function.
- Do not use or share more information than is required to do the task at hand.
- Do not use or share PHI with an individual who is not involved with the patient’s care. Ask the patient first or ask the individual to leave the room.
- Do not access your own PHI. Use the patient portal or request copies through HIM.



Key Things to Know

- Do not hand the patient the wrong information. Check patient ID on documents.
- Do not discuss patient care on any form of social media.
- Use “sendsecure” in subject line of email when sending PHI outside of SVMH.
- Performing a job function on a friend or relative should be passed off to a co-worker if they are available.



Fines & Penalties

- A licensed health care professional who knowingly and willfully obtains, discloses, or uses medical information in violation of the California Medical Information Act is subject to a fine or penalty not to exceed:
 - \$2,500 for a first violation
 - \$10,000 for a second violation
 - \$25,000 for a third or subsequent violation.
- The Office of Civil Rights can also fine SVMHS and any healthcare professional.



Privacy Protection

- NEVER leave any document with patient information viewable to ANYONE.
- Minimize computer screen when not in use.
- When using the WOW in the Hallway, the computer screen should not be visible to anyone when computer in use.
- Position computer screen to face the wall.
- If your computer has a privacy screen, DO NOT remove it.

