

Employees

Contractors
Registry



Forensic Staff
Students

Travelers
Vendors



Orientation Handbook

ALAMEDA COUNTY MEDICAL CENTER

Highland, Fairmont, John George Psychiatric Pavilion, Ambulatory Care

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ADMINISTRATIVE WELCOME

Welcome to the **Alameda County Medical Center** (ACMC). You are an important addition to our team and we look forward to a long, productive, and mutually fulfilling time together. We are delighted that you have joined our organization. Your role is critical in achieving the mission of our organization. We encourage you to become familiar with ACMC's history, mission, philosophy, values and core performance standards. These standards will inform and guide the way we carry out our work throughout the Medical Center.

The **Alameda County Medical Center** is a large organization, but at its heart are many dedicated people focused on delivering the best health care services for the citizens of Alameda County.

As you learn your new role, you will discover our organization's unique culture. We are very proud of our commitment to the community and the diverse population we serve. We will do our best to help you become a productive member of our staff through orientation and training. In the next few weeks you will meet many co-workers, supervisors and managers, feel free to let them know what will help you accomplish your new responsibilities. You will need to refer often to the written information you were provided. Whenever questions arise, please be sure to speak with your supervisor or contact person from the Human Resources Department.

The **Alameda County Medical Center's** workforce is a diverse community where the quality of life is valued. Our environment is open to your valuable contributions and individual differences. All employees are encouraged to maximize their potential and to exhibit a commitment to provide quality services to our patients.

Again, welcome to our team! ACMC values your dedication, commitment and integrity as we serve the citizens of Alameda County. We are looking forward not only to a long-term relationship, but also to your success at the Alameda County Medical Center.

The Executive Staff
Alameda County Medical Center



MISSION STATEMENT

Alameda County Medical Center is committed to maintaining and improving the health of all County residents, regardless of their ability to pay.

VALUES

Respect:

We treat people with value and dignity.

Compassion:

We display an awareness of others' concerns, coupled with a desire to help.

Patient Friendly:

Our patient care delivery is centered around the needs of the patient as opposed to the convenience of the organization.

Culturally Sensitive:

We are aware and respectful of cultural differences represented by the diversity of our community.

Honesty – Integrity:

We instill confidence in the care we provide by communicating in a forthright and respectful manner. We do what we say we are going to do.

Fiscally Responsible:

We use money wisely. Funds are spent in a manner that assures the optimum delivery of health care services and long-term viability.

Community Focus:

We are committed to participation in joint venture programs with the community to provide health coverage at all levels.

Competitiveness:

We are aware of services offered elsewhere and are dedicated to exceed those services, in order to become a provider of choice for our patients.

Innovation:

We encourage the creativity to try new approaches and techniques that do not fit the usual mold.

Competence – Professionalism:

Our staff has the skills and ability to carry out its responsibilities effectively and efficiently. We endeavor to provide our staff with the best tools and resources to maximize their potential.

Excellence:

We are committed to the constant improvement of health services and outcomes.

Teaching:

We are committed to keeping abreast of the latest developments in medical care and giving information to patients and the community so they can play a more active role in their care.



Alameda County Medical Center

Standards of Behavior

In support of changing our culture to build excellence, **Alameda County Medical Center** has developed nine core performance standards that will assist in creating a culture of consistent service. Everything we do starts with attitude. We choose how we are going to respond.

It is the responsibility of all **ACMC** Employees, Contractors, Forensic Staff, Registry, Students and Travelers to read, understand and live up to these standards.

Attitude

I will...

- Be polite, compassionate, confident, enthusiastic, courteous and respectful
- Be cheerful
- Have a sense of humor when appropriate
- Make a conscious decision to have a positive attitude every day
- Say "Yes" first
- Remember to smile

Communication

I will...

- Answer phone within three rings
- State the department name and my name when answering the phone
- Listen without interrupting
- Ask for permission before placing someone on hold
- Update the person on hold within 3 minutes
- Use SBAR for all clinical communications
- Educate rather than blame
- Only use my personal cell phone when I am off duty or when there is an emergency and I am not in the presence of customers and patients



Customer Service

I will...

Always put the Customer First using **AIDET**

Acknowledge customers, patients and co-workers immediately and make eye contact

Introduce myself and give the patient my full attention

Duration – provide customers with a time limit

Explain what the customer can expect

Thank them for choosing **Alameda County Medical Center**

Attempt to resolve customers and patients complaints even if I or my department is not the source of the complaint

Escort the customer to his or her destination whenever possible

Anticipate customers, patients and co-workers needs and always ask “if there is anything else you need or that I can assist you with?” before finishing with the customer

Appearance

I will...

Wear my ID badge at eye level with name visible at all times

Maintain a clean and safe environment

Dress according to HR Policy and my departmental dress code

Maintain proper hygiene at all times

Privacy

I will...

Make sure all customers, patients and co-workers information is kept confidential (HIPAA)

Never discuss patients in public areas and only with those who have a need to know

Knock before entering a patient's room

Close the curtain or doors to maintain patient privacy during exams procedures or discussions

Always cover patients while transporting

Provide a second gown or robe for patients when ambulating

Keep private conversations private unless it jeopardizes the safety of the organization or an individual



Accountability

I will...

- Ensure all Joint Commission (JC) standards are followed
- Take responsibility and initiative to get the job done
- Be punctual
- Use supplies efficiently
- Not waste
- Share new knowledge and skills in the workplace
- Take responsibility for maintaining my professional licenses and certifications
- Take responsibility for professional educational growth and development

Teamwork

I will...

- Take the initiative to assist staff in completion of assignments
- Accept re-assignments and additional duties when necessary in a flexible and positive manner
- Not use the phrase "That is not my job"
- Be a part of the solution, not the problem
- Make suggestions to resolve issues

Quality and Safety

I will...

- Ensure all OSHA standard are followed
- Report all safety hazards accidents and incidents immediately
- Collaborate with leadership and staff to continue to work to improve performance and outcomes
- Maintain a safe environment and practice safe work habits
- Use appropriate Personal Protective Equipment
- Never perform a procedure that I am not qualified to perform
- Carry my code card at all time
- Be prepared for emergencies knowing the correct action to take

Awareness

I will...

- Show empathy
- Ensure that patients and family members receive effective, understandable and respectful care, in a manner compatible with their cultural beliefs and practices and preferred language
- Utilize resources such as Interpretive Services that promote culturally competent care
- Provide services in a non-judgmental manner to all customers, patients and co-workers



Alameda County Medical Center HR Policies and Procedures

3.01 Employee Dignity and Respect

As part of this effort, all forms of harassment and discrimination are prohibited. Harassment is defined as any verbal, physical, written, or visual conduct which has as its intent or effect the demeaning, intimidating, insulting or ridiculing treatment of a person.

3.11 Harassment

Harassment (other than sexual harassment) is defined as verbal or physical conduct that denigrates or shows hostility or aversion toward an individual based on race, religion, color, national origin, ancestry, age, disability, marital status, gender, sexual orientation or any other basis protected by federal, state or local law or ordinance.

3.12 Sexual Harassment

Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, are among the actions that may constitute sexual harassment.

3.13 Conflict of Interest

An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of this organization's business dealings.

3.14 Use of ACMC Telephones, Mail Systems, Fax Machines and Voicemail

The use of **ACMC** telephones, mail systems, fax machines and voicemail for personal business is not permitted.

3.15 Use of Computer Systems

The computers and computer accounts given to users are to assist them in the performance of their jobs. Users should not have an expectation of privacy in anything they create, store, send or receive on the computer systems.

3.16 Protection of Trade Secrets/Non-Disclosure of ACMC Information Purpose

The protection of confidential business information and trade secrets is vital to the interests and success of **ACMC**. Such confidential information includes but is not limited to: customer lists, financial information, marketing strategies, new materials research, pending projects and proposals, proprietary production processes, research and development strategies and technological data and prototypes.



5.00 Health

All employees must successfully pass health-screening examinations, and adhere to specific policies related to maintaining a healthful environment for all, as well as adhering to guidelines related to communicable and life-threatening conditions and diseases.

5.01 Employee Health Screening

All employees, contractors, forensic staff, registry, students and Travelers must successfully pass an annual health screening examination in a timely manner as a condition of continued employment.

5.04 Employees with Communicable or Life-Threatening Illnesses

As long as employees are able to meet acceptable performance and attendance standards and medical evidence indicates that their continued work does not pose a threat to themselves or others, they will be allowed to continue their normal work activities.

5.10 Safety

Alameda County Medical Center asks you to promote safety at all times and to prevent accidents to yourself, as well as to customers, other employees, and visitors by observing established safety and accident preventions rules.

5.13 Violence Prevention

Alameda County Medical Center is firmly committed to providing a violence free workplace for staff and our agents. The safety and security of **ACMC** personnel, residents, patients, medical staff and visitors are of vital importance. In keeping with this commitment, we have established a strict anti-violence policy that prohibits acts or threats of violence made by an employee against another person's life, health, well-being, family or property. Acts or threats of violence whether made directly or indirectly, by words or gestures or symbols, infringe upon **ACMC's** right and obligation to provide a safe workplace for its employees, residents, patients, volunteers, visitors, medical staff and students. This policy applies in the workplace, while on duty, on **ACMC** related business, or while operating any vehicle or equipment owned or leased by **ACMC**.

A copy of the Human Resources Policy & Procedure Manual can be located on every campus and department at **ACMC. You can also find it in the Human Resources Department, Fairmont Campus Building C or on the intranet at**

http://acmc-intranet.acmedctr.ad/departments/human_resources/policies/



PERFORMANCE IMPROVEMENT (PI)

At **Alameda County Medical Center** we work together to do the right thing the first time and to do the right thing well.

- The degree to which what is done is **effective** and **appropriate** for the patient.
- The degree to which it is **available** in a **timely** manner to patients who need it.
- The degree to which it is done is **effective** and **consistent** with other care; and provides **safe, efficient, and respectful** care of the patient.

The PDCA process will ensure that whatever the identified goal or objective is, the repeated planning, doing, checking and acting will drive forward improvement, because there is no room for complacency using this method. Constantly evaluating, measuring performance and then re-evaluating leads to substantial growth in improvements; sometimes by small steps, sometimes by huge leaps!



PLAN

Establish the objectives and processes necessary to deliver results in accordance with the expected output (the target or goals). By making the expected output the focus, it differs from other techniques in that the completeness and accuracy of the [specification](#) is also part of the improvement.

DO

Implement the new processes, often on a small scale if possible, to test possible effects. It is important to collect data for charting and analysis for the following "CHECK" step.

CHECK

Measure the new processes and compare the results (collected in "DO" above) against the expected results (targets or goals from the "PLAN") to ascertain any differences. Charting data can make this much easier to see trends in order to convert the collected data into information. Information is what you need for the next step "ACT".

ACT

Analyze the differences to determine their cause. Each will be part of either one or more of the P-D-C-A steps. Determine where to apply changes that will include improvement. When a pass through these four steps does not result in the need to improve, refine the scope to which PDCA is applied until there is a plan that involves improvement.



2012 National Patient Safety Goals

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

Identify patients correctly

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

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

- ***Highland – Name and Medical Record Number on Armband***
- ***JGPP – Name, Medical Record Number and Photo***
- ***Fairmont – Name, Medical Record Number and Photo***
- ***Ambulatory Clinics – Name and Date of Birth (DOB)***

Improve staff communication

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

Use medicines safely

Before a procedure, label medicines that are not already labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

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

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.



2012 National Patient Safety Goals

Prevent infection

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

Use proven guidelines to prevent infections that are difficult to treat.

Use proven guidelines to prevent infection of the blood from central lines.

Use proven guidelines to prevent infection after surgery.

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

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

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

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



ABUSE REPORTING

ABUSE REPORTING REQUIREMENTS

The prevalence of abuse of children, adults (including spouses), elders, and dependent adults is increasing. Healthcare workers are amongst those who must report known or observed instances of abuse to the appropriate authorities. This mandate applies to those situations that occur in an employee's professional capacity or within the scope of employment. Healthcare workers must also be aware that failure to report as required is also considered unprofessional conduct and can result in disciplinary action.

CHILD ABUSE

Section 11166 of the Penal Code **REQUIRES** that any child care custodian, health practitioner, or employee of a child protective agency (in his or her professional capacity or within the scope of his or her employment) who has knowledge of or observes a child who he or she knows or reasonably suspects has been the victim of child abuse must report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and prepare and send a written report thereof within 36 hours of receiving the information about the incident.

ELDER AND DEPENDENT ADULT ABUSE

Section 15630 of the Welfare and Institutions Code **REQUIRES** that care custodians, healthcare workers and employees of adult protective services agencies, or local law enforcement agencies who (in their professional capacity or within the scope of their employment) observe evidence of or have been told by an elder or dependent adult that he or she is a victim of physical abuse must report this to county adult protective services or a local law enforcement agency immediately, or as soon as possible, by telephone with a written report submitted within two working days. For persons in long-term care ombudsman coordinator or local law enforcement agency, state law **PERMITS** reporting of other types of abuse such as neglect, intimidation, fiduciary abuse, abandonment, isolation or other treatment that results in physical harm, pain or mental suffering when the report has knowledge of or reasonably suspects one or more of these types of abuse have occurred. Elders are defined as persons 65 years or older, and dependent adults are defined as persons between the ages of 18-64 whose physical or mental limitations restrict their ability to care for themselves.



ABUSE REPORTING REQUIREMENTS

GENERAL ABUSE

Section 11160 of the Penal Code **REQUIRES** health practitioners who, in their professional capacity or within their scope or employment, provide medical services for a physical condition to a patient whom they know or reasonably suspect has an injury that is the result of assaultive or abusive conduct to report this to a local law enforcement agency immediately or as soon as practically possible. A written report to the law enforcement agency is due within two working days. This statute is extremely broad. It includes adults, children and other persons (including spouses). Failure to comply with these laws is a misdemeanor, punishable by up to six months in jail, a fine of \$1,000, or both.



ADULT ABUSE REPORTING PURPOSE

Purpose

To establish care and protection of the customers and patients of **Alameda County Medical Center (ACMC)** and to establish guidelines for compliance with the Welfare and Institutions Code Section 15630, Adult Abuse Reporting.

Policy

All **employees, contractors, forensic staff, registry and traveler staff who work at ACMC** will comply with the Welfare and Institutions Code Section 15630, for elder or dependent adult care custodians, health practitioners, employees of county adult protective services, agencies and local law enforcement agencies.

If in an **individual's** professional capacity, or within the scope of his/her employment, an incident is observed that reasonably appears to be abuse of any nature, or a physical injury where the nature of the injury clearly indicates that physical abuse has occurred, or has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, the employee must send a written report within two working days to the local adult protective services agency or the local law enforcement agency.

As a condition of employment, each employee is required to sign a form acknowledging the receipt of information and the requirement for Reporting Adult Abuse.

The Adult Abuse Reporting regulations are to be reviewed annually at the time of the annual performance review and an updated, signed copy will be placed in each employee's personnel file.

Questions regarding this policy should be addressed to the Director, Human Resources.

Failure to adhere to policies governing Adult Abuse Reporting may result in disciplinary action up to and including termination.



Age Specific Competencies

ALAMEDA COUNTY MEDICAL CENTER AGE SPECIFIC NEEDS

	NEONATAL PATIENTS	Toddler	Preschool	Second Age
	Infant Newborn - 12 months	12 months - 2 years	2 - 5 years	6 - 11 years
Activities	May roll over, sit up, pull up, stand up.	Walks, climbs, runs, throws items.	Climbs, runs, likes simple games and stories.	Likes to explore, is daring & adventurous.
Knowledge	May cry when Mom leaves, stranger fear, plays peek-a-boo, likes verbal repetition.	Likes established routines, understands simple commands, speaks in short sentences, responds positively to consistent care givers.	Imitates, has many fears; thinks everything that moves is alive; tells the truth; is interested in body functions; is easily distracted. Keep explanations simple.	Wants explanation; able to cooperate - explain how he/she can help; explain if something will hurt; often dead at funerals & surgical striking learns to read.
Comfort/Rest	Requires frequent soaps, May sleep through the night.	Likes comfort items (blanket/toys) from home, socks/thumb/specific; fears strangers; takes naps, cannot verbalize pain.	May take naps; requires about 12 hours of uninterrupted sleep; may have sleep disturbances; bedtime fears, nightmares. Allow parents to say as much as they can/verb.	Usually does not nap; requires 9-12 hours of sleep; needs remaining & quiet setting for bedtime.
Communication & Coping	Crying is major means of communication Verbalizes discomfort and hunger by crying, sucks pacifier or thumb for comfort or sucking needs.	Starts thumbe, cries, developing first, resists change or recalls says "NO", tries to assert self; prone to tantrums.	May view hospitalization as punishment; has emotional extremes; likes comfort objects (blanket/toys); is upset easily with minor injuries.	Strong need for approval by friends; important to tell the truth to this age group; privacy & modesty very important; behavior may regress with illness.
Elimination	Frequent diaper changes.	Begins toilet training; has own terminology for elimination. Diapers at night.	Toile training. May regress to needing diapers while in hospital. Ask child if she has to go to BR - may be afraid or not know how to go in hospital.	Other privacy; explain bedpan/urinals.
Safety	Prone to choking & suffocation; puts everything in mouth. Needs crib with side rails; prevent poisoning, burns. Provide age appropriate toys. Position on back or side for sleeping.	Accident prone; fearless; needs constant supervision; needs crib with siderails/top; no glass bottles or sharp objects; vulnerable to abuse; Potential harm from falls, poisoning, burns, choking, drowning. Do not give balloons without supervision. Needs CONSTANT supervision.	Can be clumsy; puts things in mouth; opens doors/windows; may be unaware of danger from strangers; has great curiosity; likes to play with mechanical objects.	Prone to accidents. Bikes vs. auto, falls, auto accidents, burns, poisoning. Is easily distracted.
Hygiene	Requires total care.	Assist with ADLs; dressing & bath.	He/she dress self; may brush teeth, needs assistance.	Assist younger patients with ADLs. Older patients in this BP will be able to perform own ADLs.
Nutrition	Breast or bottle fed, may start pureed baby food. NEVER prop bottles.	Finger foods; insists on feeding self; chooses easily; advances easily; small frequent meals; softcore food like/shakes.	Feeds self; usually eats small, frequent meals/snacks; has food like/shakes; may eat very limited number of foods.	Needs nutrition education; likes junk food; may have specific food likes/dislikes.
Socialization/Sensitivity	Attached to mother; Enjoys having people around and being talked to	Plays along side other rather than with others - does not like to share.	Sexual curiosity; increasing awareness of gender differences.	Relates to own sex. Socialization skill increasing.
Skin Integrity	Sensitive skin, prone to rashes	May have diaper rash; difficult TV scars; sensitive skin.	No specific; needs unless disease related	No specific needs unless disease related.



Age Specific Competencies

ALAMEDA COUNTY MEDICAL CENTER AGE SPECIFIC NEEDS

	ADOLESCENTS	ADULT PATIENTS	GERIATRIC PATIENTS	
	Adolescent 14 - 18 years	Young Adult 18 - 35 years	Middle Adult 35 - 64 years	Older Adult 65 - 85 years
				Elderly Adult 85 + years
Activity	Dishes activity restrictions.	Likes pain privileges; dislikes activity restrictions.	Decreased muscle tone; increased need to exercise.	Changes in sight; hearing and movement may limit activity.
Knowledge	Need thorough explanations to understand/accept treatment plan. Use correct medical terms. May need repeated explanation.	Receptive to health teaching.	Most receptive to health teaching.	Learning new tasks/information takes longer; likes consistency in daily routines.
Comfort/Rest	Needs diversionary activities; like to sleep late; prefer oral meds to injections; responds positively to consistent caregivers.	Wide variations in pain management and sleep habits.	May be reluctant to accept narcotics.	Sleep pattern changes; may have trouble with insomnia. May not sense pain as acutely.
Communication & Coping	Difficulty expressing needs; may sleep as a coping mechanism; may be argumentative. Adolescents fear losing control & independence.	May have job/financial/child care concerns. Separation from family an issue. Encourage expression of needs.	May have job/financial/childcare/dependent person concerns. Separation from family an issue. Encourage expression of needs.	Worry about finances; self-esteem/image concerns. Like to be addressed by name - find out if use of first name is acceptable.
Elimination	Reluctant to use bedpan or urinal; embarrassment with bodily functions.	No specific needs unless disease related.	Females may have stress incontinence; males may have nocturia.	Stress urinary incontinence; this age group. May use laxatives incorrectly.
Hygiene	Impose concern about appearance; considers own feelings to be unique. Acne/body odor potential.	Provides help with ADLs as needed.	Provides help with ADLs as needed.	Provides help with ADLs as needed.
Nutrition	Needs variety of choices; may still prefer junk food or show strong preferences for vegetarianism or other diet choices. Increased nutritional needs.	Need menu choices for balanced diet.	May have dental problems. May be self-conscious of dentures.	Changes in diet for medical conditions.
Safety	Risk takers; strong sense of immortality. Pressure from peers may encourage this age group to act against better judgment.	General safety precautions.	General safety precautions.	Medication related accidents - over/under dosage; drug interactions/toxicity. Visual deficits become more of a problem.
Socialization and Sexuality	Strong need for privacy; Encourage peer visits. Possible parental conflict. Developing secondary sexual characteristics.	Recognize needs for intimacy; provide privacy as able and condition permits.	May be reluctant to limit visitors. Recognize need for intimacy; provide privacy as able and condition permits.	Retirement/physical/role changes may cause relationship problems.
Skin Integrity	May be difficult TV stans. Acne potential.	No specific needs unless disease related.	Increased potential for skin breakdown.	Skin becoming more fragile.
Assessment	Enderson N. Theory & Development, American Academy of Pediatrics. Ignatavicius, D. & Wong Barrie, M. Medical Surgical. A Nursing Process Approach. Philadelphia: WB Saunders Co., 1991 Marston, M.A. & McDonald, E. Gerontological Nursing: Concepts and Practice / Philadelphia: WB Saunders Co., 1988 "Compassion in Providing Age-Appropriate Care", Opti-Health Development Partner: Alameda, CA 1994. "Age Specific Considerations", St. Vincent Hospital & Health Services, Indianapolis, Indiana.			

2006



BODY MECHANICS

Good Body Mechanics means applying knowledge about proper body alignment, balance and movement to minimize strain and injury to the back.

A Balanced Spine

- A balanced spine is made of bones (vertebrae) and pads of cartilage (disks) arranged in three natural curves.
- Your neck (cervical curve) supports your head. Your middle back (thoracic curve) is supported by your rib cage.
- Your lower back (lumbar curve) carries more than its fair share balancing your entire upper body. This extra load and the mobility of the lumbar curve make it the most susceptible to injury.

Using Good Body Mechanics

Moving your body correctly is a skill that requires your constant attention. How well you perfect the skill can mean the difference between a fatigued or injured back and a healthy back.

Below are tips to help you apply good body mechanics:

- Hold loads close to your body to minimize the effect of their weight.
- To prevent twisting injuries, move your torso - from your shoulders to your hips - as one solid unit.
- Keep your knees bent to make your legs work harder, reducing the stress on your back.
- Avoid quick, jerky movements.



REGULATORY COMPLIANCE

OFFICE OF COMPLIANCE AND PRIVACY Health Insurance Portability and Accountability Act (HIPAA)

The Compliance Office assumed responsibility for training and enforcement of Federal Patient Confidentiality Regulations in 2002. The regulations were implemented in April 2003 and are commonly referred to as the HIPAA regulations (Health Insurance Portability and Accountability Act of 1996).

The regulations set national standards for maintaining stringent confidentiality of protected health information. The regulations also gave patients expanded rights to view and obtain copies of their medical records, request amendment to medical records and receive an accounting of disclosure for their records.

The regulations also established penalties for improper disclosure of health information that range from reprimand to possible criminal penalties for fraudulent or negligent disclosure.

The following pages include a general introduction to the privacy and security regulations dictated by HIPAA, the Health Information Technology for Economic and Clinical Health Act (HITECH), California privacy laws, and **ACMC** Policies and Procedures regarding Violations/ Sanctions. An overview of **ACMC's** Compliance program also follows below.

ACMC Office of Compliance has a confidential, toll free hotline phone number to be used to report any concerns employees or patients may have. The Compliance/Privacy Manager will investigate all complaints and concerns.

ACMC Compliance/Privacy toll free 1-866-267-7764

Written concerns can be sent to:

**Compliance/Privacy Manager
Highland Campus
1411 E. 31st Street
Oakland, CA 94602-1008
QIC 22103**



HIPAA... What is it anyway?



This brief overview of compliance and HIPAA is provided to you by the Office of Quality and Compliance.

Following a 1994 audit, the Federal government's General Account Office (GAO) reported rampant levels of fraud and abuse in Medicare billing practices nationwide. In an effort to stem the tide of healthcare fraud and abuse, the Federal government passed rules to make it easier to identify and prove violations of fraudulent reimbursement to federally funded healthcare organizations.

Other areas of concern have been identified and incorporated into the rules. These include abuse of patient referral practices, the receiving of "kick backs", patient "dumping" for financial reasons, Emergency Medical Treatment and Active Labor Act (EMTALA), inappropriate billing in teaching hospitals and the Health Insurance Portability and Accountability Act (HIPAA), to name a few.

Why adopt a Compliance Program? The introduction to the Health and Human Services/Office of Inspector General (HHS/OIG) "Compliance Program Guidance for Hospitals" sums it up by saying, "The adoption and implementation of voluntary compliance programs significantly advance the prevention of fraud, abuse, waste... while at the same time furthering the fundamental mission of all hospitals, which is to provide quality care to patients".

An Effective Compliance Program

- Minimizes potential audits and investigations and resultant penalties and fines.
- Protects individuals from criminal convictions and sanctions.
- Protects the organization's privilege to treat Medicare and Medi-Cal patients.
- Ensures that all staff members understand the organization's Standards of Conduct and the expectations for the highest ethical behavior, regardless of assignment.
- Educates staff on all aspects of compliance specific to their assigned duties.
- Ensures that staff members who report any areas of concern are not punished or retaliated against.



WHAT IS HIPAA?

The Health Insurance Portability and Accountability Act establishes regulations for privacy, data security and electronic claim submissions.

HIPAA applies to all “covered entities” such as hospitals, physicians and other providers, health plans, their employees and other members of the covered entities’ workforce. HIPAA privacy and security standards were updated in 2009 by the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Where the State of California’s medical records confidentiality regulations are more stringent than the Federal regulations, the State’s rules will supersede HIPAA. However, **ACMC** must adopt HIPAA’s standardized code set transactions for billing and other aspects of the regulations.

HIPAA covers all areas of Protected Health Information (PHI) which include past, present or future physical or mental health services and billing information. PHI is any information where the individual patient can be identified.

HIPAA regulations cover our own health plans, employment records relating to health care (e.g. Worker’s Compensation claims and Employee Assistance Programs) and any claims related to these services. Patients will have the right to choose what aspects of their PHI can be disclosed and to whom. They also will have the right to revoke this at any time.

ACMC will have to provide all patients with a notice of **ACMC’s** Privacy Practices and they will be required to acknowledge that they have been informed.

Fines and criminal penalties can be imposed if PHI is wrongfully disclosed. For commercial disclosure (selling PHI), one can be imprisoned for up to 10 years and fined \$250,000.

What is expected of you?

- Treat all patients, members of the public and fellow **ACMC** staff with the utmost dignity and respect.
- Abide by all rules of employment and local, State and Federal laws.
- Follow the **ACMC** Standards of Conduct.
- Report issues of concern promptly and confidentially to your Supervisor, Manager, member of Executive Management or the Compliance Office.

Keep confidential information confidential!

Never accept gifts, favors or money from any vendor, contractor, company or individual where you are expected to give something in return. Use all **ACMC** equipment, telephones, computers, supplies and tools responsibly, conservatively and for business purposes.



Highlights of the New State Privacy Laws Effective January 1, 2009

	SB 541	AB 211
Key Requirements	<p>Mandates prevention of unlawful or unauthorized access to or use or disclosure of patient medical information.</p> <p>Reporting obligations: Facilities must report incidents of unlawful access, use, or disclosure of a patient's medical information within 5 days of detection of the breach to CDPH and the affected patient(s)/ legal representative.</p>	<p>Mandates the confidentiality of medical information. Requires implementation of appropriate administrative, technical and physical safeguards to protect the privacy of a patient's medical information, and implementation of reasonable safeguards to prevent unauthorized access, use, or disclosure.</p>
Authorizes	<p>Fines to the institution for failure to prevent or report for unauthorized access, use, disclosure of medical information.</p>	<p>Fines and civil penalties <u>against any individual</u> that negligently discloses or knowingly and willfully obtains, discloses, or uses medical information in violation of state/federal laws.</p>
Oversight Agency	<p>Calif. Department of Public Health (CDPH)</p>	<p>Calif. Office of Health Information Integrity (Cal-OHII)</p>
Fines & Penalties; Civil/ Criminal Actions	<p><u>Institutional Fines for failure to prevent or report:</u> \$25,000 – initial violation (per patient) \$17,500 – subsequent occurrence \$250,000 – maximum penalty per reportable event \$100 per day for late reporting</p>	<p><u>Individual Fines/ Penalties:</u> \$2,500 - \$25,000 per violation \$250,000 – maximum penalty per violation Misdemeanor if patient suffers economic loss or personal injury. Potential for civil action by patient with statutory damages (\$1,000) in addition to actual damages. Cal-OHI may notify licensing board for further investigation/ discipline of individual providers.</p>



ACMC is committed to protecting the privacy and security of patient information. ACMC and/or individual(s) involved with unlawful or unauthorized access to, and use or disclosure of patients' medical information, misusing data and/or inappropriately accessing system will face disciplinary actions and/or civil/criminal penalties.

A violation is an act that is contrary to the meaning of HIPAA and ACMC guidelines to guarantee the confidentiality of protected health information. The following list outlines some, but not all, of the violations requiring sanctions:

Level 1 violations can be considered careless errors.

They include, but are not limited to:

- Accidentally accessing PHI that is not necessary for carrying out one's responsibilities
- Misdirecting faxes or emails that contain PHI
- Discussing PHI in public areas or in areas where the public could overhear conversation
- Copying or printing PHI without authorization
- Leaving a computer with PHI unattended
- Leaving a copy of PHI in a non-secure area
- Failing to cooperate with the institution's privacy official

Level 2 violations can be considered willful actions.

They include, but are not limited to:

- Unauthorized access, use or disclosure of PHI
- Discussing PHI with unauthorized healthcare professionals not directly associated with the case
- Asking another person to access or provide PHI without authorization
- Sharing computer information, such as passwords, that allows others to access PHI
- Committing repeated Level 1 violations after reeducation

Level 3 violations can be considered malicious, flagrant, or egregious actions.

They include, but are not limited to:

- Obtaining PHI under false pretenses
- Accessing or assisting someone else to obtain PHI without an authorized reason
- Using PHI for commercial or personal purposes
- Discussing PHI with persons who are external to clinics and hospitals that are not associated with ACMC



For ACMC staff that does not comply with **ACMC's** HIPAA policies and procedures disciplinary actions may include, but are not limited to, counseling, oral warning, written warning, suspension/probation, or termination. The ultimate decision as to the disciplinary action lies with the Compliance and Human Resource Departments.

All **ACMC staff members are responsible for reporting suspected violations of privacy laws or privacy policies. Report concerns to your supervisor or the **ACMC** confidential compliance hotline at 1-866-267-7764.**



Bloodborne Pathogens

Bloodborne Pathogens (BBP) are disease-causing pathogens found in the blood and some other body fluids of infected people. **HIV, Hepatitis B and Hepatitis C** are the three most common BBP, which can cause an **occupational exposure**. BBP are not spread casually such as by shaking hands, hugging, using public facilities, or sharing telephones. While BBP can be spread sexually or by sharing dirty needles, an exposure may occur if infected blood or other body fluid enters your body by:



- Contact with broken skin (e.g., through open sores, some human bite wounds)
- Skin punctures or scratches from contaminated items (e.g. needles, scalpels, other sharps)
- Contact with mucus membranes (e.g., eyes, nose, mouth)

Exposure Protocol

If exposed to BBP, follow the ACMC BBP Exposure Control Plan and the BBP Exposure Follow-up Policy. These are located on the ACMC Intranet. You must take the following steps:

- Do not delay treatment for any reason.
- Immediately wash the exposed area with soap and water or flush your eye(s) with running water (no soap).
- Notify your supervisor and Employee Health. When calling Employee Health, listen to the recorded outgoing telephone message for important instructions.
- If unable to reach the Employee Health Nurse by telephone, leave a message. Immediately call Highland Emergency Department identify yourself as an employee and ask to be seen.
- The Employee Health Nurse or the Emergency Department will evaluate your exposure and prescribe medication if indicated. The medication may reduce your risk of getting HIV.

Facts About HIV (Human Immunodeficiency Virus)



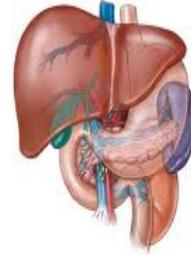
- HIV is the virus that causes AIDS (Acquired Immunodeficiency Syndrome).
- HIV is a serious illness that harms the body's ability to fight off infections and may be fatal.
- A person may be infected with HIV without knowing they have it.
- There is no vaccine or cure for HIV.



Facts About Hepatitis B Virus (HBV)

HBV is a serious viral infection of the liver. HBV can lead to severe illness, liver damage and possibly death.

- Approximately 30% infected with HBV have no signs or symptoms.
- HBV is preventable through vaccination. If you are at risk, call Employee Health for an appointment to be vaccinated free of charge (**highly recommended**).
- Symptoms of HBV may include (symptoms may be related illnesses other than HBV):
 - ⇒ Jaundice
 - ⇒ Fatigue
 - ⇒ Abdominal pain
 - ⇒ Loss of appetite
 - ⇒ Nausea, vomiting
 - ⇒ Joint pain



Facts About Hepatitis C Virus (HCV)

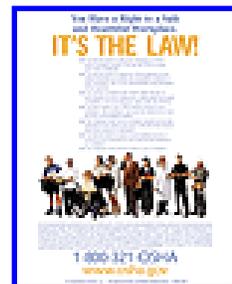
HCV is also a serious viral infection of the liver, which can lead to severe illness, liver damage and possibly death.



- Many infected people do not know that they have HCV.
- It often takes several years to develop symptoms.
- HCV is the leading cause for liver transplant.
- There is no Vaccination to prevent HCV
- Symptoms of HCV are the same as HBV (above).

Occupational Safety and Health Administration (OSHA)

OSHA's Bloodborne Pathogen Standard requires healthcare workers to use **Standard Precautions, Engineering Controls** and **Work Practice Controls** for protection against exposure to BBPs. A copy of the OSHA Bloodborne Pathogen Standard is located in the ACMC Infection Control Manual available on the ACMC Intranet.



(Refer to the Infection Control Manual, Standard Precautions, Transmission Based Precautions and Aerosol Transmissible Disease Control Plan.)



Standard Precautions means all blood and body fluids from all people are considered infectious. Therefore, you must protect yourself by using good **Hand Hygiene Practices** and wearing appropriate **Personal Protective Equipment (PPE)** whenever there is a risk of contacting any blood or other potentially infectious body fluid.



Use Alcohol Hand Rub or Soap and Water.

Hand Hygiene is the single most important way to prevent disease transmission. Employees must perform hand hygiene before and after each patient contact, after using the toilet, before eating, before handling contact lenses or smoking and whenever hands are contaminated or soiled. If hands are visibly soiled, use the soap and water method. Health care workers with hands-on patient care responsibilities may not wear artificial nails or nail extenders.

(Refer to the Infection Control Manual Hand Hygiene Policy)

Personal Protective Equipment (PPE)

PPE is special clothing and equipment worn as protection against infectious diseases while at work. PPE includes gloves, gowns, aprons, goggles, face shields, masks and shoe coverings. Wear PPE if there is a risk of contacting blood, body fluids or items soiled by blood or body fluids. It should never be worn for reasons other than protection such as wearing a gown for warmth. PPE must be removed as soon as the task is finished and before touching another patient. Hands must be cleaned with soap and water or alcohol hand rub after PPE is removed. If PPE is not available, let your supervisor know right away.



Engineering Controls



Examples of engineering controls include sharps containers, laboratory exhaust hoods and safety syringes/sharps. These controls help protect you by removing or reducing the hazard. If you have not been shown how to use an engineering control, ask your supervisor for training before using it.



Work Practice Controls

These are policies based on OSHA mandates intended to protect you. They include, but are not limited to:

- Do not recap needles.
- Use two containers to carry specimens (zip-lock biohazard labeled bag plus a leak-proof plastic container).
- Dispose used needles/sharps right away in sharps containers.
- Inspect your PPE for rips or tears before using it.
- Get training before using a new safety product/device.



Biohazard Symbol

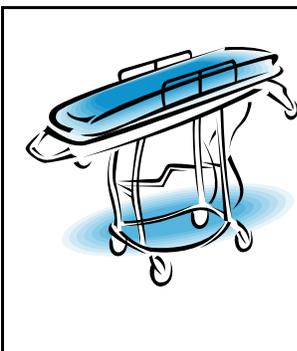


The biohazard symbol indicates infectious material is present. It is placed on items or areas that contain blood or body fluids (see Biohazard Waste definition below). The red biohazard symbol is found on biohazard waste barrels, biohazard waste storage areas, specimen bags, specimen storage areas (e.g., specimen refrigerators), specimen transport coolers/containers and sharps containers.

Biohazard Waste

Biohazard waste is discarded in a red trash barrel labeled with a biohazard symbol (above). Biohazard waste must be handled according to California State law. Storage areas must be locked to protect the general public. The following items are considered biohazard waste:

- Microbiology cultures
- Pathology specimens
- Blood, serum, plasma
- Human tissue
- Spinal, pleural peritoneal fluid
- Used sharps (must be placed in sharps containers prior to final disposal)



Contaminated Items and Equipment

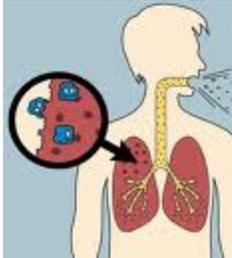
Body fluid contaminated items and equipment must be cleaned and disinfected using a hospital-approved disinfectant such as Sani-Cloths. Equipment used by more than one patient must be disinfected between each patient to prevent spreading pathogens from one patient to another (e.g., gurney, commode chairs, glucometer, and bathtub sling). Other items such as IV pumps are sent to USH for disinfection between each patient use.



TUBERCULOSIS

In 2009, there were 156 new cases of TB in Alameda County (excluding the city of Berkeley). 26% of the cases were diagnosed at ACHC Highland Hospital (40 patients).

Tuberculosis (TB) is a communicable disease caused by the bacteria *Mycobacterium tuberculosis*. TB is spread from person to person when someone with active TB disease sings, laughs, or coughs, aerosolizing the bacteria. Transmission can occur when people breathe in the bacteria while in close and prolonged contact with a person with infectious TB. Although TB can affect any part of the body, it mostly often affects the lungs.



Latent TB Infection (LTBI)

Once TB bacteria have been inhaled, that person may become infected with TB. In most cases, the body is able to keep the bacteria from growing. In persons with LTBI, the TB bacteria in the body remain alive but inactive. The patient has no symptoms and TB cannot be spread to others. For some, LTBI can progress to TB disease when the immune system can no longer fight off the bacteria. LTBI can be treated to prevent active TB disease.

- People with HIV or AIDS
- Substance abuse
- Diabetes mellitus
- Silicosis
- Cancer of the head or neck
- Leukemia or Hodgkin's disease
- Severe kidney disease
- Low body weight
- Certain medical treatments (such as corticosteroid treatment or organ transplants)
- Extreme old age
- Very young age (less than 5 years old)



Symptoms of TB Disease Symptoms of TB disease depend on where in the body the TB bacteria are growing. These may include:

- A cough that lasts longer than 3 weeks
- Pain in the chest
- Coughing up blood or sputum
- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Night Sweats

The Difference between Latent TB Infection and TB Disease

Latent TB Infection	TB Disease
<ul style="list-style-type: none"> ⇒ Have no symptoms ⇒ Do not feel sick ⇒ Cannot spread TB to others ⇒ Usually have a positive skin test ⇒ Chest x-ray and sputum tests are normal 	<p>Symptoms may include:</p> <ul style="list-style-type: none"> ⇒ A cough that lasts longer than 2 weeks ⇒ Pain in the chest ⇒ Coughing up blood or sputum ⇒ Weakness or fatigue ⇒ Weight loss ⇒ No appetite ⇒ Chills ⇒ Fever ⇒ Sweating at night <p>May spread TB to others. Usually have abnormal chest x-ray, and /or positive sputum smear and culture.</p>



Testing for TB

The Tuberculin skin test (TST) is the most common way to find out if you have LTBI. The skin test is given to all new employees and then annually thereafter. Employees exposed to TB may be required to have additional PPD skin testing/screening.



*Contact Employee Health for more information regarding
ACMC's employee TST program 346-7551 (67551).*

Identification and Patient Placement

When a patient is identified as having or suspected of having TB Disease:

- ⇒ The patient is given a surgical cupped mask to wear when outside the isolation room.
- ⇒ He or she is removed from the area of other patients and staff. The patient is placed into a negative pressure isolation room. These are rooms with negative airflow and/or air filters known as HEPA filters.
- ⇒ If a negative pressure isolation room is not available, the patient should be placed in a private room with a portable HEPA filter until a negative pressure isolation room is available.
- ⇒ *Stop and Airborne Precautions* signs are posted on the door to alert staff and visitors of necessary precautions.
- ⇒ Anyone entering an isolation room must wear an N-95 respirator mask or PAPR (see below). All employees must be fit-tested and trained before wearing a respirator (OSHA). Visitors are not fit-tested, but should be instructed on how to properly wear an N95 respirator by the patient's nurse or doctor.

Case Management

A pulmonary physician evaluates all suspected TB cases at ACMC. Medications prescribed for treatment are issued under the guidelines of the public health department. Patients may not be discharged from the hospital without written permission of Alameda County Public Health Department. The TB Coordinator assists with the process.



Employee Respiratory Protection Program

- ⇒ Annual TB Education is completed by employees online via the Learning Zone.
- ⇒ The N95 respirator may be used repeatedly (TB only), by the same worker over an 8-hour period as long as it is not torn, crushed, or wet. It should be disposed of at the end of the 8-hour shift regardless of its condition.
- ⇒ The N-95 respirator is to be worn:
 - When entering a room occupied by a suspected or confirmed TB patient;
 - When entering a room that had been occupied by a suspected or Confirmed;
 - TB patient within the previous 2 hours;
 - When transporting a suspected or confirmed TB patient;
 - When changing a HEPA filter unit or ventilation ducts (Engineering Department).

Employees must be fit-tested to wear the N-95 respirator. Pre-employment physicals include fit testing for all new hires. Employees are fit-tested annually thereafter.

Cal-OSHA requires a power air purified respirator (PAPR), goggles, gown and gloves when performing aerosoling procedures on all patients with airborne diseases (TB, varicella, measles, mumps, novel viruses). Refer to ACMC Aerosol Transmissible Disease Control Plan. Aerosolizing procedures include the following:

- Bronchoscopy;
- Sputum induction (unless patient is in ventilated booth);
- Aerosol medication administration (unless patient is in a ventilated booth);
- Intubation or airway suctioning;
- Pulmonary function testing;
- Autopsy (refer to Pathology and Clinical Laboratory Policy: Autopsy Safety and Disinfection);
- Wound irrigation;
- All other surgical, lab or clinical procedure that aerosolizes pathogens.



For additional information, refer to the ACMC TB Control Plan (Infection Control Manual) available on ACMC's Intranet.



Important Telephone Numbers

ACMC Infection Control Staff is here to answer any questions you may have:

If you have questions regarding Infection Control,
Please call 437-4131 (44131)

If you have questions regarding Tuberculosis,
Please call the TB Coordinator
535-7701 (47701)

If you have questions regarding Employee Health,
Please call 346-7551 (67551)

Clean Hands Save Lives

Hand washing technique





Environment of Care (Safety) EOC

Alameda County Medical Center

The Environment of Care addresses risks in the environment which are different from the risks associated with the provision of care, treatment and services. The environmental risks associated with safety and security, fire, hazardous materials and waste, medical equipment and utility systems have separate comprehensive management plans and are discussed in more detail below.

Emergency Preparedness

In this section, you will learn about the key components of the Environment of Care (EOC) and the integration of the components in the various plans, more specifically the Emergency Preparedness Plan.

What is the Environment of Care?

The Environment of Care (EOC) is managed by plans. These plans manage, assess, control and measure the physical environment to ensure quality and safety for all.

What are the names of the Environment of Care Plans?

There are six (6) EOC Plans. These plans are designed to manage the physical environment of the medical center.

- Hazardous Materials
- Utilities
- Life Safety
- Equipment
- Safety
- Security

How is the Emergency Preparedness Plan described?

The Emergency Preparedness plan is described as an all hazardous response plan that provides command, control, and communications during a chemical, biological, radiological, nuclear, or explosive incident.

How does [Alameda County Medical Center](#) define a disaster?

A man-made or natural event, that disrupts our ability to provide care and treatment.



CODE RED - FIRE

R – Rescue/ Remove

Rescue/ Remove Person(s) from the immediate scene of the fire. Clear hallways of patients and visitors, instructing them to stay in their rooms.

A – Alert

Sound the alarm by activating the nearest pull station.

Then notify the fire department as follows:

- Highland Campus x44000
- Fairmont Campus x44000
- John George Campus x44000
- Ambulatory Clinics 9-911

C – Confine

Confine fire and smoke by closing all doors and windows in the fire zone. Be sure to close stairwell doors.

E –Evacuate/Extinguish

Prepare to evacuate as instructed by person in charge. Clear hallways of equipment by moving wheelchairs, gurneys, etc. from hallways. Become familiar with evacuation routes posted in the hallways. Do not block evacuation routes.

- Do not use elevators to evacuate unless directed by the Fire Department.

Extinguish the fire if you feel it is safe to do so.

Remember **PASS**

- (P) ull** the safety pin on the extinguisher
- (A) im** the hose of the extinguisher at the base of the fire
- (S) queeze** the handle to discharge the material
- (S) weep** the hose across the base of the fire from side to side

REFER TO YOUR DEPARTMENT SPECIFIC FIRE PLAN.



FIRE HAZARDS

The leading cause of workplace fires is electrical equipment:

- Burned popcorn in microwaves (***Microwave popcorn is not allowed in any **ACMC** facility***)
- Damaged electrical cords and wiring
- Defective electric patient/non-patient equipment
- Discarding cigarettes in inappropriate containers
- Loose electrical connections
- Overloaded circuits
- Small desk fans
- Space heaters

CODE BLUE – MEDICAL EMERGENCY

At Highland Campus

- ◆ Dial 437-2000 or x42000
- ◆ Say "Code Blue" and the exact location of the emergency
- ◆ The operator will announce a Code Blue and location over the paging system
- ◆ A Code Blue team will respond to the request for assistance
- ◆ Initiate CPR
- ◆ Give requested information
- ◆ Initiate CPR

At John George Campus

- ◆ Dial 9-911
- ◆ Give requested information
- ◆ Initiate CPR

At Fairmont Campus

- ◆ Dial 9-911
- ◆ Give requested information
- ◆ Initiate CPR

At Ambulatory Freestanding Clinics

- ◆ Dial 9-911
- ◆ Give requested information
- ◆ Initiate CPR



CODE YELLOW - Bomb Threat

Announces that a Bomb Threat has been made:

Do not interrupt the caller - remain calm, be courteous and listen to the caller without interruption. Get as much information as you possibly can.

- ◆ Where is the device? Try to determine the exact location.
- ◆ When is the device set to go off? Ask this question only if the caller has not said what time it will go off.
- ◆ What type of device is it? Attempt to find out what it looks like and the type of explosive i.e. dynamite, gunpowder and/or a fire-starting device.

Dial: Highland Campus 437-4000 or internal x44000
Fairmont Campus 437-4000
John George Campus 437-4000
Ambulatory Clinics 9-911

CODE –ORANGE Hazardous Material Spill/Release

- ◆ Notify your Manager or her/his designee.
- ◆ Employee must follow the Material Safety Data Sheet (MSDS) instructions [see page 39].
- ◆ OVER 100 ml – Evacuate and pull the fire alarm box

Hazard Communication Program

Every employee of **Alameda County Medical Center** should become familiar with proper handling of the hazardous materials in their work area. The Medical Center and the government have gone to great lengths to protect you. But only you can keep you safe every day on the job. Make these common sense rules part of your job:

- Identify hazards before you start a job
- Respect all precautions – don't take chances
- Ask your supervisor when in doubt
- Know in advance what could go wrong and what to do about it
- Learn basic first aid measures



The law dictates that you have a **Right to Know** about chemical hazards in the workplace.

Remember that hazard communication can protect only if YOU:

- ◆ Read labels and Material Safety Data Sheets (MSDS)
- ◆ Know where to find information about the chemicals
- ◆ Follow warnings and instructions
- ◆ Use the correct protective clothing and equipment when handling hazardous substances
- ◆ Learn emergency procedures
- ◆ Practice sensible, safe work habits

The **Material Safety Data Sheet** (MSDS) is your guide to workplace safety.

Hazardous Material Spills

For spills of hazardous materials, refer to the Material Safety Data Sheet in the MSDS manual located in your work area for clean-up procedures.

If a major spill (100 ml or greater) results in a situation that cannot be controlled and causes injury or requires emergency assistance, you should:

- ◆ Contact your immediate supervisor
- ◆ Isolate the contaminated area
- ◆ ACTIVATE the nearest fire alarm and call
 - ◇ Highland Campus 437-4000 or x44000
 - ◇ John George Campus 437-4000
 - ◇ Fairmont Campus 437-4000

Electrical Safety

Medical equipment is maintained by **Biomedical Engineering** (responsible for all patient care equipment).

Hours M-F 08:00-17:00
Telephone 437-4117 or x44117

Nights and weekends
Telephone 1-800-874-8862



All other equipment is maintained by **Plant Maintenance**

Highland campus	535-7605 or x47605
Fairmont campus	867-8392
John George campus	867-8392
Eastmont Clinic	535-7605 or x47605
Newark Clinic	867-8392
Winton Clinic	867-8392

For electrical safety:

1. Avoid rolling equipment over cords to prevent internal cord damage.
2. Any electrical hazard identified (i.e. cracked or loose parts in plastic outlet, electrical plug or cable with loose wires exposed or frayed or in need of repair) should be removed from service, tagged with the specific problem indicated, and reported to Engineering.
3. Ensure that equipment is turned OFF prior to connection to or disconnection from wall outlet.
4. Do not unplug by pulling on the power cord.
5. Immediately disconnect electrical equipment if there is fire, smoke, shock, loose switch or knob and if plug is warm.
6. Do not use liquids around electrical equipment. Spillage creates the potential for shock.
7. No personal electrical equipment is allowed in ACMC facilities.
8. No portable electrical space heaters are allowed unless approved by Plant Maintenance.
9. No portable electrical space heating equipment is allowed in inpatient care areas. This includes offices and storerooms located in any inpatient care areas.

RADIATION MAGNETIC RESONANCE IMAGING (MRI) SAFETY

- There are several departments where radiation or radioactive material is used. These include Radiology (X-ray), CT, Nuclear Medicine, and 5E Nursing Unit.
- When caring for a patient receiving a portable X-ray examination, clear the room or wear a protective lead apron and be at least 6 feet from the equipment.
- If you have any questions about radiation safety please contact the manager of the department you are working in.



If an employee has any of the following: Pacemaker or replacement heart valve, aneurysm clip, bullet fragment, ground metal, pregnant or suspect pregnancy, or an implanted device such as neurostimulator, biostimulator, cochlear implant, insulin pump, myringotomy, inferior vena cava umbrella. **ABSOLUTELY NO EXPOSURE TO THE MAGNETIC FIELD AND NO ENTRY INTO THE SCANNER ROOM.** If there are any questions speak with the MRI Technologist for clarification of MRI safety.



Security and the Healthcare Employee

Providing and maintaining a safe and secure healthcare environment requires a partnership between the Security department and you, the employee. Together we can make a better place for patients, visitors and staff. The following outlines what we can do for each other and the hospital to achieve our goal of a safe working environment.

Contacting Security

Highland Hospital Campus

Alameda County Sheriff

Extension 44100

Zero (0) for operator to contact Sheriff

Security Services

Extension 44900

Outside Line 877-477-6575

Fairmont Campus

Security Services

Extension 33333

Outside Line 877-477-9558

Police Emergency 9-911

John George Psychiatric Pavilion

Security Services

Extension 32222

Outside Line 877-477-9557

Police Emergency 9-911

Eastmont Wellness Center

Security Services

Extension 38888

Outside Line 877-477-9562

Police Emergency 9-911

Freestanding Campuses (Winton and Newark)

Police Emergency 9-911



Security Services

The Security Department provides you with the following services and resources:

- Responds to security incidents and documents follow up
- Identifies security risks and vulnerabilities
- Responds to requests such as security doors, patient assists and visitor services
- Investigates hospital incidents:
 - Unsafe conditions
 - Missing property
 - Suspicious activity
 - Vandalism
 - Accidents
- Assists with the control of visitors, patients and unauthorized persons
- De-escalates aggressive or crisis situations
- Assists staff in controlling unruly or violent persons under clinical supervision
- Responds to alarms
- Physical security of your area
- Escorts
- Offers education programs to employees and staff
- Provides loss prevention awareness
- Conducts security well-being checks for employees and staff members working late and working in a department alone

Any questions or additional information concerning security services provided at the hospital should be directed to the security staff.

Employee and Visitor Identification

All Medical Center employees are required to wear identification badges while on ACMC property. Badge must be worn at chest level on an outer garment so it is easily visible. Badge is to be worn **PICTURE SIDE OUT** and shall not be altered by any type of ornament, decal, sticker or pen.

Visitor identification enforcement policy: All visitors that come onto any of the ACMC campuses are required to check-in and receive a visitor pass while at ACMC. All inpatients are provided with a patient identification wristband that must be worn while a patient at ACMC.



Reporting Procedures

Your eyes and ears are essential to the safe-keeping of our hospital campuses. An important aspect of hospital security is your involvement and communication with the Security Department.

Report all missing property, acts of vandalism or other unusual occurrences to the Security Department without delay. Encourage your fellow staff members to do the same.

Be aware of strangers. If someone's identity or business is unknown, ask if you may help them. If you receive an unsatisfactory reply to your questions, or if you observe suspicious activity, contact Security immediately.

All calls to Security are answered by a staff member who remains in constant contact with patrolling Security officers via two way radio. When calling Security please provide the dispatcher with the following information:

NAME – your name (First & Last name)
NUMBER – where you're calling from
NEED – the service needed and location

This information is requested in case additional contact with you becomes necessary.

If a telephone is unavailable, observe and document suspicious persons or activities. When possible, instruct a fellow staff member to locate a phone or physically obtain Security assistance.

Escorts

The Security Department provides a personal escort service. If you are walking alone to a remote area or just feel uncomfortable, call Security **(REMEMBER TO TRUST YOUR INSTINCTS)**. When possible, request an escort with a few minutes lead time to minimize your wait. During major shift changes, Security officers are normally deployed to provide exterior protection, therefore reducing the necessity of individual escorts. Employees are always encouraged to walk with others.



Lockouts

If you find yourself locked out of your work area call Security for assistance. Proper identification will be required before access is granted. Security does not carry keys to all departments and with modern locking mechanisms, Security may not always be able to effect a successful outcome.

Contraband Prohibited

Hospital policy prohibits the possession of weapons, illegal drugs, explosives, alcohol and other contraband on hospital property. Employees will not possess, or knowingly assist another person in possessing such items. Any such breaches of conduct should immediately be reported to Security.

Parking

The hospital campus has parking areas to accommodate patients, staff and visitors. Employees must park in their designated parking areas. Lock your doors and do not leave valuables in your vehicle. When ever possible, reduce the visibility of personal property by utilizing the vehicle's trunk.

Security and You

Security involves everyone. We need to be protected against physical threats, theft or damage to our property. Don't leave it up to someone else to protect you. Protection is a cooperative effort between you and Security.

There are three basic elements necessary for a crime to occur: a criminal with the **DESIRE** and **ABILITY** to commit a crime, and a victim who provides an **OPPORTUNITY** for the crime. Healthcare facilities, by their very nature, can afford ample opportunities for crime.

You can do a great deal to reduce the opportunity for crime in the hospital. The most effective defenses against crime are common sense, alertness and basic precautions.

Always wear proper hospital identification. Not only is it a Joint Commission requirement, identification helps patients, staff and Security recognize authorized personnel.

Be aware of your surroundings at all times. Familiarize yourself with regular employees in your work area and question unknown persons. **REMEMBER TO TRUST YOUR INSTINCTS.**



Many losses are a result of carelessness. Maintain security of your personal effects and hospital property. Whenever possible carry only those items that you will need. Always minimize the amount of cash and number of credit cards you carry. If you bring a purse, never leave it in plain view; secure it in a locker or a lockable cabinet. Always secure storage cabinets and work areas when unattended.

Notify Security of potential disruptive situations and interact as appropriate to minimize conflict.

OUR HEALTHCARE ENVIRONMENT CAN BE SECURE WITH YOUR PARTICIPATION!

Security Codes

Code PINK / PURPLE Infant/ Child Abduction

- ◆ Provide as much information about abductee and abductor as possible
- ◆ Cover all interior stairwell doors, elevator areas and exit doors
- ◆ Check with your Department Supervisor or Manager for specific details for your area

CODE GRAY Combative Person

- ◆ Call 44000 (Hospital Campuses)
- ◆ Call 9-911 (Freestanding Campuses)
- ◆ Try to manage or deescalate the situation
- ◆ Activate safety team alarm at John George Psychiatric Pavilion
- ◆ Check with your Department Supervisor or Manager for specific details for your area

CODE SILVER Person with Weapon/ Hostage

- ◆ Call 44000 (Hospital Campuses)
- ◆ Call 9-911 (Freestanding Campuses)
- ◆ DO NOT enter the area
- ◆ Secure the area pending the arrival of Alameda County Sheriff Deputies / Security
- ◆ Take direction from Law Enforcement



Other standardized emergency codes used in the Medical Center

There are other emergency codes used at [Alameda County Medical Center](#). These codes were designed to ensure the organization's ability to communicate emergency situations across all campuses and provide timely execution in an efficient, effective and standardized manner.

Standardized Emergency Codes

Code	Definition
• Code Red	Fire
• Code Blue	Adult medical emergency
• Code White	Pediatric emergency
• Code Pink	Infant Abduction
• Code Purple	Child Abduction
• Code Yellow	Bomb Threat
• Code Gray	Combative Person
• Code Orange	Hazardous material spill/release
• Code Silver	Person with Weapon/Hostage
• Code Triage Internal	Internal disaster
• Code Triage External	External disaster
• Code C	Emergency C Section



Alameda County Medical Center

Orientation Handbook

Signature and Acknowledgement

You are being given the **Alameda County Medical Center's** Orientation Handbook. You are encouraged to read it thoroughly and direct any questions or concerns that you may have about its content to your Supervisor, Manager or their designee.

"I acknowledge that I have received and will read the **Alameda County Medical Center** Handbook and agree to follow its requirements during my employment at **ACMC**."

Signature: _____

Print your name: _____

Date: _____

Department where you will work: _____

Campus where you will work: HGH FH JGPP Clinics
(Please Circle which campus)

Telephone extension: _____



Post Test

Note: Passing score is 90% or higher

Name: _____

Score: _____

Date: _____

Directions: Please fill in the blanks or circle the appropriate response for each of the following questions.

1. _____ is the single most important way to prevent disease transmission.
2. The code used by the page operator to announce a fire or potential fire situation is: (circle your response)
 - a. Code Triage Internal
 - b. Code Yellow
 - c. Code Red
 - d. Code Fire
3. **ACMC's Identification Badge Policy states: (circle all that apply)**
 - a. Badges must be worn at chest level on an outer garment so they are visible.
 - b. Badges must be worn while on ACMC property
 - c. ID badges are to be worn when the employee believes it to be appropriate.
 - d. Employees cannot alter badges in appearance by applying any type of ornament, decal stickers, pens, etc.
 - e. All of the above.
4. **Protected health information (PHI) can ONLY be given out after obtaining written permission from a patient. (circle your response)**

True
False
5. **One goal of the National Patient Safety Goals is to improve the accuracy of patient identification; this can be accomplished by always using two patient identifiers such as name and medical record number on the patient armband**

True
False

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