C.A.R.E.S. Service Excellence Standards and Behaviors

These guidelines help us to create a healing environment for patients and colleagues alike. By committing to them and holding ourselves and others accountable, we can build trust and ensure clear communications.

COMMUNICATION

- Smile, make eye contact, and greet others with my name and role
- Communicate with sincerity, honesty, and respect
- Welcome the views of others and encourage feedback, questions, and open dialogue
- Assist others to understand and solve their problems
- Be collaborative

ACCOUNTABILITY

- Take ownership in delivering excellent service at all times
- Create a warm and caring first impression
- Follow procedures, policies, and guidelines
- Be mindful of conserving resources
- Take responsibility for my actions and demeanor and follow through with commitments
- Act professionally with everyone—patients, colleagues, vendors, clinicians
- Care for myself so that I can best care for others.

RESPECT

- Contribute to discussions and support organizational decisions.
- Actively listen and speak clearly without judgment to others
- Demonstrate my pride of ownership by showing warmth and concern, and follow through with commitments
- Not engage in negative behaviors including gossip, undermining others, and infighting
- Ask others how I can best support them
- Speak positively about MarinHealth and your colleagues
- Respect privacy and confidentiality at all times

EXCELLENCE

- Take ownership to consistently improve processes within my role, my department/clinic, service area, and throughout MarinHealth®
- Strive every day to offer my best and to improve myself and my work output
- Apply best practices to guide timelines, expectations, and priorities.
- Embrace change and offer suggestions for problem resolution
- Recognize others for outstanding performance

SAFETY

- Take pride in my environment by maintaining safe and clean surroundings
- Work safely and create the best environment for the delivery of quality patient care
- Embrace opportunities to learn from mistakes
- Speak up for safety

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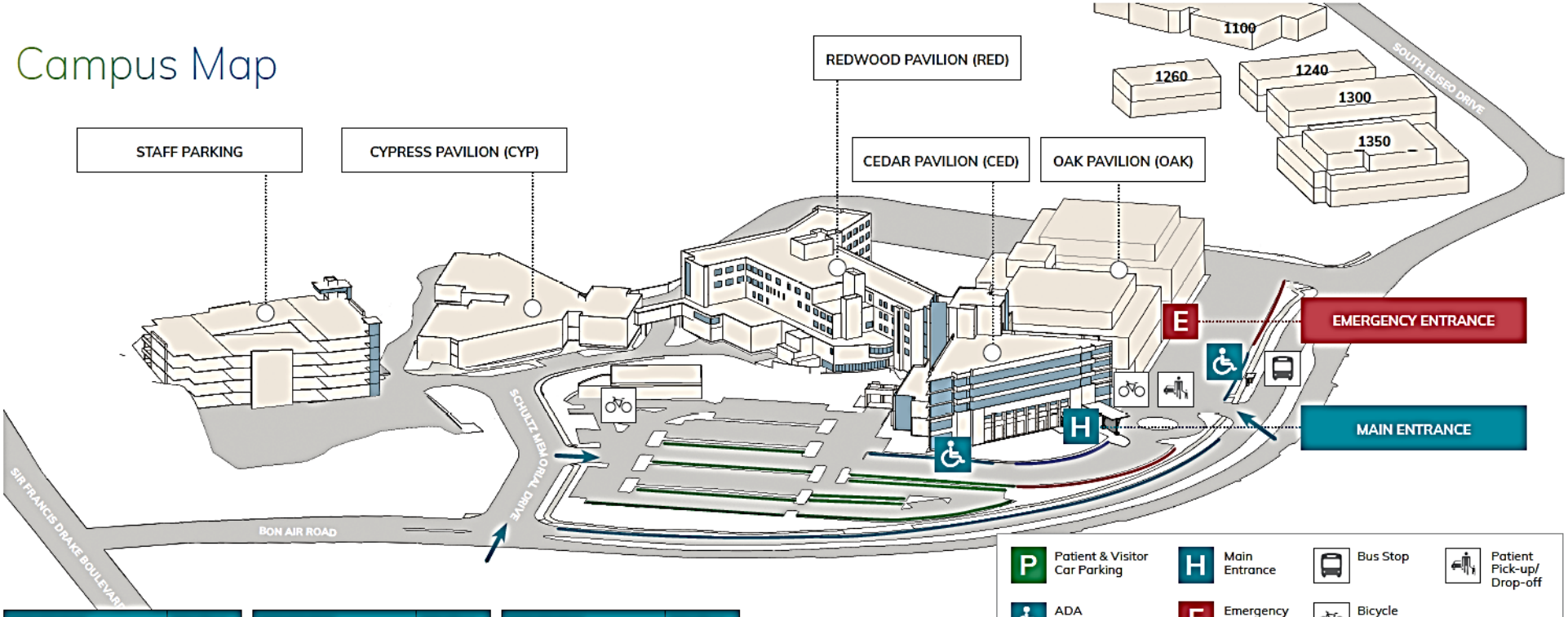
Campus Map



DEPARTMENT	PAV Floor
Administration	RED 2
Behavioral Health	CYP 1, 2
Cardiac Care	CED 2, 3, 4, OAK 4
Conference Center	CED Lobby
Creekside Café	RED 1
Emergency & Trauma	OAK Lobby
Financial Counselor	CED Lobby
Gift Gallery & Baby Nook	CED Lobby
Imaging & Radiology Check-in	OAK Lobby
Imaging & Radiology Extension	RED 2
Intensive Care (ICU)	OAK 1, CED 2
Inverness Room	OAK Lobby

DEPARTMENT	PAV Floor
Laboratory	RED 2
Magnolia Room	CED Lobby
Marin County Crisis Stabilization Unit	CYP 2
Family Birth Center	OAK 3
Lactation Services – Inpatient	OAK 3
Lactation Services – Outpatient	RED 4
Neonatal Intensive Care Unit (NICU)	OAK 3
Medical & Surgical Care	OAK 4, RED 4, 5
Meditation Garden	OAK Lobby
Outpatient Infusion	RED 5
Pediatric Care	OAK 3

DEPARTMENT	PAV Floor
Pre-Admission Center (PAC)	CED Lobby
Progressive & Metabolic Care (PMC)	OAK 3
Sausalito Room	CYP 2
Surgery & Procedures Check-in	OAK 1
Surgery Extension	RED 3
Tamalpias Room	OAK Lobby
Volunteer Services	CED Lobby
RESTROOMS	
Gender Specific Restrooms	ALL Lobby, 1, 2, 3, 4, 5
Gender Neutral Restrooms	CED 1, 2, 3, 4, 5

DEPARTMENT	SOUTH ELISEO DRIVE
Braden Diabetes Center	1100
Cancer Care	1350
Hearing & Speech – Outpatient	1350
Integrative Wellness Center	1350
Outpatient Imaging Center	1240
Outpatient MRI	1260
Physical Therapy	1350
Supportive Care Center	1350
Vascular Testing	1100

ADDITIONAL LOCATIONS NOT SHOWN ON MAP	
Breast Health	100A Drakes Landing Road, Suite 140 Greenbrae
Physical Therapy	5 Bon Air Road, Suite 129 Larkspur, CA 94939
	7100 Redwood Boulevard, Suite 100 Novato, CA 94945
Urgent Care	4000 Civic Center Drive, Suite 206 San Rafael, CA 94903
	335 S McDowell Blvd Petaluma, CA 94954

For a complete list of all locations, including administrative offices, physician offices, and other hospital services, visit MyMarinHealth.org

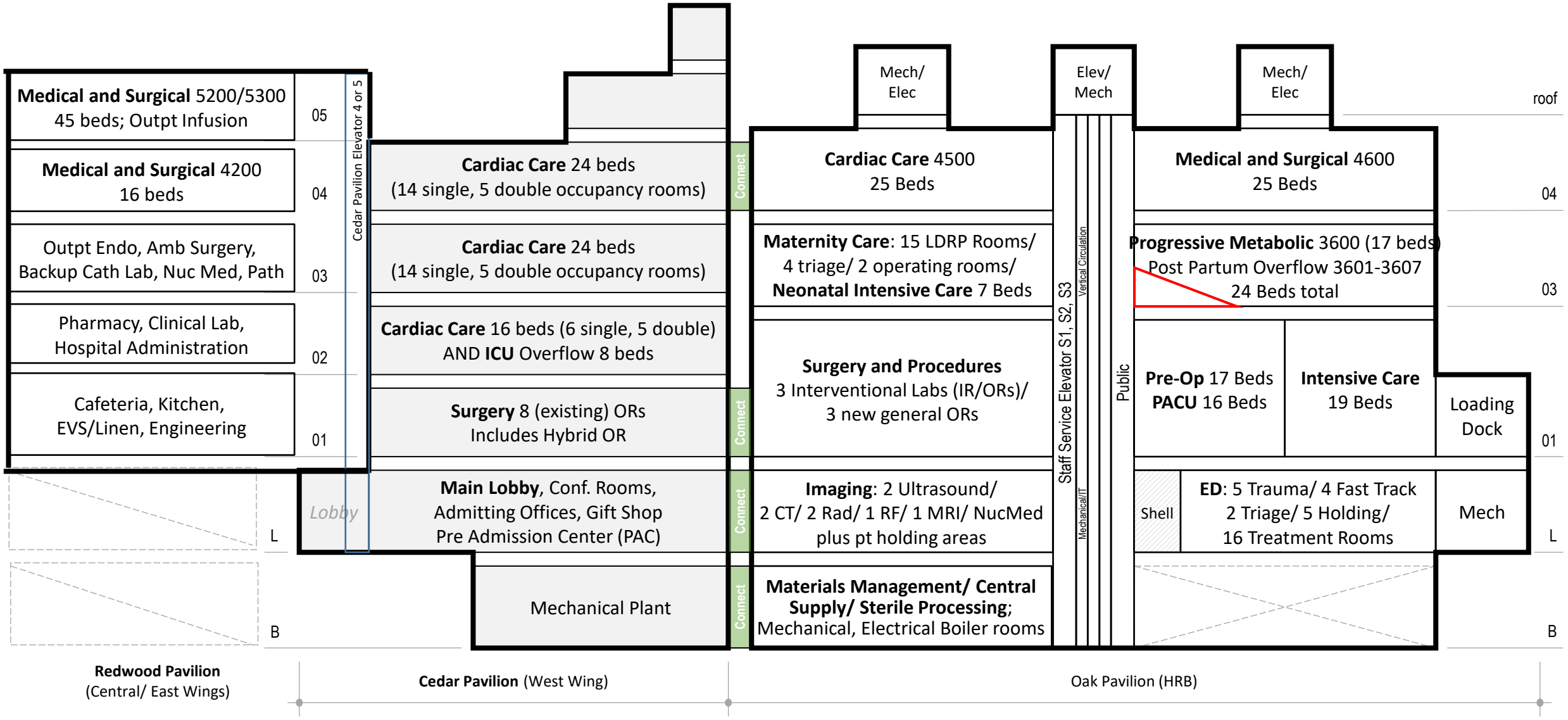
TIPS:

- There is NO Connection between Cedar and Oak Pavilions on Floors 2 and 3 (only Lobby, 1st and 4th Floor)
- Room numbers are 4 digits. The 1st digit is the Floor Level. The 2nd digit is the Wing *(100 = Cedar, 200 & 300 = Redwood, 400 = Cypress, 500 & 600 = Oak)*
- Secured Units (with locked entrances): Maternity, ICU, Behavioral Health. Visitors can press the button for permission to enter.
- Main Lobby Hours = 5:30am – 7:30pm (Monday-Friday), 7:30am – 6:00pm (Weekends & Holidays). ED open 24/7 and acts as the after-hours entrance. Visiting Hours end at 10:00pm. Family should receive an OK from the unit leader if they want to spend the night.

MarinHealth Medical Center Pavilions

Stacked Diagram

= rooms 3601-3607 used for post partum overflow



Rev 12.04.2025

If there's an emergency, what do you do?

First, Dial ext. 4444
Then, know the code to request for help!

- **Code Blue** – Adult Medical Emergency (Cardiac Arrest)
- **Code Gray** – Combative Patient
  Do not respond unless trained in Management of Assaultive Behavior
- **Code Green** – Patient Elopement
  Monitor assigned locations and report suspicious activity
- **Code Orange** – Hazardous Material Spill or Release
  "SIN" Safety, Isolate, Notify"
  For M.S.D.S call 1-800-451-8346
- **Code Pink** – Infant Abduction – 0 to 6 months
  Monitor assigned locations and report suspicious activity
- **Code Purple** – Child Abduction – 6 months to 14 years
  Monitor assigned locations and report suspicious activity
- **Code Red** – Fire
  "RACE" Rescue, Alarm, Confine, Extinguish / Evacuate
  "PASS" Pull, Aim, Squeeze, Sweep
- **Code Silver** – Weapon or Hostage Situation
  Remain in your department and close all hallway doors
- **Code Triage** –
  Code Triage Alert - Review Plan
  Code Triage Alert - Activate HCC
  Code Triage – Internal or External
- **Code White** – Pediatric Medical Emergency
- **Code Yellow** – Bomb Threat
  Remain in your department and report any suspicious activity
- Code 2000 – Psychiatric Emergency
  Do not respond unless trained in Management of Assaultive Behavior

The operator will need as much information as possible, so you may be placed on hold while the initial page is announced!!! Do not hang up; remain on the phone!

REV2/20/2010

Recognition & Reporting

- ✓ Acute Coronary Syndrome
- ✓ Stroke
- ✓ Chaperone Policy
- ✓ Health Equity
- ✓ Abuse & Neglect

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Acute Coronary Syndrome

- Involves blockage in a coronary blood vessel that can lead to a heart attack

- Recognize signs and symptoms:
  - Chest Pain
  - Shortness of breath
  - Nausea and vomiting
  - Sweating
  - In addition for women:
    - upper abdominal pain
    - fatigue

Acute Coronary Syndrome

Are You at Risk?

Risk factors you cannot change

- Age (> 45 for men and 55 for women)
- Male gender
- Family history of premature heart disease

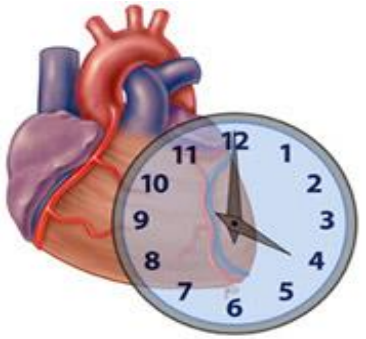
Risk factors you can change

- Cigarette smoking
- High cholesterol
- High blood pressure
- Physical inactivity
- Obesity and overweight
- Diabetes
- Stress

Acute Coronary Syndrome

If you notice an individual experiencing any of the warning signs you should:

- In Hospital:
  - Stay with the individual, if possible
  - Get help immediately
  - Call Rapid Response Team (ext. 4444)

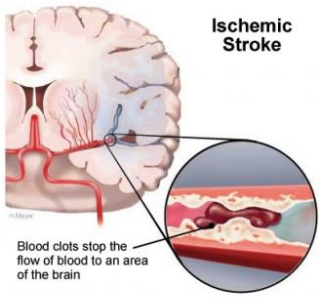


- On Hospital grounds:
  - Call for help immediately

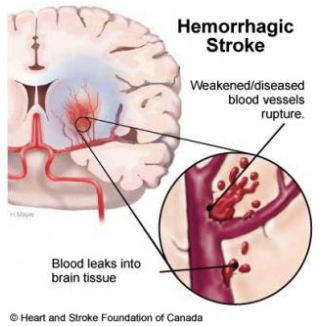
- In the event you are at home, you should:
  - Call 911 immediately

Types of Stroke

STROKE is a cardiovascular disease that affects the arteries leading to and within the brain. When the vessels that carry oxygen & nutrients to the brain are blocked, the affected area of the brain becomes ischemic and dies.



Ischemic Stroke: Occurs as a result of obstruction within a blood vessel supplying blood to the brain

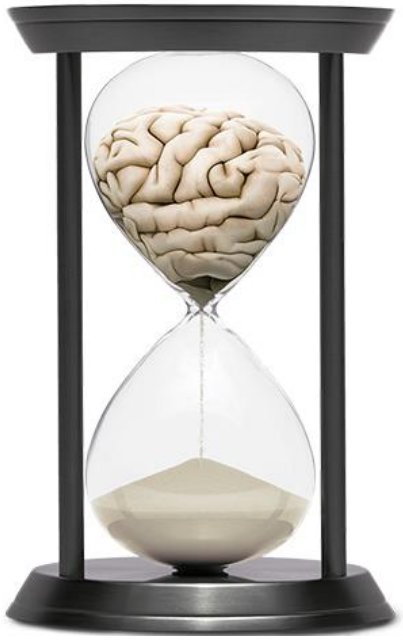


Hemorrhagic Stroke: Occurs as a result of weakened blood vessel that ruptures and bleeds into the surrounding brain

Recognize a Stroke with - BEFAST

B ALANCE (Loss of balance, loss of coordination)

E YES (Sudden vision loss, vision changes)



F ACE (Facial droop, uneven smile)

A RM (Arm numbness, arm weakness)

S PEECH (Slurred speech, difficulty speaking or understanding)

T IME (Last know well time)

Common Signs & Symptoms of Stroke

- *Sudden* onset of facial droop
- *Sudden* weakness of the arm, face , or leg – especially unilateral
- *Sudden* onset of slurred speech or difficulty speaking
- *Sudden* numbness of the arm, face , or leg – especially unilateral
- *Sudden* confusion – difficulty understanding words
- *Sudden* vision changes or vision loss in one or both eyes
- *Sudden* trouble walking, dizziness, or loss of balance
- *Sudden* severe headache with no known cause

What To Do if Someone has Signs/Symptoms

Call a Rapid Response #4444

Remember, Time is Brain, with stroke every second counts

Chaperone Policy

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Chaperone Use in Clinical Care

Chaperone Use in Clinical Care P&P #405.01 – Housewide Clinical Manual

- It is the policy of MarinHealth Medical Center to provide and utilize patient chaperones during sensitive examinations, procedures, and care and when otherwise requested or necessary.
- The purpose of this policy is to facilitate a consistent standard and safe care environment with MarinHealth.
  - There can be physical, psychological, and cultural reasons why chaperones may be requested or needed. This policy promotes respect for the patient's dignity and the professional nature of the examination.
  - Health professionals should only perform sensitive examination procedures or care in accordance with this policy.
- A chaperone is provided to:
  - Help protect and enhance the patient's comfort, safety, privacy, security, and/or dignity during sensitive examinations or procedures;
  - Provide comfort or reassure patients during examinations that patients might find embarrassing or distressing;
  - The chaperone also may provide assistance to the health professional with the examination, procedure, or care.

Health Equity

Social Determinants of Health (SDOH)

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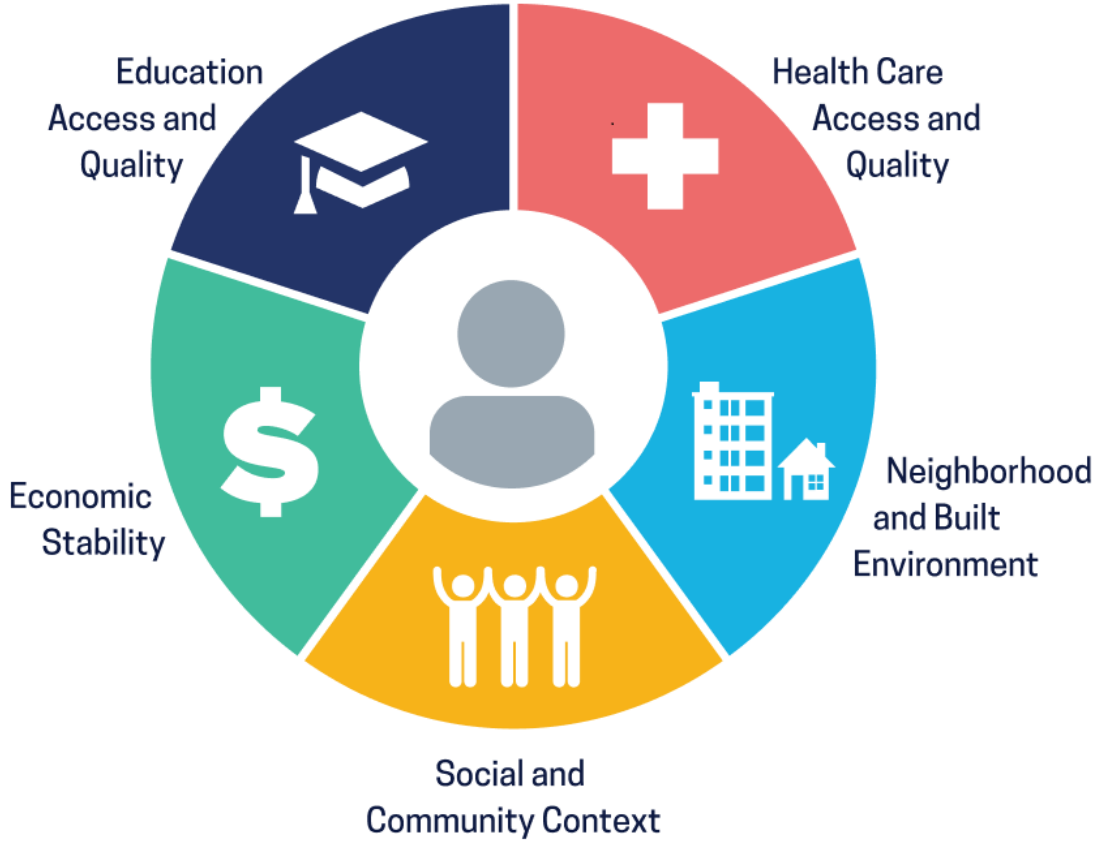
Health Equity

Health equity is a state where everyone has a fair chance to achieve their best health.

Health disparities are preventable differences that populations experience in the burden of disease, injury, violence, or opportunities.

Reference [What is Health Equity? | Health Equity | CDC]

Social Determinants of Health



Social Determinants of Health
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Healthy People 2030

Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, worship, and age.

Reference [What is Health Equity? | Health Equity | CDC]

National Patient Safety Goal to Improve Health Equity

National Patient Safety Goal 16.01.01 will apply to Joint Commission-accredited organizations (Effective July 1, 2023):

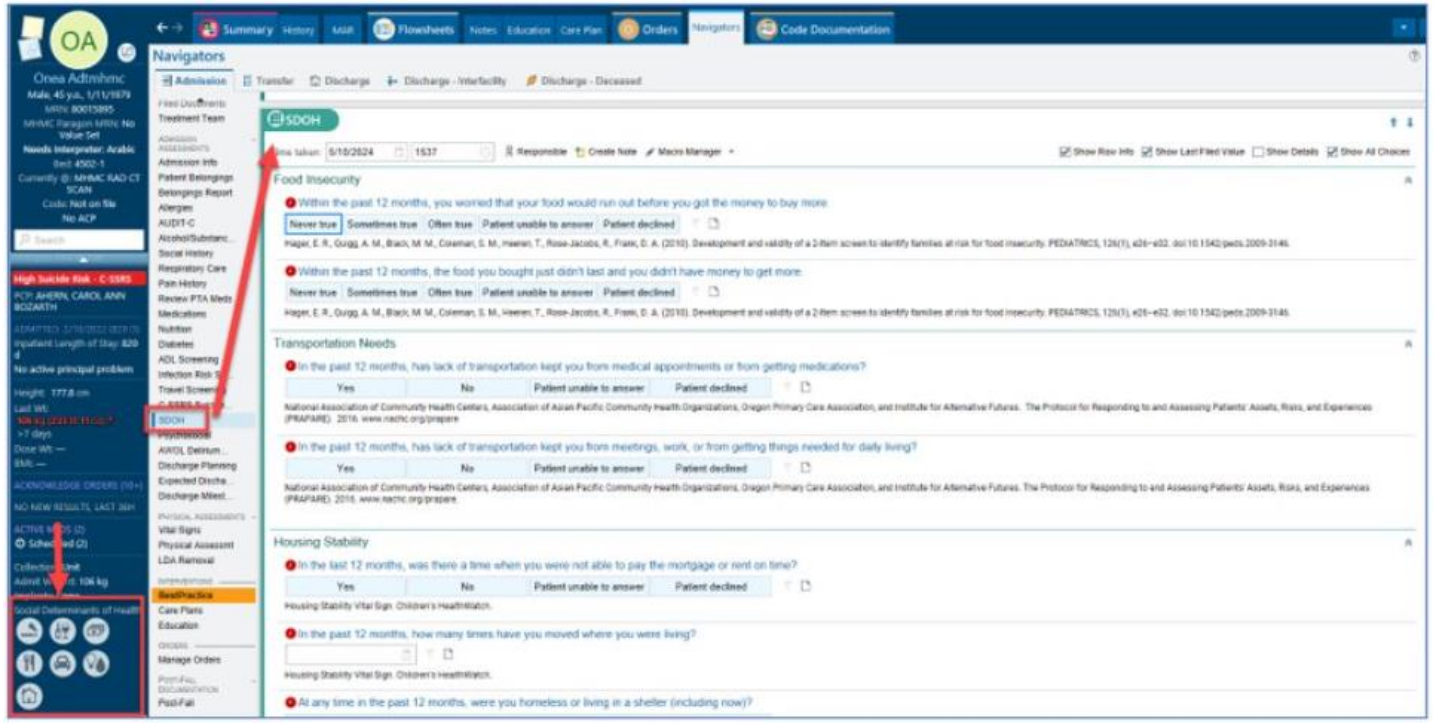
- Identify an individual to lead activities to improve health care equity
- Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve health care equity
- Take action when the organization does not meet the goals in its action plan
- Inform key stakeholders about progress to improve health care equity

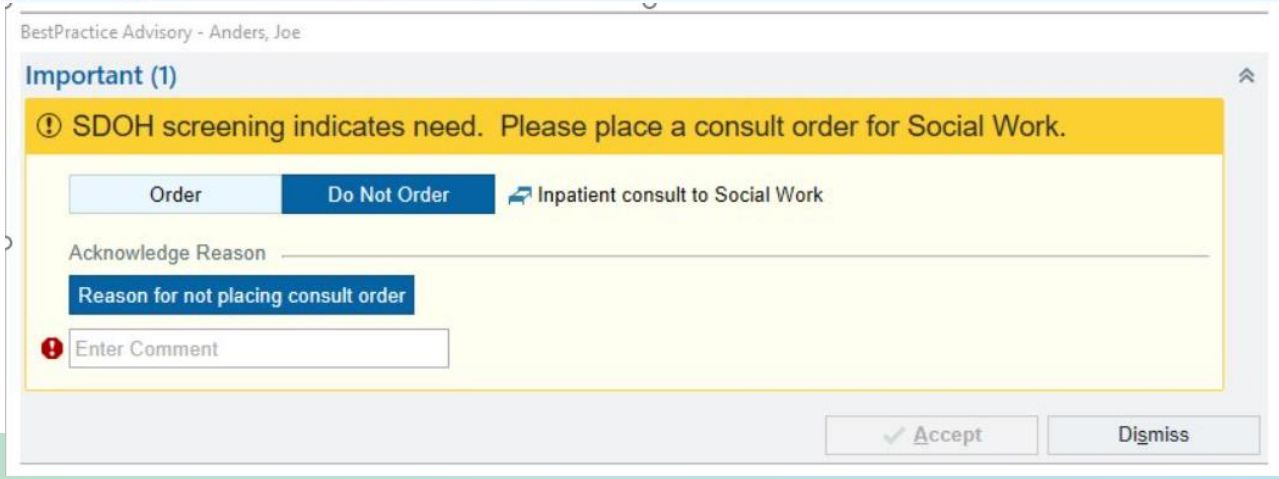
Impact to Clinical Practice

All patients will be screened and assessed for their health-related social needs

- Screening for social determinants of health (SDOH) will include the following areas:
  - Food insecurity
  - Housing instability
  - Transportation needs
  - Utilities difficulties
  - Interpersonal safety

- Patients who screen positive will be referred to Social Services for additional evaluation, assessment, intervention, and support





Abuse and Neglect

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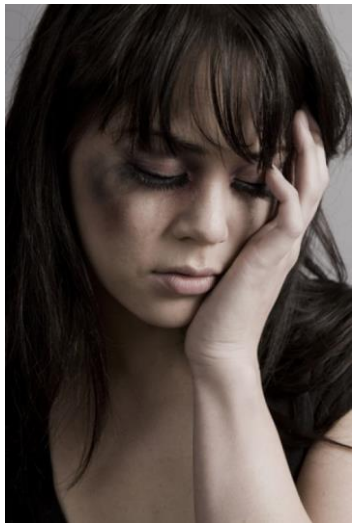
Signs of Abuse & Neglect

Physical Indicators

- Unexplained fractures, lacerations, bruises, welts, punctures, abrasions or burns
- Genital/anal injury
- Malnourishment
- Poor hygiene
- Inappropriate dress
- Bed sores
- Lack of appropriate supervision



Signs of Abuse & Neglect

Behavioral Indicators

- Inconsistent explanation of injury or explanation that doesn't fit the injury
- Fearfulness
- Parent, caregiver or spouse/partner resists attempts to interview patient alone
- History of repeated injuries
- Frequent changes in providers

The Law & MarinHealth Policy

- ALL healthcare practitioners are mandated to report suspected child, elder or dependent adult abuse and neglect.
  - Child – anyone under 18 years old
  - Elder – anyone 65 or older
  - Dependent Adult – anyone 18 - 64 years old, who is unable to effectively protect themselves against abuse or neglect because of a mental or physical disability
- Child Abuse includes physical injury, sexual abuse, neglect and emotional abuse
- Elder/Dependent Adult Abuse includes physical injury, sexual abuse, neglect including self-neglect, and financial abuse (reporting emotional abuse is optional)

The Law & MarinHealth Policy

- First receivers of abuse allegations are required to report. Social Work can be consulted if clarification of technical assistance is needed
- Request a clinical social work consultation if you have a reasonable suspicion that a patient has been abused or neglected
- Reporting by one member of the treatment team, usually the social worker, satisfies the reporting requirement for all team members
- Reporters are protected from civil or criminal liability

The Law & MarinHealth Policies

Failure to report abuse and neglect is a crime

Two (2) steps to reporting:

1. An initial telephone report of suspected abuse must be made immediately
2. A written report must follow

1-415-473-7153 to report Child Abuse
The written report form can be found at the Marin County Children & Family Services website

415-473-2774 to report Elder/Dependent Adult Abuse
The written report form can be found at the Marin County Adult Protection Services website

Intimate Partner Violence or Domestic Abuse

Domestic Abuse:

- A pattern of abusive behavior in an intimate relationship which may include physical or sexual abuse or the threat thereof, emotional abuse, intimidation or stalking

Domestic Violence

What YOU need to do

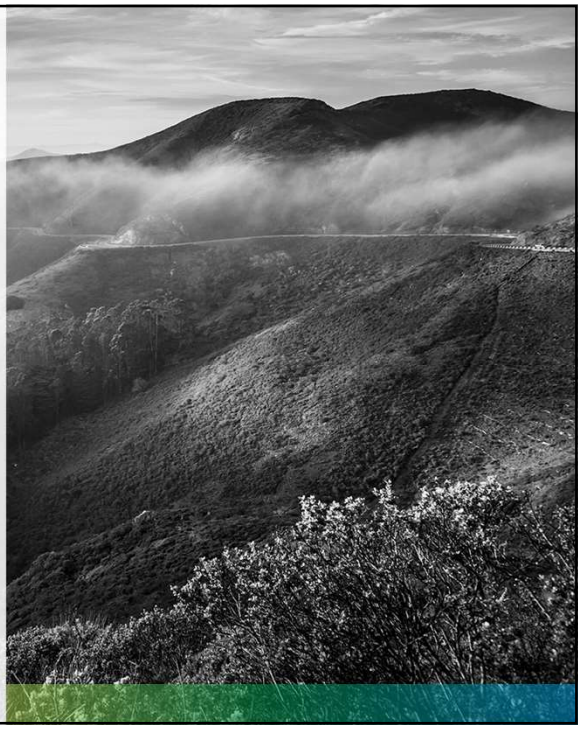
Suspected Domestic Abuse

- Healthcare practitioners who provide **medical services for any physical injury** that they suspect resulted from domestic abuse are required to call local law enforcement and complete a written report, *even if* the patient denies abuse

Patient Reports Domestic Abuse

- Request a social work consultation when a patient reports any form of domestic abuse (*even if* there is no physical injury) so that supportive counseling and community resources can be provided

Cyber Security Awareness Training



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One Team ←→ One Goal

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SECURITY AWARENESS GOAL

Our aim is to maintain the safety of both our network and protected health information (PHI), thereby enabling the highest quality care for our community.

Safeguarding our patients' information and other sensitive data is a collective responsibility that rests on each individual at MarinHealth.

System Monitoring

IT monitors the utilization of Marinhealth Systems to uphold both compliance and security standards.

Why?

- While IT isn't concerned with your personal activities, it does have a responsibility to detect potential malicious actions or unauthorized access that could compromise sensitive information.
- Just remember: MarinHealth business on MarinHealth systems

Phishing: Stay Aware, Stay Secure

Cracking the Code: Decoding Complex Jargon

Phishing

The digital art of tricking individuals into revealing sensitive information, such as passwords or financial details, by masquerading as a trustworthy entity in emails, messages, or websites.

- *Phishing is like a digital con artist, sending out fake emails and hoping your computer takes the bait and spills its personal data. It's a cyber charade of symptoms and scams!*

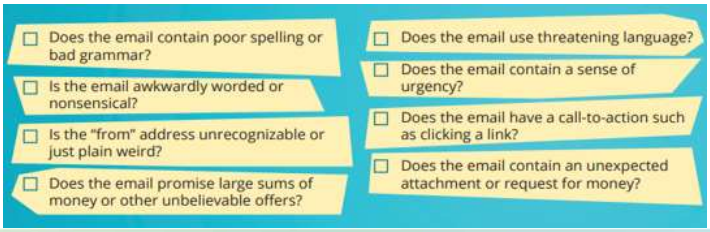
Types of Phishing to be aware of:

- Spear Phishing – *A focused attack on a specific individual or group.*
- Whaling – *Much like spear phishing, this tactic is directed specifically at senior executives.*
- Credential Phishing – *Involves luring individuals to a counterfeit webpage by enticing them to click a link, with the intention of tricking them into disclosing their credentials.*
- Attachment Phishing – *An email attachment from an unfamiliar sender containing concealed malware.*
- Vishing – *Cybercriminals use phone calls to masquerade as authentic organizations, aiming to coerce you into divulging sensitive information.*
- Smishing – *These mobile text scams usually request sensitive personal information or present a malicious link for you to click on.*

Phishing Prevention

Think you are being phished?

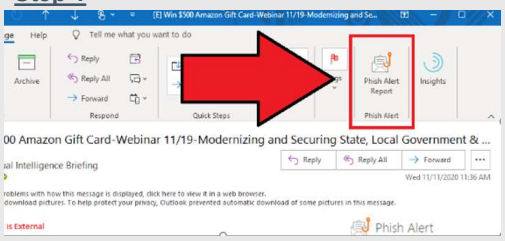
- Email addresses can be spoofed or forged to make messages appear to come from legitimate sources, remain vigilant at all times.
- Please utilize the following suggestions below as a comprehensive framework, alongside the instructions provided on the subsequent slides regarding the utilization of the Phish Alert Button in Outlook. This combination will aid you in identifying and promptly notifying the IT department of potential phishing campaigns.



Leveraging Outlook's Phish Alert Button

- Steps for reporting Phishing emails in the Outlook desktop client.
  - Launch your Outlook application.
  - Select the email message you wish to report.
  - Locate the Phish Alert Report button, shown on the right-hand side (Step 1).
  - Proceed by clicking on the "Phish Alert" option (Step 2).
  - This action will initiate the removal of the message from your inbox, enabling analysis and scanning by the IT Department.
- If you primarily use Outlook on the web, please review the next slide.

Step 1

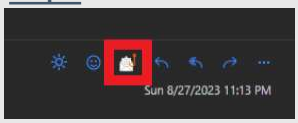


Step 2

Leveraging Outlook's Phish Alert Button, cont.

- Steps for reporting Phishing emails in Outlook on the web.
  - Access Office 365 by visiting https://outlook.office.com/mail.
  - Identify and click on the phishing email in question.
  - Locate the Phish Alert button situated on the email's right-hand side (Step 1).
  - Important: If the Phish Alert button is not visible, click on the three horizontal dots to reveal the Phish Alert button.
  - Proceed by selecting the "Phish Alert" option (Step 2).

Step 1

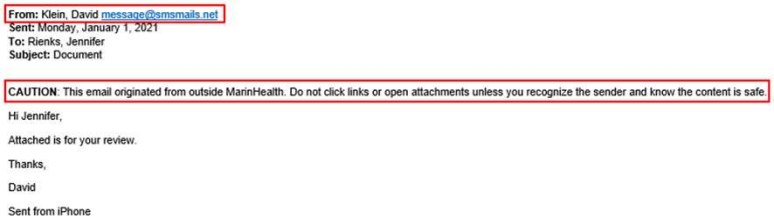


Step 2

Unmasking Phishing Strategies

Examining a Simple Phishing Email…

- Despite its claim to be sent by our CEO, David Klein, the email address raises suspicion. *Why?* Because it doesn't originate from mymarinhealth.org and lacks his name in the email address.
- You can also see the *CAUTION* warning indicating that this message came from outside the MarinHealth email system. *ALWAYS* be suspicious of messages with this warning, even if they appear to be from someone you know.

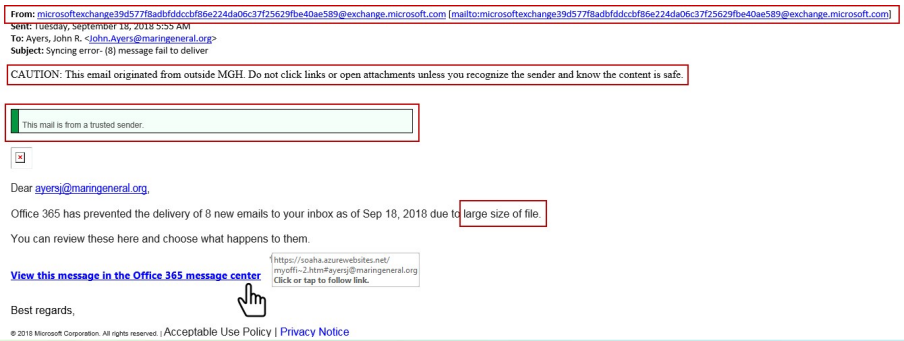


Unmasking Phishing Strategies, cont.

Exploring an Elevated Level of Phishing Email Sophistication…

Claiming to be from Microsoft, the email has an unfamiliar address. The recurring CAUTION warning may seem usual, but here's the first red flag:

- The "trusted sender" indication – this is never genuine, just an attempt by phishers to deceive you!
- Broken English ("due to large size of file") is another telltale sign. Many phishing emails today contain several grammatical errors.
- When your cursor is hovered over the URL, though, it wont lead to Microsoft. It's an odd, out-of-place URL, a clear phishing attempt!



Phishing Prevention, cont.

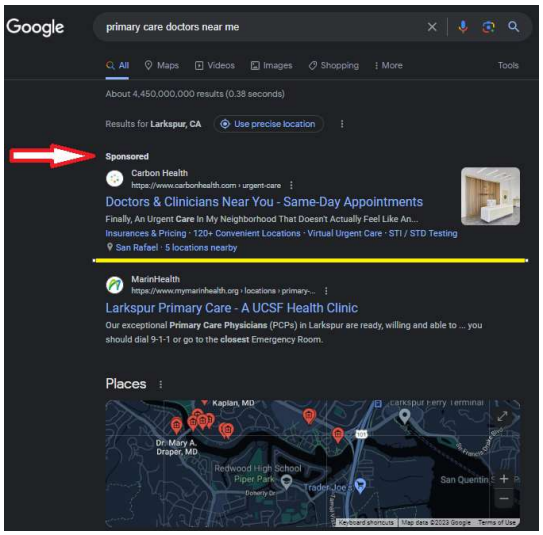
Additional Avenues of Concern

Phishing isn't the sole Method…

- Phishing Phone Calls (SMISHING/VISHING)
- Text Messages with Links to Harmful Websites
- Malicious online Pop-up Ads (An example on the right)
- Selecting "Sponsored Results" from a web search in your browser.

ALWAYS use your questioning attitude!
If it doesn't feel right, always report it.

Sponsored Hazards in Web Searches



SPONSORED RESULTS?

- "Sponsored" results may redirect you to harmful websites that could compromise your devices security.
- Even though they appear legitimate, "Sponsored" links can mask malicious intent, making them hard to distinguish from safe results.
- These links can also lead to phishing pages that try to steal personal information, like login credentials or financial data.
- Opt for safety by selecting a non-"Sponsored" URL, even if it's farther down in the search results.

Art of Persuasion: Unveiling Social Engineering Tactics

Tailgating & Impersonation attempts…

- Physical Badge Manipulation:
  - Inspect MarinHealth badges closely, as fake badges can be convincingly crafted.
  - Exercise caution when unfamiliar individuals request sensitive information or seek access to restricted areas.
  - They might look like they belong, but they don't!

Report suspicious persons to security by calling the Hospital Operator

(just dial 0 from any MarinHealth Medical Center phone)

A genuine counterfeit badge created for security testing purposes.

Recognizing Telltale Signs of Compromise

Signs your PC may be infected:

- *Shifty Homepage:* When your browser's homepage takes an unsanctioned detour.
- *Strange Search Results:* Searching leads you to unexpected and unfamiliar pages.
- *Pop-up Parade:* An onslaught of random and persistent pop-up windows.
- *Uninvited Icons:* Mysterious icons, programs, or bookmarks suddenly surface.
- *Security Siren:* Warnings from your anti-virus or firewall software.
- *Unexplained Activities:* Odd changes in your system or settings without your input.

You can use these tips at home, too!

What YOU Can Do

ALWAYS

- Employ unique passwords exclusively for MarinHealth; avoid using personal account passwords.
- Approach unsolicited phone calls seeking PC access with suspicion.
- Trust unsolicited emails, but validate them: Is the sender familiar? Does the content align with expectations?
- Request a ticket number when granting PC access.
- Immediately report any suspicious emails or calls to the Help Desk.
- Guard against shoulder-surfing for username and password capture.
- Utilize encryption when transmitting confidential data or PHI beyond the MarinHealth network (See Next Slide).
- Exercise caution when unknown individuals request sensitive info or area access.
- Lock or Log Off your computer when you step away to prevent unauthorized access.

Securely Sending PHI via Email

- Occasionally, sending PHI via email is necessary. It's both secure and quite simple:
  - Include "secure", "confidential", or "PHI" in the subject line.
  - Instructions to open the secure message will be sent to the recipient.
  - Reach out to the Help Desk for assistance if needed by you or the recipient.
- For MarinHealth email on your mobile device, installing security software is required. Access the Office 365 FAQ page on the Intranet or contact the Help Desk for guidance.
  - Remember, the software safeguards corporate data and does not monitor personal usage.

What YOU Cannot Do, cont.

NEVER

- Provide your username or password via an email or over the phone.
- Open attachments or click links in messages from unknown senders.
- Respond to unsolicited emails requesting sensitive information or urgent actions.
- Send PHI without encrypting it first.
- Copy PHI to an unsecured USB flash drive.
- Enter your credit card information on a website that isn't secure.
- Allow someone you don't know into a sensitive area.
- Share your login information with another employee.

Why YOUR Awareness Matters

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YOU ARE A 'HUMAN SENSOR' FOR SUSPICIOUS CYBER ACTIVITY

- 10% of security safeguards pertain to technology.
- 90% of security safeguards hinge on computer users (That's YOU!) adhering to sound computing practices.

WITH YOUR HELP…

- We can enable early detection of potential threats.
- Aid in promptly containing virus propagation.
- Maintain a secure patient admission environment.
- Allow seamless continuation of core business functions.

Additional Resources

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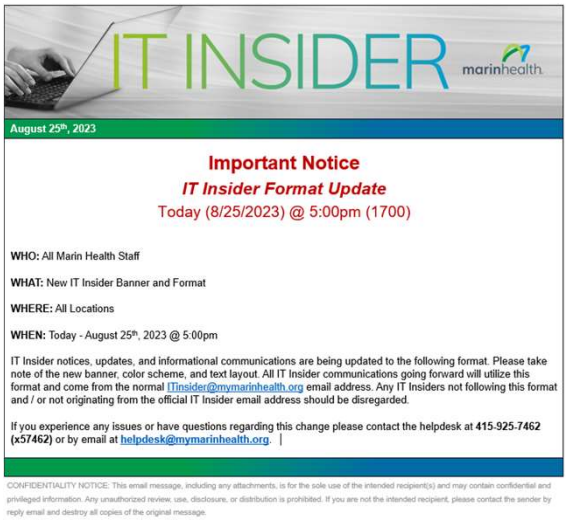
Check for IT insider

- IT communications will consistently follow the IT Insider format for official notifications.
- IT will never request your username, password, or any confidential information.


IT INSIDER marinhealth

August 25th, 2023

Important Notice

IT Insider Format Update

Today (8/25/2023) @ 5:00pm (1700)

WHO: All Marin Health Staff

WHAT: New IT Insider Banner and Format

WHERE: All Locations

WHEN: Today - August 25th, 2023 @ 5:00pm

IT Insider notices, updates, and informational communications are being updated to the following format. Please take note of the new banner, color scheme, and text layout. All IT Insider communications going forward will utilize this format and come from the normal ITinsider@mymarinhealth.org email address. Any IT Insiders not following this format and / or not originating from the official IT Insider email address should be disregarded.

If you experience any issues or have questions regarding this change please contact the helpdesk at **415-925-7462 (x57462)** or by email at helpdesk@mymarinhealth.org.

Wrapping Up: Reporting Security Concerns

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Report early, report often

It's better to have a false alarm!

Call the IT Help Desk

If you suspect a virus or suspicious network activity

415-925-7462

Report a concern and become a security sleuth!

Thank you for completing the module on Cyber Security.

Please continue to the test.

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Compliance & Regulations

- ✓ *C.A.R.E.S.*
- ✓ *Compliance & Privacy*
- ✓ *The Joint Commission*
- ✓ *Cultural Diversity*

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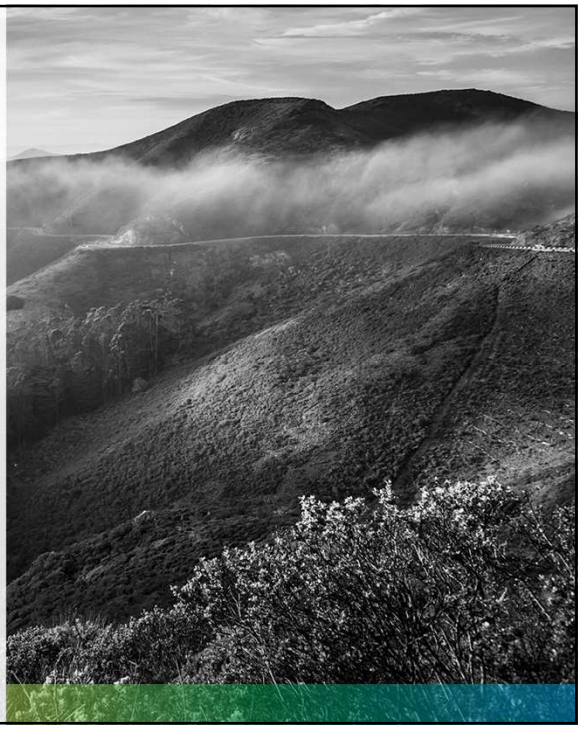

SERVICE EXCELLENCE STANDARDS & BEHAVIORS

CARES

Communication | Accountability | Respect | Excellence | Safety

REWARDS & RECOGNITION

PERFORMANCE MANAGEMENT

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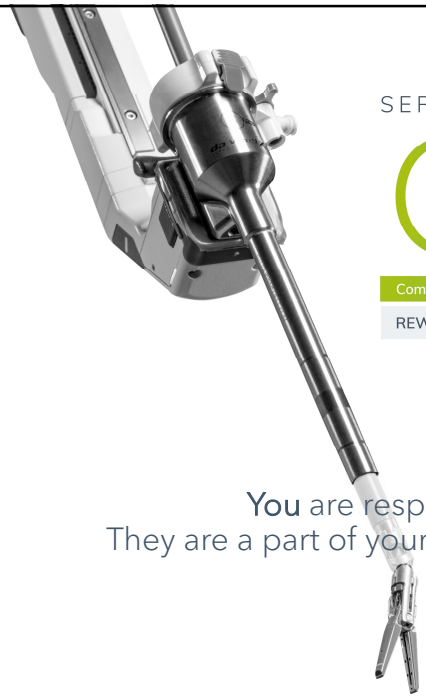

SERVICE EXCELLENCE STANDARDS & BEHAVIORS

CARES

Communication | Accountability | Respect | Excellence | Safety

REWARDS & RECOGNITION | PERFORMANCE MANAGEMENT

You are responsible for upholding the C.A.R.E.S. standards.
They are a part of your annual evaluation. **You** create the experience!

CARES

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Communication

It is my responsibility to:

- Smile
- Make eye contact
- Greet others with my name & role
- Communicate with sincerity, honesty & respect
- Actively listen without interruption
- Welcome the views of others
- Encourage feedback & open dialogue
- Be collaborative at all times
- Assist others

Verbal | Written | Non-Verbal | Visual Communication | Mass

CARES

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Accountability

It is my responsibility to:

- Take ownership in delivering excellent service
- Create a warm & caring first impression
- Follow procedures, policies & guidelines
- Be mindful of conserving resources
- Take responsibility for my actions & demeanor
- Follow through with commitments
- Act professionally with everyone

WHY ACCOUNTABILITY MATTERS

Increases motivation | Encourages consistent performance | Sets an example | Helps improve results | Builds strong relationships | Improves communication

CARES

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Respect

It is my responsibility to:

- Speak clearly
- Withhold judgment
- Demonstrate my pride of ownership
- Show warmth & concern
- Follow through with commitments
- Not engage in negative behaviors (gossip)
- Ask others how I can best support them
- Speak positively about our organization
- Respect privacy & confidentiality at all times

RESPECT STARTS WITH **YOU**!

Responsibility | Excellence | Self-Control | Trust | Politeness | Empathy | Cooperation

CARES

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Excellence

It is my responsibility to:

- Improve myself and my work
- Embrace change
- Seek out opportunities to learn
- Take ownership to consistently improve processes
- Strive every day to provide the best care possible
- Seek out opportunities to apply best practices
- Recognize others for outstanding performance
- Offer suggestions for problem resolution

CARES

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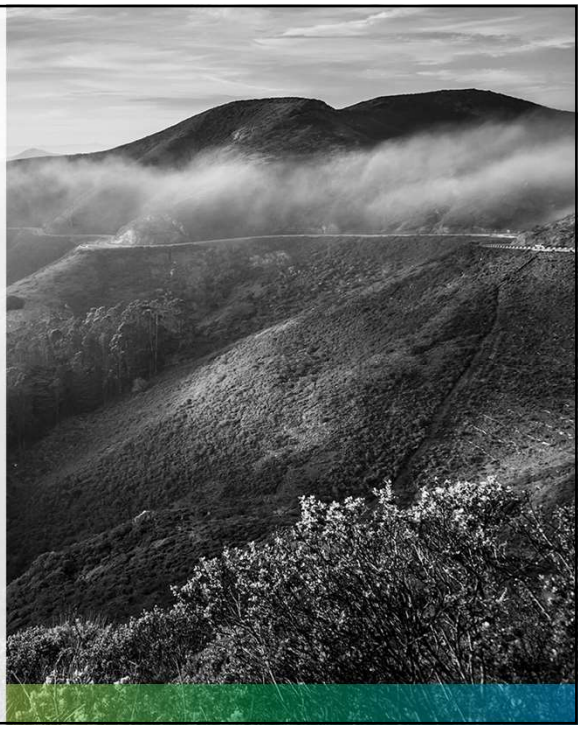
Safety

It is my responsibility to:

- Take pride in my environment
- Maintain safe & clean surroundings
- Work safely
- Report safety incidents
- Create the best environment for the delivery of quality patient care

Compliance & Privacy



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Code of Conduct

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The MarinHealth Code of Conduct offers guidance on employees' ethical and legal responsibilities:

- Obligation to comply with MarinHealth Policies and Procedures
- Responsibility to report potential violations or questionable practices to a supervisor or the Compliance & Privacy Officer

Non-Retaliation Policy

Retaliation against an employee who reports potential or suspected compliance program violations is unlawful and will not be tolerated

Any employee who commits or condones any form of retaliation will be subject to disciplinary action up to and including termination from employment

Feel like you are being retaliated against?
Contact the Compliance and Privacy Officer

MarinHealth Anonymous Compliance Reporting Hotline

- Anonymous and confidential way to report in good faith concerns about potential compliance and privacy violations.
- Available 24/7 every day of the year.
- Please provide as much information as possible, including dates, times, events, personnel, etc.
- Toll-free at 1-877-376-3852
- Also online submission is available via the "Important Numbers" section located at the bottom of the MarinHealth intranet page.
- **IMPORTANT:** Both the toll-free phone reporting and the online submission are completely anonymous and numbers and emails are not traced.

Gifts

- No cash or cash equivalents (gift cards)
- Must be infrequent and nominal
- Must never influence or appear to influence decision making
- Never solicited
- If you have any doubt contact the Compliance & Privacy Officer at extension 57078

Conflicts of Interest (COI)

- Employees are responsible for reporting potential conflicts of interest to their supervisor and/or the Compliance & Privacy Officer
- These include financial interests in entities that contract with or are in competition with MarinHealth
- Any questions regarding Conflicts of Interest should be addressed to the Compliance & Privacy Officer
- Please review COI policy at the conclusion of the course

Examples include:

- Promoting other business or employment opportunities to the detriment of Marin Health
- Conducting business for him/herself or for another facility using Marin Health resources or during Marin Health employment hours

Patient Privacy

- All employees are responsible for ensuring patients' privacy
- Access, use and disclose patients' protected health information (PHI) only when it is needed to perform your job duties.
- Treat patients' PHI as if it were your own.
- Employees' PHI warrants the same privacy and security as our other patients.
- Do not send PHI via unsecure email or text.
- Report any potential privacy breaches immediately to your supervisor or to the Compliance & Privacy Officer

Patient Privacy

- When opening a patient's medical record it is important to remember that many of these records will have similar first and last names. Please remember to use another form of validation (i.e., DOB, MRN) before selecting the patient.
- Another potential source of privacy breaches is during the distribution of paperwork to patients. Please double check to ensure that only the patient's information is included.
- Securely disposing of paper protected health information is another area of concern. Please remember that all protected health information must be disposed of in a secure manner and cannot be placed in the regular trash bins.
- Social media content must NEVER include protected health information.

Examples of Breaches

Breaches Include:

- Selecting the wrong physician
- Misdirected faxes
- "Snooping" (i.e. looking in a patient record without a business need)
- Giving a patient another patient's discharge summary
- Sending PHI via unsecure email or text

Breach Reporting

All privacy breaches must be reported to the state and the patient within 15 business days.

- The clock starts ticking from the moment we are aware a breach occurred.
- Late reporting results in $100 daily fines

Stark Law / Contract Compliance

- The Stark Law, (Physician Self-Referral Law) prohibits physicians from referring patients for health services paid for by Medicare/Medi-Cal to any entity in which they have a financial relationship unless the financial relationship is structured to comply with Stark regulations.
- As such, any physician payments should be reviewed closely to avoid any potential violations.
- Penalties include refunding any payments made by Medicare/Medi-Cal for prohibited referrals as well as potential penalties of up to $15,000 per service.

Stark Law / Contract Compliance

- The Stark Law also restricts how much hospitals can provide in non-monetary compensation to physicians and can only be authorized by the Chief Executive Officer or the Chief Medical Officer.
- All physician-related payment questions/requests must go to the Physician Contracts Administrator at extension 57596.
- Also, all MarinHealth contracts are only to be signed by either the Chief Executive Officer (CEO) or the Chief Financial Officer (CFO).

Examples:
When to call the Compliance & Privacy Officer or MH Anonymous Reporting Hotline

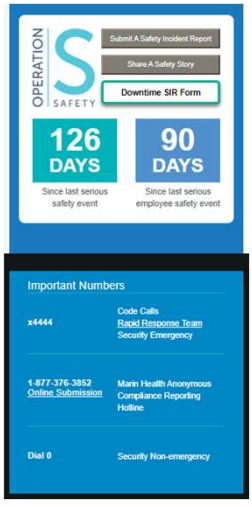
- Time card abuse or misuse of MarinHealth assets
- Billing issues or misreporting to government agencies
- Non compliance with MarinHealth policies/procedures
- Conflicts of Interest
- Suspicion of fraud/abuse
- Accepting business courtesies in excess of policy
- Abuse of authority
- Unethical conduct
- Contract/procurement irregularities
- No action has been taken on reported concerns

John Wood
Compliance & Privacy Officer
415-925-7078
John.Wood@mymarinhealth.org

MarinHealth Anonymous
Compliance Reporting Hotline
1-877-376-3852

Web submission:
www.lighthouseservices.com/mymarinhealth

Reporting Hotline and Online Submission Link are located at the bottom of the MarinHealth Intranet home page.



The Joint Commission

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Joint Commission Accreditation

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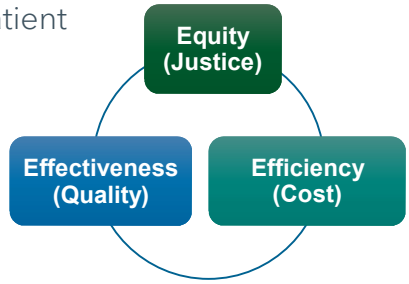
MarinHealth Medical Center continues its long-standing accreditation by The Joint Commission. Accreditation is a mark of our medical center's mission and commitment to:

- Deliver high quality care,
- Exhibit a culture of excellence, and
- Maintain and improve quality, patient safety, and service.

Joint Commission Accreditation

We continually work to improve our performance by seeking to become more effective, efficient and equitable in care delivery for the people we serve, and in all functions of the medical center.

All staff are responsible to support **continuous readiness** to accreditation standards and awareness of National Patient Safety Goals (NPSGs).



National Patient Safety Goals 2023

- Identify patients correctly
- Improve staff communication
- Use medicines safely
- Use alarms safely
- Prevent infection (hand hygiene)
- Identify patient safety risks
- Reduce risk for suicide
- Improve health care equity (NEW effective 07.01.2023)
- Prevent mistakes in surgery

NPSGs posters are posted in departments.

Joint Commission Compliance

- If an employee has reason to doubt or question the quality of care provided at MarinHealth, they are encouraged to follow the medical center's Chain of Command policy, or contact the Executive Director of Quality.
- In addition to the Anonymous MarinHealth Hotline, staff have the option to submit a concern directly to The Joint Commission.
- MarinHealth is committed to actively responding to employee concerns and looking for positive outcomes. MarinHealth policy forbids taking retaliatory actions against employees for having reported quality of care concerns.

Joint Commission Compliance

Do you have a clinical quality or patient safety concern?

Internal Process

Escalate up your chain of command: Charge RN, Supervisor (AUM), Manager, Physician Care Team

SIR Reporting for Risks to Patient Safety

MarinHealth Anonymous Compliance Reporting Hotline

1 (877) 376 - 3852

URL: MH Anonymous Reporting Hotline

External Process

CDPH: California Department of Public Health Services

TJC: The Joint Commission

Any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.

The preferred method for submitting a concern is through TJC's online submission portal

URL: Report a Safety Event about a Health Care Organization

Cultural Diversity

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Cultural Competence

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Each individual brings <u>different</u> and <u>unique</u> experiences to any situation. These individual cultural factors influence the way we interact with others.

- Cultural Competence
  - Willing and able to value the importance of culture
  - Ensures the diversity of culturally competent care/services to all segments of the population.
  - Promotes quality services to underserved, racial/ethnic groups through valuing of differences and integration of cultural attitudes, beliefs and practices into all interaction throughout the workplace.

The Law

Organizations that value diversity comply with laws that prohibit workplace discrimination:

Title VI of the Civil Rights Act (1964)

No person in the U.S. shall be discriminated against on the grounds of race, color, or national origin from participation in or be denied the benefits of any program or activity receiving federal financial assistance.

Title VII of the Civil Rights Act (1964)

Prohibits discrimination in employment on the basis of race, color, religion, sex, or national origin

Cultural Factors

- Country of origin
- Communication styles
- Values and beliefs about health and the causes of illness
- Specific disease states in varying groups
- Age
- Gender
- Race
- Disability
- Primary language spoken
- Socioeconomic status
- Sexual orientation
- Physical and mental abilities or challenges
- Spiritual beliefs
- Family/community relationships
- Health beliefs and practices (examples: acupuncture, cupping, coining)

Patient Non-Discrimination and Equal Visitation

ALL patients have the right to be free of discrimination.

We do not discriminate by sex, economic status, educational background, race, color, religion, ancestry, national origin, physical or mental disability, medical condition, genetic information, marital status, sex, sexual orientation, gender, gender identity, gender expression, citizenship, primary language, immigration status, and/or the source of payment for care.

Patients may designate **visitors of their choosing**, if they have decision-making capacity, **whether or not the visitor is related by blood or marriage.**

Be Culturally Aware

As an MarinHealth employee, follow these basic principles:

Knowledge
- Learn about your patients, coworkers, customers, associates & clients
- Be aware of differences in communication styles (use interpreter services for patients that do not speak English)

Skills
- Treat each patient you come into contact with as an individual
- Accept, understand, and show respect for all

Attitude
- Overcome cultural barriers
- Cultivate and demonstrate attitudes of mutual respect with patients/coworkers
- Consider health behaviors in their cultural context

We are a team

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Work together as a TEAM

- Acknowledge strengths and weakness of each other
- Interpersonal relations and organizational effectiveness are improved through encouraging new ideas and perspectives

Personal Growth → Increased Productivity

Thank you for completing the module on Compliance & Regulations.

Please continue to the test.

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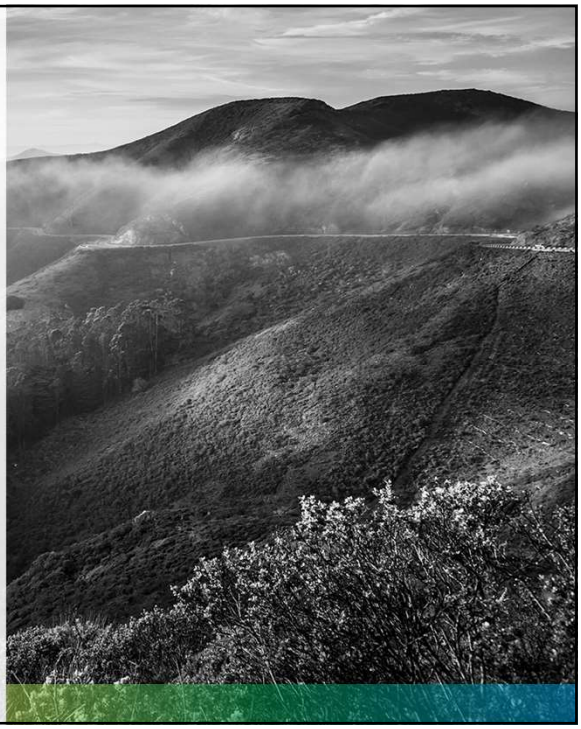
Ergonomics



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Spinal Column

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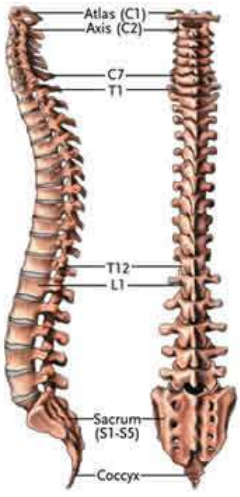


- Normal healthy spines have 4 curves:
  - 2 lordotic (cervical and lumbar)
  - 2 kyphotic (thoracic and sacral)
- Curves provide the foundation for maximum efficiency in joint and muscle function
- Bending or stressing this foundation, puts joints, ligaments, tendons, discs, nerves, vessels and muscles at risk for injury
- The joints of the spine are small and designed to *support* this shape as the foundation of all movement, stable, but not to move much.

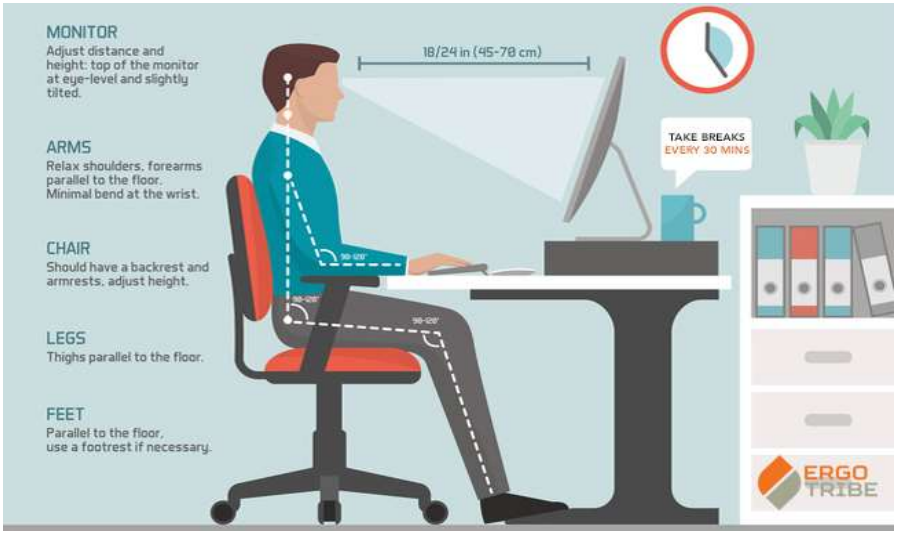
Food for Thought

Your Next Posture is Your Best Posture

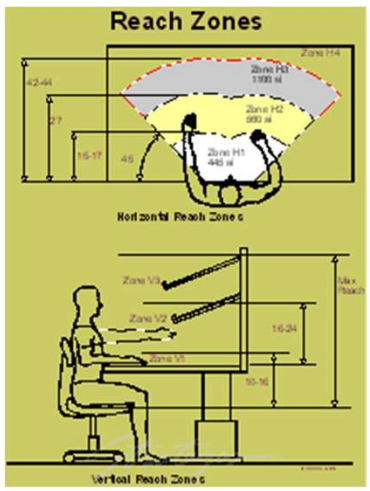
Posture at Work

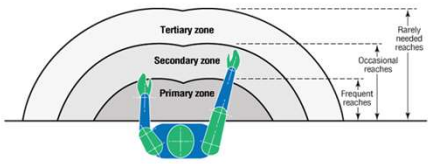
- Changing your posture throughout the day is positive because when you change postures, the loads of sitting shift to different parts of the body, allowing your body to recover from extended static postures.
- For most people, it is quite a challenge to maintain good posture while sitting in an office chair and working for long hours in front of a computer.
- A surprising number of people sit at the front of their office chair and hunch forward in an attempt to get closer to their computer screen.
- Leaning forward 30 degrees in an attempt to get closer to the computer screen puts 3 to 4 times more strain on the back.

Best Desk Posture For A Pain-Free Back

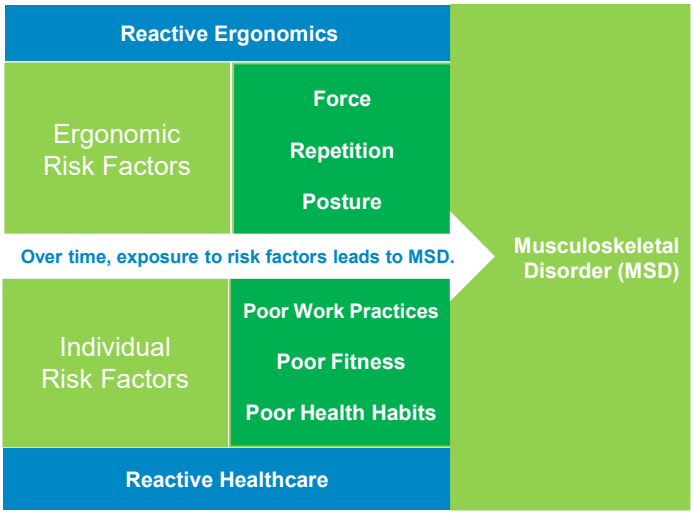


Limit Excessive Forward and Overhead Reaching

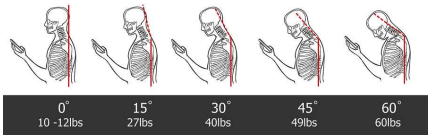


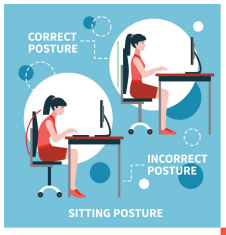


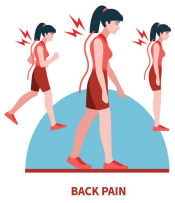
Risk Factors

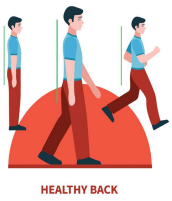


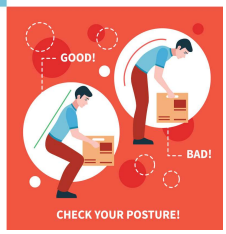
Forward Head Posture, Increased Stress/Strain







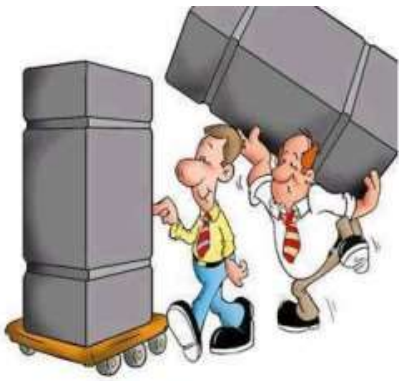




Increase Blood Flow, Reduce Fatigue

String Through the Top of Your Head

Always Remember to...



Work Smarter Not Harder

Thank you for completing the module on Ergonomics.

Please continue to the test.

MarinHealth Medical Center

General Hospital Orientation - Script

CARES Service Excellence Standards

Communication – Introduce yourself, be honest and respectful, encourage questions, collaborate.
Accountability – Own your work, follow policies, conserve resources, practice self-care.
Respect – Listen without judgment, avoid gossip, support colleagues, uphold confidentiality.
Excellence – Continuously improve, use best practices, embrace change, recognize achievement.
Safety – Keep environments safe/clean, speak up for safety, support high-quality care.

Quiz:

1. What are two ways to demonstrate respectful communication?
2. Why is speaking up for safety essential?

Campus Information

Overview of major units:

- **ICU:** 19 beds
- **Cardiac Care:** 24–25 beds
- **Med/Surg:** Units 4200, 4600, 5200/5300, Progressive Metabolic
- **ED:** Trauma, Fast Track, Triage, Holding, 16 treatment rooms
- **Women & Children's:** Maternity, NICU
- **Perioperative:** Pre-Op, PACU, 8 existing + 3 new ORs
- **Imaging:** Ultrasound, CT, MRI, Radiology, Nuclear Medicine

Quiz:

1. Which floors connect across Cedar and Oak?
2. Which units on campus are secured?

Campus Navigation

- No Pavilion connection on floors 2–3
- Room numbering: 1st digit = floor; 2nd digit = wing
- Locked units include Maternity, ICU, Behavioral Health
- Lobby open limited hours; ED open 24/7 for after hours
- Visitor hours end 10pm

Quiz:

1. What does the second digit in room numbers represent?
2. Where do visitors enter after hours?

Acute Coronary Syndrome (ACS)

Signs: chest pain, SOB, N/V, sweating; women may have fatigue or abdominal pain.
Risk factors: non-modifiable (age, family history), modifiable (smoking, BP, cholesterol).
Immediate action: Stay with patient, call Rapid Response in hospital.

Quiz:

1. Name one modifiable and one non-modifiable risk factor for ACS.
2. What extension do you call for Rapid Response? 4444

Stroke Recognition

Types: ischemic vs hemorrhagic.
BE FAST: Balance, Eyes, Face, Arm, Speech, Time.
Action: Rapid Response (#4444).

Quiz:

1. What does “B” stand for in BE FAST?
2. What extension do you call for Rapid Response? 4444

Chaperone Policy

Required for sensitive exams, procedures, and when requested. Ensures dignity, safety, cultural respect.

Quiz:

1. Name one scenario where a chaperone is required.
2. What role can a chaperone play besides observation?

Health Equity & SDOH

Health equity: fair access to best health.
SDOH includes housing, food, transport, utilities, safety.
Joint Commission requires SDOH screening and action plans.
Positive screens go to Social Services.

Quiz:

1. What does SDOH stand for? Social Determinates of Health
2. What happens after a patient screen positive for SDOH needs? SW Consult

---

Abuse & Neglect

Includes physical, sexual, emotional, financial abuse.
Mandated reporting for children, elders, dependent adults.
must call immediately, then submit written report.

Quiz:

1. Which populations require mandatory reporting? Children, elders, dependent adults
2. How are reports made? Verbal/portal & written

Intimate Partner / Domestic Violence

Pattern of controlling behavior.
Suspected physical injury → mandatory police report.
If patient verbalizes abuse → consult Social Work.

Quiz:

1. When must clinicians notify law enforcement? Suspected physical injury
2. Who should be consulted when a patient discloses abuse? SW

Cybersecurity Awareness

Protect the network and PHI.
Common threats: phishing, vishing, smishing.
Report via Phish Alert.
Safe practices: verify requests, lock screens, use encryption.

Quiz:

1. Name two signs of a suspicious email.
2. What button is used in Outlook to report phishing? Phish Alert Button (PAB)

Compliance & Regulations

Obey policies; report concerns with no retaliation.
Conflicts of interest must be disclosed.
PHI must be accessed only for work; breaches must be reported within 15 business days.

Quiz:

1. Name one example of a PHI breach.
2. What is the hotline number for anonymous reporting?

Regulatory Requirements

Stark Law: limits physician referrals where financial interests exist.
TJC National Performance Goals focus on patient ID, safety, emergency management, equity, infection prevention, pain control, suicide risk, staffing, imaging, medication safety.

Quiz:

1. What is the purpose of the Stark Law? Limit conflict of financial interest
2. Who accredits MarinHealth? The Joint Commission

Sexual Harassment Prevention

Unwelcome behavior, even without intent, can be harassment.
Can occur anywhere, by anyone.
Employees can be personally liable.

Quiz:

1. Does harassment require the target to first say “stop”?
2. Is humorous intent a valid excuse for inappropriate comments?

Ergonomics

Healthy spine has 4 natural curves.
Good posture reduces strain; change positions frequently.
Risk factors: force, repetition, poor posture.
MSDs develop over time from repeated strain.

Quiz:

1. Name the four spinal curves.
2. What happens to back strain when leaning forward 30°?

Environment of Care

- ✓ *Emergency Management*
- ✓ *Electrical Safety*
- ✓ *Utilities*
- ✓ *Fire Safety*
- ✓ *Hazard Communication*
- ✓ *Workplace Violence Prevention*

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Emergency Management

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Emergency Management

MarinHealth Medical Center works closely with the Marin County Emergency Operations Center (EOC) to ensure a coordinated response with other local, state and federal emergency resources.

The Hospital Incident Command System (HICS) is used to direct emergency response.

It is expected that in a major disaster the Medical Center is prepared to withstand a period for at least 96 hours without outside assistance.

For resiliency, the Medical Center must address all four phases of Emergency Management.

There are 15 standards and 60 elements of performance in The Joint Commission's Emergency Management chapter which are also tied to the Center for Medicare and Medicaid Services requirements for participation and reimbursement.

Response: Emergency Codes

- Code Blue – Adult Medical Emergency
- Code Gray – Combative Person
  "Get out, Get Help", Team response
- Code Green – Patient Elopement
  Monitor assigned locations and report suspicious activity
- Code Orange – Hazardous Material Spill or Release
  "SIN" Safety, Isolate, Notify"
- Code Pink – Infant Abduction – 0 to 6 months
- Code Purple – Child Abduction – 6 months to 14 years
  Monitor assigned locations and report suspicious activity
- Code Red – Fire
  "RACE" Rescue, Alarm, Confine, Extinguish/Evacuate
  "PASS" Pull, Aim, Squeeze, Sweep
- Code Silver – Weapon or Hostage
  "Run, Hide, Fight"
- Code White – Pediatric Medical Emergency
- Code Yellow – Bomb Threat
  Remain in your department and report any suspicious activity
- Code 2000 – Psychiatric Emergency.
  Response includes psychiatric social worker

Each code is associated with a detailed plan for timely and effective response by trained teams.

Preparedness: Hazard Vulnerability Analysis (HVA)

The Emergency Management Subcommittee completes an annual HVA of risks to the organization in order to prioritize preparedness activities. This exercise is integrated with the county's Healthcare Preparedness Program.

Hazard	Freq.	Impact
1. Biological Event >5 airborne, >25 droplet (2009, 2014, 2020, 2021, 2022) 2. Pandemic- Medium frequency, High impact	High	Medium
3. Cyber Attack	High	Med
4. Wildland Fire: 2015, 2017, 2018, 2019, 2020, 2021, 2022	High	Med
5. Critical Medical Supply Shortage	High	High
6. Severe Weather (Rain, Cold, Drought, Extreme Heat > 3 days)	High	Low
7. Active Shooter/Weapon/Hostage Situation	Medium	High
8. Fire/Explosion (internal): 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022	Medium	High
9. Mass Casualty Incident > 11 patients requiring transport, or 6 Immediate (Level II)	Low	High
10. Utility Outage/Failure Internal or External (water, power, sewer, med gas, HVAC)	High	Medium
11. Labor Disruption	Medium	Low
12. Construction Incident/Structural Damage	Medium	Medium
13. Civil Unrest (2020, 2021)	Low	Medium
14. Communications/Computer Outage (Unplanned)	High	Medium
15. Flooding External (rain, tsunami): 1998, 2005/06, 2008, 2016/17, 2021, 2022	Medium	Medium
16. High-profile Patient (Concierge and Forensic)	Medium	Low
17. Major Earthquake: SF Bay Area 63% of >6.7 w/in next 30 years (highest probability for Hayward-Rodgers Creek Fault)	Low	High
18. Bomb Threat/ Suspicious Package	Low	High
19. HazMat Internal (large internal spill, medical waste incident)	Low	Medium

Emergency Operations Plan (EOP) – Code Triage

EOP Purpose

To provide guidelines for timely, integrated, and coordinated responses to the wide range of extraordinary emergency situations which could disrupt normal operations.

Where to find the EOP

- MarinHealth Intranet > Policies & Procedures
- Binder located at each Medical Center department

All-Hazard Disaster Response

- Section 1: Base Plan and Continuity of Operations
- Section 2: Emergency Response Plans
- Section 3: Incident Response Guides (HICS)

Response: Code Triage

Code Triage: Activating the Emergency Operations Plan (EOP)

If the answer is YES to any guideline CODE TRIAGE should be established to activate the EOP. The Administrative Nursing Supervisor (ANS) or highest ranking official on site can activate CODE TRIAGE and establish the Hospital Command Center, if needed.

Impact to Hospital	Scope of Event	Type of Event – See HVA
Has the hospital's infrastructure, communications or utilities been damaged?	Has the city/county EOC been activated?	Is terrorism suspected (radiation, chemical, or biological)?
Will hospital personnel be exposed to unusually hazardous or unknown conditions?	Has there been (or might be) mass casualties?	Does the event involve extreme, hostile or violent behaviors (i.e. hostage situation, riots, bombs)?
Is there potential for evacuation or sheltering-in-place of the hospital, care units?	Does it appear conditions of the event will worsen?	Does the event involve an epidemic that may affect large numbers of people (flu outbreak, etc.)?
Are service demands exceeding hospital capacity to respond?	Will the number of patients seeking medical care exceed the capabilities of the Emergency Room?	Does the event restrict movement or transportation in the community (earthquake, severe snowstorm, volcano eruption, etc.)?
Have major utility failures affected patient care or services?	Rapid influx of patients above and beyond the capacity of present staff to meet patient needs?	Have credible security threats or warnings been made against the facility or personnel?
Are there patient/staff safety concerns?	Are other medical facilities experiencing an emergency that affects us? (transfers, field triage with fire departments, etc.)	Loss of facility power, water, communications?

Response: Hospital Command Center

Initiating Code Triage:

The **Administrative Nursing Supervisor (ANS)** and/or the **highest-ranking Administrator on-site** have the authority to implement the Emergency Operations Plan and assume or assign the role of **Incident Commander.**

The Hospital Command Center (HCC) activities:

- Central command during an emergency and/or disaster event
- Coordination and tracking of emergency response operations
- Provides a central area for gathering and dissemination of information, including coordination with outside resources
- Roles may be pre-assigned or designated at the time of the incident

Response: Hospital Command Center (HCC)

The Incident Commander will determine the location and activation of the Hospital Command Center (HCC). The primary location of the HCC is:

Tamalpais Conference Room and/or the Inverness Conference Room (Oak Pavilion)

A virtual component (Zoom, Teams, WebEx) may also be established.

All staff who do not have immediate patient care duties should report to the Labor Pool, if activated. Primary location of the Labor Pool is:

Creekside Café/Cafeteria (Redwood Pavilion)

Preparedness: Exercises

It is critical to practice emergency response in order to be prepared to respond safely and effectively to an actual event.

The EOP must be activated or exercised at least 2x annually at MarinHealth Medical Center and at least 1x annually at all business locations. Exercises are often coordinated with partners from the Healthcare Preparedness Program.

Functional or table-top drills provide opportunities to practice and identify Improvements.

What you drill is what you do.

Preparedness: Evacuation Devices

In the event of an evacuation, MarinHealth Medical Center can deploy Paraslyde evacuation sleds and the HoverJacks to move patients.

Vertical evacuation

Horizontal evacuation

Evacuation Slides for Vertical Evacuation

x5 =

Oak Pavilion

- 3500 Maternity Care
- 3600 PMCU
- 4500 Medical & Surgical
- 4600 Medical & Surgical

Cedar Pavilion

- Level 3
- Level 4
- Level 5

Oak Pavilion

- Lobby Level
- 4600
- 2024: Redwood-5

Response: Staff Roles

All staff have, at a minimum, the following responsibilities:

- Communicate situational needs, report operational status, and issues in a clear, concise, and timely manner. IF YOU SEE SOMETHING, SAY SOMETHING.
- Conserve resources and assets, and utilize said resources and assets appropriately.
- Be aware of, and maintain, the safety and security of themselves and the environment in which care, treatment, and service are rendered.
- Appropriately utilize and conserve utilities, and to report disruption or failure of utilities to the appropriate individual(s) or entity(s) in a timely manner.
- Assure that clinical activities are carried out in accordance with accepted standards of care, and in a safe and efficacious manner.

Recovery

Once the immediate emergency has resolved, there is still much to be done:

- A continual assessment of viability of essential functions is assigned by Incident Commander and completed by the Business Continuity Branch.
- Critical incident stress debriefing (CISD) for staff and responders may need to be initiated.
- Documentation of the incident is collected and an After Action Report (AAR) of the event is completed to capture lessons learned
- Operational systems will be redeployed systematically according to the priorities of the organization

Electrical Safety

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Electric Safety – Shock Hazards

Most equipment in the healthcare setting is electric. From common equipment such as patient beds to monitors to complex procedural equipment the common energy source is, electricity.

Patients and staff are constantly in contact with these devices.

Electric shock can cause:

- Burns
- Muscle spasms
- Anormal heartbeats
- Stopping of breathing
- Electrocution

Electric Shock Hazards

To protect patients:

- Place electric equipment at a distance from patients, whenever possible.
- Make sure the floors in patient areas stay dry.
- If possible, do not touch patients and electric equipment at the same time.
- Equipment brought in by patients must be authorized by Facilities Engineering prior to use
- Immediately remove damaged equipment from service. Clearly tag with the date and hazard. Notify Biomedical Engineering for patient care equipment; for other equipment, notify Facilities Engineering.

Utilities

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Utilities - Power Cords and Outlets

Overloading circuits or outlets creates unacceptable risk of injury or fire

- Outlets that get too hot may not be wired safely. Unplug cords from the outlet. Report the problem to Facilities Engineering.
- Do not bend, stretch, or kink power cords.
- Use only power cords with three-prong plugs. Never use adapters, two-prong plugs, or broken three-prong plugs.
- Do not use outlets or cords with exposed wiring.
- NEVER connect a chain of plugs and surge protectors.
- Surge protectors must be approved and placed by the Biomedical department

If you have any questions or concerns about equipment usage, notify Biomedical and/or Facilities Engineering.

Utilities – Emergency Power

- The emergency power system is robust in Medical Center buildings.
- In the Redwood and Cedar Pavilions, all outlets and switches as well as emergency lighting are tied into the emergency power system.
- In the Oak Pavilion all RED outlets and switches as well as emergency lighting are tied into the emergency power system.

Preparedness: Equipment

Code Triage Emergency supplies boxes are located on patient care units.

They contain emergency lighting equipment for use during loss of power events. Emergency lighting equipment is also mounted throughout the building.

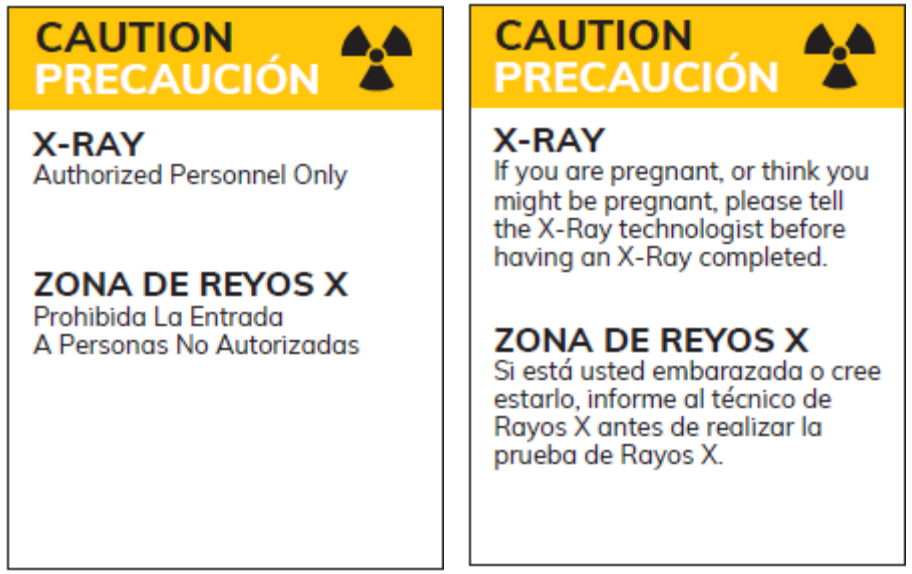
MarinHealth Medical Center is also equipped with back-up emergency generator power should there be an interruption of PG&E power.

Hazard signs – Imaging and Radiology

MRI, CT, Ultrasound and X-ray equipment is now located on the Lobby Level, 500 Block in the Oak Pavilion.

Hazard signage is in place for employee and patient safety.

Do not enter any room when the sign is illuminated.



Hazard Signs – MRI Zones

The MRI magnet is live at all times.

Observe and follow precautions in the safety zones!

Fire Safety

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Code RED - Signage and Equipment

Identify locations of pull stations and extinguishers in your areas of work. Know your routes of egress.

FIRE ALARM

EXIT PATH

Follow arrows for exit

EXTINGUISHER

Fire – Code RED

At the first sign of fire or smoke, don't hesitate, start R.A.C.E.

Boston Globe 2023 -Brockton Hospital 10-Alarm Fire

RESCUE anyone who is in immediate danger

ACTIVATE fire alarm by pulling the nearest pull station

CONFINE the fire. Close all the doors in & around the fire area

EXTINGUISH the fire by using a fire extinguisher (if safe to do so)

Fire Safety Features and Drills

MarinHealth Medical Center is equipped with, automatic fire doors and smoke partitions with multiple hour fire ratings.

Safety features separate the building into many zones:

- Fire and smoke in one zone should not spread easily to other zones
- Fires can be contained
- This means fewer patients and staff need to be evacuated

All staff are required to participate in fire drills occurring in their areas of work– do not call the PBX Hospital Operator to ask whether or not a Code Red announcement is a drill.

Always assume a Code Red is real!

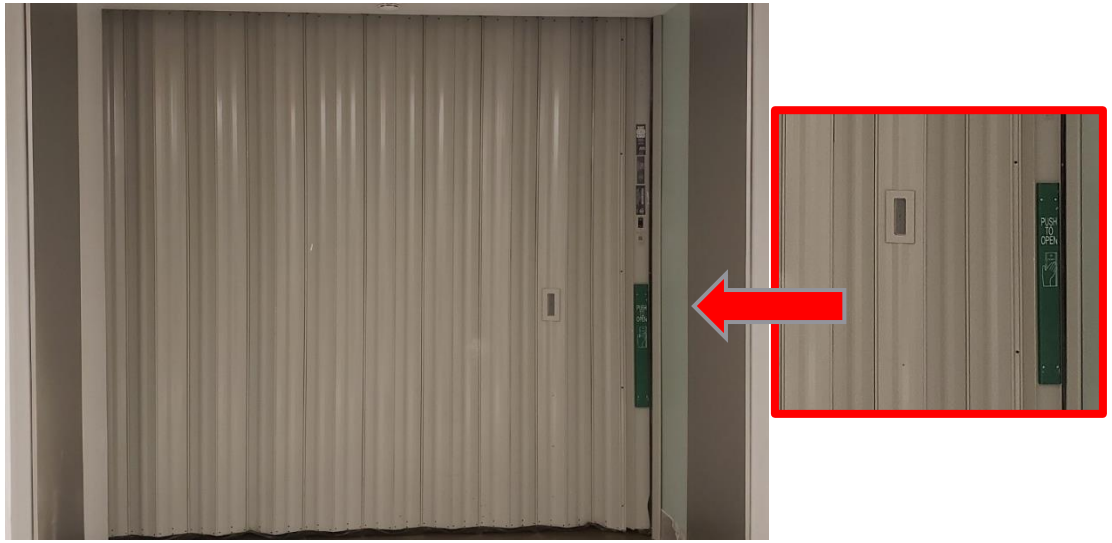
ECRI Institute

Code Red – Smoke Compartments

SMOKE BARRIER

Oak Pavilion Retractable WON Doors

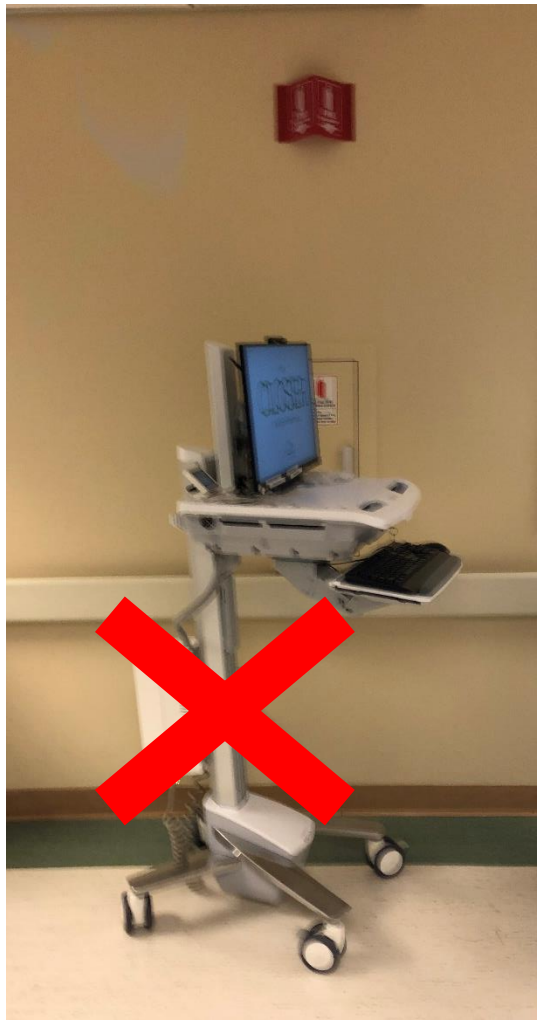
- Doors will close if a smoke head on
- either side goes into alarm
- Doors can be opened if passage is required.
- Look through the small glass window for safety. Press green paddle



Fire Safety Equipment

YOUR ROLE:

1. R.A.C.E.
2. Make sure that automatic fire doors are not blocked, propped or wedged open.
3. All corridors are clear, equipment moved to one side.
4. Fire extinguishers and pull stations are not blocked.



Hazard Communication

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Hazard Communication - 29CFR 1910.1200

The Hazard Communication Standard (HCS) is based on a simple concept--that employees have both a need and a right to know the hazards and identities of the chemicals they are exposed to when working.

Employees also need to know what protective measures are available to prevent adverse effects from occurring.

Key features of the Globally Harmonized System:

- Signal word
- Hazard and Precautionary Statements
- Chemical classification
- Additional hazards
- Routes of exposure
- Target organs
- Pictograms

Detecting Hazardous Chemical Release

MarinHealth Medical Center strives to minimize the use of hazardous chemicals in our environment.

Environmental monitoring is completed per regulatory requirements. Reports are available from the Safety Officer, Charles Holloway, ext. 7976

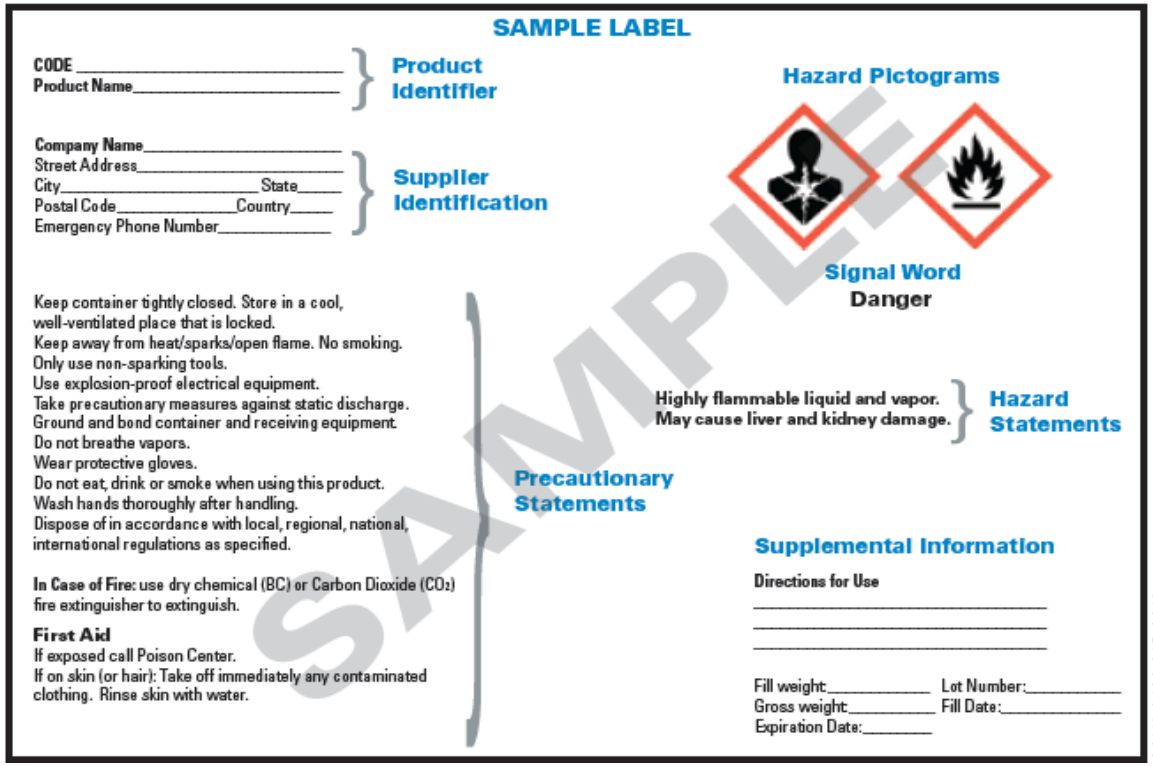
Observations used to detect the presence or release of a hazardous chemical in the work area can include:

- Smell - Detection of an odor
- Sight - an overturned, or suspiciously empty container, a container absent the proper seal, soiled packaging labeled with HazMat shipping labels
- Physical reaction – eye irritation, respiratory issues

Any suspicious activity should be reported to supervisor immediately so that the hazard can be identified and mitigated for the safety of all staff, patients and visitors in the area.

Label: Hazardous Chemicals

OSHA has requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS). All labels are required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification.



Label: Hazard and Precautionary Statement

Hazard statement means a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.

Example: Fatal if swallowed (Acute Oral Toxicity)

Precautionary statement is a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.

Example: Do not eat, drink, or smoke when using this product

Example: Keep container tightly closed

Label: Signal Word and Pictograms

Signal word means a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label

- Danger is used for the more severe hazard
- Warning is used for the less severe

Pictogram means a composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical

Nine pictograms are designated under this standard for application to a hazard category

Pictograms and Hazards

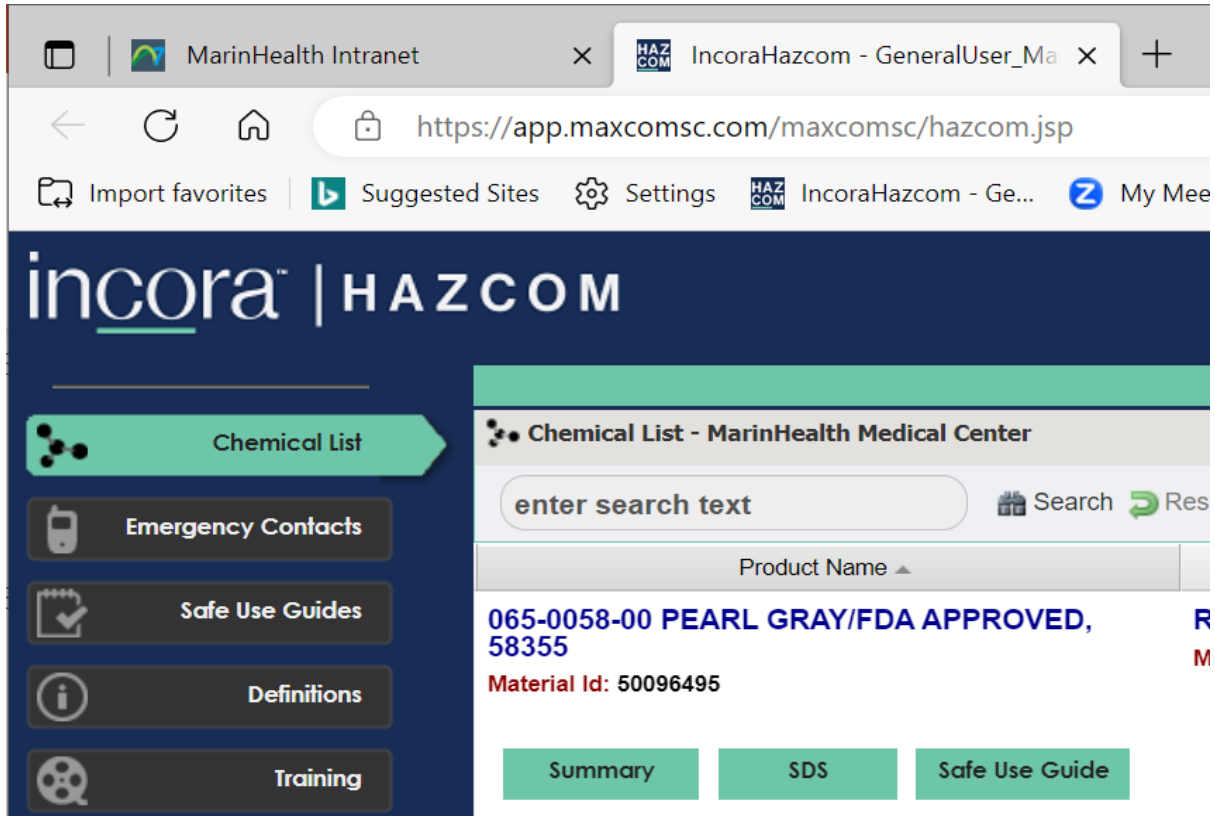
HCS Pictograms and Hazards

Health Hazard  • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	**Flame**  • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	**Exclamation Mark**  • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  • Gases Under Pressure	**Corrosion**  • Skin Corrosion/ Burns • Eye Damage • Corrosive to Metals	**Exploding Bomb**  • Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle  • Oxidizers	**Environment** (Non-Mandatory)  • Aquatic Toxicity	**Skull and Crossbones**  • Acute Toxicity (fatal or toxic)

HazCom System: SDS + Safe Use Guides

Information is available 24/7 via the MarinHealth Intranet:

- IT Applications > Safety Data Sheets
- Departments & Programs > Safety > HazMat> Safety Data Sheets



Safety Data Sheet (SDS)

A Safety Data Sheet (SDS) is the detailed source of information about the chemical.

SDS are organized using a specified order of information.

The required information will appear in the same sections of an SDS regardless of the supplier.

The most important information will be listed in the first sections of the SDS.

1. Identification
2. Hazard(s) identification
3. Composition/information on ingredients
4. First-aid measures
5. Fire-fighting measures
6. Accidental release measures
7. Handling and storage
8. Exposure control/personal protection
9. Physical and chemical properties
10. Stability and reactivity
11. Toxicological information
12. Ecological information
13. Disposal considerations
14. Transport information
15. Regulatory information
16. Other information

Code Orange – Hazardous Chemical Spill

Hazardous chemicals exist in various Medical Center locations.

Proper PPE is essential for use in the presence of hazardous chemicals and hazardous pharmaceuticals.

If you encounter a potentially hazardous spill, follow the S - I - N protocol:

Safety – Maintain a safe distance, get to a well-ventilated area

Isolate – Keep the area clear

Notify – Alert staff and visitors, call the Operator at ext. 4444

Announce Code Orange

- Identify the location of the spill
- Identify the size of the spill.
- Include any other pertinent information that will assist responder in identifying the chemical.
- Locate the SDS for the chemical and follow instructions for First Aid and Accidental Release.

Departments with hazardous chemicals are equipped with spill kits for immediate containment of minor spills.

Workplace Violence Prevention

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Workplace Violence - Definition

Workplace violence is defined as any act of violence or threat of violence that occurs at the work site and includes:

The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

References:

Cal/OSHA Section 3342

The Joint Commission:

- 2022 Workplace Violence Prevention Standards, R3 Report, Issue 30, 6/18/21
- Sentinel Alert 59

Workplace Violence – Profiles of Perpetrators

No relationship with MarinHealth

The perpetrator has no legitimate business relationship to the organization and usually enters to commit a robbery or other criminal act.

Current/Former client/patient/family member

Healthcare workers interact with patients and family members who often feel frustrated and vulnerable.

Current or former employee

Stresses in the healthcare environment can trigger verbal or physical abuse from patients *and* staff.

Associated with a current or former employee or patient

Domestic situations or criminal interactions can spill over into the workplace.

Workplace Violence Prevention Plan

The MarinHealth Workplace Violence Prevention Plan defines workplace violence and identifies accountability for leaders and staff in mitigating risk.

- The plan is most successful when designed with input from all levels of the organization to effectively capture unique risks in different locations and departments.
- An annual risk assessment is completed and security incidents are tracked and trended at least weekly to identify patterns of risk and develop mitigation plans and procedures.
- The plan is reviewed annually by the Secure Environment Subcommittee and the Environment of Care Safety Committee.
- Unit Practice Councils have been a valuable resource to identify issues and develop solutions.

Workplace Violence Prevention – Reducing Risk

MarinHealth has instituted physical and operational measures to address security risk in the environment:

- Integrative Agitation Management (IAM) classes
- Staff and visitor badging
- Campus lighting
- Access control and video surveillance systems
- Emergency call boxes at the staff parking garage
- Communication tools for emergency notification such as panic buttons, emergency code phone, radios
- Security rounding on campus and in patient units
- Posted alert at patient room door (“See RN Before Entering”)
- Use of emergency codes and response plans
- Annual review of local crime statistics
- Coordination with law enforcement agencies

Workplace Violence Prevention – Identifying Risk

There are many risk factors in the healthcare environment that may trigger threatening behaviors on a spectrum ranging from agitation to aggression. These factors impact all participants in the environment of care:

Patient and Visitor Emotional Stressors

Depersonalization, frustration and upset related to feeling out of control of personal choice, long wait times, communication issues and misunderstandings, language barriers, loneliness, fear, pain, financial uncertainty, trauma.

Environmental Factors

Open floor plans, cramped quarters, multiple access points into the facility.

Care provision Factors

Patients' altered state due to physiologic or cognitive issues impact of time and resource pressure experienced by care team members.

Care Provider Fatigue and Burnout

Chronic depletion experienced by care team members impacting high reliability.

Workplace Violence Prevention – Avoiding Harm

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Preparation, situational awareness and presence are critical tools to avoid harm.

Before you enter a room:

- Did you receive an uplifting, detailed SBAR report on the individual's condition and risk factors for aggressive behavior?
- Be alert to notifications posted in APeX and outside the patient room.
- If risk factors are present use the buddy system to have others observe your interaction.
- Identify and create a clear exit route before you breach the individual's personal space.
- Be prepared to maintain a calm tone of voice and non-threatening body language.

Workplace Violence Prevention – Avoiding Harm

In the room or service area:

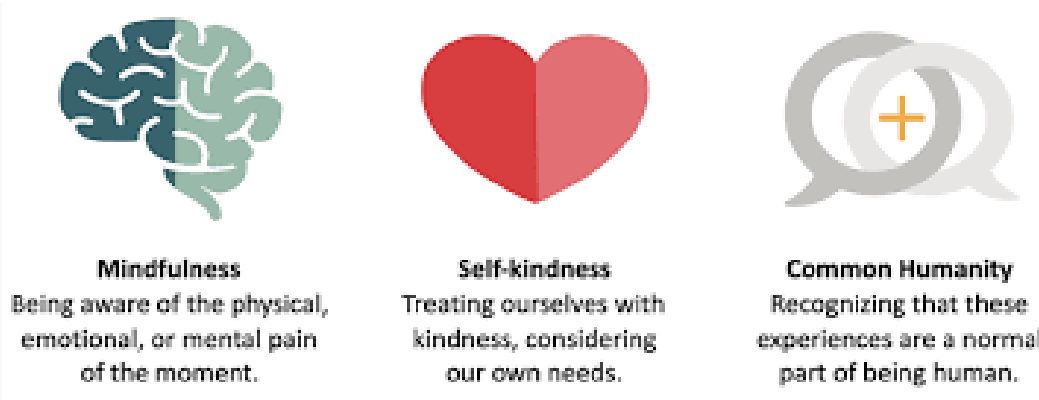
- Acknowledge the patient and family, introduce yourself, explain what you will be doing, and thank them (AIDET).
- Maintain visual contact at all times, do not turn your back
- Personalize! Allow time for the individual(s) to give permission or ask questions.
- If you notice resistance, threat or escalating behavior, STOP and re-establish a safe distance or agreed upon behaviors.
- If the behavior does not stop, leave the area, maintain visual contact and call for assistance from team members and/or Security. GET OUT, GET HELP.
- Be alert to individuals who are altered or have cognitive issues particularly during transitions such as sleep to wake or interruptions of activity.
- When there is known aggressive behavior, assemble a team with a leader and clear assignments to manage the care activity and maintain staff safety
- At all times identify a partner or team to safely manage limbs for kicking, striking or grabbing, spitting, biting, head butts.

Workplace Violence Prevention: Self Regulation

Restore your spirit throughout the day.

Prior to every encounter there can be an opportunity to restore personal harmony and wellbeing:

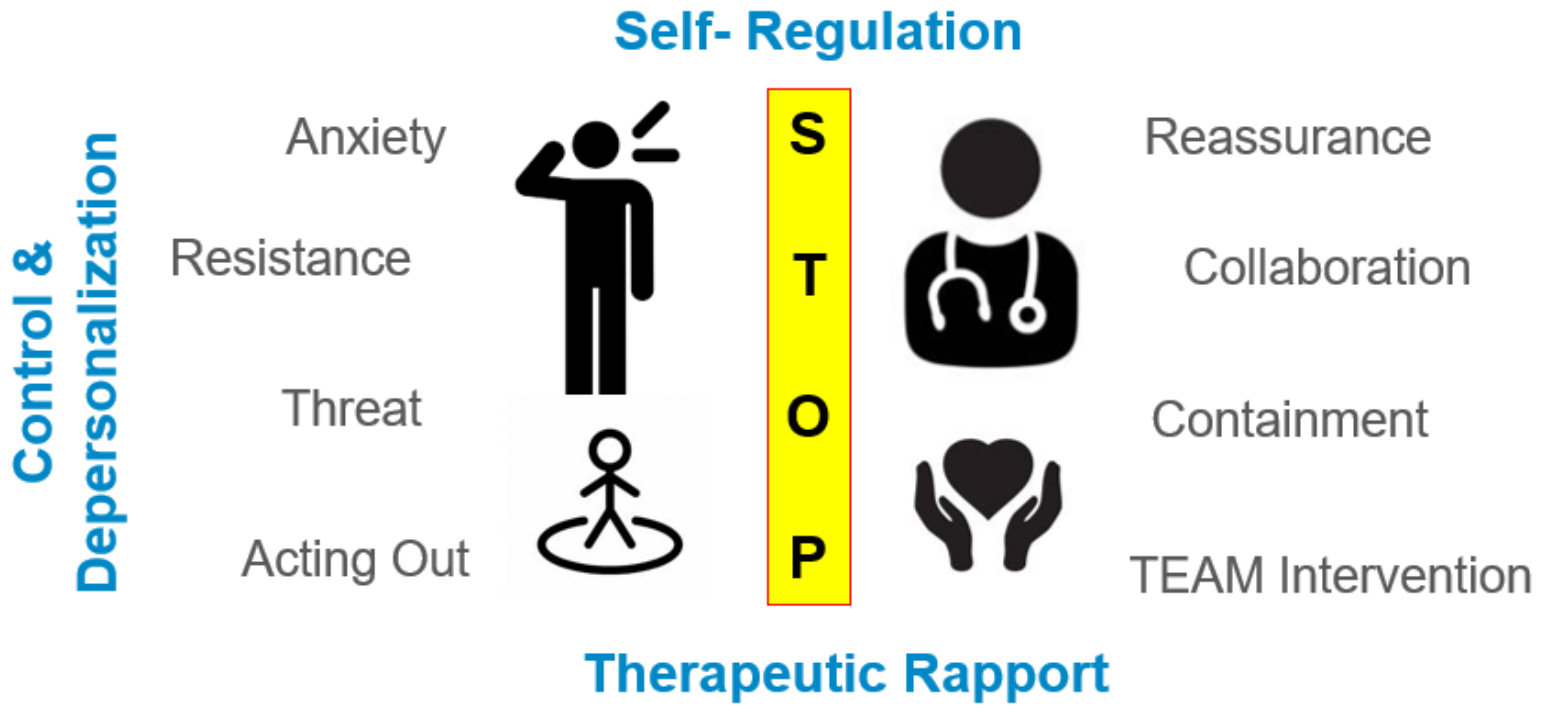
- Prior to entering a room, gel or wash your hands, Ground.
- As you enter, Center your mind in compassion for yourself and your patient.
- Observe the situation in with non-reactivity or judgment
- Entering an encounter with calm Presence is a very effective tool to create safety, reduce agitation and stress for all involved



Mindful Self-Compassion
Dr. Kristin Neff

Self-preservation Cycle: STOP

Relationship-Based Care creates a shared experience and therapeutic rapport.



The patient is coping the best they know how.

You are doing your best to give safe, compassionate care.

Workplace Violence – Reporting and Support

- All incidents of Workplace Violence must be reported to Security. The officer on duty will initiate a report with the impacted parties. The report will be reviewed by department leadership for submission to CalOSHA.
- Online injury/illness reports must be completed by the employee and manager. Safety and Human Resources review all reports.
- Security is available to assist if you chose to make a report to law enforcement. To reach Security, dial "0" for the Operator (4-4-4-4 in an emergency). It is your right to press charges if you have been the victim of an assault or battery.
- Anyone involved in or witnessing an incident may also wish to receive supportive resources from the Employee Assistance Program. These services may be obtained confidentially at www.halyconeap.com. Use login ID: mhmc, or call 1-888-425-4800. Staff may also request an incident debrief from department management or through Security.

Workplace Violence Prevention – Security's Role

The Security Department consists of a Director and Supervisor who oversee and manage the program. This includes continuous review of physical conditions, processes, operations, and applicable statistical data to anticipate, discern, assess and mitigate security risks, vulnerabilities and protect security sensitive areas and oversight of contracted Security staff.

Security Officer scope and role:

- Officers work under the direction of clinical staff
- Respond to all calls for assistance
- Trained in de-escalation techniques as well as physical response
- Act as a liaison to all law enforcement operating in the Medical Center
- Enforce MarinHealth policies and behavior contracts
- Work with leaders to manage disruptive patients, family members, visitors, staff
- Coordinate with clinical leadership and staff to track and report individuals with history of disruptive behaviors
- Identify and manage security risks in real time

Workplace Violence – Reporting a **Code Silver**

In extreme circumstances, you may encounter or have suspicion of the presence of a weapon.

- DO NOT make the person aware that you have knowledge of the weapon.

- Remove yourself from the area immediately.
- Calmly suggest that others such as patients and visitors follow you out of the area, if they are able. For example, you can suggest that they need to come with you for a medical reason.
- Contact the Medical Center Operator immediately by dialing the emergency number

  4-4-4-4 and announce **Code Silver** and the location and description of suspect(s).
- Stay on the line (if able) to give additional details about the weapon(s).
- By using **Code Silver**, you will initiate an immediate Security and Law Enforcement response.
- If you are at an offsite location, call 9-1-1 to report the issue, then contact the Medical Center Operator to alert Security.

Workplace Violence – Responding to **Code Silver**

Active Attacker/Shooter

- If you hear shots, call for assistance immediately, dial 4-4-4-4 and/or call/text 9-1-1 (from Medical Center phones dial 9-9-1-1)
- Be aware that these are very dynamic situations requiring immediate recognition, action steps, and modification in plans based on changing circumstances.
- Decisions during active shooter events in medical facilities is further complicated by inability of patients to be safely evacuated.
- Due to effective training and response, most active shooter events are over within 15 minutes.
- Do not interrupt law enforcement response– they have trained to advance and take out the threat. Comply with law enforcement and keep your hands up.

Workplace Violence – Responding to Code Silver

RUN

Avoid the threat. Be aware of your surroundings at all times for unusual behavior and do not hesitate when you hear or suspect the sound of gunfire. Proceed to the closest safe exit (hands up so as not to be a threat to law enforcement).

HIDE

Deny access and stay out of sight. Keep the attacker away from you by locking doors, turning lights off, and barricading. Have a back up plan if the area is breached.

FIGHT

This may have to be your first response, depending on how much time you have to react. You have the right to defend yourself by any means. Do not fight fair, be aggressive– use objects in the vicinity as weapons. Self-preservation is the goal so that you can survive, help others, and return to your loved ones safely.

Questions

If you have any comments, questions, concerns or feedback regarding the MarinHealth Workplace Violence Prevention Plan, TEAM Advanced Techniques for Effective Agitation Management, or the Security Management Program, please contact:

Charles Holloway, Director of Safety and Security, Transportation and Safety Officer

Office : 1-415-925-7976 charles.holloway@mymarinhealth.org

If you would like to make a confidential report you may use the Compliance & Ethics Hotline & Web Submission Portal, MarinHealth contracts with a third party to manage the MarinHealth Hotline:
(1-877-376-3852).

See the intranet to access the web submission site.

References and Resources

Sentinel Event Alert The Joint Commission Physical and verbal violence against healthcare workers; issue 59 April 17, 2018

Occupational Safety and Health Administration. Guidelines for preventing workplace violence for healthcare and social service workers (OSHA, 3148-04R). Washington, DC: OSHA, 2015.

Crisis Prevention Institute Top 10 De-escalation tips

https://www.crisisprevention.com/Blog/October-2017/CPI-s-Top-10-De-Escalation-Tips-Revisited

Surviving an Active Shooter Event - Civilian Response to Active Shooter

https://www.youtube.com/watch?v=j0It68YxLQQ&feature=youtu.be

Thank you for completing the module on the Environment of Care.

Please continue to the test.

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MarinHealth Medical Center

General Hospital Orientation - Script

Emergency Codes + IAM Workplace Violence Prevention

Emergency Code Response Basics

Emergency reporting line: Dial 4444 for all hospital emergencies.
For off-campus emergencies: Dial **9-1-1**.

Code Silver — Active Assailant

Staff must choose the safest option based on immediate threat:

- **Run:** Evacuate if a safe route exists; leave belongings; keep hands visible.
- **Hide:** Barricade doors, silence devices, stay out of view, maintain silence.
- **Fight:** Last resort; used only when life is in immediate danger.

Workplace Violence Prevention (IAM)

Definition

Workplace violence includes verbal, nonverbal, written, or physical aggression, intimidation, harassment, bullying, sabotage, sexual harassment, and any behavior that harms or threatens staff, patients, or visitors.

Types of Workplace Violence

1. **Type 1:** Criminal intent
2. **Type 2:** Patient/visitor–related
3. **Type 3:** Worker-to-worker

4. **Type 4:** Personal relationship spillover

Organizational Expectations

- Violence is **never "part of the job."**
- Staff must report all incidents immediately.
- Submitting incident reports within 24 hours is required following physical acting-out events.

Self-Preservation & De-Escalation (IAM STOP Model)

The STOP method helps staff regulate themselves to prevent escalation:

- **S – Stop:** Pause, ground yourself, breathe.
- **T – Think:** Center your mindset on calm, compassion, and safety.
- **O – Observe:** Notice internal state and patient behavior without judgment.
- **P – Proceed:** Respond with presence, calm tone, supportive body language.

The IAM approach emphasizes:

- Maintaining therapeutic rapport
- Preventing the "amygdala hijack" in yourself and patients
- Remaining non-reactive and avoiding personalization of patient behavior

---

When to Get Help

- Staff must **GET OUT and GET HELP** when unsafe.
- Report emergencies via **4444** and warn others when possible.
- Property can be replaced — **your safety comes first**.

Quiz Questions (10 Total)

Emergency Codes

1. When responding to a Code Silver, what are the three possible actions staff may take?

   Run, Hide, Fight

2. What number should you dial for in-hospital emergencies? 4444

Workplace Violence Prevention

3. Give two examples of behaviors that qualify as workplace violence.

- Verbal or physical aggression
- Intimidation or threats
- Harassment or humiliation
- Bullying or sabotage
- Sexual harassment

4. Which type of workplace violence involves a personal relationship? Any Personal Relationship

RUN / HIDE / FIGHT

5. Name one action you should take if you choose to hide during a Code Silver.

- Lock and barricade the door with heavy objects
- Silence all devices
- Close blinds and cover windows
- Stay out of sight
- Remain quiet and still

6. When is “fight” considered an appropriate option?

   As a last resort, only when your life is in immediate danger.

IAM STOP Model

7. In the STOP model, what does the “Observe” step ask you to pay attention to?

Your **present-moment awareness**, including:

- Your internal state (thoughts, emotions, physical cues)
- The patient's behavior and needs

8. The "Proceed" step emphasizes using what type of communication?

   Calm, compassionate presence — steady voice, supportive body language, and controlled demeanor.

Reporting Requirements

9. After experiencing physical acting-out, within how many hours must an Employee Injury/Illness Report be submitted?

   Within 24 hours.

10. True or False: Violence is considered "part of the job" if a patient doesn't intend harm.

    FALSE

MarinHealth Ancillary

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MarinHealth Behavioral Health Service Line

- Hospital Based Programs
  - Acute Adult Inpatient Unit
  - Partial Hospitalization and Intensive Outpatient Program (PHP & IOP)
  - Electroconvulsive Treatment (ECT) – Inpatient / Outpatient
  - Psychiatric Consultation-Liaison Service
  - Psychiatric Emergency Services
  - Substance Use Navigator

- Ambulatory Programs
  - MarinHealth Psychiatry Clinic

Acute Adult Inpatient Unit

- Average daily census: *16-17 patients*
- Anticipating ~*500 annual* discharges Average length of stay of *11-12 days*
- *68%* of patients discharged home
- *80-90th percentile* in patient experience metrics
  - *Excellent – Overall Patient Care*
- We consistently outperform Safety and Quality benchmarks
  - screening for harmful alcohol use
  - hours of restraint
  - hours of seclusion
- Most common primary diagnosis
  - *45%* schizophrenia / schizoaffective disorder
  - *35%* bipolar disorder
  - *19%* depression / major depressive disorder

Care Coordination Department

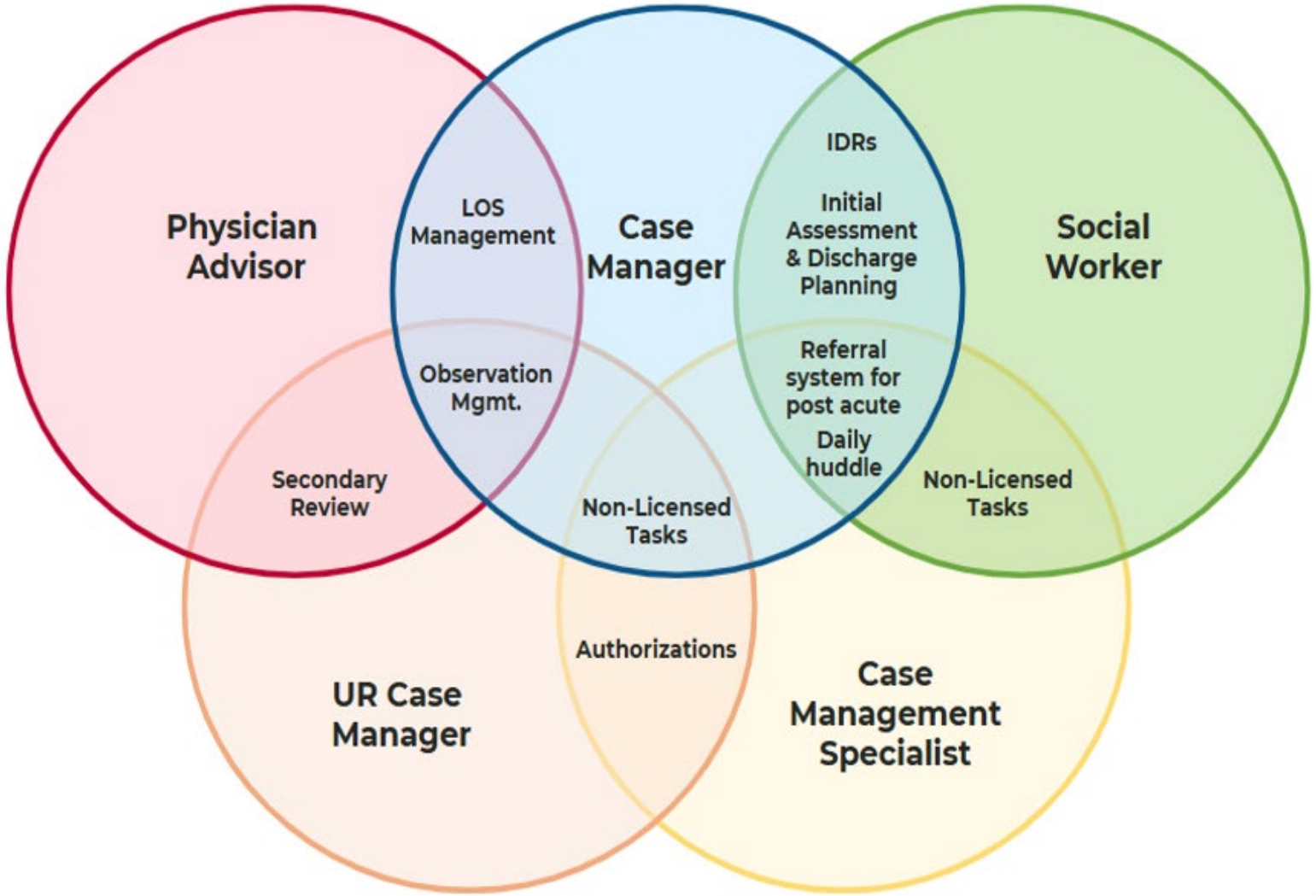
- Case Management (RN Case Managers and Medical Social Workers)
  - Coordinates comprehensive care for patients with complex needs, acting as a liaison between patients, families, and healthcare teams to create and implement personalized, long-term care plans that ensure quality, cost-effective outcomes across various settings like hospitals, clinics, or home health
- Key Responsibilities
  - Care Coordination
  - Patient Advocacy
  - Assessment & Planning
  - Resource Management
  - Education
  - Interdisciplinary Collaboration
- Geographic (Unit) Based Team Model
  - RN CM, SW CM, Physician
  - Multidisciplinary Rounds

RN CM and SW CM Duties and Responsibilities

- RN CM
  - Initial discharge planning assessment
  - Focus on clinical, logistical, and medical discharge needs
  - Develops, implements, and reviews clinical care plans
  - Coordinates with providers, therapies, and interdisciplinary team
  - Orders DME; arranges home oxygen; home health referrals
  - Manages acute to sub-acute transitions
  - Uses clinical knowledge to review medical records and assess patient safety and care continuation
- SW CM
  - Consult or problem specific focus related to social determinates of health (SDOH)
  - Conducts psychosocial assessments
  - Screens patients for harmful alcohol use, depression, and PTSD, and abuse/neglect
  - Assists patients and families with psychosocial and environmental problems
  - Provide emotional support and psychoeducation about the disease process
  - Address barriers to discharge such as financial, housing, community support, mental health and substance use
  - Provides counseling, advocacy, and crisis intervention

Team Model

Overlapping Responsibilities



Advance Directive

- The basics:
  - Legal document that explains how you want medical decision to made on your behalf if you are unable
  - Uniform Healthcare Decision Act 1993
  - California Unrepresented & Incapacitated adults
  - Until 2016 Medicare did not cover a MD visit to talk about ADs.
  - Now it will cover one 30-minute session.
  - According to multiple research groups approximately 35% of U.S. adults have an advance directive in place.
- Marin Health:
  - Assessment asks about Advance Directive – is there one in the HER
  - RN conversation if they don't have one: Why this is important?
  - RNs are seen as a trustworthy source of information.
  - Goals of care / support.
  - Referrals: Palliative Care, Spiritual Care, Social Work, Primary Care MD, our website.

Palliative Care

- What is Palliative Care?
  - Integrative and specialized medical care that focuses on providing patients relief from pain and symptom management of a serious illness, no matter the diagnosis or stage of the disease.
  - Aims to improve the quality of life for patient/families.
- RNs and Palliative Care:
  - Nursing that provides physical, emotional and spiritual care for patients with life limiting illnesses and for their families.
- Who should have a Palliative Care Consult? Examples:
  - 88 year old patient admitted to hospital for MVA, small subdural hematoma, no LOC, no deficits, GCS 15. PMH: asthma
  - 22 year old patient admitted to hospital for pancreatitis, BG 350. PMH: DM I.
  - 19 year old patient admitted to hospital for pneumonia. PMH: cerebral palsy wheelchair at baseline.
  - 47 year old patient admitted to hospital for GI bleed. PMH: meth induced cardiomyopathy, ETOH, Drug abuse, DM II, HTN.
- Benefits of Palliative Care Consult:
  - Improved outcomes
  - Improved quality of life
  - Defined goals of care
  - Community resources

Spiritual Care

The MarinHealth Spiritual Care Department is a non-sectarian program which provides support to patients, their families, and to MarinHealth staff.

We are part of the Palliative Care team, we round daily with the ICU, respond to most codes, and we're part of the Peer Support team. Our chaplains are available to:

- Listen and provide spiritual and emotional support
- Accompany those in crisis or grief
- Pray and facilitate religious practices
- Consult on advance care planning concerns and ethical decisions
- Make referrals to community clergy

If you have a patient or family spiritual support request, or you would like a listening ear and some encouragement yourself, please don't hesitate to contact us. Your mission is big. But you're not on it alone. We are on campus **Monday through Friday from 0800 – 1700.**

You can reach us by:

- making a referral in APeX, calling us at (415) 925-7147 (ext.57147) or,
- visiting us in Suite 4693 in the Oak Pavilion.

- MaxA or maximal assistance – 2 person heavy assist
- ModA or moderate assistance – 1-2 person, be ready to lift
- MinA or minimal assistance – 1 person, light boost in bed; from sit to stand provide hands on
- CGA or contact guard assistance – 1 person, hands on, little wobbly
- SBA or standby assistance – 1 person, arms length away but be prepared, needing cues for instruction
- Superv or supervision – you are in the room, watching
- Mod Indep or Modified Independent – needing device or provide increased time
- Indep or Independent – no bed or chair alarm, activity on their own

Quick Reference: Rehabilitation Services

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Consult PT/OT/SLP for skilled therapy with:

- Decline in functional status from baseline
- ADLs/vision, chronic disease mgmt (OT)
- Mobility/transfers, (PT)
- New weight bearing restrictions
- Complexity of mobility requires qualified therapist, trauma, PMH of falls
- When on post-surgical protocols
- CVA/TIA, joint replacement, cardiac, spine surgery, TBI, early mob ICU
- Swallow/Speech, cognitive evals, tracheostomy/ speaking valves (SLP)
- Family/caregiver training

When NOT to consult:

- Totally dependent (been home with 24 hr care, or from custodial skilled nursing, no functional goals)
- Independent with mobility, ADLs & IADL
- Maintenance activities (OOB for meals, toileting, ROM)
- Patient doesn't have capacity to participate

Scope of Practice in Acute Care

Occupational therapy – Basic and advanced (instrumental) ADLs, functional cognition and safety, perception and vision, equipment needs, upper extremity function, chronic/acute medical condition management, functional mobility/falls

Physical therapy – Movement strategies and safety in bed mobility, balance, transfers, gait, coordination, education on self-care, exercise, equipment needs, vestibular problems, early mob in ICU

Speech Pathology – Swallow disorders, communication with tracheostomy/speaking valves, speech, language, high level cognitive-communication function, memory, attention

First Contact - ALL individually assigned therapists at Vocera Vina!

PT/OT office – x57821

Urgent issues to lead therapists:

SLP pager 415-451-3802 or 64*6224

OT: x57755 and say "call occupational therapy"

PT: x57755 and say "call physical therapy"

Director: Kyle Hoppes M-F @415-925-7217

JUL23 51256

Aspiration Prevention
MarinHealth Medical Center

Adele Ghio, MS,CCC-SLP, CBIS
February 2026

MarinHealth Aspiration Prevention Policy & Procedure

- The MarinHealth Medical Center (MHMC) Aspiration Prevention Policy and Procedure provides guidelines for prevention management to keep patients safe while eating and drinking and taking medications.
- At MHMC the Speech Pathologists are the service the complete swallowing evaluations and make recommendations regarding the safety of eating and drinking.
- Swallowing evaluations are provider orders (MD, DO, NP, PA). These can not be nursing ordered.

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MarinHealth Aspiration Prevention Policy & Procedure

- Key elements to safety
- - Aspiration Precaution Signage: Goldenrod sign or generic sign and notice on the white board
- -Orange Armband clasp: Aspiration Precautions
- -Positioning in bed: fully upright, not reclined for meals
- -Suction unit: fully functioning with yankauer in place.
- - Oak Pavilion Alert: do not feed patients with aspiration precautions or airway issues in the alcove. Suction tubing will not reach. The 20 foot suction would be needed.
- -Hospital staff only feeds patient with Aspiration Precautions ordered if they can not feed themselves.
- -Speech Pathology will train family or caregivers to feed patients for safety and clear them with a provider order entered in the EMR.

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Aspiration Prevention Strategies

- Watch your patient: these behaviors indicate the patient is not safe for eating or drinking:
- - lethargy
- - poor sustained rousal
- - oxygen demands
- - positioning
- - confusion
- - agitation
- - bed positioning
- - 90 degrees is not always the highest degree of the bed, so use pillows to position the patient. Put backside in crease of bed.
- - tray passing: the patient should be positioned before the tray is left in the room

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Safe feeding strategies

- Proper positioning for safe feeding
- Patient must be fully awake and alert for all oral intake, including medications
- NO STRAWS
- Suction units must be complete and working
- Small bites/sips: 1/3 teaspoon to ½ teaspoon
- Feed slowly
- Alternate liquid swallows with the solid food swallows, beginning and ending each meal with liquid swallows
- REMOVE the tray and STOP feeding if the patient is sleepy, coughing, talking with food in mouth
- Patient and family/CG not allowed to self-feed if sign says 1:1 feeder by hospital staff only.
- Dentures to be worn only if they fit. If too loose do not put in mouth.

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Prevention strategies for the patient's room

- NO water pitchers for patient's on thickened liquids
- NO straws at bedside
- NO food left in room after meals or medication pass
- NO water with swabs left at bedside
- NO family member is allowed to swab mouth until trained and cleared by nursing or Speech Pathology. Families have been known to give patients the water to drink, causing pneumonia.
- DO use suction toothbrushes for patients that cannot manage secretions or are npo
- No distractions during meals.
- Sit up after meal for 30 minutes.

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Modified Diets/Liquids

- Diet textures:
  * puree
  * dysphagia mechanical soft, ground meat in sauce now IDDSI minced/moist
  * dysphagia mechanical soft, chopped meat in sauce now IDDSI soft and bite sized
  * Regular

Modified Liquids:

Thin liquids: includes ice chips and jello

Nectar-thick liquids: no ice chips, no jello, ok for ice cream

Honey-thick liquids: no ice chips, no jello, no ice cream

*Thin water is not allowed on a honey-thick or nectar-thick liquid diet

**Gel based thickener used. Stir one packet into 4 ounces liquid.

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Contacting Speech Pathology

- The Speech Pathologists can be reached on:
- -Vocera (by their name or by asking for Speech Pathologist)
- -TEAMS Messaging

- Thank you for keeping your patients safe while they eat and drink!
- The Speech Pathologists are very grateful to be working with you to keep patients safe!

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MarinHealth Medical Center Rehab and Nursing Assist Levels

- MaxA or maximal assistance – 2 person heavy assist
- ModA or moderate assistance – 1-2 person, be ready to lift
- MinA or minimal assistance – 1 person, light boost in bed; from sit to stand provide hands on
- CGA or contact guard assistance – 1 person, hands on, little wobbly
- SBA or standby assistance – 1 person, arms length away but be prepared, needing cues for instruction
- Superv or supervision – you are in the room, watching
- Mod Indep or Modified Independent – needing device or provide increased time
- Indep or Independent – no bed or chair alarm, activity on their own

WELCOME! FROM REHABILITATIVE SERVICES

Occupational therapy, physical therapy and speech-language pathology are looking forward to working with you. We hope this welcome packet can be of support to you in our joined collaborations.

Resources include:

- Communication Workflow & Contacts
- How to locate Discharge Recommendations, DC readiness & pertinent information
- Quick Reference: Rehabilitation Services & Scope of Practice in Acute Care

COMMUNICATION WORKFLOW & CONTACTS

Reference <u>Treatment team of APeX</u> for therapy assignment	➢ Per OT and PT policy, we have 24 hours to address/triage a consult ➢ Assigned by 8 am, new consults after IDR (interdisciplinary) rounds will be added to a pick-up (waiting) list ➢ Contact the therapist ***<u>directly</u>*** via: 1. Vocera x57755 (415.925.7755) or Vina app for <u>prompt</u> reply. 2. Try Teams messaging if not connected to Vina 3. call x57821 (OT/PT office) as a <u>last</u> resort
If patient is not assigned:	➢ Communicate non-urgent need to lead therapist for the discipline through Vocera or Vina stating "call (discipline name)" "call Occupational Therapy." "call Physical Therapy." "call Speech Pathology."
If patient is not assigned and urgent need arises:	➢ Connect with the discipline's supervisor/ manager/ lead listed below

Title	Name	Contact number
Occupational therapy supervisor	Alexis Sobel MS. OTR/L	O: 415.92<u>5.7870</u> Vina: 415.925.7755 "Alexis Sobel" & Teams cannot reach, try PT supervisor
Physical therapy supervisor	James Wheeler PT, DPT	O: 415.92<u>5.7716</u> Vina: 415.925.7755 "James Wheeler" & Teams cannot reach, try OT supervisor
Speech Pathology Manager	Adele Ghio, MS CCC-SLP CBIS	O: 415-925-7222 & Teams

HOW TO LOCATE RECOMMENDATIONS TO NURSING

Occupational therapy, Physical therapy, & Speech-Language Pathology:
Top of note >INPATIENT RECOMMENDATIONS Will include level of assist needed.
AMPAC scores for level of mobility.
Rehab discipline orders

DC READINESS

If this pops up at discharge order, please check with us if we have not marked it as ready nor turn green yet for each of our disciplines.

MarinHealth Ancillary – Script & Quiz

1. Behavioral Health Service Line

Programs include the Acute Adult Inpatient Unit, PHP/IOP, ECT, Psychiatric Consult-Liaison, PES, Substance Use Navigator, and the MarinHealth Psychiatry Clinic.

Quiz Question:
What are two programs within the MarinHealth Behavioral Health Service Line?

Examples: Acute Inpatient Unit, PHP/IOP, ECT, Psychiatry Clinic.

---

2. Acute Adult Inpatient Unit

Average census is 16–17 patients, ~500 annual discharges, 11–12 day LOS. Top diagnoses include schizophrenia/schizoaffective (45%), bipolar disorder (35%), and depression (19%).

Quiz Question:
What is the most common primary diagnosis on the Acute Adult Inpatient Unit?

Schizophrenia/schizoaffective disorder (45%).

---

3. Care Coordination Department

Includes RN Case Managers and Social Worker Case Managers working in a geographic team model with interdisciplinary rounds.

Quiz Question:
Which two roles make up the Care Coordination team?

RN Case Managers + Social Worker Case Managers.

---

4. RN CM vs. SW CM Responsibilities

RN CMs handle clinical and medical discharge planning; SW CMs address psychosocial needs and SDOH, including assessments and resource linkage.

Quiz Question:
Which role (RN CM or SW CM) conducts psychosocial assessments? SW CM

---

5. Advance Directives

1. Advance Directives allow patients to express care preferences if they become unable; Medicare now covers one 30-minute conversation.

   Quiz Question:
   What percentage of U.S. adults have an advance directive?

   Approximately 35%.

---

6. Palliative Care

Provides specialized support for symptom management and quality of life. Consults improve outcomes and clarify goals of care.

Quiz Question:
What is one benefit of a Palliative Care consult?

Improved quality of life, symptom relief, defined goals of care.

---

7. Spiritual Care

A non-sectarian service providing emotional and spiritual support for patients, families, and staff. Available M–F, 0800–1700.
Quiz Question:
Which department provides ethical and spiritual consultation for patients and staff?

Spiritual Care Department.

---

8. Rehab & Nursing Assist Levels

Examples: MaxA (heavy assist), ModA, MinA, CGA, SBA, Supervision, Modified Independent, Independent.

Quiz Question:
What assistance level describes 1-person support with light boosting?

MinA (minimal assistance).

---

9. Aspiration Prevention Policy

Speech Pathology performs swallow evaluations. Key safety measures include upright positioning, suction availability, and appropriate signage.

Quiz Question:
Which discipline completes swallowing evaluations at MarinHealth?

Speech Pathology

---

10. Aspiration Prevention Strategies

Do not feed lethargic or poorly positioned patients. Watch for confusion, agitation, poor arousal, and O_2 needs.

Quiz Question:
What is one sign a patient is unsafe to eat or drink?

Lethargy, poor arousal, confusion, increased oxygen need, or poor positioning.

---

11. Safe Feeding Strategies

Must be alert, no straws, small bites/sips, slow pace, suction ready, stop feeding if coughing or talking with food.

Quiz Question:
Should straws be used for patients on aspiration precautions?

No — straws are not allowed.

---

12. Room Prevention Strategies

No water pitchers for thickened liquids, no straws, no leftover food, sit upright for 30 minutes after meals.

Quiz Question:
How long should a patient remain upright after eating?

At least 30 minutes.

---

13. Modified Diets/Liquids

Includes puree, minced/soft, soft-bite-sized, regular; liquids may be thin, nectar-thick, or honey-thick.

Quiz Question:
Are ice chips allowed for patients on honey-thick liquids?

No — ice chips are not allowed on honey-thick liquids.

---

14. Contacting Speech Pathology

Available via **Vocera**, **Teams**, and provider orders.

Quiz Question:
Name one way to contact Speech Pathology.

Vocera, Teams messages, or EMR order.

New Employee Orientation Infection Prevention for Clinician

Wisal Babiker , CLS,M (ASCP),CIC
Infection Prevention Program Manager

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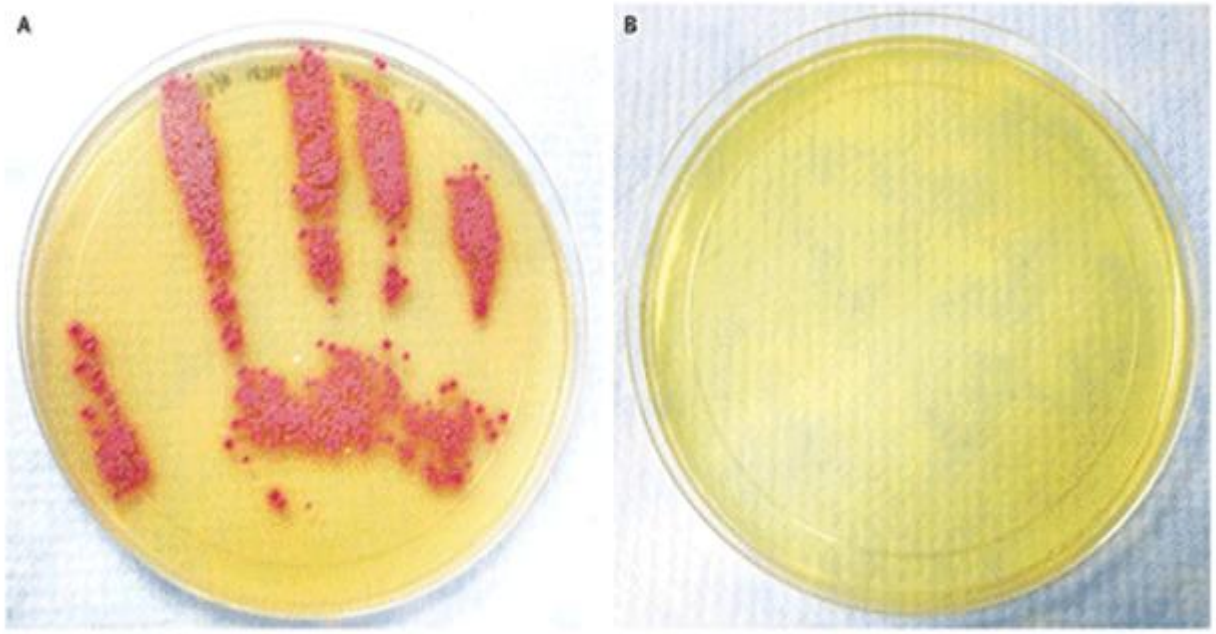
Hand Hygiene

Soap and Water	VS	Alcohol Sanitizer
When hand are visibly soiled		Hands are visibly clean
After contact with a patient with an enteric pathogen (Diarrhea)		Routine hand hygiene before and after patient care
Before eating		Before entering patient environment
		After leaving patient environment (unless patient has isolation for an enteric pathogen)

The Power of Hand Hygiene

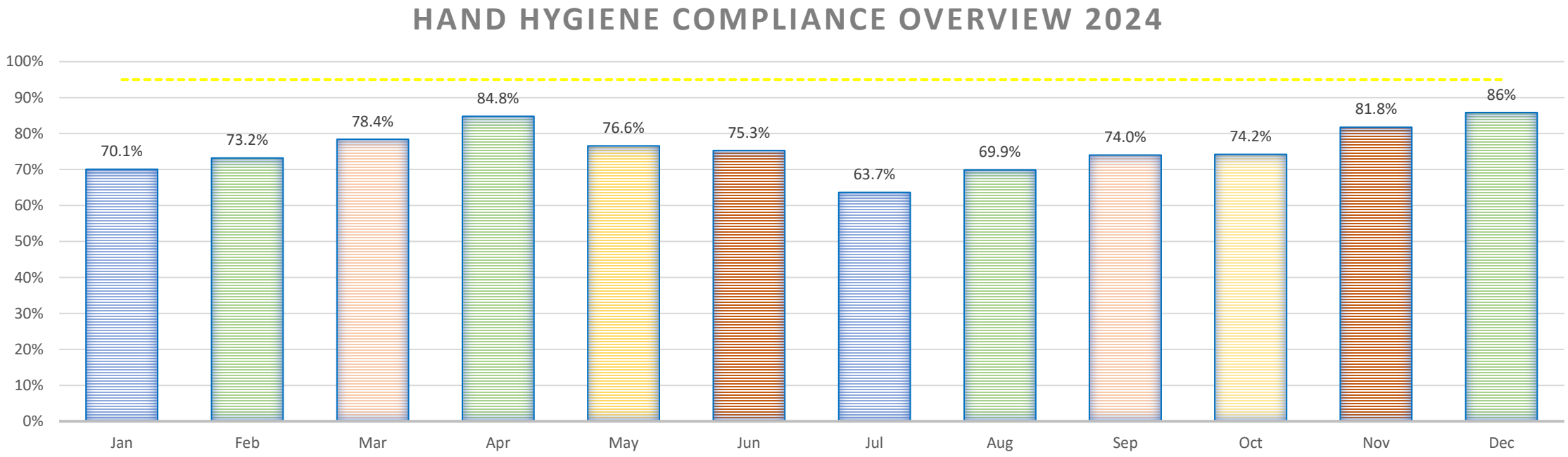
LEFT: Culture of a healthcare worker's hand after they performed an abdominal exam on a patient who was colonized with MRSA without wearing gloves

RIGHT: The same person's hand after application of ABHR

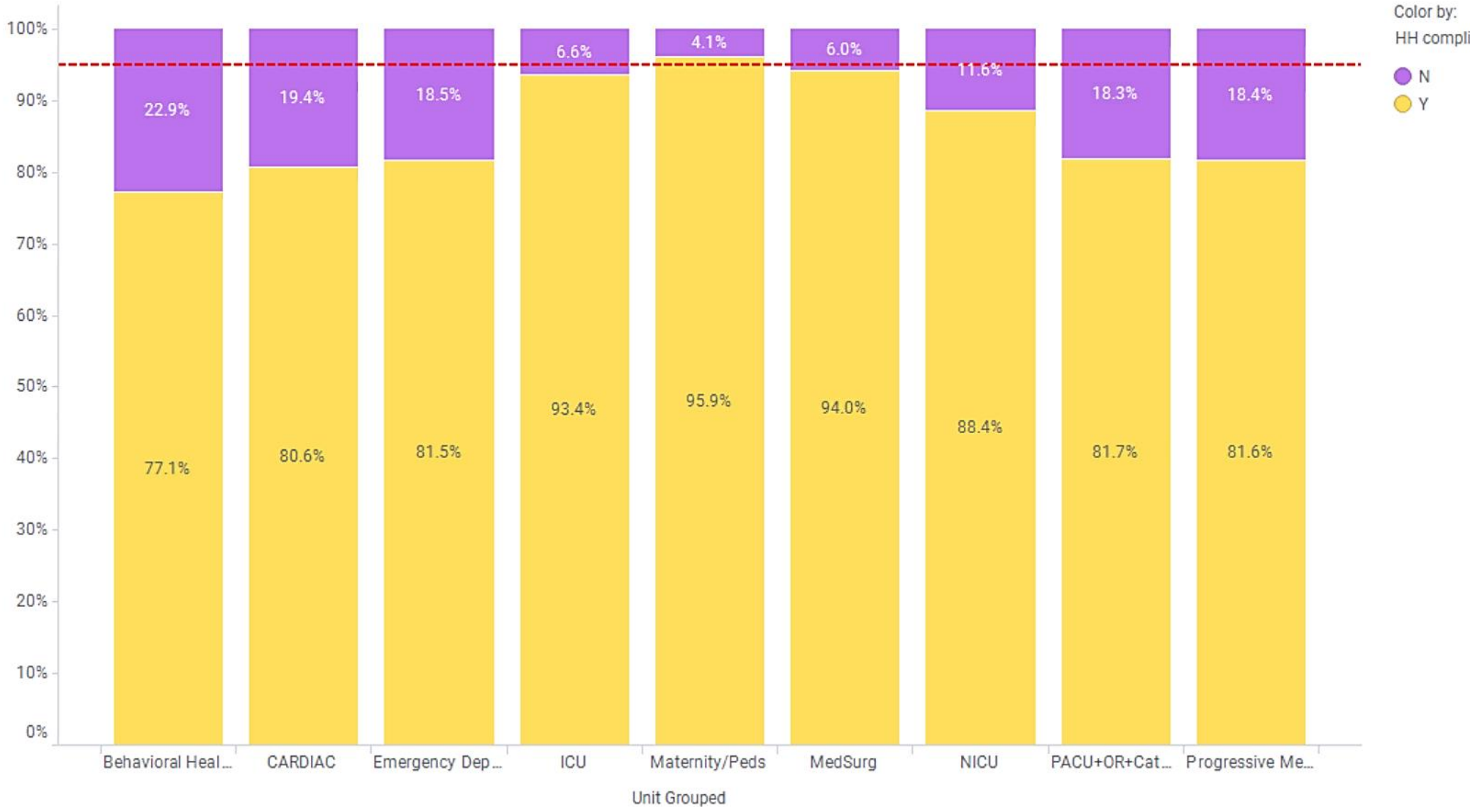


Dirty Hands – HH practices with Staff

2024 Overview



Hand Hygiene Compliance by Department



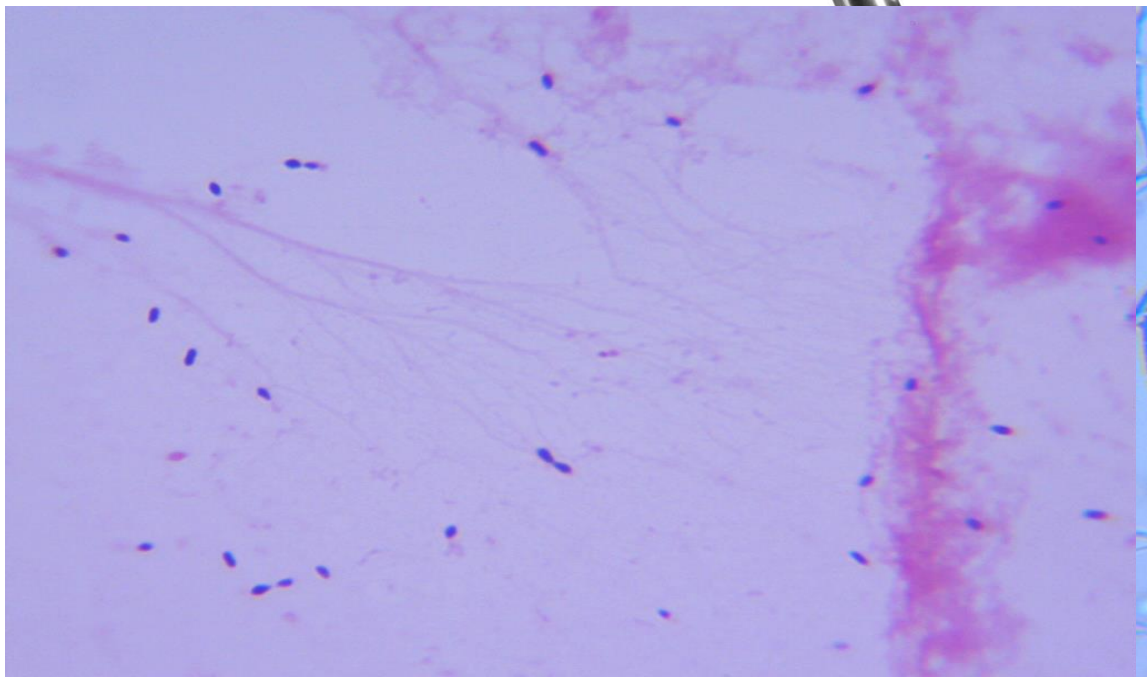
Hand Hygiene Training

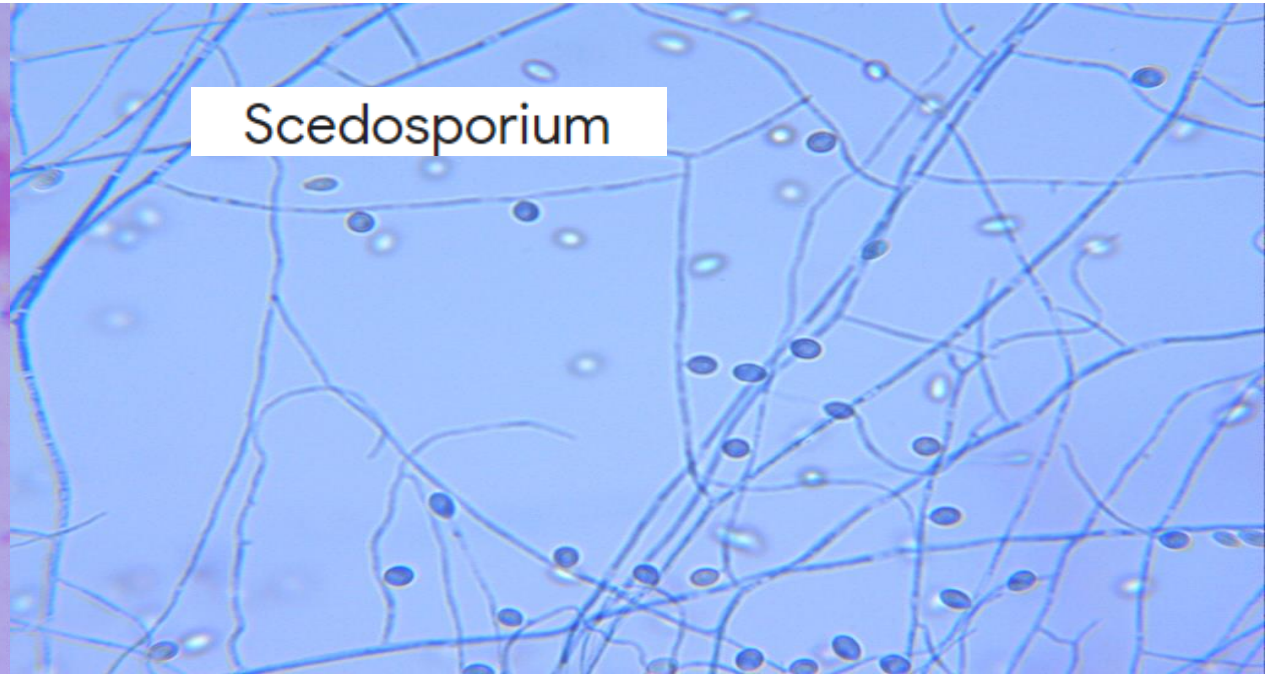
https://youtu.be/IisgnbMfKvI

Donning and Doffing PPE

[Donning and Doffing of PPE - YouTube]

Organisms of Concern





Candida auris

- Invasive yeast infection that is resistant to all three main classes of Antifungals, is an emerging health care pathogen associated with high mortality
- This organism is commonly transmitted within health care facilities and causes health care-associated outbreaks

Latent-TB Vs Active TB

Latent TB

- ❑Not sick
- ❑Has a normal chest X-ray
- ❑They are infected but don't have the disease and can't spread TB
- ❑ Not contagious, so you would not put your family, coworkers, or patients in danger
- ❑Positive TB skin Test (TST) or blood test (Quantiferron)

Active TB

- ❑Positive chest x-ray
- ❑Have symptoms of fever, cough, night sweats, unexplained weight loss, coughing up blood
- ❑Coughing for 3 weeks or longer, Chest pain
- ❑ Isolation : Airborne isolation , restricted visitation until treatment is complete.

C.difficile

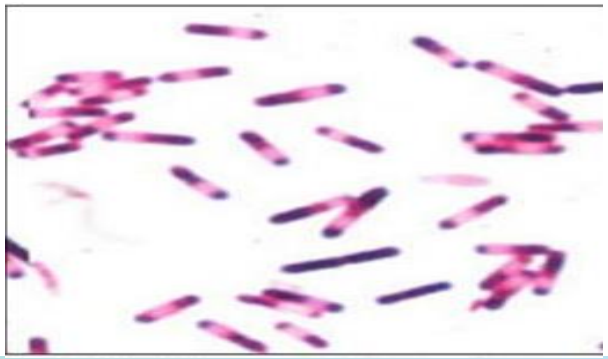
❑**C**. *diff* (also known as *Clostridioides difficile* or *C. difficile*), is gram positive spore-forming obligate anaerobes, both toxin producer and non toxin producer

❑Symptoms of C.diff : Diarrhea/Fever/Stomach or tenderness or pain/loss of appetite / Nausea.

❑About **1 in 6 patients** who get *C. diff* will get it again in the subsequent 2-8 weeks

❑**One in 11 people over age 65** diagnosed with a healthcare-associated *C. diff* infection die within one month.

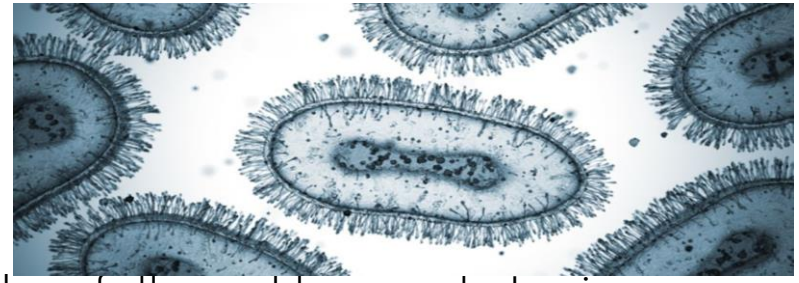
❑Make sure you test as soon as orders are placed.



SARS- COV-2

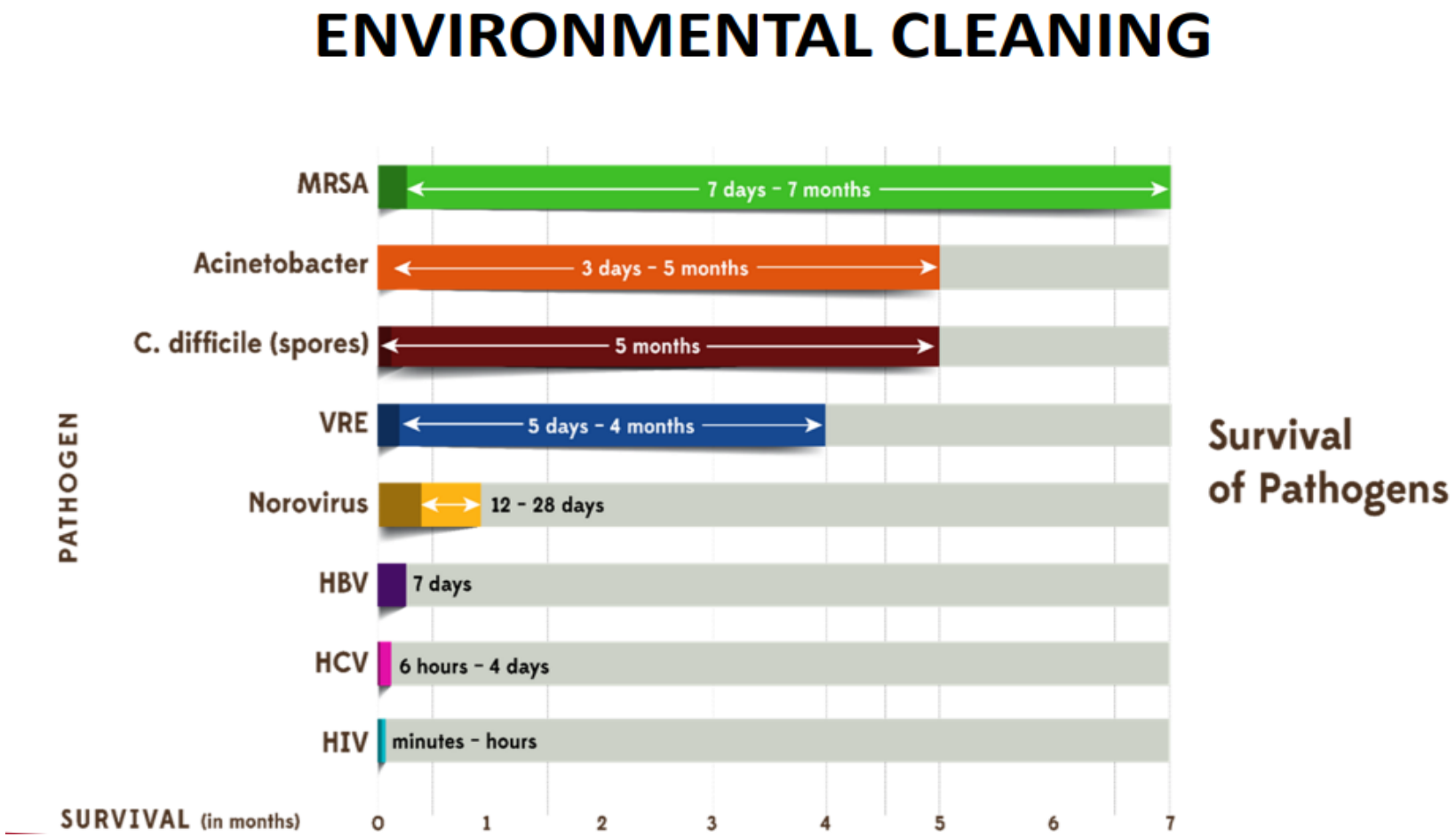
- What we need to know ? Test patient with symptoms or known exposure
- Testing : using combination of PCR and Antigen to DC isolation
- Testing : Symptomatic patients by PCR

Monkeypox (MPOX)



- Classic presentation includes a flu-like illness lasting days followed by a rash. Lesions are well circumscribed, deep seated, and often develop umbilication (resembles a dot on the top of the lesion)
- Spreads primarily through direct contact with infectious sores, scabs, or body fluids, including during sex, as well as activities like kissing, hugging, massaging, and cuddling.
- Through touching materials used by a person with monkeypox that haven't been cleaned, such as clothing or bedding.
- Via respiratory secretions during prolonged, close, face-to-face contact.
- Risk to general public remains low; 98% of cases in MSM demographic
- People who do not have monkeypox symptoms cannot spread the virus to others
- Illness typically last 2-4 weeks, with varying severity
- Precaution : standard/contact/droplet , if AGP Airborne isolation will be required.
- Testing : swab the lesion /two swabs per lesion from 2 sites VTM – PCR

Pathogen Survival Times



CLEANING AND DISINFECTION

What's the difference?

- Cleaning : The process of REMOVING debris, dirt, and germs from surfaces.
- Disinfection A separate step done after cleaning that KILLS or INACTIVES germs on surfaces or objects
- Of note some products provide cleaning and disinfection in one step

Inova Blood Glucometer Cleaning and disinfection following MIFU

Step 1: Cleaning (Before Disinfection)

Purpose: Remove visible soil before disinfection.

1. **Put on gloves**
2. **Wipe the entire outer surface** of the meter using a **fresh germicidal wipe**

(Either Super Sani Disposable wipes (purple top)or Clorox Wipes used for patient with enteric contact iso)

1. **Discard the used wipe** in the proper **container**

Step 2: Disinfection

Purpose: Kill pathogens on all surfaces.

1. **Use a new fresh disinfectant wipe** that is the same product used for cleaning
   (Do not mix or change disinfectant wipe products)
2. **Wipe all surfaces:**
   - Top, bottom, left, and right sides
   - **3x horizontally** and **3x vertically**
3. **Avoid:**
   - Barcode scanner
   - Electrical connector
4. **Wipe around the test strip port carefully** — ensure no liquid enters
5. **Keep surfaces wet for required contact time:**
   - **2 min** → PDI *Super SANI-disposable wipes* (purple top)
   - **1 min** → Clorox wipes, 3 min for Cdiff patient or enteric contact
6. **Air dry for 1 minute**

Step 3: Final Steps

1. **Dispose** of wipes and gloves in the **proper container**
2. **Hand Hygiene**

HAI -Healthcare Associated Infections

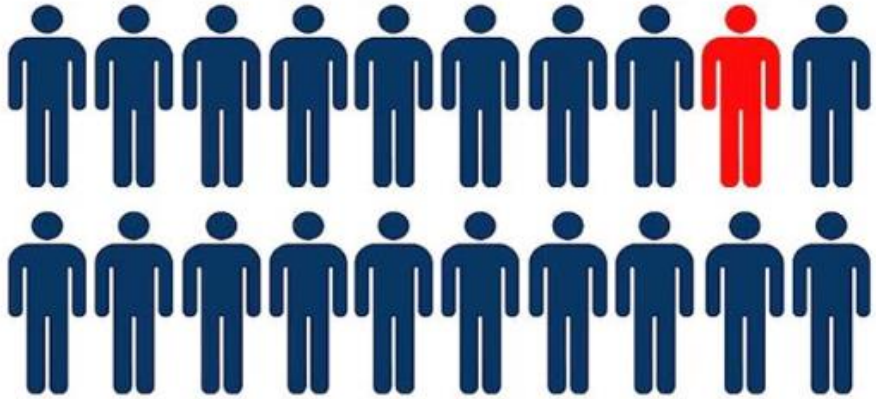
These Healthcare-associated Infections (HAIs) include

- ❑ Central line-associated bloodstream infections (CLABSI)
- ❑ Catheter-associated urinary tract infections (CAUTI)
- ❑ Ventilator –associated pneumonia (VAP)
- ❑ Surgical Site Infections (SSI)

HAI Burden

HAI Burden

Each year, 1 in 20 U.S. hospital patients acquires a healthcare-associated infection.



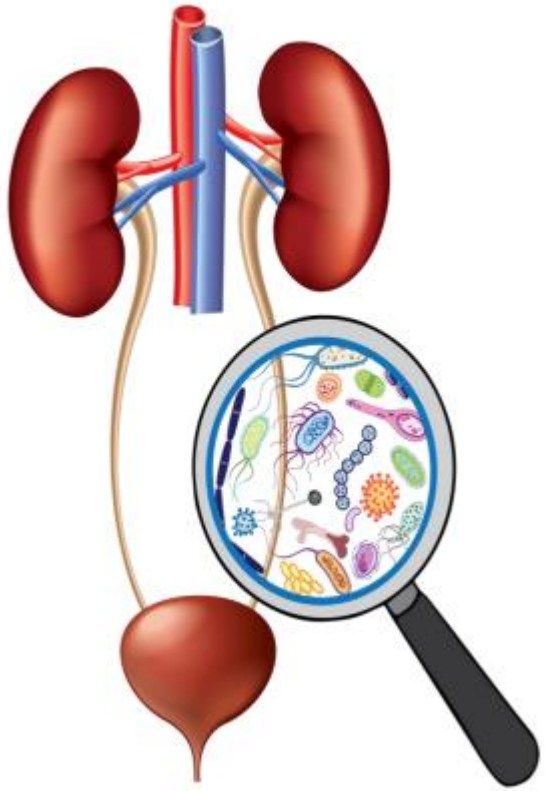
$33 billion in potentially preventable health care costs annually.

SOURCE: http://www.cdc.gov/HAI/burden.html


Study finds infection rates are not reduced by CMS nonpayment penalty
We're a hospital and a hospital-acquired infection.
No treats for you.
CMS
SEMELROTH ©'12

What is a CAUTI

According to the CDC, a catheter-associated urinary tract infection (CAUTI) can occur when germs and/or bacteria enter the urinary tract, involving any of the organs or structures of the urinary tract, through the urinary catheter and cause an infection. (Including the kidneys, ureters, bladder, and/or urethra

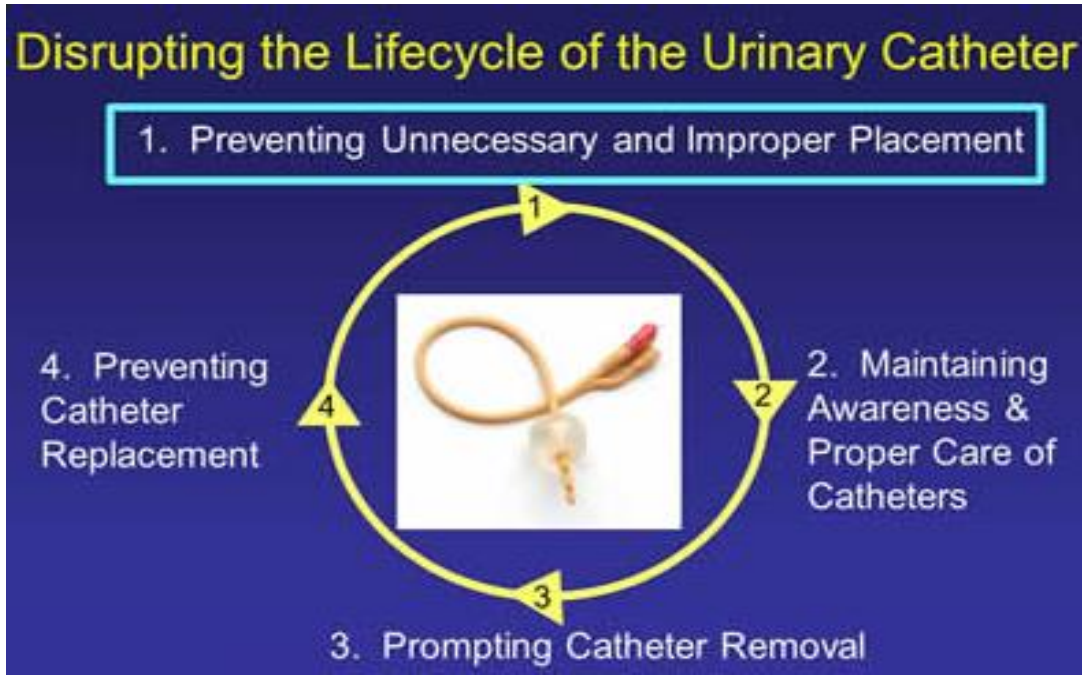


Why are CAUTI's Bad

There is strong correlation with CAUTI's and an increased risk of morbidity, mortality, healthcare costs, and increased hospitalization.

- According to the National Healthcare Safety Network (NHSN), UTIs are the most common type of healthcare-associated infection (HAI) reported - approximately 75% are associated with a urinary catheter.
- **CAUTI is a potentially life-threatening HAI for LTC residents:**
  - 1.6 million to 3.8 million infections annually
  - 388,000 deaths annually
- **HAI's in LTC facilities can be costly**:
  - $38 million to $137 million annually for antimicrobial therapy
  - $673 million to $2 billion due to hospitalizations annually

Evidence-based Best Practices for CAUTI Prevention



CLABSI Prevention

- Correct indication
- Evaluate Medical necessity of the intervenors catheters , daily assessment with the patient care team
- The care team understands and communicate the reason for the central line.
- Remove intravenous catheter as soon as possible to reduce the risk of catheter related bloodstream infections

Isolation Table

APPENDIX B
1.2 Isolation Table

General Conditions and Specific Organisms Requiring Transmission Based Isolations

Prior to the identification of a specific causative agent, patients with the following general conditions should be placed on the indicated Transmission-based isolations for the specified duration.

Organism/ Syndrome	Isolation	Duration of Isolation	Comment
Abscess, draining, major	Contact	Duration of illness	"Major" defined as "No dressing or dressing does not contain drainage adequately"
Acquired immunodeficiency syndrome (AIDS), Human Immunodeficiency Virus (HIV)	Standard		
Acinetobacter baumannii Multi-drug resistant Antibiotic sensitive	Standard/ Contact* Standard		*Consult Infection Control – need for Contact Isolation will be evaluated on a case by case basis
Actinomycosis (*Actinomyces sp.*)	Standard		
Adenovirus		At least 7 days from	

[Standard and Transmission Based Precautions (maringeneral.org)]

Contact Enteric Precautions

After removal of PPE, Upon room exit:

- Clean hands with SOAP & WATER

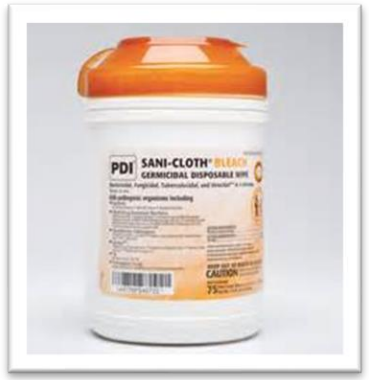
Use ORANGE TOP

Disinfectant -

Bleach Wipes to clean equipment

When to implement?

- C. Difficile
- Norovirus
- Diarrhea for unknown reasons (may discontinue precautions when diarrhea has resolved as long as it is not due to C.diff)



Airborne Precautions

Fit tested N-95 respirator or PAPR required to enter room AND other PF as required by Standard Precautions

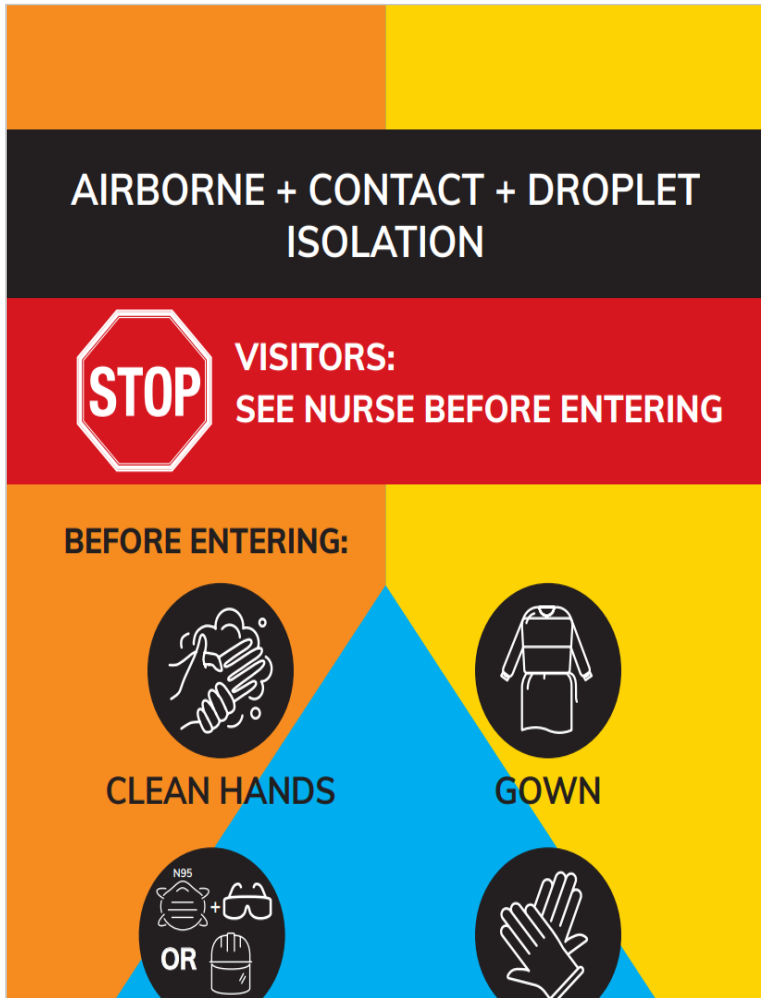
- Negative pressure room required, both doors closed and use of PAPR/CAPR protection (powered air purifying respirator/continuous air purifying respirator) in aerosoliz procedures i.e. bronchs, suctioning, inductions of sputum

When to implement?

- M. tuberculosis (TB), suspected or confirmed
- COVID+
- Chickenpox
- Disseminated Varicella (Herpes) zoster
- Localized Varicella (Herpes) zoster in immunocompromised patient-If Varicella or *Measles – must be immune to enter*

Place a procedure mask/surgical mask on the patient during transport and all times outside the negative pressure room

or



Contact Precautions

When to implement?

- Multi-Drug Resistant Organisms (MDRO's)
  - Klebsiella pneumoniae ESBL,
  - MRSA, if Patient had wound Drainage
  - Linezolid-resistant (VRE)
  - Candida auris
- Draining wounds that can't be contained by the dressing
- Patients from Kentfield Rehab Hospital, and any patients with ANY history of CRE-CP
  - Follow CRE-CP Protocol on Intranet (including diligent hand hygiene, daily surface disinfection, daily CHG bath, minimize pt. transfers, etc.)
- Lice, Scabies, Rotavirus
- Impetigo rash of unknown etiology

REMINDERS…

- *Dedicated equipment kept in the room*
  - BP monitor, thermometer, stethoscope
- Remove all linen and throw away all left-over supplies in room and call EVS to change curtains

Spread the Knowledge not the Germs

marinhealth

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

General Conditions and Specific Organisms Requiring Transmission Based Isolations
Prior to the identification of a specific causative agent, patients with the following general conditions should be placed on the indicated Transmission-based isolations for the specified duration.

Organism/ Syndrome	Isolation	Duration of Isolation	Comment
Abscess, draining, major	Contact	Duration of illness	"Major" defined as "No dressing or dressing does not contain drainage adequately"
Acquired immunodeficiency syndrome (AIDS), Human Immunodeficiency Virus (HIV)	Standard		
Acinetobacter baumannii			
Multi-drug resistant	Standard/ Contact*		*Consult Infection Control – need for Contact Isolation will be evaluated on a case by case basis
Antibiotic sensitive	Standard		
Actinomycosis (*Actinomyces sp.*)	Standard		
Adenovirus			
Conjunctivitis	Contact	At least 7 days from symptom-onset **AND** until symptoms resolve	
Gastroenteritis	Contact	At least 7 days from symptom-onset **AND** until symptoms resolve	
Respiratory infection, in infants and young children (ii)	Droplet and Contact	Duration of illness	

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Respiratory infection, all other patients	Droplet	**hematology/oncology patients**: At least 7 days from symptom onset **AND** symptoms resolve **AND** retest is negative. **All other patients**: At least 7 days from symptom-onset **AND** until symptoms resolve	
Amebiasis	Standard		

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Anthrax (Bacillus anthracis) Cutaneous Pulmonary	 Standard Standard		
Ascariasis (*Ascaris sp*.)	Standard		
Aspergillosis (*Aspergillus sp*.)	Standard		
Babesiosis	Standard		
Blastomycosis, North American, cutaneous or pulmonary (*Blastomyces sp)*	Standard		
Botulism	Standard		
Bronchiolitis	Droplet	Until upper respiratory symptoms resolve regardless of test result	Initiate isolation when test is ordered to rule out viral pathogens

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Brucellosis (*Brucella sp.*) (undulant, Malta, Mediterranea fever)	Standard		
Candidiasis (*Candida sp.*), all forms including mucocutaneous	Standard		
Candida auris (*C.auris*) infection or colonization e.g.(Positive Culture) or PCR	Contact Standard	Duration of hospitalization and all subsequent visits	Contact IP, discontinuation of isolation will be determined by IP/ ID
Carbapenem resistant *Enterobacteriaceae* (CRE- CP) Carbapenemase gene positive (CP-CRE) NDM,KPC,OXA-48,VIM,IMP	Contact	Duration of hospitalization and upon all subsequent admissions	Contact IP, discontinuation of isolation will be determined by IP/ ID
Carbapenem resistant Enterobacteriaceae non Carbapenemase gene positive (non-CP-CRE)	Standard		
Cat-scratch fever (benign inoculation lympohoreticulosis) (*Bartonella henselae***)**	Standard		
Cellulitis, uncontrolled drainage	Contact	Duration of illness	
Chancroid (soft chancre) (*Haemophilus ducreyi)*	Standard		
Chickenpox (varicella)	Airborne and Contact	Until ALL lesions are crusted over.	
Chlamydia trachomatis Conjunctivitis	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Genital Respiratory			
Closed cavity infection Draining, limited or minor Not draining	 Standard Standard		
Clostridiidiodes C.botulinum C. difficile gastroenteritis, enterocolitis C. perfringens Food poisoning Gas gangrene	 Standard Contact Enteric Standard Standard	Immunocompromised patients: Duration of hospitalization. Duration of hospitalization	Hand Hygiene with soap and water (not alcohol-based hand rub) is indicated upon exiting the room of a patient on Contact Isolation for *C. difficile*. Wash your hands sign is available. See *C. diff* algorithm/ Infection Prevention Interventions for additional guidance.
Coccidioidomycosis (valley fever) (*Coccidioides immitis*) Draining lesions Pneumonia	 Standard Standard		Notify the Microbiology laboratory when submitting specimens for culture from patients known or suspected to have this disease (x22462)
Colorado tick fever	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Conjunctivitis Acute bacterial Chlamydia Gonococcal (including gonococcal ophthalmia neonatorum) Acute viral (acute hemorrhagic)	Standard Standard Standard Contact	At least 7 days from symptom-onset **AND** until symptoms resolve	Adenovirus most common cause of viral conjunctivitis; also enterovirus and coxsackie.
Congenital rubella (German measles) (See also **Rubella)**	Contact	During ANY admission until infant is 1 year of age *unless* nasopharyngeal and urine cultures are negative for virus after age 3 months	

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Creutzfeldt-Jakob disease (CJD)	Standard		Additional resource: UCSF
Croup (infants and young children only)	Droplet and Contact	Until upper respiratory symptoms resolve regardless of test result	Initiate isolation when test is ordered to rule out viral pathogens.
Cryptococcosis (*Cryptococcus neoformans*)	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Cystic Fibrosis	Contact	Entire hospitalization. HCW gown and gloves for all patient contact, and mask with shield during respiratory treatments. Patients masked when outside hospital or clinic room during entire hospitalization	May require contact (patient) must remain in hospital room), droplet or airborne isolation for additional infectious disease.
Cysticercosis *(Taenia sp.*, tapeworm)	Standard		
Cytomegalovirus (CMV), neonatal or immunosuppressed	Standard		
Decubitus ulcer, infected, major	Contact	Duration of illness	"Major" defined as "No dressing or dressing does not contain drainage adequately"
Minor or limited	Standard		"Minor" defined as "Dressing covers and contains drainage adequately"
Dengue	Standard		
Diarrhea, acute, of unknown etiology, infective etiology suspected	Contact Enteric	Duration of illness / While symptoms persist	Hand Hygiene with soap and water (not alcohol based hand rub) is indicated until cause of diarrhea is determined.

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Diphtheria *(Corynebacterium diptheriae)* Cutaneous Pharyngeal	Contact Droplet	Until off antibiotics **and** 2 cultures collected at least 24 hours apart are negative	
Echinococcosis (hydatid disease) (*Echinococcus sp.)*	Standard		

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Encephalitis (or encephalomyelitis), arthropodborne viral other	Standard		Examples: eastern, western, Venezuelan equine encephalomyelitis; St. Louis, California encephalitis See specific etiologic agent
Endometritis	Standard		
Enterobiasis (*Enterobius sp)* (pinworm disease, oxyuriasis)	Standard		
Enterococcus sp, vancomycin resistant (VRE) Linezolid resistant	Standard Contact	Duration of hospitalization (i)	

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Enterovirus, (coxsackievirus disease, echovirus, hand foot and mouth disease, herpangina, pleurodynia) Infants and young children Adults	Contact	Duration of illness	
Epiglottitis, due to *Haemophilus influenzae*	Droplet	Until after 24 hours after initiation of effective therapy	
Epstein-Barr virus (including infectious mononucleosis)	Standard		
Extended-Spectrum Beta-Lactamases (ESBL) producer colonization **Extended-Spectrum Beta-Lactamases (ESBL) producer and Carbapenemase gene Positive**	Standard Contact		Unless there is draining wounds then Contact isolation
Food poisoning Botulism Clostridium perfringens or Clostridium welchii Staphylococcal (Staphylococcus aureus)	Standard		
Furunculosis, staphylococcal, in infants and young children	Contact	Duration of illness	
Gangrene (gas gangrene)	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Organism/ Syndrome	Isolation	Duration of Isolation	Comment
Gastroenteritis			
Adenovirus	Contact	At least 7 days from symptom-onset **AND** until symptoms resolve	
Campylobacter sp.	Standard*	Duration of hospitalization	Hand hygiene with alcohol based hand rub is recommended **EXCEPT** use Hand Hygiene with soap and water upon exiting the room of a patient on Contact Isolation for suspected or confirmed *C.difficile* disease. See C. Difficile Algorithm
Cholera (*Vibrio cholera*)	Standard*		
C. difficile	Contact Enteric		
Cryotosporidiosis (*Cryptosporidium sp.)*	Standard*		
Eschericia. coli Enterohemorrhagic O157:H7	Standard*		
Diapered or incontinent patient, any age	Contact	Duration of hospitalization (i)	
Other species	Standard*		***Use** Contact
Giardiasis (*Giardia lamblia*)	Standard*		**Isolation for diapered or incontinent persons for duration of illness**
Norovirus	Contact Enteric	Duration of illness	
Rotavirus	Contact		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Salmonella sp. (including *S. typhi*)	Standard*	Duration of illness (until diarrhea resolves) AND one negative rotavirus test is obtained	
Shigella species diapered or incontinent patient, any age	Standard* Contact		

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Vibrio parahaemolyticus	Standard*	Duration of illness	
Viral (not otherwise mentioned, including Norwalk/Norovirus)	Contact		
Yersinia enterocolitica	Standard*	Duration of illness	
Gonorrhea (*Neisseria gonorrhea*)	Standard		
Granuloma inguinale (donovanosis, granuloma venereum)	Standard		
Guillain-Barre syndrome	Standard		
Hand, foot and mouth disease			See enterovirus
Hantavirus pulmonary syndrome	Standard		
Helicobacter pylori	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Hemorrhagic fevers or acute hemorrhagic conjunctivitis (Ebola, Lassa, Marburg, Crimean- Congo)	Contact Droplet and Airborne See Ebola If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY	Duration of illness	See Ebola If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY.
Hepatitis, viral *Type A diapered or incontinent patient* *Type B (HBsAg positive)* *Type C and other unspecified non- A, non-B* *Type E*	Standard Contact (see comments) Standard Standard Standard		For diapered or incontinent patient with Hepatitis A: Age < 3 year: Duration of hospitalization (i) Age 3-14 years: Until 2 weeks after onset of symptoms All others: Until 1 week after onset of

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
			symptoms
Herpangina			See enterovirus

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Herpes simplex (herpesvirus hominis) Neonatal If encephalitis ONLY Mucocutaneous, disseminated or primary, severe Mucocutaneous, recurrent (skin, oral, genital)	Contact Standard Contact Standard	Duration of illness Duration of illness	Vaginal or C-section delivery if mother has active infection and membranes have been ruptured for more than 4 to 6 hours
Herpes zoster (varicella zoster)			See varicella zoster
Histoplasmosis	Standard		
Hookworm disease (ancylostomiasis, uncinariasis) (*Ancylostoma duodenale, Necator americanus)*	Standard		
Impetigo	Contact	Until 24 hours after initiation of effective therapy	
Influenza A or B, regardless of subtype if known Infants and young children (ii) All other patients	Contact and Droplet Droplet	**Hematology/ oncology patients**: At least 7 days from symptom onset **AND** symptoms resolve **AND** retest is negative. **All other patients**: At least 7 days from symptom-onset **AND** until symptoms resolve	Initiate isolation when test is ordered to rule out viral pathogens.

See MarinHealth Intranet Isolation_Quick_Reference.pdf (maringeneral.org) for additional information.

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Kawasaki syndrome	Standard		
Legionnaires' disease (*Legionella sp.)*	Standard		
Leprosy *(Mycobacterium leprae)*	Standard		

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Leptospirosis (*Leptospira sp.)*	Standard		
Lice (pediculosis)	Contact	Until 24 hours after initiation of effective therapy	Gown and gloves required for **all** patient contact.
Linezolid-resistant VRE	Contact	Duration of hospitalization (i)	
Listeriosis (*Listeria monocytogenes*)	Standard		
Lyme disease (borreliosis, *Borrelia burgdorferi)*	Standard		
Lymphocytic choriomeningitis	Standard		
Lymphogranuloma venereum	Standard		
Malaria	Standard		
Measles (rubeola), all presentations	Airborne	Duration of illness	

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Meloidosis, all forms (*Burkholderia (Pseudomonas) pseudomallei*)	Standard		
Meningitis Asceptic (non-bacterial or viral [except varicella zoster] meningitis*; also see enterovirus) Bacterial, gram negative enteric, in neonates Fungal** Haemophilus influenzae (known or suspected) Listeria monocytogenes Neisseria meningitidis (known or suspected)	Standard Standard Standard Droplet Standard Droplet	 Until 24 hrs after initiation of effective therapy Until 24 hrs after initiation of effective therapy	*For VZV meningitis, Standard Isolation UNLESS disseminated disease present (e.g. meningitis + rash) where Airborne Isolation should be used. **Alert the Microbiology Laboratory (x22462) prior to submitting specimens for culture from patients with suspected or confirmed *Coccidiodes* meningitis**

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Pneumococcal (Streptococcus pneumoniae) Tuberculosis*** Other diagnosed bacterial Unknown etiology	Standard Standard Standard Droplet	Until etiology is determined or *Neiserri meningiditis* is ruled out	*** Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, see Tuberculosis below for additional isolations.
Metapneumovirus Infants & young children Adults	Droplet and Contact Droplet	**Hematology/ oncology/BMT patients**: At least 7 days from symptom onset **AND** symptoms resolve **AND** retest is negative **All other patients**: At least 7 days from symptom-onset **AND** until symptoms resolve	
Molluscum contagiosum	Standard		
Mucormycosis	Standard		
Monkeypox- Mpox	Contact Droplet	Please continue isolation until the case	Immediately contact IP/ID

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

	If AGP use Airborne	is discussed with IP/ID isolation will be needed until lesions have crusted, those crusted have separated, and a fresh layer of healthy skin has formed underneath	

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Multidrug resistant (MDR) organisms	Standard		
Enterococcus, vancomycin resistant (VRE)	Standard/ Contact*		
Gram negative organisms, MDR (including MDR Acinetobacter baumannii, Pseudomonas aeruginosa, carbapenem- resistant enterobacteriaciae (CRE), linezolid resistant VRE)			*Consult Infection Control – need for Contact Isolation will be evaluated on a case by case basis by IP&C.
Staphylococcus aureus, nafcillin / methicillin resistant colonization	Standard		
Staphylococcus aureus, nafcillin / methicillin resistant infection	Contact		
Mumps (infectious parotitis)	Droplet	For 9 days after onset of swelling	Mask not required if immune

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Mycobacteria Non-tuberculous (atypical), pulmonary or wound Tuberculosis	Standard Airborne		See Tuberculosis
Mycoplasma pneumonia	Droplet	Duration of illness	
Necrotizing enterocolitis	Standard		
***Neisseria meningitidis*,** invasive (meningitis, pneumonia, sepsis, meningococcemia)	Droplet	Until 24 hrs after initiation of effective therapy	
Nocardiosis (*Nocardia sp.*), any presentation	Standard		
Norovirus	Contact Enteric	Duration of hospitalization (i)	Hand Hygiene with soap and water (not alcohol based hand rub) is indicated upon exiting the room of a patient on Contact

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
			Isolation for norovirus. (insert link to wash your hands sign) is available.
Orf	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Parainfluenza Infants and young children Adults	Droplet and Contact Droplet	**Hematology/oncology patients**: At least 7 days from symptom onset **AND** symptoms resolve **AND** retest is negative. **All other patients**: At least 7 days from symptom-onset **AND** until symptoms resolve	Initiate isolation when test is ordered to rule out viral pathogens.
Parvovirus B19 (Fifth disease) Erythema infectiosum Patients with myocarditis of unknown etiology Patients with a pending or positive parvovirus PCR >2000 Immunosuppressed patient Patient with transient aplastic or red-cell crisis	Standard Droplet Droplet Droplet Droplet	Until other cause of myocarditis is identified Until PCR is <2000 For duration of hospitalization when chronic disease occurs Seven days from admission	
Pertussis (whooping cough)	Droplet	Until 5 days after patient is placed on effective therapy	.

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Pinworm infection	Standard		
Plague (*Yersinia pestis*)	Standard		

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
bubonic pneumonic	Droplet	Until 72 hrs after initiation of effective therapy	
Pleurodynia			See enterovirus

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Pneumonia due to			
Bacterial, not listed elsewhere	Standard		
Burkholderia (Pseudomonas) cepacia in cystic fibrosis patients, including respiratory tract colonization	Standard		
Chlamydia	Standard		
Fungal See specific etiologic agent	Standard		
H. influenzae	Standard		
Adults	Droplet	Until 24 hours after initiation of effective therapy	
Infants and children (any age)	Standard	Until 24 hours after initiation of effective therapy	
Legionella	Droplet		
Meningococcal (*N.meningitidis)*	Droplet		
Mycoplasma (primary atypical pneumonia)	Standard	Duration of illness	
Pneumococcal (*Streptococcus pneumoniae*)			
Pneumocystis carinii	Standard		

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APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Staphylococcus aureus (nafcillin/methicillin sensitive OR resistant)	Standard		
Streptococcus pyogenes (group A strep) Adults	Standard		
Infants and young children	Droplet		
Viral Adults	Standard	Until 24 hours after initiation of effective therapy	
Infants and young children (ii)	Droplet		See specific etiologic agent
Poliomyelitis	Standard		
Pseudomonas sp. multi-drug resistant or (CP-gene positive or cefepime resistant or ceftazidime resistant)	Standard/ Contact*		*Consult Infection Control need for Contact Isolation will be evaluated on a case by case basis
antibiotic sensitive	Standard		
Psittacosis (ornithosis) (*Chlamydia psittaci*)	Standard		
Q fever (*Coxiella burnetii*)	Standard		

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APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Rabies	Standard		
Rat-bite fever (*Streptobacillus moniliformis, Spirillum minus*)	Standard		
Relapsing fever	Standard		
Respiratory syncytial virus (RSV) regardless of subtype infants, young children	Droplet and Contact	**Hematology/oncology patients**: At least 7 days from symptom onset **AND** symptoms resolve **AND** retest is	Initiate isolation when test is ordered to rule out viral pathogens.

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Adults	Droplet	negative. **All other patients**: At least 7 days from symptom-onset **AND** until symptoms resolve	
Reye's syndrome	Standard		
Rheumatic fever	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Rhinovirus infants, young children Adults	Droplet and Contact Droplet	**Hematology/oncology patients**: At least 7 days from symptom onset **AND** symptoms resolve **AND** retest is negative. **All other patients**: At least 7 days from symptom-onset **AND** until symptoms resolve	Initiate isolation when test is ordered to rule out viral pathogens.
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	Standard		
Rickettsialpox (vesicular rickettsiosis)	Standard		
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		
Ritter's disease (staphylococcal scalded skin syndrome)	Standard		
Rocky Mountain spotted fever	Standard		
Roseola infantum (exanthema subitum)	Standard		
Rotavirus	Contact	Duration of illness (until diarrhea resolves) AND one negative rotavirus test is obtained	

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Rubella (German measles)	Droplet	Until 7 days after onset rash.	Mask not required if immune.

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
(See also **Congenital Rubella**)			
Salmonellosis (*Salmonella sp.*)			See gastroenteritis
SARS (severe acute respiratory syndrome)	Airborne Contact and Droplet		If this condition is suspected, CONTACT INFECTION CONTROL AND INFECTIOUS DISEASE IMMEDIATELY.
SARS-COV-2 (COVID-19)	Airborne Contact and Droplet	Until tested negative by Antigenx2 or one PCR negative test and no symptoms Evaluated l	If no Airborne isolation room available, place patient (if no AGP) in a private room with door closed, place isolation signs and wear appropriate PPE, if patient with (AGP) patient should be placed in Airborne isolation room.

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Scabies	Contact	Until 24 hours after initiation of effective therapy	Gown and glove for direct patient care x 24 hours after treatment
Scalded skin syndrome, staphylococcal (Ritter's disease)	Standard		
Schistosomiasis (bilharziasis) (*Schistosoma sp.)*	Standard		
Shigellosis *(Shigella sp.)*			See gastroenteritis
Shingles			See varicella zoster
Smallpox	Airborne Contact and Droplet		If this condition is suspected, CONTACT INFECTION CONTROL AND

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
			INFECTIOUS DISEASE IMMEDIATELY.
Sporotrichosis (*Sporothrix schenckii*)	Standard		
Spirillum minus (rat-bite fever)	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Staphylococcal disease (*Staphylococcus aureus*), skin wound or burn Major	Contact	Duration of illness	"Major" defined as "No dressing or dressing does not contain drainage adequately"
Minor or limited	Standard		"Minor" defined as "Dressing covers and contains drainage adequately"
Enterocolitis	Standard		
Methicillin/Nafcillin resistant infection	Contact*	Duration of hospitalization (i)	*Use Contact Isolation for diapered or incontinent children < 6 years of age for duration of illness
Pneumonia	Standard		
Scalded skin syndrome	Standard		
Toxic shock syndrome	Standard		
Vancomycin Intermediate/ Resistant (VISA / VRSA)	Standard		
Streptobacillus moniliformis (rat- bite fever)			

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Streptococcal disease, (group A streptococcus, *Streptococcus pyogenes*)	Contact and Droplet	Until 24 hours after initiation of effective	

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Skin wound (including necrotizing fasciitis) or burn,		therapy	
Major	Standard		"Major" defined as "No dressing or dressing does not contain drainage adequately"
Minor	Standard		"Minor" defined as "Dressing covers and contains drainage adequately"
Endometritis (puerperal sepsis)	Standard	Until 24 hours after initiation of effective therapy	
Pharyngitis in infants and young children (ii)	Droplet	Until 24 hours after initiation of effective therapy	
Pneumonia, in infants and young children (ii)	Droplet	Until 24 hours after initiation of effective therapy	
Scarlet Fever, in infants and young children	Droplet		
Streptococcal disease (group B strep, *Streptococcus agalactiae*), neonatal	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Streptococcal disease (*Streptococcus sp*., not otherwise mentioned)	Standard		
Strongyloidiasis *(Strongyloides stercoralis)*	Standard		
Syphilis Skin and mucous membrane, including congenital, primary, secondary Latent (tertiary) and seropositivity without lesions	Standard Standard		
Tapeworm disease Hymenolepis nana Taenia solium (pork) Other	Standard Standard Standard		
Tetanus	Standard		

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Toxic shock syndrome (staphylococcal disease)	Standard		
Trachoma, acute *(Chlamydia trachomatis*)	Standard		
Trench mouth (Vincent's angina)	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Trichinosis (*Trichinella*)	Standard		
Trichomoniasis (*Trichomonas vaginalis)*	Standard		
Trichuriasis (whipworm) (*Trichuris trichiura*).	Standard		

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Tuberculosis, Extrapulmonary, draining lesions (including scrofula) Extrapulmonary, meningitis Skin-test (PPD) positive with no evidence of current pulmonary disease Pulmonary (suspected or confirmed) OR laryngeal disease	Airborne and Contact Standard* Standard Airborne	**AFB smear pos:** Min 14d tx; 3 serial neg smears; two neg PCRs **AFB smear neg, high suspicion and started on therapy:** Min 4d tx and 3 serial neg smears; two neg PCRs **AFB smear neg, low suspicion and not on therapy:** 3 serial neg smears	Discontinue isolation only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis. *Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, additional isolations are necessary See TB Exposure Plan Collect 3 separate AFB sputum obtained at 8-12 hr intervals (at least 1 specimen must be in early AM)
Tularemia Draining lesion Pulmonary	Standard Standard		Provided draining lesions can be adequately covered/

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

			contained
Typhoid (Salmonella typhi) **fever**			See gastroenteritis
Typhus, endemic and epidemic (*Rickettsia sp.)*	Standard		
Upper Respiratory Infection of unknown etiology	Droplet	Until upper respiratory symptoms resolve regardless of test result.	Initiate isolation when test is ordered to rule out viral pathogens.
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard		
Vancomycin Intermediate *Staphylococcus aureus* (VISA/VRSA)	Contact	Duration of hospitalization (i)	
Vancomycin Resistant Enterococcus (VRE) Linezolid resistant VRE	Standard	Duration of hospitalization (i)	
Varicella (chickenpox)	Airborne and Contact	Until ALL lesions are crusted over	Susceptible persons should NOT enter the room if other, immune caregivers are available

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Varicella zoster (herpes zoster, shingles) Disseminated in any patient Localized in immunocompromised patient Localized in immunocompetent patient	 Airborne and Contact Airborne and Contact Standard	 Until ALL lesions are crusted over Until ALL lesions are crusted over	Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with varicella zoster (shingles) lesions; therefore, susceptibles should not enter the room

Organism/ Syndrome	**Isolation**	**Duration of Isolation**	**Comment**
Dermatome Chart: ***CDC definition of disseminated zoster:*** http://www.cdc.gov/shingles/hcp/clinical- overview.html **Dermatomal map:** http://40.media.tumblr.com/bff94737 fb f6f8e68d10569dd9746e8f/tumblr_mgqkl4h4m v1s2ybeco1_1280.jpg			

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Vesicular rash	Airborne and Contact	Until all lesions are crusted over **or** when chickenpox/varicella zoster (shingles) infection have been ruled out	Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with varicella zoster (shingles) lesions; therefore, susceptibles should not enter the room.
Vibrio parahaemolyticus			See gastroenteritis
Vincent's angina (trench mouth)	Standard		
Viral Fevers, arthropodborne	Standard		Examples: dengue, yellow fever, Colorado tick fever
Whooping cough (*Bordatella pertussis*)	Droplet	Until 5 days after patient is placed on effective therapy	
Wound infection, Major Minor or limited	 Contact Standard	Duration of illness	"Major" defined as "No dressing or dressing does not contain drainage adequately" "Minor" defined as "Dressing covers and contains drainage adequately"
Yersinia enterocolitica			See gastroenteritis

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

Organism/ Syndrome	Isolation	Duration of Isolation	Comment
Zika virus	Standard	Duration of illness	No HCW restriction
Zoster			See Varicella zoster
Zygomycosis (phycomycosis, mucormycosis, *Mucor sp., Rhizopus sp., Absidia sp*.)	Standard		

i. **Isolation may be discontinued sooner *ONLY* after consultation with Infection Prevention (415) 827-3006**
ii. **"Infants and young children" refer to babes in arms, patients who will be held and/or carried.**

APPENDIX B
1.2 Isolation Table

Policy/Procedure	**Infection Prevention Isolation Table**
Policy Author	Infection Prevention
Origination Date	8/22/2018
Current Review Date(s)	9/29/2022-7/6/2023
Current Revision Date(s)	12/6/2024

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Hospital Board of Directors	Andrea Schultz	Chair, Hospital Board of Directors	12/05/2023

See MarinHealth Intranet Isolation_Quick_Reference.pdf (maringeneral.org) for additional information.

Needle stick, puncture, splash or other body fluid exposure ..what to Do!!!

MHMC -Staff	Managers	ANS	Medical staff	Students/contractors
Step 1: CLEAN ! **Skin**: Wash with soap & water **Mouth, Nose, Eyes**: Rinse/flush well with water.	**Step 1: Notify ANS of exposure** ANS is to coordinate with attending physician to have bloodwork done for source patient	**Step 1: Upon notification of injury/exposure, coordinate with attending to ensure labs for source patient are drawn** The labs can be found under BBP post-exposure panel	**Step 1: CLEAN !** **Skin**: Wash with soap & water **Mouth, Nose, Eyes**: Rinse/flush well with water.	**Step 1: CLEAN!** **Skin**: Wash with soap & water **Mouth, Nose, Eyes**: Rinse/flush well with water.
Step 2: Notify immediate manager or supervisor or ANS ASAP- **Fill out Bloodborne Pathogen Exposure -RL-6 (SIR)**	**Step 2: Fill out Bloodborne Pathogen Exposure -RL-6- (SIR)** and Sharps Injury (if applicable) reports on behalf of injured employee, or ensure they fill out upon return from ED	Step 2 **Charge Nurse: Make sure that the source patient blood is drawn and the HIV rapid test is done at MHMC lab**	**Step 2: Go to MarinHealth Emergency Department IMMEDIATELY after exposure**	**Step 2: Notify immediate manager or supervisor ASAP.**
Step 3: Go to MarinHealth Emergency Department IMMEDIATELY after Required RL6 exposure form be submitted AFTER ED visit.			**Step 3: Coordinate with ANS to ensure BBP exposure/sharps injury reports filled out and source patient tests are ordered**	**Step 3: Go to MarinHealth Emergency Department IMMEDIATELY after exposure** Required RL-6 exposure forms may be submitted AFTER ED visit.
Step 4: After ED visit, schedule an appointment with Kaiser On-the-Job 415-444-2900 Education and follow-up instructions regarding post-exposure care will be given to you.			**Step 4: After ED visit, schedule an appointment with your provider for exposure follow-up**	**Step 4: After ED visit, coordinate with your school/employer for workplace exposure follow-up**