To whom it may concern,

Enclosed please find the packet required by the Medical Staff Office to be completed for all incoming Students, Residents and Fellows. This packet and all required documents must be submitted to Adrienne Bawcum, Graduate Medical Education Coordinator at least 2 months prior to the scheduled start date.

Once paperwork has been submitted you will receive and email with further instructions for Electronic Health Records Training (Cerner) which is required for all rotations at St. Bernardine Medical Center. This training is expected to be completed prior to rotation start date.

After you have scheduled your Cerner training contact the Medical Staff Office at (909) 881-4315 to schedule a time to have a badge picture taken. Badge takes 1-2 days to be processed. This must be completed prior to your start date and can be done the same day of in-person Cerner training if scheduled between 7am-4:00pm Monday through Friday.

Should you have any questions, please contact Adrienne Bawcum via email adrienne.bawcum@dignityhealth.org or (909) 475-2612

Thank you
VISITING MEDICAL STUDENT CHECKLIST

Items required from training institution:
- Letter of Good Standing to include the following:
  - Scheduled dates
  - Background Clearance
  - Attending Physician(s)
- Current Professional Liability Insurance Coverage Certificate
- Photo of student sent electronically to Adrienne.bawcum@dignityhealth.org

Items required from student:
- Visible copy of CA Identification (Driver License or ID) or other state or government issued identification
- Immunization Records or Titters to include proof of immunity for: Measles, Mumps, Rubella, Varicella, Hepatitis B and Tdap
- Current TB Screening Record
- Proof of N95 mask fit test
- Influenza (Flu) vaccination record — Required only during Flu Season typically November through March
- Completed forms in packet to include:
  - Visiting Student Personal information form
  - Confidentiality Agreement for Medical Staff and Guests
  - Participation in St. Bernardine Medical Center OHCA acknowledgement form
  - Network Usage Agreement (Exhibit A Memorandum of Understanding)
  - Registry Student Volunteer and Physician Program Post Test (RSVP)
  - PACS Request Form

For Medical Staff Only:
- [ ] Positive Identification
- [ ] ID Badge Request
- [ ] Network Access
- [ ] Cerner Training Access
VISITING STUDENT/RESIDENT/FELLOW INFORMATION FORM

Personal Information:
Check One: Medical Student _______ Resident _______ Fellow _______
        PA Student _______
PGY or Medical School Year ______________

Name: __________________________________________________________________

Last 4 digits of SSN: _______________ Date of Birth: _______________

Preferred Email: __________________________________________________________________

Cell Phone: ______________________________

Training Institution Coordinator Information:
Training Institution Name: __________________________________________________________________

Coordinator Name: __________________________________________________________________

Phone: __________________ Fax: __________________

Email: __________________________________________________________________
CONFIDENTIALITY AGREEMENT FOR MEETINGS
MEDICAL STAFF AND GUESTS

The Medical Staff Bylaws. Article 7 state;

7.7 CONFIDENTIALITY

7.7(a) Confidentiality of Information

Medical Staff, Department, Division or Committee minutes, files and records, including information regarding any member or applicant to this Medical Staff, shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where expressly required by law, pursuant to officially adopted policies of the Medical Staff, or where no officially adopted policy exists, only with the express approval of the Medical Executive Committee or its designee.

7.7(b) Breach of Confidentiality

Inasmuch as effective peer review, the consideration of the qualifications of Medical Staff Members and applicants to perform specific procedures and the evaluation and improvement of the quality of care rendered in the hospital must be free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Medical Staff Department Divisions or Committees is outside appropriate standards of conduct for this Medical Staff and will be deemed disruptive to the operations of the hospital. If it is determined that such a breach has occurred or is likely to occur, the Hospital or the Medical Executive Committee may undertake such corrective action as is deemed appropriate, including application to the courts for injunctive or other relief.

By my signature below I acknowledge that I have been reminded of my obligations with regard to confidentiality and compliance with the Medical Staff Bylaws.

________________________________________  __________________________
Attendee Signature                                                                 Date

________________________________________
Printed Name
TO: Members of the Medical Staff/St. Bernardine Medical Center  
RE: Participation in St. Bernardine Medical Center OHCA

Dear Doctor:

St. Bernardine Medical Center (SBMC) is participating in an Organized Health Care Arrangement (OHCA) to make compliance with HIPAA more efficient and less costly. Operating as an OHCA benefits patient care. It also simplifies the steps required to comply with HIPAA for you as an individual physician, for all the St. Bernardine medical staff and for St. Bernardine itself.

SBMC and our medical staff are entitled to take advantage of HIPAA’s OHCA rules because we have a clinically integrated care setting involving multiple health care providers. Participants in the OHCA, however, must follow a standard set of procedures, including Notice of Privacy Practices when giving treatment and when dealing with payment and health care operations of the OHCA. In this case, SBMC’s HIPAA policies would serve as the standard policies and procedures that you, the Hospital and the other members of the Medical Staff must observe.

In order to participate in the OHCA, you must first agree to abide by SBMC’s policies and procedures. These policies and procedures will cover the OHCA’s obligations to comply with HIPAA’s privacy, security, and transaction requirements and SBMC’s Notice of Privacy Practices. We will began operating as an OHCA on April 14, 2003. We ask that you acknowledge your participation as a health care provider in the OCHA by signing below.

You agree to follow SBMC’s Notice of Privacy Practices and related policies and procedures and acknowledge that we will give the required Notice of Privacy Practices to patients of the St. Bernardine Medical Center OCHA. SBMC will publish and update the Notice of Privacy Practices from time to time as appropriate for the OHCA. Unless SBMC receives written notice from you to the contrary, you further agree your participation in the SBMC OHCA shall terminate the earliest of SBMC’s termination of the OHCA or when your medical staff membership or all clinical privileges are terminated.

OHCA participation does not change the underlying legal relationships between you and us nor each of our separate legal obligations under HIPAA. SBMC and you remain separate legal entities and separate health care providers, each having separate workforces, and neither receiving or having authority to act on behalf of the other or to bind the other. As participants in the OHCA, both you and SBMC are independently required to observe our separate obligations under the HIPAA rules and other applicable federal and state laws with respect to protected health information, regardless of the treatment setting or location of the protected health information.

We anticipate that the SBMC OHCA will be efficient for you and for us in the delivery of health care to our mutual patients, and will help maintain high standards of patient care under HIPAA.

If you have any questions regarding this letter or the OHCA designation, please call Mike Muro, Facility Compliance Professional for SBMC at 909-881-7076. Otherwise, please acknowledge your agreement to participate in the St. Bernardine Medical Center OHCA as set forth in this letter by signing below.

Very truly yours

Ruben Osorio, MD
Chief of Staff
St. Bernardine Medical Center

Acknowledged:

By: __________________________
Physician signature

Printed Name: __________________________

Date: __________________________
Q. What is the Notice of Privacy Practices?
R. Unless operating as part of the hospital’s Organized Health Care Arrangement, HIPAA requires that all covered providers independently provide patients with a copy of their Notice of Privacy practices, which describes, using examples, how the provider will use or disclose protected health information. Except in emergency treatment situations, providers having a direct treatment relationship with the patient are further required to make a good faith effort to obtain a written acknowledgement from the patient of receipt of the notice; this written acknowledgement is to be obtained no later than the first service delivery or patient contact.

Q. I only see hospital patients in a consultative role at the request of the attending physician. Am I required to obtain a written acknowledgement that the patient has received a copy of my Notice of Privacy Practices?
R. Yes. Unless you are a member of the hospital’s Organized Health Care Arrangement, HIPAA requires that you provide your notice to the patient at the time of your first contact with the patient and that you make a good faith effort to obtain a written acknowledgement from the patient that s/he has received the notice.

Q. What is a joint Notice of Privacy Practices?
R. Separate covered providers, that practice in a clinically integrated care setting, such as the hospital, can agree to participate in an Organized Health Care Arrangement (OHCA) and use a joint Notice of Privacy Practices. With a joint notice, only one written acknowledgement is required and applies to all members of the hospital OHCA; this written acknowledgement is normally obtained by the hospital when patients are registered or admitted. When a joint notice is used, the patient is only required to acknowledge receipt of the Notice one time.

Q. Do I still need my own Notice of Privacy Practices for my private practice?
R. Yes. The hospitals joint Notice of Privacy Practices applies only while treating patients in the hospital setting. If you have direct contact with patients in a setting other than the hospital a separate Notice is required for the other treatment setting(s).

Q. Do I need to sign a Business Associate Agreement with the hospital?
R. Physicians participating in the hospital’s OCHA are not generally required to sign Business Associate Agreements with the hospital. Business Associate agreements are required only if you are providing services on behalf of Dignity Health, and access to Protected Health Information is required by in the performance of those services.
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’s 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 of physician identified above)

Date: __________________________

Approved: __________________________ (signature of medical services contact identified above)

Date: __________________________

June 2, 2008

Physician/Practice Information

Practice Name: __________________________

Physician Name: __________________________

Street: __________________________

City: __________________________ State: ______ Zip: ______

Email: __________________________

Telephone: __________________________

Medical Staff Services Office

Facility Name: St. Bernardine Med City

Contact name:adiclare Farnan

Email: adiclares_Farnan@dh.org

Telephone: (909) 478-2612
Registry Student Volunteer and Physician- program

ST. BERNARDINE MEDICAL CENTER

Statement of Confidentiality

St. Bernardine Medical Center acknowledges both a legal and ethical responsibility to protect the privacy of patients, employees, and RSVP participants. Consequently, the indiscriminate or unauthorized review, use, or disclosure of personal information, medical or otherwise, regarding any patient or employee is expressly prohibited.

Except when required in the regular course of business, the disclosure of patient information is strictly forbidden.

Individuals who have access to employee information or business information designated as confidential by administrators or managers are expected to respect and treat the confidentiality of such information in the same manner as that of patient information.

A single violation of this policy will result in immediate discipline, up to and including discharge.

I understand and acknowledge the significance of this policy:

______________________________________________________________
RSVP Participant Signature

______________________________________________________________
Print Name

______________________________________________________________
Department

______________________________________________________________
Date

Acknowledgment of Receipt

By signing below, I acknowledge I have received the RSVP Orientation Training packet. I understand it is my responsibility to familiarize myself with the information given and will read through all the material contained within.

I also understand that should I require any further information or clarification on any Safety or Policy issues, I can refer to my Supervisor or the appropriate Policy and Procedure Manuals located in each department.

______________________________________________________________
RSVP Participant Signature

______________________________________________________________
Date

______________________________________________________________
Received by:

______________________________________________________________
Date
St. Bernardine Medical Center

R.S.V.P. - Orientation Quiz

1. To report an UNSAFE CONDITION, you would:
   a. Notify your Supervisor
   b. Dial "0" to report to PBX Operator
   c. Call Engineering
   d. All of the above

2. Bud Rogers, Director of Engineering is the Hospital SAFETY OFFICER?
   a. True
   b. False

3. To notify Security of a situation in which you feel threatened, you would:
   a. Dial "2000" to indicate Security is requested to the PBX Operator
   b. Utilize a duress alarm, located in employee/visitor parking lots
   c. Call Security at ext. 2911
   d. (a) and (b)

4. CODE PURPLE/CODE PINK refers to a Child Abduction/Infant Abduction. Hospital policy requires infants to be transported in bassinets/isolettes between units. If you noticed an unauthorized person carrying an infant in their arms, you are required to:
   a. Dial "1000" to report an infant/child abduction to the PBX Operator
   b. Call Security at ext. 2911
   c. Both (a) and (b)

5. MATERIAL SAFETY DATA SHEETS (MSDS) are maintained in each department. Information contained on MSDS sheets include the description of the chemical, safe use and precautions to use if you suffer an exposure.
   a. True
   b. False

6. PERSONAL PROTECTIVE EQUIPMENT (PPE) is available for your protection and safety. Examples of PPE include:
   a. Safety glasses, gloves
   b. Face shield, splash goggles
   c. Respirator, apron, shoe covers
   d. All of the above
7. If you are in the hospital, when a DISASTER is called you would:
   a. Physicians report to the Physician labor pool located in the physician lounge
   b. Wear your photo badge identification at all times
   c. Use pay phones or mobile phones to make personal calls
   d. All of the above

8. Examples of BACK-UP COMMUNICATION Systems are:
   a. 2-way radios (which will automatically be distributed to patient care areas)
   b. Red telephones (which activate in the event the regular telephone system ‘tails’)
   c. Runners utilized between departments
   d. All of the above

9. In the case of an actual fire in the hospital, CODE RED will be paged overhead. Your role at the fire’s point of origin is to follow the RACE procedure which stands for:
   a. Run, Act out, Cover and Evacuate
   b. Rescue, Air the room out, Cover and Extinguish
   c. Reach, Act out, Contain and Evaluate
   d. Rescue, Alarm, Contain, Extinguish/Evacuate

10. In the event of an actual fire you may be instructed to assist in the evacuation of patients. Patient should be moved beyond the automatic fire doors into the:
    a. next smoke compartment
    b. next floor
    c. next bed
    d. closest fire exit

11. The SAFE MEDICAL DEVICE ACT (SMDA) ensures the correct reporting of any piece of medical equipment which may have caused illness, injury, or death to a patient. Should you discover any such broken, malfunctioning, or faulty piece of equipment, you should immediately:
    a. Report the incident to a supervisor so that he/she can remove the equipment from service and the patient’s room. The equipment will be labeled as in need of repair
    b. Call Medical Staff Services

12. In the event of a UTILITY FAILURE, immediately notify a Supervisor or the PBX Operator. Examples of Utilities subject to failure, include:
    a. Telephone, Nurse Call Systems, paging Systems
    b. Medical Gas System, Elevators, Air Conditioning
    c. Heating and Ventilation Systems
    d. All of the above

13. Everyone is responsible for INFECTION CONTROL. One of the single important things we can do to prevent the spread of infection is: _________________________________
Introduction
Welcome to St. Bernardine Medical Center. The Hospital's greatest asset is its PEOPLE. This includes YOU, the physicians, volunteers, students, and registries or contract personnel who are providing needed services either directly, or in support of our Hospital patient care providers.

This program outlines the individual Safety, Security, Hazardous Materials, Emergency Management, Fire Safety, Medical Equipment, Utility System, and Infection Control requirements for St. Bernardine Medical Center.

It has been adapted from the employee orientation program to meet your needs. It complies with the requirements of the regulatory agencies for health and safety training. By utilizing the information outlined here, you can help prevent accidents, control losses, and support the process for providing patient care.

Guest Relations
We are committed to providing an atmosphere in which our patients, visitors, and coworkers are treated with courtesy and respect.

TASC FORCE CREED
- Be Thoughtful of others
- Acknowledge our guests and each other
- Provide service with Sensitivity
- Communicate to our guests and each other

Confidentiality
In the course of your duties at SBMC you may have access to information which is to be held in the strictest of confidence. This includes patient, employee, business and medical information. Never discuss Hospital, patient, or patient family information in or outside the hospital, where it could be inappropriately overheard. Written authorization is required before any confidential information may be released. Violation of confidentiality is subject to disciplinary action which can include termination. More seriously, the loss of trust by the patient, family or coworker, which impacts us all

AIDET
AIDET is part of the patient satisfaction initiative of Dignity Health. SBMC has incorporated this into the vision and mission as a method of communication with patients and visitors we meet to help people feel more comfortable. A=acknowledge—greet people, say hello, shake their hand.
I=introduce yourself—by name and job title.
D=duration—duration you have worked here and how long what you are doing will take.
E=explanation—explain the procedure, schedule, what you are doing, etc.
T=thank you—say, “Thank you for choosing SBMC. Thanks for your time.”

Environment of Care
The goal of this program is to provide a safe, functional, and effective environment for patients, staff members, and other individuals in the Hospital.

Safety Management
Dignity Health and SBMC are committed to providing a safe work environment.

Working safely in a hospital is more than a matter of watching out for back injuries, needle punctures, spread of infection and exposure to hazardous materials. It's a matter of overall ATTITUDE, an awareness of safe and unsafe conditions and behavior. This means watching out for accidents ABOUT to happen.

Each department is provided with Policy and Procedure manuals for use and reference. Included are: Administrative Policies, Environment of Care, and Infection Control. In addition to these reference manuals, it is important to locate your department's Evacuation Plan (located next to each of the fire pull stations.) A department-specific Fire Plan is also included in your department's Policy Manual. Your supervisor will orient you as to the importance and location of each of these items.

Reporting Unsafe Conditions
Everyone is expected to participate in maintaining a safe environment for patients, visitors, physicians and their coworkers. This means taking an ACTIVE role in reporting any UNSAFE CONDITION. To report an unsafe condition, notify your supervisor, PBX, Safety Coordinator or Engineering.

Examples of Unsafe Conditions:
Environmental Hazards: such as slippery or uneven floor surfaces, cluttered work areas, cabinets or furniture with sharp or protruding areas.
Fire Hazards: such as obstructed corridors and fire exits, missing fire extinguishers, accumulated trash and smoking in designated "no smoking" areas.
Electrical Hazards: such as frayed cords, exposed wires, ungrounded
plugs, extension cords, or electrical appliances from the home being used in patient care areas (i.e. portable space heater).

**Equipment Hazards:** such as unsafe or defective equipment, overdue electrical safety inspections/ preventative maintenance and damage.

**Hazardous Substances:** such as the generation of strong, unpleasant fumes or improper handling and disposal of toxic substances.

**Unsafe Acts or Procedures:** such as improper use of equipment or instruments, failure to wear appropriate protective apparel, or attempts to bypass mechanical safety switches, or other equipment safety guards.

**Work Injuries of Volunteers**
Auxiliary members who are injured while volunteering are covered by the hospital's Workers' Compensation Benefits. If a volunteer is injured they are to fill out a Report of Occupational Injury or illness form. If they desire treatment they should report to the Worker's Compensation Case Manager, ext. 3247. They will receive treatment in the Occupational Clinic or the ER if after hours.

**Safety Officer**
Bud Rogers, Director of Engineering is the Safety Officer for SBMC. He can be reached by calling Engineering at extension 3359.

**Security Management**
The Hospital employs Public Safety officers who are on all shifts to safeguard employees, patients, the Hospital and its physical assets. The officers are authorized to check all packages or boxes brought into or taken from the Hospital and to enforce parking regulations.

**Identification Badges**
When you are in the Hospital, it is required that you wear your identification badge that was issued by the school/employer. The badge is to be worn above the waist and the picture must be visible. If you lose your badge, replace it immediately.

**Parking**
You will be expected to park in the areas listed as employee parking (Registry, park in areas marked visitor/employee). Parking in front of the main tower is reserved for visitors only. Physicians, please display your physician parking permit when your vehicle is on the property.

**Duress (Alarm) Buttons**
Duress alarm buttons are located in the employee parking lot and the lots for employee/visitor parking. These alarms have been installed so you have a way to notify Public Safety if you feel threatened or unsafe in the parking lots. Never delay using the duress alarm when you think something is going on. It is always better to be safe than sorry. When the Duress button is activated, the system:
- Sounds an audible alarm;
- Focuses the closed Security surveillance camera to the area as well as lights;
- Alerts PBX who will notify Security by radio.

**Abduction Prevention and Response - Pediatrics and Perinatal Services**
The safety and security of infants and children will be protected by the collaborative efforts of all employees.

**Policy**
- Department staff directly involved in Perinatal/pediatric patient care is responsible for maintaining the integrity of the security of the units.
- Perinatal and pediatric staff must wear color-coded photo ID badges.

- Infants shall be transported in bassinets/isolettes between Hospital units. Anyone carrying an infant in arms will be stopped and questioned.

**Action:** Code Pink
If you observe anyone carrying an infant in arms:
- Dial "1000" to notify PBX

**Workplace Violence Prevention Plan**
*Policy*
The safety and security of patients, visitors, employees, and RSVP participants of St. Bernardine's is of vital importance. Acts or threats of physical violence, including intimidation, harassment, or coercion, which in your judgment affect the Hospital or which occur on any St. Bernardine property will not be tolerated. Therefore, violations of this policy by any individual affiliated with SBMC and affiliate organizations is considered misconduct and will lead to disciplinary and/or legal action as appropriate.

**Action:**
If you come in contact with a disruptive or violent situation:
- Stay calm;
- Dial "2000" to notify PBX or utilize a duress alarm

**Hazardous Materials**

**MSDS**
- Material Safety Data Sheets are kept in each Department.
- MSDS describes safe use/precautions/action if exposure occurs.
- MSDS identifies hazards, physical or chemical, for products used in that area. Please familiarize yourself with the MSDS manual located in your department.
Personal Protective Equipment (PPE)
PPE is available for your protection and safety. Please contact your supervisor for a detailed description of appropriate PPE available in your work area.

Internal Hazardous Spill
- Remove anyone near the spill
- Isolate spill and deny entry
- Dial "1000" to notify PBX of spill.

Fire Safety

Hospital Response to Fire
CODE RED is paged over the intercom system to indicate a fire within the Hospital.

Locations you need to know
- Fire extinguisher in your department
- Closest fire-alarm pull
- Evacuation route
- Fire doors and walls
- Next safe fire zone (smoke compartment)

Facility conditions to maintain
- Keep emergency exits, firefighting equipment and fire-alarm pull stations clear at all times.
- Never put door wedges that prevent doors from closing under doors.
- Keep doors closed unless they are controlled by an electromagnetic system.
- Keep all corridors and exits clear of all unnecessary traffic and/or obstruction.
- Keep telephone lines clear for fire control.

Your role at a fire's point of origin and away from a fire's point of origin
- At fire's point of origin: follow the RACE procedure.
- Away from the point of origin: close all doors, free hallways from clutter, calm patients, and await specific instruction.

Smoke Compartments:
Your department's evacuation plan, posted next to every fire pull, outlines the floor plan of your department, including the location of your department's automatic fire doors, which define smoke compartments. These are important to locate, since patients will need to be moved beyond them if you are instructed to move them due to a fire. Remember, smoke compartments prevent smoke or fire from spreading for up to 2 hours.

PASS
Operation of Fire Extinguishers

P Pull out the safety pin
A Aim the nozzle at the BASE of the fire (stand about 10 feet away from the fire.)
S Squeeze the handle
S Sweep the nozzle from side to side.

Smoking Policy:
Smoking is prohibited within the Hospital. Smoking outside the Hospital is permitted in designated areas only.

RACE
Fire Response

R Remove everyone in immediate danger from the fire area.
A Pull the nearest FIRE ALARM BOX and dial "1000" to announce a Code Red
C Close the door and isolate the fire.
E With proper extinguisher, fight fire without endangering yourself.

Medical Equipment Management
The objective of the Medical Equipment Management Program is to ensure that medical equipment is safe and effective for use by patients and staff. You must be sure that equipment has been safety inspected prior to use. You will receive training in the safe operation of all equipment in your department.

Operating equipment inspection
Check equipment prior to use with a visual inspection:
- Cords and plugs have no exposed wires and are not frayed
- Tags are current
- Functional checks, where applicable
Equipment training is required when:

- You are new to a work area or assignment;
- There is any new equipment introduced to an area;
- A change or update occurs with equipment.

SAFE MEDICAL DEVICE ACT (SMDA)

Purpose: Enacted to ensure reporting of an illness or injury that resulted from a medical device.
Action: Any person who knows of a medical device that may have caused illness or injury shall immediately:
- Attend to the patient's needs;
- Report the incident to your supervisor;
- Upon instruction, remove the device from service and the patient's room.
- Label the device.

If you have any questions or concerns about the operation of the equipment, contact Biomed (x3347). For more information, refer to the Medical Equipment section of the Environment of Care Manual in your department.

Emergency Preparedness

The hospital disaster plan is designed to direct how our business of patient care can be carried out during a disaster. Be prepared to respond to the following situations.

CODE TRIAGE

Internal Disaster: an incident that happens on campus and results in damage to our property or injury to our employees.
External Disaster: an incident that happens outside of the hospital and requires us to be prepared to treat injured victims.

Response to a disaster is department specific. The Safety Manual in your department contains the full Disaster Plan that describes each department's responsibility. It is your responsibility to familiarize yourself with the specific responsibilities of your department.

What is My Role in a Disaster?
If you are ON-DUTY when a disaster strikes, you have certain duties to perform:
- Contact your Supervisor to find out where to report, or if you should continue your work assignment. Use pay phones or mobile phones if personal calls are necessary.
- Wear your photo identification badge at all times.
- Physicians: report to the physician labor pool located in the physician lounge.

Communication
The backup communication system includes: a red telephone system which will automatically activate if the Hospital phone system fails; the distribution of 2-way radios to all patient-care areas; and the use of runners in a disaster.

Supplies and Equipment
Backup supplies and equipment are available for disasters. Nursing units have standardized kits which include water, flashlights, waterless hand cleanser.

Utility Management
Utility Systems are designed to keep our environment comfortable for employees, visitors, contract staff, and patients. However, these systems may experience problems. 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
- Bleeper 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 the PBX Operator.

Medical Gas Shut-Off
In the event of failure of the medical gas equipment, the following individuals have been authorized to shut off the equipment:

Isolated Unit or Floor:
At the direction of the Charge Nurse or Manager, or Respiratory, anyone may shut off medical gas equipment.

Facility-Wide:
After Nursing Administration or House Supervisor & Respiratory approval, Engineering will shut off main medical gas equipment.

Emergency Supplies
Emergency supplies are stored in the patient care areas in departmental disaster kits. Familiarize yourself with the emergency supply kits in your specific area.

Emergency Power
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 for access to emergency power.

If emergency generators should fail:
- Obtain an emergency flashlight.
- Respond to the most immediate patient needs.
- Make plans to obtain medical air and vacuum.
• Patients on ventilators will require manual "bagging."
• Communication: Hand-held radios will be delivered to patient care areas.

**Infection Control**

Every hospital employee is responsible for infection control. Protect yourself and others by practicing these basic hygienic measures.

**Basic Hygienic Measures**

• Wash hands often and appropriately
• Respiratory Etiquette: Always cover coughs and sneezes (Sneeze in your elbow or cover your mouth/nose with a disposable tissue.) Dispose of tissues in receptacle. And wash your hands afterwards. Stand no closer to others than 3 feet if you have upper respiratory symptoms.
• Don’t touch your own eyes, nose, or mouth except with freshly washed hands.
• Wash hands after performing any personal care for yourself, such as blowing your nose or using the restroom.
• Stay home from work if you have a contagious illness such as the flu or the start of a cold.
• Soap and water hand hygiene is required each time after removing gloves.

**Wash your hands**

• Before starting work
• When hands are soiled
• After handling blood and body fluids, even when gloves are worn
• Between patients
• Before and after eating
• Before and after smoking
• After removing gloves
• Before going home

**Wash hands with**

• Warm water. Too hot or too cold water irritates your skin
• Soap. Enough to work up a good lather

**Environment of Care**

• Friction. 15 seconds worth of friction is needed to remove dead skin scales and other debris.
• Free-flowing water. Let it flow freely enough to adequately rinse off soap and soil.
• Paper towel. Thoroughly pat hands dry with paper towel.
• Alcohol hand hygiene products may be used as an adjunct to soap and water hand washing.
  1. Alcohol doesn’t work when hands are visibly soiled. Use soap and water.
  2. Alcohol doesn’t kill spores.
  3. DO NOT USE when caring for patients with diarrhea who are at risk for CDAD (Clostridium difficile associated diarrhea).

Remember! The single most important thing you can do to prevent the spread of infection in the Hospital is hand washing. Refer to your Infection Control Manual for specific policies.

**Bloodborne Pathogen Exposure Prevention**

**Needlesticks**

• Always use safety needles when available
• Do not bend, hand-recap, shear or break contaminated needles and other sharps.
• Recap or remove contaminated needles from disposable syringes only when medically necessary.
• To recap needles, use a mechanical device or a one-handed technique.
• Place contaminated sharps in an appropriate puncture-resistant, leak-proof container immediately after use.
• Do not overfill sharps container. Close and seal when ¼ full

**Additional self-protective controls should be followed:**

• When performing procedures involving blood or other potentially infectious materials, minimize splashing, spraying, 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, smoke, apply cosmetics or lip balms, or handle contact lenses where you may be exposed to blood or other potentially infectious materials.

• Avoid petroleum-based lubricants that may eat through latex gloves. Applying hand cream is OK if you thoroughly wash your hands first. (Use only Hospital approved hand cream. Do not bring hand cream products from home.)

• Never mouth pipette or suction blood or other potentially infectious materials.

• Do not keep food and drinks in refrigerators, freezers, cabinets or on shelves, countertops or bench tops where blood or other potentially infectious materials may be present.

• Do not eat or drink in clinical areas (at nurse’s station or in areas where specimens may have been placed.)

• Always wear protective goggles when performing procedures where splash, spray, or splatter of materials may occur.

**If you are exposed**

• If possible, wash exposed area with soap and warm water.
• Rinse eyes, mouth, face if splash occurs.
• Students: Notify your instructor immediately and report to employee health services
• Physicians and Allied Health Workers, Registry and Volunteers, report to employee health services immediately.

**Tuberculosis**

*Testing for Employees, Registry, Students, Volunteers, and Physicians*
St. Bernardine Medical Center maintains a formal annual TB screening program, ensuring completion of legally required testing and documentation of test results. Registry, contract staff, and students must be tested annually and provide the Hospital with evidence of TB status. This serves to prevent the spread of TB among patients and coworkers. Only healthcare workers who have fit tested for N-95 masks may care for suspect or acute MTB patients. Physicians and Allied Health Workers may be fit tested through Employee Health upon request.

<table>
<thead>
<tr>
<th>MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients who meet criteria are to be screened for MRSA at the time of admission and again at the time of discharge. See hospital policy for screening criteria and isolation precautions.</td>
</tr>
</tbody>
</table>

**Isolation Precautions**
The hospital follows the Centers for Disease Control (CDC) guidelines for preventing the spread of communicable disease in hospitals. See hospital policy for complete isolation precaution guidelines.

**Influenza Vaccination**
SBMC requires all healthcare workers to receive annual influenza vaccination or sign a declination form. SBMC strongly recommends vaccination in the absence of medical reasons for declination.
# EMERGENCY CODES & Phone Extensions

<table>
<thead>
<tr>
<th>CODE</th>
<th>MEANING</th>
<th>DIAL</th>
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<tbody>
<tr>
<td>BLUE</td>
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<tr>
<td>CODE GRAY</td>
<td>Combative Person</td>
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<tr>
<td>CODE SILVER</td>
<td>Weapon/Hostage Situation</td>
<td>2000</td>
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<tr>
<td>RED</td>
<td>Fire Emergency</td>
<td>1000</td>
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<tr>
<td>PINK</td>
<td>Infant Abduction</td>
<td>2000</td>
</tr>
<tr>
<td>PURPLE</td>
<td>Child Abduction</td>
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<td>ORANGE</td>
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<tr>
<td>YELLOW ALERT</td>
<td>Bomb Threat</td>
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<td>TRIAGE I.</td>
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<td>1000</td>
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<tr>
<td></td>
<td>Visitor Injury</td>
<td>5000</td>
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</table>
PACS Access Request Form

Please print legibly

First Name: ___________________________ Last Name: ___________________________

Middle Name: ___________________________ Title: ___________________________

Office Street: ____________________________________________________________

City: ___________________________ State: _______ Zip Code: __________

Phone: ___________________________

E-Mail Address: ___________________________

Relationship to the Hospital

Employee ☐ Medical Staff ☑

Contractor or Third Party ☐ Volunteer ☐

After completing and signing this form, drop off or send request to the film order desk in the Radiology Department at St. Bernardine Medical Center. Once request has been completed and you have been approved for access, you will receive your unique User ID and a temporary password via the email address provided above.

The first time you log into the PACS Application, it will require you to change your password. Your new password must be 8-20 characters in length and must be different from the temporary password issued to you.

By signing this form, I hereby agree to abide by Dignity Health's privacy and data security policies as described at http://hipaa.dignityhealth.org. I state that I have signed the appropriate Dignity Health network Usage Policies and have been approved for access to the Dignity Health Network. I understand that when using the PACS Application, my user ID will be used to record my activity for the purposes of user access audits of the system.

Signature of Requestor: __________________________________________

Date: ___________________________