



# California Hospital Medical Center Non-Employee Orientation Program

Hello

humankindness

Humankindness is more than an ideal. It is at the heart of our healing mission.

# **California Hospital Medical Center**

## **Non-Employee GENERAL ORIENTATION (Clinical)**

**PLEASE COMPLETE THE REQUIRED  
SIGNATURE PAGES AND QUIZ AT THE END OF THIS  
PACKET AND RETURN:**

**Nursing Students/ Instructors to Education**

**Medical Students / Residents to Medical Education Director**

**Nursing to Staffing Office**

**Non-Nursing to Department Manager**

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## Dignity Health Orientation Program

### Welcome!

Welcome to Dignity Health, California Hospital Medical Center, where our greatest asset is our PEOPLE. This includes YOU: the employees, volunteers, students, registry staff, contract personnel, and physicians who are providing needed services either directly or in support of our hospital patients, healthcare workers, and visitors.

This program provides general hospital information, including Privacy/Confidentiality (HIPAA), Emergency Management, Patient Safety, General Hospital Safety, Security, Fire, Medical Equipment, Utility Systems, Hazardous Materials, Infection Control and Emergency Codes for Dignity Health. It is designed to help you prevent accidents, control losses, and support processes for providing quality patient care.

## Mission, Vision and Values

Catholic Health Initiatives and Dignity Health aligned to create the CommonSpirit Health ministry in early 2019

Our participating congregations, community health partners and our employees carry forward our common ideals, common values to serve the common good that brought us together

Our communities face greater health challenges than ever before Meeting those challenges - by creating real change in our society - requires more resources, talent, expertise, investment, and influence than ever before

Our combined focus will help redefine the health care landscape:

- Through the care provided in our facilities
- By addressing the social determinants that lead to poor health

We are rooted in the heritages and histories of Dignity Health and Catholic Health Initiatives. Founded by women religious, we have a proud legacy of serving all people in need. Our histories include stories of women religious:

- Overcoming hardships.
- Showing incredible determination and foresight to care for the poor and sick.

### Our Mission:

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

### Our Vision

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

### Our Values

#### Compassion

Care with listening, empathy and love.

Accompany and comfort those in need of healing.

**Inclusion**

Celebrate each person's gifts and voice.  
Respect the dignity of all.

**Integrity**

Inspire trust through honesty.  
Demonstrate courage in the face of inequity.

**Excellence**

Serve with fullest passion, creativity and stewardship.  
Exceed expectations of others and ourselves.

**Collaboration**

Commit to the power of working together.  
Build and nurture meaningful relationships.

**Ethical and Religious Directives Covers:**

- Social Responsibility
- Pastoral and Spiritual Responsibility
- Professional-Patient Relationship
- Beginning of Life Care
- End of Life Care
- Forming New Partnerships

**Statement of Common Values -Dignity Community Care Hospitals**

Identifies ethical shared common ground:

- Dignity of the person
- Collaboration
- Justice
- Stewardship
- Excellence

## Hello Humankindness

As members of the Dignity Health family, we believe that humanity and kindness are at the heart of our healing mission, creating something that this world – not just this industry – needs.



**Humankindness is more than an ideal. It is at the heart of our healing mission.**

Acts of humankindness have been an expression of the healing ministry of Jesus since our beginning.

We believe that, together, our humanity and kindness create something that this world – not just this industry needs. By saying Hello, we invite people in and open the conversation to the world outside our doors.

You are the inspiration behind this platform – the people with the boundless dedication to humanity that makes us who we are.

*- Lloyd Dean, CEO and President of Dignity Health*

## Patient Family Centered Care/Patient Rights:

We are committed to treating our diverse patients, visitors, and co-workers with courtesy and respect. Dignity Health follows a model of Patient Family Centered care and our goal is to provide superior patient care by being competent, compassionate and consistent in all interactions and respecting patient rights.

### Patient Family Centered Care Principles:

- Dignity/Respect
- Priorities and choice of Patient/Family/Care Partner DRIVE the delivery of health care
- Patients are active participants in all aspects of care
- Share information with patients
- Collaboration with Patient/Family/Care Partner to obtain feedback

### Five Fundamentals (A-I-D-E-T) to Remember: Use “key words at key times.”

- A = Acknowledge the patient/family/care partner/customer with smile/eye contact.
- I = Introduce yourself: name/department/role, and establish trust by commenting on special skills/experience you & teammates have that can help.
- D = Duration: explain how long tests/activities will take and when results will be available.
- E = Explain all procedures in simple language and what to expect.
- T = Thank the patient/visitor/co-worker for their patience, information, and assistance.

### Remember to use “H-E-A-RT” if service recovery is needed.

- H = Hear - Recognize the problem / Acknowledge the concern promptly.
- E = Empathize - Reiterate the main points / Reflect the feeling.
- A = Apologize - Sincerely, for distraction or inconvenience / Avoid making excuses or placing blame.
- R = Respond - All employees are empowered / Look for solutions quickly & fairly / Ask what would solve the problem.
- T = Thank - The person genuinely for bringing concerns forward / Call or visit the next day / Ensure adequate resolution.

### Priority Areas for Patient/Family/Customer Focus:

- Respond with care, compassion, empathy.
- Provide for patient comfort/pain management.
- Patient rounds on Nursing Units are every hour during the day and every 2 hours from 10 p.m. to 6 a.m. to address pain, positioning, toileting, and other comfort needs. Please review unit guidelines for rounding and notation of the individualized plan of care on the patient’s whiteboard: What is important to the PATIENT and the Patient Plan for the Day?
- Explain all treatments, procedures, medications (purpose and side effects), and discharge instructions to the patient. Whenever possible, use teach back to ensure understanding.
- Ensure patient safety/security (Quality) – All who interact with patients are to ensure environment is safe, and call light, TV controls, personal items are within patient’s reach.



- Protect patient privacy/confidentiality (Follow all HIPAA guidelines for oral, written, faxed and electronic transmittal of patient information – See Section on HIPAA below).
- Patient Centered Care – Involve patient and appropriate family members/ designated Care Partner (whomever the patient designates to be the key person involved in his/her care) whenever possible with patient permission.
- Education – All patients should have a Patient/Family Care Partner Education Guide. All education materials should be placed in a communication folder. Ensure the patient takes it with him/her on discharge.

## **Interpreter Services**

### **CulturaLink**

CommonSpirit Health has partnered with CulturaLink to provide our hospitals and clinics one interpretation and document translation service tool. This application provides a consistent clinician and end-user experience across all hospitals and clinics reducing multiple workflows for interpretation services resulting in increased patient and employee satisfaction.

CulturaLink offers multiple methods to connect with an interpreter including on-site, over-the phone, video remote and document translation.

Connectivity options include: iPads, dual-handset telephones, hospital phones and clinical computers.

Interpreters will be available 24/7, 365 days a year.

### **How to use?**

Swipe up from the bottom of the iPad display to bring up the home screen. From here, locate the VRI icon and tap it to launch the app.

The 20 languages most commonly used appear by default. To find a different language not on this list, we'll tap "Other Languages" to reveal a full list of over 200 languages, presented in alphabetical order.

When we find the language we're looking for, we'll tap that tile.

Now, we'll be prompted to select Video or Audio service.

We recommend video for all situations, when that option is offered. Video calls are more interactive and efficient and are strongly preferred by both patients and providers.

If you do choose an audio-only call, be prepared to share your audio access code with the interpreter. This code is located on a label affixed to each iPad.

Next, we'll be prompted to choose the preferred gender of the interpreter. Keep in mind that some cultures and religious faiths require men to interpret for male patients and women to interpret for female patients. Arabic and Somali speakers are two common examples.

Select gender or first available.

For Audio calls, no gender selection is necessary – simply tap "connect".

The estimated wait time now appears here.

The cart is specifically designed to move into a variety of positions.

Before starting a call, it's important to make sure the cart is placed in the correct position.

For video calls, position the screen so that the interpreter and the patient are face-to-face.

Once connected with an interpreter, callers will be asked to provide the name of the provider, the patient MRN or ID number, and the department placing the call.

If the call is an emergency, immediately notify the interpreter when they answer, and they will wait to ask these demographic questions until the end of the call.

To help patients feel safe and comfortable during their exam, our video privacy feature allows providers to temporarily suspend the video, while allowing the audio channel to remain open. This allows interpreters to continue providing service during sensitive examinations without camera intrusion.

Users can disable the video by tapping the "off" button on the lower-left toolbar margin.

To resume camera function, simply tap that same button, which now says "on".

When you have completed the session, simply press the "end call" button on the left toolbar margin at the bottom.

Then, rate the quality of your session on a five-star scale, where one star is poor, and five stars is outstanding. Every honest evaluation helps us maintain the high-quality interpreting services you expect, so we appreciate your feedback!

Once the interpreting session is complete, be sure to document the information in the patient's medical record. Then, clean the iPad screen and cart as you would any other piece of electronic medical equipment. Disinfectant wipes are preferred.

To help determine the language needs of your patient, a language ID chart has been provided for your facility. Attached to your VRI cart, this laminated guide highlights the most common languages spoken in your state.

The language ID chart is designed so a patient can point at their language need; however, if your patient doesn't speak any of the languages listed, you can ask a family member or friend the language the patient prefers.

Federal and State laws require healthcare organizations to provide language access for non-English speaking and deaf/hard of hearing patients, so it's critical to always use qualified medical interpreters for communicating with these patients.

If you're having technical issues with the iPad, we recommend rebooting the device, as this tends to resolve many of the issues our users experience.

To reboot the iPad, press and hold down on the top power button and the volume button on the side until a slider appears. Slide your finger across the slider to turn off the iPad. Once it's turned off, press and hold the power button again until the Apple Logo appears.

If rebooting the iPad does not fix the issue, our tech support team is here to help you 24 hours a day, 7 days a week. You can reach us at 1-888-495-0060— a number that you can find on the instruction card on each device, or by tapping the help button located here.

If you experience quality concerns with the Interpreter, please report this to our Customer Care team by phone or email. Please provide the incident details to our team—including the facility and department, the date and time of the incident, the language used, the interpreter ID#, your contact information, and details about what happened

**Summary of Guidelines for Visiting Dignity Health California Hospital Medical Center Refer to latest COVID 19 Visitor Guidelines as they continue to change due to state and county regulations.**

**General guidelines based on visiting policies are below:**

- Patients have a right to decide whether someone will visit them and who will visit them, regardless of whether any guest is related or married to the patient or not. Patients' spouses or partners are welcome whether they are of the same sex as the patient or not.
- Same-sex parents or guardians of patients or those who act or have acted in a parental relationship to a patient, are welcome to visit their minor or adult child regardless of whether they are biologically related to the child.
- We refer to family and others who visit patients at our hospital as guests.
- On many units patients may have a support person stay overnight with them, but this is not usually the case in critical care units. We have only a limited number of cots or sleeping chairs for guests; not always enough for everyone who stays overnight.
- While recommended visiting hours are from 9:00 AM to 9:00 PM, patients may have family and others visit at any time.
- From 9:00 PM until 7:00 AM is quiet time, when everyone is expected to make a special effort to be quiet so patients can sleep.
- Guests must follow the guidelines in the visiting policy, which are stated in the Visiting Guide for Patients and Families. The Visiting Guide is included in the Admissions booklet and is also available as a separate booklet.
- It is especially important that no one visit the hospital while feeling ill or after being exposed to a contagious illness.
- Everyone must wash their hands before and after visiting a hospital patient.
- Generally children may visit, but some units such as critical care and the NICU only allow guests over a certain age, determined by the nursing unit.
- The policy contains guidelines about how many guests can comfortably fit in a room at one time.

**The Center for Medicare Services enacted a new regulation in 2010** to prevent hospitals from discriminating against visitation by a patient's unmarried partner, whether same sex or opposite sex.

**Summary of the regulation:**

- We must have written policies and procedures that state our visitation rules.
- We must give written notice to patients and their support person(s) about the rules and their rights.
- Patients have a right to choose their visitors.
- Patients have the right to refuse visitors.
- Patients may change their mind about whether to have visitors and who they want to visit them.
- Hospitals may not restrict, limit or deny visitation privileges based on race, color, sex, religion, ethnicity, gender, gender identity or expression, sexual orientation, socioeconomic status, marital status or physical or mental disability, or **based on** whether or not a visitor is a legal relative of a patient.
- Patients who lack capacity may receive visits from family, friends and other individuals, consistent with the non-discrimination provisions of the preceding paragraph.
- Hospitals must ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.
- A hospital may only restrict or limit visitation if there is a reasonable clinical basis to do so.

**Underlying Principles**

- The underlying premise of the policy and guidelines is that decisions about visitation should be for the benefit of patients and never primarily for our own benefit or convenience. Additionally, we have established the guidelines for the majority of our patients and guests, not based on the behavior of a minority of our patients and families with whom we have difficulties. This premise is consistent with our mission, vision and values, and with Humankindness.
- Ensuring that a patient's environment is conducive to healing and establishing relationships with guests is a clinical responsibility. Nurses have the expertise and the training to make judgments about what will benefit patients, and to communicate boundaries diplomatically, firmly and courteously. Therefore, we expect clinical staff to be responsible for communicating the visiting guidelines, and to request a guest to leave when necessary, not the security department. Supervisors, social workers and chaplains are available to help when someone is expressing strong emotions, which does not by itself indicate that there is a security threat. Security has the expertise and training to communicate and enforce boundaries when there is an imminent risk to safety.

**VISITOR BADGES**

*(Remember all visitor badges indicate the permitted floors on the front of the badges). Visitor badges include picture ID and indication of the area they will be visiting*

**Psycho/Social/Spiritual Care Services**

Available at the assigned facility and will be provided during the unit specific orientation.

**Population and Age Specific Care**

Healthcare providers are required to relate to their patients in age/population-appropriate ways. This is based on criteria identified for each unit and position description. The Joint Commission (HR 01.05.03) requires that all healthcare staff that treats, manage, or work in areas that have direct impact on patient care, initially and annually meet competency expectations in performing population age-specific care. Groups identified are spiritual, cultural, developmental disabilities, low income, low literacy, obese (HR 01.04.01)

- Age-specific groups are neonates 0-1, toddlers 1-3, pre-school 4-5, school-age 5-12, adolescent 13-18, young adult 19-35, adult 36-65, late adult 65+
- Follow your Unit-specific guidelines for population/age-specific competency. Refer to standard or find more information visit: <http://www.jointcommission.org>

### Forensic Services

Non-employee personnel and/or contract staff receive orientation to the facility as appropriate to their role.

### Advance Directives

Caregivers should be aware of the patients advance directive status. If the patient has an advance directive, but it is not in the chart, the nurse should discuss with the patient/partner in care and document the general intent on the advance care planning tool or in the electronic medical record.

### End of Life Issues

All disciplines must comply with procedures to ensure respectful, responsive care of the dying patient. Special needs of a dying patient could include: support for completion of important tasks; knowing that loved ones cared for and not burdened; reconciliation with others, and potentially with God; a chance to say good-bye; fear of being alone; and being in pain or uncomfortable. Assessment for spiritual needs for the patients is done at the time of admission and support is provided by Chaplain Services to plan and meet the needs of the patient and family. Accommodations are made and Interdisciplinary approach is used to meet the needs of a dying patient. CHMC does not participate in the End of Life Option Act.

### Organ/Tissue Donation

All deaths are reportable for possible donation to “ONE LEGACY” .See hospital policy for specifics .There are over **108,000** patients on the waiting list. Each referral makes a difference for those patients awaiting a transplant. Federal Regulations stipulate that every family of every suitable patient should be given the opportunity to make a decision with regards to donation. (42 CFR Part 482)

Donation can provide the grieving family with a sense of purpose and comfort.

**24-Hour Referral of all Imminent Brain Death and Cardiac Deaths should be made to:  
1-800-338-6112.**

Patients requiring ventilatory support and one or more of the following criteria:

- Glasgow Coma Scale (GCS) of 5 or less
- One or more loss of brain stem reflexes:
  - Pupils fixed and dilated

- No cough
- No gag
- No spontaneous respirations
- No purposeful movement in response to painful stimuli
- **Beginning** discussions of withdrawal of life- sustaining treatments
- Also if physician is ordering an electroencephalography (EEG), a cerebral blood flow (CBF), or an apnea test.
- Every death should be reported **within 1 hour** for the possibility of tissue donation.

Consult OneLegacy within **ONE HOUR**  
To Preserve the Opportunity of Organ Donation

**800-338-6112**

**VENTILATOR DEPENDENT PATIENT**  
with a non-survivable illness or injury

With One or More of These Triggers

- Anticipated discussion of withdrawal of ventilator or End-of-Life care
- Loss of one or more brainstem reflexes

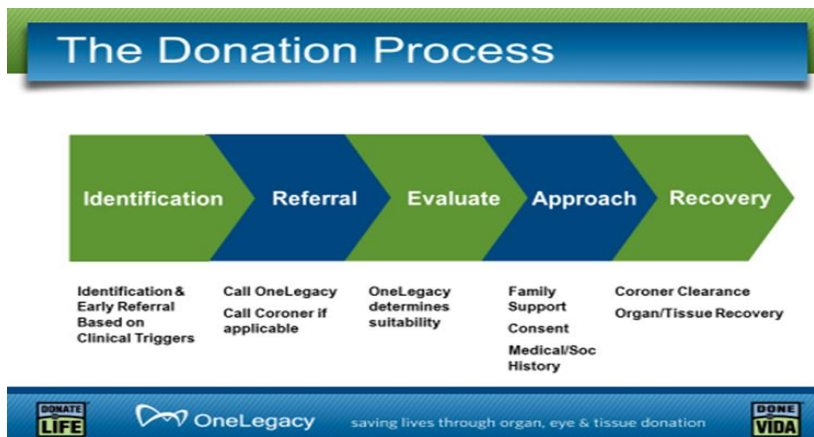
To Preserve the Opportunity of Organ, Eye & Tissue Donation Call  
**EVERY Death within ONE HOUR**

OneLegacy 

saving lives through organ, eye & tissue donation

**POINTERS:**

- Please do not rule patients out for disease or age
- If patient meets brain death criteria, do not extubate. OneLegacy will evaluate for medical suitability and offer the family that option if the patient is medically suitable for donation
- Please do not bring up donation as the patient may not be suitable or it may be too early for the family and the patient.



## Stroke Center

CHMC is certified stroke center. All employees are trained to recognize S&S of Stroke

FAST: Know the Signs and Symptoms



If not in the hospital, call 911  
•If in the hospital dial x6666 to activate a Code Neuro  
•Who can call a Code Neuro?  
Anyone!

## Cultural Diversity

California Hospital recognizes the diverse cultural make-up of our local population, and seeks to accommodate each patient's cultural needs. Being aware of cultural diversity provides an atmosphere of sensitivity & trust

- We are an EQUAL OPPORTUNITY employer
- We recognize, respect, and are stronger due to our differences
- We will not discriminate

## Patient Rights

A copy of these rights and responsibilities is given to all patients and posted in the facility. This information is also included in patient handbook that patient receives at admission. These rights include:

- Access to Care
- Hospital Charges
- Advance Directives
- Hospital Rules and Regulations
- Communication
- Identity
- Complaints & Conflict Resolution
- Information
- Consent
- Pain Management
- Consultation
- Personal Safety
- Dying/Grieving Process

### Patient responsibilities:

- Provide accurate, complete information
- Follow treatment plan; comply with instructions
- Accept responsibility if treatment refused
- Financial obligations
- Follow hospital rules; be considerate of others

- Privacy and confidentiality
- Ethical Issues
- Refusal or Acceptance of Treatment
- Experimental Drugs/Devices/Clinical
- Respect and Dignity Trials
- Transfer and Continuity of Care

Patients have the right to register complaints without fear of retribution, to have their complaints investigated and resolved, and be provided with timely follow up. Furthermore, a patient complaint will not compromise continued care or access to care in the future.

Additionally, patients and employees alike have the right to report concerns they may have about safety or quality of care provided in the hospital and may report these concerns to the Joint Commission. The hospital will take no disciplinary action if an employee or patient reports safety or quality of care concerns to the Joint Commission.

See the California Medical Center Policy for complete policy on Patient Rights for additional information.

### **Procedural Sedation**

California Hospital provides specific policies for the monitoring of patients receiving procedural sedation by the professional registered nurse and medical staff during diagnostic and therapeutic procedures. Policies review, training and competencies must be validated prior to assisting in procedural sedation.

### **Pain Management**

All patients are entitled to pain management. Please let your department resource know immediately if your patient's pain is not well controlled. A variety of 0-10 pain scales are used based on the patient's age and cognitive status. Non-pharmaceutical pain management measures such as distraction, music, and relaxation techniques are used in addition to ordered medications. Reassessment of pain after intervention is required and must be documented. .

#### **Principles of Pain Management:**

- Individualize the route and schedule of pain medication. Use the simplest dosing schedule and least invasive route of administration.
- Anticipate patient's pain, offer medication routinely, and use boards in patient rooms to document time of medication administration, have patient/family participate in management of pain. Use every contact with patient/family as an opportunity to teach and document comprehension of information provided.
- Be familiar with dosage and half-life of several opioids. Use equianalgesic chart for conversion of medications.
- Use multi-modal therapy; combine anti-inflammatory medications and muscle relaxers for maximum effect, with physician's orders.
- Prepare patient for discharge; if patient has been on IV medication, begin weaning with oral medication to determine effect and patient tolerance prior to discharge.
- Never administer placebos, it is unethical and inappropriate. If physician writes order for placebo, notify nursing supervisor.



- Reassess by 30-60 minutes for relief. Document reassessment, even if pain goal has been obtained.

### **Age Specific Considerations:**

- A multidisciplinary approach will be taken to manage the pain including the parents/caregiver, physician, child-life, nurses and any ancillary staff who is involved in the care of pediatric patients will be included in the pediatric pain assessment orientation performing their role in interpreting behavioral changes noticed in the child that may indicate pain. The parent/caregiver is the expert on how the child copes with pain.
- Infants and children require pain medications for procedures that would routinely require no pain medications for adults.
- Non drug interventions will be developmentally appropriate. The child life specialist is available to assist with selection of non-drug interventions
- Infants: Supporting hand to mouth movement, allowing time to reorganize self, nonnutritive sucking, swaddling, facilitating hand and feet claspings.
- Toddlers: keeping mom present, providing comfort of favorite blanket or stuffed animal
- Preschooler: distraction, videos, keeping mom present, allowing play with a doctor's kit, blowing bubbles, a magic glove
- School-age children: honesty, discussion of feelings, blowing bubbles, providing a focal point- blowing, imagination, imagery, book
- Adolescents: distraction, discussion of concerns

### **Fall Prevention**

California Hospital has a fall prevention program to promote patient safety. **FALL PREVENTION.** Falls have been identified as the second leading cause of accidental death in the United States, and 75% of those falls occur in the elderly population. Six percent of patient falls in the hospital result in serious injuries that further compromise health status or even result in death, either from the fall or from secondary causes. Injuries from falls dramatically increase health care costs by an estimated 34 billion dollars annually.

**Definition** of a *fall*: Sudden, uncontrolled, unintentional, downward displacement of the body to the ground

*Near Fall*- sudden loss of balance that does not result in a fall or other injury.

*Un-witnessed fall*- patient is found on the floor and neither patient nor anyone else knows how he or she got there.

*Global Fall Precautions*: Consider every single patient a fall risk!! due to unfamiliar environment; new medications; overall de-conditioning from being sick/in bed. Fall prevention is everyone's responsibility.

### **Following Fall Information should be reviewed by all nurses:**

**Fall Risk Assessment and Reassessment:** All patients (except newborns) will be assessed for their fall risk using the John Hopkins Fall Risk which is an Adhoc form in Cerner. Patients are assessed: Upon admission to facility; at change of shift (during hand-off bed side report); after an operative or invasive procedure; Transfer from one unit to another; any unplanned change in

mental or medical status; and Following a fall. Global fall risk precautions will be implemented on every patient. If a patient is identified as a high risk for falls they will be given the yellow fall kit and additionally they will then be assessed for risk to injury and if required additional interventions will be implemented such as a fall mat.

### **Communication of Fall Risk**

- All healthcare team members are notified of fall risk on admission, change of shift, change in patient's condition, transfer to another floor and/or transfer for a procedure
- Fall risk kit (yellow blanket, booties, and armband)
- Fall risk sign on patient locator board in hallway
- Communicate during bedside report and transferring to another unit (SBAR)
- Documentation on nursing flow sheet, fall risk tool, and interdisciplinary care plan

**Provide a Safe Environment for all Patients:** Instruct all patients and family in their role and responsibilities. Maintain a safe environment by: keeping patients' room clean and uncluttered; well lit; inspecting & maintaining all assistive devices in top working order; and correcting and reporting unsafe conditions immediately (x5454)

**Fall Prevention Interventions:** Orient patient to surroundings; instruct patient to call for help; place call light and other items in reach; place bed in low position, wheels locked, & side rails up; perform hourly rounding on days and every two hours at night; and evaluate MAR for medications causing increased fall risk

**High Risk Fall Precautions:** If a patient is "High Risk" for falls based on the assessment implement the following: room assignment closer to nurse's station; assistive devices at exit bedside; night lights in room; handrails accessible; ask for the family member's assistance and sitter assignment if needed.

**If Patient Falls:** Perform complete head to toe assessment, including vital signs and neuro check; ask patient what happened; check the electronic Medication Administration Record (eMAR) to determine if the patient is taking aspirin or an anticoagulant; notify physician, manager, family, and other team members; reassess for fall risk and additional interventions; and document on medical record and complete an event report.

**What to Document Post Fall:** Condition in which patient was found; statement from patient; any apparent injury and location; notification of physician and any new orders; medical/nursing actions; family and management notification; and reassessments and additional safety precautions . A fall debriefing form will be completed and discussed with the team, before the completion of the shift, and the form is then forwarded to risk management as well as completion of an IVOS report as soon as possible.

### **Recognition of Impairment**

Impaired and disruptive behavior of a licensed independent practitioner (LIP) or staff can impact the safety and care of patients, endanger the physical safety of hospital employees and may create a working environment that is hostile and unproductive. California Hospital has a program to identify and manage staff or physician impairment. Please report symptoms of both impairment and disruption to your department supervisor.

## Team Dynamics

The medical, nursing, and ancillary professional staff of California Hospital function collaboratively as part of a multi-disciplinary team united in a purpose to achieve positive patient outcomes. CHMC believes in **collaborative practice and that none of us is as good as all of us.**

- Collaboration provides cost-effective use of resources, heightened morale, and greater patient satisfaction
- Working with other disciplines cooperatively with team members to reach a common goal
- The focal point of all care delivery is the **PATIENT**. All decisions related to performance of patient care tasks must be based on maintaining the health, safety and welfare of the patient
- Clear communication and decision making makes teams successful and is a “norm” in team culture

## Chain of Command

Each unit/department has a charge nurse or supervisor who is responsible for the function of the unit during their shift. The Administrative person on call and nursing supervisor is available at all times including nights and weekends. Unit managers have 24-hour responsibility for the unit. Nursing Unit directors answer to the Chief Nursing Officer. Other clinical Departments may report to the CNO or Chief Executive Officer (CEO). Organizational Charts are available on the nursing units and other departments for specific organizational chain of command. Issues related to medical staff are reported to the charge nurse or department supervisor for follow-up through the chain of command.

## Verbal/Telephone Order Read Back

Verbal and telephone orders will be entered into Cerner PowerChart if the physician or LIP is unable to access Cerner. Orders will be read back to the physician and noted as such in the entry, specifying a “Telephone Order Read Back.” It is the policy of the facility to discourage verbal orders unless it is in an emergency situation or the physician is surgically scrubbed in and unable to write orders.

## Restraints

Restraints are devices used to restrict the movement of the whole body or a part of the patient’s body in order to protect the patient and/or others from injury. They include either:

- Physical restraint – any manual method, physical or mechanical device, material, or equipment attached or adjacent to the patient’s body that cannot be easily removed by the patient and that restricts movement or access to one’s body. Leg/arm restraints, hand mitts, soft ties or vests, lap cushions, lap trays and having 4 side rails up is considered to be a restraint.
- Chemical restraint – Medication that is NOT the standard treatment for the patient’s medical or psychiatric condition is considered a “chemical restraint” when it is used to control patient behavior that is a threat to self or others.
- Seclusion – the involuntary confinement of a patient in a room or an area which

prevents them from leaving.

The use of restraints is limited to situations where there is 1) clinical justification for use, 2) documentation that other alternatives to restraint have been considered and attempted, and 3) the use of the alternative poses more risk than restraints. Healthcare workers must be trained and adhere to policies when using restraints.

Physician orders for restraints must be signed, timed and dated within 24 hours of the verbal request. In addition, restraints must be time-limited, evaluated and documented for renewal by a physician within a designated time period, and discontinued at the earliest possible time. Orders need to be documented on the Restraint Order/Flow Sheet form. Specific protocol must be followed regarding care of restrained patients. (Refer to specific guidelines within the Medical Center Policy on Restraints.

California Hospital promotes the minimal use of restraints. Restraints may be the most appropriate means of preventing patient injury. Restraints are only applied after all other alternatives have been attempted and found unsuccessful. Protocols for restraints are not used: each patient is individually assessed for the need for restraints. When restraints are applied, hospital policy and the manufacturer's directions must be followed. Medical / Non-Behavioral restraints must be renewed every 24 hours by the MD. Written orders for Violent / Behavioral restraints are limited to 4 hours for adults 18 or older; 2 hours for children 9-17; or 1 hour for children under age 9. The restrained patient must be assessed, monitored and reassessed as per hospital policy. Documentation of restraints use is to be done in the Cerner Power chart in IView and be reflected in the patient's plan of care. Refer to the Administration Manual for the Restraint and Seclusion policy.

### Reporting Abuse/Neglect

All healthcare workers are required to report abuse/neglect or suspected abuse/neglect immediately to their supervisor or Social Services, whether it is:

- Child Abuse: Physical, emotional, or sexual maltreatment of children, usually by parents, relatives, or caretakers. May also include willful cruelty, corporal punishment, or neglect.
- Dependent Adult Abuse: Physical, emotional, fiduciary (money), or sexual maltreatment of a person between the ages of 18-64 who has physical or mental limitations that restrict his/her ability to carry out normal activities or to protect his/her rights.
- Elder Abuse: Physical, emotional, fiduciary (money), or sexual abuse of a person 65 years of age or older.
- Domestic Abuse: Physical, emotional, or sexual maltreatment of an adult, by another.
- Human Trafficking/Exploitation: Forcing or coercing a person to perform commercial sex (in exchange for money, drugs or anything of value) or labor/services (including debt bondage, forced labor or involuntary child labor).

Be alert to the following types and indicators of possible abuse/neglect:

- Physical – bruising, burns, unusual marks or injuries on body, bleeding
- Behavioral – reluctant to speak in presence of partner or caregiver or caregiver response inappropriate
- Emotional – excessive fear, nightmares, withdrawn in response to abuse or threats to pets/loved ones

- Financial – an unwillingness to provide for needs, anxious about others taking away money/possessions
- Neglect – poor hygiene, poor nutrition, bedsores
- Trafficking – scripted/inconsistent history, accompanied by a person who does not let the patient speak for themselves, unable to provide address, unaware of location, possesses no identification, or branding tattoos

Refer to the Medical Center’s Abuse/Neglect policy and Dignity Health’s resources for detecting/preventing Human Trafficking.

### **Medication Administration and Safety**

All licensed staff is required to follow the "Seven Rights" of medication administration. Two identifiers are used prior to administering medication: patient name and date of birth (for outpatient) and patient name and Medical Record number (for inpatient)

Only approved abbreviations may be used. Refer to hospital policy.

#### **MEDICATION SHORTAGES**

##### **How is staff notified of medications shortages or outages?**

The Pharmacy Department sends a notice to all affected areas each time a shortage or outage occurs. The notice provides instructions as to alternative medications available.

#### **USE OF INVESTIGATIONAL MEDICATIONS**

##### **How are investigational medications managed?**

Investigational drugs should be delivered to the Pharmacy for evaluation, storage, preparation and appropriate labeling.

A copy of the informed consent shall be available in the medical chart. Only RN may administer investigational medication.

Staff should be oriented to any requirements regarding the medication.

#### **STORING OF MEDICATIONS**

##### **How do you assure that medications are appropriately stored?**

We have developed specific policies to assure that medications are appropriately stored. These policies require that:

- Internal and external medications are stored in separate locations.
- Medications requiring refrigeration are stored in refrigerators. The temperature is monitored and recorded once a day to assure that proper temperature is maintained. The temperature of refrigerators storing vaccine must be monitored and recorded twice a day.
- Medications are protected from light as required.
- Medications are made available in the most “ready to use” form as possible.
- Medications are provided in unit dose form whenever possible.
- Pharmacy staff makes routine inspections of medication storage areas to assure compliance with policy.

- “Look-alike” and “sound alike” medications are stored with special precautions (LASA stickers).
- Outdated medications are returned to Pharmacy for appropriate disposal

## SECURITY OF MEDICATIONS

### **How do you keep medications secured?**

We have developed specific policies to assure that medications are appropriately secured. These policies require that:

- Medication rooms are locked. Omnicell can only be opened by using electronic security features such as user ID and Password
- Only authorized staff are permitted access to medication storage areas
- Emergency medication carts are checked daily. Security locks are controlled only by Pharmacy staff
- No medications are kept on top of the counter or in patient rooms unattended (unless ordered by the physician).
- Only pharmacy staff is allowed access into the main Pharmacy

## CONTROL OF CONTROLLED SUBSTANCES

### **How do you keep controlled substances secure and reconciled?**

We have developed specific policies to assure that controlled substances are appropriately controlled. These policies require that:

- Controlled substances are stored in the Omnicell cabinets.
- Only licensed authorized staff will have access to controlled substances
- Discrepancies of controlled substances are reconciled each shift. If a discrepancy is noted, the Charge Nurse and nursing supervisor must be notified immediately.
- Any wastage of controlled substances is witnessed and documented in the Omnicell by two licensed personnel.
- Print Omnicell user transaction report at the end of the shift and confirm all controlled substance usages have been documented before leaving the unit.
- All medications administered (including all narcotics) must be documented in the EHR (Electronic Health Record).

## HIGH RISK MEDICATIONS

### **What steps do you take to protect patients from risks of errors in care when dealing with high-risk medications?**

We have taken steps to manage high-risk medications such as:

- Specific policies have been developed to manage high-risk medications such as insulin, heparin, and chemotherapy.
- Special warning labels and precautionary statements are placed on high-risk medications and look alike sound alike (LASA) medications.
- These are also identified on the Omnicell machine using dispensing alerts.

- Special precautions have been taken to reduce the risk of administration errors such as requiring two licensed nurses to independently verify identified high risk medications.

## MEDICATION ERRORS & ADVERSE DRUG REACTIONS

### **How do you spot a potential adverse drug reaction?**

The following strategies have been developed to spot potential adverse drug reactions

- Pay particular attention to the first time a patient receives a medication.
- Monitor for allergic reactions such as fever, rash, anaphylaxis.
- Monitor for hypersensitivity to a drug such as changes in vital signs, acute or severe manifestations of side effects.
- Look for drug intolerance – a lowered threshold to the normal pharmacological effect of the drug.
- Look for idiosyncratic reactions – an uncommon response by a patient to a drug given at normal doses.
- Documentation of reaction must be completed.

### **What do you do if you suspect an adverse drug reaction or a medication error?**

- Staff should take the following actions when there is a suspected adverse drug reaction or medication error:
- Support the patient. Assess the patient for untoward effects. Notify the patient's Physician for orders and treatment.
- Notify the charge nurse and/or clinical Manager and Pharmacy
- Charge nurse will complete an IVOS report.
- If a medication error occurred, complete an IVOS report.
- Document the pertinent facts in the patient's Electronic Health Record.

## CONCENTRATED ELECTROLYTES

### **Is there any concentrated Potassium or hypertonic saline stored in the various patient care areas?**

No...concentrated Potassium and hypertonic saline are stored under the control of Pharmacy. They are not stored in patient care areas.

## MEDICATION ADMINISTRATION

### **How do you assure that you administer medications to a patient safely and effectively?**

We have developed specific policies to guide staff in administering medication. Key steps to safely administering medication include:

- Wash your hands.
- Correctly identify the patient using two patient identifiers. Using the patient's armband and the medication administration record
- Verify that you have the correct medication / dose / route against both the drug label and the medication order.

- Check the expiration date on the drug to make sure it is still good. Do not use if the drug has expired.
- As appropriate, visualize the medication for stability (i.e., color, clarity, presence of particulate matter). Do not use if the medication appears compromise.
- Check the patient’s medical record to make sure there are no contra-indications to giving the medication.
- Verify that you are giving the medication at the proper time.
- Advise the patient of the purpose of the medication, and, as appropriate, of any potential adverse reactions or side effects.

If you have any questions or concerns regarding the medication, discuss them in advance with the Physician or call the Pharmacist for assistance.

**Remember Seven Rights (Five Rights +2 Additional):**

**Right Drug, Right Dosage, Right Route, Right Time, Right Patient,**  
 +  
**Right Reason and Right Documentation**

**FIRST DOSE REVIEW BY PHARMACY**

**How do you process a new medication order?**

Our policy requires that Pharmacy review all new non-emergency medication orders before staff may give the first dose. That means that staff cannot take the medication from Omnicell until Pharmacy has reviewed the order. There are some exceptions:

- The Physician is in control of the medication process such as in Surgery, ED, invasive procedures, etc.
- There is a clinical emergency and there is no time for Pharmacy to review the order (i.e. Code Blue, impending cardiovascular or respiratory failure, etc.) when delay caused by pharmacy review may cause patient harm

**ADMIXTURE OUTSIDE OF PHARMACY**

**Can Nursing admix IV’s outside of Pharmacy?**

Only under emergency conditions in which a delay could harm the patient or when the product’s stability is short. Otherwise, all IV admixtures are prepared in Pharmacy. If Nursing must admix a medication, special training/competency and precautions are taken. **Always remember to wipe the top of vials prior inserting diluent for admixture.**

**Performance Improvement (P.I.):**

**Dignity Health is committed to continuous quality improvement.**

Using our Rapid Cycle PDSA (Plan, Do, Study, Act) Model, everyone is expected to identify and get involved in patient care and service improvements that have a positive impact on our patients, visitors, and each other. Please discuss current projects and new improvement ideas with your supervisor.



Our Performance Excellence/Transformational Care initiatives focus on making our processes more efficient. Teams redesign processes to decrease waste, such as with materials and time, and errors.

Please discuss current department or organizational problem areas, existing improvement projects and new improvement ideas with your supervisor. In addition to notifying your supervisor, any employee or physician who has concerns about the safety or quality of care provided at Dignity Health may report these concerns to The Joint Commission by one of the following:

- Phone: (630) 792-5800
- E-Mail: [patientsafetyreport@jointcommission.org](mailto:patientsafetyreport@jointcommission.org)
- Fax: Office of Quality Monitoring (630)792-5636
- Mail:
  - Office of Quality Monitoring
  - The Joint Commission
  - One Renaissance Blvd. Oakbrook Terrace, IL 60181

No retaliatory or punitive action may be taken against an employee, volunteer, contracted staff, or physician who reports concerns to The Joint Commission.

### **Patient Safety Program**

Dignity Health is committed to providing care in a safe and respectful manner. The organization has a Patient Safety Program that is overseen by the Patient Safety and Quality Councils. The goal of this program is to reduce medical/healthcare errors, adverse events and patient harm. Dignity Health practices Just Culture: A values-supportive system of shared accountability where the organization is accountable for the systems it has designed and for responding to the behaviors of employees in a fair & just manner. Employees, in turn, are accountable for the quality of their choices and for reporting both their errors and system vulnerabilities. Each employee, volunteer, contracted staff member, or physician plays a role in this program by:

- Performing job and/or patient care responsibilities in an accurate and timely manner with consideration for patient confidentiality.
- Reporting patient safety issues and events to leadership through the event reporting system: iVOS (Valley Oak Systems).
- Participating in activities to improve patient safety.

Report patient safety issues and events to leadership and through the Event Report System (ERS) by completion of an iVOS form. The Event Reporting System with the iVOS form is located on the Dignity Health website and may be accessed through [www.DignityHealth.org](http://www.DignityHealth.org) via the Inside Dignity Health tab under Tools and Application. The iVOS form may also be easily accessed on most department computers as an icon labeled as iVOS.

### **Adverse/Reportable/Sentinel Events**

Although we never intend patients to be harmed, at times unexpected adverse events happen. Sentinel events, also called Serious Reportable Events (SREs), are unexpected occurrences involving death or serious physical or psychological injury or the risk thereof. Verify with your

immediate supervisor what events must be reported to regulatory agencies in your State via the Risk or Quality Management Departments.

Adverse/Reportable events include:

### **Surgical events**

- Surgery on the wrong body part or wrong patient or wrong surgical procedure on a patient
- Retention of a foreign object in patient after surgery or other procedure
- Intraoperative or immediate post-op death in a normal healthy patient

### **Radiological events**

- Patient or staff death or serious injury associated with the introduction of a metallic object into the MRI area

### **Product or device events**

- Use of contaminated drugs, devices or biologics provided by health facility
- Use or function of device in patient care in which device is used or functions other than intended
- Intravascular air embolism that occurs while being cared for in health facility

### **Patient protection events**

- Infant discharged to the wrong person
- Patient death or serious disability associated with patient disappearance
- Patient suicide/attempted suicide, resulting in disability while being cared for in a healthcare facility

### **Care management events**

- Maternal death or serious disability associated with labor or delivery
- Stage 3 or 4 pressure injuries acquired after admission
- An adverse event or series of events that cause the death or serious disability of a patient, staff or visitor
- Patient death or disability associated with: Failure to identify and treat severe jaundice in newborns, very low blood sugar, medication error, or hemolytic reaction due to the transfusion of the wrong blood type

### **Environmental Events**

- Any incident in which a line designated for oxygen or other gas contains the wrong gas
- Patient death associated with a fall in the facility
- Patient death or serious disability associated with any of the following while being cared for in a healthcare facility: An electric shock, a burn incurred from any source, use of restraints or bedrails

### **Criminal events**

- Any instance of care ordered by someone impersonating a physician
- Abduction of a patient of any age
- Death or sexual assault on a patient within or on the grounds

### **Privacy events**

- Any unlawful or unauthorized access to, or use, or disclosure of, a patient's medical

information

- Unauthorized is defined as: Inappropriate access, review or viewing without a direct need for medical diagnosis, treatment or other lawful use
- Further defined in Dignity Health Privacy and Data Security policies
- These must also be reported to the Facility Privacy Officer (FPO) and/or the Dignity Health Hotline: 1-800-938-0031

Patients and/or families are told of unexpected adverse outcomes. This discussion is conducted by the patient’s physician with the area’s director/manager and, generally, the risk manager.

### High Reliability Organization (HRO)

All employees receive training on utilization of HRO tools at CHMC. You will learn more about HRO tools during your unit orientation.

#### Dignity Health SoCal Safety by Choice, Not by Chance Universal Skills

What we Believe in (Our Universal Skills expectations)	What we Do (Our Error Prevention Tools)
<b>Pay Attention to Detail</b> <i>Focus on the task at hand to avoid unintended errors</i>	1. Practice self-check using STAR
<b>Practice &amp; Accept a Questioning Attitude</b> <i>Think critically and follow expectations to ensure that our actions are the best</i>	1. Pause, Question & Confirm
<b>Communicate Clearly</b> <i>Ensure that we hear things correctly and understand things accurately</i>	1. Ask Clarifying Questions 2. Use 3-way Repeat Backs/Read Backs 3. Use Phonetic and Numeric Clarifications 4. Use SBAR for Action 5. Use Standardized Handoffs
<b>Be an Accountable Team Member</b> <i>Demonstrate a personal commitment to ourselves, our team members, and our patients</i>	1. Crosscheck & Coach Each Other 2. Speak Up for Safety Using CUSS with Kindness 3. Report Problems, Errors and Events
<b>Show humankindness</b> <i>Demonstrate your commitment to humankindness in your interactions with team members, patients, and visitors</i>	H – Humankindness E – Eye Contact L – Listen L – Learn O – Offer Assistance



**CUSS** = **C**oncerned, **U**ncomfortable, **S**top, **S**upervisor  
**SBAR** = **S**ituation, **B**ackground, **A**ssessment, **R**ecommendation/**R**equest  
**STAR** = **S**top, **T**hink, **A**ct, **R**eview

5

### National Patient Safety Goals and Requirements

Each year, The Joint Commission (TJC) updates existing and/or adds new National Patient Safety Goals (NPSGs) and requirements. TJC reviews reported events that involve harm to a patient in order to make their decision regarding what should be a NPSG or patient safety requirement. All accredited hospitals nationwide must comply with these requirements. Dignity Health is committed to delivering safe patient care and has identified steps you can take to ensure we improve in these areas. Please see related Administrative Services Manual (ASM), Patient Care and department policies.

## 2021 National Patient Safety Goals (NPSG)

### Overview

Goal 1: Improve the accuracy of patient identification

Goal 2: Improve the effectiveness of communication among caregivers

Goal 3: Improve the safety of using medications

Goal 6: Reduce the harm associated with clinical alarm systems

Goal 7: Reduce the risk of health-care associated infections

Goal 15: The hospital identifies safety risks inherent in its patient population

### Universal Protocol

UP.01.01.01: Conduct a pre-procedure verification process.

UP.01.02.01: Mark the procedure site.

UP.01.03.01: A time-out or pause is performed before the procedure.

NOTE: A procedure will not be initiated until all members agree with all elements included in the time out.

### **Goal 1: Improve the accuracy of patient identification**

- Use at least two patient identifiers BEFORE administering medications, blood or blood components; when collecting blood samples or other specimens for clinical testing, and providing other treatments or procedures. The identifiers used at California Hospital are patient's NAME and BIRTH DATE for In Patient or Out Patient. MR # is considered third identifier when needed for additional verification or per specific policies.
- Eliminate transfusion errors related to patient misidentification by implementing a two-person verification process. One of the staff verifiers must be the individual who will be administering the blood/product. Use patient name, birth date and other specific identifiers, per policy, prior to transfusion.

### **Goal 2: Improve the effectiveness of communication among caregivers**

Critical Values - Call ordering physician within 30 minutes of receipt of report. If no response in 30 minutes, call attending physician. If no response within 30 minutes, call the department chair of the ordering physician. If no response in 30 minutes, call the medical staff president. Follow your facility's Chain of Command Policy. Call a Rapid Response Team if the patient becomes unstable.

### **Goal 3: Improve the safety of using medications.**

- The organization has standardized drug concentrations to help avoid medication errors.
- Second independent verification required. Document the verification for all hospital-designated High Alert Medications such as drips containing heparin, insulin, opiates, sedation agents, concentrated electrolytes, epidurals, and chemotherapy. Two nurses must check the product when initially hung and with each subsequent rate change. Correctly use the "smart" pumps with the safety feature activated.
- Manage look-alike/sound-alike (LASA) drugs to avoid confusion with medications. Be alert for "Tall Man" lettering (a mix of capital and small letters which draw the eye to the name, i.e. CELebREX), and LASA warnings on the MAR and pharmaceutical dispensing machines.
- Label all medications and solutions on and off the sterile field in perioperative and other

procedural settings.

- Reduce harm for patients on anticoagulation therapy and long term anti-coagulation prophylaxis by using the pharmacy-based heparin dosing service and protocols when ordering and managing these medications. Physicians can order by specifying, “Heparin, low molecular weight heparin, or warfarin dosing per pharmacy” or “dosing per pharmacy protocol.” Nurses must check and document the patient’s APTT and INR values BEFORE administering heparin and warfarin respectively. Patient education on these medications, including food/drug interactions, is also very important.

#### **Goal 4: Use alarms safely**

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

#### **Goal 7: Reduce the risk of healthcare associated infections**

- Comply with current CDC hand–hygiene guidelines.
- ALWAYS perform hand hygiene before & after patient contact and prior to donning and doffing gloves with alcohol gel or by washing hands for 15 seconds.
- Wash hands; do not use alcohol gel for patients with C. difficile infections. Use soap and water for hand hygiene.
- Prevent healthcare associated infections due to multiple drug-resistant organisms (MDROs) by using good hand hygiene and isolation precautions. Educate patients and families on these practices too.
- Comply with current CDC/WHO hand–hygiene guidelines.
- Prevent central line associated bloodstream infections by ensuring aseptic technique is followed per required instructions upon insertion, avoiding insertion in the femoral artery/vein when possible, ensuring a physician reviews the need for the line daily and removes it at the earliest time possible, appropriate dressing care and educating patients/families on hand and respiratory hygiene.
- Prevent surgical site infections by ensuring that clipping, not shaving, hair is completed as needed, prophylactic antibiotics are given within an hour of surgery, these antibiotics are discontinued within 24 hours post-surgery and educating patients/ families on hand hygiene and respiratory hygiene and surgical wound care.

#### **Goal 15: The organization identifies safety risks inherent in its patient population.**

- Identify patients at risk for suicide.
- Ensure the safety of at-risk patients.
- Provide suicide prevention resource information for those at risk upon discharge.

#### **The Universal Protocol**

- Conduct a pre-procedure verification process to confirm correct patient, procedure, and site.
- The procedure site is marked by a provider who is privileged or permitted by the hospital to perform the intended surgical or non-surgical invasive procedure or another qualified individual. Except under special circumstances, provider initials are used.
- Perform “time out” verification before starting the procedure to confirm correct patient, procedure, and site.

## **California Hospital Requirement**

- Implementation of applicable NPSG's and associated requirements by competent and practitioners sites
- Staff is informed about NPSG's during general orientation and ongoing
- Nursing orientation and department specific orientation also includes info about NPSG's
- All department directors quiz staff on rounds about NPSG's
- Staff is reeducated on NPSGs during safety fair and ongoing education
- Additional information and exact language of the goals is available on [www.jointcommission.org](http://www.jointcommission.org)

## **Other Important Patient Safety Practices**

- Educate patient and family how to report safety concerns – i.e. to SPEAK UP!
- Provide, evaluate, and document the patient's understanding of information given regarding the measures that will be taken to prevent adverse events in surgery and postoperative infections for surgical patients.
- Document read back of telephone/verbal orders and critical results of tests and diagnostic procedures.
- Use only approved abbreviations/acronyms/symbols/dose designations. Clarify with the ordering physician and re-write any orders with unacceptable abbreviations.
- Follow the designated process for patient handoff. Allow for questions and verification of information.

## **Core Measures**

The Joint Commission (TJC) requires accredited hospitals to collect and submit performance data. This requirement was established to improve the safety and quality of care and to support performance improvement in hospitals. The Core Measure initiative allows TJC to review data trends and to work with hospitals as they use the information to improve patient care. At CALIFORNIA HOSPITAL we are complying with the following Core Measures:

### **Peri Natal**

- Elective Delivery- elective vaginal deliveries or elective cesarean sections at  $\geq 37$  AND  $< 39$  WEEKS GESTATION COMPLETED
- Cesarean Section- nulliparous women with a term, singleton baby in vertex position delivered (reduction in rates)
- Antenatal Steroids
  - Patients at risk for preterm delivery at  $\geq 24$  AND  $< 32$  WEEKS GESTATION
  - FULL COURSE of CORTICOSTEROIDS
  - Reason must be clearly documented by physician/APN/PA or CNM and documented PRIOR to delivery
- Health care associated bloodstream infections in newborns (reduction in rates)
  - Documentation of bloodstream infection present within the first 48 hours after admission or is receiving treatment for a suspected bloodstream infection or septicemia on admission
- Exclusive breast milk feeding
  - Defined as newborn receiving ONLY BREAST MILK and NO OTHER liquids or solids except for drops or syrups consisting of vitamins, minerals, and medicines
  - Medical maternal reasons must be explicitly documented by physician/APN/PA or CNM/lactation consultant

- If mother chose to not exclusively feed breast milk, RN documentation is acceptable as long as the physician/APN/PA or CNM/lactation consultant is aware and documented.
- Unexpected Complications in Term Newborns
  - Unexpected complications among full term newborns with no preexisting conditions (reduction in rates) (example, unable to initiate antenatal steroid therapy due to adverse reaction in the past)

### **ED Inpatient & Outpatient**

- Timeliness of Treatment
  - Both inpatient (IP) and outpatient (OP)—who are assessed by a physician or mid-level provider within 30 minutes of arrival.
  - Patients presenting to EDs need to be assessed quickly for safety, quality, service delivery, and efficiency.
  - Every year there are over one million patients who visit a Dignity Health Emergency Department. The Emergency Department (ED) poses one of the highest risk areas for patients, physicians and hospitals. Patients come to an ED to be seen by a physician.
- Timely Treatment in the ED: Door to Provider
  - Strategies for Success
  - Quick look Triage
  - Provider in Triage
  - Rapid Registration
- Data Collection - Cerner Sites: Data are abstracted directly from the provider initial contact time field for provider seen time. 100% of cases included. Non Cerner Sites: Manual abstraction based on case review. Weighting of results to reflect 85% OP and 15% IP

### **Immunization**

- Administered throughout influenza season
- Hospitals are responsible for discharges October through March
- Document patient's vaccination status:
  - Influenza vaccine was given during this hospitalization
  - Influenza vaccine was received prior to admission during the current flu season, not during hospitalization
  - Allergy/sensitivity to influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs OR is not likely to be effective because of bone marrow transplant within the past 6 months OR history of Guillian-Bare syndrome within 6 weeks after a previous influenza vaccination
  - Vaccine has been ordered but has not yet been received by the hospital due to vaccine production or distribution.

### **VTE**

- Hospitalized patients at high-risk for VTE may develop an asymptomatic deep vein thrombosis (DVT), and die from pulmonary embolism (PE) even before the diagnosis is suspected. The majority of fatal events occur as sudden or abrupt death, underscoring the importance of prevention as the most critical action step for reducing death from PE.
  - Mechanical or Pharmacological VTE prophylaxis on hospital admission or the day after hospital admission
  - Otherwise, there should be documentation of a reason for NO mechanical or pharmacological VTE prophylaxis

## **Documentation/ Electronic Health Record (EHR)**

Understand the documentation requirements for your department per your job description and scope of practice. Your Preceptor or Clinical Instructor will train you in EHR documentation. All documentation by the students will be cosigned by the clinical instructor or preceptor based on the nature of your orientation. Familiarize yourself about documentation tools with your preceptor during the orientation process. For assessment /reassessment and minimal required documentation guidelines, refer to department specific policies.

Each nursing unit individualizes documentation. Please check with your department resource that will show you the EHR or paper record to use for your assignment.

Patient assessment and belongings list documentation involves documenting in adhoc forms, the IView area for vitals, the plan of care in the orders and plan of care section in PowerChart, patient and family education is documented via the education tab are some of the documentation areas that get initiated as part of initial assessment. Ask your resource on the floor to share these details with you. Complete the EHR training designated for your role and after completion of competencies your clinical instructor/ reporting manager will initiate the process for obtaining appropriate privileges. Once you receive appropriate access you will be able to document in the EHR.

## **POLICY AND PROCEDURE MANUALS**

Every department has access to policies and procedures that focus on creating a safe environment and meeting these patient safety goals. These policies/procedures are found in our online database, PolicyMedical, accessible via a web browser at <http://policymedical.dignityhealth.org>.

## **Risk Management Concerns**

Risk Management is here to assist you in any areas of concern you may have that pose an issue of liability or safety in regards to our patients, staff, and visitors.

Please call Risk Management, with any issues involving safety concerns such as issues of safety for patients/staff/visitors, environmental hazards &/or concerns, broken/unsafe equipment, unexpected clinical event/outcome, suspected sentinel events, issues of consent or other clinical concerns.

Risk management is also available to guide you with any concerns you may have related to delivering patient care and treatment to our patients.

## **Information Management/HIPAA**

### **Patient Confidentiality**

In accordance with the vision and values of the hospital, Dignity Health is committed to protecting the patient's rights to privacy and confidentiality. A violation of confidentiality is subject to hospital disciplinary action, which can include termination.

More serious is the loss of trust by the patient, family or co-worker that impacts us all.

### **HIPAA Regulations**

With the advent of HIPAA (Health Insurance Portability and Accountability Act), healthcare institutions are faced with even more stringent privacy regulations than in the past. Effective April 14, 2003 HIPAA Privacy Regulations went into effect. Breaking HIPAA privacy or security rules can result in either a civil or criminal penalty (i.e. fines and jail terms).



To maintain confidentiality and privacy, communication with or about patients involving health information should be private and limited to those who need the information for treatment, payment and healthcare operations. Such communications may involve verbal discussions, written communications or electronic communications. A simple way to protect patient information is to ask:

**“Do I need this in order to do my job and provide good patient care? “What is the least amount of information I need to do my job?”**

Steps to Protecting Information

All who are involved in the care of the patient and who have access to Protected Health Information (PHI) should remember the following:

### **Verbal Communication**

- Do not discuss patient information in public areas, including elevators, stairways.
- Direct visitors to the information desk for assistance rather than giving out patient information.
- Never leave a phone message with a third party that contains specific patient information.

### **Written Communication**

- Do not leave patient medical records where others can see or gain access to them.
- Keep laboratory, radiology, and other ancillary test results private.
- Paper records with Protected Health Information (PHI) must not leave the hospital and must be shredded or placed in locked “confidential” receptacles. They must never be left in trash cans.
- Do not release copies of patient records – refer requestors to the Medical Records Department/Health Information Management (HIM).

### **Electronic Communication**

- Do not send PHI or confidential information via unsecured E-mail or FAX; use only approved methods of secure file transport. Never leave a laptop containing PHI unsecured.
- Do not share computer passwords, write them down or post them where they are accessible to others.
- Control your workstation: do not leave your workstation logged in and unattended; do not allow unauthorized viewing of PHI or confidential information on your computer monitor.
- NEVER share patient, staff, or other confidential information in a blog or social network (like Facebook, other Internet-based communication, or store on smart phone), even if you think you are making it anonymous.

### **Key Points to Remember:**

- The HIPAA HITECH Act has increased the financial penalties for privacy violations.
- The State of California is fining individuals for just “snooping” out of curiosity.
- The State of California requires a report in 5 days of the event and the employee’s name must be submitted.
- Dignity Health audits 12 electronic medical record systems to detect and deter violators.

### Priority Questions and Answers:

- Who is the Hospital's Facility Privacy Officer (FPO)? Information provided during unit orientation.
- What PHI are you allowed to access? Answer: The PHI that is needed to perform your work.
- Who do I report a suspected violation to? Answer: Immediately report to your supervisor or FPO.

Dignity Health COMPLIANCE HOTLINE (800) 938-0031

Dignity Health is committed to maintaining high standards of legal and ethical integrity. Healthcare workers are encouraged to report any concerns regarding legal compliance, suspected fraud/ethical misconduct, or HIPAA/Confidentiality issues. You may report anonymously.

### Emergency Management

The Emergency Management Plan is designed to provide resources for the continuation of safe patient care during an unusual occurrence that disrupts normal operations of the hospital. Dignity Health primary mission is to provide a safe environment and quality medical care to our patients and to victims. If an emergency/disaster requires the activation of the Emergency Operations Plan your expertise/skills will be needed. It is your responsibility to familiarize yourself with the specific responsibilities of your department.

TWO Types of Disasters:

Code Triage - Internal: Any incident occurring within Dignity Health that may disrupt hospital operations and / or impact life safety.

Code Triage - External: Any incident occurring within the community that may impact life safety and / or result in a surge of patients.

The Emergency Management Program Manual, located on PolicyManager, contains the hospital's Emergency Operations Plan (EOP), Evacuation Plan and Mass Fatality Management Plan as well as other policies and procedures that describe the hospital and department-specific response. Familiarize yourself with your role and responsibilities so that you can safely respond and maintain patient, healthcare worker and visitor safety in the event of a disaster.

#### What is my role in a Code Triage Internal or External?

If you are ON-DUTY when a Code Triage is called, you are to continue to perform your job duties if safe to do so and not directed otherwise. If your assistance is needed, you may be directed to assume an alternative role based on your skills and or availability. :

- If you are the Department Manager or designated responder, report to the Hospital Command Center (HCC)
- Depending upon the nature of the event, check on your patients to confirm that they are safe
- Report any life safety concerns, system failures, patient safety issues to the Department Leadership

### **If you are NOT on-duty when a Code Triage is called,**

- You will be notified at home ONLY if necessary
- Instruction will be provided by the department leadership if the Emergency Operations Plan is activated for an extended period of time.
- Do not call the PBX Operator or Nursing Office or use your cell phone; this overloads the already overloaded telephone system.

### **Supplies and Equipment Supplies**

- Supplies that may be needed immediately are stored in your department's disaster kit. Familiarize yourself with its location and contents.
- Additional supplies can be requested through the Hospital Command Center (HCC).
- Familiarize yourself with the location and use of your department's evacuation devices – e.g. ParaSlydes or infant vests.

### **Emergency Generators**

- In the event of a loss of electricity, emergency generators become operational in 10 seconds or less.
- Essential patient-care equipment should be plugged into RED receptacles at all times for access to emergency power.
- In the event of power failure:
  - Utilize light sticks and flashlights
  - Check on the most acute patients first
  - Make plans to obtain medical air and vacuum if needed
  - Prepare to manually "bag" patients on ventilators if needed

## **Safety and Security Management**

### **Security Management**

#### **Our Security Department is responsible for our Security Management Program.**

Dignity Health is dedicated to maintaining a safe and secure environment for physicians, healthcare workers, patients, volunteers, visitors, and contractors. You can assist the hospital in protecting you, other healthcare workers, patients, and visitors by:

- Being aware of your surrounding environment
- Noticing people in your work area
- Notifying appropriate personnel of a security concern

To further this commitment, the hospital has taken a proactive approach to ensure that all the steps have been taken to prevent the occurrence of violence.

Please adhere to the following guidelines:

- Report any suspicious activity/condition by calling Security, be vigilant: if you See Something....Say Something
- Watch for ‘tailgaters’ – unauthorized persons entering access controlled doors behind you. Do not allow them to enter.
- Watch for visitors without proper visitor pass and/or expired visitor pass. Escort them to the nearest visitor check-in desk or call Security.
- Maintain a minimum 4 feet “safety zone” between you and any aggressor.
- Code Grey, Code Silver or Code Black for potentially violent situations.

### Photo Identification badges

Healthcare workers are required to wear a photo-identification badge at all times issued by the employer (or a student’s school). The badge must be worn above the waist and the picture must be visible. If you lose your badge, notify your supervisor and replace it immediately.

Healthcare workers working in Pediatric areas, Labor and Delivery, and/or Post-Partum are issued specific badges, and information is provided at unit orientation.

Vendor/Company Representative passes are issued through Materials Management.

### Getting Around the Hospital

Information will be provided during hospital unit specific orientation

- Specialty Hours:
- Cafeteria
- Vending Areas
- Gift Shop

### General Safety and Access Control

- Always wear your California Hospital issued I.D. badge or agency/school ID while working/training at the hospital. New badges are obtained from Security after your sponsoring Director or Designee fills out the correct paperwork. Security department is located on 1401 S. Grand Ave., main hospital building, first floor, Rm. 179 (near Chapel/Nursing Office). Hours to obtain badges are Monday and Thursday from 1:00pm – 3:00pm and Tuesday, Wednesday and Friday from 7:30am – 10:00am
- Your badge must be worn on the front upper half of your body, above your waistline, with your name and photograph clearly visible and without alterations or obstructions by pins, stickers etc. If your badge is lost, stolen, has become unreadable or your photograph is no longer recognizable, you may contact the Security Department for new badge.
- Please report to security ext. 5565 any suspicious persons claiming to be an employee, student, associate, or contracted employee that is not wearing a hospital issued badge/ valid badge.
- Help to maintain a more secure environment by politely contacting and escorting any persons found in unauthorized or restricted areas, who are not wearing a proper colored hospital issued visitor’s pass and/or that do not belong in the area, to the nearest badge issuing location (Main Lobby or D&T Security Desks.) Do not engage aggressive, hostile, or combative persons. Notify the security department at ext. 5565 for assistance

when necessary.

- Be aware of persons piggybacking and tailgating (entering secure areas when doors open as authorized persons are entering and exiting.) Politely direct and assist persons tailgating and piggybacking to the proper staff for authorization into secure areas. If you are unsure where to direct unauthorized persons, escort the person to the Main Lobby or D&T Security Desks. Do not engage aggressive, hostile, or combative persons. Call security at ext. 5565 for assistance when necessary.

### **Parking Policy:**

Parking is available at the parking lot (corner of Grand & Venice) and non-employees are required to pay the parking fee.

### **Dress Code**

- All Dignity Health Employees follow designated scrub colors based on their job.
- All employees/students are required to wear identification badges at all times while on duty.
- All employees/students are expected to be professional in appearance.
- Attire shall be modest, safe, and clean while on duty.
- Employee/Student appropriate attire is defined as, but not limited to the following:
  - Fingernails must be kept neatly trimmed, ¼ inch maximum length, and clean.
  - If worn, polish will be light in color and in good repair (i.e. no chips or cracks). Artificial nails nail extenders, silk wraps or other nail overlays, or nail jewelry are not allowed for staff with direct patient contact or contact with patient care supplies and equipment.
  - Closed toe shoes are required. Extreme colors, style, heel height, sandals, beach flip-flops are not acceptable. As appropriate, hose or socks are required.
  - Department specific dress code and color may be required. Sportswear such as jeans, denim pants of any colors, stretch pants, legging, shorts, walking shorts, skirts, T-shirts, sweatshirts, sleeveless shirts, bare shoulder or spaghetti strapped blouses, tank tops or sun dresses are not permitted.
  - Clothing must be modest and professional. Sheer, low cut, spandex, clinging, bare or revealing clothing must not be worn. Proper undergarments must be worn at all times.
  - Long hair will be pinned up or tied back.
  - For safety reasons, it is requested that if jewelry is worn, it be conservative. Items such as earrings worn in areas other than the earlobe are considered unprofessional and not allowed. Mustache and/or beards are required to be neatly trimmed.

### **Breaks and Lunches**

- You are allowed a fifteen (15) minute paid rest period for every 4 hours that you work.
- You are allowed thirty (30) minutes unpaid meal period per 8 hour shift.
- 12 hour shifts are required in certain clinical areas. Please ask your department resource for break and lunch period information.
- Rest period and meal breaks may not be combined.

## **Time and Attendance Staffing and Scheduling**

Dignity Health uses the application Total Employee Activity Management (T.E.A.M.) to record and document time and attendance, and schedule and staff employees and contract staff.

T.E.A.M. is accessible via kiosks mounted on the wall in convenient locations in departments, and by way of a desktop icon labeled “T.E.A.M.”. For help with T.E.A.M., please contact your PayrollConnect team or [TEAMsupport@DignityHealth.org](mailto:TEAMsupport@DignityHealth.org).

## **Network Usage Policy**

The Dignity Health’s network is a private network. You are required to read, understand, acknowledge, and abide by the Network Usage Policy. The Network Usage Policy is located on PolicyMedical, accessible via a desktop icon, or by using a web browser pointed to <http://policymedical.DignityHealth.org>.

## **Hospital Telephones/Public Telephones and Restricted Use of Cellular Phones/Cameras**

(Please observe posted signage.)

Hospital telephones are intended for hospital business use only. For outgoing personal calls, public telephones are available at convenient locations.

Personal cell phones/iPods/ear pieces/headsets or similar devices are not to be used during work time nor are personal text or instant messaging or related communications/systems.

Photographs/videos by camera or cell phone or any similar devices may be taken only with authorization from senior management. If a patient is involved we need Consent for Photo – Patient, if an employee is involved we need Consent for Photo – Non Patient.

## **Proper Body Mechanics and Ergonomics for Employee Safety**

All staff is expected to practice safe body mechanics. Use of lift and position assistive equipment is required. If you need equipment orientation, please ask your staff resource.

### **Key Points to remember:**

To maintain a safe and healthy working environment California Hospital attempts to prevent injury to employees who perform lifting as a part of their job duties. Therefore, it is crucial that all employees demonstrate safe lifting, transporting and proper back care techniques at all times.

California Hospital is firmly committed to maintaining a safe and healthful working environment. To achieve this goal, we have implemented the Comprehensive Injury & Illness Prevention Program. This program is designed to prevent workplace accidents, injuries, and illnesses wherever possible.

Good housekeeping is an integral part of any effective Safety Program. Keeping workplace areas neat and clean reduces the chance of accidents and injuries. Well-organized areas also increase the ability of employees to perform their jobs effectively. Each employee is responsible for keeping his or her work area neat and orderly.

All direct care employees shall function as a “lift team” by providing patient handling assistance to colleagues when needed. Use of lift equipment is required when appropriate for the safety of patients and staff. If an urgent or emergent need has been identified by the nurse, Physical Therapy (PT) or Occupational Therapy (OT) may provide support to nursing. Employees are

encouraged to actively be involved in maintaining a safe environment by reporting any unsafe conditions to the unit supervisor

Be familiar with general proper body mechanics and ergonomic techniques and also the use of lift equipment.

### **Workplace Violence Prevention Program**

The safety and security of patients, visitors, healthcare workers of Dignity Health are of vital importance. Threats or acts of physical violence, including use of a weapon, intimidation, harassment, or coercion will not be tolerated. Under State law, you have certain rights. If you become a victim of violence or assault while at Dignity Health, Security can assist you in filing a police report. Hospitals are required by law to report any injury that results from an act of violence. Violations of this policy by any individual affiliated with Dignity Health or affiliate organizations are considered misconduct and will lead to disciplinary and/or legal action as appropriate.

To report a violent situation, Code Grey, Code Silver, or Code Black.

See Emergency Codes overview for protocol in unit specific orientation upon arrival to facility

## **Safety Management**

### **Reporting Unsafe Conditions**

The Environment of Care (EOC) program's goal is to provide a safe, effective and efficient environment for patients, healthcare workers, and visitors in the Hospital. Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians and co-workers. This means taking an ACTIVE role in reporting any UNSAFE CONDITION by notifying your supervisor, Safety Officer the Employee Health and/or Plant Maintenance.

### **Examples of Potentially Unsafe Conditions**

- Environmental Hazards: wet or slippery floors, cluttered work areas, cabinets or furniture with sharp or protruding areas.
- Fire Hazards: equipment/supplies blocking hallways or fire exits, missing fire extinguishers, smoking on hospital property, more than 12 oxygen tanks in a smoke compartment, door stops that prop doors open. Prevent fires by removing following unsafe conditions:
  - Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times.
  - Keep all corridors and exits clear of all traffic and/or obstruction; keep equipment on one side of hall. Equipment, with the exception of isolation and crash carts cannot be stored in the hall; equipment must be removed/relocated within 20 minutes of use.
  - Do not block exits, fire alarms or prop doors open. Never put door wedges under doors that prevent doors from closing. Keep doors closed unless they are controlled by an electromagnetic system.
  - Keep items on top shelves at least 18 inches from the ceiling.
  - Do not store supplies or boxes on the floor.
  - Small oxygen cylinders: (ALWAYS place upright in holders labeled for "FULL")

or “EMPTY” tanks – maximum number of tanks per smoke compartment is 12 tanks – full or empty.) Segregate EMPTY and FULL cylinders in storage areas for quick access in an emergency.

- Electrical Hazards: frayed cords, exposed wires, ungrounded plugs, or personal electrical appliances being used in patient care areas “Daisy chaining” surge protectors is prohibited. Microwaves and refrigerators should be plugged directly into wall receptacles
- Equipment Hazards: unsecured oxygen tanks, defective/damaged equipment, overdue equipment safety inspections/preventive maintenance.
- Hazardous Substances: the generation of strong, unpleasant fumes or improper handling and disposal of toxic substances.
- Unsafe Acts or Procedures: failure to use safe patient handling equipment when indicated, proper body mechanics when lifting or pushing/pulling objects, equipment or instruments in accordance with manufacturer’s guidelines or hospital policy, failure to wear appropriate protective apparel, or use equipment safety guards.

### **Life Safety (Fire) Management Hospital Response to Fire or Smoke**

To report a fire, initiate a Code Red.

See Emergency Codes overview in unit specific orientation upon arrival to facility important locations you need to know:

- Fire extinguisher(s) in your department
- Closest fire-alarm pull station
- Evacuation routes
- Fire doors and walls
- Nearest safe fire zone (smoke compartment)
- Location of equipment for evacuation

**Life Safety Measures:** In the event you are directed to conduct a partial or total building evacuation know where your designated evacuation location is on the exterior of the building. The priority of patient evacuation is as follows: Evacuation Order (whom to move first):

- People closest to the danger
- Ambulatory people (can walk)
- Semi-ambulatory people (can walk with assistance)
- Non ambulatory patients
- When conditions are the same, use these principles:
- Lighter people before heavier people
- Cooperative/ non-combative before non-cooperative/ combative individuals

Patients with injuries or multiple pieces of medical equipment

### **Smoke Compartments**

Your department’s evacuation plan is posted near elevators and outlines the floor plan of your department. It includes the location of your department’s automatic fire doors, which define “smoke compartments.” Doors between smoke compartments protect against fire/heat for 1 hour. Know where they are in your department, as patients will need to be moved beyond them if you are instructed to evacuate patients in a fire: Evacuate patients horizontally unless directed by local Fire Department to evacuate vertically outside the building.



### **Your Role in a Fire Safety and In Case of Fire:**

- At a fire's point of origin, follow the Life Safety Measures (see below).
- Away from the fire's point of origin: close all doors, free hallways from clutter, calm patients, and await specific instruction.
- If using a fire extinguisher to fight the fire, follow the P-A-S-S procedure (discussed later under response).

### **FIRE RESPONSE PLAN: CODE RED**

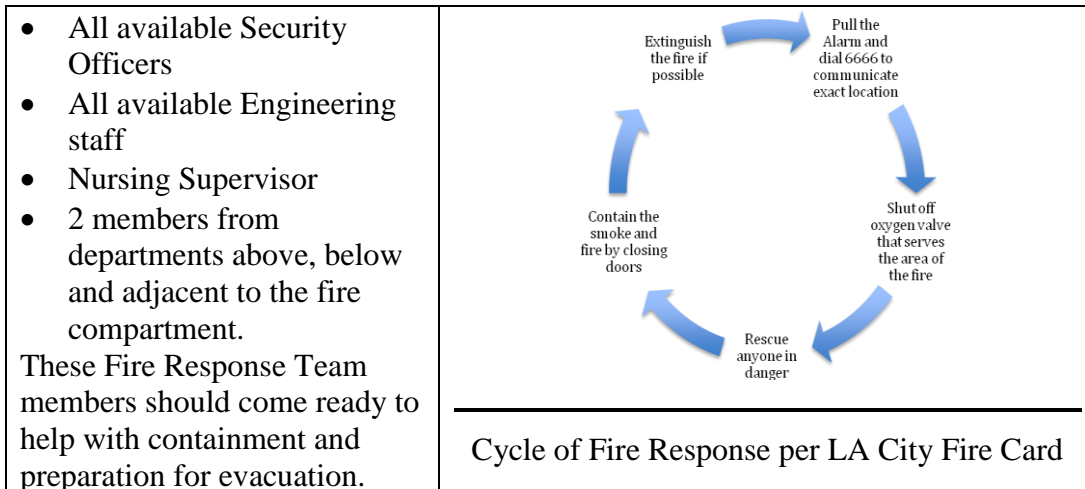
It is the responsibility of every employee, physician, student, volunteer or contractor in the hospital to be constantly alert for conditions that cause fire. If a fire does start, the actions taken during the first few minutes can make the difference between **containment** and **catastrophe**.

### **If You Are in the Vicinity of Fire or Smoke**

If you smell smoke or discover a fire - **DO NOT WAIT FOR AUTHORIZATION**

- Activate the manual pull station immediately!
- This one action will sound the alarm throughout the hospital; it will close all the smoke and fire barrier doors; it will notify PBX so they can page the location; and perhaps most significantly, it will automatically notify the fire department so they can mobilize and respond within minutes.
- **Meanwhile, you and your co-workers should work as a team to execute other critical response actions as quickly and as simultaneously as possible:**
  - Team up to remove all persons from immediate danger of the fire, especially patients who cannot help themselves. **Safety of life is most important!**
  - Someone dial 6666 to report the exact location of the fire;
  - If the fire is small, someone should grab an extinguisher and put it out. Otherwise, let the Fire Department handle it. They will arrive very quickly
  - Close all the doors in your unit to contain the fire. Do not re-open any doors that are hot to the touch!
  - Shut the oxygen valve that feeds the room where the fire is. Check to make sure no patients in that zone will be affected.
  - Clear the corridors of any obstacles to fire fighters or evacuation.
  - Prepare for horizontal evacuation to the next fire compartment. Ambulatory patient's first, bed-ridden patients last.
  - Have someone guard the elevators and the fire doors. Keep them closed to all but Fire Response personnel

**Fire Response Team Members** In addition to staff from the immediate area, the following departments have responsibilities and experience that make them key members of our fire response team:



At CHMC, following LA City Fire Guidelines , **we do not use RACE** , we use Cycle as shown above

**For use of the fire extinguisher use the acronym PASS:**

- P- Pull the Pin
- A- Aim
- S- Squeeze
- S- Sweep

**General Safety and Use of Correct Fire Extinguisher:**

- Do not use elevators in the event of fire.
- Fires are classified according to the material that is burning. Fire extinguishers are coded to reflect the type of fire they can put out. The classifications are:
  - Class A: Ordinary combustible material, such as paper, cloth, wood and some plastics.
  - Class B: Liquids, oil and gases.
  - Class C: Electrical, such as live energized electrical equipment.
  - Class ABC: Extinguishes all types of fires
  - \*It is required to know the location of the closest fire extinguisher, fire alarm pull, and exits in your work area.

**REMEMBER to keep all fire doors closed!**

**Electrical Safety**

- Personnel are responsible for knowing how to operate each piece of electrical equipment before using it.
- All equipment in patient care areas must be approved by the Engineering Department of the hospital.
- Check power plugs and cords before turning on equipment. Any damaged equipment should not be used, tagged with the facility form, and sent for repair.
- If any electrical equipment “looks, smells, or sounds strange”, disconnect the plug from power source, tag with facility form and notify engineering.
- Patients are not allowed to use their own electrical appliances unless battery operated.

- The first step to take in the event of an electrical fire or electrical shock is to disconnect the power to the equipment.
- Never handle electrical equipment while in contact with potential grounds water faucets, sinks, or wet areas.

### Hazardous Materials & Waste Management:

Safety Data Sheets (SDS) [formerly “Material Safety Data Sheets” or “MSDS”]

SDSs identify the physical or chemical hazards for products used in a department this includes the safe use of products, precautions, and actions to take if exposure occurs.

- To obtain a specific SDS, use phone, fax, email or online service per facility
- Familiarize yourself with your department’s Hazardous Materials, Personal Protective Equipment and spill clean-up procedures as outlined in the SDS and department orientation.

Code Orange: Chemical Spill or Release

- Code Orange – follow the facilities Code Orange procedures
- Identify the spill and initiate cleanup if you have been trained to do so.
- Isolate area and evacuate if unable to identify the spill or it is too large to clean up safely
- Await further directions from the Code Orange Response Team.

### Hazardous Materials

- Under the "Right to Know" requirements employees working in a healthcare environment have a "Right to Know":
  - What chemical hazards exist in the facility?
  - What their exposure potential may be?
  - What precautions have been taken to protect the employee?
  - What "work practice controls" are in place to protect workers?
  - What systems are in place (engineering controls) to limit exposure?
  - What personal protective equipment has been provided?
- The leadership within the organization is required to:
  - Establish policies and procedures for the safe use, handling and storage of hazardous substances.
  - Orient and train staff on the potential exposure hazards and hospital policy.
  - Provide work policies & procedures for safe work practices.
  - Provide engineering controls and personal protective equipment to protect employees.
  - Monitor the compliance with use of the above.
  - Monitor the environment. Provide material safety data sheets.
  - Monitor accidents and incidents.
- Employees and Non Employees are responsible to:
  - Understand and comply with hospital policies and procedures related to hazardous material safety.
  - Use the Hazmat spill kits when handling hazardous substances.

- Use the Personal protective equipment provided when handling hazardous substances.
- Report unsafe or hazardous situations.
- Report and document accidents, incidents, exposures and spills.
- Understand where to find and how to read Material Safety Data Sheets (MSDS) or Safety Data Sheets (SDS).
- How to Find and Use a Material Safety Data Sheet (MSDS) or Safety Data Sheets (SDS): The MSDS or SDS for each hazardous substance in your work area tells you how to use, handle and store the substance safely. Each MSDS may look a little different, but they all contain the same basic information. Manufacturers are required to convert to SDS format by June 2015. SDS sheets will follow the new OSHA standard and will all look the same. We are in the process of changing the way we get MSDS/SDS sheets. MSDS/SDS information is available from Dignity Health MSDS/SDS database on the “My Dignity Health” website. There is a CHMC shortcut for this on every desktop.

### **Minor Incident**

Definition: A spill or release of a chemical substance where there is no danger to any personnel, patient, or visitor.

- Notify the department supervisor.
- Obtain the SDS for the specific substance and contain the substance according to the SDS.
- Clean-up will be completed by department staff under the direction of the department supervisor.
- Spill kits should be available close by, contact your supervisor if unable to locate.
- If an employee becomes ill from exposure to the substance, he/she should:
- Report to Employee Health. After-hours staff is to report directly to the Emergency Department.
- Complete an incident report and submit it to the Safety Officer and Risk Management.

### **Major Incident**

Definition: A hazardous chemical spill where the spill is so severe that the department cannot handle it with its own personal protective equipment or spill kit.

- Initiate “**Code Orange**” (dial **6666**)
- If possible, contain spill. If not possible, evacuate the immediate area, especially if anyone exhibits any of the following symptoms:
  - Eye irritation
  - Nausea
  - Headache
  - Choking/coughing
  - Dizziness
  - Chemical burn
  - Unconsciousness
- Safety First
  - Isolate and deny entry to the area
  - Notify Proper personnel – ext. 6666, Disaster Planner @ 213-342-7184

### IMMEDIATELY!!!

- **DO NOT** approach the area if a person seems unconscious.
- Assign a staff member to secure the area from unnecessary traffic.
- Use the Dignity Health MSDS/SDS database to obtain a copy of the Material Safety Data Sheet (MSDS) or SDS for the specific product that was involved in the spill. If the system is down, a hard copy of the MSDS/SDS is available in the Emergency Department's MSDS/SDS binder. If it is unknown, the Disaster Planner has a chemical detection kit that can be used to determine the chemical.
- Have the MSDS available for the Safety Officer (or designee) when that person arrives.
- Report to Employee Health (or after-hours to the Emergency Department) if you become ill from exposure to the spilled substance. (Make sure if you have been contaminated with the substance that you are fully decontaminated before you do so.)
- Complete an event report for major spills.

#### **Eye Splashes: Eye Wash Stations are located in high risk areas.**

- High risk areas include the Laboratory, Emergency Department, Surgery, Radiology, and Dietary Departments.
- Other areas: Use tap water at room temperature.
- If splashed: Rinse eye, mouth and skin under steady stream of water for 15 minutes and contact Employee Health & Safety or the Emergency Department.
- Follow SDS first aid procedures and report to the Emergency Department and/or Employee Health.

#### **Waste and Linen Management:**

Proper handling/disposal prevents the spread of disease and ensures a safe work environment.

#### **Regular Waste: Use CLEAR bags for all the following waste:**

- Empty IV bags and tubing (empty bags may be recycled – verify with immediate supervisor)
- Empty (unbroken) medication vials or containers
- Trash/wrappers
- Dressings/chux/diapers/gloves/sanitary napkins (that do not contain blood or potential infectious material)
- Empty Foley bags/other drainage bags
- Disposable patient items

#### **Biohazardous Waste: Red Bags and Sharps Containers**

- Use RED Bags for any biohazardous waste products soiled with dripping blood or body fluids. This includes blood tubing, bags, hemovacs, pleurovacs, soaked/dripping bloody dressings, intact glass or plastic bottles with body fluids or OPIM (other potentially infectious material).
- Use SHARPS CONTAINERS for all needles, all medication vials, broken ampules, staples, all empty syringes or those with trace (un-pourable) amount of medication (except for chemo and Coumadin), trocars, guide wires, introducers, sharps from procedures. Sharps containers are replaced by an outside vendor several times per week and as needed.
- Place red bags in Soiled Utility Room for Environmental Services to transport. They will

remove for decontamination and will isolate prior to pick up by outside vendor.

### **Pharmaceutical/Chemotherapy Waste:**

Refer to the laminated Waste Disposal Chart in your department.

- Dispose most pharmaceutical waste in the BLUE top containers in Patient Care Areas.
- Dispose of wasted narcotics in the LOCKED BLUE Sharp Pharmaceutical Waste Containers located on medication carts and/or in medication rooms. (Any narcotics needing to be wasted should not be placed into a container and will need to be destroyed)
- FOR MORE TOXIC PHARMACEUTICAL WASTES, follow the directions for disposal on the medication label.
- Return to Pharmacy all inhalers with residual, any unused Nicotine gum or patches, Nitroglycerine tablets and unused/residual acetone.
- All Rx requiring further segregation (Send to Pharmacy (SP) codes) due to their hazardous characteristics should be returned to pharmacy. Nicotine and Coumadin/Warfarin drug and/or packaging must be treated as a hazardous waste and placed in the appropriate container (contact Pharmacy for special handling).
- Dispose of TRACE Chemotherapy waste in YELLOW containers.
- Return all unused bulk chemotherapy medication to Pharmacy in original bag for disposal.
- Removal/Replacement:
- Environmental Services (EVS) removes and replaces pharmaceutical waste containers when  $\frac{3}{4}$  full.
- Picked up by vendor for incineration within 90 days.

### **Radioactive Waste**

- Contact Radiation Safety Officer in the Radiology Department for removal of all radioactive waste.
- Radioactive waste remains on premises until it is no longer radioactively “hot.”

### **Linen**

- Place soiled linen in a single blue bag in the patient’s linen hamper or the soiled utility room.
- Do not place clean linen on a dirty linen hamper.

### **Radiation Safety**

Dignity Health Radiation Safety Officer will be provided at unit orientation of healthcare workers who work in departments where there is possible exposure to radiation, where all are expected to observe ALARA (As Low as Reasonably Possible)

- Minimize time
- Maximize distance
- Use shielding/personal protective equipment/wear issued monitoring badge
- Use common sense
- Healthcare workers who work in departments where there is possible exposure to ionizing radiation (e.g. Radiology, Cardiac Catheterization Lab, Surgery, Ambulatory Surgery, Speech Therapy or other patient care areas) are provided with additional training.
- Patients undergoing diagnostic nuclear testing may be injected with radiopharmaceuticals and admitted to any unit. A Radioactive ALERT is placed on the front of the patient’s chart, inserted into the armband, and documented on the patient progress notes (usually

very low level of radiation).

- If you are pregnant, and would like to request accommodations, notify your supervisor, Occupational Health & Safety or Human Resources (Title VII and the Pregnancy Discrimination Act).

### **Reporting Illness/Injury of Self**

If you are injured or become ill while on duty, report the incident to your agency, supervisor, and the Administrative Nursing Supervisor immediately.

**Refer to latest COVID Employee Health Services Reporting Guidelines –available in your unit, provided by department managers.**

### **Non-Life-Threatening Injury/Illness to Others**

If someone is injured or ill in a public area (i.e. hallway, lobby, admitting, cafeteria, and parking structure) and cannot get to the Emergency Department, EMTALA regulations require that Medical Center personnel respond to medical emergencies on hospital property within 250 yards of the hospital.

See Emergency Codes overview for protocol in unit specific orientation upon arrival to facility  
Rapid Response Team: Request assistance for a patient with a worsening condition

## **Codes**

### **Code Yellow/Code Black: Bomb Threat and Response**

Notification of a bomb threat (i.e. an anonymous telephone call or letter) is received indicating that a potential explosive device has been placed on Dignity Health property. Most bomb threats are false and are intended to cause disruption and fear. Remain calm. Keep person on the line and obtain critical information from the caller. Alert your co-worker and report the event.

### **To report a bomb threat, initiate a Code Yellow.**

See Emergency Codes overview in unit specific orientation upon arrival to facility  
You will not hear this Code paged overhead unless there is reason to believe that the threat is REAL.

### **Code Pink/Code Purple: Abduction Prevention and Response**

Dignity Health has developed procedures to protect the safety and security of newborn infants and children.

#### **Policy**

- Healthcare workers who are directly involved in perinatal or pediatric patient care are responsible for maintaining infant and child security on the units.
- Perinatal and pediatric healthcare workers are issued photo ID badges with a green or a pink stripe.
- Infants are transported in bassinets, cribs or isolettes between hospital units.
- Anyone carrying an infant in their arms is to be stopped and questioned by healthcare workers.
- To report an infant or child missing/abduction, initiate a Code Pink (infant) Code Purple (child). See Emergency Codes overview in unit specific orientation upon arrival to facility

## Emergency Codes Overview

<b>Emergency Codes &amp; Basic Staff Response</b>		
<b>CODES</b>	<b>DESCRIPTION</b>	<b>INITIAL RESPONSE</b>
<b>Fire CODE RED</b>	Fire, smoke or smell of something burning	<ul style="list-style-type: none"> <li><input type="checkbox"/> Safety of Life - Remove people/Close doors</li> <li><input type="checkbox"/> Activate the closest alarm/Dial 6666</li> <li><input type="checkbox"/> Fight the fire if safe to do so</li> <li><input type="checkbox"/> Evacuate and relocate</li> </ul>
<b>Medical Emergency CODE BLUE and CODE ANESTHESIA</b>	Medical Emergency such as respiratory and/or cardiac arrest Code Anesthesia is only initiated by code team members at the request of critical care intensivist to manage difficult airway	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Give location and description of call</li> <li><input type="checkbox"/> Code team calls 6666 and initiates Code Anesthesia and Trauma Anesthesia is paged to assist with airway management</li> </ul>
<b>External Code Blue Process</b>	Hospital Circle Drive Cardio Pulmonary Resuscitation  For Women Health Center, Leavey Hall, Hope Street and Margo Parking Lots and Cancer Center	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Give location and call CODE BLUE EXTERNAL</li> <li><input type="checkbox"/> Call 911, give address when calling for 911,</li> <li><input type="checkbox"/> plan to meet paramedics at the front of the building to guide them</li> </ul>
Infant Medical Emergency <b>CODE WHITE</b>	Infant Medical Emergency such as respiratory and/or cardiac arrest	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Give location and description of call</li> </ul>
Combative Person <b>CODE GRAY</b>	Patient/visitor/staff member presenting a safety risk to the facility, other staff, and visitors.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Clear the area of non-essential personnel to keep out of reach of perpetrator.</li> </ul>
Person with Weapon/Hostage Situation <b>CODE SILVER</b>	Anyone encountering a person brandishing a weapon or a person who has taken hostages in the medical facility	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Keep clear of the area; close/ lock your doors</li> <li><input type="checkbox"/> Clear the area of non-essential personnel</li> </ul>
<b>Infant Abduction CODE PINK</b>	Removal/kidnapping of an infant, under one year of age, from the medical facility by an unauthorized	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Go to the nearest exit and prevent all visitors/staff with a baby from leaving.</li> </ul>



	person.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Search all visitors/staff that are carrying packages/bags or wearing clothing that might conceal a baby.</li> </ul>
<b>Child Abduction CODE PURPLE</b>	Removal/kidnapping of a child, one year of age and older, from the medical facility by an unauthorized person.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Go to the nearest exit and prevent all visitors/staff with a child from leaving.</li> <li><input type="checkbox"/> Search all visitors/staff that are carrying packages/bags or wearing clothing that might conceal a small child.</li> </ul>
<b>Bomb Threat CODE YELLOW</b>	Notification of a bomb on campus, usually by an outside caller.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain as much information as possible (Where is the bomb, when will it go off, what does it look like, why was it placed, etc.)</li> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Have staff and visitors turn off all 2-way radios, cell phones, pagers and other type of handheld phones.</li> <li><input type="checkbox"/> Do not touch or move any suspicious objects. Immediately report any suspicious items to security.</li> <li><input type="checkbox"/> Evacuate area/building if directed.</li> </ul>
<b>Hazardous Material Spill CODE ORANGE</b>	Any major spill that may present a hazard to people, the environment, or that may have effects that are unknown.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Isolate spill area</li> <li><input type="checkbox"/> Deny entry to others</li> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> Contact your supervisor/ Nursing Administrative Supervisor/Safety Officer</li> </ul>
TRIAGE INTERNAL	Internal Disaster	<ul style="list-style-type: none"> <li><input type="checkbox"/> Report to your department for further instructions.</li> </ul>
TRIAGE EXTERNAL	External Disaster	<ul style="list-style-type: none"> <li><input type="checkbox"/> Report to your department for further instructions.</li> </ul>

### Other Medical Emergency Codes

Code	Description	Initial Response
<p>Patient Elopement CODE GREEN</p>	<p>When any patient who is danger to self is missing or has eloped</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dial 6666</li> <li><input type="checkbox"/> All personnel shall monitor all points of exit and surrounding area in their vicinity as assigned</li> <li><input type="checkbox"/> Communicate any suspicious activity to security immediately</li> </ul>
<p>Changes in Patient Condition CODE H</p>	<p>Any Family member can Initiate (<b>CODE H Dial 6666</b>) at any time for clinically significant changes in patient condition</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Any family member or patient can activate Code H by dialing x6666</li> </ul>
<p>Changes in Patient Condition Rapid Response (RRT)</p>	<p>Any concerned staff member or patient/family can initiate their sites rapid response process</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Any employee Dial 6666 for the Rapid Response Team to assess patient</li> </ul>
<p>Code Stroke</p>	<p>RRT when responding to patient with S&amp;S of Stroke or when a patient arrive sin ED with S&amp;S of Stroke</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Stroke Team is Activated by RRT Team or ED staff</li> </ul>
<p>Code OB</p>	<p><b>Why:</b> To quickly mobilize the key members of the OB Team for OB related emergencies:</p> <ul style="list-style-type: none"> <li>• Eclamptic seizure</li> <li>• Abruptio</li> <li>• Cord prolapse</li> <li>• Change in maternal status (SOB, LOC)</li> <li>• Uterine rupture</li> <li>• Prolonged deceleration</li> <li>• Shoulder dystocia</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Any staff member in L&amp;D or Couplet Care may initiate the code</li> <li><input type="checkbox"/> Dial x6666</li> <li><input type="checkbox"/> State “code OB L&amp;D room ----“</li> </ul>
<p>Code OB Hemorrhage</p>	<p><b>Why:</b> For cumulative blood loss of <math>\geq</math> 1500 ml</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Any staff member in L&amp;D oor Couplet Care may initiate the code</li> <li><input type="checkbox"/> Dial x6666</li> <li><input type="checkbox"/> State “Code OB Hemorrhage L&amp;D or Couplet Care room ----“</li> </ul>

<b>Code Trauma</b>	Trauma Activation depends on activation as a level 1 or 2 trauma. Criteria for activation of either is set out in the Trauma Activation Policy	<input type="checkbox"/> Only MICN can activate this code and pages the appropriate Trauma Team based on Level of Trauma <input type="checkbox"/> See Trauma Team information below.
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Activation of Code Trauma is performed by the Mobile Intensive Care Nurse (MICN) who will call the Hospital Operator on the Emergency Line and ask him/ her to activate Level I or Level II Trauma Team. The MICN must document the level of activation and time of activation on the Trauma Activation Log. These times will be recorded and given to the bedside scribe RN.

#### Trauma Teams

##### **Level 1** Trauma Team Include:

- Trauma Surgeon - Team Leader
- Emergency Department Physician
- Anesthesiology
- Respiratory Therapist
- Trauma PA or NP
- Trauma Program Director (while on duty)
- Trauma Nurse Coordinator (while on duty)
- Radiology Technician
- Three RN's competent in Trauma Resuscitation
- OR Scrub Technician
- One Emergency Department EMT
- Security Officer
- Blood Bank

(CT scan technician will also be paged and notified of the trauma patient and begin to prepare their respective areas.)

##### **Level 2**

Trauma Team Includes Level 1 team and the following:

- Emergency Department Physician
- Respiratory Therapist
- Radiology Technician
- Two Emergency Department RN's
- One Emergency Department EMT
- (Blood Bank and CT Scan technician will also be paged and notified of the trauma patient and begin to prepare their respective areas.)
- Security

Patients who fall into either category are to be transported directly to the Emergency Department's Trauma Resuscitation area

Trauma Team follows the Massive Transfusion Protocol per policy

Specific Trauma Policies exist for managing the following:

- Vital Signs

- VTE prophylaxis
- Pelvic fractures
- Hand injuries
- Near amputations
- Spinal Injuries
- Pregnant trauma patients
- Traumatic Brain injury
- Determination of death

### **Tobacco Free Facility – NO SMOKING on Dignity Health Campus**

As of January 1, 2011, Dignity Health became tobacco-free. This means smoking and the use of any tobacco product is no longer permitted anywhere on our campus grounds, including but not limited to our buildings, parking lots, and walkways. This policy applies to everyone, including patients, visitors, medical staff, volunteers, vendors and employees.

### **Utilities and Medical Equipment Management**

#### **Utility System Management**

Utility Systems are designed to keep our environment comfortable for everyone. However, these systems may fail. When a disruption in a utility occurs, you must be familiar with procedures for maintaining a safe environment.

Utility systems include:

- Nurse Call System
- Telephone
- Paging System
- Beeper System
- Medical Gas System
- Vacuum System
- Domestic Water

- Steam
- Electricity with/without Emergency Power
- Natural Gas
- Elevators
- Air Conditioning
- Heating and Ventilation System
- Pneumatic Tube System

### **UTILITY FAILURE**

In the event of utility failure, immediately notify your Supervisor or Charge Nurse

### **MEDICAL GAS SHUT-OFF**

In an emergency or in the event of failure the medical gas valves may be turned off by any employee who knows the areas affected – notify department manager, charge nurse and respiratory.

### **Medical Equipment Management:**

The objective of the Medical Equipment Management Program is to maintain medical equipment is safe and effective for use by patients and healthcare workers. Check the BioMed label prior to use for the expiration date; if expired, do not use and contact BioMed. You will receive training in the safe operation of all equipment in your department.

### Check operating equipment prior to use with a visual inspection:

Cords and plugs: no exposed wires; cords are not frayed; no bent plugs

- Do functional checks, where applicable.
- Medical equipment labels are current with last date that performance assurance was completed (hand written).

### Equipment training is required when:

- You are new to a work area or assignment
- New equipment is introduced to an area
- A change or update occurs with equipment

### SAFE MEDICAL DEVICE ACT (SMDA)

Purpose: Law enacted to ensure reporting of any serious illness or injury that results from a medical device.

Action: Any person who knows of a medical device that may have caused serious illness or injury shall immediately:

- Attend to the patient's needs.
- Report the incident to your unit/department supervisor, Biomedical Engineering and Risk Management immediately.
- Upon instruction, remove the device and attachments from service and from the patient's room.
- Label the device and indicate problem. Remove to safekeeping for further investigation by Biomedical Engineering/Hospital risk management.
- DO NOT contact the equipment representative or supplier nor release the device to them.
- Complete an online "Confidential Event Report" also known as IVOS according to Dignity Health guidelines.

If you have any questions and/or concerns about the operation of equipment, contact your supervisor or Charge Nurse

## Preventing Infectious Disease Exposure

### Disease Transmission

Bacteria and infectious diseases are transmitted only when there is a source, mode of transmission and a susceptible host.

**Source:** people's blood, body fluids, skin surfaces or objects (i.e. counter tops, medical equipment)

**Transmission:** Contact via body openings, including skin breaks; inhalation of droplets or airborne particles

**Susceptible Host:** Vulnerable populations include the elderly, infants, those with weak immune systems or on steroid therapy and anyone with an open wound, IV port or other break in the skin.

### Guidelines for Infection Prevention

These guidelines are intended to protect patients and healthcare providers from potential exposure to communicable disease. The Infection Control Manual provides extensive additional information.

TWO BASIC TEIRS OR PRECAUTIONS: Standard and Isolation/Transmission Based

### Standard Precautions: Bloodborne Pathogens (Hepatitis B & C, and HIV)

To prevent the spread of infection, treat **all patients** as though their blood, body fluids, secretions and excretions (excluding sweat and saliva), non-intact skin and mucus membranes are infectious. Always use Standard Precautions: hand washing, use of PPE, and proper handling of all specimens, linens, trash, needles and dishes.

Use barrier precautions as needed to prevent contact with blood, body fluids, excretions, secretions, and contaminated items. Wash hands before and after contact or glove use. Wash hands and change gloves between patients. Take care to prevent injuries when using sharps. Dispose of properly.

### Safety Equipment

Use a needleless system, unless it is not available for the task.

- Use safety needles, syringes, and scalpels; activate the safety device immediately after use.
- Do not bend, hand-recap, shear or break contaminated needles and other sharps.
- DO NOT recap or remove contaminated needles from disposable syringes unless it is a medical necessity. Use a mechanical device (i.e. hemostat) or recap using a one-handed technique.
- Place contaminated sharps in an appropriate puncture-resistant, leak-proof container immediately after use.
- An outside vendor removes and replace sharps containers several times a week as needed. Close and seal sharps containers when  $\frac{3}{4}$  full. If a new one is needed, call Environmental Services

Protective Housekeeping: good housekeeping is everyone's responsibility.

- Handle used patient equipment soiled with blood or OPIM (Other Potentially Infectious Materials) with care. Avoid touching skin, mucous membrane, clothing, other patients, or items in the environment.
- Discard single-use items.
- Medical equipment that is shared by patients must be cleaned appropriately and disinfected before using for another patient.
- Handle linens as little as possible, with minimal agitation.
- Transport specimens in closed containers; wear gloves and handle container carefully.
- Clean all blood and body fluid spills promptly.

### Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is available for your protection and safety and includes gowns, aprons, gloves, goggles, face shields and masks that prevent exposure to infectious diseases and hazardous chemicals.

- Gloves: Use whenever there is potential of hands coming in contact with blood or Other Potentially Infectious Materials (OPIM). CAUTION: Handle specimens with care. Place specimens in sealed, solid, leak-proof containers and then place in
- Bio-hazardous (sealed) bag for transporting.
- PPE Gown/Apron (waterproof): Use to protect arms and uniform from contact with or splashing by blood or OPIM.

- Mask and goggles or mask with face shield: Use to protect mucous membranes (mouth, nose, and eyes) from splash, spray or splattering of blood or OPIM.
- General rules for PPE:
  - Use the appropriate personal protective equipment based by the symptoms that the patient demonstrates and not only if the patient is in Transmission-Based Precautions. Practicing Standard Precautions in this manner, will reduce transmission of infection all the time and not just when you are aware of a
  - If the patient has a draining wound – add gloves and gown when caring for the patient
  - If the patient coughs and sneezes – add a mask with a face shield
  - If the patient is incontinent of stool – wear gloves and a gown
  - Replace soon as possible if it becomes contaminated by blood or other OPIM.
  - Always remove PPE before leaving the work area and place in a designated receptacle for disposal.
  - Remove in the proper order:
    - Gloves
    - Gown
    - Hand hygiene
    - Face mask/shield

### Latex Sensitivity

- Non-sterile Latex-free gloves are stocked on all units. Sterile non-latex gloves are available upon request.
- Latex free products are available in Central Supply for latex-sensitive patients.

### Additional Self-Protective Controls (to minimize exposure to infectious disease)

- When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, and splattering and generation of droplets. EXAMPLE: Before removing a rubber stopper from specimen tube, cover it with gauze to reduce the chance of splatter.
- Do not eat, drink, apply cosmetics or lip balms, or handle contact lenses near blood or other potentially infectious materials.
- Avoid petroleum-based lubricants that may eat through gloves. Apply hospital-approved hand cream after thoroughly washing your hands (Do not bring hand cream products from home).
- Do not keep food and drinks in refrigerators, freezers, and cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.
- Do not eat or drink at nurse's station.
- If you are exposed to Blood or Other Potentially Infectious Materials (OPIM):
  - Immediately wash exposed area with soap and warm water.
  - If the exposure is in your mouth or eyes rinse the affected area with room temperature water continuously for 15 minutes.
  - Immediately notify your direct supervisor or Administrative Nursing Supervisor. Complete the Bloodborne Pathogen Exposure Packet. You will be directed to go to the Emergency Department for evaluation.

## Isolation Precautions/ Transmission Based Precautions

Patients with the following types of infection must be handled with particular care, called "**isolation.**" These precautions are used in addition to the Standard Precautions above.

Transmission precautions apply to: Airborne; Droplet; and Contact

**Contact:** direct body-to-body transmission. Examples: C.Diff, VRE, RSV, Herpes Simplex, Scabies, Lice.

- Place in private room or room alone.
- **Wear gown and gloves** when entering room.
- Use medical equipment from isolation cart, dedicate use of patient care equipment to a single patient otherwise clean and disinfect between patient use.
- Limit transport.

**Droplet:** Large respiratory secretions such as meningitis, MRSA sputum, Influenza, Pertussis or Mumps

- Place in private room or room alone.
- **Wear isolation mask** when entering room or within 3 feet of patient.
- If patient is transported to another hospital location, patient to wear surgical mask.

**Airborne:** Small bacilli/viruses circulate in air and are inhaled. Examples: TB, Measles, Chickenpox, Disseminated Herpes Zoster, SARS, Smallpox and Novel Virus (i.e. H1N1)

- Place in private room with negative airflow.
- DOOR CLOSED AT ALL TIMES
- **Wear N95 Respirator or Power Air Purified Respirator (PAPR)** prior to entering room
- Healthcare workers are required to be fit tested before using the N95 Respirator
- Due to OSHA Law §5199. Healthcare workers performing the following high hazard procedures on patients with suspected or diagnosed airborne infectious disease must utilize a Powered Air Purified Respirator (PAPR):
  - Sputum Induction
  - Pentamidine Treatment
  - Bronchoscopy
  - Aerosol Breathing Treatments
  - Pulmonary Function Test
- Visitors wear surgical mask.
- If patient is transported to another hospital location, patient to wear surgical mask. Limit transport of patients outside the patient's room. Essential purposes only.

## Basic Hygienic Measures

All healthcare workers are responsible for infection control. Protect yourself and others by practicing good hygiene.

- Wash hands often according to guidelines in section below.
- Always cover coughs and sneezes with a tissue, or use the fold of your elbow. Wash your hands afterwards.
- Don't touch your own eyes, nose, or mouth except with freshly washed hands.
- Stay home from work if you have a contagious illness such as the flu or have had a fever within the last 24 hours.
- Practice good hygiene: Do not eat or drink in areas where there is a chance you may be



exposed to blood or body fluids. Minimize splashing or spattering when performing procedures involving blood or other potentially infectious materials (OPIM).

## HAND HYGIENE

### WHEN:

- Before starting work
- When hands are soiled
- After removing gloves
- After handling blood and body fluids, even when gloves are worn
- Between patients
- Between touching dirty and clean areas of the same patient during care
- After performing personal care (e.g. blowing nose, using rest room)
- Before and after eating
- Before going home

### HOW:

#### Hand-Washing with Soap & Water:

- Warm water: Too hot or too cold water irritates your skin.
- Soap: Enough to work up a good lather
- Friction: at least 15 seconds worth of friction is needed to remove bacteria and other debris.
- Free-flowing water: Let it flow freely enough to adequately rinse off soap and germs. Hold fingers below wrist when rinsing.
- Paper towel: Thoroughly pat hands dry with paper towel. Use paper towel to turn faucet off, then discard towel.

#### Alcohol-Based Hand Rub (ABHR):

- May be used to wash hands that have not been exposed to blood or bodily fluids.
- Place small amount on hands and rub hands to distribute to all surfaces, until dry.
- Use soap and water after four alcohol hand rub uses.
- DO NOT use alcohol hand rub when caring for patients with *C. difficile* – alcohol will not kill this organism! If you do use alcohol hand rub after caring for a patient with *C. difficile*, be sure to immediately wash with soap and water afterwards.
- Note: When using alcohol-based hand rub allow the solution to dry completely to prevent electrostatic discharge (ESD) that can cause skin burn. These rubs can be used if hands are not soiled with proteinaceous material. Wash hands with soap and water to remove organic material... alcohol hand rub can be used after soil has been mechanically removed with hand washing.
- Use hospital-provided lotion to prevent skin breakdown after every hand washing.
- Remember! The single most important thing you can do to prevent the spread of infection in the hospital is HAND HYGIENE!

#### Artificial Nails

In accordance with Centers for Disease Control and Prevention (CDC) guidelines, personnel providing patient care or related support services, handling equipment or instruments or food service, and laboratory and pharmacy employees are prohibited from wearing artificial nails (acrylic, fiberglass or silk nails and any capping or overlay, including gel nails).

**Exposure Control Plans:** Mandated by the Occupational Safety and Health Administration, CHMC developed the Blood borne Pathogen Control Plan and Tuberculosis Prevention standards, based on Standard Precautions.

***The Blood borne Pathogen Control Plan*** reduces occupational exposure to hepatitis B virus (HBV), human immunodeficiency virus (HIV) and other pathogens carried by the blood. There is a list of job classifications, tasks and procedures in which occupational exposure can occur. Blood borne pathogens can be transmitted by bodily fluids of all kinds. Contaminated sharps must be disposed of immediately in puncture-resistant containers located in the patient's room. Employees must report incidents to their immediate supervisor, complete an incident report, and see Employee Health Services or the ER when Employee Health is closed.

***The Aerosol Transmissible Diseases Respiratory Protection Program Plan*** identifies employees at risk for exposure to TB and other transmissible diseases (ATD). It provides training methods to protect them from exposure and getting treatment when indicated. The plan includes TB surveillance and employee notification, medical evaluation and preventive therapy, methods of compliance, training, record keeping, and evaluation.

**TB infection vs. active TB disease:** a person may become infected by the TB germ, but never develop active disease. A healthy immune system prevents the development of active disease. However, the germs remain in the lungs and must be destroyed by using a TB drug for approximately six months and when symptoms improve. CHMC is a high risk hospital for exposure to TB as defined by the CDC (more than six cases a year diagnosed here) and has a plan in place for early identification, and proper isolation of suspect or know TB patients.

***PPD skin test:*** The skin test for TB is the best way to determine if a person has become infected with TB. This is why six monthly or annual TB screening is required of employees.

***State law*** requires that the hospital does not discharge, release or transfer a patient with suspected or active TB without a written plan and discharge approval from Los Angeles County Department of Health Services TB Control Unit. This is the Gotch Bill.

***The Ebola Exposure Control Plan*** identifies patients with suspect Ebola disease and provides for immediate isolation and use of PPE of healthcare workers with potential exposure. All healthcare workers who will potentially have contact with an Ebola case are identified and training provided to ensure proper control measures are understood and practiced. These healthcare workers will be deemed competent to care for the patient prior to contact. No patients with Ebola will be admitted to the facility, but cases could be seen in the Emergency Department.

**A Separate Module for COVID 19 Education is available and must be completed through mCE for all students. Contractors will have additional COVID 19 educational materials available in the units-ask department managers.**

## **Environmental and Social Responsibility**

### **Dignity Health Environmental Commitment**

Dignity Health manages its operations in a manner demonstrably protective of human health and the environment. Dignity Health seeks new and better ways to meet its environmental goals through conservation, reduction, reuse, and recycling programs. Dignity Health is committed to improving environmental management in its hospitals and to partnering with others in its community to safeguard the health of people and planet.

## Patient Experience

### Communication with Nurses

Patients are being asked.....

- How often did the nurses treat you with courtesy and respect?
- How often did the nurses listen to you carefully?
- How often did nurses explain things in a way you could understand?

### Responsiveness of Hospital Staff

Patients are being asked.....

- After you pressed the call button, how often did you get help as soon as you wanted it?
- How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

### Pain Management

Patients are being asked.....

- How often was your pain well controlled?
- How often did the hospital staff do everything they could to help you with your pain?

### Communication about Medications

Patients are being asked.....

- Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?

### Discharge Information

Patients are being asked.....

- Did the doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?

### Need for Consistency with Current Practice:

- Hourly Rounding (Especially the 3 Ps)
- Bedside Reporting
- Individualized Patient Care (White Board)
- AIDET
- Discharge Folder
- Discharge Phone Call
- Pharmacy Guide
- Teach Back

## Sample Scripts for Nurses

Communication Approach: Use key words and convey consistent messages.

Keep patients informed to decrease anxiety and improve their compliance. Engage the patient in their care.

## HOURLY ROUNDING

“While I am here, please let me assist you to the bathroom. This way you do not need to wait for when we return.”

## CARE BOARD – INDIVIDUALIZED PATIENT CARE

Explain Daily Routine and Plan for the Day (ex: Tests and Procedures)

## PAIN ASSESSMENT

Initial Assessment: “Using the Pain Scale, from 0-10, how would you rate your pain right now?”

## MEDICATIONS AND SIDE EFFECTS

“Your doctor has ordered this new medication\_\_. Its purpose is to\_\_\_\_\_.

Hopefully, you will not experience any side effects, but some patients may experience side effects like

”

“I want to make sure you understand this information. Please teach me what this new medication is for and the side effects you may experience.”

## DISCHARGE TEACHING

Review Discharge Folder then using the Teach Back Method:

“I want to make sure you understand the possible problems to watch for at home. Can you please tell me what you will look out for?”

## PROMOTE SAFETY:

“Is there anyone who will be helping you at home?” “What is your biggest concern about going home?”

## Dignity Health Orientation Program

### Acknowledgement of Receipt/Review of Dignity Health Policies

Directions: Please complete and return this page of the Dignity Health Orientation Program packet along with the completed quiz.

#### Exhibit A

##### Acknowledgement Form to Comply with Dignity Health's Network Usage Policy

- I hereby certify that I have received / read and will comply with Dignity Health's Network Usage Policy 110.1.037.
- I acknowledge that I am responsible for my possession and use of any Dignity Health's or the facility's informational resources and must actively protect these informational resources from unauthorized disclosure, modification, deletion, and usage.
- I hereby agree, as a condition of continued access to the Network (defined in Section I.A of the Network Usage Policy) to abide by the policies and procedures described in Dignity Health's Network Usage Policy. I understand that access to the Network is a privilege, which may be changed or revoked at any time at the sole discretion of Dignity Health.
- I also agree to promptly report all violations or suspected violations of the Usage Policy to the Dignity Health IT management or in confidence to Dignity Health's Hotline at 1-800-938-0031.
- I acknowledge that Dignity Health may need to change or update the Network Usage Policy from time to time and will post any revised policy on the Network. I will comply with all revisions to the Network Usage Policy.
- I understand that if I am unsure of any of the elements of the Network Usage Policy or if I subsequently learn that I am otherwise unable to comply with certain of its requirements, I should contact the IT Helpdesk for assistance with any questions I may have.

#### Exhibit B

- Acknowledgment of receipt of the Standards of Conduct Booklet: Dignity Health's Guide to Compliance and Ethics

#### Exhibit C

- Acknowledgment of Receipt of the Dignity Health Orientation Packet, including Confidentiality/HIPAA information.
- I understand it is my responsibility to familiarize myself with all information given to me (i.e. reviewing the Dignity Health Orientation material, completing the Self-Quiz).
- I also understand that should I require any further information or clarification on any Safety or Policy issues, I can consult my Dignity Health Preceptor/Supervisor or the appropriate Policy and Procedure Manuals.

Signature of User/Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of User/Employee: \_\_\_\_\_

## Statement of Confidentiality

Dignity Health acknowledges both a legal and ethical responsibility to abide by HIPAA regulations to protect the privacy of patients, employees, and RSVP participants. By my signature below, I recognize that the medical records, patient care information, personnel information, reports to regulatory agencies and conversations between or among any healthcare professionals in any way associated with the Hospital, its patients, and my activities are considered privileged and should be treated with utmost confidentiality.

If it is determined that a breach of confidentiality has occurred as a result of my actions, I recognize that I may be liable for damages that result from such a breach and that I shall no longer be allowed to participate in my role/program at a Dignity Health hospital. A single violation of this policy will result in immediate discipline, up to and including discharge.

Violators may also be held liable for any damages that result from such breach in confidence.

**\*\*By signing below, I understand and acknowledge the significance of this confidentiality policy.**

I have received/read and understand it is my responsibility to adhere to the Network Usage Policy, this Network Usage Acknowledgement Form, the Standards of Conduct Dignity Health Guide and the Dignity Health Orientation Program. I hereby agree to fully comply with them.

Signature of User/Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of User/Employee: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Dignity Health/Dept/Agency/School: \_\_\_\_\_

Position: \_\_\_\_\_



Dignity Health  
Workplace Violence  
Prevention Awareness for  
Volunteers and Students

# Hello

# humankindness

Humankindness is more than an ideal.  
It is at the heart of our healing mission.



# Dignity Health Workplace Violence Prevention Awareness for Volunteers and Students

## Welcome!

Welcome to Dignity Health, where our greatest asset is our PEOPLE. This includes YOU.

Dignity Health uses the highest standard throughout the enterprise. Related to WPV, the California Occupational Health and Safety Administration standards have been adopted (SB1299).

This training is being offered to provide Dignity Health volunteers and students with a basic educational and training program that addresses violence in the workplace in accordance with applicable statutes, mandates, and regulations.

All threats or acts of workplace violence occurring on Dignity Health property or while representing Dignity Health is prohibited.

## What is Workplace Violence?

"Workplace violence" means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

- A. The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury
- B. An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury

## Why are we offering this training?

Alarming statistics promoting employee education and a workplace violence program include:

- Increase in violent incidences in the healthcare setting
- Crimes started elsewhere are finished in healthcare facilities
  - Healthcare facilities have unique security requirements
  - Hours of operation
  - High level of emotion
  - Variety of threats (some examples)
    - ✓ Gang violence
    - ✓ Intoxicated subjects
    - ✓ Domestic violence
    - ✓ Disorderly subjects

Violence can occur anywhere.

### Issues that may increase risk of violence:

- Long wait times
- Crowded conditions
- Lack of information given to Patients and visitors
- Inadequately trained staff

### Patient, Visitor, and Staff Risk Factors

Precipitating factors may include:

- Increased personal stress
  - Loss of job
  - Finances
  - Relationships
  - Family dynamics
- A need to maintain self esteem
- Physiological causes
  - Illness
  - Alcohol/drug abuse
  - Hunger
  - Pain
  - Environmental (heat/cold)

## Dignity Health has Collaborated with AVADE®

The AVADE® WPV Prevention Training is designed to educate, prevent and mitigate the risk of violence in individuals in the workplace.

The AVADE® philosophy incorporates learning new habits, skills, and actions that employers and employees can use to enhance their personal safety and their ability to defend themselves or others from dangerous situations, crimes, and violence.

### The AVADE Acronym and Principles

The Principles in the AVADE® Training Program are:

**Awareness** = An ability to perceive, feel, or be conscious of something.

**Vigilance** = The practice of paying attention.

**Avoidance** = “The best self defense is to not be there...” – David Fowler

**Defense** = Self defense is the right to use reasonable and appropriate force.

**Escape/Environment** = Spatial empathy, own the door, proper positioning, etc.

## Dignity Health Workplace Violence Website: Policy and Resources

Dignity Health has a corporate wide Workplace Violence Policy & Plan covering prevention, response, and reporting.

What to look for in the policy:

- How to *respond, alert others, and report* aggressive/violent behavior

You are required to report all acts of Workplace Violence, whether directly involved in or a witness of.

**WPV desktop icon**

**For WPV Resources:** [SafetyReporting.DignityHealth.org](https://SafetyReporting.DignityHealth.org)

**The WPV Policy:** [policymedical.dignityhealth.org](https://policymedical.dignityhealth.org)

Click on the WPV icon on your Dignity Health desktop to visit the Workplace Violence Prevention Website with Resources



## Preventing Workplace Violence: Identifying and Deescalating Escalating Behavior

### Phases of escalating behavior

Behavioral clues are often present before a person actually commits a violent act. Indicating behavior may consist of verbal threats, such as use of profanity, and may escalate to more observable threats.

The goal is to intervene before the assault actually takes place.



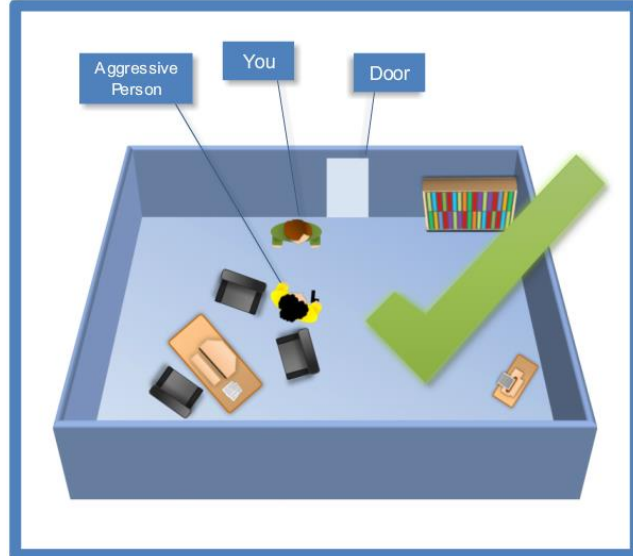
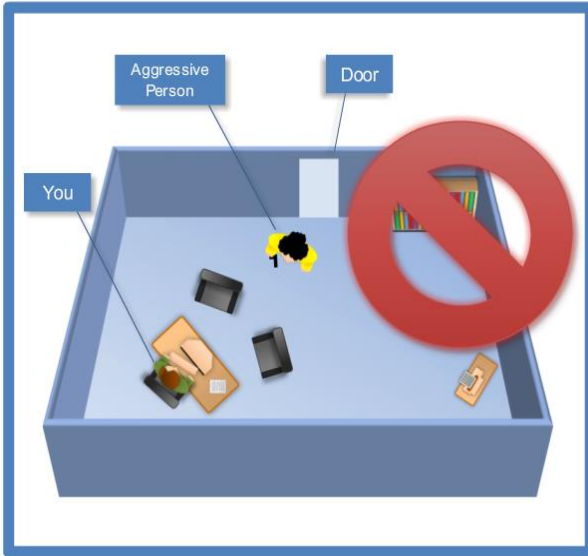
### Acts of Violence: Employee Response

Everyone has the right to work in a safe and healthy work environment.

Employee Response:

- Protect themselves from acts of violence
- Remove themselves from a dangerous situation
- Request assistance when needed.
  - Contact Security (where applicable)
  - Call 911
  - Activate Emergency Response Code
  - Activate Emergency Response Plans
- Become familiar with Emergency Numbers and Response Codes
- Ex: Code Grey – overhead paging system

## Safety: Own the Door



### Own the Door:

- Stay near the exit, but do not block the exit. Leave yourself an out, so there is always a way out if the individual becomes violent.

### Never turn your back to an individual:

- Walk in facing the individual and walk out facing the individual.

## Active Shooter Incident

### Acts Of Violence: Active Shooter Incidents

Active shooter situations are unpredictable and evolve quickly. Because of this, individuals must be prepared to deal with an active shooter situation before law enforcement personnel arrive on the scene.

### Patient Care During an Active Shooter Event

- Healthcare professionals may be faced with the decision about the safety of patients and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure. Understandably, this is a sensitive topic.
- As appropriate, it may be valuable to schedule times for open conversations to explore this topic and response considerations.
- There is no single answer for what to do, but a survival mindset and open and honest discussion can help increase the odds of survival.

## RUN! HIDE! FIGHT!



## RUN

Get out if there is an accessible escape route.

- Evacuate regardless if others agree to follow
- Consider temporarily discontinuing patient care
- Secure patient room upon exiting (close door, pull curtain, turn off light)
- Move patients out of dangerous areas
- Leave personal belongings behind
- Help others escape but do not stop and render care for the injured

When evacuating the building:

- Keep hands raised, visible, and empty
- Keep others from entering the area
- Don't point, scream, or yell
- Remain calm
- Move a safe distance from the building
- Do not re-enter the building until the **all clear** has been given by law enforcement

## When Law Enforcement Arrives

- Don't make sudden movements toward officers
- Officers may shout commands and may push individuals to the ground
  - Follow law enforcement instructions
- Do not interfere with officers or ask officers questions

**Law Enforcement will not stop and render aid to the wounded. Their primary objective is to stop the shooter.**

## HIDE

- Find a place to hide where the shooter is less likely to find you, out of the shooter's view
- Silence cell phones: alarms, rings, and vibrations
- Seek shelter and move others into a secure room
- Hide behind large items
- Close doors, pull curtains, turn off lights, move bed or heavy object against door if possible
- Call Security or Law Enforcement (911) if safe to do so:
  - Provide the location of the incident
  - The number of perpetrators, victims, and/or hostages
  - Communicate what is happening
  - Provided the size/type of weapon used if known
  - If unable to talk, keep the line open for the responders to listen in and do not hang up
- Activate panic alarms
- Think of next steps to include engaging in "Fight"

**If you are able to assist the injured and move them to safety, do so.**

## FIGHT

- Attempt to disrupt the active shooter by:
  - Acting as aggressively as possible
  - Working together
  - Spreading out
  - Yelling and distracting
  - Throwing items and improvising weapons (fire extinguisher, coffee mug, stapler, shanks, etc.)
  - Committing to your actions

**The decision to fight should be considered as a last resort. It is a personal decision to engage with a shooter.**

***Thank you.***

***Be safe!***

I have received/read and understand the Workplace Violence Prevention Awareness Volunteer and Student information. I hereby agree to fully comply with them.

Signature of User/Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of User/Employee: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Dignity Health/Dept/Agency/School: \_\_\_\_\_

Position: \_\_\_\_\_

**DIGNITY HEALTH  
ADMINISTRATIVE POLICY AND PROCEDURE**

**FROM:** Compliance Oversight Committee

**SUBJECT:** Network Usage Policy for Providers Not Employed by Dignity Health  
 (“NUPP”)

**EFFECTIVE DATE:** January 12, 2015

**REVISED:** (110.1.050) January 17, 2012; January 5, 2009

**ORIGINAL EFFECTIVE DATE:** (110.1.050) January 5, 2009

**REPLACES:** (110.1.050) Network Usage Policy for Providers Not Employed by Dignity  
 Health (“NUPP”): January 17, 2012; January 5, 2009

<b>APPLIES TO:</b>	System Offices:	<u>    X    </u>
	Acute Care Entities:	<u>    X    </u>
	Non-acute Care Entities:	<u>    X    </u>

**I. POLICY:**

It is the policy of Dignity Health to permit appropriate access to the Dignity Health Network and its clinical information systems and portals to physicians and allied health professionals that provide Treatment to patients of a Dignity Health Facility and/or refer patients to a Dignity Health Facility (“**Practitioner**”). With the Practitioner’s sponsorship, Dignity Health will also permit appropriate access by the Practitioner’s office staff for the purpose of supporting patient care (“**Clinician Support Staff**”). For the purposes of this policy the term Practitioner and Clinician Support Staff do not include individuals who are employed by Dignity Health or its affiliates.

The Dignity Health Network and its information systems are a critical component for the provision of timely quality care to patients and business operations. Protected Health Information (“**PHI**”) and other Confidential and Sensitive Information reside on the Network and are protected by law and strict Dignity Health privacy and data security policies. The intent of these laws and policies is to protect the Confidentiality, Integrity, and Availability of this information.

Accordingly, when accessing the Dignity Health Network, Practitioners and Clinician Support Staff are required to limit their access solely to information necessary for the Treatment of their patients and Payment for such services and to conduct themselves

in strict conformance with Dignity Health policies and to use common sense and exercise good judgment at all times and as follows:

**A. Role-Based Access.** The nature of the relationship between the Practitioner, the Dignity Health Facility and the patient, and the guidance in Exhibit C, **Practitioner Access to Patient Information**, will govern access to the Dignity Health Facility’s information systems and portals:

1. Credentialed members of the Dignity Health Facility’s Medical Staff and their Clinician Support Staff.
  - i. access may be provided as necessary for the provision of Treatment to the Practitioner’s own patients and access necessary for call coverage, consultation, or other Treatment-related purposes for patients of the Dignity Health Facility OHCA. Such access includes:
    - (a) the Dignity Health Facility’s electronic medical record system(s) as necessary to treat patients, place orders and document in the medical record; and
    - (b) remote access through approved portals, Internet, VPN or dial up connections.
  - ii. access may be provided as necessary to bill for services provided to their patients. Such access shall be:
    - (a) limited only to the minimum PHI necessary to bill for the services;
    - (b) granted only to systems with capability to limit the User’s access to only patients that have an active relationship with the Practitioner’s practice; and
    - (c) exclude sensitive information and other information for which a patient’s request for access restrictions has been approved.
  - iii. access may be provided as necessary to support the operations of the hospital and its OHCA.
2. Practitioners who are not credentialed members of the Dignity Health Facility’s Medical Staff may be provided electronic access solely to:
  - i. access test results that the Practitioner has ordered on her/his patients and results of tests ordered on other patients within the same practice setting; and
  - ii. access test results and other medical information made available by another provider for consultation, referral or other treatment related activity.

**B. Monitoring of User Content and Activity While on the Dignity Health Network:** Network access is a privilege and is granted to Practitioners and Clinician Support Staff (“**User(s)**”) for the purpose of treating patients,



maintaining clinical documentation, and facilitating the performance of Dignity Health-related business. WHILE DIGNITY HEALTH DOES NOT ASSUME ANY OBLIGATION TO REGULARLY MONITOR AND LOG USERS’ ACTIVITY ON THE NETWORK, IT MAY ACCESS, MONITOR, LOG, REVIEW AND DISCLOSE, AS IT DEEMS NECESSARY, IN ITS SOLE DISCRETION, ALL CONTENT CREATED OR RECEIVED BY USERS, INCLUDING BUT NOT LIMITED TO USERS’ WEB BROWSING, INSTANT MESSAGE, E-MAIL AND APPLICATION ACTIVITY FOR ANY PURPOSE TO ANY PARTY. DIGNITY HEALTH MAY ALSO DISCLOSE THE CONTENT OF USERS’ NETWORK ACTIVITY TO LAW ENFORCEMENT OFFICIALS AND APPROPRIATE DIGNITY HEALTH MANAGEMENT WITHOUT PRIOR NOTICE TO OR CONSENT OF USERS. AS A RESULT, USERS SHOULD NOT EXPECT THAT ANY CONTENT USERS CREATE OR RECEIVE TO BE PRIVATE OR PERSONAL AND, BY SIGNING ANY OF THE ATTACHED MEMORANDUM OF UNDERSTANDING FORMS (ATTACHED AS EXHIBIT A OR B), USERS THEREBY WAIVE ANY PRIVACY OR CONFIDENTIALITY OR SIMILAR RIGHTS TO OR IN ANYTHING USERS CREATE OR RECEIVE ON OR VIA THE NETWORK

**C. Users Obligations and Responsibilities.** Practitioners and Clinician Support Staff are required to:

1. Use the Network and computer systems for the benefit of the Dignity Health Facility and the Treatment of its patients;
2. Limit their use of the Network to those purposes provided in paragraph I.A above and, for all other purposes, shall follow the Dignity Health Facility’s release of information policies;
3. Be responsible for necessary and appropriate safeguards to protect PHI and other Sensitive Information stored or processed on the Practitioner’s hardware and media;
4. Use only a unique Dignity Health User ID and password (including access badges, certificates and other forms for authentication) and protect them from use by anyone else;
5. Use appropriate protections (personal firewall, anti-virus and anti-spyware software) and obtain approval from the Dignity Health Facility’s IT Site Director before connecting your personal or office computers, digital memory, or PDA to the Network; except Dignity Health IT Site Director approval is not required when accessing the Network through the Internet or using the Dignity Health Facility Guest Internet access; and
6. Report security violations, or attempts immediately to the Dignity Health IT Site Director, Dignity Health IT Security Operations, the Facility Compliance Professional, or the CISO.

**D. Acceptable use of the Network:** A User may, while carrying out their responsibilities:

1. Access web sites for reference information, product information, regulatory information, and purchasing as it relates to the User’s responsibilities;
2. Access externally-hosted web applications (ASP) as they relate to the User’s responsibilities; and
3. Use Internet resources for limited personal use provided that:
  - i. Dignity Health may, at any time and at its sole discretion, deny Internet access for non-business use;
  - ii. the use does not involve activities that are unlawful or otherwise not in conformance with this Policy or other Dignity Health policies;
  - iii. the use does not involve non-Dignity Health commercial use;
  - iv. the use does not involve large consumption of Network resources; and
  - v. the use does not interfere with normal business operations of any Dignity Health workstation, device, department, application or other resource.

**E. Prohibited Uses of the Network:** Users are prohibited from engaging in activities that are unlawful, may result in damage to the Network, may cause interruption of service, interferes with normal business operations, or are contrary to the mission and values of Dignity Health or its policies and procedures. Users are further prohibited from attempting to bypass login or security controls or place Dignity Health’s confidential data at risk. The following is a non-exhaustive list of examples of prohibited uses of the Network, both during and after business hours:

1. Using or accessing the Network account, including e-mail, files or application accounts, of another User, except as provided in Use of Network Logs and User Files policy #110.2.012 and Account Deactivation & Quarantine policy # 110.2.011;
2. Sending e-mail from a generic, shared or anonymous e-mail accounts;
3. Using the Network to send or forward spam or chain letters;
4. Knowingly creating, receiving, posting or forwarding material, or creating hyperlinks thereto, for illegal, libelous, unethical or pornographic purposes, or to negatively depict race, national origin, gender, sexual orientation, religion, creed, age, disability, or to otherwise violate Dignity Health’s policy against harassment, or contribute to an intimidating or hostile work environment or use for an use inconsistent with or in violation of the mission or policies of Dignity Health;
5. Broadcasting unsolicited personal views on social, political, or religious areas not within User’s job duties, or other non-business related matters;
6. Accessing or disclosing Confidential Information, Sensitive Information, or Strictly Confidential Information that is not within the scope of the User’s Dignity Health-

related duties and responsibilities (see **Confidentiality and Data Classification** policy #110.2.005)

7. Acting in a deliberate manner that is likely to damage or disrupt the Network, alters its normal performance, or causes it to malfunction or accessed by a party without authorization, regardless of location or duration;
8. Willfully or negligently introducing a computer virus, Trojan horse, spyware, or other malicious programs into the Network, or into external systems and networks;
9. Encrypting, decrypting or attempted decrypting of any Network component, Network content, User ID, passwords, or any other encrypted files or accessing another User’s account without proper authorization;
10. Transmitting Confidential or Sensitive Information off site without appropriate authorization and the use of minimum safeguards documented in the **Confidentiality and Data Classification** Policy #110.2.005 and other applicable policies;
11. Backing up or copying Network content from a computer, smartphone, tablet or other mobile media, personally-owned or otherwise, to or on Internet storage, Cloud storage or other remote storage, or maintaining Network content on such Internet, Cloud or remote storage.

**F. Disclaimer of Liability for Internet Use:**

WHILE DIGNITY HEALTH MAY USE CERTAIN TECHNOLOGIES TO BLOCK INAPPROPRIATE EMAIL OR WEBSITES, NEVERTHELESS, DIGNITY HEALTH CANNOT BE HELD RESPONSIBLE FOR MATERIAL VIEWED OR DOWNLOADED BY USERS FROM THE INTERNET. EACH USER ACCESSING THE INTERNET DOES SO AT HIS/HER OWN RISK. THE INTERNET IS A WORLDWIDE NETWORK OF COMPUTERS THAT CONTAINS MILLIONS OF PAGES OF INFORMATION OFTEN POSTED BY UNKNOWN INDIVIDUALS. USERS ARE CAUTIONED THAT MANY OF THE PAGES MAY INCLUDE OFFENSIVE, SEXUALLY EXPLICIT, AND INAPPROPRIATE MATERIAL. IN GENERAL, IT IS DIFFICULT TO AVOID AT LEAST SOME INCIDENTAL CONTACT WITH THIS MATERIAL WHILE USING THE INTERNET. EVEN INNOCUOUS SEARCH REQUESTS MAY LEAD TO SITES WITH HIGHLY OFFENSIVE CONTENT. IN ADDITION, HAVING AN E-MAIL ADDRESS ON THE INTERNET MAY LEAD TO THE RECEIPT OF UNSOLICITED EMAIL CONTAINING OFFENSIVE CONTENT. USERS ACCESSING THE INTERNET DO SO AT THEIR OWN RISK. DIGNITY HEALTH IS NOT RESPONSIBLE FOR THE MATERIAL VIEWED OR DOWNLOADED BY A USER FROM THE INTERNET. DIGNITY HEALTH’S USE OF TECHNOLOGY TO BLOCK INAPPROPRIATE EMAIL OR WEBSITES DOES

NOT GUARANTEE THAT ANY OR ALL OFFENSIVE MATERIAL WILL BE BLOCKED AND INACCESSIBLE TO THE USER. EACH USER IS ADVISED TO EXERCISE APPROPRIATE CAUTION IN ACCESSING THE INTERNET IN ORDER TO AVOID OFFENSIVE CONTENT.

**G. Miscellaneous:**

This Policy is not intended to, and does not grant, the User any contractual rights.

If a User is unsure of any of the above requirements, or is otherwise unable to comply with any of the requirement of this Usage Policy, a User should contact the IT Site Director or the Office of the CISO for assistance with any questions.

If a User wishes to confidentially report a problem or other issue relating to this Usage Policy or a violation thereof, he or she may do so by calling the **Dignity Health Hotline at 1-800-938-0031**.

**II. PURPOSE:**

The purpose of this policy is to implement certain aspects of Dignity Health’s **Privacy Principles policy #70.8.001** in order to comply with the Health Insurance Portability and Accountability Act (“**HIPAA**”) and other federal and state laws governing protection of confidential health information. The Dignity Health Board has delegated certain aspects of its authority to the Dignity Health Chief Information Security Officer (“**CISO**”) to ensure that necessary policy and procedures are written and implemented to comply with federal and state Privacy and Data Security regulations.

**III. DEFINITIONS:**

Capitalized terms not defined herein shall be as defined in the **Dignity Health Privacy and Security Definitions policy#110.1.024**.

- “**CISO**” – Dignity Health’s Chief Information Security Officer.
- “**Clinician Support Staff Memorandum of Understanding**” – See **Exhibit B** attached.
- “**Memorandum Of Understanding**” (MOU) – See **Exhibit A and B** attached.
- “**Network**” – Dignity Health’s Network includes its internally and externally hosted information systems, Internet, Extranets, Intranet, e-mail, instant messaging, telecommunication services provided by or on behalf of Dignity Health and its affiliates. Network also includes all Dignity Health-issued

electronic devices, regardless of whether such usage is in audio, video, or other media format.

- "Organized Health Care Arrangement" (**OHCA**) - defined in HIPAA privacy rules as a clinically integrated care setting in which individuals typically receive health care from more than one health care provider.
- **“Payment”** – See Dignity Health Data Security Administrative Policy Definitions Policy #110.2.003.
- **“Protected Health Information”** (PHI) -- See Dignity Health Data Security Administrative Policy Definitions # 110.2.003.
- **“Treatment”** – See Dignity Health Data Security Administrative Policy Definitions policy #110.1.003.
- **“User(s)”** – All employees, non-employee providers, Business Associates, contractors, and other third parties that have been given access to the Dignity Health Network, including information systems and portals.

#### **IV. PRINCIPALLY AFFECTED DEPARTMENTS:**

The following entities are principally affected by the policy elements and shall receive or provide required education as applicable.

All facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, clinics, and specifically the following departments:

- Allied Health Professionals
- Facility Privacy Officials
- Facility Management
- Information Technology Services
- IT Site Leader
- Medical Staff Services
- Physicians, Physician Office Staff

#### **V. PROCEDURES:**

It is the responsibility of each Dignity Health Facility and Dignity Health IT Department to implement practical methods for carrying out this policy. At a minimum each Dignity Health Facility shall establish a written procedure for approving and granting Network access for Practitioners in accordance with this policy and as follows:

**A. General Requirements:**

1. Practitioners who wish to have Network privileges must satisfy the Dignity Health Facility’s approval criteria and must sign (in writing or by on-line acknowledgement) a **Memorandum Of Understanding** (the “**MOU**”), which is attached hereto as Exhibit A.
2. Practitioners that are credentialed members of the Dignity Health Facility’s medical staff shall be approved by the facility’s Medical Staff Services office.
3. Practitioners that are not credentialed by the Dignity Health Facility shall be approved by the Primary Publisher or Limited Publisher of the website or remote access portal being used to access the Dignity Health Facility’s PHI.
4. Copies of the signed MOU, whether signed electronically or in ink, must be retained by the Medical Staff Services office or the applicable Business Owner, Primary Publisher or Limited Publisher (“**Business Owner**”) for a minimum of six years in a filing system or repository that provides ready access. The location and custodian of these records must be specified in the Dignity Health Facility’s local written procedure.
5. Business Owners and other business units shall provide timely notification to Dignity Health IT Security Operations or other designated security administrator of the need to deactivate a Practitioner’s account whenever the Practitioner leaves the medical staff or, for any other reason, no longer requires Network access.
6. Practitioners may request and sponsor appropriate Network access for their Clinician Support Staff as follows:
  - i. the access satisfies the Dignity Health Facility’s approval criteria;
  - ii. the Practitioner has been approved for access and has signed the Exhibit A MOU,;
  - iii. prior to being granted Network access, the Practitioner and the Clinician Support Staff have signed (in writing or by on-line acknowledgement) a **Clinician Support Staff Memorandum of Understanding** which is attached hereto as Exhibit B;
  - iv. the Practitioner or her/his delegate shall provide the Dignity Health Facility with timely notification to deactivate the Network accounts of Clinician Support Staff that no longer provide support to the Practitioner.
7. To have continued Network access, the foregoing Users are required to bi-annually re-sign the MOU; this re-signing can be part of the bi-annual re-credentialing process or other process that ensures that the MOU is re-signed at least once every 24 months.

**B. Periodic Access Review.** At least every six (6) months the Dignity Health Facility Business Owners shall review the list of Practitioners and Clinician

Support Staff having active Network accounts. The purpose of the review is to verify that all such accounts are still appropriate and that access by the account should continue:

1. The Dignity Health Facility written procedures shall document the job titles of the individual(s) responsible for reviewing the list of approved Practitioners;
2. The Practitioner or her/his delegate shall review the list of the Practitioner’s Clinician Support Staff and provide a timely report back to the Dignity Health Facility;
3. The accounts of any Users no longer requiring continuing Network access shall be promptly deactivated; and
4. Records of the periodic review and any account deactivations resulting from the review shall be maintained for a minimum of six years in accordance with the Dignity Health Facility’s written procedure.

## **VI. STATUTORY/REGULATORY AUTHORITIES**

Noted as footnotes in policy if applicable.

## **VII. EXHIBITS:**

*To access the most current version of the form click to follow link:*

[110.2.007 NUPP Exhibit A MOU: Independent Physician](#)

[110.2.007 NUPP Exhibit B MOU: Physician Clinic Support Staff](#)

[110.2.007 NUPP Exhibit C Guidance for External Provider Access](#)

Physician/Practice Information	Medical Staff Services Office
Practice Name: _____	Facility Name: _____
Physician Name: _____	_____
Street: _____	Contact name: _____
City: _____ State: _____ Zip: _____	Email: _____
Email: _____	Telephone: _____
Telephone: _____	

110.2.007 Exhibit A  
Memorandum of Understanding  
Independent Physician

The undersigned physician (hereinafter referred to as “you” or “your”) wishes to have access to and use of the undersigned medical facility (“Medical Facility”) and Dignity Health network, which may include, as applicable, Intranet, Extranet, or audio/video/PDA/telecommunication devices, desktops and laptops (the “Network”). By granting you such access, you may be able to view or copy confidential or privileged patient-related information that is electronically stored and made available to health care professionals.

As a condition of receiving access to the Network, you acknowledge and agree as follows:

1. Information that you seek through the Network shall be limited solely to that of patients who are being cared for by both you and the Medical Facility.
2. You shall limit your use of the information obtained from the Network (the “Information”) solely to providing health care services to the patient to whom it relates. Where specifically permitted by the Medical Facility, you and your business associate, as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), may also use the Information for obtaining payment for your services and for certain health care operations as permitted under HIPAA. You shall not use the Information for any other purpose nor disclose Information relating to a particular patient to any third party without the written authorization of said patient.
3. You agree to undertake a reasonable degree of care to protect the Information considering its confidential and privileged nature, which care shall not, in any event, be less than that required by law and by Network Usage Policy for Providers Not Employed by Dignity Health policy (“NUPP”), a copy of which is attached.
4. You have read and understand the NUPP, and agree that, in addition to the requirements herein, the NUPP also governs your access to and use of the Network. Any revisions to the NUPP, which may be necessary from time to time, will be readily available to you on the Network for your review.
5. Your Network user ID and password is unique to you and at no time shall you share with or otherwise disclose either of them to any other individual in your office or elsewhere. You agree to immediately report to Medical Facility the disclosure or loss of your user ID or password, or its inappropriate use.
6. If you or your medical practice is a covered entity under HIPAA, you acknowledge you are separately and solely responsible for protecting any protected health information while it is being viewed or if copied or downloaded using your User ID and password.
7. For the purpose of Medical Facility’s compliance with HIPAA, and security and integrity of the Network and the information therein, the Medical Facility and Dignity Health will electronically monitor, record and audit your Network activity. Nevertheless, you should not and cannot rely on such monitoring, recording, or auditing to electronically prohibit inappropriate use of your user ID or password by either you or another individual.

ACCEPTED AND AGREED TO:

By: \_\_\_\_\_  
*(signature)*

Approved: \_\_\_\_\_  
(medical services contact signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_



<b>Physician/Practice Information</b>	<b>Medical Staff Services Office</b>
Practice Name: _____	Facility Name: _____
Physician Name: _____	_____
Street: _____	Contact name: _____
City: _____ State: _____ Zip: _____	Email: _____
Email: _____	Telephone: _____
Telephone: _____	

**110.2.007 Exhibit B**  
**Memorandum of Understanding**  
**Network Access Request for Clinician Support Staff of Physician**

The undersigned physician (“Requesting Physician”) has previously signed a Memorandum of Understanding for Network access and now wishes to request and sponsor access to and use of the undersigned medical facility (“**Medical Facility**”) and **Dignity Health’s** network for his or her office staff (including business associates) identified below, which persons hereinafter are referred to as “**you**” or “**your**”). Such access or use may include, as applicable, Intranet, Extranet, or audio/video/PDA/telecommunication devices, desktops and laptops (the “**Network**”). By granting you such access, you may be able to view or copy confidential or privileged patient-related information that is electronically stored and made available to health care professionals.

**As a condition of receiving access to the Network, you acknowledge and agree as follows:**

1. Information that you seek through the Network shall be limited solely to patients who are being cared for by both your supervising physician and the Medical Facility.
2. You shall limit your use of the information obtained from the Network (the “**Information**”) solely to providing health care services to the patient to whom it relates. Where specifically permitted by the Medical Facility and as directed and approved by your supervising physician you may also use the Information for obtaining payment for your services and for certain health care operations as permitted in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). You shall not use the Information for any other purpose nor disclose Information relating to a particular patient to any third party without the written authorization of said patient.
3. You agree to undertake a reasonable degree of care to protect the Information considering its confidential and privileged nature, which care shall not, in any event, be less than that required by law and the Network Usage Policy for Providers Not Employed by Dignity Health policy #110.2.007 (“**NUPP**”), a copy of which is attached.
4. You have read and understand Dignity Health’s NUPP, and agree that, in addition to the requirements herein, the NUPP also governs your access to and use of the Network. Any revisions to the NUPP, which may be necessary from time to time, will be readily available to you on the Network for your review.
5. Your Network user ID and password is unique to you and at no time shall you share with or otherwise disclose either of them to any other individual in your office or elsewhere. You agree to immediately report to Medical Facility the disclosure or loss of your user ID or password.
6. If you or your medical practice is a covered entity under HIPAA, you acknowledge the covered entity is separately and solely responsible for protecting any protected health information while it is being viewed or if copied or downloaded using your User ID and password. You acknowledge that any violation of this Memorandum of Understanding could result in irreparable harm, the damages for which are incalculable. You agree that in the case of such breach of the foregoing agreement and trust, the patient, Dignity Health and Medical Facility shall have every remedy available at law, including immediate injunctive relief.
7. For the purposes of Medical Facility’s compliance with HIPAA, and security and integrity of the Network and the information therein, the Medical Facility and Dignity Health will electronically monitor, record and audit your Network activity. Nevertheless, you should not and cannot rely on such monitoring, recording, or auditing to electronically prohibit inappropriate use of your user ID or password by either you or another individual.

**Exhibit B -- Memorandum of Understanding (cont'd)**

Clinician Support Staff-- Network Access Request for Physician Personnel

**ACCEPTED AND AGREED TO:**

I acknowledge I have read and understand this Memorandum of Understanding and **NUPP** and agreed to be bound by their requirements.

Clinician Support Staff member  
**Note: Use One form per requesting member**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I agree to sponsor necessary access and usage of the Network by the member of my office staff identified below and shall be responsible for their supervision to ensure their compliance with this Memorandum of Understanding and the **NUPP**. I also agree to immediately notify Facility Medical Director in writing once the above individual is terminated or no longer needs Network access. If I or my medical practice is a covered entity under HIPAA, I hereby acknowledge I am separately and solely responsible for securing any protected health information while it is being viewed or if copied or downloaded using the above individual's User ID and password.

**ACCEPTED AND AGREED TO:**

Clinician: \_\_\_\_\_

Medical Services Contact

Signature: \_\_\_\_\_

Approved: \_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## 110.2.007 Exhibit C –Guidance for External Provider Access to Dignity Health Network

*This document outlines the requirements and allowable scope of access to Dignity Health Patient Information for laboratory outreach and referral for ambulatory.*

	<b>Entities/Persons Accessing Patient Data</b>		
	<b>Members of Dignity Health HIPAA Workforce (ACE)<sup>i</sup></b>	<b>Non-Employed Medical Staff Member (OHCA)<sup>ii</sup></b>	<b>Referring Physician not on Medical Staff<sup>iii</sup></b>
<b>Method of Assuring Compliance</b>	<ul style="list-style-type: none"> <li>≠ Dignity Health Policies.</li> <li>≠ Network Usage Policy Acknowledgement.</li> </ul>	<ul style="list-style-type: none"> <li>≠ Medical Staff Bylaws.</li> <li>≠ Network Usage Policy Acknowledgement.</li> </ul>	<ul style="list-style-type: none"> <li>≠ Network Usage Policy Acknowledgement to use Laboratory, Imaging, or other Dignity Health Facility portal.</li> </ul>
<b>Scope of Access</b>	<ul style="list-style-type: none"> <li>≠ PHI for patients at all facilities that are part of the Dignity Health ACE</li> <li>≠ Access is limited to the minimum necessary based on the individual’s role.</li> </ul>	<p>Subject to the access restrictions below:</p> <ul style="list-style-type: none"> <li>≠ PHI of <u>only</u> the physician’s patients and only patients at facilities within the OHCA(s) in which the physician participates.</li> <li>≠ PHI on patients as necessary for treatment through “break the glass” functionality. “Break the glass” access to PHI may be extended to Medical Staff Members of a Dignity Health Facility within the Dignity Health ACE, provided that the Notice of Privacy Practices has been updated to reflect sharing between the Dignity Health Facilities.</li> <li>≠ “Break the glass” functionality can only be used for purposes of treatment. For purposes other than treatment, access is permitted only to the physician’s or practice’s patients</li> <li>≠ Access may include PHI from other encounters in the Dignity Health Facility’s clinics, inpatient, and outpatient services.</li> </ul>	<ul style="list-style-type: none"> <li>≠ Only labs, imaging studies, or other results ordered by the physician.</li> </ul>
<b>Method of Access</b>	<ul style="list-style-type: none"> <li>≠ Remote access to electronic PHI only in accordance with Dignity Health IT approved methods,</li> </ul>	<ul style="list-style-type: none"> <li>≠ Remote access to electronic PHI only in accordance with Dignity Health IT approved methods and only for purposes of</li> </ul>	<ul style="list-style-type: none"> <li>≠ Remote access to electronic PHI only in accordance with Dignity Health IT approved methods that</li> </ul>

**110.2.007 Exhibit C –Guidance for External Provider Access to Dignity Health Network**

		<b>Entities/Persons Accessing Patient Data</b>		
		<b>Members of Dignity Health HIPAA Workforce (ACE)<sup>i</sup></b>	<b>Non-Employed Medical Staff Member (OHCA)<sup>ii</sup></b>	<b>Referring Physician not on Medical Staff<sup>iii</sup></b>
		≠ Removal of PHI from the Dignity Health Facility in paper or electronic format only in accordance with the Dignity Health Facility’s policy.	<p>treatment.</p> ≠ For purposes other than treatment, access may be provided via electronic interfaces to physician practice management systems and billing services, following completion of a compliance review and minimum necessary review.	<p>restrict access solely to results of tests and procedures ordered by the provider.</p> ≠ For purposes other than treatment, access may be provided via electronic interfaces to physician practice management systems and billing services, following completion of a compliance review and minimum necessary review.
<b>Access Restrictions</b>	<b>1. VIP</b>	Access to VIP and other sensitive PHI is fully documented in Dignity Health policy. Review of access to VIP and sensitive PHI is to be included in the facility’s audit plan.	Access to information on VIPs is limited to the physician’s own patients.	Access is limited to information provided by the referring physician on the requisition and associated results of tests or procedures.
	<b>2. Restriction requested</b>	If the facility agrees to a patient’s request for restrictions on the use of the patient’s PHI, access must be limited as required by any such restriction.	If the facility agrees to a patient’s request for restrictions on the use of the patient’s PHI, remote access must be limited as required by any such restriction.	Access is limited to information provided by the referring physician on the requisition and associated results of tests or procedures.
	<b>3. Credit Card Information</b>	Access to credit card information is fully documented in Dignity Health policy. Review of access to credit card information is to be included in the Dignity Health Facility’s audit plan.	Not permitted.	Not permitted.

**110.2.007 Exhibit C –Guidance for External Provider Access to Dignity Health Network**

		<b>Entities/Persons Accessing Patient Data</b>		
		<b>Members of Dignity Health HIPAA Workforce (ACE)<sup>i</sup></b>	<b>Non-Employed Medical Staff Member (OHCA)<sup>ii</sup></b>	<b>Referring Physician not on Medical Staff<sup>iii</sup></b>
	<b>4. Social Security Number</b>	Access to Social Security Number fully documented in Dignity Health policy. Review of access to Social Security Number is to be included in the Dignity Health Facility’s audit plan.	Best practice is to mask SSN so that only last four digits are viewable. If masking is not available, and patient has not restricted access, access is permitted. Review of access to SSN is to be included in the facility’s audit plan.	Access is limited to information provided by the referring physician on the requisition and associated results of tests or procedures.
	<b>5. HIV results</b>	Access to HIV results is fully documented in Dignity Health policy. Review of access to HIV is to be included in the Dignity Health Facility’s audit plan.	Only for ordering physician and/or other physicians as needed for treatment and as permitted by state law and Dignity Health Communicable Disease policy. Break the glass may be used as necessary. Best practice would limit access based on role or masking.	Access is limited to information provided by the referring physician on the requisition and associated results of tests or procedures.
	<b>6. Genetic Testing</b>	Access to Genetic Testing is fully documented in Dignity Health policy. Review of access to Genetic Testing is to be included in the Dignity Health Facility’s audit plan.	Only for the physician’s own patients and as ordered by the physician. Check specific requirements of state law and Dignity Health Genetic Testing policy. Break the glass may be used as necessary. Best practice would limit access based on role or masking.	Access is limited to information provided by the referring physician on the requisition and associated results of tests or procedures.

**Endnotes**

<sup>i</sup> Dignity Health’s HIPAA Workforce includes all W-2 employees (including employed physicians and residents), medical directors, volunteers, students, and contractors whose conduct, in the performance of their work, is under the direct control of the Dignity Health facility. Dignity Health Medical Foundation clinics are members of the Dignity Health ACE (see endnote iv) and, as such, Dignity Health Medical Foundation staff are considered to be members of the Dignity Health HIPAA Workforce. Dignity Health Facilities operate under HIPAA as an Affiliated Covered Entity (ACE) and as documented in the Dignity Health HIPAA Organization Chart. Members of the Dignity Health HIPAA Workforce are permitted to access PHI of patients from other members of the Dignity Health ACE as necessary to carry out their assigned job duties.

<sup>ii</sup> Each Dignity Health Facility is in an Organized Health Care Arrangement (OHCA) with its Medical Staff. Medical Staff members at one facility are not necessarily members of the OHCA at a sister Dignity Health Facility.

<sup>iii</sup> A physician who is not on the Medical Staff of the Dignity Health Facility is not part of the facility’s OHCA. While the laboratory is part of the Dignity Health ACE, it is simultaneously providing services to both the Dignity Health Facility OHCA and referring physicians for non-patient testing. Referrals for non-patient testing must be registered separate from the hospitals inpatients and outpatients and the test results must be maintained in records separate from those of Dignity Health inpatients and outpatients.

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REVISED 05-02-2005

**FITNESS FOR DUTY, DRUG AND ALCHOL ABUSE**

**California Hospital Medical Center (CHMC) is committed to providing an environment for patients, employees, volunteers, and all other clients and customers that promotes safety, efficiency, productivity and health. In keeping with CHMC's commitment and its obligation under the federal and state Drug Free Workplace Act of 1990, CHMC has adopted a strict policy regarding employee fitness for duty and abuse of drugs and/or alcohol. As a recipient or potential recipient of government funds for certain of its programs, CHMC is required by state law to maintain a drug-free work environment, and establish fitness for duty guidelines.**

**1. DEFINITIONS**

- a. "Alcohol" means any alcoholic beverage, including wine, beer, and all forms of liquor.
- b. "Drug" means any substance other than alcohol that has known mind or behavior altering effects on humans, including psychoactive substances, which are regulated or prohibited by state and federal controlled substance laws.
- c. "Under the influence" means that the employee is affected by a drug or alcohol or the combination thereof in any detectable manner. The symptoms are not limited to those consistent with misbehavior, or obvious impairment of physical or mental ability, such as slurred speech or difficulty in maintaining balance.

**2. FITNESS FOR DUTY**

- a. All CHMC employees are expected to be fit for duty upon reporting to work, and be in a physical and mental condition which enables them to perform their duties in a safe and efficient manner with the highest quality outcomes.
- b. Fitness for duty questions may arise when an employee's performance, behavior or conduct indicates potential impairment of physical or mental functioning. The following are examples which may indicate that an employee may not be fit for duty due to a physical or psychological illness or the influence of drugs and/or alcohol:
  - abnormal or altered gait
  - slurred incoherent speech

- poor coordination
  - disorientation
  - irrational behavior
  - odor of alcohol
  - drowsiness and/or sleepiness
  - sudden mood/temperament/demeanor changes
  - excessive absenteeism/tardiness
  - frequent unauthorized episodes of absence from the work area during work hours
  - unexplained deterioration of overall job performance
  - errors in judgment
  - staggering
  - tremors
  - seizures
  - pacing
  - jerking
  - constant motion
  - shaking
  - unusually dry, sweaty or flushed skin
  - lack of concentration or attention
  - atypically fast or slow speech
- c. If a Manager/Supervisor has reason to believe an employee is not fit for duty and cannot safely and effectively perform his/her job, the supervisor is responsible for taking actions necessary to ensure that safe working conditions are maintained and patients and/or customers receive appropriate care.
- d. If there is reason for concern regarding fitness for duty, the employee may be directed to Employee Health during normal business hours or to the Emergency Department after hours for evaluation. The evaluation may include screening for drugs and/or alcohol. Subsequently, the employee may be relieved from or temporarily suspended from duty. Refusal to report to the Employee Health or Emergency Department or to participate in the evaluation and/or drug/alcohol screening will be considered insubordination and may result in termination or rescinding of the offer of employment. Based upon the assessment of Employee Health and/or the Emergency Department, an employee may be suspended from duty pending investigation and/or terminated from CHMC.
- e. When an employee is relieved or suspended from duty because of his/her lack of fitness for duty, the Employee Health/Human Resources Department shall arrange safe transportation for the employee if the employee is believed to be impaired. The employee must maintain contact with CHMC during the period of investigation or suspension. Employee Health, Human Resources, Managers and Supervisors must protect the privacy and confidentiality of the employee to the extent possible.

- f. Employees are responsible for reporting to their Manager/Supervisor any co-worker who exhibits actions which give rise to a fitness for duty question, and/or pose a threat to his/her safety or the safety and welfare of patients, co-workers or customers.
- g. If an employee believes he/she may not be able to perform his/her duties in a safe and effective manner, he/she must discuss the situation with his/her Manager/Supervisor. The employee is encouraged to voluntarily seek help through the Employee Assistance Program. The Manager/Supervisor, after consultation with Human Resources, may refer an employee to the Employee Assistance Program (EAP) as a result of performance problems and/or non-compliance with policies. If the employee seeks evaluation, and treatment is indicated, the employee may use accrued/unused accumulated Extended Sick Benefit and accrued/unused Paid Time Off (PTO) benefits, if eligible, as well as request a medical leave of absence, in accordance with applicable policies.
- h. An employee with a substance abuse problem may be required, prior to and as a condition of returning to or continuing work, to sign a written agreement documenting specific rehabilitation and/or periodic substance abuse testing requirements. If the employee fails or refuses to sign or comply with the agreement, the employee will be subject to termination.
- i. As a result of review of investigatory or assessment information, action may be taken at the sole discretion of CHMC management. Such action may include but not be limited to immediate termination, mandatory referral to and participation in a rehabilitation program, notification of appropriate legal authorities, or job or schedule reassignment which allows for closer supervision and/or safer work environment for the employee, co-workers, patients and customers.

### **3. DRUG AND ALCOHOL ABUSE**

- a. CHMC prohibits the unlawful manufacture, distribution, dispensation, possession or use of alcohol, drugs, drug paraphernalia, or look-alike (simulated) drugs while on duty, on property owned, leased or managed by CHMC, or while operating any vehicle or equipment owned or leased by CHMC. CHMC also prohibits employees from reporting for work or working under the influence of alcohol or any drug or other substance that may in any way affect their work performance, alertness, coordination or judgment, or the safety of the employee or others.
- b. The use of prescribed drugs, or possession, with the intent to use, is not prohibited by this policy if:
  - The drug has been legally obtained and is being properly used for the purpose for which it was manufactured or prescribed; and
  - The drug is being used at the dosage prescribed or authorized; and
  - The use of the drug is not inconsistent with the safe and efficient performance of the employee's duties.



- c. An employee who is using or intends to use a prescribed or over-the-counter drug (e.g., muscle relaxant, pain medication, anti-depressant), and has been informed or has reason to believe that the use of any such drug may limit his/her ability to perform job-related duties safely and/or efficiently, is required to advise his/her Manager/Supervisor before reporting to work. Upon notification, the Manager/Supervisor shall immediately consult with the Human Resources Department and the Employee Health Department in order to determine what accommodation, if any, can be made to facilitate continued employment without risk to the safety of the employee or other individuals, or decreased productivity.
- d. Any employee who is convicted of criminal conduct related to drugs in the workplace or while on CHMC business must notify the Human Resources Department within five (5) days of such conviction.
- e. Employees who violate or who refuse to cooperate with any aspect of this policy will be subject to disciplinary action up to and including termination of employment. CHMC reserves the right to discipline employees or terminate employment-at-will. The employee/employer relationship is one of voluntary employment-at-will. CHMC's Code of Conduct and Compliance Plan does not affect the "employment-at-will" status of employees or create any contractual obligation between CHMC and any employee.
- f. It is the responsibility of each employee to seek necessary assistance before alcohol or drug problems adversely affect performance or lead to disciplinary action. If a violation of this policy occurs, a subsequent attempt to seek and obtain assistance on a voluntary basis will not necessarily prevent or reduce disciplinary action and may, in fact, have no bearing on the determination of the appropriate disciplinary action. CHMC/Dignity Health offers an Employee Assistance Program (EAP) which provides assistance to individuals with drug, alcohol and other personal problems. Employees who need assistance are encouraged to seek it promptly.
- g. An employee's decision to seek help from an organization that is qualified to treat drug or alcohol problems will not be used as a basis for disciplinary action and will not be used against the employee in any disciplinary proceedings. On the other hand, the fact that an employee has sought or intends to seek professional assistance will not be a defense to the imposition of disciplinary action where facts proving a violation of this policy are obtained or CHMC's administration determines that an employee's performance or conduct warrants disciplinary action.



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**ACKNOWLEDGMENT OF RECEIPT OF CALIFORNIA HOSPITAL MEDICAL  
CENTER DRUG AND ALCOHOL ABUSE/FITNESS FOR DUTY POLICY**

I hereby acknowledge receiving a copy of California Hospital Medical Center policy HR#2523, Drug and Alcohol Abuse/Fitness for Duty Policy. I agree to comply with this policy in its entirety.

I further certify that I will notify CHMC with which I am associated of any drug conviction for a violation occurring in the workplace or while conducting CHMC business.

---

Print First and Last Name

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Signature

---

Date

**California Hospital  
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REVISED 05-02-2005

## **CULTURAL OR RELIGIOUS STAFF RIGHTS**

**California Hospital Medical Center employees involved with direct patient care may request not to participate in a specific aspect of patient care or treatment based upon their cultural values or religious beliefs. Such requests must be reviewed in advance by the employee's Department Director, who is responsible for determining appropriate alternatives for patient care and treatment. It is also the director's responsibility to make every effort to accommodate the request and ensure that the delivery of care is not negatively impacted.**

## **SPECIAL INSTRUCTIONS**

1. The purpose of this policy is to define the mechanism for acceptance and review of requests by staff members not to participate in any aspect of patient care or treatment because of personal cultural values, ethics or religious beliefs, and to assure appropriate alternative for delivery of patient care so as to ensure no disruption in the delivery or diminution of the quality of care provided to all patients. Any employee involved in direct patient care may request non-participation in any aspect of patient care on the basis of moral, ethical or religious beliefs. Such a request must be submitted in writing in accordance with paragraph 9 below.
2. Specific aspects of patient care or treatment that may result in a perceived conflict with the employee's moral, ethical or religious beliefs include, but are not necessarily limited to :
  - Abortion
  - Advance directives restricting life support measures
  - Blood/blood product administration
  - Termination of life support assistance in the presence of irreversible death
3. Employee requests to not participate must be made as soon as the employee knows there is a conflict and no later than two weeks before the next work schedule is posted.
4. A plan including, but not limited to, alternate staffing, reassignment of patients, reassignment of units, inter-unit, departmental or inter-departmental personnel, shift changes, transfer or the securing of alternative personnel, will be established and signed by the department director and employee to ensure appropriate delivery of care and/ or treatment for the patient. A copy of the plan will be sent to Human Resources and kept on file.
5. There will be no retaliation against an employee who requests and is granted approval to not participate in patient care on the basis of moral, ethical or religious beliefs.

6. Management may require reassignment of the employee if the unit/departmental operations would be compromised by granting the employee's request.
7. Reassignment opportunities are subject to position availability and the employee's competency to fulfill the position requirements.
8. This policy will be communicated to all employees through their respective Department Managers and all other methods of communicating important information or policies. Job applicants will be informed of this policy by the hiring authority during the interview process.
9. To request non-participation, an employee must file a formal written request with the Department Manager. Requests must specify the aspect of patient care in which the employee is seeking to decline participation and must specifically state the basis upon which this request is being made. Department Managers will review all such requests and may ask for documentation confirming the employee's participation and/or membership in an organization which promotes the beliefs which the employee cites as a basis for non-participation in patient care.
10. The Department Director will attempt to make reasonable accommodations for all justified employee requests for exclusion from patient care and/or treatment resulting from a conflict with the employee's ethical, cultural, or religious beliefs. It must be realized that, for reasons of staffing limitations, it may not be possible to grant a request. Employees may request transfer to a department or position in which the conflict of care issues are less likely to occur.
11. When the request is granted, it is the responsibility of the Department Manager to ensure that the delivery of care is not affected and that another provider of care be assigned or that an alternative method of delivery occurs.
12. Under no circumstances will an employee abandon the care of a patient before the request is granted and appropriate coverage for providing patient care has been arranged by the Department Manager/Supervisor.
13. Should a question or lack of understanding concerning the employee's request arise, it is the employee's responsibility to notify their immediate supervisor or Department Director of it and provide a copy of the approved non-participation request.
14. An employee who believes his/her request for non-participation was denied contrary to this policy may request additional review through the grievance procedure as outlined in Policy # CHMC 2507, Conflict/Complaint Resolution.



**ACKNOWLEDGEMENT OF RECEIPT**

**CULTURAL OR RELIGIOUS STAFF RIGHTS POLICY**

This is to acknowledge that I have received a copy of the Cultural or Religious Staff Rights Policy (HR #2524) and understand that this policy contains important information on my privileges and obligations as an employee. I acknowledge that I am expected to read, understand and adhere to these policies. I understand I must notify my supervisor when appropriate, as outlined in these policies. I understand I am governed by the contents of these policies and that California Hospital Medical Center may change, rescind or add to any policies from time to time in its sole and absolute discretion with or without prior notice. CHMC will advise employees of material changes within a reasonable time.

---

Print First and Last Name

---

Signature

---

Date



**Dignity Health™**

California Hospital  
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## **CHILD ABUSE REPORTING**

California Penal Code, Section 11166.5 requires California Hospital Medical Center to provide all “child abuse custodians,” “medical practitioner,” and “non-medical practitioners” who commence employment on or after January 1, 1985, with the following statement . California law requires that this statement be signed by the employee as a prerequisite to employment and retained by California Hospital Medical Center.

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non-medical care practitioner or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she suspects has been the victim or a child abuse, to report the known or suspected instances of child abuse to a child protective agency immediately or as soon as practically possible and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Child care custodian means a teacher, administrative officer, supervisor of a child welfare and attendance, or certified pupil, personnel employee of any public or private school; an administrator of a public or private day camp; a licensee, and administrator, or an employee of a community care facility licensed to care for children; head start teacher; a licensing worker or licensing evaluator; public assistant worker; employee of a child care institution of residential care facilities; a foster parents, group home personnel and personnel of residential care facilities; a social worker or a probation officer.

Medical practitioner means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any Emergency Medical Technician I or II, paramedic or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, or a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.

Non-Medical Practitioner means a state of country public health employee who treats a minor for venereal disease or any other condition; a coroner; a paramedic; a marriage, family or child counselor or a religious practitioner who diagnoses, examines, or treats children.



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I certify that I have read and understand this statement and will comply with my obligation under the child abuse reporting law.

---

Print First and Last Name

---

Signature

---

Date



**“ABUSE OF AN ELDER OR DEPENDENT ADULT” REPORTING**

Assembly Bill 3988 requires that any hospital employee must report the following situations in the scope of their employment:

1. has observed an incident that reasonably appears to be physical abuse,
2. has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury , clearly indicates that physical abuse has occurred: or
3. is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse.

The above situations are to be reported to your immediate supervisor so appropriate officials can be notified.

I certify that I have read and understand this statement and will comply with my obligation under this skill.

---

Print First and Last Name

---

Signature

---

Date





**DOMESTIC VIOLENCE REPORTING**

Assembly Bill 1562 and Assembly Bill 890 require that any hospital employee report the following situations in the scope of their positions:

1. Has observed an incident that reasonable appears to be domestic violence.
2. Has observed a physical injury where the nature of the injury, its location on the body. Or the repetition of the injury clearly indicated that physical abuse has occurred.
3. Is told by an elder or a dependent adult that he or she has experienced behavior constituting domestic abuse.

Employees who identify a domestic violence situation should seek the assistance of their supervisor or social services in filling the mandatory report.

I certify that I have read and understand this statement and will comply with my obligation under this bill.

---

Print First and Last Name

---

Signature

---

Date



The definition of sexual harassment includes many forms of offensive behavior.



Department of Fair Employment and Housing

such as a lead, supervisor, manager or agent;

- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

### Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within **one year** of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes.

If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court on behalf of the complaining party. The DFEH may seek punitive damages is entitled to attorney's fees and costs if it prevails in litigation.

Remedies include:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at  
**(800) 884-1684**  
TTY number at **(800) 700-2320**  
or visit our Web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov)

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State of California  
Department of Fair Employment & Housing

## Sexual Harassment

### The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements
- Sexual desire is not necessary



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

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### Employers' Obligations

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
  - Fully inform the complainant of his/herrights and any obligations to secure those rights.
  - Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
- Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the com-

plainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH - 162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**
- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.
- Employers who do business in California and employ 50 or more part-time or full-time employees *must* provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

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### Employer Liability

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a **non-employee** (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

An employer might avoid liability if

- the harasser is not in a position of authority,



**Dignity Health™**

California Hospital  
Medical Center

**ACKNOWLEDGEMENT OF RECEIPT**

**SEXUAL HARASSMENT IS FORBIDDEN BY LAW BROCHURE**

I \_\_\_\_\_ hereby acknowledge receipt of a copy of the  
(print your name)

brochure Sexual Harassment is Forbidden by Law prepared by the Department of Fair  
Employment and Housing, State of California.

I understand it is my responsibility to read and understand the contents of this brochure.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Standards of Conduct

Dignity Health's Guide to  
Compliance and Ethics

Dignity  
Collaboration  
Justice  
Stewardship  
Excellence



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## DIGNITY HEALTH'S MISSION

Dignity Health and our Sponsoring congregations are committed to furthering the healing ministry of Jesus.

We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

### Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve.

Above all else we value:

- **Dignity** - Respecting the inherent value and worth of each person.
- **Collaboration** - Working together with people who support common values and vision to achieve shared goals.
- **Justice** - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- **Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.
- **Excellence** - Exceeding expectations through teamwork and innovation.



## A MESSAGE



From Lloyd H. Dean, Dignity Health President /CEO

Dear Dignity Health Colleague:

Dignity Health has a long and proud history of living our values. Maintaining a vibrant and ethical culture is an obligation that each one of us shares. This booklet, your personal copy of *The Standards of Conduct - Dignity Health's Guide to Compliance and Ethics*, is one important tool for helping each of us fulfill this obligation.

It is imperative that we always hold ourselves accountable for the integrity of the decisions we make and the actions we take. While our conscience can often be our guide, the laws and rules that apply to the delivery of healthcare are often complex and confusing. For that reason, this booklet was designed to serve as a guide as you seek to address the frequently difficult ethical, professional and legal challenges which are part of your position.

You are the individual responsible to ensure we fulfill our commitments. Whether you prepare rooms between patients, perform their diagnostic tests, offer suggestions for the reduction of costs, or render direct patient care, your actions and decisions bring our integrity program to life.

Please join me in support of the values and principles that are critical to achieving our mission. If you are aware of or believe violations of the Standards are occurring, I urge you to discuss the matter with your immediate supervisor. Alternatively, you may contact your Human Resources Department if it is a human resource issue or the Facility Compliance Liaison for other issues. If you are not comfortable discussing the matter in your facility or business unit, you may call a System Compliance Director, the Dignity Health Compliance Officer, the Dignity Health Hotline at 1-800-938-0031 or via the web at <https://dignityhealth.alertline.com>. I assure you all calls and e-mails are handled with discretion and you can remain anonymous.

I sincerely appreciate your commitment to Dignity Health and ask that you carefully review this booklet and seek assistance if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Lloyd H. Dean". The signature is written in a cursive style.

Lloyd H. Dean  
President /CEO  
Dignity Health

## DEFINITIONS

The following definitions are used in this booklet:

“Dignity Health” includes each of its subsidiaries, operating or business units, facilities and affiliated medical staffs and medical group practices.

“Standards” means the Dignity Health Standards of Conduct.

“Dignity Health Compliance Officer” is the Dignity Health employee who oversees the Dignity Health Compliance function and Dignity Health Integrity Program.

“Dignity Health Integrity Program”, “Integrity Program”, “Program” refer to Dignity Health activities designed to promote ethical conduct and adherence to the laws, including:

- The Standards of Conduct
- A variety of Dignity Health compliance policies and procedures
- Employee education
- Auditing and monitoring programs and activities
- Communications mechanism including (the “Hotline”)
- Investigation
- Follow-up
- Corrective and/or disciplinary action, if necessary.

“Employee(s)” means all individuals employed, or otherwise retained by Dignity Health either full-time or part-time, including per diem, temporary, casual, contract labor and volunteers.

“Facility Compliance Liaison (FCL)” is a Dignity Health employee whose job assignment includes the responsibility and accountability for communicating, monitoring and evaluating implementation of the Dignity Health Integrity Program in the local business unit or facility.

“System Compliance Director” is a Dignity Health employee who reports directly to the Dignity Health Corporate Compliance Officer. They assist in communicating the Dignity Health Integrity Program and monitor compliance along with other corporate compliance staff throughout Dignity Health.

### Background

Over the past few years, there has been growing concern over whether the Medicare system would have sufficient funds for future beneficiaries. Additionally, because of the tremendous amount of money Medicare was paying health care providers across the nation, the government was compelled to more closely scrutinize whether all these payments were proper. This included efforts to identify health care providers engaged in fraudulent and abusive practices against the Medicare system.

Unfortunately, the government's initial investigations revealed that some health care providers were engaging in unethical and illegal activity. In addition, the government found many instances where, because of ignorance, neglect or other priorities, providers were not always following Medicare rules. As a result, providers have been subjected to a variety of sanctions, including fines, penalties, and exclusion from participating in the Medicare program.

Compliance with the complicated laws that apply to government funded health care programs has been the primary focus of our efforts. However, Dignity Health is committed to compliance with all applicable laws and the Standards of Conduct are intended to provide employees with meaningful guidance regarding their legal and ethical responsibilities in many business contexts.

While Dignity Health believes that a program focused on compliance with all applicable laws will help detect and/or decrease any potential fraud and abuse, we also believe it is insufficient to cover the equally important concept of how we conduct our business. Therefore, Dignity Health has voluntarily developed and implemented the Dignity Health Integrity Program, which not only addresses legal compliance, but ethical conduct as well.



## Benefits of the Dignity Health Integrity Program

- Helps Dignity Health fulfill its fundamental care-giving mission to patients and the community.
- Assists Dignity Health in identifying weaknesses in our systems, processes and management.
- Demonstrates to employees and the community Dignity Health's commitment to honest and ethical conduct in the workplace.
- Provides a more accurate assessment of any potential fraud and abuse issues.
- Identifies ethical conduct, and may prevent criminal conduct.
- Helps improve quality of patient care.
- Provides a system that encourages employees to report potential problems.
- Provides a mechanism to thoroughly investigate reported concerns/violations.
- Creates a centralized source for distributing information concerning health care law, regulations, and other related topics.
- Helps employees understand their roles and responsibilities, and provides guidance for employees who may have questions.

## Elements of Dignity Health Integrity Program

- Written standards (including Standards of Conduct) and policies and procedures that promote Dignity Health commitment to integrity and that address specific areas of legal vulnerability for Dignity Health, such as, Fraud and Abuse Enforcement and Prevention Policy, Medicare/Medicaid Compliance Policy, Response Procedure Dignity Health Hotline Call Policy and Intranet/ Internet Security Usage Policy.
- A Corporate Compliance Officer and Facility Compliance Liaisons who have direct reporting relationships to Service Area Leaders and the governing body.
- Compliance initiatives and procedures designed to enhance employee education and promote compliance in those areas that pose the greatest risks to Dignity Health.

- Reporting systems that allow employees to raise questions, through usual chain-of-command, Dignity Health Compliance Officer, System Compliance Directors, Facility Compliance Liaison and/or the Dignity Health Hotline, where employees can report known or suspected violations of the Standards, Dignity Health policy or applicable laws or regulations without fear of retaliation.
- A system to monitor our compliance with the laws and Dignity Health policy and to assist in the reduction of identified problem areas.
- Prompt correction of compliance problems within Dignity Health.
- The Dignity Health Integrity Program does not replace other policies, such as those governing employee grievance procedures, employee benefits, accounting, auditing, etc. Rather, the policies of the Dignity Health Integrity Program should be used along with these other policies.

Furthermore, the Dignity Health Integrity Program does not affect the “employment at will” status of those employees who are subject to such a policy, nor does it supersede the provisions of any collective bargaining agreement or create any contractual obligation between Dignity Health and any employee.

### **Employee Responsibilities**

Fulfillment of Dignity Health’s commitment to the Standards is dependent upon the commitment of each Dignity Health employee. Dignity Health does not exist separately from its employees and can only function through its employees. Each member of the Dignity Health Board of Directors and each community board is committed to the Dignity Health Standards of Conduct and the Integrity Program. It is expected that every Dignity Health employee will adhere to the Standards of Conduct and the Integrity Program as well as:

- Take responsibility for his/her own actions;
- Know and comply with applicable laws and rules, including applicable Federal health care program requirements, the Dignity Health Standards of Conduct and Dignity Health policies and procedures as they apply to his/her particular job responsibilities;
- Seek guidance as provided in the Dignity Health Standards of Conduct and/or policies when in doubt about his/her responsibilities;
- Refrain from involvement in illegal, unethical or other improper acts;

- Promptly report any potential or suspected violation of the Dignity Health Standards of Conduct, Dignity Health policy or applicable laws or regulations; and,
- When requested, assist Dignity Health personnel and authorized outside personnel in investigating all allegations of violations.

Dignity Health provides employees with policies, training and other aids to help fulfill their responsibilities under the Standards. Supplemental materials and training are provided throughout Dignity Health where appropriate.

### **Additional Management Responsibilities**

Management at every level has the added responsibility to ensure that our compliance efforts are properly and effectively implemented. Compliance is not the responsibility of the compliance officer, the Compliance function or the Facility Compliance Liaison – it is the responsibility of every one of us, particularly management. While the Facility Compliance Liaison, Compliance Director or Compliance Officer are valued resources, it is ultimately the role of each of us to ensure we fulfill our obligations as managers and ensure compliance with laws, rules and policies. In carrying out these responsibilities, managers will:

- Use care in screening potential employees and act professionally and lawfully in supervising existing employees;
- Take reasonable steps to ensure that employees are familiar with the Dignity Health Integrity Program;
- Adequately train employees to comply with the requirements contained in the Standards of Conduct and comply with applicable laws and regulations, policies and/or compliance directives;
- Maintain a work environment in which employees feel free to ask questions and/or report concerns about potential or suspected issues without fear of retaliation;
- Conduct periodic reviews to provide reasonable assurances of adherence to the Dignity Health Integrity Program;
- Promptly report any potential or suspected violation of the Standards of Conduct, Dignity Health policy or applicable laws and regulations; and,
- Set a proper example for employees to follow.

*“Example is not the main thing in influencing others. It is the only thing.”*  
Albert Schweitzer

### **Dignity Health Compliance Officer/System Compliance Directors/ Facility Compliance Liaisons**

To assist management, Dignity Health has a Compliance Officer, as well as System Compliance Directors and Facility Compliance Liaisons. They will assist in communicating and implementing the Dignity Health Integrity Program and will help monitor compliance throughout Dignity Health.

The Dignity Health Compliance Officer is a Dignity Health employee who reports directly to the Dignity Health Board of Directors Audit and Compliance Committee. System Compliance Directors are Dignity Health employees who report to the Dignity Health Compliance Officer. Facility Compliance Liaisons are Dignity Health employees who report to the Dignity Health Compliance Officer, the System Compliance Director, and the local business unit executive.

Your Facility Compliance Liaison is available to answer questions about the Standards or the Dignity Health Integrity Program, and also receive and investigate reports of potential or suspected violations.

### **Reporting Potential/Suspected Violations**

It is the responsibility of every employee to report suspected violations of these Standards, applicable laws and regulations, and Dignity Health policy. Reporting these concerns helps Dignity Health promptly determine whether conduct is proper and correct problems quickly. If you have questions or want to report a potential or suspected violation, you are encouraged to first speak with your immediate supervisor.

If you do not feel you can candidly discuss the issue or matter with your supervisor, you may call your Human Resources representative for matters relating to your employment or employee benefits or the Facility Compliance Liaison for other concerns. If you are not comfortable speaking to your HR representative or Facility Compliance Liaison, you may call or contact the System Compliance Director, the Dignity Health Compliance Officer, or the Dignity Health Hotline at 1-800-938-0031. Calls to the Hotline are not traced and anonymous unless you choose to identify yourself.

Employees who violate the Standards are subject to discipline, up to and including dismissal.

Retaliation against any employee, who, in good faith, reports potential or suspected violations, is unlawful and will not be tolerated.

### **The False Claims Act - Federal and State Laws Protecting Whistleblowers**

***The law.*** The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. “Knowing” means that the person or organization:

- knows the record or claims is false, or
- seeks payment while ignoring whether or not the record or claim is false, or
- seeks payment recklessly without caring whether or not the record or claim is false.

Under certain circumstances, an inaccurate Medicare, MediCal, Medicaid, VA, Federal Employee Health Plan or Workers’ Compensation claim could become a false claim. Examples of possible false claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality.

A person who knows a false claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. There are also state laws that allow a similar lawsuit in state court if a false claim is filed with the state for payment, such as under Medicaid or workers’ compensation. Penalties are severe for violating the federal False Claims Act. The penalty can be up to three times the value of the false claim, plus fines from \$5,500 - \$11,000 per claim.



## DIGNITY HEALTH INTEGRITY PROGRAM: AN OVERVIEW

***Whistleblower Protections.*** The federal False Claims Act protects anyone who files a false claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. An employee who was harmed by their employer for filing a false claims lawsuit may file a lawsuit against their employer in Federal Court. If the employer retaliated, the court can order the employer to re-hire the employee, and to pay the employee twice the amount of back pay that is owed, plus interest and attorney's fees.

***Dignity Health Policy.*** Dignity Health is committed to honest and ethical conduct. Dignity Health's Corporate Integrity Program includes policies and procedures for detecting and preventing fraud, waste, and abuse - including false claims. Additionally, the Program includes a corporate compliance officer and facility compliance liaisons; employee education; reporting systems; monitoring and auditing systems; and prompt correction of identified problems. Key among the Dignity Health Integrity Program policies are the following:

- Dignity Health Standards of Conduct - The Standards set forth Dignity Health's expectation about proper job-related conduct. These expectations include respecting and promoting patient's rights; representing Dignity Health honestly and accurately; maintaining and communicating honest and accurate records or information; complying with all laws and regulations; and promptly reporting suspected violations. Retaliation against any employee, who in good faith, reports potential or suspected violations will not be tolerated.
- 70.1.005 Fraud and Abuse Enforcement and Prevention - This policy sets forth the procedures that are used by Dignity Health to respond to



reports by employees or others that a Dignity Health entity or employee may be engaging in activity which may be contrary to applicable laws or regulations. This policy requires timely investigation, corrective action where necessary, repayment to the government of any payment received to which Dignity Health was not entitled, and employee discipline where necessary.

- 70.1.006 Response Procedures - Dignity Health Hotline Calls - This policy requires Dignity Health to promptly respond to calls placed to the Dignity Health hotline. The policy sets forth the procedures for following-up on these calls.
- 70.2.002 Medical Necessity - It is the policy of Dignity Health to bill the Medicare program only for services that are reasonable and necessary for the diagnosis or treatment of illness or injury.
- 70.2.004 Medicare/Medicaid Compliance - It is the policy of Dignity Health to consistently and fully comply with all laws and regulations pertaining to the delivery of and billing for services which apply to Dignity Health on account of its participation in Medicare, Medicaid and other government programs.
- Other Compliance Policies - Additionally, Dignity Health maintains policies related to specific high risk areas, such as coding and documentation, clinics and physician practices, physician transactions, HIPAA, etc.

These policies exist to detect and prevent fraud, waste, and abuse. All compliance policies may be located in the Dignity Health Administrative Policy Manual available through the Dignity Health On-Line Document Imaging (CODI) system.



## DIGNITY HEALTH STANDARDS OF CONDUCT

Dignity Health recognizes that integrity is integral to all facets of its business dealings, and that certain business standards can be universally applied. While ethical business behavior is second nature to most people, situations sometimes arise in which the proper course of conduct may not be clear.

The following Standards have been developed to demonstrate Dignity Health's commitment to honest and ethical conduct, and to provide guidance to employees facing uncertain situations. The Standards address five categories of issues that are critical to the success of Dignity Health: **Patient Rights, Ethical Conduct, Fiscal Responsibility**, adherence to applicable **Laws and Regulations** and **Social and Environmental Responsibility**. The standards are not intended to be an exhaustive list of issues facing Dignity Health, but instead, are those that are frequently encountered.

*"Integrity is doing the right thing, even if nobody is watching."*

Jim Stovall



## I. PATIENT RIGHTS

Dignity Health is firmly committed to fostering the innate dignity of the human person, and to the belief that such dignity deserves respect and protection regardless of the nature of the person's health condition or social status. In fostering individual dignity, Dignity Health acknowledges and promotes the patient's right to make free and informed decisions regarding medical treatment and procedures, and no person should be obliged to submit to a procedure that the person has judged not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to patient and family. Listed below are standards to guide all who minister to patients in Dignity Health facilities.

### Appropriate Care and Treatment

- Patients are treated at all times with care, concern and respect. Patients are entitled to prompt and courteous responses to their requests and to their needs for treatment or service.
- Medically necessary care is provided with the patient's informed consent. Care is provided in an efficient manner, consistent with our obligation to maintain quality. Patients are entitled to disclosure of charges.
- Patients are informed of their right to self-determination. This right respects the competent adult patient's right to participate in and make his/her own health care decisions after receiving his/her physician's complete disclosure of the nature and consequences of proposed health care, including significant benefits, risks and alternatives. A patient has the right to accept medical care or to refuse treatment, and to be informed of the medical consequences of such refusal.



## DIGNITY HEALTH STANDARDS OF CONDUCT

- Medicare beneficiaries are given a variety of written notices upon admission or at discharge, including notices that care is subject to a Quality Improvement Organization (QIO) and Utilization Committee review. Also, additional patient rights apply for Medicare patients in long-term care facilities and home health agencies, including a requirement that patients be informed of their rights in a language they understand.
- If a patient has been declared incompetent by a court, or is assessed by his/her primary care physician to lack the ability to understand the nature and consequences of proposed health care, including significant benefits, risks and alternatives, the patient's agent holding power of attorney for healthcare, surrogate decision maker, conservator/guardian, next of kin or other legally authorized responsible person has an obligation to act in the best interests of the patient to the extent permitted by law.
- At discharge, Dignity Health hospitals provide patients with information regarding the availability of any post-hospital services they may require, consistent with applicable laws, assuring patient choice is appropriately maintained at all times.
- A patient's special needs are considered in planning for optimal care by providing special programs in response to such needs. For example, a pain management policy may serve as a guide for optimizing pain control of each patient served.

Patient privacy and confidentiality of care is respected at all times in accordance with Dignity Health policy and the Health Insurance Portability and Accountability Act (HIPAA) requirements.



## Emergency Services

Consistent with our commitment, to the poor and underserved, any person regardless of his/her ability to pay, is provided an appropriate medical screening examination within the capability of each Dignity Health hospital to determine whether an emergency medical condition exists or, for pregnant women, active labor exists and, if so, provide appropriate stabilizing treatment and/or appropriate transfer.

- Dignity Health hospitals provide an appropriate medical screening examination and any stabilizing treatment required by persons with emergency medical conditions, including psychiatric medical conditions, prior to transferring them to other medical centers for treatment. Practices that fail to conform to this policy, commonly referred to as “dumping,” are prohibited under both federal and state laws, and carry severe penalties for Dignity Health, its employees and medical staff.
- Employees must comply with Dignity Health policies on screening, stabilization and transfer of patients. These policies are available in the emergency and labor and delivery departments, as well as other departments
- At a minimum, a person presenting to a Dignity Health hospital is entitled to a medical screening examination in accordance with medical staff policies to determine whether he or she has an emergency medical condition or, in the case of a pregnant woman, is in active labor, irrespective of ability to pay. If it is determined that a patient has an emergency medical condition, the patient must receive a further medical evaluation and such treatment as may be required to stabilize the medical condition, within the capabilities of the staff and facilities available, or the patient must be transferred in a medically appropriate



## II. ETHICAL CONDUCT

Dignity Health is committed to the **highest standards of business ethics and integrity**. Employees must represent Dignity Health accurately and honestly, deal fairly with its competitors, customers and vendors, and refrain from any activity intended to defraud anyone of money, property or services. Dignity Health also expects employees, supervisors, vendors, volunteers and medical staff members will treat one another with dignity, respect and courtesy.

### **Honest Communication**

Employees are expected to communicate with candor and honesty in performing their job responsibilities and in dealing with Dignity Health's attorneys and auditors. Employees are not to make false or misleading statements to any patient, person or entity doing business with Dignity Health.

### **Misappropriation of Proprietary Information**

Employees must not steal or misappropriate confidential or proprietary information belonging to another person or entity. They also must not use any customer list, price list, contract, publication, document, computer program, information or product in violation of a third party's interest in such product. Employees must not copy documents or computer programs in violation of applicable copyright laws or licensing agreements. Employees must not use confidential business information improperly obtained from competitors or which is otherwise in violation of a covenant not to compete, prior employment agreement, or other contracts.

### **Confidential Information**

Employees must not disclose confidential patient or business related information to unauthorized persons.

Employees must protect a patient's personal privacy and preserve the confidentiality of a patient's medical treatment program, including the patient's medical records, in accordance with all applicable laws and Dignity Health policies.

## DIGNITY HEALTH STANDARDS OF CONDUCT

Employees possess and have access to a broad variety of confidential, sensitive and proprietary information. Much of the information regarding Dignity Health, its hospitals, patients, and employees is private and must be kept confidential. If you have any questions whether information falls within these categories, seek guidance from your manager, Facility Privacy Official, human resources representative, Facility Compliance Liaison, System Compliance Directors or call the Dignity Health Hotline at 1-800-938-0031.

The privacy principles of Dignity Health require that all Protected Health Information (PHI), as defined in the rules and regulations of the Administrative Simplification Section of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), be maintained and secured in a manner required by the HIPAA and other applicable federal and state laws and Dignity Health policies. These principles shall also extend to the protection of business information proprietary to Dignity Health. Dignity Health has developed and implemented specific broad policies and procedures to uniformly support these privacy principles.

- **Right to Privacy:** Dignity Health Patients have certain rights regarding privacy and the confidentiality of their PHI. The Dignity Health Facilities will limit the use and access to PHI as required by law and Dignity Health policy. Employees and other persons subject to Dignity Health and facility policies may only access PHI as necessary to perform their job function, consistent with applicable laws and Dignity Health policy.
- **Patient Rights:** Dignity Health Patients have certain rights related to their PHI, and all facilities and employees shall comply with Dignity Health policies and procedures.
- **Provision of Notice:** As required by law, notice of how Dignity Health uses and discloses PHI shall be available to Dignity Health patients.
- **Privacy Officer:** The Dignity Health Board of Directors has appointed a privacy official known as Chief Privacy and Data Security Administrator. This Dignity Health employee is required to identify necessary personnel to carry out this function and approve Dignity Health system-wide policies and procedures to implement these privacy principles.



## DIGNITY HEALTH STANDARDS OF CONDUCT

- **Education:** Dignity Health entities are committed to providing education to their workforce on these privacy principles.

Employees will also acquire knowledge and information relating to trade secrets, commercially sensitive information and financial information about Dignity Health. In addition, during work, employees may create or develop systems, procedures, software, processes, etc. These are all confidential, the property of Dignity Health and may not be used, except Dignity Health's business, or disclosed to any outside party, including contractors, suppliers, competitors or the media, without prior written authorization from senior management, after consultation with the Dignity Health Compliance Department. Examples of confidential business information include:

- Business programs or projections
- Customer lists
- A merger or acquisition proposal agreement
- Litigation materials or information prepared in anticipation of litigation
- Physician, hospital and patient contracts or agreements
- Unusual or sensitive management developments.

Confidential information should only be accessed by or given to other employees who have a legitimate need to know the information within the scope of their duties.

Employees must not disclose to Dignity Health confidential information of another company learned under circumstances where the other company has a reasonable expectation that the information would be kept confidential.



## **Conflicts of Interest**

Dignity Health is committed to exercising responsible stewardship of natural, human and financial resources, and avoiding conflicts of interest and/or the appearance of conflicts. Employees may not use their positions for personal gain or advantage, or to assist others, including family members, in profiting in any way at the expense of Dignity Health. Employees may not serve as an expert witness in any case without the written permission of Dignity Health's General Counsel.

The Dignity Health Conflict of Interest Policies and Procedures provide **additional** guidance in this area and apply to directors, officers, senior managers and other key employees. To ensure compliance with this policy, these individuals are required to submit a Conflict of Interest Disclosure Statement annually. All other employees are required to disclose to their immediate supervisors, or to the Dignity Health Compliance Officer, any real or potential conflicts of interest prior to making any decision or taking any action that is or may be affected by the conflict. Supervisors may consult with the Dignity Health Compliance Officer for assistance in resolving such conflicts.

## **Gifts, Gratuities, Entertainment and Honoraria**

No gift of money should ever be accepted by an employee from any company or firm that transacts business with Dignity Health. Similarly, Dignity Health prohibits its employees from offering or giving money, services or other things of value with the expectation of influencing the judgment or decision-making process of any referral source, referral recipient, supplier, contractor, bank, physician, third party payor or government official.

An employee must not accept or give gifts or entertainment that have the appearance of being given to obtain business from referral sources, referral recipients, suppliers of goods or services, contractors, banks, physicians, third party payors or government agencies. Exceptions are items of minimal value (generally, less than \$300 on an annual aggregate basis), ordinary business meals and modest business entertainment so long as such activities are not excessive and do not create an appearance of undue influence.

**However, gifts and/or entertainment should NOT be provided to, or accepted from, a government official, agent or subcontractor, including a Medicare fiscal intermediary, without prior written approval of the Dignity Health Compliance Officer.**

## DIGNITY HEALTH STANDARDS OF CONDUCT

An employee may accept payments or honoraria for speaking engagements or other activity requiring substantial time and effort provided that such honoraria is disclosed to the employee's supervisor or manager. Speaker's fees or honoraria that exceed \$1,000 in annual aggregate must be paid to Dignity Health directly or forwarded to Dignity Health unless the employee is entitled under the terms of a written employment contract to retain honoraria in excess of \$1,000.

### **Outside Business Activities**

Holding, directly or indirectly, a material ownership or financial interest, or employment or management position in any outside business entity from which Dignity Health makes or receives patient referrals or purchases goods or services is considered a conflict of interest. This includes any material financial interest held by a family member such as a parent, spouse, child, sibling or an in-law of the employee or a person with whom the employee has a significant personal relationship. A "significant personal relationship" means a relationship the existence of which has the potential to influence, or would appear to influence, and employee's decision-making or performance of his or her duties for Dignity Health. A material ownership interest does not include ownership of publicly traded securities that are acquired on the same basis as made available to the general public and that amount to less than a 1% ownership interest.

Without prior written approval of a manager or supervisor, employees must not engage in outside business activities during working hours. Employees must not use Dignity Health equipment, supplies or information in connection with their outside business activities.



## **Loans**

Dignity Health shall not make any loan of money or property to any employee, or guarantee the obligations of any employee, except as specifically permitted by the Conflicts of Interest Policy and Procedure. Employees may borrow from banks, insurance companies or other recognized institutions that transact business with Dignity Health only if on the same terms and conditions as similar loans offered to the general public.

## **Contracting and Referrals**

Business relations with contractors or vendors and referral relationships with other health care providers must not be influenced by individual financial or personal relationships and must comply with Dignity Health policies and procedures. Employees must disclose personal relationships and business activities with contractors, vendors or persons employed by such entities as well as referral sources or referral recipients that may be construed by an impartial observer as influencing the employee's performance of duties.

## **Services for Competitors/Suppliers**

Employees must not perform work or render services for any vendor or supplier outside of the normal course of their employment with Dignity Health without prior notice to their manager or supervisor. Service on vendor sponsored advisory councils or similar groups is permitted only with the approval of the employee's supervisor and the SAL or an EMT member as applicable. In addition, all travel and lodging costs must be paid by the facility, not the vendor, and all Dignity Health policies, including policies related to gifts and honoraria, must be followed.

## **Workshops, Seminars and Training Sessions**

Dignity Health recognizes the value of supplier sponsored education programs principally to provide employees with important, job-related information. Employees may attend such local, supplier-sponsored workshops, seminars and training sessions. Supplier-funded out-of-town seminars, workshops and training sessions are permitted only with prior approval of an employee's manager or supervisor.

# DIGNITY HEALTH STANDARDS OF CONDUCT

## **Gifts from Patients**

Employees are prohibited from soliciting money, personal gratuities or gifts and from accepting money, personal gratuities and gifts of more than a nominal value from patients or their families, unless such activity is conducted through and part of Dignity Health or facility fund development activities. Gifts of perishable items, such as flowers or cookies, given as tokens of appreciation by patients and their families may be accepted and should be shared in the work unit. No patient or family should be expected or encouraged to provide gifts or gratuities in exchange for care.

## **Business Inducements**

Commissions, rebates, discounts and allowances are customary and acceptable business practices, if they are approved by Dignity Health's management and do not constitute illegal or unethical payments. Such payments must be reasonable in value, competitively justified, properly documented and made to the Dignity Health entity to whom the original agreement or invoice was made or issued. These payments should not be made to individual employees or agents of Dignity Health entities. Any rebate, discount, allowance or similar benefit must be properly recognized and reported under applicable cost reporting laws and rules.

## **Respect and Integrity**

Employees, medical staff members and contractors are expected to conduct themselves in a manner that reflects integrity, shows respect and concern for others, protects Dignity Health's interests and meets Dignity Health's obligations to its patients, customers, clients, employees and others with whom it interacts.

*“Relativity applies to physics, not ethics.”*

Albert Einstein



## III. FISCAL RESPONSIBILITY

Dignity Health at all times maintains financial statements that properly represent its financial position, results of operations and cash flow in conformity with applicable law and Generally Accepted Accounting Principles (GAAP), consistently and fairly applied.

### **Financial Accounting and Business Records**

Dignity Health maintains honest and accurate financial records.

Dignity Health's books and records must not contain any false, misleading or deceptive information or entries.

Financial reports must fairly and consistently reflect Dignity Health's performance and accurately disclose the results of operations. As appropriate, they must also comply with GAAP and other applicable rules and guidelines and provide a sufficient platform on which to complete cost reports and requests for payment for services provided to beneficiaries of federal and state health care programs such as Medicare, Medicaid/Medical and Tricare/CHAMPUS. Each employee has a personal responsibility to ensure that every document and entry is complete and accurate, and that requests for reimbursement or payments are supported by receipts, purchase orders or other documentation as required by Dignity Health financial policies.

Each employee has a personal responsibility to ensure that every document and entry is complete and accurate, and that requests for reimbursement or payments are supported by receipts, purchase orders or other documentation as required by Dignity Health financial policies.

### **Internal Controls**

An internal control is any process or procedure designed to ensure that an activity is performed safely, accurately, and consistent with applicable laws. These processes are designed and intended to protect Dignity Health and its employees. These controls exist in virtually every aspect of our work and all Dignity Health employees share responsibility for maintaining and complying with required internal controls. In carrying out their documentation, evaluation, financial reporting and record keeping responsibilities, employees must provide complete and accurate documentation consistent with Dignity Health standards and requirements. Moreover, in fulfilling their financial reporting obligations, employees must

## DIGNITY HEALTH STANDARDS OF CONDUCT

disclose all material facts related to a matter being reported, including any material fact that is necessary to ensure the report is not false or misleading. Employees must cooperate in all audits, and may not try to influence, coerce, manipulate, or mislead any person or entity engaged to perform the audit with the intent of affecting the outcome of the audit.

### **Financial Reporting**

All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts or true nature of a transaction.

### **Personal Use of Corporate Assets**

Dignity Health's assets shall not be used for personal purposes unless approved in advance by the employee's manager, or unless the use is considered minimal. Employees are prohibited from unauthorized use or taking of Dignity Health's equipment, supplies, materials or services. Employees are required to obtain approval of their manager before engaging in any activity on company time that will result in payment to the employee by a person or entity other than Dignity Health or to use Dignity Health's equipment, supplies, materials or services for personal or other purposes unrelated to their Dignity Health work.

# DIGNITY HEALTH STANDARDS OF CONDUCT

## IV. LAWS AND REGULATIONS

Dignity Health complies with all laws and regulations affecting its business.

### Taxes

As a nonprofit entity, Dignity Health has a legal and ethical obligation to comply with applicable laws, to engage in activities to further its charitable purpose, and to ensure that its resources are used to further the public good rather than the private or personal interests of any individual.

Consequently, Dignity Health and its employees must avoid compensation arrangements in excess of fair market value, utilize Dignity Health's facilities and assets for exempt purposes, accurately report payments to appropriate taxing authorities, and file all tax and information returns according to applicable laws.

### Legal Compliance

Dignity Health conducts its business in accordance with the spirit and letter of all applicable laws and regulations.

- Employees are expected to have a practical, working knowledge of the laws and regulations affecting their job responsibilities.
- If employees have questions about the application of the law to their work activities, they may contact the Dignity Health Legal Department or the Dignity Health Compliance Department.
- Dignity Health provides training and supplemental materials to help employees know and comply with the laws and the policies and procedures relating to their jobs.

Employees are required to bring to management's attention suspected violations of Dignity Health policies and applicable laws and regulations.





## **Private Benefits**

As a tax-exempt entity, Dignity Health avoids payments in excess of fair market value. Employees and physicians must comply with the various Internal Revenue Service rules and regulations that apply to transactions between tax-exempt entities and other private parties. These rules deal with issues commonly referred to as “inurement” and “private benefit.” Violation of these rules could result in the loss of tax-exempt status for Dignity Health or the imposition of sanctions against Dignity Health, Dignity Health management and the physician(s), including those penalties imposed under the Federal Intermediate Sanctions Law. Because these transactions involve complicated tax issues, they should be reviewed and approved in writing in advance by the Dignity Health Legal Department.

## **Fraud and Abuse & Self-Referral Statutes**

Dignity Health and its facilities will maintain honest and accurate records concerning the provision of health care services, submit accurate claims, and never offer, pay, solicit, or receive any money, gifts or services in return for the referral of patients or to induce the purchase of items or services.

Violation of federal and state laws concerning fraud and abuse, false claims and self-referral can result in significant criminal and civil penalties for Dignity Health and its employees, including imprisonment, fines, penalties and damages. Employees must be vigilant in avoiding any conduct that could violate or even appear to violate these laws.

Prohibited activities include, but are not limited to, the following:

- Billing for supplies or services not delivered;
- Misrepresenting services actually provided. Such misrepresentation includes, but is not limited, to assigning a code for a more complicated procedure than actually performed (upcoding), or by dividing a procedure or service typically billed as one procedure into multiple parts in order to increase reimbursement (unbundling);
- Duplicate billing for services rendered;
- Falsely certifying that services were medically necessary;
- Falsely certifying that an individual meets the Medicare requirements for home health (or any other) services;

## DIGNITY HEALTH STANDARDS OF CONDUCT

- Seeking to collect amounts exceeding the co-payment and deductible from a Medicare or Medicaid beneficiary who has assigned his or her rights to benefits;
- Permitting an employee, provider or supplier who has been excluded from Federal health care programs to prescribe, provide or oversee the delivery of goods or services to the beneficiaries of such programs;
- Offering or transferring money, gifts, or other items of value to a patient or prospective patient to influence him or her to order or receive services or items from Dignity Health.

The fraud and abuse laws prohibit knowingly and willfully offering, paying, soliciting or receiving any money gifts, kickbacks, bribes, rebates or any other type of value, remuneration or services in return for the referral of patients or to induce the purchase, lease, or ordering of any item, good or service for which payment may be made by the federal or state government. Examples of violations include:

- Payment by Dignity Health of an incentive each time a patient is referred to Dignity Health;
- Provision or receipt by Dignity Health of free or significantly discounted billing, nursing care, rent or other staff services;
- Provision or receipt by Dignity Health of free training in management techniques, coding and laboratory techniques;
- Payment by Dignity Health for services in excess of their fair market value;
- Forgiveness of indebtedness to Dignity Health absent a charitable or risk management purpose; and,
- Preferential treatment of or by Dignity Health in any form to obtain business.

Dignity Health's Legal and Compliance Departments have developed a comprehensive program to ensure compliance with the federal and state anti-kickback and anti-referral laws pertaining to physician arrangements. Consistent with Dignity Health's strategic direction, the intent of the program is to provide standardization of physician contracting and consistency of legal interpretation, with the ultimate goal of providing an efficient framework to contract with physicians in compliance with the laws.

## DIGNITY HEALTH STANDARDS OF CONDUCT

The Dignity Health Policies and Procedures governing physician contracts and other payments to physicians are found in the Physician Financial Arrangements Policy 70.5.001. These policies govern, among others, the following arrangements: medical directorships and other administrative services, professional services, emergency call coverage, managed care payments, facility and equipment leases, loans and lines of credit, physician recruitment, and other miscellaneous transactions.

### **Lobbying and Political Contributions**

Dignity Health does not use corporate resources for political purposes promoting or benefiting any candidate for office or to reward government officials, nor shall Dignity Health employees engage in activities that jeopardize our tax-exempt status.

- Federal law prohibits a corporation from making contributions or expenditures in connection with a federal election, including in-kind contributions, such as the use of corporate facilities or any other donation of goods or services. As a tax-exempt organization, Dignity Health is also prohibited from engaging in any activity that is intended to support or oppose any candidate for public office.
- Dignity Health employment or compensation decisions may not be conditioned on a requirement that an employee make a political contribution

All Dignity Health contacts and transactions with governmental representatives must be conducted honestly and ethically. Any attempt to influence the decision-making process of a government representative by an improper offer of any benefit is absolutely prohibited. Any request or demand by any government representative for any improper benefit should be immediately reported to the Dignity Health Compliance Department.

Employees may personally participate in and contribute to political organizations or campaigns as long as it is on the employee's own time, financed exclusively with the employee's own funds and resources, and done outside of any Dignity Health facility.

# DIGNITY HEALTH STANDARDS OF CONDUCT

Where its experience may be helpful, Dignity Health may publicly offer recommendations concerning legislation or regulations being considered. In addition, it may analyze and take public positions on issues that have a relationship to the operations of Dignity Health when Dignity Health's experience contributes to the understanding of such issues or otherwise further Dignity Health's charitable mission.

## **Antitrust and Trade Regulations**

Dignity Health avoids activities that illegally reduce or eliminate competition, control prices, allocate markets or exclude competitors.

- The purpose of the antitrust and trade regulation laws is to protect the public, Dignity Health and other companies from unfair trade practices. These laws promote competition and preserve the free enterprise system. Employees are expected to strictly comply with all applicable federal and state antitrust laws and regulations.
- Because antitrust matters can only be analyzed on a very fact-specific basis, the Dignity Health Legal Department must be consulted in advance on each occasion where collective activity or decision making will occur that may involve antitrust issues.

## **Antitrust Rules to Live By**

- Do not engage in price fixing, bid rigging or allocation of customers or markets.
- Price fixing is an agreement between organizations about the prices one or both will charge others for goods or services.
- Bid rigging is an agreement between organizations about who will bid, or both.
- Customer allocation is an agreement between organizations or individuals to divide customers, patients, or other business among themselves.
- Do not discuss with any competitor: prices, terms or conditions of sale; where Dignity Health intends to sell or bid; to whom Dignity Health intends to sell or bid; or whether, or at what price, Dignity Health intends to sell or bid.
- If any representative of a competitor attempts to discuss any or these subjects with you, terminate the conversation immediately and report it to your manager.

# DIGNITY HEALTH STANDARDS OF CONDUCT

- Do not engage in activities such as bribery, stealing, improperly using competitor trade secrets, deceptive or similar unfair practices, or intimidating or threatening customers or suppliers.

## Employment Standards

- Dignity Health is an equal opportunity employer. Dignity Health is dedicated to ensuring that all decisions regarding terms and conditions of employment, including recruitment, hiring, training, promotions, transfers, discipline, layoff, recall and termination are in accordance with Dignity Health's principles of non-discrimination.
- Dignity Health complies with all federal, state and local laws prohibiting discrimination.
- Dignity Health prohibits harassment, including sexual harassment. Sexual harassment includes sexual advances, requests for sexual favors or any sexually offensive verbal, visual or physical conduct, when such conduct creates an intimidating, hostile or offensive work environment. Sexual harassment will not be tolerated. Any alleged incident will be promptly investigated in accordance with each facility's Human Resources policies.
- Dignity Health encourages a diverse and inclusive work environment respect and value each employee's unique contributions to our organization, and seek to ensure that any real or artificial barriers in any aspect of employment are identified and corrected.



## Physician Relations

Dignity Health maintains proper and legal working relationships with physicians. To that end, Dignity Health has developed a Physician Financial Arrangements Policy (Policy 70.5.001) which provides an efficient framework to transact business with physicians in compliance with the laws.

- Dignity Health and its facilities are committed to maintaining positive working relationships with affiliated physicians.
- Dignity Health and its facilities are committed to provide a medical staff privileging process using uniformly applied professional criteria in a fair, prompt and reasonable manner, without discrimination on the basis of race, color, national origin, ancestry, sex, pregnancy, childbirth or related medical condition, marital status, religion, creed, physical/mental disability, medical condition, age, gender identity, sexual orientation or any other protected category as defined by law.
- All agreements involving payments or other compensation between Dignity Health or Dignity Health facilities and physicians are to be in writing and approved in advance by the Dignity Health Legal Department. In accordance with the Dignity Health Physician Financial Arrangement Policy, 70.5.001, the following requirements must be met:
  - The written agreement is prepared by the Dignity Health Legal Department and signed by both the hospital and physician before the arrangement commences.
  - The agreement identifies the correct legal name and tax payer I.D. number of the physician or medical group and payments may only be made to the specified party to the agreement.
  - Payment is fixed for at least one year.
  - Services to be provided and paid for and/or the leased premises or equipment, are clearly described in the agreement.
  - The agreement demonstrates that payment is not in any way based on the value or volume of referrals.
  - The agreement is prospective only.

## DIGNITY HEALTH STANDARDS OF CONDUCT

- Payment for physician services must have adequate supporting documentation to demonstrate that the services were performed.
- Any renewal of an agreement that changes the compensation must be prospective.

The above list is a summary reference source only. Dignity Health's Physician Financial Arrangements Policy (70.5.001) will be used in evaluating the adequacy of individual physician arrangements. Additional guidance is incorporated in the Physician Financial Arrangements Policy related to managed care arrangements, physician recruitment, and other matters.

### Health and Safety

Dignity Health facilities maintain a safe and healthy working environment.

- Employees shall conduct themselves in a manner that minimizes potential health and safety hazards and notify their supervisors promptly of any actual or potential unsafe working conditions or practices.
- Employees properly generate, store and dispose of medical, chemical and other waste in accordance with applicable laws and Dignity Health's environmental policies designed to protect human health, the environment and surrounding community.
- Employees who are authorized to operate incinerators, sterilizers and underground storage tanks (containing fuels for emergency generators) are adequately trained to operate such devices pursuant to all permits, regulations and applicable procedures.



## V. Social and Environmental Responsibility

Dignity Health seeks to act as a responsible corporate citizen in each community where it operates and in the global community.

### Social Responsibility

- Dignity Health supports and respects the protection of internationally proclaimed human rights, upholds employees' freedom of association, recognizes the right to collective bargaining, promotes the elimination of forced or compulsory labor and child labor and seeks to do business with companies that do the same.
- Dignity Health uses its resources and influences to promote the common good.

### Environmental Responsibility

- Dignity Health operates in a manner that maximizes patient and employee health and safety and minimizes environmental impacts.
- Dignity Health takes a precautionary approach to environmental challenges (seeking alternatives when reasonable scientific studies indicate an ingredient or product could pose significant human health or environmental risks).
- Dignity Health undertakes initiatives to promote greater environmental responsibility.
- Dignity Health encourages the development and diffusion of environmentally friendly technologies.

## INQUIRIES, REPORTING VIOLATIONS, INVESTIGATIONS

Dignity Health has established a Hotline at **1-800-938-0031** for use by employees to ask questions or report potential or suspected violations of the Standards, Dignity Health policy, or applicable laws and regulations when employees are not comfortable communicating these matters within their usual organizational structures. The Hotline is accessible 24 hours per day, seven days a week. All reports will be taken seriously, reviewed and investigated promptly, result in appropriate corrective action and, to the extent possible, be treated in a confidential manner. An employee has the option to make a Hotline report anonymously. In that event, employees should understand that in a follow-up review or investigation, the reporter's identity may be learned as a natural consequence of the review or investigation. Retaliation against any employee who, in good faith, reports potential or suspected violations is unlawful and will not be tolerated.



## DIGNITY HEALTH STANDARDS OF CONDUCT

Reviews and investigations of potential or suspected violations of the Standards, Dignity Health policy or applicable laws and regulations will be conducted under the direction of the Dignity Health Compliance function and/or Facility Compliance Liaison, Human Resources or Dignity Health Legal Counsel.

It is Dignity Health's policy to cooperate in all governmental audits and investigations and for employees to do so as well, subject to guidelines set forth in the Standards of Conduct and Dignity Health policies.

### CONCLUSION

The Standards set forth Dignity Health's expectations about proper job-related conduct. However, the Standards do not address every difficult situation that an employee may encounter in the workplace. While Dignity Health policies are intended to help employees recognize, understand and fulfill their responsibilities, employees are expected to take the initiative and ask questions if they are unsure how the laws or Dignity Health policies apply to a situation.

### DIGNITY HEALTH HOTLINE

If you prefer to contact a neutral third party or to remain anonymous, the Hotline and web alert line are accessible 24 hours a day, every day of the week. All calls are treated in a confidential manner.

Dignity Health Hotline **1-800-938-0031**

Or via the web alert line at : <https://dignityhealth.alertline.com>



## Acknowledgement

I acknowledge that I have received the Dignity Health Standards of conduct and understand that it represents mandatory policies of the organization.

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Signature

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Position

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Printed Name

---

Date

---

Facility





**Employee Hotline**  
**1-800-938-0031**

# Rotating Resident Clinical Profile

## Instructions for Form Completion

1. The Resident or Program Coordinator must contact Graduate Medical Education at the assigned clinical institution no later than two weeks prior to the start of the rotation for pre-planning.
2. The Program Director or their designee must complete the information below for each clinical resident and submit the required documentation to Graduate Medical Education 30 days prior to the students arrive in the institution.
3. All resident involved in patient contact are required to have a current health screening/immunization compliance. Health documents and background check clearance information must be attached.

## Rotation Information

Rotating Resident Name: \_\_\_\_\_

PGY  1  2  3  4  5  other \_\_\_\_\_ Clinical Area \_\_\_\_\_

Resident Training Program: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_ Office Number: \_\_\_\_\_

Program Coordinator's Name: \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Clinical Dates: From: (Please attached Master Rotation Schedule in Lui of Dates)

Conference Day and Hours \_\_\_\_\_ Location: \_\_\_\_\_

Clinic Day and Hours: \_\_\_\_\_ Location: \_\_\_\_\_

Please check (√) those boxes for which the student has met

<input type="checkbox"/> Background check clearance	<input type="checkbox"/> Influenza vaccine/declination (Oct. to Mar.)
<input type="checkbox"/> CPR – American Heart Association Healthcare Provider BLS	<input type="checkbox"/> MMR titer
Check if applicable to you and attach copy:	<input type="checkbox"/> HIPAA training certification
<input type="checkbox"/> NRP – Neonatal Respiratory Program	<input type="checkbox"/> Verification of Residency Training
<input type="checkbox"/> PALS – Pediatric Advance Life Support	<input type="checkbox"/> Professional liability insurance
<input type="checkbox"/> ACLS – Advance Cardiovascular Life Support	<input type="checkbox"/> TB screening (annual)
<input type="checkbox"/> ALSO – Advance Life Support in Obstetrics	<input type="checkbox"/> Td/Tdap current
<input type="checkbox"/> Health clearance	<input type="checkbox"/> Worker's compensation/health insurance
<input type="checkbox"/> Hepatitis B vaccine/declination or titer	<input type="checkbox"/> Varicella titer

I certify that the students and instructors in this rotation have completed the following requirements that are checked, and that supporting documentation for verification purposes are attached

**Print Name and Title** \_\_\_\_\_

**Signature of Program Director or Coordinator** \_\_\_\_\_

**Date** \_\_\_\_\_



Rotating Resident Application

Name:	
Address:	
Proposed dates of service at CHMC:	
Base Hospital:	
Residency Program:	PGY:
Social Security #	Date of Birth:
Cell Phone Number:	Email Address:
Medical School: <i>(If IMG please attach copy of your certificate)</i>	Date of Graduate:
City:	State:
Please list all previous training City: State: dates:	
Work History <i>(Please attach CV)</i>	

Yes	No	
		Do you have a California Medical License ( <i>please attached a copy</i> ) License No. _____ Expiration Date: _____
		Do you have a DEA certificate ( <i>Please attach a copy</i> ) Cert. No. _____ Expiration Date: _____
		NPI # _____

A. Actions or pending actions regarding: - Staff Privileges, Licensure and Certification.

Yes	No	
		<i>If you the answer to any of the following questions is YES, please give an explanation on a separate sheet of paper.</i>
		Have any action, including any investigation ever been undertaken, whether completed or still pending, which involves denial, revocation, suspension, reduction, limitation, probation, non-renewal or voluntary relinquishment by resignation or expiration ( including relinquishment that was bargained for
		Medical staff membership of intern/resident house staff status at any hospital, clinic or other healthcare facility?
		Medical staff privileges of intern/resident house staff status at any hospital, clinic or other healthcare facility?
		Status as a resident in good standing in any internship, residency, fellowship, preceptorship, or other clinical education program (including having been placed on probation)?
		Membership or fellowship in any local, County, stat, regional, national or international professional organization
		Professional school faculty positon or membership
		Specialty board certification
		Have you ever been notified of any investigation or to appear before any licensing agency for a hearing or complain of any nature

B. Physical and Mental Health Status:

Yes	No	
		Are you aware of or have you been advised that you have any temporary or permanent physical mental condition or impairment which, by its nature, or as result of its treatment, might interfere with your ability to practice your profession with reasonable skill and safety?
		Have you ever become aware of you ever advised that you have any temporary or permanent physical mental condition or impairment which, by its nature, or as result of its treatment, might interfere with your ability to practice your profession with reasonable skill and safety, other that any such condition or impairment which you may have indicated in response to the previous question?
		Are you or have you been addicted to the use of narcotics, barbiturates, alcohol, or other drugs?
		Have you, at any time, been hospitalized or received any type of institutional care?
		Are you, or have you at any time, been in any voluntary treatment program for substance abuse?
		Are you presently under care for any physical or mental health problem?
		Have there ever been or are there now any actions or pending actions alleging fraud, abuse of statutory regulatory or contractual requirements governing the provision of your professional services or reimbursement thereof?
		Have you ever been convicted of a felony or misdemeanor (other than minor traffic offense)?
		Date of your last physical examination

C. Professional Liability Insurance:

		Have any professional liability claims been filed against you, have you reported any malpractice claims to your insurance carrier, or have you recieved any letter of intent to sure?
		Have any professional liability been pending against you?
		Has any judgement been entered against you in a professional liability case?
		Has any settlement been made in any professional liability case in which you or your professional liability insurance carrier had to or agreed to make a monetary payment?
		<b>(This applies only if you have been in practice other than residency)</b> Have you been denied professional liability insurance, has your policy been cancelled, ha your professional liability insurer refused to renew your policy or placed limitations on the scope of your coverage, or has any professional

		liability carrier expressed any intent to deny, cancel, or not renew or limited your professional liability insurance or its coverage, or rated up because of unusual risk?    NA ( )
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I hereby affirm that the information furnished by me to the staff is true to the best of my knowledge and is furnished in good faith. I understand that willful and substantial omissions or misrepresentations my result in denial, modification, or revocation of my application.

\_\_\_\_\_

Print your full name

\_\_\_\_\_

Signature

Date

I \_\_\_\_\_, Program Director/Coordinator, know of nothing to contraindicate this application.

\_\_\_\_\_

Program Director Signature

\_\_\_\_\_

Date



VERIFICATION OF RESIDENCY TRAINING INFORMATION

Residency Information

*To be completed by official from applicant's residency program.*

Yes	No	
		The above named resident is in good academic standing
		The above named resident has completed his/her USMLE/COMLEX exams with the following scores: Step 1 _____ Step 2 _____ Step 3 _____
		Resident malpractice/liability insurance is provided by the home institution for the resident while away from the residency program
		Personal health coverage is provided by the home institution for the resident while on a rotating rotation.
		The resident has completed a training program in a universal precaution ensuring the appropriate handling of blood, tissues and body fluids.
		The resident has completed compliance training for Health Insurance Portability and Accountability Act (HIPAA) <i>Must provide a copy of HIPAA Certification</i>
		The resident/fellow has completed and passed a background check at his/her home institution.

Name of official completing this document:

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Name

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

## **ROTATING RESIDENTS SURVIVORS' GUIDE**

### **I. Checking In**

- Rotating residents on their first day at CHMC or the day they plan to obtain their ID badge, must report to the Medical Education office located in 1400 S. Grand Ave – Suite 703 to “sign-in.” You will be required to provide proof of identity (driver’s license or passport). **(PLEASE BE SURE TO SCHEDULE AN APPOINTMENT BEFORE ARRIVING)**
- On the first day of your arrival, you will be required to park at Joe’s Parking structure located in Venice and Grand Ave. You will be given a validation sticker to exit the structure.
- Upon return for another rotation, please notify the Medical Education office 3-5 days before your start date so your Cerner access and badge can be activated. **RESIDENTS – MUST RETURN BADGE AT END OF YOUR ROTATION.**

### **II. Important Things to Know**

- **Meals** (in cafeteria) – residents can only sign for their own meals, they are not allowed to “sign” meals for others (students/friends/staff). CHMC ID badge must be worn above the waist at all times. **DO NOT EAT OR DRINK AT NURSE STATIONS.**
- **Scrubs** – machines are located in by the employee’s elevators in the 5<sup>th</sup> floor. **IF YOU OBTAIN A CHMC SCRUB, YOU MUST RETURN THE SCRUB WHEN GOING OFF DUTY.** Please note: if your access to scrubs does not work, please go to the 1964 building 9<sup>th</sup> floor and ask for a pair until your access work.
- **DRESS CODE** – All rotating residents must dress appropriate for work. Hoodies, sweatshirts, T-shirts, open toe shoes are not allowed.
- **MANDATORY OB CONFERENCES:** TBA
- **Dictations** – All dictations must be done with supervising attending physician’s ID number and with his/her permission; all procedures must be dictated ASAP; all H&Ps done within 24 hours; all discharge summaries done at time of discharge.

### III. Getting Around the Hospital Campus:

Floor:

**Lower Level** – Medical Library; Donald P. Loker Cancer Center in D&T Building

**1** – Security Office (room 179) ; Nursing Office; Cafeteria; Information Desk; Emergency Room and Urgent Care in D&T Building, Admitting Department

**2** – Medical Staff Office; Public Safety Command Center; PBX Office; Command Ctr Conf Rm #264; Pharmacy and D&T Conference Room 231 in D&T Building

**3** – ICU/CCU/SICU/TICU; Cardiology; Respiratory Therapy; Pathology and Laboratory in D&T Building.

**4** – Surgery; Same Day Surgery; Radiology in D&T Building

**5** – L&D / High-Risk / Anti-Partum/NICU

**6** – PICU; Orthopedics

**7** – Med/Surg

**8** – Pediatrics; Coupled Care

**9** – Telemetry; DOU; EVS Department in the 1964 Building

**(NOTE: Stairways on floors 5, 6 and 8 are secured with an alarm system so avoid using them. Medical Education Office moved to 1400 S. Grand Ave, Suite 703, (213)742-5750 or call hospital direct (213)748-2411 x 5750).**

Eff: 4/12/ 5/29/12; 7/17/12; 8/15/12; 10/23/12; 11/7/12; 11/28/12; 1/13;3/1/13; 3/22/13; 4/4/13; 4/18/13; 9/3/13; 10/13;10/13/16;01/09/17;04/03/18; 5/24/21



## Vehicle Registration Form

Full name (please print)

Indicate all regular assigned shift start times

Department

8 hour	10 hour	12 hour	Other/ Varied: (if this box is checked write down length of all assigned shifts)

Check applicable shift length that you work

Dept. extension

Employee	Physician	Contractor	Volunteer	Medical Student	Other (Indicate what)

Check type of position

Phone Number

Weekends	Shifts that end between the hours of 7pm-5am

Indicate yes if you are assigned all or some of the above shifts

Full-time	Part-time	Per-diem

Check applicable shift status

	Make	Model	Year	Color	License Plate	*If applicable complete sections below	
						Sticker color	Sticker number
Vehicle 1							
Vehicle 2							

**Parking Agreement:**

**I HAVE RECEIVED A COPY OF THE PARKING POLICY AND AGREE TO ABIDE BY THE TERMS AND CONDITIONS. PROVIDING FALSE, MISLEADING AND FRAUDULENT INFORMATION ON THIS FORM WILL BE GROUNDS FOR DICLIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



California Hospital Medical Center

**Scrub Access Form**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Hospital Badge Number: \_\_\_\_\_

Size: \_\_\_\_\_

Occupation:

Nurse

Scrub Tech

EVS

Physician

Resident

Educator

Medical Student

Volunteer

Vendor

Other: \_\_\_\_\_

Department:

PACU

OR

Central Sterile

GI lab

Other: GME

**CHMC**

**COVID-19 Specific Education for Orientation**

**CLINICAL Employees**

Name:

Date:

Employee ID#:

***In addition to the CHMC Orientation Program Self-Study Packet, please review the COVID-19 specific education below and sign, date, and submit the acknowledgement within 3 days.***

General COVID-19 Education			
Employee	Topic	Education	Review Complete
All	Infection Prevention: Handwashing and Personal Protection	<p>CDC Handwashing video: <a href="https://youtu.be/d914EnpU4Fo">https://youtu.be/d914EnpU4Fo</a></p> <p>CDC How to Protect Yourself and Others: <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html</a></p>	
All	Infection Prevention: PPE Donning and Doffing	<p>All patients admitted to CHMC have been diagnosed with COVID-19 Patients should be masked as appropriate</p> <p>Droplet Precautions Review <a href="https://www.cdc.gov/infectioncontrol/pdf/droplet_-_precautions-sign-P.pdf">https://www.cdc.gov/infectioncontrol/pdf/droplet_-_precautions-sign-P.pdf</a></p> <p>Contact Precautions Review <a href="https://www.cdc.gov/infectioncontrol/pdf/contact_-_precautions-sign-P.pdf">https://www.cdc.gov/infectioncontrol/pdf/contact_-_precautions-sign-P.pdf</a></p> <p>CDC Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 PDF: <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf</a></p> <p><i>Optional:</i> Video from National Ebola Training and Education Center (NETEC): Personal Protective Equipment for COVID-19- <a href="https://youtu.be/bG6zISnenPg">https://youtu.be/bG6zISnenPg</a></p>	
All	COVID-19 Overview	<p>CDC What Healthcare Personnel Should Know About Caring for Patients: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf">https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf</a></p>	

All	Human Resources: Reporting COVID-19 exposure <sup>1</sup> and/or symptoms	Contact your CHMC manager. The Manager <sup>2</sup> will collaborate with Infection Prevention/Employee Health for more information.  All staff are to regularly monitor themselves for fever and symptoms of COVID-19, as part of routine practice. The facility may conduct symptom and temperature checks prior to the start of any shift. <sup>3</sup>	
All	Human Resources: What to do if you are sick	CDC Self-Checker <a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>	
All	Human Resources: Coping with a Disaster or Traumatic Event	CDC Resource: <a href="https://emergency.cdc.gov/coping/pdf/Coping_with_Disaster.pdf">https://emergency.cdc.gov/coping/pdf/Coping_with_Disaster.pdf</a>	

**All Clinical Employees:**

Clinical COVID-19 Education		
Topic	Education	Review Complete
Infection Prevention and PPE Donning and Doffing	<p>CDC Interim Infection Prevention and Control Recommendations for Patients With Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) In Healthcare Settings</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a></p> <p>CDC Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 PDF: <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf</a></p>	

<sup>1</sup> CDC Healthcare Professional Preparedness Checklist <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>

<sup>2</sup> Manager resources: <https://www.cste.org/page/EpiOnCall>

<sup>3</sup> CDC Comprehensive Hospital Preparedness Checklist [https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW\\_Checklist\\_508.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf)

	<p>Optional: Video from National Ebola Training and Education Center (NETEC): Personal Protective Equipment for COVID-19-  <a href="https://youtu.be/bG6zISnenPg">https://youtu.be/bG6zISnenPg</a></p>	
Assessment and Triage of Patients	<p>Patients with COVID-19 will be admitted to the appropriate unit at CHMC; Telemetry, Medical/Surgical or Intensive Care</p>	
Patient Placement	<p>See Tele, Medical-Surgical Admission Criteria                  See ICU Admission Criteria</p>	
Implementation of Precautions	<p>See CHMC Standards of Care/Clinical Care Guidelines</p> <p>Review NIOSH Guidelines: Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings:  <a href="https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html">https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html</a></p> <p>Review CDC Strategies to Optimize the Supply of PPE and Equipment:  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p>	
Visitor Management and Exclusion	<p>Visitor restrictions are implemented. No visitors are allowed. Staff should attempt to provide for remote communication between the patient and visitor (e.g., video-call applications on cell phones or tablets). Visitor Guidelines are periodically changing at this time. Always obtain current copy of regulations from your unit manager</p>	
Aerosol Generating Procedures	<p>See CHMC Standards of Care/Clinical Care Guidelines</p> <p>American Society of Anesthesiologists: <a href="https://www.apsf.org/covid-19-and-anesthesia-faq/#n95procedures">https://www.apsf.org/covid-19-and-anesthesia-faq/#n95procedures</a> Consider measures that limit the potential for aerosolization of droplet particles. These include:</p> <ul style="list-style-type: none"> <li>• Designating the most experienced anesthesia professional available to perform intubation, if possible.</li> <li>• Wearing personal protective equipment (PPE)</li> <li>• Avoid awake fiberoptic intubation unless specifically indicated</li> <li>• Consider a rapid sequence induction (RSI) in order to avoid manual ventilation of patient's lungs and potential aerosolization. If manual ventilation is required, apply small tidal volumes</li> </ul>	
Clinical Resources	<p>Clinical skills books will be placed on units for reference</p>	



	<p>Covid-19 Ready Communication Skills: <a href="http://www.VitalTalk.org">www.VitalTalk.org</a></p> <p>Staff can also review skills performed in the care of COVID-19 patients here: Elsevier's COVID-19 Toolkit- <i>includes Evidence-based skills and procedures for nurses and other healthcare professionals and includes skills commonly used in caring for patients with COVID-19</i></p> <p><a href="https://www.elsevier.com/clinical-solutions/covid-19-toolkit">https://www.elsevier.com/clinical-solutions/covid-19-toolkit</a> <a href="https://elsevier.health/en-US/covid-19/home">https://elsevier.health/en-US/covid-19/home</a></p>	
Disposition of Patients	<p>Review CDC Guidance: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p>	
Postmortem Care	<p>Guidance for Procedures and Transfer of Deceased Persons with Confirmed or Suspected Coronavirus Disease 2019 (COVID-19)</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html</a></p>	

**CHMC**

**COVID-19 Specific Education for Orientation**

**Acknowledgement of Completion**

Signature of User/Employee:

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Date:

---

Printed Name of User/Employee:

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Employee ID#:

---

LA Surge Hospital/Dept/Agency:

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Position:

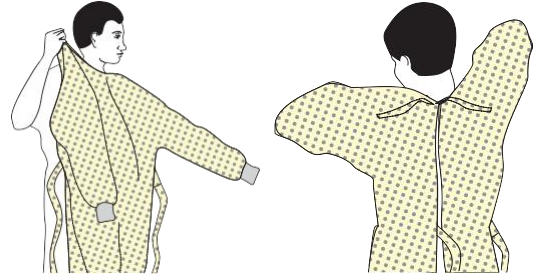
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# SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



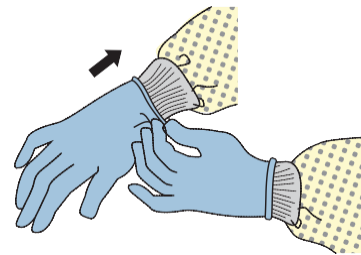
## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



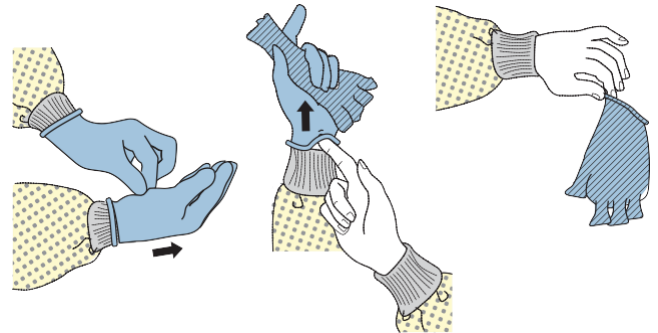
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



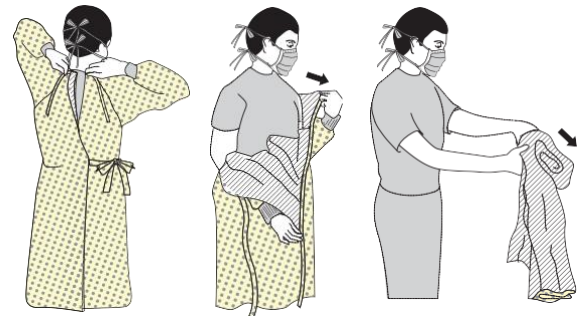
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



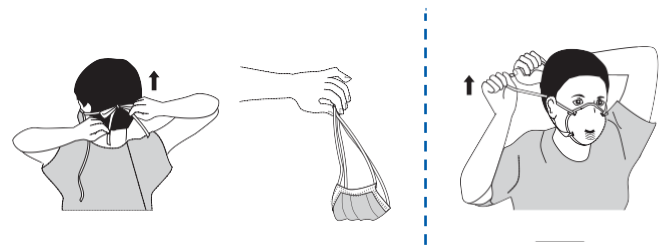
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

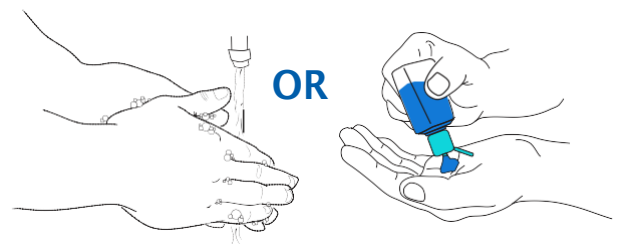


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



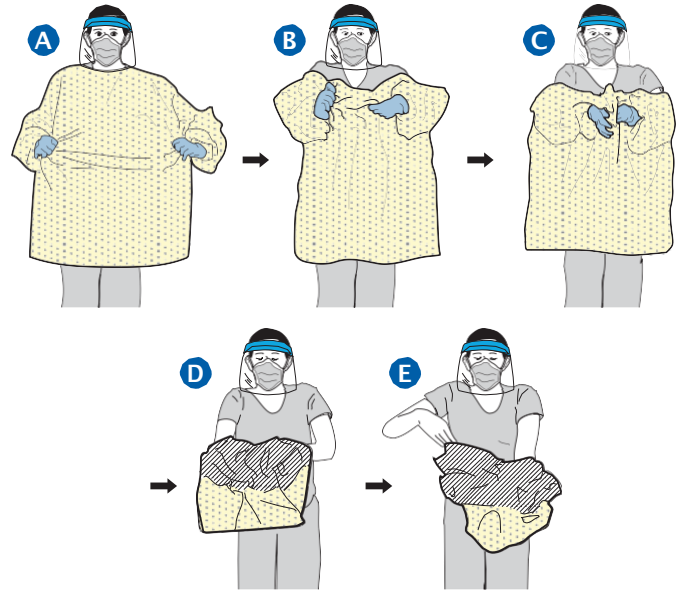
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



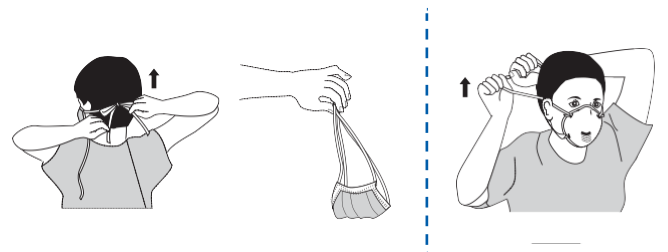
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

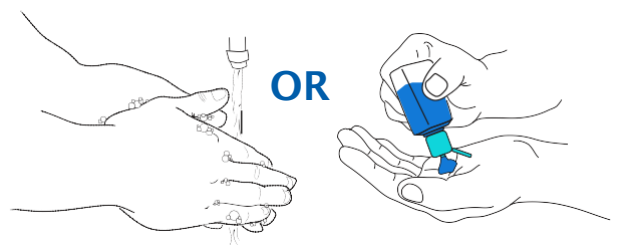


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



# Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

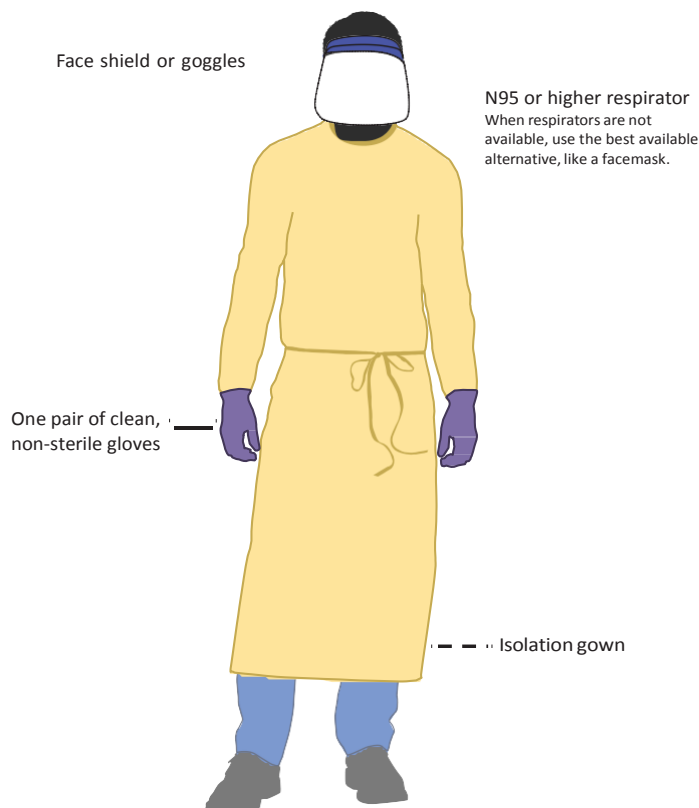
## Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

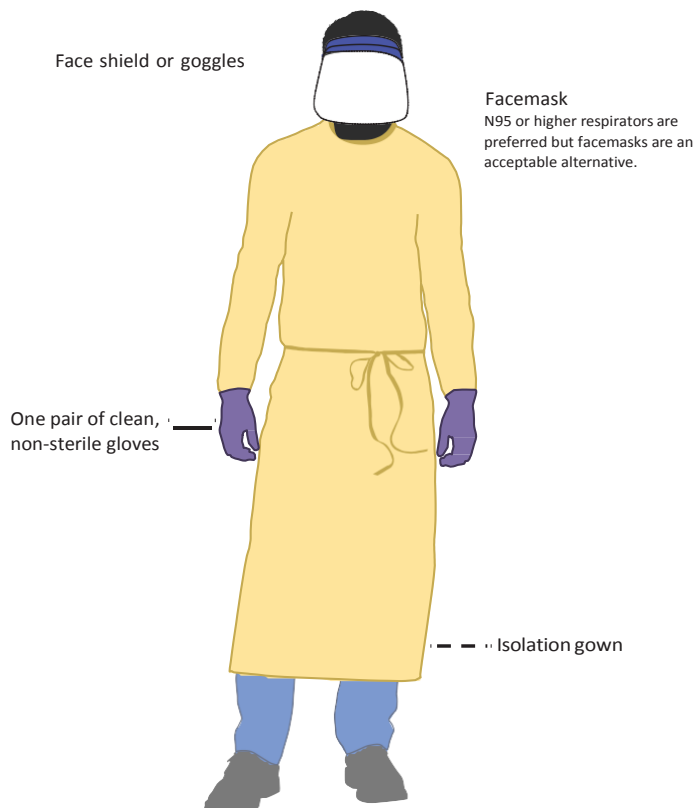
## Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

### Preferred PPE – Use N95 or Higher Respirator



### Acceptable Alternative PPE – Use Facemask



## Donning (putting on the gear):

*More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.*

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.\*
  - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

## Doffing (taking off the gear):

*More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.*

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.\*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- 6. Remove and discard respirator (or facemask if used instead of respirator).\*** Do not touch the front of the respirator or facemask.
  - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*\*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

# What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 (COVID-19)

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following [Interim Infection Prevention and Control Recommendations for Patients with Confirmed \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

## How COVID-19 Spreads

There is much to learn about the newly emerged COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts.

Close contact can occur while caring for a patient, including:

- being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.
- having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

If close contact occurs while not wearing all recommended personal protective equipment (PPE), healthcare personnel may be at risk of infection.

## How You Can Protect Yourself

Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for [infection prevention and control \(IPC\)](#):

- Assess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed in an Airborne Infection Isolation Room (AIIR), if available.
- Use [Standard Precautions](#), [Contact Precautions](#), and [Airborne Precautions](#) and eye protection when caring for patients with confirmed or possible COVID-19.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
- Perform aerosol-generating procedures, in an AIIR, while following appropriate IPC [practices, including use of appropriate PPE](#).

## Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with [EPA-approved](#) emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

## When to Contact Occupational Health Services

If you have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient, contact your supervisor or occupational health immediately.

If you develop symptoms consistent with COVID-19 (fever, cough, or difficulty breathing), do not report to work. Contact your occupational health services.

For more information for healthcare personnel, visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>



For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)



# Coping with a Disaster or Traumatic Event



After a disaster, it is important to take care of your emotional health. Pay attention to how you and your family members are feeling and acting.

Taking care of your emotional health will help you think clearly and react to urgent needs to protect yourself and your loved ones.

Follow these tips to help you and your family recover or find support.

## Steps to Care for Yourself

- Take Care of Your Body
  - » Try to eat healthy, exercise regularly, get plenty of sleep, and avoid alcohol and other drugs.
- Connect
  - » Share your feelings with a friend or family member. Maintain relationships and rely on your support system.
- Take Breaks
  - » Make time to unwind. Try to return to activities that you enjoy.
- Stay Informed
  - » Watch for news updates from reliable officials.
- Avoid
  - » Avoid excessive exposure to media coverage of the event.
- Ask for Help
  - » Talk to a clergy member, counselor, or doctor or contact the SAMHSA helpline helpline at 1-800-985-5990 or text TalkWithUs to 66746.

## How to Help Your Children

- Talk with them.
  - Share age-appropriate information.
  - Reassure them.
  - Address rumors.
  - Answer questions.
- Set a good example by taking care of yourself.
- Limit exposure to media and social media coverage of the event.

- Feelings of shock, numbness, or disbelief
- Change in energy or activity levels
- Difficulty concentrating
- Changes in appetite
- Sleeping problems or nightmares
- Feeling anxious, fearful, or angry
- Headaches, body pain, or skin rashes
- Chronic health problems get worse
- Increased use of alcohol, tobacco, or other drugs

Seek help from your healthcare provider if these stress reactions interfere with your daily activities for several days in a row.

**Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Hotline: 1-800-985-5990 or text TalkWithUs to 66746.**



**People with deafness or hearing loss can use their preferred relay service to call 1-800-985-5990.**

**If visitor is upset at not being allowed to visit**

“I can’t imagine how frustrating it is not being able to see your loved one right now. We want to assure you that your loved one as well as all other patients are our top priority as we work through this pandemic together. Again we deeply apologize and thank you for your understanding.”

*Say This – Don’t Say This*

Say This	Don’t Say This
<b>Visitation</b>	
To help prevent the transmission of the pandemic, CHMC is taking temporary precautions to protect patients, visitors, caregivers, and the community by not allowing loved ones at the bedside	No visitors allowed It’s not us, it’s the rules You cannot visit
I can’t imagine how frustrating it must be not being able to see your loved one. Your loved one, as well as all patients, are our top priority. We deeply apologize and thank you for your understanding.	Don’t get mad at me about the Visiting Rules
I can’t imagine how hard it must be to be in the hospital without your family present	It’s hard on all our patients not to have visitors
<b>Supplies/Staffing</b>	
In order to conserve our supplies of Personal Protective Equipment (PPE), we will be adapting how we provide care for our isolation patients	We don’t have enough PPE
Our team is working together to make sure you are safe and your needs met	We are short of staff with all that is going on
<b>Evidence Based Practice Adaptations</b>	
In order to protect our supplies of PPE, we will be adapting how we conduct Bedside Shift Report on patients in Isolation	We are not doing Bedside Report on patients
In order to protect our supplies of PPE, we will be adapting how we conduct Intentional Hourly Rounding on patients in Isolation	We are not doing Intentional Hourly Rounds on patients
<b>Care Concerns</b>	
It will take me just a minute to put on my gown, gloves, and mask, then I will be right in	Wait a minute while I put on PPE
We have a strong team that will provide you safe care	Don’t worry

Retrieved April 8<sup>th</sup>, 2019 at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

## Adhere to Standard and Transmission-Based Precautions

Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions that apply to patients with respiratory infections, including COVID-19, are summarized below. Attention should be paid to training and proper donning (putting on), doffing (taking off), and disposal of any PPE. This document does not emphasize all aspects of Standard Precautions (e.g., injection safety) that are required for all patient care; the full description is provided in the [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

HCP (see Section 5 for measures for non-HCP visitors) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella). Information about the recommended duration of Transmission-Based Precautions is available in the [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#)

- **Hand Hygiene**

- HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

- HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
  - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
- **Personal Protective Equipment**  
Employers should select appropriate PPE and provide it to HCP in accordance with [OSHA PPE standards \(29 CFR 1910 Subpart I\)external icon](#). HCP must receive training on and demonstrate an understanding of:
    - when to use PPE
    - what PPE is necessary
    - how to properly don, use, and doff PPE in a manner to prevent self-contamination
    - how to properly dispose of or disinfect and maintain PPE
    - the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask**
  - Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
  - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure (See Section 4). See appendix for respirator definition. Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.  
For guidance on extended use of respirators, refer to [Strategies to Optimize the Current Supply of N95 Respirators](#)
    - If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
  - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or

suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.

- **Eye Protection**

- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

- **Gloves**

- Put on clean, non-sterile gloves upon entry into the patient room or care area.
  - Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

- **Gowns**

- Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
- If there are shortages of gowns, they should be prioritized for:
  - aerosol-generating procedures
  - care activities where splashes and sprays are anticipated
  - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
    - dressing
    - bathing/showering
    - transferring
    - providing hygiene
    - changing linens
    - changing briefs or assisting with toileting
    - device care or use
    - wound care

## COVID-ready communication skills: a VitalTalk open source primer

### Who?

To health care professionals everywhere: these are unprecedented times. There's no roadmap. We're facing conversations that we never expected—or wanted—to have.

### Why?

In Seattle, it's real. We've had patients die, and not all were elderly. One of our colleagues is intubated. All over the country we are all getting calls and concerns about how to handle the possible surge. We're realizing that our professional duty might pose a risk to the people at home that we love. Worse, what we're seeing now might be the trickle that becomes a tsunami. Like what's happening in [Italy](#). Hard to ignore. Not something you can leave at work.

But there is another side to this too. Our colleagues are pitching in. People are stepping up to support each other in unexpected, beautiful ways. Together we can be bigger. And we can make it through this with our empathy, compassion, and sense of service intact.

### What?

In that spirit, we've crowdsourced this little primer to provide some practical advice on how talk about some difficult topics related to COVID-19. Building on our experience studying and teaching communication for 2 decades, we've drawn on our networks to crowdsource the challenges and match them with advice from some of the best clinicians we know. If you know our work, you'll recognize some familiar themes and also find new material. It's incomplete and imperfect. But it's a start.

### How?

We're offering this primer freely. Email it, link it, spread it around. Don't hesitate to change the links so it works for your particular clinic or institution or system. Then help us improve it. Tell us what we missed, what didn't work, where you got stuck. The next iteration could be better because of you.

### Stay safe.

Our world needs you—your expertise, your kindness, your aspirations, and your strength. We're grateful you are here.

### About VitalTalk

[VitalTalk](#) is a 501c3 nonprofit social impact startup dedicated to making communication skills for serious illness part of every clinician's toolbox. This content will be in our free [VitalTalk Tips app](#) for iOS and Android very soon.

### What's inside?

Screening                      When testing for COVID19 is on someone's agenda

Triaging                      When you're deciding where a patient should go

Admitting                      When your patient needs the hospital, or the ICU

Counseling                      When coping needs a boost, or emotions are running high

Deciding                      When things aren't going well, goals of care, code status

Resourcing                      When limitations force you to choose, and even ration

Anticipating                      When you're worrying about what might happen

Grieving                      When you've lost someone

## You can pitch in

Show this to the people you work with. Volunteer to edit so we can incorporate feedback in real time. Translate this into another language. Don't just spread worries about how bad things will get —be the change you want to see. You can get in touch with us at [tonyback@uw.edu](mailto:tonyback@uw.edu) or [info@vitaltalk.org](mailto:info@vitaltalk.org).

### Thank you

Bob Arnold MD ; Randy Curtis MD MPH; Jonathan Fischer MD ;Michael Fratkin MD; Margaret Isaac MD ;Josh Lakin MD ;Nick Mark MD ;Susan Merel MD ;Tona McGuire PhD ;James Tulsy MD Vicki Sakata MD; The John A. Hartford Foundation; Cambia Health Foundation

## Screening                      When someone is worried they might be infected

<i>What they say</i>	<i>What you say</i>
Why aren't they testing everybody?	We don't have enough test kits. <b><i>I wish it were different.</i></b>
Why do the tests take so long?	The lab is doing them as fast as they can. <b><i>I know it's hard to wait.</i></b>
How come the basketball players got tested?	I don't know the details, but what I can tell you is that was a different time. <b><i>The situation is changing so fast that what we did a week ago is not what we are doing today.</i></b>

## Triaging

### When you're deciding where a patient should go

<b>What they say</b>	<b>What you say</b>
Why shouldn't I just go to the hospital?	Our primary concern is your safety. We are trying to organize how people come in. Please fill out the questions online. <b>You can help speed up the process for yourself and everyone else.</b>
Why are you keeping me out of the hospital?	<b>I imagine you are worried and want the best possible care.</b> Right now, the hospital has become a dangerous place unless you really, really need it. <b>The safest thing for you</b> is to .

## Admitting

### When your patient needs the hospital, or the ICU

<b>What they say</b>	<b>What you say</b>
Does this mean I have COVID19?	We will need to test you with a nasal swab, and we will know the result by tomorrow. <b>It is normal to feel stressed when you are waiting for results</b> , so do things that help you keep your balance.
How bad is this?	From the information I have now and from my exam, your situation is serious enough that you should be in the hospital. <b>We will know more in the next day</b> , and we will update you.
Is my grandfather going to make it?	<b>I imagine you are scared.</b> Here's what I can say: because he is 90, and is already dealing with other illnesses, <b>it is quite possible that he will not make it out of the hospital.</b> <b>Honestly, it is too soon to say for certain.</b>
Are you saying that no one can visit me?	<b>I know it is hard to not have visitors.</b> The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. <b>They will be in more danger if they come into the hospital.</b> I wish things were different.
How can you not let me in for a visit?	The risk of spreading the virus is so high that I am sorry to say we cannot allow visitors. We can help you be in contact electronically. <b>I wish I could let you visit, because I know it's important, but it is not possible now.</b>



## Counseling

### When coping needs a boost, or emotions are running high

What they say	What you say
I'm scared.	This is such a tough situation. <b><i>I think anyone would be scared.</i></b> Could you share more with me?
I need some hope.	Tell me about the things you are hoping for? <b><i>I want to understand more.</i></b>
You people are incompetent!	I can see why you are not happy with things. <b><i>I am willing to do what is in my power to improve things for you.</i></b> What could I do that would help?
I want to talk to your boss.	I can see you are frustrated. <b><i>I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.</i></b>
Do I need to say my goodbyes?	I'm hoping that's not the case. And I worry time could indeed be short. What most pressing on your mind?

## Deciding

### When things aren't going well, goals of care, code status

What they say	What you say
I want everything possible. I want to live.	We are doing everything we can. This is a tough situation. Could we step back for a moment so I can learn more about you? <b><i>What do I need to know about you to do a better job taking care of you?</i></b>
I don't think my grandfather would have wanted this.	Well, let's pause and talk about what he would have wanted. Can you tell me what he considered most important in his life? <b><i>What meant the most to him, gave his life meaning?</i></b>
I don't want to end up being a vegetable or on a machine.	Thank you, it is very important for me to know that. <b><i>Can you say more about what you mean?</i></b>
I am not sure what my grandfather wanted—we never spoke about it.	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given his overall condition now, if we need to put him on a breathing machine or do CPR, he will not make it. The odds are just against him. <b><i>My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully.</i></b> I know that is hard to hear. What do you think?

## Resourcing

## When limitations force you to choose, and even ration

What they say	What you say, and why
Why can't my 90 year old grandmother go to the ICU?	<b><i>This is an extraordinary time. We are trying to use resources in a way that is fair for everyone.</i></b> Your grandmother's situation does not meet the criteria for the ICU today. I wish things were different.
Shouldn't I be in an intensive care unit?	Your situation does not meet criteria for the ICU right now. The hospital is using special rules about the ICU because we are trying to use our resources in a way that is fair for everyone. <b><i>If this were a year ago, we might be making a different decision. This is an extraordinary time.</i></b> I wish I had more resources.
My grandmother needs the ICU! Or she is going to die!	I know this is a scary situation, and I am worried for your grandmother myself. <b><i>This virus is so deadly that even if we could transfer her to the ICU, I am not sure she would make it.</i></b> So we need to be prepared that she could die. We will do everything we can for her.
Are you just discriminating against her because she is old?	No. <b><i>We are using guidelines that were developed by people in this community to prepare for an event like this</i></b> —clinicians, policymakers, and regular people— <b><i>so that no one is singled out.</i></b> These guidelines have been developed over years--they weren't done yesterday. I know it is hard to hear this.
You're treating us differently because of the color of our skin.	<b><i>I can imagine that you may have had negative experiences in the past with health care simply because of who you are.</i></b> That is not fair, and I wish things had been different. The situation today is that our medical resources are stretched so thin that we are using guidelines that were developed by people in this community, including people of color, so that we can be fair. I do not want people to be treated by the color of their skin either.
It sounds like you are rationing.	What we are doing is trying to spread out our resources in the best way possible. <b><i>This is a time where I wish we had more for every single person in this hospital.</i></b>
You're playing God. You can't do that.	I am sorry. I did not mean to give you that feeling. I am just a clinician doing the best I can. <b><i>Across the city, every hospital is working together to try to use resources in a way that is fair for everyone. I realize that we don't have enough.</i></b> I wish we had more. Please understand that we are all working as hard as possible.
Can't you get 15 more ventilators from somewhere else?	Right now the hospital is operating over capacity. It is not possible for us to increase our capacity like that overnight. And <b><i>I realize that is disappointing to hear.</i></b>

## Anticipating

### When you're worrying about what might happen

What you fear	What you can do
That patient's son is going to be very angry.	Before you go in the room, take a moment for one deep breath. <b>What's the anger about?</b> Love, responsibility, fear?
I don't know how to tell this adorable grandmother that I can't put her in the ICU and that she is going to die.	<b>Remember what you can do:</b> you can hear what she's concerned about, you can explain what's happening, you can help her prepare, you can be present. These are gifts.
I have been working all day with infected people and I am worried I could be passing this on to the people who matter most.	Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. But <b>worries are easier to bear when you share them.</b>
I am afraid of burnout, and of losing my heart.	Can you look for moments every day where you connect with someone, share something, enjoy something? <b>It is possible to find little pockets of peace even in the middle of a maelstrom.</b>
I'm worried that I will be overwhelmed and that I won't be able to do what is really the best for my patients.	Check your own state of being, even if you only have a moment. If one extreme is wiped out, and the other is feeling strong, where am I now? <b>Remember that whatever your own state, that these feelings are inextricable to our human condition.</b> Can you accept them, not try to push them away, and then decide what you need

## Grieving

### When you've lost someone

What I'm thinking	What you can do
I should have been able to save that person.	Notice: <b>am I grading myself?</b> Could I step back and just feel? Maybe it's sadness, or frustration, or just fatigue. Those feelings are normal. And these times are distinctly abnormal.
OMG I cannot believe we don't have the right equipment / how mean that person was to me / how everything I do seems like its blowing up	Notice: <b>am I catastrophizing?</b> Is all this analyzing really about something else? Like how sad this is, how powerless I feel, how puny our efforts look? Under these conditions, such thoughts are to be expected. But we don't have to let them suck us under. Can we notice them, and feel them, maybe share them? And then ask ourselves: <b>can I step into a less reactive, more balanced place even as I move into the next thing?</b>

Your comments and feedback: Thank you all for contributing edits and ideas--they are extremely valuable, and we have incorporated most of them. If I did not incorporate your suggestion and you are wondering, you can email me at [tonyback@uw.edu](mailto:tonyback@uw.edu). Please note that this guide is designed as a completely-stand-alone-guide for clinicians, and thus some recommendations are slightly different than what we would teach in the context of an in-person or live virtual course.

### Ethics of Resource Allocation (Pandemic/COVID)

Compiled by Kristin LaLonde, AHIP. Submissions are a collaboration with Maureen Dunn, Laurie J. Schwing, Brian Baker, the Hospital Libraries Section LISTSERV and the MLA Hospital Library Caucus.

If you do not have access to any articles listed, please Ask Your Librarian

Biddison, E. L. D., Faden, R., Gwon, H. S., Mareiniss, D. P., Regenber, A. C., Schoch-Spana, M., ... Toner, E. S. (2019). **Too Many Patients...A Framework to Guide Statewide Allocation of Scarce Mechanical Ventilation During Disasters**. *Chest*, 155(4), 848–854. doi: 10.1016/j.chest.2018.09.025  
[https://journal.chestnet.org/article/S0012-3692\(18\)32565-0/pdf](https://journal.chestnet.org/article/S0012-3692(18)32565-0/pdf) [OPEN ACCESS]

Emanuel, E. J., Persad, G., Upshur, R., Thome, B., Parker, M., Glickman, A., ... Phillips, J. P. (2020). **Fair Allocation of Scarce Medical Resources in the Time of Covid-19**. *New England Journal of Medicine*. doi: 10.1056/nejmsb2005114  
[https://www.nejm.org/doi/full/10.1056/NEJMSb2005114?query=featured\\_home](https://www.nejm.org/doi/full/10.1056/NEJMSb2005114?query=featured_home) [OPEN ACCESS]

#### **Added 3-30 @ 10:01 AM**

BULLETIN: Civil Rights, HIPAA, and the Coronavirus Disease 2019 (COVID-19)  
HHS Office for Civil Rights <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>

#### **Added 3-30 @ 9:59 AM**

White DB, Lo B. [A Framework for Rationing Ventilators and Critical Care Beds During the COVID-19 Pandemic](#). *JAMA*. Published online March 27, 2020. doi:10.1001/jama.2020.5046

#### **Added 3-26 @ 1:05 PM**

Guidelines for Ethical Allocation of Scarce Medical Resources and Services During Public Health Emergencies in Michigan  
<http://www.mimedicalethics.org/Documentation/Michigan%20DCH%20Ethical%20Scarce%20Resources%20Guidelines%20v2%20rev%20Nov%202012.0.pdf>

#### **Added 3-26 @ 9:09 am**

Ranney, M. L., Griffeth, V., & Jha, A. K. (2020). [Critical Supply Shortages — The Need for Ventilators and Personal Protective Equipment during the Covid-19 Pandemic](#). *New England Journal of Medicine*. doi: 10.1056/nejmp2006141

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If you do not have access to any articles listed, please Ask Your Librarian

#### **Added 3-25 @ 6:55 pm**

Powell, T., K.C. Christ, and G.S. Birkhead, [Allocation of Ventilators in a Public Health Disaster](#). *Disaster Med Public Health*

#### **Added 3-25 @ 6:54 pm**

Christian, M.D., et al., [Development of a triage protocol for critical care during an influenza pandemic](#). CMAJ, 2006. **175**(11): p. 1377-81.

**Added 3-25 @ 6:53 pm**

Romig, L.E., Pediatric triage. [A system to JumpSTART your triage of young patients at MCIs](#). JEMS, 2002. 27(7): p. 52-8, 60-3.

**Added 3-25 @ 6:52 pm**

Benson, M., K.L. Koenig, and C.H. Schultz, [Disaster triage: START, then SAVE--a new method of dynamic triage for victims of a catastrophic earthquake](#). Prehosp Disaster Med, 1996. 11(2): p. 117-24

**Added 3-25 @ 6:51 pm**

Talmor, D., et al., [Simple triage scoring system predicting death and the need for critical care resources for use during epidemics](#). Crit Care Med, 2007. 35(5): p. 1251-6.

**Added 3-25 @ 6:41 pm**

Hick, J.L. and D.T. O'Laughlin, [Concept of operations for triage of mechanical ventilation in an epidemic](#). Acad Emerg Med, 2006. 13(2): p. 223-9.

**Added 3-23 @ 4:17 pm**

Medical Ethics and Disasters | NLM. (n.d.). Retrieved from <https://disasterinfo.nlm.nih.gov/ethics> [OPEN ACCESS]

**Added 3-23 @ 2:16 PM**

Maves, R. C., Jamros, C. M., & Smith, A. G. (2019). **Intensive Care Unit Preparedness During Pandemics and Other Biological Threats**. Critical Care Clinics, 35(4), 609–618. doi: 10.1016/j.ccc.2019.06.001

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If you do not have access to any articles listed, please Ask Your Librarian

<https://www.sciencedirect.com/science/article/pii/S0749070419300405> [OPEN ACCESS]

**Added 3-23 @ 2:03 PM**

Farra, S. L., & Smith, S. J. (2019). **Implementation of Crisis Standards of Care**. Nurse Leader. doi: 10.1016/j.mnl.2019.09.014

<https://www.sciencedirect.com/science/article/abs/pii/S1541461219302915> [PAYWALL]

**Added 3-23 @ 1:13 PM**

Ventilator allocation guidelines. Albany: New York State Task Force on Life and the Law, New York State Department of Health, November 2015

[https://www.health.ny.gov/regulations/task\\_force/reports\\_publications/docs/ventilator\\_guidelines.pdf](https://www.health.ny.gov/regulations/task_force/reports_publications/docs/ventilator_guidelines.pdf). [OPEN ACCESS]

**Added 3-23 @1:03 PM**

Truog, R. D., Mitchell, C., & Daley, G. Q. (2020). **The Toughest Triage — Allocating Ventilators in a**

**Pandemic.** New England Journal of Medicine. doi: 10.1056/nejmp2005689  
<https://www.nejm.org/doi/full/10.1056/NEJMp2005689?query=RP> [OPEN ACCESS]

Rosenbaum, L. (2020). **Facing Covid-19 in Italy — Ethics, Logistics, and Therapeutics on the Epidemic’s Front Line.** New England Journal of Medicine. doi: 10.1056/nejmp2005492  
<https://www.nejm.org/doi/full/10.1056/NEJMp2005492> [OPEN ACCESS]

Gamble, M. (n.d.). **Washington healthcare leaders draft statewide plan for care rationing: State and healthcare officials in Washington state have begun drafting plans for their worst-case scenario: denying patients complete medical care if the coronavirus overwhelms the health system in coming weeks.** Retrieved from: <https://www.beckershospitalreview.com/patient-flow/washington-healthcare-leaders-draft-statewide-plan-for-care-rationing.html> [OPEN]

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If you do not have access to any articles listed, please Ask Your Librarian

Leider, J. P., Debruin, D., Reynolds, N., Koch, A., & Seaberg, J. (2017). **Ethical Guidance for Disaster Response, Specifically Around Crisis Standards of Care: A Systematic Review.** American Journal of Public Health, 107(9). doi: 10.2105/ajph.2017.303882  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551597/> [OPEN ACCESS]

Biddison, E. L. D., Gwon, H., Schoch-Spana, M., Cavalier, R., White, D. B., Dawson, T., ... Toner, E. S. (2014). **The Community Speaks: Understanding Ethical Values in Allocation of Scarce Lifesaving Resources during Disasters.** Annals of the American Thoracic Society, 11(5), 777–783. doi: 10.1513/annalsats.201310-379oc <https://www.atsjournals.org/doi/pdf/10.1513/AnnalsATS.201310-379OC> [OPEN ACCESS]

Farrar, Jocelyn A. **Pandemic Influenza : Allocating Scarce Critical Care Resources.** JONA: The Journal of Nursing Administration: January 2010 - Volume 40 - Issue 1 - p 1-3. doi: 10.1097/NNA.0b013e3181c47b4e  
[https://journals.lww.com/jonajournal/Citation/2010/01000/Pandemic\\_Influenza\\_Allocating\\_Scarce\\_Critical.1.aspx](https://journals.lww.com/jonajournal/Citation/2010/01000/Pandemic_Influenza_Allocating_Scarce_Critical.1.aspx) [PAYWALL]

**Allocating Scarce Resources in a Pandemic: Ethical and Public Policy Dimensions.** (2006). AMA Journal of Ethics, 8(4), 241–244. Doi: 10.1001/virtualmentor.2006.8.4.pfor3-0604  
<https://journalofethics.ama-assn.org/article/allocating-scarce-resources-pandemic-ethical-and-public-policy-dimensions/2006-04> [OPEN ACCESS]

Uscher-Pines, L., Omer, S. B., Barnett, D. J., Burke, T. A., & Balicer, R. D. (2006). **Priority Setting for Pandemic Influenza: An Analysis of National Preparedness Plans.** PLoS Medicine, 3(10). doi: 10.1371/journal.pmed.0030436 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1609123/> [OPEN ACCESS]

Thompson, A.K., Faith, K., Gibson, J.L. et al. **Pandemic influenza preparedness: an ethical framework to guide decision-making.** BMC Med Ethics 7, 12 (2006). <https://doi.org/10.1186/1472-6939-7-12>

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<https://bmcomedethics.biomedcentral.com/articles/10.1186/1472-6939-7-12> [OPEN ACCESS]

Institute of Medicine. ***Crisis Standards of Care: Lessons from Communities Building Their Plans: Workshop in Brief***. Washington, DC: National Academies Press, 2014.

<http://www.nationalacademies.org/hmd/Activities/PublicHealth/MedPrep/2014-APR-02/Workshop-in-Brief.aspx>. [OPEN ACCESS]

### **Non-Article Reports**

Institute of Medicine. ***Crisis Standards of Care: A Toolkit for Indicators and Triggers. Report brief***. Washington, DC: National Academies Press, 2013.

<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2013/CSC-Triggers/CSC-Triggers-RB.pdf>. [OPEN ACCESS]

Institute of Medicine. ***Engaging the Public in Critical Disaster Planning and Decision Making***. Workshop summary. Washington, DC: National Academies Press, 2013.

<http://www.nationalacademies.org/HMD/Reports/2013/Engaging-the-Public-in-Critical-Disaster-Planning-and-Decision-Making.aspx>. [OPEN ACCESS]

Institute of Medicine. ***Crisis Standards of Care: Systems Framework for Catastrophic Disaster Response***. Report brief. Washington, DC: National Academies Press, 2012.

[http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2012/Crisis-Standards-of-Care/CSC\\_rb.pdf](http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2012/Crisis-Standards-of-Care/CSC_rb.pdf). [OPEN ACCESS]

Institute of Medicine. ***Guidance for Establishing Standards of Care for Use in Disaster Situations: A Letter Report***. Report brief.

Washington, DC: National Academies Press, 2009.

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<http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2009/DisasterCareStandards/Standards%20of%20Care%20report%20brief%20FINAL.pdf>. [OPEN ACCESS]

B. M. Altevogt et al. ***Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations***. Emergency Books, 2. Institute of Medicine of the National Academies, 2009.

<https://www.nap.edu/download/12749> [OPEN]

“Intensive care medicine: triage in case of bottlenecks” The Swiss Academy of Medical Sciences guidelines

<https://www.samw.ch/en/Ethics/Topics-A-to-Z/Intensive-care-medicine.html> [OPEN ACCESS]

Società Italiana di Anestesia Analgesia Rianimazione e Terapia Intensiva (2020). **Clinical Ethics Recommendations for the Allocation of Intensive Care Treatments in exceptional, resource-limited circumstances** <http://www.siaarti.it/SiteAssets/News/COVID19%20-%20documenti%20SIAARTI/SIAARTI%20-%20Covid-19%20-%20Clinical%20Ethics%20Reccomendations.pdf> [OPEN ACCESS]

The Hastings Center: “Ethics Resources on the Coronavirus”

<https://www.thehastingscenter.org/ethics-resources-on-the-coronavirus/> [OPEN ACCESS]

### **Additional Resources for Clinicians:**

APSF Strategies to Optimize Provision of Mechanical Ventilation

<https://www.apsf.org/wp-content/uploads/news-updates/2020/Strategies-to-Optimize-Provision-of-Mechanical-Ventilation.pdf>

FREE COURSE-American Association of Critical Care Nurses (AACN)- COVID-19 Pulmonary, ARDS, and Ventilator Resources

<https://www.aacn.org/education/online-courses/covid-19-pulmonary-ards-and-ventilator-resources>

- ABG Analysis, Oxygen Delivery, Airway Management, and Non-invasive Positive Pressure Ventilation
- Assessing and Managing Respiratory Failure and ARDS
- Invasive Mechanical Ventilation: Priorities for Endotracheal Intubation, Tracheostomy Care, Ventilator Settings and Troubleshooting
- Spontaneous Awakening and Breathing Trials, Neuromuscular Blockade, Ventilator Weaning, Extubation Priorities, and Preventing Complications from Mechanical Ventilation

California Department of Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

California Medical Association

<https://www.cmadocs.org/covid-19>

4/2/2020- CDC Clinical Management of Critically Ill Adults with Coronavirus Disease (COVID-19)

[https://emergency.cdc.gov/coca/calls/2020/callinfo\\_040220.asp](https://emergency.cdc.gov/coca/calls/2020/callinfo_040220.asp)

3/30/2020- CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Elsevier’s COVID-19 Resource Center

<https://www.elsevier.com/connect/coronavirus-information-center>



Ethics Resources:

Center to Advance Palliative Care: <https://www.capc.org/toolkits/covid-19-response-resources/>

The Hastings Center: <https://www.thehastingscenter.org/ethics-resources-on-the-coronavirus/>

Resource Allocation Articles: [Ethics Resource Allocation.pdf](#)

JAMA

<https://jamanetwork.com/journals/jama/pages/coronavirus-alert>

The New England Journal of Medicine COVID-9 Resources

<https://www.nejm.org/coronavirus>

World Health Organization

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Societies:

**American Society of Anesthesiologists (ASA)**

Coronavirus (2019-nCoV) Information for Health Care Professionals

**American Association of Nurse Anesthetists (AANA)**

Anesthesia Care of the Patient with Coronavirus Disease 2019 (COVID-19)

**Association of periOperative Registered Nurses (AORN)**

COVID-19 (Coronavirus) AORN Tool Kit and Resources

**Society of Critical Care Medicine (SCCM)**

Caring for Critically Ill Patients with Novel Coronavirus

**American College of Chest Physicians (CHEST)**

Updates, Guides and Recommendations