San Francisco General Hospital and Trauma Center
Welcome to
San Francisco General Hospital and Trauma Center

• This course will introduce you the SFGH and also provide important health and safety information.
• Environmental Health and Safety:
  • Fire Safety
  • Hazardous Communication
  • Environmental Health and Safety
• Infection Control and Blood Borne Pathogens
• Patient Safety and SFGH Performance Improvement Programs
• Back Safety
• HIPAA and Patient Privacy
Welcome

As Executive Administrator, please let me be the first to welcome you to SFGH!

San Francisco General Hospital and Trauma Center boasts a rich history dating back to 1872 when the hospital was founded in response to an early tuberculosis epidemic. Since that time we have grown into one of the nation’s leading public hospitals, the site of many nationally renowned research programs and the city’s only Level I Trauma Center. We are also very proud of our long-standing relationship with the University of California San Francisco and our role as a premier teaching facility.

As a 22-year veteran of San Francisco General Hospital Medical Center I have seen many changes as the medical center strives to better meet the needs of our patients and staff in an ever-changing healthcare environment. In the future I look forward to us all working together to ensure that all our patients receive humanistic, cost-effective, and culturally competent health services while maintaining a positive and rewarding environment for all staff.

Congratulations and welcome to San Francisco General Hospital and Trauma Center!

Gene Marie O’Connell
Executive Administrator
San Francisco General Hospital and Trauma Center
Orientation Handbook

You will find information to key policies and environmental health and safety practices in the orientation handbook. Go to the training page on the CHN (Community Health Network) Intranet or to the Barnett Briggs Medical Library in Building 30. You will also find more details about health and safety issues and policies and procedures.
San Francisco General Hospital and Trauma Center (SFGH) is part of the San Francisco the Department of Public Health.
San Francisco General Hospital has been at the same location in the Mission neighborhood since 1872.

SFGH is the city's safety net public hospital. That means first and foremost we are committed to serving San Francisco’s most neediest residents – those people who may be uninsured, or homeless, or speak another language, who often have no other place to go for health care services.

Introduction
Our mission is to provide quality healthcare and trauma services with compassion and respect.

“We Save Lives”
Our vision is to rebuild SFGH so we can continue to provide healthcare and trauma services for people in need.”

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Introduction
University of California, San Francisco (UCSF)

• SFGH has partnered with UCSF for over 130 years through our teaching and research affiliation.
• Over 130 UCSF Principle Investigators conduct research at SFGH with an annual budget of $85M
• Over 1,300 UCSF employees work at the SFGH campus.
Clinical Training at SFGH

University of California, San Francisco
- Schools of Nursing, Pharmacy, Dentistry, and Medicine
- 350 3rd or 4th Year Medical Students, 800 Residents, 60 Clinical Fellows
- 32% of intern/resident training in 17 academic departments
- 35% medical student clinical training

SFGH also provides approximately 200 clinical placements for students from the California State University System, community colleges, private universities and colleges.
San Francisco General Hospital and Trauma Center is:

- The only Trauma Center (Level I) in San Francisco
- The only Psychiatric Emergency Services and largest number of acute psychiatric beds
- The only Psychiatric Rehabilitation Hospital
- The general community hospital and provider of ambulatory care services for many of San Francisco’s underserved
- The referral center for the Department of Public Health and its affiliated partners and the only referring hospital for “Healthy San Francisco”
SFGH provides ambulatory care services for San Francisco’s underserved. It is the referral center for the DPH and its affiliated partners and the only hospital for “Healthy San Francisco.”
The Diversity of SFGH’s Patient Population
FY 2006-2007 N=98,244

Age
- Under 18: 14%
- 18-24: 11%
- 25-44: 35%
- 45-64: 32%
- Over 64: 8%

Race
- Hispanic: 29%
- Asian/PI: 20%
- Afric-Amer: 19%
- White: 24%
- Nat Amer: 1%
- Oth/Unk: 7%

Sex
- Female: 49%
- Male: 51%

Introduction
N=98,244
At San Francisco General Hospital we have dedicated interpreter staff that provides services in over 20 languages:

- Spanish
- Cantonese
- Mandarin
- Russian
- Vietnamese
- Tagalog
- Cambodian
- Thai
- Arabic
- Amharic (Ethiopia)
- Portuguese
- Polish
- Korean
- …and more
SFGH serves as a resource for all of San Francisco. However, 57% of SFGH patients reside in eight neighborhoods. 7% of patients were homeless, on the street, at time of at least one encounter.
Payer Sources, SFGH
FY 2006 -2007

**Acute Inpatient Days**
- **Medi-Cal**: 34%
- **Medicare**: 26%
- **Other**: 8%
- **Uninsured**: 28%
- **Commercial**: 4%

**Outpatient Visits**
- **Medi-Cal**: 26%
- **Uninsured**: 35%
- **Commercial**: 2%
- **Other**: 19%
- **Medicare**: 18%
Top Discharge Diagnoses
Including Acute Psychiatry and SFBHC FY 2006-2007

- Newborn delivery
- Psychosis
- Schizophrenic-Affective
- Pneumonia
- Congestive Heart Failure
- Depressive Disorder
- HIV Disease
- Paranoid Schizophrenia
- Alcohol Withdrawal
- Leg Cellulitis
Outpatient Clinic Services
FY 2006-2007

- 94,266 patients
- 506,150 visits
  - 25% Primary Care
  - 28% Specialty
  - 10% Emergency
  - 4% Urgent Care
  - 20% Diagnostic
  - 13% Others

Introduction
Inpatient Acute Services
FY 2006-2007

- 12,280 patients
- 16,209 admissions of which 16% are acute Psychiatric.
- 109,959 patient days of which 27% are acute Psychiatric
Skilled Nursing Unit
FY 2006-2007

Short term Medical Surgical
Skilled Nursing Facility

- Average daily census of 27
- Average length of stay – 29 days
San Francisco Behavioral Health Center  
FY 2006-2007

- Mental Health Skilled Nursing Facility - Average daily census of 57
- Mental Health Rehabilitation Center - Average daily census of 42
- Outpatient Adult Rehabilitation Facility – Current census 40
Perioperative Services

- Ten operating rooms
- 6,612 procedures performed - of which 50% were emergency
- 1,089,390 surgical minutes
Obstetric Services
FY 2006-2007

• 1,232 babies were born at San Francisco General Hospital.
• 2,322 women received prenatal care, 30% of which were high-risk pregnancies.
Breastfeeding’s World of Benefits

FOR BABY
Decreased risk of:
- Ear infections
- Respiratory infections, e.g., pneumonia
- Bacterial meningitis
- Infection of the blood
- Diabetes Mellitus Type I
- Overweight adolescence
- Asthma
- High cholesterol
- Diarrhea
- Gastro-enteritis
- Tummy upsets
- Less smelly diapers

FOR MOTHER
Decreased risk of:
- Ovarian cancer
- Breast cancer
- Postpartum anemia
PLUS:
- Stronger bones in later life
- Faster return to pre-pregnancy figure
- Saves time and money

FOR THE COMMUNITY
- Estimated $3.6 billion savings in healthcare
- Parents miss fewer days of work due to children’s illness

SFGH supports breastfeeding patients and employees and their infants. SFGHMC provides private rooms in the Women’s Clinic (5M) and in the Nursery (6H) for breastfeeding employees to pump breast milk. The California legislature encourages all California employers to strongly support and encourage the practice of breastfeeding.

Breastfeeding Help Line
206-MILK

The Baby Friendly Hospital Initiative (BFHI) is a WHO and UNICEF program that recognizes hospitals that implement evidence-based practices to support breastfeeding.
Trauma and Emergency
FY 2006-2007

- Over 53,000 Emergency Room visits – 22% were admitted
- Over 7,700 Psychiatric Emergency encounters - 25% were admitted
- Received 29% of all ambulance traffic in San Francisco
- 3,279 adults and children were treated for injuries requiring the trauma activation.
Introduction

SFGH is the only Level I Trauma Center for a service area of over 1 million people

Levels of Trauma Care

Level I – Regional Resource Center
Level II – Lead Facility/Community Hospital
Level III – Initial Management/Transfer
Level IV – ATLS, Transfer Agreements
Trauma System Regionalization

INCLUSIVE vs. EXCLUSIVE
Trauma System – vs. – Trauma Center

GOAL of REGIONALIZATION
Match a Facility’s Resources with the Injured Patients Needs so that Optimal, Cost Effective Care is Achieved
San Francisco General Hospital and Trauma Center

Need educational materials for your patients?
Check out the Patient Education Links page on the CHN Intranet, http://insidechnsf.chnsf.org/.

On the CHN Intranet, go to the left-hand frame under Clinical Resources and click on Patient Education Links (Krames). You will find patient handouts and many great websites, including Krames On-Demand, SFGHMC’s main source of patient materials, in English and Spanish and with Discharge Instructions in Chinese, Russian, and Vietnamese.

Finding the Krames Titles That You Need

On the Patient Education Links page, click on the Krames On Demand link. You can find Krames HealthSheets, by using the folders and bookmarks, by browsing, or by doing a search as in the example below.

Search Tips:
- Enter general term that refers to the main subject you are interested in, e.g., heart.
- Use more than one word to narrow down the search, e.g., heart valve. There is no need to add “and.”
- Use quotations marks for acronyms such as TIA for transient ischemic attack, “tia.”
- You can search for partial words by typing a string of letters within a word. For this reason, use quotation marks for terms like “flu” if you mean influenza.

For assistance and training
Call 206-5120
To request educational materials
Call 206-5400

Patient Education Links: http://in-sfghweb01.in.sfdph.net/PatientEducation/PtEd-Resources.htm
SFGH Goals
FY 2007-2008

• Promote patient safety.
• Implement Healthy San Francisco.
• Promote organizational and staff cultural responsiveness.
• Promote staff retention & recruitment.
• Improve hospital infrastructure.
• Plan for the replacement hospital.
• Comply with all regulatory standards and performance improvement initiatives.
The Heart of the City
San Francisco General Hospital & Trauma Center
Environment of Care and Health and Safety
Environment of Care

Covers:
• Safety
• Hazardous Materials and Waste
• Security
• Emergency Preparedness
• Fire and Life safety
• Medical Equipment
• Utility
Safety: Information and Warning Signs

Signs will alert you to:
- Hazards
- Exits
- Fire & Safety Procedures
SFGH Smoke-Free Policy

As of July 1, 2008, SFGH policy is to maintain a smoke-free environment for the protection and preservation of the health of our patients, visitors, and staff.
Cell Phones
(Patient Safety)

Staff, Patients, or Visitors should limit use of cell phones to a minimum of six feet away from medical equipment. Keep phones OFF in ICU’s, OR’s, Radiology and other posted areas.

Watch for patients in the hallways too!
HAZARD COMMUNICATION PROGRAM

Employees **must** learn how to handle hazardous materials safely to protect themselves and others.

• Your supervisor will review hazards specific to your area

• Material Safety Data Sheets (**MSDSs**) provide:
  - information on hazards,
  - instructions for safe handling and storage
  - what to do if there is a spill and
  - first aid information in the event of an exposure.

• **MSDSs** are:
  - in the EOC (Environment of Care) / MSDS binder in every unit and
  - On the CHN Intranet in the Environmental Health and Safety Policy and Procedures section
Hazardous Materials

Personal Protective Equipment (PPE)

You need to protect yourself and others by using the appropriate personal protective equipment when exposed to:
- chemicals or
- biohazards (blood and body fluids,
  - sharps, sharps containers,
  - red bag waste, etc.)

PPE may consist of:
- gloves,
- gowns
- masks or respirators;
- eye and face protection.

Equipment is available in your department or work area.
Spills of Hazardous Materials and Waste

1. Secure the area
2. Assist injured or contaminated person(s)
3. Call for assistance: 8522
4. For Blood & Body Fluids call EVS (Environmental Services): 8009
   For chemo spills call the Nursing Unit Staff
Medical Waste Disposal

- Medical waste consists of several different categories of waste. Each category has its own specific waste container and disposal procedures.

- Look for this poster, which lists the SFGH Medical Waste Segregation Guidelines. Review the poster and your departmental policies to see the different waste streams and appropriate disposal guidelines.
Biohazardous Waste Disposal

Biohazard Waste ONLY!
Red Bags

Sharps Containers

Remember to wear Personal Protective Equipment (PPE)
Security
Staff/Visitor Identification

- Always wear your ID badge
- Patients should be able to read your name and position at all times.
Security Emergencies

What to report:
• assaults,
• thefts,
• suspicious persons,
• bomb threats
How to report: 206-4911
• Panic Buttons
Security
After Hours or Non-Emergency

Call X 8063 for
- Non-Emergencies
- Employee escorts (After 7PM)

or

- Report to Security Desk in Main Lobby
Look for Security Phone Stickers

FIRE - PULL ALARM / 911
HOSPITAL POLICE 4911
CHEMICAL SPILL 8522
CODE BLUE 1122

Hospital

FIRE - PULL ALARM / 911
HOSPITAL POLICE 4911
CHEMICAL SPILL 8522
MEDICAL EMERGENCY 911

Red Brick Buildings

Non-Emergencies, Call: 8063
Child Abduction (Code Pink)

Code Pink

What you **must** do:

- Follow department-specific plan
- Watch exits, redirect people to exit via the Main Lobby
- Report suspicious people/items to X 4911
- Report search results to X 2229 (BABY)
Emergency Preparedness

SFGH is most vulnerable to these hazards
- Fire
- Power failure
- Earthquake
- Structural collapse
- Terrorism / Bomb threats
- Hazardous materials
Medical Emergencies (Code Blue)

If someone is in medical distress:

• Inside the hospital, dial 1122
• Outside the hospital, 9-911 (outside line)
• Red brick buildings, 9-911 (outside line)
Body Substance Exposures: Needlesticks & Splashes

- Prevention
- Wash the wound/area
- Call the Needlestick Hotline:
  469-4411
Fire Response (Code Red)
R – A – C - E

R - ESCUE
A - ALARM (Pull Box & 911)
C - CONTAIN
E - EXTINGUISH or
E - EVACUATE

- How to sound the alarm
- Locate Equipment
- RACE
- PASS
- Oxygen shut off
- Evacuation
- Combustible materials in the hospital
Fire Response Equipment

To report a fire:
Pull the Alarm Box
AND
Call 911

Pull Boxes

Extinguisher
PASS

Pull the pin

Aim the extinguisher nozzle

Squeeze the handle

Sweep from side to side
Fire Response Gas Shut-off

In an **EMERGENCY**, any employee may close a Medical Gas valve as long as the Care Provider for the affected patient(s) is notified.
Fire Response (Code Red)

Evacuation:

• Patient care and safety is the priority
• As directed by Administration, safely move patients to:
  • Another unit on same floor
  • Only if instructed to do so, to a different floor
  • Note, evacuation from building is rarely done
Fire Prevention

Combustible materials in the hospital:

- Store objects below 18” from sprinkler heads
- Do not hang decorations or signs from ceilings, walls, or doors
- Maintain only one layer of paper on bulletin boards
Biomedical Equipment

In case of equipment failure

- Pull the device from service
- Tag the device (Red Tag)
- Report the device to the USER department as broken
- Report the failure to Biomed x8726 or 8745
Equipment Stickers/Tags

Biomed Inventory Sticker
x8726/8745

Biomed Inspection Sticker
[Note “Next PM Due” (preventive maintenance) Date]

Facility Inventory Sticker
x8522

Repair Tag

UNIT NO: __________
SERVICE: __________
DATE: ___________
TECH: __________
NEXT P.M. DUE: __________
FOR SERVICE CALL SF GH
BIOMEDICAL ENG-206-8726
Power Failure

Be prepared. Know about:

- Location of power failure plugs (Red)
- Power conservation
- Identifying essential equipment
- Labeling essential equipment
Typical Patient Room Power

Bed Wall with red outlets. Use these outlets only for essential equipment.
EOC (Environment of Care) Rounds

Be Prepared to Explain:
- RACE/PASS
- Location of Fire Exits, Alarms & Extinguishers
- Codes - Pink/Blue
- Emergency Phone #s
- Location and purpose of Policies & Procedures Manuals/Binders
Yellow Card with Emergency Procedures

Keep this card handy. It is a quick reference for emergency response procedures and telephone numbers.
# SFGH Emergency & Safety Phone Numbers

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BOMB THREAT:</strong> Call SFGH Sheriff's Office</td>
<td>4911</td>
</tr>
<tr>
<td><strong>CODE BLUE</strong> (Medical Emergency): Main Hospital or “M” Clinic Building</td>
<td>1122</td>
</tr>
<tr>
<td><strong>CODE PINK</strong> (Infant/Pediatric Abduction)</td>
<td>4911</td>
</tr>
<tr>
<td><strong>CODE RED (Fire): For SFGH, 206- prefix</strong></td>
<td>9-911</td>
</tr>
<tr>
<td><strong>CODE RED (Fire): For UCSF, 476- prefix</strong></td>
<td>9-911</td>
</tr>
<tr>
<td><strong>OPERATOR</strong></td>
<td>&quot;0&quot;</td>
</tr>
<tr>
<td><strong>SECURITY EMERGENCY</strong></td>
<td>4911</td>
</tr>
<tr>
<td><strong>SPILL: Blood or Body Fluid</strong></td>
<td>8009</td>
</tr>
<tr>
<td><strong>SPILL: Chemical</strong></td>
<td>8522</td>
</tr>
<tr>
<td><strong>SPILL: Hazardous Material</strong></td>
<td>8522</td>
</tr>
<tr>
<td>Biomedical Engineering, Repair and Maintain Equipment Used For Patient Care</td>
<td>8726</td>
</tr>
<tr>
<td>Bloodborne Pathogen Safe Device Committee</td>
<td>3756 or 4049</td>
</tr>
<tr>
<td>Department of Education and Training</td>
<td>3675</td>
</tr>
<tr>
<td>Employee Health Service: For SFGH City &amp; County</td>
<td>6581</td>
</tr>
<tr>
<td>Environmental Health and Safety</td>
<td>5482</td>
</tr>
<tr>
<td>Environmental Services</td>
<td>8009</td>
</tr>
<tr>
<td>Facility Services (For Utility and Building Structure Concerns)</td>
<td>8522</td>
</tr>
<tr>
<td>Fire Marshall</td>
<td>8522</td>
</tr>
<tr>
<td>Health and Safety Committee</td>
<td>3756</td>
</tr>
<tr>
<td>Infection Control</td>
<td>5466 or Pager 719-1566</td>
</tr>
<tr>
<td>Infection Control Committee</td>
<td>8684</td>
</tr>
<tr>
<td>Injury or Illness on the Job</td>
<td></td>
</tr>
<tr>
<td>- Kaiser:</td>
<td>674-7000;</td>
</tr>
<tr>
<td>- St. Francis:</td>
<td>972-2249 or 353-6305;</td>
</tr>
<tr>
<td>- CPMC:</td>
<td>600-6600</td>
</tr>
<tr>
<td>Lift Team (Pager)</td>
<td>650-985-6084</td>
</tr>
<tr>
<td>Needlestick Hotline (Any Blood or Body Fluid or Substance Exposure)</td>
<td>469-4411</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>1-800-876-4766</td>
</tr>
<tr>
<td>Sheriff’s Deputy: Employee Escort Service / Non Emergency</td>
<td>8063</td>
</tr>
<tr>
<td>Sheriff’s Deputy: Emergency</td>
<td>4911</td>
</tr>
<tr>
<td>Utility Failure (Electrical Power Outage, Flood, Water Loss): Call Facility Services</td>
<td>8522</td>
</tr>
<tr>
<td>Workers’ Compensation Clinic: UCSF</td>
<td>885-7580</td>
</tr>
</tbody>
</table>
Rainbow Chart

You’ll find these posted throughout the campus. They contain information on how to respond to emergencies.
Lifting, Body Mechanics and Back Safety

COMPUTER USER SAFETY

Posture: Sit all the way back into the chair for proper back support. Back and neck should be comfortable straight ahead. Knees should be slightly lower than hips. Don not cross legs or shift weight to one side.

Screen: Eyes should be level with the top of the screen. The screen should tilt vertically and swivel horizontally. User should remain 18” to 28” from the monitor.

Keyboard: Position the keyboard to allow hands and forearms to remain straight and parallel to the floor. A wrist rest will aid proper keyboard position.

Document Holder: Mount the document holder at the same height and distance from the user as the screen, so that the eyes can remain focused as they look from one surface to the other and neck movement is minimized.

Chair: Seat contours should follow your back. Adjust chair height so you do not feel pressure on you tailbone (seat too low) or lower thighs (seat too high). Adjust chair height and seat back so that you can key with straight hands and wrists.

Desk: A comfortable desk is particularly important if you keep the keyboard on your desk. The work area should allow for leg room and posture adjustments.

Feet: The entire sole of the foot should rest comfortably on the floor or footrest and point towards the workstation.

Comfort Stretches
THE SIX COMMANDMENTS OF LIFTING

Get a firm footing. Keep your feet apart for a stable base; point toes out.

Bend your knees. Don’t bend at the waist. Keep the principles of leverage in mind at all times. Don’t do more work than you have to.

Tighten stomach muscles. Abdominal muscles support your spine when you lift, offsetting the force of the load. Train muscle groups to work together.

Lift with your legs. Let your powerful leg muscles do the work of lifting, not your weaker back muscles.

Keep load close. Don’t hold the load away from your body. The closer it is to your spine, the less force it exerts on your back.

Keep your back upright. Whether lifting or putting down the load, don’t add the weight of your body to the load. Avoid twisting; it can cause injury.

Your Back at Work
Your job requires you to perform a variety of physical tasks, including lifting, pushing, and reaching. In addition, you work in different locations and positions. Good posture and body mechanics are necessary to protect your back and help reduce fatigue. With practice, good posture and safe techniques for lifting and moving will become good habits that don’t require extra time.

Learn to recognize your limits. Don’t stay in any one fixed position too long. Get help moving objects or patients that are too heavy to move safely by yourself.

### Working at the bedside
- Stand close to the patient. Move bedside tables or chairs out of your way.
- Adjust the height of the bed so that you don’t need to bend over.
- Lower the bed-rail so you don’t need to reach over it.
- If you need to reach across the bed, rest one knee on the bedcovers. Bend forward at your hips, not your waist.
- Have a second person help you if you need to move the patient up to the head of the bed.
- Raise the bed rail for safety before you leave the patient.

### Working at the Chair-side
- Position yourself close to the patient so you won’t need to bend forward.
- Sit on a chair or stool if possible and appropriate to the task. This puts you at the patient’s level without bending.
- If you cannot sit, bend your hips and knees. Do not bend forward at the waist.
- Keep your head and chest lifting to help maintain your neutral spine position.

### Lifting from a Low Surface
- Stand close to the object
- Bend at your hips and knees. Do not bend forward at the waist.
- Keep your head and chest lifted and your buttocks out slightly to keep your spine in neutral.
- Tighten your abdominal muscles
- Move with control. Don’t rush

Pushing Beds or Carts
- PUSH rather than pull heavy objects whenever you can
- Tighten your abdominal muscles and keep your neutral spin position
- Stand close to the bed or cart you are pushing. Bend your elbows and keep your shoulders down.
- Keep your trunk as upright as possible. If the cart or bed is too low, bend at your knees. Don’t bend forward at the waist.

Assisting a Falling Patient
- If the patient has mild unsteadiness, you may be able to help him or her regain balance and sit in a nearby chair. Do not grab a patient’s arm.
- If a patient is falling, don’t try to prevent the fall. Lower the patient to the floor gently.
- Bend at your hips and knees; do not bend forward at your waist. Stay with the patient
- Get help as needed and try to make the patient comfortable.
- Have a second person help lift the patient to a chair when the situation has stabilized
Basic Infection Control Practices: A Blueprint for Patient Safety

Infection Control Program

Chip Chambers, MD Co-Chair
Lisa Winston, MD Co-Chair
Sue Felt, RN, MS, MPH, CIC Infection Control Coordinator
Elaine M. Dekker, RN, CIC Infection Control Coordinator
Kitty Mah, MSN, CNS, IC Surveillance Program Manager
Find Infection Control Policies for San Francisco General Hospital

INFECTION CONTROL MANUAL on the
http://insidechnsf.chnsf.org/

Infection Control
Patient Care Precautions Include:

- Body Substance Precautions
- Hand Hygiene
- Isolation Measures:
  - Special Contact Isolation
  - High Level Respiratory Isolation
  - Low Level Respiratory Isolation
Body Substance Precautions:

• Are the primary strategy for successful control of healthcare associated infections at SFGH

• Are used for the care of all patients, regardless of their diagnosis or presumed infection status
Body Substance Precautions

These include:

- Hand hygiene
- Gloves
- Gowns
- Mask/eye protection

Infection Control
Hand Hygiene

# 1 Method to Prevent the Spread of Infection

Infection Control
3 Steps to Effective ABS* Use

1. Verify no visible soil present

2. Use one pump of the product.

3. Rub hands together briskly until dry.

*Alcohol-Based Sanitizer

Infection Control
Six Steps to Effective Handwashing

- Wet hands with running water.
- Apply 3-5 ml of handwashing agent.
- Vigorously rub hands together for 15-30 seconds, including backs of fingers, in between fingers and under nails.
- Rinse hands thoroughly to remove residual soap.
- Dry hands using paper towel.
- Use dry paper towel to turn off faucet and to avoid recontaminating hands.
Body Substance Precautions

- Hand hygiene
- Gloves
- Gowns
- Mask/eye protection
Body Substance Precautions

Patient care equipment must be cleaned between patients.
In Case of Occupational Exposure to Bloodborne Pathogens

Step 1: Clean/Decontaminate
Step 2: Call Needlestick Hotline ASAP
   📞  469-4411
Step 3: Inform your Supervisor
   📐 Required forms
Step 4: Follow up with OHS
   📞 ext. 5507
Find out more about infection control on the SAFE Device Committee web page on the CHN Intranet. [http://insidechnsf.chnsf.org/](http://insidechnsf.chnsf.org/)
High vs. Low Level Respiratory Isolation

Visitors: Check with Nurse!

**HIGH LEVEL RESPIRATORY ISOLATION**

STOP!

- Use Body Substance Precautions
- HEPA Filter or High Ventilation Room
- Close Door and Windows
- Wear N95 Mask (or equivalent)
- Patient Must Mask to Leave Room

Airborne, maintain negative air pressure, e.g., chickenpox, measles, pandemic influenza (not SARS, or small pox), suspend in air stream speaking spreads the germ

**LOW LEVEL RESPIRATORY PRECAUTIONS**

STOP!

- Use Body Substance Precautions
- Close Door and Windows
- Wear N95 Mask
- Patient Must Mask to Leave Room

Droplet spread, settle to the ground within 3 feet. Have patient wear a mask if coughing. E.g., Flu
Tuberculosis

(Animation taken from: http://www.fw-ac-deptofhealth.com/images/tbanim2.gif)

Isolation

Infection Control
Influenza

30,000 die of influenza every year

Infection Control
Influenza Immunizations

Required of all staff at SFGH
Two forms of immunization are available:

Injection (killed)  Nasal Spray (weakened)
Special Contact Isolation

Visitors: Check with Nurse!

- Use Body Substance Precautions
- Glove / Gown for Direct Contact
- Remove Gloves / Gown when Leaving
- WASH HANDS when Leaving
- Use Dedicated Medical Equipment
- Check with Nurse to Transport Patient

Use dedicated medical equipment, e.g., own stethoscope that stays in room. Clean equipment before it leaves the room.

Infection Control
Soap & Water

The HAND HYGIENE of choice for this room!
For example, C. difficile forms spores that ABS will not kill. Infection control staff must be involved.

Infection Control
Practice Healthy Habits

Avoid Close Contact
Stay home when sick
Cover your mouth and nose!!
Clean your hands!!
Avoid touching eyes, nose, & mouth
Practice general healthy habits

Stay home if your are sick!
Patient Safety: The Quality Management Department

The SFGH Performance Improvement and Patient Safety (PIPS) Program is the foundation of Quality, Performance and Safety.
SFGH Patient Safety Plan

- We create a culture of safety that encourages identifying and reporting of errors
- We have a non-punitive approach to error reporting → focus on systems/process rather than individual. We promote systems to prevent the occurrence of medical errors
- We aggregate the data: track the trends and be proactive
- We educate staff of their role in safety and process
2008 Joint Commission National Patient Safety Goals

- **Goal: Positive Patient ID**
  - Use at least two patient identifiers, date of birth and first and last names

- **Goal: Improve Communication**
  - “Read back” medical orders, DNU (Do Not Use) abbreviations, timeliness of lab reporting, patient “hand offs,” use “SBAR:” Situation, Background, Assessment, Recommendation

- **Goal: Medication Safety**
  - Be aware of look-alike/sound-alike medications, label meds for procedures, standardize/limit drug concentrations
2008 Joint Commission
National Patient Safety Goals (cont.)

- Goal: **Reduce Healthcare-Associated Infections**
  - Hand washing, Sentinel Event Review
- Goal: **Medication Reconciliation**
  - Reconcile all medication when transferring patients to a different level of care
- Goal: **Reduce Patient Falls**
  - Fall prevention program ("Falling Star")
- Goal: **Encourage Patient’s Active Involvement in their Care**
2008 Joint Commission National Patient Safety Goals (cont.)

- **Goal:** Identify Safety Risks in Patient Population
  - Conduct Suicide Risk Assessments

- **NEW Goal:** Improve recognition and response to changes in a patient’s condition.

- **Long Term Care Goal:** Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
Unusual Occurrence
What is a “UO”?

A UO is any event or condition that has had, or may have, adverse effects on the health or safety of:

- patients/residents
- visitors
- volunteers
- students
- employees
If you discover an unusual occurrence (UO)

Initiate immediate measures ➔

RISK CONTAINMENT

- Provide appropriate patient care
- Notify the responsible physician if the incident involves the clinical care of a patient
- Ensure the environment is safe
Ways to Report U.O.s

- Electronic (on-line reporting)
- Link on the CHN homepage.
- Reports should not be printed or exported in any form.
- The UO form “Confidential Report of Unusual Occurrences” may be completed in the event that the electronic “web-based” form is not accessible.
Sentinel Event

A sentinel event is an unexpected occurrence involving an individual’s death or a potential serious physical or psychological injury related to assessment and/or treatment.
PATIENT’S RIGHTS

PATIENTS HAVE A RIGHT TO ALL OF THE FOLLOWING:

• Refuse treatment.
• Make their own health care decisions.
• Have an Advance Directive.
• Expect that information about their medical care is kept confidential.
• Register a complaint without retribution.
WHAT IS AN ADVANCED DIRECTIVE?

Advance directives have patient’s instructions that state their choices for medical treatment and/or designates who should make treatment choices if the patient lacks medical decision-making capacity.
WHAT DOES “INFORMED CONSENT” MEAN?

Informed Consent means that the patient has received an explanation of his or her condition, treatments, related risks and problems with recuperation. At SFGH the provider obtaining consent must check the patient’s comprehension by asking him or her to explain the above in his or her own words.
A PATIENT’S CONFIDENTIALITY IS PROTECTED BY:

- Releasing patient medical information only with the patient’s written consent.
- Discussing the patient only in appropriate places (not in the elevator or cafeteria).
- Not releasing the patient’s medical information by phone, fax, or e-mail.
If you were caring for a patient and you had ethical concerns, what would you do?

• Talk to your supervisor
• Request a consult from the Ethics Committee
You can learn more about Patient Safety and Performance Improvement by looking at the CHN Intranet site.

http://insidechnsf.chnsf.org/
Privacy & Security Training 101

City and County of San Francisco
Department of Public Health
What is HIPAA?

- Health Insurance Portability and Accountability Act of 1996 (Kennedy/ Kassabaum Act)
- Primary purpose was to improve health insurance accessibility for people changing employers or leaving the workforce
- HIPAA also included “Administrative Simplification” provisions to encourage and protect the electronic transmission of health-related data

Privacy
What did HIPAA Do?

• The HIPAA Privacy Rule requires that individually identifiable health information (PHI) must be protected by those responsible from unlawful access or disclosure.
• Much of the HIPAA Privacy Rule is in concert with pre-existing California Law.
• DPH has developed privacy policies in response to HIPAA that must be adhered to. Note not everything HIPAA says do we do in DPH.
What Did HIPAA Do?

• The Security Rule also identified a set of minimum security standards which healthcare organizations must implement with respect to their electronic information systems.
Distribute a Notice of Privacy Practices

- Notice distributed at points of registration as one-time event until changed
- Acknowledgement filed in medical record
- Notice in target languages
Patient Rights under the Privacy Rule

• to request confidential communications;
• to refuse to authorize disclosures of PHI for purposes other than treatment, payment, and health care operations.
Patient Rights under the Privacy Rule

- To obtain the written Notice of Privacy Practices;
- To access medical records/obtain copies;
- To request restrictions on the use and disclosure of PHI.
- To request an accounting of disclosures.
- To authorize disclosure to persons or entities of choice.
Use and Disclosure Policy

- When we are using PHI or other confidential data inside the DPH safety net for treatment, payment, or health care operations, we do not need to ask patients for their approval. We DO need a job reason for the access.
DPH Safety Net

- Civil service providers
- Contract providers
- UCSF affiliates in DPH care units
- UCSF tertiary services contract providers
- EMS, JHS, DSS, HUH
Minimum Necessary Policy

- Using and disclosing only the amount of PHI or other confidential data needed to complete a work-related task.
Minimum Necessary Policy

• DPH providers may, of course, use the individual’s entire record to provide care including mental health.
It’s so easy!!
Protect our patients’ privacy
Medical Records and LCR . . .

Do not leave them unattended!!!
Use and Disclosure Policy

• When we are disclosing (sharing) a patient’s PHI outside of Safety Net, authorization from patient must be obtained.
Disclosure of PHI Requiring Authorization

• Examples of necessary authorizations:
  – disclosures of PHI to a life insurance company;
  – disclosures of PHI to an employer.
Disclosure of PHI Requiring Authorization

- Individuals have a right to revoke authorizations at any time if they do so in writing.
- DPH shall not deny treatment based on the refusal of an individual to authorize the use or disclosure of individuals’ PHI.
Disclosure to Family, Relatives, Friends & Representatives

- Honor the patient’s perspectives
- Share only what will help the patient’s care
- Special cases: mental health, substance abuse, STDs or HIV/AIDS
- Personal (legal) representatives
Disclosure to Family, Relatives, Friends & Representatives Policy

- If assent is verbal, make a note in the medical record
- If you have doubts, give the patient an opportunity to object to sharing information with a person
Disclosure to Family, Relatives, Friends & Representatives

• If the patient is not present or is incapacitated, share information with family, friends, etc. when it is in the best interests of the patient.
Disclosure of Special Information: Mental Health

• You may share . . .
  – with Safety Net professionals providing patient care;
  – with individuals involved in health professions training or postgraduate training;
  – with coroner or medical examiner;
  – to avert public health or safety threat;
  – when required by law.
Disclosure of Special Information: Substance Abuse

- Federal & state laws require us to obtain written patient authorization before disclosing information from substance abuse programs.
Disclosure of Special Information: Minors

• Authorization necessary to disclose PHI of minors

• Whose Authorization?
  – Emancipated minors
  – Parent or assigned guardian
  – Minors receiving Sensitive Services
Disclosure of PHI without Individual’s Knowledge

- Public health activities that involve safety or communicable disease;
- To report victims of abuse, neglect, or domestic violence;
Disclosure of PHI without Individual’s Knowledge

- Judicial & administrative proceedings;
- Limited law enforcement purposes;
- Organ and tissue donations;
- Worker’s compensation;
Disclosure of PHI without Individual’s Knowledge

- National security & intelligence activities;
- Requests from the Secretary of HHS;
- Requests from the Attorney General.
- (Involve Privacy Officer, please)
Research Policy

• All research conducted using PHI of DPH patients:
  – must be approved by a duly constituted IRB & designated divisional administrator;
  – must comply with HIPAA privacy requirements governing research.
DPH Info Security Policies

• Guiding Principle: Each of us is responsible for protecting data & information entrusted to our jobs.
  – From **LOSS** (theft, erasure, copying)
  – From **DAMAGE** (inaccuracy, error, deception)
  – From **MISUSE** (snooping, unauthorized access, nonmission activities)
Access to Data

- DPH staff are granted info system privileges on basis of job assignment
- Each must sign a compliance agreement
- Each is assigned a unique USERID and a PASSWORD changed periodically
- Privileges may be restricted, changed, or revoked if job duties change
USERID/Password Guidelines

• Basically cannot log onto a DPH PC anonymously
• Create “complex” passwords containing letters, numbers, symbols
• DO NOT tell anyone else your USER ID or Password, not even supervisor or IS staff
• DO NOT write them down
System Access Considerations

• Each time one attempts logon, it is monitored and recorded.
• DO NOT leave your PC logged onto DPH systems when you leave your desk.
• DO NOT attempt to access systems or data for which you are not authorized.
Workstation Considerations

• Equipment is provided to perform your job.
• DO NOT let anyone else use your PC when you are logged in as you.
• DO NOT place your monitor so it can be read by unauthorized persons
• DO NOT attempt to install personal software apps without IT approval
Workstation Considerations

- DO NOT attempt to connect non DPH equipment to DPH networks.
- DO NOT attempt to reconfigure your workstation’s hardware.
Storage, Disposal, Destruction

- DPH data integrity is assured through adequate backups – use your network drive for storage with auto backup
- PHI & confidential info must be stored such that it cannot be accessed by unauthorized personnel.
Storage, Disposal & Destruction of PHI and confidential info:

- Disposal of equipment that holds PHI must be in accordance with DPH security policies.
- Documents and discs can go in confidential shredding bins.
Copiers, Faxes, & Voicemail

- Be careful not to leave PHI documents behind when using copiers.
- Dispose of unused copies of PHI in shredding bins.
Copiers, Faxes, & Voicemail

- Be sure to use DPH standard fax cover sheets over PHI.
- Verify receiving fax machine number before transmission.
- Include callback statements.
Copiers, Faxes & Voicemail

- Be sure patients have not restricted communication before telephoning.
- Do not leave results on voicemail.
- Speak only with patient about results or appointments.
Mobile Information Policy

- Use of portable data devices for DPH purposes must be approved IT (Information Technology) and management.
- Use/store PHI & confidential data on DPH-approved devices in a secure, password-protected way.
- DO NOT leave records or approved devices in your car.
- DO NOT use personal cell phone to PHOTOGRAPH patients or fellow employees.
BE WARY

• If you are aware of activities involving violation of DPH information security policies, report them to your supervisor or local IS Help Desk or support person.
• DO NOT become a pawn for someone else’s unauthorized activities.
Privacy/Security Complaints & Sanctions

• The Federal Privacy Rule (HIPAA) requires DPH to implement policies & procedures for complaints, sanctions & mitigation.
Complaints about Privacy

- All complaints regarding privacy should be referred to DPH Divisional Privacy Officers
- Under HIPAA individuals can also direct complaints to the Secretary of HHS.
San Francisco General Hospital and Trauma Center

Thank you for your participation.
The End