MANDATORY ANNUAL TRAINING MANUAL

2026

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Purpose and Goals

This manual updates and reviews annual training topics required for the Health Insurance Portability and Accountability Act (HIPAA), the Joint Commission on Accreditation of Healthcare Organizations (TJC), and Occupational Safety and Health Administration (OSHA). It also includes medical device reporting, patient's rights, Safety Data Sheets (SDS) and workplace safety. The manual has links to associated UC Davis Health Policies as well as websites.

Objectives

After reviewing this manual, individuals should be able to:

- Identify patient rights.
- Identify components of a safe workplace.
- Discuss environment of care.
- Discuss the importance of infection prevention.

Introduction

UC Davis Health is the only academic health system in the region that views healthcare on a regional, national, and even international level for areas that are vulnerable and need improvement.

Annual training is an opportunity to be current with topics of importance and polish skills that may not have been used recently. Reviews of personal skills and/or information deficits are assisted through regulatory agencies and accreditation organizations. Therefore, the UC Davis Health workforce should take the opportunity to benefit from the work put in by regulatory agencies and the UC Davis Health departments in identifying key areas of focus to provide **person-centered care** in the best way, at the best time, and in the best place – UC Davis Health.

Accreditation

UC Davis Medical Center is accredited and surveyed by several regulatory and accreditation entities that are responsible for: providing oversight and monitoring of healthcare practitioners and facilities, providing information about changes within the healthcare industry, promoting patient safety, and ensuring regulatory compliance and quality services are rendered on behalf of patients. Federal, state, and local regulatory and accreditation agencies establish rules, standards, or guidelines for healthcare facilities and mandate compliance to ensure a culture of safety for all patients, visitors, and healthcare employees.

Accreditation entities such as The Joint Commission, an independent not-for-profit organization that accredits hospitals on behalf of the Centers for Medicare and Medicaid (CMS), are dedicated to raising

the level of quality and safety of healthcare provided through the accreditation or certification process. Accreditation or Program Certification is considered a symbol of quality within the healthcare industry, with the Joint Commission being considered one of the nation's predominant health standards-setting bodies.

National Performance Goals

The Joint Commission is one of nine hospital and health services accrediting agencies accepted by CMS to provide deemed-status in the United States, providing oversight for hospitals and other healthcare facilities.

The Joint Commission (TJC) has replaced its National Patient Safety Goals (NPSG) with National Performance Goals (NPG). This new chapter highlights existing Joint Commission requirements reorganizing them into 14 critical areas designed to prevent patient harm, improve care, and create a safe environment for all.

The 2026 National Performance Goals can be found at: https://www.jointcommission.org/en-us/standards/national-performance-goals

A synopsis of the National Patient Performance Goals is in Appendix A.

Emergency Codes

UC Davis Health uses several codes to announce events that require an urgent response:

- Code Blue for medical emergency
- Code Rainbow for child abduction (view here)
- Code Red for fire (view here)
- Code Pink for newborn emergency event
- Code C for emergency cesarean section
- Code Elopement for a patient who lacks capacity and is identified as absent and unable to be immediately located
- Code Triage for Emergency Department Decompression
- Active Assailant for persons actively attempting to harm or kill others
- Code Green for internal or external disasters (view here)
- Code White for chemical spills (view here)

Each of these codes has a different response protocol, code policies can be found on Ellucid. UC Davis Health workforce should speak with their managers about the purpose of each code, and their potential role in responding to each of them.

Emergency Management

The goal of emergency management in a healthcare setting is to ensure a safe environment for staff to continue to provide quality care to all patients during disasters or significant disruptions to normal operations. Leadership will use the Hospital Incident Command System (HICS) to activate the UC Davis Health Hospital Command Center (HCC) to organize the response, assign roles, and assess the situation – what happened, how it is impacting the organization, and to determine priority response actions.

The Continuity of Operations Plan (COOP) details the functions of the Emergency Management Program and describes how UC Davis Health will respond to all types of emergencies as an organization.

Click here to see the most current version of the COOP and our scenario-specific response plans.

UC Davis Health staff are an integral part of all emergency responses, all workers should speak with their manager about their department's role in a disaster response. Disaster exercises to test the effectiveness of the Emergency Operations Plan, located in the COOP, are held throughout the year – get involved and participate in the next exercise!

A red Disaster Manual containing specific instructions for the unit is maintained by each department. The Disaster Manual website contains links to the Continuity of Operations Plan/Emergency Operations Plan, Facility Evacuation policy, the Fire and Evacuation or Relocation Plan for the building or area, and the department-specific emergency plan(s). The UC Davis Health workforce should be familiar with the manual and its contents – ask your department manager for more details.

Click here to see the updated red Disaster Manual contents.

Contact the Emergency Management team at ep@health.ucdavis.edu with any questions.

Notification and Response

UC Davis Health alerts staff of urgent situations through overhead paging, phone calls, texts, desktop alerts, and email. Some of these alerts are from the WarnMe system. The ability to get these urgent messages to the right people depends upon each staff member updating their information in the WarnMe system. Annual updates to contact information (including personal email addresses and mobile numbers), building/location, and department are mandatory. All @ucdavis.edu email addresses are automatically uploaded into WarnMe, and UCDH employees can add additional contact information.

To update your WarnMe information, visit this website: https://org.ucdavis.edu/wmnotify/home

To receive Sacramento County emergency alert notifications, visit this Sacramento Alert website.

Code Green

A Code Green may be activated for disaster incidents taking place on the Sacramento campus (internal) or in the community (external). Widespread disasters or other situations may dramatically increase the

number of patients arriving at the hospital and/or may affect the ability of the hospital to function or provide patient care. Internal Code Green examples include cybersecurity incidents affecting IT infrastructure or applications, internal fires, or floods. External Code Green examples include mass casualty events like a multi-vehicle crash, a flood that disrupts traffic and interrupts supply deliveries, or a wildfire.

Staff Roles and Responsibilities

Department managers and supervisors have the ultimate responsibility to implement emergency management response actions at the department level. Refer to the department or unit's red Disaster Manual for specific information on the unit's role and responsibilities in a disaster. It is **essential** that the UC Davis Health workforce become familiar with their department's emergency plans and procedures.

An individual's role and reporting structure may or may not change in a disaster. If there is a major event, report to your usual supervisor at the next scheduled shift unless specifically instructed otherwise.

Emergency Management Training and Education

UC Davis Health provides education and training based on the prioritized risks identified as part of the Hazard Vulnerability Analysis and Continuity of Operations Plan. Initial education and training in emergency management is provided to all new staff and to existing staff annually through Mandatory Annual Training. This training includes roles and responsibilities during disasters and responding to the Hospital Command Center for those that are designated.

Hospital Incident Command System

The Hospital Incident Command System (HICS) is an incident management system based on principles of the Incident Command System (ICS), which creates a standardized structure for incident response & communication and utilizes incident action planning, management by objectives and comprehensive resource management. Hospitals and healthcare organizations use HICS to improve their emergency management planning, response, and recovery capabilities for unplanned and planned events.

During an activation of HICS, designated stakeholders will be assigned to HICS positions (Command Staff, Operations, Planning, Logistics & Finance) to collaborate on addressing event impacts. UCDH employees' roles and responsibilities will be to follow department assigned duties and escalate concerns through their normal department communication channels.

HICS is complaint with principles of ICS, the Standardized Emergency Management System (SEMS), and the National Incident Management System (NIMS).

Personal Preparedness

UC Davis Health staff regularly prepares for disasters at work, and personal preparedness should also include readiness for situations that arise outside of work. UC Davis Health's Personal Preparedness website has information to help employees and their families prepare for the unexpected.

The site includes information and a checklist based on recommendations from the American Red Cross, Federal Emergency Management Agency (FEMA), and regional emergency response organizations. The experts recommend the following three basics:

- Have an emergency kit and "grab and go" bag in the home, office, and car
- Have a plan to get out, meet up, and communicate with family
- Have a way to stay informed of emerging and changing situations

For additional information visit the Personal Preparedness website.

Evacuation Procedures and Expectations

Hospital buildings are designed for occupants to defend in place, permit time to extinguish a fire, and to move patients to safety, if needed. The preferred order of strategies in case of fire or a hazardous condition in the hospital building is to:

(1) Defend in place or shelter in place – stay where you are

(2) Horizontal Relocation – move to another smoke compartment on the same floor

(3) Vertical Relocation – move to another smoke compartment on a different floor

(4) Evacuation from the building – patients will be staged for evacuation. Elevators will be used first for non-ambulatory or limited ambulatory patients and other evacuation equipment will be used only if necessary.

The decision to relocate within the hospital or evacuate from a non-hospital building can be authorized by management (charge nurse, manager, nursing supervisor, practice manager, associate medical director, building coordinator, or building manager) or emergency responders. Code Green may be initiated for any incident that triggers the relocation or evacuation of inpatients. The decision to evacuate an entire wing or the whole hospital can only be authorized by the Hospital Incident Commander.

Be familiar with exit routes as indicated in evacuation plans and departmental emergency response plans located in the red Disaster Manual. If directed, move patients away from immediate danger and, if necessary, request assistance when moving patients. Remember to reassure patients when moving them – their safety and the safety of our staff is our highest priority.

High-Quality Cardiopulmonary Resuscitation (CPR) Review

UC Davis Health provides CPR recertification biennially (every 2 years) during the first quarter in odd-numbered calendar years. During even-numbered calendar years, CPR review information is included in mandatory annual training. Below is a summary of high-quality CPR for review by healthcare providers.

Component	Adults	Children Age 1 year to puberty	Infants Birth to 1 year
Scene Safety	Make sure the scene is safe for you and the victim	Make sure the scene is safe for you and the victim	Make sure the scene is safe for you and the victim
Assess	• Check for responsiveness • No breathing or only gasping • No pulse felt in 10 seconds • Breathing and pulse can be checked at same time in less than 10 seconds	• Check for responsiveness • No breathing or only gasping • No pulse felt in 10 seconds • Breathing and pulse can be checked at same time in less than 10 seconds	• Check for responsiveness • No breathing or only gasping • No pulse felt in 10 seconds • Breathing and pulse can be checked at same time in less than 10 seconds
Activate Emergency Response System	If you are alone with no mobile phone, leave victim to activate the emergency response system and get the AED. If you are **not** alone, send someone to activate Emergency response system. Begin CPR immediately. Use AED as soon as it arrives.	**Witnessed Arrest:** If you are alone with no mobile phone, leave the child to activate the emergency response system and get the AED before beginning CPR. Otherwise, send someone and begin CPR immediately: use the AED as soon as it is available **Unwitnessed Arrest:** Give 2 minutes of CPR Leave the child to activate the emergency response system and get the AED Return to the child and resume CPR: use the AED as soon as it is available	**Witnessed Arrest:** If you are alone with no mobile phone, leave the child to activate the emergency response system and get the AED before beginning CPR. Otherwise, send someone and begin CPR immediately: use the AED as soon as it is available **Unwitnessed Arrest:** Give 2 minutes of CPR Leave the child to activate the emergency response system and get the AED Return to the child and resume CPR: use the AED as soon as it is available

Compression – ventilation ratio without *advanced airway*	**1 or 2 Rescuers** 30:2	**1 Rescuer** 30:2 **2 Rescuers** 15:2	**1 Rescuer** 30:2 **2 Rescuers** 15:2
Compression ventilation ratio with *advanced airway*	• Continuous compressions: rate of 100-120/minute • Adults: Give 1 breath every 6 seconds (10 breaths/minute) • Infants & Children: 1 breath every 2-3 seconds (20-30 breaths/minute)	• Continuous compressions: rate of 100-120/minute • Adults: Give 1 breath every 6 seconds (10 breaths/minute) • Infants & Children: 1 breath every 2-3 seconds (20-30 breaths/minute)	• Continuous compressions: rate of 100-120/minute • Adults: Give 1 breath every 6 seconds (10 breaths/minute) • Infants & Children: 1 breath every 2-3 seconds (20-30 breaths/minute)
Compression rate	100 – 120 compressions/minute *Compression depth should be no more than 2.4 inches*	100 – 120 compressions/minute *Compression depth should be no more than 2.4 inches*	100 – 120 compressions/minute *Compression depth should be no more than 2.4 inches*
Compression depth	**At least 2 inches**	At least 1/3 depth of chest **About 2 inches**	At least 1/3 depth of chest **About 1 ½ inches**
Hand placement	2 hands on lower half of breastbone	1 or 2 hands on the lower half of breastbone	2 thumb-encircling technique, or heel of 1 hand Just below the nipple line
Chest recoil	Allow full recoil after each chest compression	Allow full recoil after each chest compression	Allow full recoil after each chest compression
Minimize interruptions	Keep interruptions in chest compressions to less than 10 seconds	Keep interruptions in chest compressions to less than 10 seconds	Keep interruptions in chest compressions to less than 10 seconds
Rescue breathing	Adults: 1 breath every 6 seconds (10 breaths/minute) Infants & Children: 1 breath every 2-3 seconds (20-30 breaths/minute)	Adults: 1 breath every 6 seconds (10 breaths/minute) Infants & Children: 1 breath every 2-3 seconds (20-30 breaths/minute)	Adults: 1 breath every 6 seconds (10 breaths/minute) Infants & Children: 1 breath every 2-3 seconds (20-30 breaths/minute)

Management of the Physical Environment (formerly Environment of Care)

The goal of managing the physical environment is to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the hospital. Effective management includes using processes and activities to:

- Reduce and control environmental hazards
- Prevent accidents and injuries
- Maintain safe conditions for patients, visitors, and staff
- Maintain an environment that is sensitive to patients' needs for comfort, social interaction, positive distraction, and self-control
- Maintain an environment that minimizes unnecessary environmental stresses for patients, visitors, and staff

The Joint Commission identifies six chapters within the physical environment. They are:

1. Safe, Adequate Environment
2. Hazardous Materials and Waste
3. Life Safety
4. Medical Equipment Management
5. Utility Systems
6. Imaging Safety

Building Safety and Facility Management

Most safety-related services are provided by Environmental Health & Safety (EH&S) and Health Physics. Services are available by calling the numbers listed, referring to the campus phone directory, or e-mailing EH&S at safety@health.ucdavis.edu.

Environmental Health & Safety 916-734-2740 Health Physics 916-734-3355

The UC Davis Health Safety Management Plan guides the implementation of the safety program, including plans for injury and illness prevention, exposure to airborne hazards and blood-borne pathogens, prevention of ergonomic injuries, and safety measures for other common hazards. Copies of the Safety Management Plan are available on the Environmental Health and Safety website or by calling EH&S.

The Safety Management Plan sets the standard for safety management and is complemented by the UCDH Injury and Illness Prevention Plan and departmental safety programs and activities. Implementation of the Injury and Illness Prevention Plan is a requirement of Federal and State regulations and UC Davis Health Policy 1620 Departmental Injury Prevention Plans and Safety Coordinators. The Safety Committee and Health and Safety Officer play vital roles in ensuring the

effective implementation of the plan. Department managers and supervisors implement the plan at the department level. Refer to the green Injury Prevention Plan binder in the department for more information on safety activities in the department. The department will also have a safety coordinator who plays a key role in identifying safety hazards and distributing safety information.

Health and safety information is communicated to employees in writing as UC Davis and Health System policies and procedures as well as through unit-specific procedures, training sessions, bulletin board postings, newsletters, intranet postings, meetings, and announcements. The Insider is where important notices and resources are posted for employees.

Safety Training

Training is essential for safety. Department Supervisors and Managers are responsible to ensure staff are properly trained on workplace safety in accordance with Cal/-OSHA regulations and UCDH policies. Staff will need to take a refresher on this training every year and department and job-specific safety training, which may be provided in various ways, including drills, in-services, bulletin board postings, and educational posters. UC Davis Health workforce is encouraged to ask questions if they are unsure how to perform a job safely; please contact your supervisor or EH&S for interactive Q and As.

Hazard Identification and Reporting

Work locations are regularly inspected, and deficiencies are noted by EH&S or by department Safety Coordinators. After an inspection, the UC Davis Health workforce may be required to implement corrective actions. UC Davis Health workforce is encouraged to report hazards to their supervisor or safety coordinator. UC Davis Health workforce may also notify hazards directly to EH&S by phone, email, using the online incident reporting system, or complete a Hazard Report Form (available as UC Davis Health Policy 1605, attachment 1).

Hazard Report Forms may be submitted anonymously through the UC Davis Health mail system. If other methods of reporting and correcting workplace hazards are unsuccessful, the UC Davis Health workforce has the right to contact Cal/OSHA or The Joint Commission. Employees may not be disciplined for reporting problems in this manner.

If the hazard represents an emergency, arrange to have someone stay by the location to warn others, if necessary, and call 9-1-1.

Injuries and Accidents

As a part of the safety program, accidents are investigated, and corrective actions are implemented to prevent future incidents.

Occupational Injury or Illness

Employees may report their injury/illness directly, or the Supervisor/Manager can submit on behalf of an employee who has been injured via RSS Incident Management. Employees are responsible for

reporting incident details to their immediate supervisor as soon as possible if they have sustained an injury or illness in the course and scope of their employment. Supervisors are responsible for initial distribution of the Workers' Compensation DWC-1 Claim Form within 24 hours of notice for any work-related injury or illness. Completed forms should be returned to the Workers' Compensation unit **within 24 hours** via email at hs-workerscompergo@ucdavis.edu.

Incidents associated with occupational injury or illnesses are to be reported via RSS Incident Management, not via the online Incident Report System, RLDatix.

Call 9-1-1 for emergency medical care or, if in the hospital, go to the emergency department. For a non-emergency workplace injury that requires the attention of a doctor or nurse, call Occupational and Employee Health Clinic (OEHC) for an appointment at 916-734-3572. Occupational and Employee Health Clinic is located at 2221 Stockton Blvd, Suite A, Sacramento, CA 95817. Please complete the Workers' Compensation Prescription Fill Form before you visit OEHC. This form can be accessed in the Work Injury and Referrals Tab on the Occupational and Employee Health Clinic website. OEHC is open from 7 a.m. to 3 p.m. Monday through Friday (excluding Holidays). However, these hours may expand. Please call before you visit the clinic. If after hours and the injury needs to be seen urgently, employees need to go to the Mercy Urgent Care clinic at 3000 Q Street, M-F between 3 p.m. to 6 p.m. or Saturdays, Sundays, and holidays between 8 a.m. to 4 p.m. Call OEHC at 916-734-3572 to obtain information and numbers regarding the Mercy Urgent Care Clinic or other resources for immediate care. (This information is also included in the after-hours phone message). Please inform the treating providers that you are seeking care for a work-related injury.

Environmental Health and Safety is responsible for reporting work-connected fatalities or serious injuries or illnesses to Cal/OSHA within 8 hours of employer knowledge. Serious injuries or illnesses are those which require hospitalization, loss of limb or any degree of permanent disfigurement and must be reported immediately to the Health and Safety Officer at: 916-734-2740, after hours call the EH&S 24-hour pager at 916-816-1994. If there is no answer to the 24-hour pager, please contact the hospital operator at 916-734-2011.Incidents Involving University Owned Vehicles

Property damage involving a University-owned vehicle requires an Auto Accident Form to be completed and forwarded to Fleet Services within 24 hours. Additionally, the accident must be reported to the University's third-party claims administrator, Sedgwick, by calling 1-800-416-4029.

Incidents Involving Patient or Visitor Injury

Notify supervisors of patient or visitor injury incidents and report immediately via the online incident reporting system, RLDatix.

Indoor Trip and Fall Hazards

Keep exits, stairways, and hallways free from stored items and debris. Submit a service request to Plant Operations and Maintenance (PO&M) for problems that are not an immediate threat to safety, such as a

light that is out, loose carpets, loose tiles, and cracked or torn linoleum. All routine service requests must be submitted via the online Service Request System, BEATS. Urgent requests may be placed by calling 916-734-2763. The link to BEATS is available on the front intranet page of The Insider. From the "On-the-Job Resources" section, select "Administration", scroll down and click on PO&M Service Request. Report spilled liquids (coffee, soda, etc.) to Environmental Services at 916-734-3777.

Outdoor Trip and Fall Hazards

Report to PO&M, using the process described above, damaged pavements, sidewalks, driveways, and parking lots. Follow up with a call to Environmental Health & Safety (EH&S), 916-734-2740.

Corridor Etiquette

Staff and visitors are reminded to walk on the right side of corridors when travelling around the Hospital and clinics. Yield to any patients being moved in beds, gurneys, or wheelchairs. Where corridors intersect, use mirrors provided to check for patient traffic. Per UC Davis Health Policy 3400 Micromobility, micromobility devices, such as electric scooters, one wheels, etc. shall not be ridden indoors at any time.

Smoke and Tobacco-Free Campus

All UC Davis Health buildings are a completely smoke and tobacco-free environment. Smoking and tobacco use (including cigarettes, smokeless tobacco, and E-cigarettes) are prohibited at any indoor or outdoor locations owned or leased by UC Davis Health. The UC Davis Health Smoke and Tobacco-Free Policy, UC Davis Health Policy 1628, provides details of the no-smoking and tobacco-free policy. Individuals who witness an employee smoking or using tobacco on the Sacramento campus may report the violation to that employee's department or the patient's clinical unit. The Healthy UC Davis Smoke and Tobacco-Free website has resources to support all staff for Tobacco-Free Work, including tobacco cessation resources, free nicotine lozenges for staff or visitors, an online Tobacco Tracker reporting tool, and manager/supervisor resources.

Use of Cell Phones

In areas with signs indicating "Cell Phones Must Be Turned OFF", cell phones must be POWERED OFF, not simply in vibrate or silence mode. "Airplane" mode with Wi-Fi ON is acceptable in "OFF" areas.

Three-Foot Rule: cell phone users shall stay at least three feet away from all medical devices and instrumented patients (patients connected to medical devices) when conversing on their cell phones. Three feet is approximately the length of the adult arm. Cell phone use, in accordance with the three-foot rule, is allowed in all areas of UC Davis Health, except where signs indicate that cell phones must be turned OFF or UC Davis Health staff indicates that cell phones must be turned off.

Furthermore, cellular devices should never be placed on medical devices. If interference between a cellular device and a medical device is noted, the cellular device should be turned off or moved to a location greater than three meters (10 feet) from the medical equipment, and Clinical Engineering

should be notified (916-734-2846). For additional information on cell phone use, refer to UC Davis Health Policy 1331 Use of Cellular Telephones and Other Cellular Devices for details.

Proper Footwear

Wear properly fitted closed-toe shoes. Low-heeled shoes with slip-resistant soles help prevent slips and falls, especially in wet work locations. The UC Davis Health workforce is responsible for wearing and maintaining any special safety shoes required for the job. PPE provided via the Slip Resistant Footwear program is intended to be used only for work purposes, by the employee they were provided to, and in a style aligned with the department's function and purpose.

Safety Management Conclusion

The most valuable UC Davis Health resource is its people, whose well-being and productivity are supported by a safe working environment. The following is information on how the UC Davis Health workforce can participate in their safety and the safety of others.

- Correct and report safety hazards;
- Get involved in the department's safety program; and
- UC Davis Health workforce should know their job and perform it safely.
- Practice prevention by knowing and avoiding hazards.
- Remember, safety is everyone's responsibility.

Hazardous Materials and Waste Management

Department Supervisors and Managers are responsible to ensure staff who manage hazardous materials or generate hazardous waste are properly trained in the use of those materials, required protective equipment, proper disposal, and spill response. Notify the Supervisor/Manager if additional information is needed before working with the hazardous material or generating hazardous waste. Safety Data Sheets (SDSs)

If a UC Davis Health employee works with Hazardous Substances, their department or administrative unit is to provide their employees with ready access to Safety Data Sheets (SDSs) for all hazardous substances in the department's inventory. Access SDSs through the EH&S website (https://health.ucdavis.edu/safety/env-programs/safety-data-sheet) or another accessible format such as S drive/hard copies of the SDSs maintained in the work area. Employees are to be trained in accessing SDSs in the system selected by the department. For additional information, see the SDS section of the UC Davis Health Policy 1641 Hazard Communication Program.

How to Read a Safety Data Sheet (SDS)

A safety data sheet includes the following information, in sections 1-11 and 16. The SDS shall clearly indicate that no applicable information is available if no relevant information is found for any given subheading within a section. Sections 12-15 may be included in the SDS but are not mandatory.

1. Identification

- Product identifier used on the label
- Other means of identification
- Recommended use of the chemical and restrictions on use
- Name, address, and telephone number of the chemical manufacturer, importer, or another responsible party
- Emergency phone number

2. Hazard(s) identification

- Classification of the chemical in accordance with paragraph (d) of §1910.1200
- Signal word, hazard statement(s), symbol(s) and precautionary statement(s) in accordance with paragraph (f) of §1910.1200. (Hazard symbols may be provided as graphical reproductions in black and white or the name of the symbol, e.g., flame, skull, and crossbones)
- Describe any hazards not otherwise classified that have been identified during the classification process
- Where an ingredient with unknown acute toxicity is used in a mixture at a concentration = 1% and the mixture is not classified based on testing of the mixture as a whole, a statement that X% of the mixture consists of ingredient(s) of unknown acute toxicity is required

3. Composition/information on ingredients

For Substances:

- Chemical name
- Common name and synonyms
- CAS number and other unique identifiers
- Impurities and stabilizing additives are themselves classified and contribute to the substance's classification.

For Mixtures:

In addition to the information required for substances:

- The chemical name and concentration (exact percentage) or concentration ranges of all ingredients which are classified as health hazards in accordance with paragraph (d) of §1910.1200 and
- Are present above their cut-off/concentration limits; or
- Present a health risk below the cut-off/concentration limits.
- The concentration (exact percentage) shall be specified unless a trade secret claim is made in accordance with paragraph (i) of §1910.1200 when there is batch-to-batch variability in the production of a mixture or for a group of substantially similar mixtures (See A.0.5.1.2) with similar chemical composition. In these cases, concentration ranges may be used.

For All Chemicals Where a Trade Secret Is Claimed:

- Where a trade secret is claimed in accordance with paragraph (i) of §1910.1200, a statement that the specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret is required.

4. First-aid measures

- Description of necessary measures subdivided according to the different routes of exposure, i.e., inhalation, skin and eye contact, and ingestion.
- Most important symptoms/effects, acute and delayed.
- Indication of immediate medical attention and special treatment needed, if necessary.

5. Fire-fighting measures

- Suitable (and unsuitable) extinguishing media.
- Specific hazards arising from the chemical (e.g., nature of any hazardous combustion products).
- Special protective equipment and precautions for firefighters.

6. Accidental release measures

- Personal precautions, protective equipment, and emergency procedures.
- Methods and materials for containment and cleaning up.

7. Handling and storage

- Precautions for safe handling.
- Conditions for safe storage, including any incompatibilities.

8. Exposure controls/personal protection

- OSHA permissible exposure limit (PEL), American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV), and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the safety data sheet, where available.
- Appropriate engineering controls.
- Individual protection measures, such as personal protective equipment.

9. Physical and chemical properties

- Appearance (physical state, color, etc.)
- Odor
- Odor threshold
- pH
- Melting point/freezing point
- Initial boiling point and boiling range
- Flash point
- Evaporation rate
- Flammability (solid, gas)
- Upper/lower flammability or explosive limits

- Vapor pressure
- Vapor density
- Relative density
- Solubility(ies)
- Partition coefficient: n-octanol/water
- Auto-ignition temperature
- Decomposition temperature
- Viscosity

10. Stability and reactivity

- Reactivity
- Chemical stability
- Possibility of hazardous reactions
- Conditions to avoid (e.g., static discharge, shock, or vibration)
- Incompatible materials
- Hazardous decomposition products

11. Toxicological information

- Description of the various toxicological (health) effects and the available data used to identify those effects, including:
- Information on the likely routes of exposure (inhalation, ingestion, skin, and eye contact)
- Symptoms related to the physical, chemical, and toxicological characteristics
- Delayed and immediate effects and also chronic effects from short- and long-term exposure
- Numerical measures of toxicity (such as acute toxicity estimates)
- Whether the hazardous chemical is listed in the National Toxicology Program (NTP) Report on Carcinogens (latest edition) or has been found to be a potential carcinogen in the International Agency for Research on Cancer (IARC) Monographs (latest edition) or by OSHA.

12. Ecological information (Non-mandatory)

- Adverse effects (such as hazardous to the ozone layer)

13. Disposal considerations (Non-mandatory)

- Description of waste residues and information on their safe handling and methods of disposal, including the disposal of any contaminated packaging.

14. Transport information (Non-mandatory)

- UN number
- UN proper shipping name
- Transport hazard class(es)
- Packing group, if applicable
- Environmental hazards [e.g., Marine pollutant (Yes/No)]
- Transport in bulk (according to Annex II of MARPOL 73/78 and the IBC Code)

- Special precautions which a user needs to be aware of, or needs to comply with, in connection with transport or conveyance either within or outside their premises

15. Regulatory information (Non-mandatory)

- Safety, health, and environmental regulations specific for the product in question.

16. Other information, including date of preparation or last revision

- The date of preparation of the SDS or the last change to it.

Hazardous Material Labeling Elements

The following information must be included on hazardous materials labels:

Product Identifier: a chemical name, code number, or batch number which identifies the hazardous chemical. The manufacturer, importer, or distributor can decide the appropriate product identifier. The same product identifier must be both on the label and in Section 1 of the SDS (Identification).

Signal word: a single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for less severe hazards.

Pictogram: 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. Each pictogram consists of a different symbol on a white background within a red square frame set on a point (i.e., a red diamond). There are nine pictograms under the GHS. However, only eight pictograms are required under the HCS.

Hazard Statement: 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.

Precautionary Statement: a phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling of a hazardous chemical. When there are similar precautionary statements for chemicals with multiple hazards, the most protective information will be included on the label.

Name, address and phone number of the chemical manufacturer, distributor, or importer.

Information on the labels can be used to ensure proper storage of hazardous chemicals and may also be used to quickly locate information on first aid when needed by employees or emergency personnel. Where a chemical has multiple hazards, different pictograms are used to identify the various hazards.

Information on the labels is related to the information on the SDS; for example, the precautionary statements on the label would be the same as on the SDS. If the product label is different than SDS, you must follow product labeling requirements first.

Pictograms and Hazard Classes

OSHA's required pictograms on hazardous material containers are standardized and are presented below. The pictograms must be in the shape of a square set at a point and include a black hazard symbol on a white background with a red frame sufficiently wide enough to be clearly visible. OSHA has designated eight pictograms under this standard for application to a hazard category.

 Oxidizers	 Flammables Self-Reactive Pyrophorics Self-Heating Emits Flammable Gas Organic Peroxides	 Explosives Self-Reactive Organic Peroxides
 Acute toxicity (severe)	 Corrosives	 Gases Under Pressure
 Carcinogen Respiratory Sensitizer Reproductive Toxicity Target Organ Toxicity Mutagenicity Aspiration Toxicity	 Environmental Toxicity	 Irritant Dermal Sensitizer Acute toxicity (harmful) Narcotic Effects Respiratory Tract Irritation

Spill Response

If UC Davis Health personnel work with hazardous materials, they are responsible to know chemical emergency information such as the location of the emergency eyewash and spill kit. For a spill, immediately assess whether the spill is a non-hazardous material, an identifiable hazardous material or an unknown. For unknown materials or for hazardous materials exceeding capabilities to respond, call 911 and isolate the area. Stay in a safe location near the spill to provide information to responders. Avoid the possibility of spreading contamination beyond the affected area. Report details of the incident to EH&S via a phone call to 916-734-2740, by using the online incident reporting system or by completing a Hazardous Substance Incident Checklist (available as UC Davis Health Policy 1612, attachment 1). All staff should know how to respond to a Code White, indicating a hazardous material

emergency, usually involving a chemical spill. Follow the directions of response personnel and stay out of affected areas. Be prepared to take an alternate route if the normal paths are closed during a response. For additional information see UC Davis Health Policy 1612 Response to Hazardous Substance Spills and UC Davis Health Policy 1623 Management of Hazardous Drug Waste and Spills.

Exposure Control and Engineering Controls

For questions or concerns about work-related exposure to hazards, contact Environmental Health & Safety (EH&S) at 916-734-2740 or e-mailing EH&S at safety@health.ucdavis.edu.

To reduce UC Davis Health employee exposure to hazardous material, the following principles apply: reduce the hazard class of the material whenever possible by substituting a less hazardous material, reduce the time of exposure, increase the distance from the hazard, and wear protective equipment as required. The proper operation and use of engineering controls, such as biological safety cabinets and fume hoods, is vital to ensure everyone's safety and protection against workplace hazards.

Cancer Causing Materials

Cancer causing materials, such as asbestos or ionizing radiation, may be used or be present in UC Davis Health work areas. Know these materials and treat them with respect. Refer to the section titled "Asbestos" for additional information regarding asbestos in UC Davis Health buildings. Information about the safe use of ionizing radiation is available in the UC Davis Radiation Safety Manual and in the section title "Radiation" in this manual. Some hazardous drugs may also cause cancer. Information on hazardous drugs is included below.

Code White: Chemical Spill Response

Code White indicates a hazardous material emergency, usually involving a chemical spill. Follow the directions of response personnel and stay out of affected areas. Be prepared to take an alternate route if the normal path is closed during a response.

Managing Drugs – Employee Exposure, Spills, and Waste

What is a hazardous drug?

Hazardous drug is a new term used to refer to many drugs that may cause health effects from exposures at work and include some commonly used drugs, such as drugs that kill cancer cells (chemotherapy or antineoplastic drugs). A list of hazardous drugs used at UC Davis Health is included as an attachment to UC Davis Health Policy 10001, which governs the use of hazardous drugs. Hazardous drugs should only be handled by staff that have received appropriate training. If in doubt, treat all drugs as hazardous drugs.

Health risks of hazardous drugs

The most common route of exposure is through the skin, especially by handling the drugs. Hazardous drugs may cause health effects, such as cancer, damage to your genes (your DNA) or body organs, can

cause a pregnant woman to have a baby that does not develop properly or affect the ability of both men and women to have children. Short-term health effects such as rash, hair loss, and nausea are also possible, but are seen with high exposures (such as in patients who are receiving the drugs in chemotherapy).

Minimize exposure to hazardous drugs by following proper work practices

Assume all drugs are hazardous drugs unless you know otherwise.

Do not handle drugs or clean up spills involving drugs unless you have received appropriate training. Obey signs that restrict entry to spill cleanup areas and to specific hazardous drugs work areas.

Drug spills and waste

UC Davis Health Policy 1630 Pharmaceutical Waste Management outlines the management of all types of pharmaceutical waste. UC Davis Health Policy 1623 Management of Hazardous Drug Waste and Spills, gives detailed instructions for hazardous drug spills and waste disposal. The presence of a liquid or powder in an area where hazardous drugs are handled is the most likely sign of a spill. Do not rely on odor or other such indicators.

Pharmacy and patient care areas are responsible for the appropriate handling of waste pharmaceuticals. With few exceptions, disposing of waste pharmaceuticals in the sink, toilet, or trash is prohibited. Non-hazardous waste pharmaceutical containers in patient care areas should be disposed in blue co-mingled sharps/pharmaceutical waste containers and hazardous pharmaceutical containers are typically disposed of in black RCRA containers. Additional information is available on the EH&S website.

Cryogenic Liquid Management

Cryogenic liquids, usually liquid nitrogen, are used in many areas of UC Davis Health, particularly in laboratories. Inappropriate handling of cryogenic liquids can lead to skin burns and frostbite (due to extremely low temperatures), container ruptures, or asphyxiation from oxygen displacement if large quantities of the liquid are released into a room. Personnel handling or transferring cryogenic fluids must wear appropriate personnel protective equipment, including chemical splash goggles, face shield, loose-fitting waterproof cryogenic gloves, and lab coat or cryogenic apron. Safe work practice information is available at UC Davis Health Policy 1624 Safe Management of Cryogenic Liquids. Trainings for working with cryogenic liquids can be found on the EH&S website.

Liquid oxygen poses special hazards. In addition to stored pressure and cryogenic hazards, it is a concentrated oxidizer. When exposed to liquid oxygen, most organic materials become extremely easy to ignite, and some will even detonate (such as asphalt). Oils, greases, clothing, bed linens, plant material, and plastics should never come into contact with liquid oxygen.

Oxygen and Other Compressed Gas Cylinders

Compressed gas cylinders are used in healthcare, research, and support activities. All cylinders present significant physical hazards due to pressurized gases contained within. The cylinders may also present a potential chemical hazard, which commonly contain oxygen and other oxidizers that may contribute to fire hazards but may also contain any gas with its own set of chemical hazards. See UC Davis Health Policy 1685 Handling and Storage of Compressed Medical Gas, for specific rules on storage, transportation, and use of oxygen cylinders. Persons using or handling cylinders should have basic training including review of operating and safety protocols for tasks to be performed, review of appropriate Safety Data Sheets (SDS) for toxic gases, and hands-on training by an experienced gas cylinder user. Transport cylinders larger than lecture bottle size (small, compressed gas cylinders that are 12-18 inches long and 1-3 inches in diameter) with a hand truck or cylinder cart. Rolling or "walking" cylinders are extremely hazardous. Never transport a cylinder with a regulator attached! Always protect the valve during transport by replacing the cylinder cap. Contact your vendor for a replacement cap if it is missing. Cylinders must never be left without some type of physical support or restraint such as a stand, a cart, or a cylinder storage rack. Medical gas cylinders should never be placed loosely on top of a bed or gurney. Store cylinders in a well-ventilated area away from ignition sources. In addition to the requirements for compressed gas cylinder storage, oxygen cylinders must be further segregated in a designated and approved space as FULL, PARTIAL, and EMPTY, with the appropriate markings over the storage rack. For example:

Empty cylinders must be stored in a room separate from the storage room used for full and partial cylinders.

Additional information on the management and storage of Compressed Gas Cylinders is available in SafetyNet #60. Report gas cylinder problems to Distribution (916-703-4040) with follow up to EH&S. For help understanding limitations on the storage of cylinders in buildings, contact Fire Prevention at 916-734-3036.

Review UC Davis Health Policy 1685 Handling and Storage of Compressed Medical Gas.

Hazardous Waste Management, Medical Waste Management, and Universal Waste Management

Department Supervisors and Managers are responsible to ensure staff who generate hazardous waste, medical waste or universal waste are trained in proper handling, PPE and disposal methods as outlined

in regulatory statute and UCDH policies. EH&S provides management of hazardous waste pick-up and disposal services; EVS provides pharmaceutical hazardous waste pick up on the Medical Center Campus. If you have new processes or are unsure how to dispose contact EH&S for consultation. Please refer to EH&S website for additional resources and waste messaging.

Chemical waste pick-up – call EH&S at 916-734-2740
Medical Center campus pharmaceutical hazardous waste – contact EVS

Hazardous Waste Management

Hazardous waste is any waste that has the potential to be harmful to human health or the environment. There are two sets of waste classification regulations used in California for hazardous waste: Federal and State. Federal hazardous waste regulations are regulated under the Resource Conservation and Recovery Act of 1976 (RCRA). Hazardous waste that does not meet the definition of a RCRA hazardous waste must comply with the CA Health and Safety Code under the Hazardous Waste Control Law (Non-RCRA).

Label all chemical hazardous waste – either by printing out a waste label from WASTe or by downloading the Hazardous Waste Container Label from the EH&S website to print labels. UC Davis Health personnel are encouraged to use Word to prepare template labels for recurring waste streams, but do not modify the categories or other text, as the labels are designed to meet regulatory requirements. Be sure to fill in the date, location, EPA ID number, chemical contents, physical state, hazardous properties, and concentration on the label and secure it to the waste container before beginning to fill it with waste. It is against the law to have waste in an unlabeled container!

Radioactive waste pick-up – call Health Physics at 916-734-3355.

Medical Waste Management

Medical Waste means any biohazardous, pathology, trace chemotherapy, and pharmaceutical waste not regulated by RCRA.

- Biohazardous waste – at the point of disposal contains recognizable visible fluid human blood, fluid blood products, containers or equipment containing blood, or blood from animals known to be infected or potentially infected with pathogen that are highly communicable to humans. Best practice is to manage – All Red in Red, placing any item with any amount of blood in the appropriate regulated container – red bag or sharps containers as required by the specific item. All biohazardous waste must be placed in red biohazardous waste bags. Red bags must be contained in a hard-sided secondary container with tight fitting lid and have the international biohazard symbol on all sides and lid. If biohazard waste is found or known to contain a radioactive component, please place the waste in a red bag, then please call Health Physics for further instruction. DO NOT dispose of this material without contacting Health Physics. Contact with Health Physics shall be defined as

calling or emailing, and receiving a response from a member of the Health Physics department.

- Pathology waste – human body parts, with the exception of teeth, removed at surgery and surgery specimens or tissues removed at surgery or autopsy that are suspected by a health care professional of being contaminated with infectious agents known to be contagious to humans or having been fixed in formaldehyde or another fixative. Pathology waste shall be red bagged and immediately placed in a designated hard-sided secondary container with tight fitting lid and shall be labeled with the words “Pathology Waste” or “PATH”.
- Sharps waste – Sharps are any device having acute rigid corners, edges, or protuberances capable of cutting or piercing including, but not limited to, hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, acupuncture needles, root canal files, glass slides, broken glass items used in health care. Sharps waste is typically disposed of in a blue comingled sharps/pharmaceutical waste container. Laboratory areas may dispose of sharps-only waste in an appropriate rigid puncture-resistant sharps container. If sharps are used and radioactive material is present, please use a separate sharps container, mark it with the date and material if known, and call Health Physics for proper disposal. DO NOT dispose of this material without contacting Health Physics first. Contact with Health Physics shall be defined as calling or emailing, and receiving a response from a member of the Health Physics department.
- Trace Chemotherapy waste – items contaminated through contact, or having previously contained chemotherapeutic agents, including but not limited to: gloves, disposable gowns, towels, and intravenous solution bags, and attached tubing that is empty. Trace chemotherapy waste must be placed in a rigid yellow container. Note: Waste must be handled as hazardous waste, rather than medical waste, if it contains chemotherapy agent(s) that can be poured out (for liquids) or scraped out (for solids).
- Pharmaceutical Waste – A prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 of the Federal Food, Drug, and Cosmetic Act (FDA) and that is not a RCRA pharmaceutical waste. Non-RCRA pharmaceutical waste shall be disposed of in a blue comingled sharps/pharmaceutical waste container.

Medical waste pickup is performed by EVS or a contracted vendor. For areas serviced by Environmental Services; call 916-734-3777 to request pickup for medical waste (including red biohazardous waste containers, sharps waste containers, blue pharmaceutical waste containers, pathology waste containers, and yellow trace chemotherapy containers). For areas not serviced by Environmental Services, follow your site-specific waste handling procedures. Contact your immediate Supervisor as needed for further direction.

Universal Waste Management

Universal wastes are hazardous wastes that were determined to pose a lower immediate risk to people and the environment compared to other hazardous wastes. Examples of universal waste include

batteries, lamps, aerosol cans and electronic waste. Waste collection container must be labeled with "Universal Waste", start date and contents.

Universal Waste cannot be thrown into trash, recycling, red bags, or sharps containers.

- Batteries - EH&S also provides information and services related to battery recycling. Recycling and pick up request instructions are available on the EH&S website. EH&S can accept all types of batteries except wet lead-acid (automotive batteries), which can generally be handled by Fleet Services.

  To recycle batteries:

  - Establish a collection station. Containers are available through Infor Lawson: item number is 119367.
  - The container must be labeled using labels and instructions available on the EH&S website.
  - Dissimilar battery chemistries should be prevented from contacting each other using individual plastic bags or by placing electrical tape over the terminals. This includes all lithium-ion, Li-ion batteries, such as those used for Vocera devices.
  - Fill out a battery waste pick up request form online: visit the Environmental Health and Safety website and click on Battery Recycling under Resources.
  - Request a pickup within nine months of the accumulation start date. EH&S will take the entire container.

- Lamps/Bulbs - Contact Plant Operations and Maintenance for the disposal of waste lamps.
- Aerosol Cans - Empty aerosol cans without residual contents or pressure may be disposed in the municipal trash. Non-empty aerosol cans containing an ignitable, corrosive, reactive, or toxic propellant or if the contents exhibit any hazardous waste characteristic must be managed as universal waste. Contact EH&S for assistance with disposal.
- Electronic Waste - Common electronic wastes found in healthcare include, computers, laptops, keyboards, tablets, phones, vocera, patient phones, patient fans, laryngoscopes, wound therapy units, thermometer, pulse ox sensors, etc. Manage electrical waste as universal waste. IT supported devices are managed directly with IT, but for all other items contact EH&S for assistance with disposal.

Eyewash and Emergency Shower Station

An eyewash station and emergency shower station must be available within 10 walking seconds from where employee may encounter or use hazardous substance which can cause corrosion, severe irritation, or permanent tissue damage to the eyes. The path of travel from the hazard should be free of obstructions. PO&M coordinates vendor services for UC Davis Medical Center and all outlying clinics. A vendor will test, flush, and maintain records related to plumbed eyewash and emergency stations. The vendor will place a tag on the unit to document the test/flush was performed. Departments are

responsible for ensuring their eyewash station is being tested monthly by the vendor by examining the tag for completion in the last 30 days. If tag is missing on the eyewash station, the department must contact PO&M at 916-734-2763.

Exception: CAP-accredited laboratories must continue to flush stations and maintain records on a weekly basis.

Eyewash Operation:

- In the event of an emergency, activate eyewash by pushing handle forward.
- Hold both eyelids open with thumb and forefingers. Roll eyeballs back and forth so fluid flows on all surfaces of eye and under eyelid.
- Remove contact lenses, if present.
- Flush eyes for 15 minutes.
- After equipment use, seek a medical advisor immediately for further treatment.

Emergency Shower Operation:

- In the event of an emergency, activate drench shower by pulling on the pull rod.
- Begin to remove any clothing and shoes exposed to chemical or other hazardous substance (If eyes have been exposed to hazardous materials, follow procedure for eyewash operation)
- Flush eyes, face, and body for 15 minutes.
- After equipment use, seek a medical advisor immediately for further treatment.

Asbestos

To provide building occupants with basic information about asbestos containing materials commonly found in buildings.

What Is Asbestos?

The term asbestos refers to a family of naturally occurring minerals. These minerals have unique properties of chemical and fire resistance.

“Asbestos containing construction materials” are those manufactured construction materials that contain more than one-tenth of 1 percent asbestos by weight (Section 25195, Chapter 104, Division 20 of the State of California Health & Safety Code).

Materials that contain asbestos may be friable, meaning they can be easily crumbled with hand pressure.

Health Risks

The most common exposure to asbestos material is through breathing airborne fibers. When asbestos fibers are introduced into the respiratory system they can contribute to the development of:

- Asbestosis – a serious lung disease.
- Lung Cancer – the most common cancer associated with asbestos exposure.

- Mesothelioma – a rare cancer of the lining of the lung or abdominal cavities.

MINIMIZE EXPOSURE TO ASBESTOS FIBERS BY FOLLOWING PROPER WORK PRACTICES.

Recognizing Asbestos Materials

Common types of materials that may contain asbestos:

- Sprayed or troweled-on fireproofing and soundproofing installed prior to 1980
- Boilers and pipes installed prior to 1980 are often insulated with asbestos materials
- Floor tiles in buildings constructed prior to 1985
- Roofing felts and sheeting
- Floor and roof mastics and sealants
- Gaskets

Actions to Take

By taking the right action UC Davis Health workforce can reduce the risk of exposure to asbestos.

- Know where the asbestos is in the building and avoid disturbing it.
- Any building, regardless of age, may have asbestos-containing materials (ACM) present.
- If the UC Davis Health workforce find materials that may contain asbestos, they should report them to their supervisor.
- UC Davis Health shall provide, at no cost to employees who perform housekeeping operations in areas which contains Asbestos Containing Construction Materials (ACCM), an asbestos awareness training course, which shall at a minimum contain the following elements: health effects of asbestos, locations of ACCM in the building/facility, recognition of ACCM damage and deterioration, requirements in the Cal/OSHA standard relating to housekeeping, and proper response to fiber release episodes. Each such employee shall receive training annually.
- If UC Davis Health personnel see asbestos materials that have been disturbed, they should report the damage to their supervisor.
- If the maintenance of asbestos in the building is not being performed properly, see that it is brought to the supervisor's attention.

Avoid Disturbing Asbestos Materials

- Avoid touching or disturbing suspect materials on walls, ceilings, pipes, or boilers. Asbestos fibers may be released when the material is disturbed.
- DO NOT drill holes in asbestos containing materials.
- DO NOT hang plants or anything else from ceiling covered with asbestos containing materials.
- DO NOT pin or hang pictures on walls covered with asbestos containing materials.
- DO NOT sand asbestos containing floor tiles or backing material.
- DO NOT damage asbestos containing materials while moving furniture, etc.
- DO NOT disturb asbestos containing material when replacing light bulbs, etc.
- DO NOT allow curtains, drapes, or dividers to damage asbestos containing materials.
- For asbestos information and assistance at UC Davis Health, call EH&S at 916-734-2740.

Heat Illness

California has enacted an indoor heat illness standard, in addition to the outdoor heat illness standard. The indoor heat illness standard applies to indoor workplaces where the temperature equals or exceeds 82 degrees Fahrenheit for more than 15 minutes in a 60-minute period. If these conditions exist in your workplace, your department must develop, implement, and maintain heat illness prevention procedures as part of your Injury and Illness Prevention Plan.

Training on both indoor and outdoor heat illness prevention is available through the UC Learning center here; it is the responsibility of the supervisor to ensure that relevant staff are trained.

If indoor or outdoor heat illness regulations may apply to your workplace, contact your departmental safety coordinator and/or EH&S at safety@health.ucdavis.edu.

Wildfire Smoke Protection

With the recent wildfire events in California, there have been episodes of increased wildfire smoke causing the air quality to become compromised, intermittently. The air quality is measured by local and state agencies with detectors in various locations and communicated daily on the internet – anyone with internet access can search for this information as it is free to the public. This measurement is called the Air Quality Index (AQI). The categories are broken down into 6 sections ranging from 'good' to 'hazardous' and ranging in color per category from green to maroon. This data is calculated using measurements of Particulate Matter (PM) 2.5 diameter micrometers (ultrafine particulate) in micrograms per cubic meter.

$PM_{2.5}$ in micrograms per cubic meter	*Air Quality Index Categories for $PM_{2.5}$*	
0 to 12.0	*0 to 50*	*Good*
12.1 to 35.4	*51 to 100*	*Moderate*
35.5 to 55.4	*101 to 150*	*Unhealthy for Sensitive Groups*
55.5 to 150.4	*151-200*	*Unhealthy*
150.5 to 250.4	*201 to 300*	*Very Unhealthy*
250.5 to 500.4	*301-500*	*Hazardous*

Two commonly used websites that can be visited to track the AQI at any time are:

- Airnow.gov
- Openmap.clarity.io

The University has measures in place to inform you of, and protect you from, the dangers of inhaling wildfire smoke, for example:

- Locate work in protected areas where air is filtered (enclosed buildings or vehicles)
- Change procedures (i.e., move workers to a place with lower current AQI for PM2.5 — learn more about how air quality indicators below)

- Reduce work time in areas with unfiltered air
- Increase rest time and frequency; provide rest area with filtered air
- Reduce the physical intensity of work to help lower breathing and heart rates

If you work outdoors or in an area with unfiltered air, you will receive additional training and information about how to remain safe during wildfire smoke events while at work. At AQI levels of 151 or greater for PM2.5, the University will take additional precautions to protect you from wildfire smoke. Contact your supervisor for questions about additional protections that may be available to you.

Fire Prevention Management

Campus Fire Marshal's Office

UC Davis Health has a unique designation to serve as the Lead Campus Fire Marshal on behalf of the California Office of the State Fire Marshal. This designation provides UCDH Fire Marshal's Office with the responsibility and authority to carry out fire and life safety regulations and reporting. Some examples of this responsibility include construction plan review and inspection, fire and life safety inspections of existing buildings, regulations of hazardous materials storage, and The Joint Commission preparedness related to fire and life safety.

Interim Life Safety Measures (ILSM)

The Office assists other departments in the ILSM process by reviewing applications for ILSM for construction projects, as well as times when other fire and life safety deficiencies exist. The office will review department ILSM recommendations for approval and conduct monthly area or department monitoring for compliance with their ILSM document. ILSMs are required by The Joint Commission for all construction projects and during specific situations when fire and life safety deficiencies occur. ILSMs ensure that an acceptable level of fire and life safety is maintained at all times. See UC Davis Health Policy 1635.

Teamwork

Teamwork is essential for patient fire safety. UC Davis Health workforce should know their department's fire and evacuation plan thoroughly. The fire and evacuation plan is a component of the disaster plan (Red Binder). If the fire is not within the surrounding area, 1) remain calm; 2) close patient doors, windows, and fire doors; and 3) ask visitors/patients to remain in their rooms.

Code Red

Code Red indicates a fire situation. Staff in affected areas must initiate their emergency response procedures as stated in their evacuation/relocation plan. Staff in the unaffected areas should discuss internal procedures, review fire plans and prepare to receive relocated patients, staff, or visitors who may have to leave an endangered area. See UC Davis Health Policy 1606 Code Red (Fire) Response and Procedures.

Smoke Barriers

Smoke barrier walls separate each floor of the hospital into two or more smoke compartments. Smoke barriers are intended to create compartments to which building occupants can be safely and promptly relocated during a fire, thus preventing the need to have complete and immediate building evacuation. Doors in smoke barrier walls are identified with a small black and white sign located on the door that reads SMOKE BARRIER. Additionally, each departmental fire plan includes a floor plan showing each smoke barrier on the floor for which the fire plan is written. Each department should know the location of smoke barriers and plan relocating patients to them in the event of an emergency.

Fire Drills

UC Davis Health conducts fire drills once per shift per quarter in the hospital and ambulatory care clinics, as well as annually in all freestanding clinics. Staff participation in these drills is essential for an effective response during an actual fire. Fire Drills are not only required by The Joint Commission, but they also assist in training staff in "Fire Readiness" so that, in the event of an actual fire, the appropriate responses are known. All staff are required to participate in drills. UC Davis Health workforce should respond to a "Code Red Drill" announcement the same as an actual "Code Red" or fire. During each fire drill, all staff has a role to fulfill. Supervisors shall observe the reaction of staff, review procedures, and provide feedback to staff on response. See UC Davis Health Policy 1652 Fire Drill Responsibilities and Reporting.

Fire Emergency – R.A.C.E.

R.A.C.E. is the acronym used to assist staff in remembering what to do in the event of a fire emergency. The individual letters of the acronym stand for the following:

R is for Rescue --	Remove all persons from the danger area, including oneself.
A is for Alarm --	Call 911 and activate the nearest fire alarm pull station. 911 calls initiated on UC Davis Health phones go to the UC Davis Dispatch Center. UC Davis dispatchers are familiar with the UC Davis Health and will promptly notify the appropriate agencies. 911 calls initiated on cell phones go to the California Highway Patrol 911 dispatcher.
C is for Confine --	Confine the fire to the smallest area possible. Closing doors to the fire room/area is a very important and required task to prevent the fire from spreading.
E is for Extinguish --	UC Davis Health workforce should extinguish the fire only if the fire is the size of an office waste container or smaller and they are competent in the use of a fire extinguisher.

Classes of Fire

There are 3 basic classes of fire: A, B, and C.

- Class A fires involve ordinary combustibles (trash, paper, and wood).

- Class B fires involve flammables or combustible liquids (gas, oil, or grease).
- Class C fires involve energized electrical equipment (ECG, exam lamp, computer).

Use of Fire Extinguishers – P.A.S.S.

Remember to read the label on the extinguisher. UC Davis has different types of fire extinguishers. The dry chemical or "multi-purpose" fire extinguisher is the most common. The multi-purpose extinguisher can be used on all classes of fires (A, B, or C).

If the fire is small (no larger than an office size trash can), attempt to extinguish the fire; however, DO NOT PUT YOURSELF IN DANGER and always ensure there is an escape route. Once a fire starts, it could double in size every 30 seconds. An acronym utilized to assist UC Davis Health workforce in remembering how to operate a fire extinguisher is P.A.S.S. The individual letters of the acronym stand for the following:

P is for Pull -	Pull the pin located in the handle.
A is for Aim -	Aim the extinguisher at the base of the fire not at the smoke.
S is for Squeeze -	Squeeze the handle.
S is for Sweep -	Sweep the base of the fire. Starting with the edge of the fire nearest to oneself, sweep from side to side until the fire is out or the extinguisher is empty.

Discharge the extinguisher six to eight feet at the base of the fire. If the fire continues to burn, do not search for another extinguisher. Confine the fire by closing doors and leave the area immediately.

Medical Gas Shutoff Valves

Know the types of medical gases and the locations of all medical gas shutoff valves in one's area. The valve should be clearly labeled as to the areas/rooms they serve. Shutoff valves may not be blocked. If the valves are not labeled or incorrectly labeled, contact the Office at 916-734-3036. Review UC Davis Health Policy 1680 Emergency Shut-Off of Medical Oxygen in the Event of Fire for more information.

Building Evacuation

In the event of an alarm, some buildings and floors require evacuation instead of relocation. If this is the case for one's building or floor; proceed to lowest level of the building via the exit stairs. Do not attempt to use the elevators. Use handrails while descending. All emergency exits are clearly marked to properly guide everyone to the exterior of the building. From there, please proceed to the designated assembly area. Any individual who cannot evacuate via the egress stairwells may be staged inside the stairwell. In buildings with areas of refuge, the individuals should assemble at that location and utilize notification devices if present. Notification devices are used to provide information to emergency responders.

Alcohol-Based Hand-Rub Dispensers

Alcohol-based hand-rub dispensers include those that are mounted as well as free-standing liquid containers. When dispensers are mounted in a corridor, the corridor must have a minimum width of 6 feet. The Joint Commission requires the placement of dispensers with a minimum of four-feet horizontal spacing between them and not installed within one inch of an ignition source (i.e., light switch, electrical outlet, etc.).

Medical Equipment Management

The Clinical Engineering Department is responsible for the repair, inspection, and maintenance of medical equipment throughout UC Davis Health.

All medical equipment must be inspected and tagged by Clinical Engineering prior to initial clinical use regardless of how the equipment was acquired (e.g., demo, borrowed, rental, purchase, lease, etc.).

Clinical Engineering Information

For further information regarding medical equipment and/or Clinical Engineering services, call 916-734-2846. Additional information is available by referring to the Clinical Engineering website or the online UC Davis Health policy and procedure manuals.

Training

All medical equipment users are required to be able to properly operate medical equipment that is under their control. Periodic equipment training is required and is the department's responsibility. If there is a question about how to operate equipment, refer to the device's operator's manual on file in each department or ask one's immediate supervisor or department manager.

Equipment Failure and Reporting

All equipment that is malfunctioning shall be taken out of service immediately. All equipment users are required to know where critical back up equipment is located and what procedures to follow when critical equipment fails. Broken equipment and/or equipment that is suspected to be out of calibration or otherwise not performing to its original specification must be reported to Clinical Engineering.

Equipment Caused Injury

As required by the FDA's Safe Medical Devices Act (SMDA), equipment that fails and causes or contributes to patient injury, patient illness, or patient death is required to be formally reported to the FDA and the medical device manufacturer. At UC Davis Health, the reporting procedure is to complete an online Incident Report through the Incident Reporting system, RLDatix. See UC Davis Health Policy 1466 Incident Reports. All equipment involved in the incident, including accessories and consumables, must be sequestered and Clinical Engineering notified immediately.

Equipment Inspection

Before each use of any electrical device, inspect the power cord and plug for broken insulation, loose screws, or bent prongs. Special attention should be given to the point where the cord and plug join as well as the place where the cord enters the device.

Electric Safety

Water is a conductor of electricity.

DO NOT place liquids on top of electrical devices.

DO NOT set equipment on wet areas.

DO NOT use equipment on which liquids have been spilled. Turn off or unplug equipment.

DO NOT touch electrical equipment with wet hands.

NO personally owned (staff, patients, or visitors) line powered (including battery charger) electrical devices are allowed in patient care areas at UC Davis Health. This restriction includes coffeepots, radios, and TVs. All “loaned” devices must be inspected and tagged by Clinical Engineering as electrically safe. There is an exception for patient-owned, battery-powered laptop computers that have grounded or double-insulated battery chargers.

NO adapters or two-pronged electrical devices shall be used at UC Davis Health. Two-pronged electrical devices are not grounded and their use in hospitals is a violation of California Code of Regulation, Title 22, and paragraph 70837(e). Labeled (e.g., UL), double-insulated equipment is allowed.

Avoid using extension cords. If it is absolutely necessary to use an extension cord, use only the yellow “hospital grade,” three-wire, heavy-duty type of extension cord. Extension cords for non-patient care equipment may only be used as temporary wiring for portable hand tools, or while a permanent electrical service is being installed. In non-patient care areas, extension cords may be used to serve a short-term research experiment not exceeding six months. Surge protectors for computer equipment shall not be used as extension cords. Extension cords shall not be used as a substitute for fixed wiring. Do not use extension cords where subject to physical damage or hazardous locations (e.g., attached to buildings, walls, doors, windows, or under carpets).

Relocatable power taps (RPTs), also known as power strips, or plug strips, for use in patient care areas shall meet the following requirements: labeled by their manufacturer as hospital grade, mounted (e.g., on a rack, table, pedestal, or cart) only on movable patient care equipment, are not used for non-patient care electrical equipment (such as personal electronics), produce a total electrical current (amps) draw of less than 75% of the RPT’s listed capacity, and plugged directly into a wall outlet (i.e., not “daisy-chained”).

Special Precautions for Electrically Sensitive Patients

Special precautions need to be taken for "electrically sensitive patients," e.g., patients with central pressure lines, patients with external pacemakers. Recognize that a very small amount of electrical current (less than a normal healthy person can feel) can cause cardiac fibrillation if applied directly to the heart. Possible routes to the heart include fluid filled catheters placed in or near the heart and external pacemaker wires that inadvertently come into electrical contact with an ungrounded or otherwise malfunctioning device. Electrically sensitive patients may commonly be found in critical care units, the cardiac catheterization laboratory, and the operating room.

Radiation

The Health Physics Office answers questions about radiation safety at 916-734-3355, and via email at healthphysics@health.ucdavis.edu. After hours, the UC Davis Health Radiation Safety Officer can be reached by paging 916-816-5538.

Information is available on the intranet at http://intranet.UCDMC.ucdavis.edu/safety/hp/index.shtml.

Health Physics is responsible for overseeing the safe and effective use of ionizing and non-ionizing radiation within the Health System. X-Ray machines and radioactive material are used at UC Davis Health and the Primary Care Network for diagnostic and therapeutic purposes, as well as in research and development. Title 17 of the California Administrative Code regulates the use of radiation. The University of California, Davis is issued a broad scope license that details the use conditions for all radioactive material at the University. The campus-wide Radiation Safety Committee and the Radiation Use Committee at UC Davis Health enforce these regulations. The UC Davis Radiation Safety Manual details the requirements for use of radiation producing machines and radioactive materials at UC Davis.

Radiation producing machines and radioactive materials at UC Davis Health are used under Radiation Use Authorizations (RUA) and or Machine Use Authorizations (MUA) that are issued by the Health Physics Office to Department Managers and Principal Investigators. RUAs and or MUAs specify the conditions under which radioactive materials or radiation-producing machines may be used. All radioactive materials and radiation producing machines must be labeled with the radiation symbol. Periodic inspections are made to assure that this technology is being used in a safe and effective manner. Only personnel properly trained by the Health Physics Office or certified by the State of California should handle materials or devices labeled with the radiation symbol. These persons are considered Radiation Workers.

Human subject research protocols and consent forms, which involve use of ionizing radiation from machines or radioactive materials, must be approved by the Radiation Use Committee. Applications are available at the website above.

Only Health Physics staff is authorized to pick up and dispose of radioactive materials. If UC Davis Health workforce identifies a shipment package or cargo box with the yellow and magenta or yellow and black

international radiation symbol (the trefoil, shown below) on it and is not clearly identified or recognized by the UC Davis Health workforce, call Health Physics (916-734-3355) right away. And if possible, continue to observe the box or object, awaiting the arrival of personnel from Health Physics.

Radiation producing machines and radioactive materials are used throughout the hospital and research areas. Signs, such as the trefoil or the words “Caution X-Ray” or “Caution Radioactive Material”, located at the entrance to the work area will identify the presence of hazardous materials in the workplace. The trefoil alerts UC Davis Health workforce so that they can minimize the potential exposure to radiation by following the established protocols. This includes limiting the time of the exposure, increasing the distance between oneself and the radiation source, using radiation shielding, and wearing personal protective equipment as necessary. Basic rules to follow include:

- Follow all room postings or instructions carefully.
- Ask the laboratory personnel to identify areas that should be avoided.
- Do not handle anything labeled with the radiation symbol (unless it is part of your job).
- Call the Health Physics Office (916-734-3355) for any questions or concerns.
- Leave the room locked when unoccupied.

Lead aprons are available and must be worn in rooms when fluoroscopy is performed. Lead aprons are required to be inspected periodically to assure that they are in good condition. Refer to UC Davis Health Policy 1728 for specific information about the care and handling of lead aprons. Questions about lead aprons should be directed to unit supervisors or managers. Staff are required to be trained and authorized to use radioactive material or radiation producing machines. The specific requirements that must be followed when operating radiography and fluoroscopy equipment are outlined in UC Davis Health Policy 3103. Other than certain residents and fellows, all physicians who operate fluoroscopy equipment must possess a state-issued fluoroscopy supervisor and operator permit (CCR, Title 17, section 30463). Copies of permits must be kept on site and be available upon request.

If UC Davis Health workforce are assigned a radiation dosimeter, they should wear it at all times and leave it at the workplace at the end of their shift so that it will not get lost or damaged. UC Davis Health workforce should not wear their dosimeter anywhere except while working at a UC Davis facility. If UC Davis Health workforce are badged by another facility, it is their responsibility to provide dosimeter reports to the Health Physics Office. If UC Davis Health workforce would like to have a dosimeter issued to them, contact the Health Physics Office. If UC Davis Health workforce become pregnant and works

with or around radiation, they may contact the Health Physics Office at 916-734-3355 if they would like to arrange for fetal radiation monitoring.

"Notices to Employee" signs are posted in all areas where radiation or radioactive materials are used. It explains the employees' responsibilities to know and understand California radiation protection standards and the employer's operating and emergency procedures.

Remember, if staff work in an area where radiation is used, follow safety protocols and regulations. Contact the Health Physics Office if assistance is needed, if you are unsure of a protocol, or if an incident/accident has occurred.

The Health Physics Office is also available to answer technical questions concerning radiation applications in medicine and research, as well as to provide information about the biological effects of radiation exposure to employees and patients. Radiation safety in-services are available and can be requested by calling the Health Physics Office at 916-734-3355.

Medical Lasers

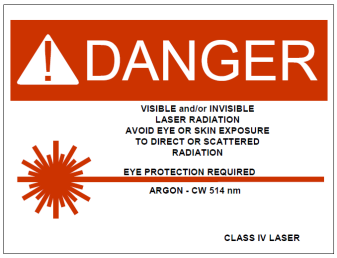
The Health Physics Office Laser Safety Officer answers questions about laser safety at 916-734-3355. After hours, the UC Davis Health Radiation Safety Officer can be reached by paging 916-816-5538.

If UC Davis Health workforce work with medical lasers, they must receive medical laser safety training at UC Davis Health. The training must incorporate basic laser safety and specific site rules and expectations. This training must occur within 30 days of hire, to work with laser systems. Required training must be documented and records of training must be available upon request.

Guidelines for the safe use of lasers in medicine are found in ANSI Z136.1 "American National Standard for the Safe Use of Lasers" and ANSI Z136.3 "American National Standard for the Safe Use of Lasers in Healthcare." Although these standards are not law, they are referenced by OSHA, Cal OSHA, and The Joint Commission as the standards by which laser safety programs should be administered.

Lasers are used at UC Davis Health for surgical, diagnostic, therapeutic, and research purposes. All lasers must be used according to manufacturer specifications and according to a Safety Protocol or Standard Operating Procedure (SOP), UC Davis Health Policy 1642, and the UC Davis Health Medical Laser Safety Manual.

Laser treatment rooms must be posted according to UC Davis Health Policy 1642. The posting will be a sign similar to the ones shown below:



Never enter a room posted for laser use unless wearing the required laser safety eyewear. If there are any questions about laser safety precautions, ask the responsible clinician or Equipment Specialist. Please contact the Medical Laser Safety Officer at 916-734-3355 if there are any questions or you would like to schedule a Medical Laser Safety in-service.

Magnetic Resonance Imaging (MRI)

Magnetic Resonance Imaging (MRI) uses magnetic fields, radio frequencies, and a computer to produce images of the inside of the body. The magnetic fields are not known to be harmful and are painless. MRI is effective in visualizing soft tissue, the brain, the joints, and the musculoskeletal and vascular systems.

The MRI poses specific safety hazards in that any magnetic object (e.g., metal object) within the high magnetic field of the magnet will be pulled into the scanner and itself become a projectile. This could cause severe injuries to or even death of a patient or staff member as well as considerable damage to MRI equipment. To avoid a safety emergency, access to zones III and IV of the MRI suite is severely restricted. Screening of patients and staff is mandatory.

Hospital staff must be aware that the magnet is always on, and that the magnetic field cannot be seen or heard. The closer an object gets to the MRI, the stronger the magnetic force is (exponentially more). This force can pull metal objects into the machine at great speed and can cause severe injury or death. Metal objects, such as gurneys, oxygen tanks, infusion pumps, tools, and other patient-use items containing metal that are not labeled as MR safe, cannot enter the MRI environment. All personnel approaching the area must be aware of safety issues at all times. All staff and faculty who have a purpose to access MRI zone III or zone IV, such as a nurse, respiratory therapist, or environmental services are required to complete the online MRI Safety Training on an annual basis.

Hospital staff will need to consult with MRI Staff if a patient has an implanted device, such as a pacemaker, to determine if the device is MR conditional. For the safety of the patient, physicians ordering an MRI are required to provide accurate information regarding known implants, prosthetics, pacemakers, or any other metallic objects. Patients with implanted devices that are not deemed MR conditional cannot be imaged or even come into the MRI prep area as the magnetic field may disrupt the function of these devices, which could result in death. Mechanically ventilated patients require special ventilators, oxygen tanks, and monitoring devices that are MR conditional. The MRI technologist or physician can supply the floor with the necessary instructions for these high-risk patients. Other

devices, such as prosthesis, pumps, surgical clips, or metal fragments, will be screened to determine if they are MR conditional. Jewelry, hairpins, glasses, wigs, hearing aids, non-permanent dentures, etc., must be removed before entering zone III.

Some of the safety precautions are:

- Warning signs posted on doors.
- Obtaining sufficient information about possible implants a patient has. This information should be provided by the ordering physician.
- The use of hand-held magnet scanners to help detect metal objects.
- Being cleared by the MRI technologist
- Refer to the UC Davis Health Policy 1727 Department of Radiology Magnetic Resonance Safety for additional information. Any staff that enter controlled MRI spaces must complete periodic training in accordance with this policy.

Utility Systems Management

Plant Operations and Maintenance

Plant Operations and Maintenance (PO&M) is responsible for the repair, inspection, and maintenance of all utility systems throughout UC Davis Health. If UC Davis Health workforce have any questions regarding utility systems, please call PO&M at 916-734-2763. If you have a utility issue at one of the offsite/leased property locations, please contact the UCDH property supervisor of that location (found here) or call: 916-734-2999.

PO&M is open 7 days a week, 24 hours a day for any electrical safety, equipment maintenance, or utility system problems. Routine service requests should be submitted online using the PO&M Service Request System. Urgent requests, requiring work to be accomplished on a STAT basis involving conditions where patients', visitors', or employees' lives or health are in danger, should be called to 916-734-2763 or submitted online using the Service Request System. Some examples of what is considered to be an appropriate emergency request include, but are not limited to, the following:

- Code blue alarm failure
- Medical gas/air problems
- Patient call system failure
- Emergency power generator failure
- Roof leaks/plumbing failures
- Power failure/thermostat adjustment
- Security lighting/alarm failure
- Elevators not operating correctly
- Code red alarm failure
- Sterilizer problems/failures
- Water, steam, gas, air, sewer system failure
- Lighting directly related to patient care
- Broken window/door glass
- Flooding conditions
- Door failure

Training

All utility systems users are required to be able to properly use the utility systems under their control. Periodic training is required and is the department's responsibility. If there is a question about how to operate a utility system, refer to the operating instructions, the quick reference cards, or ask one's immediate supervisor or department manager.

Utility System Failure and Reporting

All system malfunctions due to failure or improper use must be reported or, if authorized, taken out of service immediately. All utility system users are required to know how to notify PO&M of system problems and how to shut down the portion of the system under their control. The PO&M 24-hour notification number is 916-734-2763. Some electrical outlets have a red cover, or the outlets themselves are red. These outlets are connected to emergency backup and provide power that will be uninterrupted, even if there is a loss of normal power. Red telephones provide back up for incoming and outgoing calls in case of a major failure of the normal telephone system.

Information

For further Information regarding utility systems or PO&M services, call 916-734-2763.

Security Management

UC Davis Health personal safety and security is important. The heart of the Health System's Security Program is outlined in the Security Management Plan, which describes how the UC Davis Health and UC Davis Police Department manage the physical and personal security of patients, staff, and visitors at UC Davis Health's facilities. The plan is reviewed and updated annually.

The Security website is an excellent resource for up-to-date security information (http://intranet.UCDMC.ucdavis.edu/safety/security/security_welcome.shtml). UC Davis Health workforce can find the Security website by typing "safety/" in their web browser address bar from the intranet and then click on "Security" on the Environmental Health & Safety home page. On the Security home page, UC Davis Health workforce will find links to an overview of the security program, the UC Davis Police Department website, and the system's Workplace Violence and Hate Incidents site.

All telephone lines at the UC Davis Health campus are connected to the UC Davis dispatch center. UC Davis Health workforce can dial 9-1-1 from any landline on the Sacramento campus and be connected directly to the dispatch center. From a cell phone, call 916-734-2555. UC Davis Health recommend that UC Davis Health workforce program this number into their cell phone. If UC Davis Health workforce dial 9-1-1 from a cell phone, the call is received by the California Highway Patrol and may result in a longer response time for assistance.

Identification Badges

UC Davis Health workforce members must wear their photo identification badge at all times while on UC Davis Health property. Failure to comply may result in corrective or disciplinary action consistent with

Administrative Policy “1010 Policy Enforcement” or union contracts. Badges must be worn so that the photograph, name, working title, and department are clearly visible and positioned on the upper body (between waist and shoulders).

Badges are property of UC Davis Health and must not be altered, defaced, or covered in any way. No modifications to a badge’s printed information (such as name, title, department, or access permissions) may be made without an approved Access Request. Any request for updates to an existing badge, including changes to the areas where access is allowed, must be formally submitted and authorized through the UC Davis Health Access Request process. Each individual may have only one active badge, and it must remain in their possession at all times. Lost or stolen badges must be reported immediately to IT (916-734-4357) to ensure access is revoked . Visitors to the hospital must display a temporary visitor badge at all times. Visitor badges are issued at the Main Hospital/Pavilion lobby, Emergency Department, or other designated security desks. After 9:00 p.m., access into the hospital is restricted; employees must show their badge to a Protective Service Officer (PSO) at the visitor desk before entry.

Most UC Davis Health facilities require the use of an access badge for entry. Security-sensitive areas (including, but not limited to, cash handling locations, the Emergency Department, infant and pediatric units, research laboratories, and the Pharmacy) have enhanced access controls. Entry to these areas is restricted to authorized personnel only and is based on job responsibilities and the principle of least privilege. To protect sensitive systems and information, physical access to UC Davis Health facilities is monitored through surveillance systems, access control systems, and activity logs, consistent with NIST SP 800-53 “Physical and Environmental Protection (PE)” controls. Access lists are reviewed annually, and access rights are promptly revoked when no longer required.

All individuals must swipe their own badge when entering secure areas. Tailgating or piggybacking (allowing another person to enter without individually badging in) is strictly prohibited. Employees who observe tailgating or any unauthorized access attempt must immediately report the incident to UC Davis Health Police at (916) 734-2555.

All badge access activity is logged and monitored for security, compliance, and safety purposes. Workforce members have no expectation of privacy regarding their badge access records or physical access activity. Access records may be reviewed, audited, or shared with law enforcement or administrative offices as necessary to support investigations, compliance reviews, or safety concerns.

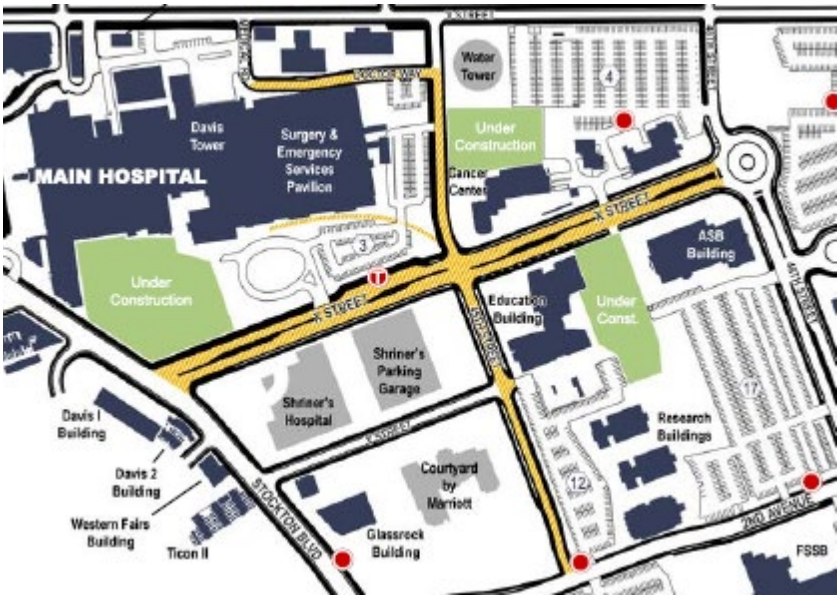
Personal Safety

UC Davis Health workforce can take several actions to enhance their personal safety. Put personal belongings, such as purse, wallet, or laptop out of sight, preferably in a locked cabinet or drawer when at worksite; avoid leaving valuables in your vehicle. Be aware of surroundings when walking to and from one’s car and use the shuttle service if staff arrive or leave after dark. If possible, walk with others in a group. Avoid wearing headphones and texting when walking outdoors. Look ahead for advance warning

should someone be acting suspicious and take evasive action, such as crossing the street – have phone preset to dial 911 quickly.

Parking and Transportation Services provide a shuttle service to and from outlying parking lots from 5:30 a.m. to midnight on a regular schedule. Protective Service Officers provide a safety escort service from midnight to 5:30 a.m. and 24 hours on weekends and holidays, upon request and when staffing levels and other calls-for-service allow. To obtain an after-hours safety escort, call the dispatch center at 916-734-2555. The goal of these services is to provide UC Davis Health workforce with an alternative to walking alone on campus after dark. In addition, UC Davis Police Department conducts vehicle, foot, bicycle, and motorcycle patrols of the entire campus, including parking structures and parking lots.

Safety Corridor: the "Safety Corridor" is the preferred route to walk to the outlying parking lots as the "Safety Corridor" has additional lighting and emergency phones along the route. The "Safety Corridor" is highlighted in yellow in the map below. Employees are encouraged to avoid walking along Stockton Boulevard or V Street after dark.



What Do I Do in an Emergency?

- Get everyone, including oneself, to safety as quickly as possible.
- Consider using a *Blue Tower* or other emergency telephone that provides a direct connection to UCDPD Dispatch when nearby and safer and/or faster to use for reporting the emergency.
- Call 911 via landline or 916-734-2555 via cell phone and the dispatcher will direct callers to the police. If UC Davis Health workforce cannot stay on the line, if possible, keep a line open to police until they arrive. The more information the police receive, the more likely they can bring a potentially violent situation to a safe conclusion.

Training

All new staff, students, and researchers receive security familiarization during orientation sessions and as part of the annual refresher training. In addition, staff may receive in-service departmental-specific security training, such as for those who handle cash or have direct patient contact. The UC Davis Police Department and Security provide department-specific or hazard-specific security training, upon request. Available topics include active-threat defense, personal/professional safety, and conflict resolution.

Infant/Child Abduction (Code Rainbow)

Code Rainbow is the UC Davis Health designation for suspected infant/child abduction.

There are three major components to a successful infant/child abduction prevention program at UC Davis Health:

- Quick and timely execution of the appropriate response to abduction
- Education of staff and patients/parents on proper prevention and response procedures
- Technological security measures

In the main UC Davis Health hospital facility, call the code line at 4-3666 to initiate a Code Rainbow. In external UC Davis Health facilities and Primary Care Network Clinics, call 911 to report child abduction. It is the responsibility of all employees to be aware of their department's response to a Code Rainbow. Read UC Davis Health Policy 3304 and review Unit/Department-specific responses to a Code Rainbow with one's Manager or resource person.

The policy outlines the following prevention/response procedures.

In the hospital, immediately dial 4-3666 to report abduction. The hospital operator will begin announcing overhead "Code Rainbow and the unit, location, patient sex, and age" until more information is available.

For hospital-based clinics, immediately dial 4-3666 (Hospital Operator Code Line) and 4-2555 (UC Davis Police Department) simultaneously. The Hospital Operator will send out an Alpha group page for Code Rainbow to include the building name, floor, patient sex, and age.

For Primary Care Network Sites, dial 911 to contact local police; as soon as possible, call the UC Davis Health Hospital Operator, who will initiate notification to UC Davis Police and Public Affairs Office.

The staff making the call will be expected to provide the following information: unit/department where abduction occurred, name of child on ID bracelet, sex of the child, ethnic background, age of child, description of abductor, last known location of travel, and description of any staff personnel following the abductor.

Staff shall attempt to safely follow the abductor. If contact is made, do not physically restrain the abductor but request that the infant/child be released. If the abductor will not release the child,

continue to follow until the police arrive or it is impossible to pursue. If threatened or fearful for personal safety, the pursuit should be discontinued. Be prepared to give police a complete, detailed description of the abductor, the exit used, direction of travel, vehicle, and license number.

Immediately secure the patient's room or area where the abduction occurred and prevent all persons in the area at the time of the abduction from leaving until the police dismiss them.

All personnel available in other patient care areas will observe their respective corridors and stairwells for suspicious activity. Notify the police by telephoning 911 if one encounters a suspicious person.

All available Protective Service Officers and Environmental Services Departments will respond to the building exits to assist in locating the child and abductor, until Code Rainbow is discontinued.

When given the "All clear" by UC Davis Police, the operator will announce, "Code Rainbow All Clear" three times in succession or will initiate the facility procedure for notification.

HUGS - Preventing Infant Abduction

UC Davis Health utilizes a state-of-the-art electronic security system, called HUGS, which protects infants and children from the threat of abduction while in the hospital.

HUGS create a "safe area" where infants/children are monitored at all times. This is where infants/children are supposed to be.

The system generates alarms when an infant/child is removed from the safe area, when a tag has been tampered with, when the tag is not seen by the system for a period, or when certain other conditions occur.

Refer to UC Davis Health Policy 3302.

Emergency Unlocking of Patient Bathrooms

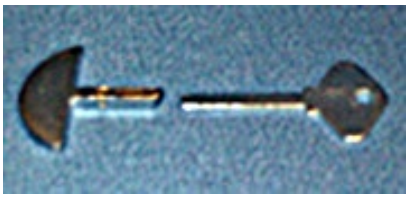
Staff may open locked patient bathrooms in an emergency. Here are examples from the main hospital of several handle configurations, and how to open them (there may be other types in clinics). Submit a PO&M work order if extra override keys are needed.

TYPE 1. Handle with a slot – the slot may be oblong or square. Any object that fits and provides enough leverage to twist the slot will work to unlock the door. Keys work well for this; almost any key will fit the oblong slot and will work.

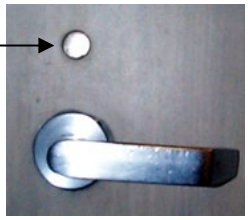
TYPE 2. Handle with knobs – can be turned using a hand.

TYPE 3. Square slot hidden behind metal cap. Remove cap with fingers. Then use square override key provided by PO&M (image below). Put key in slot and turn.

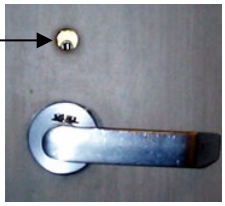
square override key



cap



cap removed to reveal square slot



Online Incident Reporting

Incident Reporting system, RLDatix, is available for use by all UC Davis Health employees. It may be accessed directly from its icon on any UC Davis Health computer desktop. It may also be accessed via The Insider's On-the-Job Resources. Users may also type "IR/" or "incident/" in their web browser address bar as a shortcut. The user ID and password correspond to the user's Active Directory account.

UC Davis Health Policy 1466 Incident Reports outlines how the IR system is to be used. Any event that is "…not consistent with the routine Medical Center operations or situations that may potentially or actually result in unanticipated injury, harm or loss to any patient, visitor, student, volunteer, or employee" is to be reported. Essentially, anything that occurs outside the normal course of events should be reported. These would include adverse outcomes (e.g., pressure injuries), procedural

breakdowns (e.g., breach of confidentiality), and catastrophic events (e.g., wrong site surgery). The Incident Reporting system, RLDatix, has 27 forms within which an IR may be submitted. Anonymous Mode is available on the New File/ Icon Wall.

It is also important to report near misses. Review of near-miss activity may promote system changes that will prevent actual adverse outcomes for patients and staff.

Use the Employee Event form in RLDatix for reporting only Safe Patient Handling Injury events, needle sticks, and other bloodborne pathogen exposures. Do not use the Incident Reporting system, RLDatix, to report other employment-related injuries; instead, use the Workers' Compensation system to report such injuries (see UC Davis Health Policy 2942 Workers' Compensation and/or Workers' Compensation | UC Davis Health). However, UC Davis Health workforce may use the Incident Reporting system, RLDatix, to report the hazards that led to the injury or exposure. Make a note in the IR if there is a Workers' Compensation claim. Questions regarding Incident Reporting system, RLDatix, should be directed to Risk Management at 916-734-3883 / risk.management@health.ucdavis.edu.

Reportable Events

UC Davis Health is required by state law to report specific adverse outcomes and certain privacy incidents that occur in the hospital to the California Department of Public Health (CDPH) no later than five days after the event is detected or, if the adverse event poses an ongoing, urgent, or emergency threat to the welfare, health, or safety of patients, personnel, or visitors, within 24 hours of detection. Failure to do so may result in a fine of $100 per day. Reports to CDPH involving adverse outcomes are made by Regulatory, Licensure, and Accreditation. Reports involving privacy incidents are made by the Compliance Department and/or the Privacy Officer.

For adverse outcomes, CDPH is required to conduct an onsite investigation within 48 hours (or two business days) of events that pose an ongoing threat of imminent danger of death or serious bodily harm.

The reportable events are described in UC Davis Health Policy 1513 Reporting Serious Adverse Events and Provider-Preventable Conditions. Categories of reportable events, with some examples, include:

Surgical events: Surgery performed on the wrong body part, wrong patient, and wrong procedure.

Product or device events: Death or serious disability from use of contaminated drug or device.

Patient protection events: Infant discharged to the wrong person.

Care management events: Death or serious disability associated with a medication error.

Environmental events: Death or serious disability associated with electric shock.

Criminal events: Abduction of a patient of any age.

Or, **Unusual occurrences**: Any adverse event or series of events that causes the death or serious disability of a patient, staff member, or visitor.

File a grievance with the California Department of Public Health by calling 1-800-554-0354 or by writing to:

California Department of Public Health

3901 Lennane Drive, Suite 210

Sacramento, CA 95834

File a grievance with The Joint Commission by writing to:

The Joint Commission

Office of Quality and Patient Safety

One Renaissance Boulevard

Oakbrook Terrace, Illinois 60181

Workplace Violence and Hate Incidents

UC Davis Health is committed to preventing and responding to violence and hate incidents in the workplace through education, adherence to policy, and swift action to threats and acts of violence. UC Davis Health's Violence and Hate Incidents in the Workplace Policy (UC Davis Health Policy 1616) states that UC Davis Health will not ignore, condone, or tolerate disruptive, threatening, intimidating, violent, or hate incidents by or against any member of the University community or by any patient or visitor. Members of the University community engaging in such behavior will be subject to appropriate personnel action, up to and including termination or dismissal, as authorized by the applicable policy or collective bargaining agreement. The President of the University of California and the UC Davis Chancellor have made it unequivocally clear that there is zero tolerance for any behavior that threatens personal safety or property and/or interferes with the mission of the University.

Workplace Violence

Workplace Violence, as defined by UC Davis Health Policy 1616 Violence and Hate Incidents in the Workplace, includes both violence and disruptive or threatening acts that can lead to violence. The terms in Policy 1616 include:

Disruptive Behavior – aggressive behavior or conduct that may adversely affect the campus or workplace, may generate reasonable concern for personal safety, or may result in physical injury, including but not limited to the following:

Bullying – offensive or malicious behavior through persistent actions typically meant to undermine, intimidate, or demean the recipient.

Domestic violence – abusive or violent behavior between individuals who have an ongoing or prior intimate relationship that is disruptive in the workplace.

Intimidation – behavior that is intended to frighten, coerce, or induce duress.

Property damage – intentional damage to property owned by the University, its employees, students, visitors, or vendors.

Threat – expression of intent to cause physical or mental harm, which may be direct, indirect, conditional, or veiled.

Violent behavior – unwanted physical contact such as hitting, kicking, pushing, shoving, throwing of objects, or the use of a weapon.

Hate Incident – any non-criminal conduct that is motivated by hatred or bigotry and directed at any individual, residence, house of worship, institution, or business expressly because of the victim's real or perceived protected identity/category. Hate incidents can also include conduct directed against an individual or group because of their association or advocacy on behalf of a member or members of a protected class. Hate incidents may include, but are not limited to, violence as defined above, expressions of bias, graffiti, or vandalism because a person is, or perceived to be, a member of a protected class. Hate incidents that constitute discrimination and/or harassment are prohibited by the Anti-Discrimination policy.

Additionally, Cal/OSHA's Workplace Violence Prevention in Healthcare standard went into effect on April 1, 2017. The standard is found in the California Code of Regulations, Title 8, Section 3342.

The standard applies to work in the following healthcare facilities, service categories, and operations:

- Health facilities, as defined in subsection (b)
- Home healthcare and home-based hospice
- Emergency medical services and medical transport, including these services when provided by firefighters and other emergency responders
- Drug treatment programs
- Outpatient medical services to the incarcerated in correctional and detention settings

Pursuant to the law, the following protocols were implemented and are in-use:

- Violent Incident Log
- Recordkeeping
- Workplace Violence Prevention Plan

- Review of the Workplace Violence Prevention Plan
- Training

Cal/OSHA specifically defines Workplace Violence as any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

> 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;
>
> Four workplace violence types:
>
> - "***Type 1 violence***" means workplace violence committed by a person who has no legitimate business at the work site and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
> - "***Type 2 violence***" means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
> - "***Type 3 violence***" means workplace violence against an employee by a present or former employee, supervisor, or manager.
> - "***Type 4 violence***" means workplace violence committed in the workplace by someone who does not work there, but has, or is known to have had, a personal relationship with an employee.

Additionally, The Joint Commission published their definition of workplace violence, which went in effect January 1, 2022. The Joint Commission defines workplace violence as:

"An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

For training resources, WPV Prevention Plan, and other information refer to the UC Davis Health Violence in the Workplace website. UC Davis Health workforce may also contact the Workplace Violence Prevention Unit by email at WorkplaceViolencePrevention@ucdavis.edu with any questions or concerns.

Ways to Prevent Potential Violence in the Workplace

Evaluate each situation for potential violence when entering a room or beginning to interact with a patient or visitor. Be vigilant throughout the encounter.

- Do not isolate yourself with a potentially violent person.
- Keep an open path for exiting.
- Do not let the potentially violent person stand between you and the door. Your back should not be turned to the violent person.
- Try to stay two or three arm lengths away from the person.
- Do not ignore concerning behaviors.
- If possible, have security and/or UCDPD officers present when interacting with a possible aggressive person.
- Promptly report and document incidents.

Ensure employees, students, patients, and visitors are aware of and adhere to the Health System's UC Davis Health Policy 1616.

Utilize the Health System's violence prevention resources including violence prevention classes, in-services, and other support services and departments identified below under resources.

UC Davis Health Policy 4067 Prevention and Management of Violence by a Patient or Visitor provides specific procedures for patient care areas.

Aggression and violence predicting factors

- Persons with a history of violent behavior
- Forensic patients (prisoners)
- Early release of acute and chronically mentally ill patients
- Patient refuses psychiatric medication or hospitalization
- Characteristics of aggressive and violent patients and victims
- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

De-Escalation Techniques - Verbal and physical maneuvers to defuse and avoid violent behavior

- Respond quietly and calmly.
- Do not take the behavior personally – remain calm and professional. Don't overreact.
- Demonstrate respect and concern.
- Consider offering an apology, even if nothing was done wrong.
- Summarize what the individual is saying and make sure to communicate clearly.
- Focus on areas of agreement to help resolve the concern.
- Use the person's name.
- Listen to the person's concerns and acknowledge the person's feelings.
- Ask open questions.
- Consider having UC Davis Police and/or security near-by to lessen response time.

Assault Cycle

There are five phases in the "assault cycle".

Trigger Phase:

Factors that can make people angry and may trigger a violent response include lack of respect, not being listened to, loss of control, sense of injustice, feeling of discrimination, or a lack of competence in others.

Break the assault cycle by using de-escalation techniques described above.

Escalation Phase:

Person experiences physiological "fight or flight" response, which includes increased heart rate, tenseness of muscles, blood rushing to head, sweating, and dryness in the mouth.

Continue use of de-escalation techniques.

Avoid actions that can escalate the situation, such as asking too many questions, being too rushed, or patronizing the person.

Crisis Phase:

Both parties are aroused, and assault is imminent or occurring.

Reasoning with the person is no longer possible.

Manage one's own physiological and physical responses with an emphasis on safety of all involved, such as escape or leave the area, use of barriers, use alarms, or shout to summon help.

Recovery Phase:

Person is calming down.

Be aware of the potential for "flare up" and do not attempt an exploration of the incident at this phase.

Post-crisis Phase:

Person is low in mood, remorseful, guilty, ashamed, or despairing.

Resources available to employees for coping with incidents of violence.

- University Police: 916-734-2555
- Employee and Labor Relations: HS-UCDHELR@ucdavis.edu
- Risk Management: 916-734-3883
- Academic and Staff Assistance Program (ASAP): 916-734-2727 or asaphealth@ucdavis.edu
- Harassment & Discrimination Assistance and Prevention Program (HDAPP): 530-754-3764 or hdapp@ucdavis.edu
- The UC Davis Health Workplace Violence website

- For training resources and information, refer to the UC Davis Health Workplace Violence website.

Reporting Criminal, Security, Workplace Violence, and Hate Incidents

In the event of an emergency or imminent danger, dial 911 via landline or 916-734-2555 via cell phone or landline.

Criminal events are reported to the UC Davis Police Department by dialing 911 via landline or 916-734-2555 via cell phone or landline to report crimes and in-progress activities that require police response; UC Davis Health workforce should be prepared to provide all available information to the dispatcher. The police department conducts criminal investigations and advises UC Davis Health personnel on crime prevention strategies. Incidents concerning suspicious people or circumstances are also reported to the police for investigation.

Mandatory Reporting of Workplace Violence

California regulations require mandatory reporting for certain workplace violence incidents. Any act of assault or battery against any on-duty hospital personnel that results in injury or involves the use of a firearm or other dangerous weapon shall be reported to the UC Davis Police Department immediately by dialing 911 via landline or 916-734-2555 via cell phone. Any act of violence (physical assault or threat of physical assault) against a “community healthcare worker” (home health worker) shall be reported to UC Davis Police Department immediately.

Workplace violence incidents must also be reported as described in Health System’s Workplace Violence Reporting System (RLDatix). A report made via the Workplace Violence Reporting System is not a police report. Employees must contact the UC Davis Police Department to report an emergency and/or to file a police report by dialing 911 via landline or 916-734-2555 via cell phone. The Workplace Violence Prevention Unit can also be contacted at 916-734-4436 or via email at any time at WorkplaceViolencePrevention@ucdavis.edu with any questions or concerns.

All manner of sexual violence, including but not limited to, sexual assault, domestic violence (relationship violence), stalking, and sexual exploitation is prohibited under the UC Policy Sexual Violence and Sexual Harassment. Concerns that involve academic employees, staff, patients (as Respondents or as Complainants if Respondent is a UCD/UCDH affiliate), and/or students are reportable to the Harassment and Discrimination Assistance and Prevention Program (HDAPP). Please note that Responsible Employees, as defined by the Sexual Violence and Sexual Harassment policy, may be required to report instances of Relationship Violence to HDAPP. Sexual violence can be reported to HDAPP via email at hdapp@ucdavis.edu, via phone at 530-754-3764, or online via reporting form: https://ocpweb.ucdavis.edu/svsh/public/report-form.cfm

Hate Incident Reporting

The UC Systemwide Campus Climate Reporting System allows anonymous and identified reports of intolerance such as: Expressions of Bias Incidents, Hate Speech, Hate Crimes, Graffiti/Vandalism, Intimidation, Bullying or Physical Violence, Bias Incidents, Hostile Climate, and other climate issues. Information about the UC systemwide reporting is available in the following policy: UC Davis Health Policy 1466. Such matters can also be reported to HDAPP via email at hdapp@ucdavis.edu, via phone at 530-754-3764, or online via reporting form: https://ocpweb.ucdavis.edu/rhbadmin/public/report-form.cfm. Please note that Responsible Employees, as defined by the Anti-Discrimination policy, may be required to report instances of hate and bias to HDAPP.

Security incidents are reported via the Incident Reporting System as described in the UC Davis Health Policy 1466 Incident Reports. Security-related Incident Reports are reviewed by the UC Davis Police Department to determine if an investigation is necessary. If a determination is made that an investigation is needed, the UC Davis Police Department is responsible for conducting the investigation and disposition.

To report threatening or violent behavior:

1. Immediately call the UC Davis Police Department.
2. Dial 911 from a landline.
3. Dial 916-734-2555 from UC Davis Health employee's cell phone or landline.
4. Immediately notify one's supervisor or manager about the situation.
5. Notify the Workplace Violence Prevention Unit as soon as possible: 916-734-4436 or ViolencePrevention@ucdavis.edu.
6. On the same day of the incident, document the incident by reporting it online using Incident Reporting system, RLDatix under the category of Safety/Security/Workplace Violence.

Weapons on UC Davis Health Property

It is a serious violation of the law and against UC Davis Health policy and procedure to possess weapons on UC Davis Health property unless the UC Davis Health workforce is a sworn peace officer.

The California Penal Code makes it a felony to bring or possess the following items on the grounds or within buildings of the University of California:

A firearm; or

Any dirk (a dagger), ice pick, or knife having a fixed blade longer than 2-2½ inches; or.

Other items that can inflict great bodily harm, such as BB gun, flare gun, slingshot, or bow/crossbow.

Possession includes, but is not limited to, possession of the aforementioned weapons on the person or in a vehicle.

Active Assailant/Threat

The United States Department of Homeland Security defines the active assailant/threat as "an individual actively engaged in killing or attempting to kill people in a confined and populated area"; an individual who is engaging in behavior that fits this definition typically uses a firearm(s) or other weapon, such as a knife, and there is no pattern or method to their selection of victims.

If there is an Active threat in the area, the phrase to remember is RUN, HIDE, and FIGHT. Plan ahead now and look around one's work area to identify an escape route. If RUNNING is not possible, identify one or more places to lock or block the entry in order to HIDE. As a last resort in a life-or-death situation, FIGHT in an attempt to incapacitate the active assailant.

If UC Davis Health workforce work with patients and are not in the area affected by the Active threat, identify how to lock or barricade all perimeter doors to HIDE; collectively guide others to safety. Hide out of view, set all noise-making communication devices to silent with no vibration, and turn off the lights.

The presence of an Active threat will be announced in plain English. The notification will state, "Active Assailant (or threat if known). Shooting (or other described violent action) in Progress. << announce location>>. Lockdown. This is not a drill." Depending on the location, the notification will go out via the overhead paging system in the hospital, via text pager in the clinics, or via WarnMe in the other buildings.

If UC Davis Health workforce encounter the threat, call 911 when it is safe to do so. If UC Davis Health workforce cannot speak, dial the number and set the phone down. If UC Davis Health workforce is not in immediate danger, answer the questions to provide the following information: location, number of assailants (or armed threat), physical description, number and type of weapons, and number of victims and hostages, if applicable.

When the UC Davis Police or other law enforcement officers arrive, follow the officers' instructions. Keep one's hands visible at all times. Avoid making quick movements toward officers, such as attempting to hold on to them for safety. Avoid pointing, screaming, and/or yelling.

The UC Davis Health "Active Assailant Response" (UC Davis Health Policy 1632) describes the expected response in more detail. In addition, a 5-minute video, called "Run. Hide. Fight. Surviving an Active Assailant Event", was developed by the Department of Homeland Security. The training video is intense and depicts a simulated active assailant event. It is available on YouTube: http://www.youtube.com/watch?v=5VcSwejU2D0

A new video, called "Surviving an Active Assailant in a Healthcare Environment" addresses active assailant response in a patient care environment. Employees in inpatient and outpatient areas should view this 10-minute video: https://vimeo.com/123020803.

Patient Valuables and Property

Personal valuables include, but are not limited to, cash, checks, credit cards, wallet contents, coin purse, keys, watches, miscellaneous papers, jewelry, tablets, laptops, and cell phones. Personal valuables should be sent home with a patient representative. If a patient representative is unavailable, all valuable items should be immediately secured in the admissions safe until discharge.

Personal property includes, but is not limited to, clothing, footwear, purses that contain no valuable items, suitcases, walkers, wheelchairs, and canes. Personal property should be sent home with a patient representative. If no patient representative is available, any items impeding care may be temporarily stored in the Clothing Room.

Personal assist devices are possessions that are essential to maintaining the patient's quality of life while admitted at UC Davis Health. These include, but are not limited to, dentures or other dental appliances, glasses and other optical aids, hearing aids, prosthesis, or other health care aids. The patient may retain these items on a patient care unit. These items should be properly documented on the Belongings Flowsheet.

- If a patient cannot or does not want to keep personal assist devices with them, and they are unable to be sent home with a personal representative, they will be treated as valuables and properly secured in the admissions safe.

Staff responsibilities

- Staff will request that patients and/or families refrain from keeping or bringing personal belongings to the hospital, with the exception of patient assist devices.
- Nursing staff will document any patient assist device retained by the patient in the Electronic Medical Record (EMR) on the Patient Belongings Flowsheet.
- Inpatient units: Nursing staff shall ensure patients discharged from their unit leave with their property, valuables, and personal assist devices.
- Upon admission and transfer, Nursing staff will coordinate and document in the EMR storage of all patient property and valuables.
- A safety/security check of patient's belongings will be completed as soon as the patient is on a unit or in the Emergency Department. Needle resistant gloves should be used when searching patient's property. See Policy 2853(1) Needle Resistant Glove Education for more information. Items that violate UC Davis Health policy, such as weapons, drugs, and paraphernalia will be collected by the UC Davis Police Department.
- Document the location of the belongings and record the Patient Valuables Envelope number (if applicable) in the EMR Patient Belongings Record. Print the Patient Belongings Report. The

person documenting will sign as 'secured by' and the patient will review and sign the waiver of responsibility under 'patient/relative/responsible person'. If the patient is unable to sign the Patient Belongings report, upon admission or when a patient's condition permits, explain the report, and have the patient sign. If patient is unable to sign, the report must be witnessed. Once signatures have been procured, place the report in the Medical Records (HIM) basket for scanning.

- Document disposition of medications brought in from home (i.e., pharmacy, home with family).
- In the event of EMR downtime, patient property and valuables must be documented on Form # 71463-183.

Storage Areas

- Clothing Room: The Clothing Room is for the storage of clean inpatient property only. The Clothing Room does not accept soiled property, food items, toxic items, drugs or paraphernalia, lighters, e-cigarettes or vape devices, tobacco products, or weapons of any kind. All items should be returned to the patient or their representative once the patient is medically stable.
- Contaminated Belongings Connex: The contaminated Connex is for storage of items with identified pests. Please note that belongings outlined above that the clothing room would not take are also not accepted in this area (soiled, etc.) This area is located behind the hospital and can only be accessed by calling.
- Normal business hours 09-17/ 7 days a week: Vocera "clothing room"
- Alternate contact if there isn't an answer Vocera "Discharge Team" and a representative can assist
  After hours Vocera "Patient Flow Charge Nurse"
- Admissions Safe: All valuables must be secured in a safe envelope, documented in the EMR.

Review UC Davis Health Policy 2853 Patient Valuables and Property.

Alcohol and Drug Usage or Possession by Patients or Visitors

It is the policy of UC Davis Health to protect the health and safety of patients, staff, and visitors and to prevent the use, distribution or selling of illegal and unauthorized drugs, alcohol, and marijuana on UCD Medical Center premises. Illicit drugs shall not be used or possessed on UC Davis Health premises by patients or visitors. Any illicit drugs found will be given to UCD Police Department for disposal.

Alcohol shall not be used or possessed on UC Davis Health premises by patients or visitors unless authorized by the patient's physician. Marijuana, in whatever form (oral, smoked, or vaporized) including hemp- or cannabis-derived products, shall not be used or possessed on UC Davis Health premises by patients or visitors. Patient medications brought from home, including herbal remedies, may only be used during hospital stay upon approval by the patient's physician, and as described in UC Davis Health Policy 4085. Visitors and family members who do not comply with this and other UC Davis Health policies will have visiting privileges restricted or terminated pursuant to UC Davis Health Policy 2878. Possession of illegal drugs is a crime. Persons in possession may be subject to arrest.

Medications

Any medications, with the exception of illicit drugs, removed from a patient will be turned in to the Pharmacy for safekeeping or disposal as described in UC Davis Health Policy 4085. Marijuana may be returned to a person designated by the patient so long as it is removed from UC Davis Health premises immediately. If there is no patient representative available to remove the marijuana, then it will be turned in to the Police Department (Contact Police Dispatch at 916-734-2555) for destruction and documented in RLDatix using the form "Safety/Security/Workplace Violence" and specific event type as "Unauthorized Access/Contraband."

Illicit Drugs

Drugs illicitly in the possession of a patient, such as heroin, methamphetamine, or cocaine, should be handled as follows:

- After notification of the manager or designee, the Nursing Supervisor, contact UC Davis Police Department (by calling 916-734-2555) for proper investigation, disposal, or prosecution of illicit drugs.
- Illicit drugs are not sent to the pharmacy nor clothing room, nor should such drugs be disposed of via a sink or toilet.
- Alcohol taken from the patient may be disposed to sewer via sink or toilet. It will be disposed of by at least two staff members and documented in RLDatix using the form "Safety/Security/Workplace Violence" and specific event type as "Unauthorized Access/Contraband."

Documentation

The medical record should contain a notation regarding the confiscation of any illicit drugs or alcohol from a patient and whether it is likely that the patient had consumed these substances and what, if any, resulting treatment was rendered.

Review UC Davis Health Policy 2882 Alcohol and Drug Usage or Possession by Patients or Visitors.

Harassment & Discrimination Assistance and Prevention Program

UC Davis Health supports the University's commitment to a harassment-and discrimination-free work and learning environment. HDAPP assists individuals and campus units to resolve conflicts and complaints related to all forms of prohibited harassment and discrimination, including sexual harassment and sexual violence. More information about HDAPP can be found at hdapp.ucdavis.edu.

To discuss a discrimination or harassment concern, please contact HDAPP via email at hdapp@ucdavis.edu or via phone at 530-754-3764. HDAPP also offers an anonymous call line at 530-754-3765. When calling the anonymous call line, please **do not** provide your name, but do leave a message with a call back number so HDAPP can return your call.

HDAPP also offers online reporting options. More information can be found at: https://hdapp.sf.ucdavis.edu/report-incident.

HDAPP is physically located in the FSSB at 4800 2nd Avenue, Suite 2300. In-person meetings are by appointment only. HDAPP does not take drop-in appointments.

Action Required
Any University employee who is not a Confidential Resource and who receives, in the course of employment, information that a student (undergraduate, graduate, or professional) or patient has experienced sexual violence, sexual harassment, other prohibited behaviors, or discrimination or harassment on the basis of protected identity shall promptly notify HDAPP.

Supervisors have a broader responsibility and must report *all* complaints or matters involving prohibited conduct, including discrimination, by promptly notifying HDAPP.

In addition to reporting, responsible employees (anyone required to report as described above) are expected to consult immediately with Title IX/HDAPP and work in conjunction with Title IX/HDAPP to address the concerns raised. **Responsible employees should not conduct their own investigation into concerns unless directed to do so by Title IX/HDAPP.**

Sexual Harassment

University policy prohibits sexual harassment and sexual violence. Detailed information related to the University's policy can be found in UC Davis Policy 400-20 Sexual Violence and Sexual Harassment and the UC Office of the President Policy Sexual Violence and Sexual Harassment. Sexual harassment includes unwelcome behavior of a sexual nature when submission to sexual conduct is "required" for grades, jobs, medical treatment, or other aspects of University programs (quid pro quo) or when the conduct is sufficiently severe or pervasive that it unreasonably denies, adversely limits, or interferes with work or learning (hostile work environment) and creates an intimidating or offensive educational or employment environment. The conduct may be verbal, physical, and/or visual (photos, text messages, tweets, or bystander).

Prohibited sexual violence includes stalking, relationship violence, and/or sexual assault. Stalking is defined as repeated conduct directed at a person that would cause a reasonable person to fear for their (or others') safety. Relationship violence is defined as conduct by a romantic or intimate partner that intentionally or recklessly causes bodily injury to the person or places the person in reasonable fear of serious bodily injury. Sexual assault is defined as any non-consensual sexual contact, including penetration or intimate touching. The policy defines consent as affirmative (yes mean yes), conscious, voluntary, and revocable. If a person is incapacitated (impaired by alcohol or drugs, sleeping, passed out, etc.) to the point where decision making is affected, that person cannot be deemed to have consented. Stalking, relationship violence, and sexual assault are not only prohibited by UCD policy, but they are also prohibited by law.

In addition to refraining from engaging in the prohibited behavior listed above, employees may have reporting obligations if they witness sexual harassment/sexual violence or if someone makes them aware of any such behaviors. If a student or patient complains that they have been sexually harassed or experienced any sexual violence, all employees (including student employees) are required to report.

For concerns regarding sexual harassment or sexual violence experienced by employees, the following are required to report: Campus Police; Human Resource Administrators; Academic Personnel administrators; managers and supervisors including Deans, Department Chairs, Directors of Organized Research Units, and other academic appointees with managerial responsibilities; and Faculty members.

Reports should be made to the Harassment & Discrimination Assistance and Prevention Program (HDAPP) via email at hdapp@ucdavis.edu or via phone at 530-754-3764. HDAPP also offers an anonymous call line at 530-754-3765. When calling the anonymous call line, please **do not** provide your name, but do leave a message with a call back number so HDAPP can return your call.
Reports of sexual harassment/sexual violence can also be made to Title IX Officer, Wendi Delmendo (530-752-9466; wjdelmendo@ucdavis.edu).

In addition to reporting, responsible employees (anyone required to report as described above) are expected to consult immediately with Title IX/HDAPP and work in conjunction with Title IX/HDAPP to address the concerns raised. **Responsible employees should not conduct their own investigation into concerns unless directed to do so by Title IX/HDAPP.**

For more information about HDAPP, the policies, and resources for complainants or respondents, please visit https://hdapp.ucdavis.edu/ and https://sexualviolence.ucdavis.edu/.

Also, please know that all employees are required to receive sexual harassment and sexual violence prevention education every two years. For more information, please visit Learning and Development's website at https://hr.ucdavis.edu/departments/learning-dev.

Confidential Resources

All resources listed below are available for both the UC Davis and Sacramento campuses.

Academic and Staff Assistance Program (ASAP)

916-734-2727 or 530-752-2727 https://www.hr.ucdavis.edu/departments/asap

Office of the Ombuds

530-754-7233 http://ombuds.ucdavis.edu/

Center for Advocacy, Resources and Education (CARE): CARE provides support to survivors of sexual harassment and sexual violence

530-752-3299 http://care.ucdavis.edu/

Services offered at UC Davis and Sacramento Campuses

Additional Resources

Sexual Violence http://sexualviolence.ucdavis.edu/
Harassment & Discrimination http://hdapp.ucdavis.edu/
Hate and Bias http://reporthateandbias.ucdavis.edu/

Ergonomics and Body Mechanics

The use of proper body mechanics and ergonomic principles assist staff in working safely and efficiently. Safely positioning the body requires awareness of one's posture to decrease injury risk. Using the body appropriately includes not exerting beyond one's physical limits. It is an employee's responsibility to understand their physical limits and to know and use the resources available for assistance. Using the body efficiently requires possessing and maintaining a baseline fitness level necessary to perform tasks in a way that reduces injury probability. Combining fitness, consistent practice of good body mechanics, and the use of training and equipment will overall improve safety culture and increase satisfaction at work.

Body Mechanics

Physical movement (bending, carrying, lifting, patient assistance, i.e., mobilize patient in wheelchair or gurney, push/pull, reaching/over-extension, running, squatting/stooping, and walking) was the highest cause for employee work-related recordable injuries as defined by Cal/OSHA in fiscal year 2025, per the UC Risk Services Data Management System (RDMS).

Practicing good body mechanics is knowing how to position and use one's body efficiently to adapt to the work environment. The UC Davis Health workforce is encouraged to practice good body mechanics during and outside of employment. Consider the lifting tips:

- Spread feet at least shoulder-width apart, if not wider to increase stability and mobility, to acquire a supportive base.
- Come close to the load. Loads further from the body increase back stress.
- Place hands in the optimum position to carry the load. Handles may or may not be in the ideal place. Grasp the item so the larger arm muscles receive the majority of weight; therefore, requiring less effort for the smaller hand muscles (e.g., compare hands flat on the sides of a box versus laying a box on the forearm and grasping the far edge).
- Test the weight before lifting. Shift, push, or tip the object. Know personal physical limits, and request assistance when needed (e.g., team lift, mechanical assist, etc.).
- Direct the body toward the load. Nose and toes should align the same direction to prevent twisting. Take a step or pivot on the balls of the feet when changing direction while carrying a load.
- Lift upward using the larger hip and leg muscles when rising with a load. Keep feet flat on the floor, back straight, and, to assist in maintaining a neutral posture, look up or keep the bottom of the chin aligned parallel to the floor.

- Plan ahead; identify the final destination, prepare a clear path, and remove barriers.
- Lower load with control, maintaining neutral posture. Remain focused throughout the entire lift.
- Staff should support and maintain a neutral posture throughout the day.

Maintaining physical fitness, proper diet, and an active lifestyle prevents injuries and provides balance. Staff shall take responsibility for maintaining the strength, flexibility, and endurance required to complete their duties. Staff should consider planning breaks accordingly. Physical fitness and wellness can start at work. See the table below for examples of actions to take during breaks:

Activity (Relative Long Duration)	**Break Ideas/Recommendations**
Standing	Prop feet up
Monitor Viewing	Outdoor walk
	Rehydrate
	Stare at another item approximately 20 feet away for 20 seconds
Sitting	Stand up & stretch or active exercise

Please contact the UC Davis Health Ergonomics Unit at 916-734-8840 or email hs-requestergonomics@ucdavis.edu for training assistance.

Review the Human Resources Workplace Well-Being website for additional guidance on physical fitness and wellness.

Ergonomic Self-Evaluation

The practice of maintaining proper body mechanics and using correct lifting techniques is important in preventing injuries. Body mechanics maintenance includes supporting neutral postures while operating a computer either sitting or standing. Learn how to adjust your workstation monitor, keyboard/mouse, and chair with the Risk & Safety Solutions, Computer Ergonomics Med Center Self-Assessment program (UCD Health employees) or the Ergonomics Essentials for Computer Users program (UCD Campus employees).

UCD Health employees may email requestergonomics@health.ucdavis.edu to request the designated program. UCD Campus employee's program is located in UC Learning. The self-evaluation questionnaires are intended to provide staff with education about ergonomic principles and to increase comfort while working.

The self-evaluation should be completed and shared with one's supervisor to assure appropriate adjustments are made to the workstation. Please contact the UC Davis Health Ergonomics Unit at 916-734-8840 or email requestergonomics@health.ucdavis.edu when additional assistance is needed. Contact Disability Management Services DMSHelp@ucdavis.edu to request a reasonable accommodation.

Safe Patient Handling

Every year, thousands of hospital workers are injured while performing patient handling tasks. Cal/OSHA requires hospitals in California to create and maintain a plan to protect health care workers from back and musculoskeletal injuries while also protecting patients. This plan must include a safe patient handling policy to use a powered patient transfer device, lifting device, friction reducing device, or a lift team, as appropriate, rather than lifting and/or transferring a patient manually.

Safe Patient Handling applies to all patient care units that are part of a general acute care hospital in California. The regulation identifies four types of patient handling:

To lift is to move a patient's body vertically or support part or all of the patient's body.

To mobilize is to put or assist in putting into motion part or all of a patient's body.

To reposition is to change a patient's position on a bed, gurney, chair, or other support surface.

To transfer is to move a patient from one surface to another, such as from a bed to a gurney.

Several types of equipment are available to assist with various patient handling tasks. Patient-lifts help the most immobile patients, with slings sized small to XXL (90-1,000 lbs.). UC Davis Health has portable lifts, with varying weight capacities (350-1,000 lbs.). These lifts come with special features, which include but are not limited to, the ability to assist a patient from their vehicle, or to assist with standing and/or walking. Additional devices available include the Hover Matt system, Prevalon Turn & Position, and Sally Tube reduced-friction transfer sheet. All are designed for single patient use (allowing repeated use for the same patient during their hospital stay) and have both a standard and bariatric version. Innovative technology is driving this emerging group of products. UC Davis Health is committed to evaluating new products prior to integration into the safe patient handling program.

Selection of the appropriate patient handling methods and equipment shall be determined by the health care provider that has received the annual compliance hands-on training, registered nurse (RN) in conjunction with the Lift Team, and/or licensed personnel prior to the patient movement. The health care provider or RN shall be responsible for the observation and direction of patient lifts or mobilization and shall participate as needed in patient handling in accordance with their job description and use of the Banner Mobility Assessment Tool (BMAT)* (*BMAT is utilized for the inpatient setting only).

Safe Patient Handling Resources

Safe Patient Handling information, including the Banner Mobility Assessment Tool (BMAT) and additional resources are located on the Lift Team webpage located at:
http://intranet.UCDMC.ucdavis.edu/pcs/liftteam/index.shtml

https://health.ucdavis.edu/workerscomp/safe-patient-handling.html

Review UC Davis Health Policy 4004 Safe Patient Handling.

Patient Safety

Patient Rights

The staff and medical staff at UC Davis Health shall observe the rights and responsibilities of patients and/or the authorized representative responsible for making medical decisions on behalf of the patient.

A notice summarizing patient rights and responsibilities shall be distributed to the patient and/or their authorized representative upon admission or as soon thereafter as reasonably practicable via the "New Patient Welcome Brochure."

A list of patient rights will be appropriately posted within UC Davis Health facilities in English and in Spanish and include short statements (taglines) written in the top 15 languages spoken in California that indicate the availability of language assistance services free of charge.

The "Speak Up" initiative is a campaign launched by The Joint Commission, together with the Centers for Medicare and Medicaid Services, to encourage patients' active involvement in their own care as a patient safety strategy. Information about the "Speak Up" initiative is included in the "New Patient Welcome Brochure" and is available upon request in Spanish, Chinese, Vietnamese, Hmong, and Russian. An example of the "Speak Up" information is located in UCDH Policy 1402, attachment 7.

All patients will be provided a copy of the UC Davis Health Notice of Privacy Practices. For additional information on patient rights, refer to UC Davis Health Policy 1402.

Homeless Patient Discharge Policy

Purpose of the policy:

The policy's purpose is to help prepare patients who are experiencing homelessness for return to the community by connecting them with available community resources, treatment, shelter, and other supportive services.

A "homeless patient" is defined in state law as an individual who:

Lacks a fixed and regular nighttime residence, or

Has a primary nighttime residence that is a supervised publicly – or privately-operated shelter designed to provide temporary living accommodations, or

Is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings.

Which patients are covered?

This policy applies to hospital inpatients and emergency department patients, but not to patients with an outpatient clinic or physician office visit. The homeless patient discharge planning law must be followed whenever a hospital discharges any homeless patient, unless they are transferred to another licensed health facility, such as a hospital, skilled nursing facility, intermediate care facility, licensed board and care facility, psychiatric facility, etc.

- The hospital shall document all of the following prior to discharging patients who are experiencing homelessness:
- Medical screening and evaluation: the treating physician shall provide a medical screening examination and evaluation to determine the patient's clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place, and time, and the physician or designees has communicated post-discharge medical needs to the patient.
- Follow-up care: if medically necessary, the patient has been referred to a source for follow-up care.
- Prescriptions: the law requires that the homeless patient be provided with a prescription(s), if needed. If the hospital has an onsite pharmacy licensed and staffed to dispense outpatient medication, an appropriate supply of all necessary medication, if available, must be provided to the patient — that is, the actual medication(s), not just a written prescription(s). In addition, each patient must receive discharge medication counseling.
- Infectious disease screening: the hospital must do one of the following: 1) Offer the homeless patient screening for infectious disease common to the region, as determined by the local health department; or 2) Refer the patient to another location (perhaps a county clinic) for such screening.
- Vaccinations: homeless patients must be offered vaccinations appropriate to their presenting medical condition. The treating physician should try to determine the patient's vaccination status and which vaccination(s) are appropriate to the patient's presenting medical condition.
- The treating physician has provided a medical screening examination and evaluation. If the treating physician determines that the results of the medical screening examination and evaluation indicate that follow-up behavioral health care is needed, the patient shall be treated or referred to an appropriate provider. The hospital shall make a good faith effort to contact one of the following, if applicable:
    i. The homeless patient's health plan, if the homeless patient is enrolled in a health plan.

ii. The homeless patient's primary care provider, if the patient has identified one.
iii. Another appropriate provider, including, but not limited to, the coordinated entry system.

- Patients who are experiencing homelessness must be screened for, and provided assistance to enroll in, any affordable health insurance coverage for which they are eligible.
- Transportation: the hospital must offer the homeless patient transportation to their post-discharge destination, if that destination is within 30 minutes or 30 miles of the hospital. The hospital may offer transportation to a more distant destination if it wishes to do so but is not required to. The patient may refuse offered transportation.
- A hospital shall develop a written plan for coordinating services and referrals for patients who are experiencing homelessness with the county behavioral health agency, health care, and social services agencies in the region, health care providers, and nonprofit social services providers, as available, to assist with ensuring appropriate patient discharge. The plan shall be updated annually and shall include all of the following:
- A list of local homeless shelters, including their hours of operation, admission procedures and requirements, client population served, and general scope of medical and behavioral health services available.
- The hospital's procedures for homeless patient discharge referrals to shelter, medical care, and behavioral health care.
- The contact information for the homeless shelter's intake coordinator.
- Training protocols for discharge planning staff.
- Each hospital shall maintain a log of all patient's identified as homeless discharged and the destinations to which they were released after discharge. The hospital shall maintain evidence of completion of the homeless patient discharge protocol in the log or in the patient's medical record.

Legislation:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1152

California Hospital Association:
https://calhospital.org/publications/discharge-planning-homeless-patients/

UC Davis Health Policy 4089 Discharge Plan

Ligature Risk and Self-Harm

General Acute Care Hospitals with nonpsychiatric units that provide treatment to psychiatric patients (i.e., Emergency Departments or Medical Units) are required to protect the safety of patients and implement procedures to mitigate the risk of suicide for patients identified as high risk. The Joint Commission's National Performance Goal, NPG.08.01.01, requires that "the hospital reduces the risk for

suicide..” Additionally, the new Physical Environment standard PE.01.01.01 EP1 specifies that “the hospital’s building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients”. Therefore, ligature and self-harm risks must be identified and eliminated when possible. Policies and procedures must be developed by healthcare facilities and implemented to mitigate the harm posed by such risks. Mitigation plans must include, at a minimum, the following:

- Ensuring that leadership and staff are aware of the current environmental risks;
- Identifying patients’ risk for suicide or self-harm, then implementing appropriate interventions based upon risk;
- Assessing and re-assessing at-risk behavior as defined by the organization;
- Ensuring the training of staff to properly identify patients’ level of risk and implement appropriate interventions;
- Incorporating suicide risk and self-harm reduction strategies into the overall Quality Assessment/Performance Improvement (QAPI) program;
- If equipment poses a risk but is necessary for the safe treatment of psychiatric patients (i.e., medical beds with side rails on a geriatric unit), the organization must consider these risks in patients’ overall suicide/self-harm risk assessments, then implement appropriate interventions to diminish those risks.

All physical risks not required for the treatment of the patient that can be removed, must be removed. Furthermore, an appropriate level of effective surveillance must be implemented if self-harm risks remain in the environment. Organizational policies and procedures must adequately guide staff in the assessment of patients’ risk for suicide/self-harm and the implementation of interventions based upon the patients’ individual needs.

UC Davis Health has implemented tools, policy, and protocols to support the maintenance of a safe and functional environment for our patients. Review the following policy and attachments:

UC Davis Health policy 4016 Identification and Management of Patients at Risk for Suicide

UC Davis Health Policy 4016 (Attachment 3) Suicide and Ligature Prevention Workflows

UC Davis Health Policy 4016 (Attachment 4) Environment Patient Safety Sweep

https://www.cms.gov/files/document/qso-23-19-hospitals.pdf

Patient Identification

(Excerpts from UC Davis Health Policy 2702)

It is the policy of UC Davis Health to ensure that all patients are properly identified prior to any care, treatment, or services provided.

In the hospital setting, every patient shall always have a tamper-proof non-transferable ID band applied securely to at least one extremity. Exceptions: Small infants and patients with a disease process, injury, or treatment that prevents safe placement of the ID band on any extremity. The band shall include the patient's first and last name, medical record number, date of birth, gender, and a linear bar code.

Before any procedure is carried out, the identification band shall be on the patient and will be checked for the following two identifiers to ensure that the correct patient is involved:

- Patient name
- Patient medical record number

Staff shall verbally assess the patient to assure proper identification, asking the patient's name and date of birth and matching the verbal confirmation to the written information on the identification band.

Staff will identify the individual patient as the person for whom the service or treatment is intended and match the service or treatment to that individual patient.

No procedure shall be conducted when the patient's identity cannot be verified because the imprinted band is illegible or missing. Patient identification must be confirmed using the two-identifier system prior to conducting any healthcare procedures.

Note: In outpatient settings where the patient is not required to wear an ID band, the two identifiers used to confirm patient identity are the patient's name and date of birth.

Informed Consent

In all non-emergency circumstances, physicians or other authorized healthcare providers must obtain verbal and written permission ("informed consent") of their patients to perform surgical, diagnostic, or therapeutic procedures (including blood, or blood product, transfusion and administration of anesthetics) that are considered "complex", where consent is required by law, or if the procedure inherently involves a known risk of serious injury, disability, or death.

The patient must be fully informed about the treatment – including the treatment itself, the risks, benefits, and side effects – and the alternatives (and the risks, benefits, and side effects of the alternatives). The patient must know they have the right to accept or refuse the treatment or service, and the foreseeable risk or consequences of such a refusal.

For additional information on Informed Consent, refer to UC Davis Health Policy 1411 Consent to Operation, Procedures, Blood Transfusion and Administration of Anesthetics.

Patient Advance Directives for Healthcare

An Advance Health Care Directive is an instruction stating an individual's preferences regarding medical treatment options and/or designating who should make treatment choices *should the individual lose*

their decision-making capacity. In California, these include a Power of Attorney for Health Care and individual health care instructions (oral or written). All hospital inpatients (adults and emancipated minors) must be asked if they would like to receive written information about Advanced Directives.

There is now an Advance Care Planning activity in Epic EHR to record and track this type of information. Click on "ACP Documents" or "HCA" in the Storyboard to go there. Physician Orders for Life Sustaining Treatment, or POLST, documents can be created and managed in this activity as well.

Several other tools are also available to help frame discussions with patients, such as "Patient Wishes" and "Serious Illness Conversation".

For additional information on Patient Advance Directives for Healthcare, refer to UC Davis Health Policy 1410 Patient Advance Directives for Health Care.

Pressure Injury Prevention

Pressure Injury Present on Admission: Bedside RN must identify, stage, and take a photograph with a handheld scanning device (or Rover).

For more information on adding clinical images to the patient's medical record, review UC Davis Health Policy 2315 (Attachment 1) EMR Clinical Images.

See wound website for staging:
http://intranet.ucdmc.ucdavis.edu/woundcare/PDF_Word_Excel/powerpoints%20for%20staging.pdf)

Hospital Acquired Pressure Injury (HAPI): Enter the LDA on the Avatar, place an order for a Wound Care Nurse Consult and the order for Wound Prevention and Care on Bony Prominence. Fill out an IR.

High risk patients:

- Non-ICU: Braden score 18 or below
- ICU Patients: BP < 100/55, HCT < 30, shock, dialysis, spinal cord injury/spinal bifida, projected prolonged, or multiple surgeries

HAPI prevention: Think SKIN

S – Surface

Pressure redistribution (Waffle overlay, seat cushion under sacrum, or low air loss bed)

Prevent shearing (Silicon Border dressing)

K – Keep turning and repositioning (Q 2 hours)

I – Incontinence (Moisture control: Skin barrier cream, no adult briefs)

N – Nutrition (Dietitian consult)

***Document all interventions, including prevention measures.**

Recognition of Strokes

Employees should know the warning signs of a stroke and what to do in the event someone exhibits stroke symptoms. A stroke can occur anywhere, whether the employee is in the main hospital, parking lot, or elsewhere.

UC Davis Health sees *over 1000* stroke patients per year.

UC Davis Health is a Joint Commission designated Comprehensive Stroke Center.

Stroke in the United States:

- #1 cause of disability among adults in the US
- 795,000 Americans each year suffer a new or recurrent stroke.
- More than 690,000 U.S. strokes are caused when a clot cuts off blood flow to a part of the brain.
- Every 40 seconds, someone has a stroke.
- #5 cause of death among adults in the US

Warning Signs of a Stroke: Think "BE FAST"

- **Balance**: A sudden loss of balance, leaning to one side, or staggering when walking
- **Eyes:** Blurry or double vision, or loss of vision in one or both eyes
- **Facial Droop:** Face can look uneven or drooping
- **Arm drift:** Limb has sudden loss of coordination, numbness, or weakness
- **Speech:** Speech slurred, trouble speaking, or difficulty swallowing
- **Time:** If the symptoms are new, they may be having an acute stroke. Seek immediate help.

Other signs and symptoms of stroke are a sudden and severe headache, sudden numbness (especially on one side of the body), confusion, and dizziness.

Do you know what to do if you see someone exhibiting stroke symptoms?

In the hospital, we have the following policy: UC Davis Health Policy 6006 Responding to Medical Emergency Situations (Including Code Blue)

- Intensive Care Units – Can call Stroke Alert directly. Call 4-3666 (Code Line) to report.
- Medical-Surgical and Telemetry units are to call Rapid Response Team for an emergent consult.
- Other hospital locations? Call 4-3666 (Code Line) to report that you may have a person having a stroke. Outside of the main hospital? ***CALL 911***

The sooner a stroke victim gets to the hospital, the sooner they'll get lifesaving treatment.

SPOT A STROKE. ***SAVE A LIFE: Acting fast is critical!***

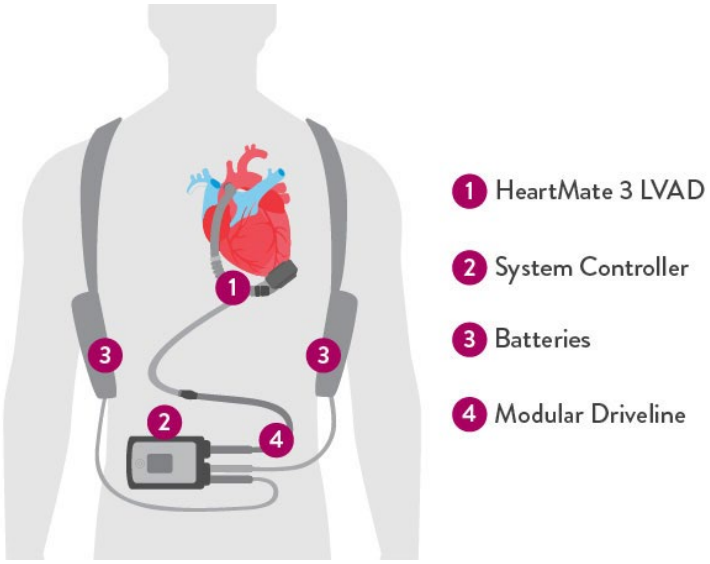
Care of LVAD Patients at UC Davis

UCDMC has an active and growing LVAD program.

VAD patients can be seen throughout the hospital and in clinics.

What is an LVAD?

An LVAD, or Left Ventricular Assist Device, is an implanted continuous-flow heart pump implanted during open heart surgery. The LVAD takes blood from the failing left ventricle and moves it to the aorta to circulate throughout the body. All LVADs contain a Driveline that exits the abdomen and connects to a controller to run the pump and batteries or an AC cable to power it.



Who gets an LVAD?

Patients with advanced heart failure that have failed medical management are considered for advanced therapies. Heart Transplant remains the standard of care for those eligible and able to await transplant. For patients unable to await transplant, an LVAD can be placed as a "Bridge to Transplant". For patient's ineligible for transplant, an LVAD can be placed as "Destination Therapy". If transplant criteria are later met, the patient can be evaluated and changed to a "bridge to transplant" VAD patient.

VAD equipment the patient will have.

VAD patients' driveline will be attached to a controller and the controller will be attached to 2 power sources, either batteries or wall power. All patients should also have a backup bag containing a backup controller and backup batteries.

Where will VAD patients be admitted in the hospital?

ED, CTICU, MSICU Blue, and E6.

Where else will you encounter LVAD patients?

They will be seen in VAD clinic and cardiology clinic. They will also be seen for procedures around the hospital: X-ray, Ultrasound, CT Scan, GI lab, Pre-Op, Post-Op, Cath Lab, EP Lab.

What do you do in case of a VAD patient emergency?

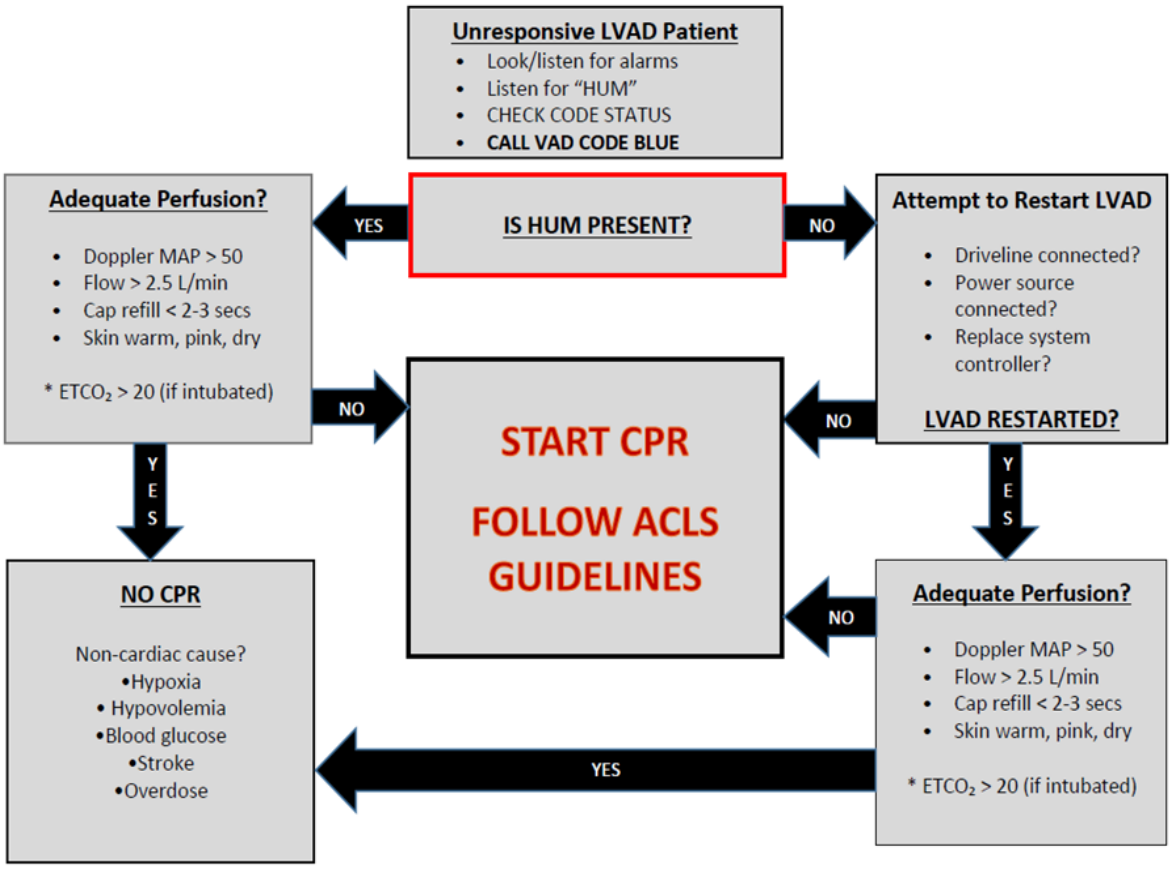
Call the LVAD team. The VAD pager number is 916-816-7363. The pager is covered 24/7 by a VAD Coordinator.

Respiratory Arrest:

- In the event of a respiratory arrest, rescue breathing should be initiated using the American Heart Association Guidelines.
- 10 breaths per minute or one breath every 6 seconds.

Cardiac Arrest:

- If external defibrillation is necessary, leave the pump running. Do not disconnect the system controller from the percutaneous lead before delivering the shock.
- VAD patients often do not have a pulse, but they should have an organized heart rhythm.
- If indicated, CPR can be performed on LVAD patients. See the protocol on treating an unresponsive LVAD patient below.



VAD Code Blue:

- In the event of a VAD code blue in the hospital, dial 4-3666.
- Inform the operator that it is a "VAD Code Blue".
- The operator will page the VAD team.
- In the event of a VAD code blue outside the hospital, call 911 and page the VAD team at 916-816-7363.

For more information, refer to the following VAD policies:

- 5002 Durable Ventricular Assist Device: Nursing Management
- 5002(1) VAD Patient Transport
- Elsevier Resource: Ventricular Assist Devices
- Elsevier Resource: Ventricular Assist Devices (Home Health Care)

Restraints Review

Provide nursing care and documentation for patients requiring restraints according to the restraint policy and procedure. Refer to UC Davis Health Policies 4069 Restraints. Staff is required to be familiar with current policy and to follow policy in providing patient care. Take this time to follow the links provided and read through the current policy related to restraints.

What is a restraint?

A physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body, or head freely; a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment dosage for the patient's condition.

Four (4) Side Rails is considered a restraint when the intent of use is to restrict patient movement or immobilize or reduce the patient's ability to move freely (e.g., if a patient is physically able to ambulate, even if it has been determined that they cannot safely ambulate and the 4 side rails prevent this, then the 4 side rails must be defined as a restraint). Conversely, if a patient is not physically able to get out of bed regardless of whether the side rails are raised or not, raising all four side rails for this patient would not be considered restraint because the side rails have no impact on the patient's freedom of movement. In this example, the use of all four side rails would not be considered restraint. Other examples:

- When a patient is on a bed that constantly moves to improve circulation or prevent skin breakdown, raised side rails are a safety intervention to prevent the patient from falling out of bed and are not viewed as restraint.
- When a patient is placed on seizure precautions and all side rails are raised, the use of side rails would not be considered restraint. The use of padded side rails in this situation should protect the patient from harm; including falling out of bed should the patient have a seizure.

Exclusions:

- Standard practices that include limitation of mobility or temporary immobilization for medical, dental, diagnostic, or surgical procedures, including post-procedure care. For example, the standards do not apply to surgical positioning, intravenous arm boards, radiotherapy procedures, or protection of surgical and treatment sites in pediatric patients.
- Adaptive support used in response to a patient's assessed need. For example, the standards do not apply to postural support, orthopedic appliances, or tabletop chairs.
- Protective equipment, such as helmets.
- Forensic restrictions and restrictions imposed by corrections and law enforcement authorities for security purposes.
- Age or developmentally appropriate protective safety interventions (such as stroller safety belts, swing safety belts, highchair lap belts, raised crib rails, and crib covers) that a safety-conscious

childcare provider outside a healthcare setting would utilize to protect an infant, toddler, or preschool-aged child would not be considered restraint or seclusion.

Clinical Justification for the Use of Restraints

- Violent and self-destructive behavior, harm to self, others, and the environment such as hitting, hair pulling, throwing objects, striking at or biting staff or others, and self-mutilation.
- Behavior interfering with lifesaving and/or necessary medical treatment such as pulling, tugging, grabbing at lines or tubes, picking at open wound, dressings, drains, and traction.
- Behavior indicating patient is unable to follow directions to avoid self-injury, such as sitting at the edge of the bed, transferring in/out of bed, standing or ambulating, without the strength or cognition function of doing so safely.
- The use of restraint is not based on a patient's history of restraint or prior behaviors.
- A request from a family member for restraint, which they consider as beneficial, is not a sufficient basis for the use of restraints.
- Use of alternative measures has proven ineffective.

The least restrictive method must be considered when using restraints. Refer to Policy 4069, Attachment 5 Least to Most Restrictive Reference Chart for assistance in selecting the most appropriate and least restrictive method or product to meet the needs of the patients.

Levels of Restraints

A Non-violent or Non-self-destructive Restraint is the use of soft restraints, Posey belts, bed enclosures, and other forms of restraints to protect a child or adult who is confused, disoriented, unable to call for assistance, or unable to follow instruction for their personal safety; or from dislodging a medical device; or from interfering with the integrity of a dressing or wound.

A Violent or Self-destructive Restraint is the use of a physical or mechanical device to involuntarily restrain the movement of all or a portion of a patient's body as a means of controlling violent or assaultive behavior with the intent to prevent patient from harming self or others.

Protocol restraints are a type of non-violent restraint implemented to protect a patient who is confused, disoriented, unable to call for assistance, or unable to follow instructions for their personal safety AND one of the following specific patient conditions exist:

- Extra Corporeal Life Support (ECLS), Impella, Intra-aortic balloon pump, tandem heart.
- Intubated on mechanical ventilation, and/or respiratory support devices necessary to support ventilation and oxygenation.

Restraint Orders/Nursing Care

The healthcare team shall assess the need for use of restraints.

This assessment should include: a physical assessment to identify medical problems that may be causing behavior changes, e.g., hypoxia, hypoglycemia, electrolyte imbalances, etc., and alternative interventions that might prevent the need for restraints.

The RN may initiate the use of restraints upon receipt of an electronic restraint order from a provider (MD/DO/NP/PA). For non-violent restraint use, if a provider is not available to issue such an order, the RN initiates restraint use based on an appropriate assessment of the patient, notifies the provider within 12 hours of the initiation of restraint and obtains an order. The order must be reordered every 24 hours after a face-to-face reassessment of the patient with determination of continued need. An exception to this is patients who meet the criteria for protocol restraints for specific conditions or certain specific clinical procedures.

The provider must be notified immediately and conduct a face-to-face evaluation and enter order within one hour upon initiation of restraint for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others.

PRN (as needed) orders are prohibited.

Patient Safety in Restraints

The RN is responsible for using appropriate restraints, based on the provider order, and for assessing, monitoring and re-evaluating the patient and restraints.

Monitoring and Assessing Patients in Restraints

The RN and provider can monitor patients in restraint. PT, OT, Speech Therapist, Emergency Department Technicians, Emergency Department Mental Health Workers, and Radiology Technologists operate under the direction of the current order and continue to monitor and document when the patient is under their sole supervision.

Assessment will include but is not limited to the following:

- Type of restraint
- Clinical justification
- Restraints appropriately applied, removed, or reapplied
- Whether less restrictive methods are possible
- Vital signs
- Respiratory status
- Circulation, movement, and sensation
- Skin integrity
- Mentation/Behavior/Cognitive Function/Level of distress and agitation
- Bathroom needs
- Fluids/Nourishment needs
- Releasing the restraints to check for injury

- Range of motion performed
- Patient's readiness for release from restraints
- Call light within reach
- Patient dignity and rights maintained

Discontinuing Restraint Use

The provider and RN have the authority to discontinue the use of restraint and restraint order.

Restraints will be discontinued as soon as is safely possible even if there is still time left on the order when:

- Improved mental status
- Patient's agreement and compliance with instructions for safety
- Improved ability to sit at edge of bed, transfer or ambulate without risk or injury
- Less restrictive measures are effective
- Patient's lines are discontinued or no longer required for medical treatment
- The need for restraints does not exist, such as discontinuation of medical treatments
- The order has expired

When restraints are terminated early and the patient subsequently exhibits the same behavior that initially required the restraints, a new order is required [CMS 482.13(e) (1) (i) (C) A-0161].
Note: A temporary, directly supervised release, however, that occurs for the purpose of caring for a patient's need is not considered a discontinuation of the restraint. If the patient remains under direct staff supervision, the restraint is not considered to be discontinued because the staff member is present and is serving the same purpose as the restraint.

Risks of Restraint Use

Risks associated with restraint use should be taken into consideration when assessing the need for restraint and determining the monitoring and care needed while restraints are in place. These risks include:

- Patients with cognitive impairment may attempt self-removal, increasing risk of injury.
- Patients may not be able to communicate needs while in restraints.
- Patients in vest/belt restraints may be injured by falling through split side rails.
- Patients in vest/belt restraints may experience respiratory compromise.
- Patients in restraints may exhibit increased agitation.
- Patients may experience psychological distress due to restraints.
- Patients may experience circulatory compromise of restrained extremity.

Elder or Dependent Adult Abuse

Refer to UC Davis Health Policy 1531 Reporting Suspected Elder or Dependent Adult Abuse or Neglect for complete text of current policy.

Researchers estimate that about 10% of elders, people aged 60 years or older, are abused each year in the United States. To intervene effectively, UC Davis Health workforce needs to recognize the symptoms of elder abuse. Additionally, UC Davis Health workforces are legally required to report to the authorities all suspected cases of elder abuse.

Types of Abuse

Elder abuse comes in various forms, including physical/sexual abuse, neglect, isolation, abduction, financial abuse, abandonment or other treatment with resulting physical harm or pain or mental suffering, or deprivation by a care custodian of goods and services that are necessary to avoid physical harm or mental suffering. It is not unusual for several types of abuse to occur simultaneously.

Reporting Abuse

Any UCDH employee who reasonably suspects or has knowledge that an elder or dependent adult has been the victim of physical abuse, neglect, isolation, abandonment, abduction, or financial abuse or that the elder or dependent adult is being endangered, shall report the suspected abuse to the law enforcement agency or the adult protective services agency (APS) in the jurisdiction where the abuse occurred except when the jurisdiction of the injury is unknown. If unknown, report to Sacramento County APS for guidance. Mandated reporters are required to report suspected abuse or neglect by phone and follow up with a completed written report.

To report, contact the Department of Clinical Social Services for immediate consultation at 916-734-2583 (if the office is closed, page the Crisis Services social worker at 916-816-5585). Telephone the appropriate protective/law enforcement agency as soon as possible to notify them of the suspected incident. Submit the written report (SOC 341) within two working days. In the Home Care setting, all reports made to APS are immediately reported to the home care administrator.

If you are concerned that the patient's proxy has, or might get, access to the patient's notes via MyUCDavisHealth, you may block release of these notes IF, in your professional judgment sharing these notes might lead to physical harm to the patient. Document the reason for note blocking by selecting a reason from the pop-up window after clicking the "Don't Share with Patient" button.

Child Abuse

Refer to UC Davis Health Policy 1528 Reporting and Management of Suspected Child Abuse, Neglect, and Sexual Abuse for complete text of current policy.

Mandated reporters must immediately, or as soon as practically possible, report by telephone to a child protective agency all cases of suspected child abuse and neglect discovered when acting in their professional capacity or within the scope of their employment when the suspected child abuse victim is under 18 years of age. A written report shall be submitted to the same agency within 36 hours of receiving information concerning the incident. The mandated reporter may also include with the report

any non-privileged documentary evidence relating to the incident. The same person should make both the telephone and the written report.

Questions regarding reporting procedures and psychosocial issues should be addressed to the Department of Clinical Social Services at 916-734-2583 or Dr. Kevin Coulter can be consulted at 916-816-7134.

> Weekdays (8:00 a.m. to 5:00 p.m.): Contact the office at 916-734-2583.
>
> Weekends/Holidays (8:00 a.m. to 5:00 p.m.): Contact a Pediatric Social Worker on pager 916-816-5283.
>
> All other hours: Contact a Crisis Social Worker on pager 916-816-5585.
>
> For infants and children evaluated in the Emergency Department or Pediatric Inpatient Units who have injuries concerning for child abuse, a formal child abuse consultation can be obtained by paging the Child Protection Team at 916-451-5011.

If you are concerned that the patient's proxy has, or might get, access to the patient's notes via MyUCDavisHealth, you may block release of these notes IF, in your professional judgment sharing these notes might lead to physical harm to the patient. Document the reason for note blocking by selecting a reason from the pop-up window after clicking the "Don't Share with Patient" button. You could include this in a secondary non-shared note, while leaving less sensitive information in the main, shared note.

Blood Product Administration and Transfusion Reaction

Refer to UC Davis Health Policy 13012 Administration of Blood and Blood Components for complete text of current policy.

Licensed Personnel Responsibilities

Preparing for Blood Product Transfusion

Blood Product Order: The transfusionist will verify provider product order and confirm availability of blood products in Epic.

Nursing Transfusion Order: In care areas that utilize the Nursing Transfusion Order (NTO), the transfusionist must verify that an active NTO for appropriate blood product is present.

Blood Transfusion Consent: The transfusionist must verify a current, signed consent for blood is present. At minimum, the elements of consent shall include a description of the risks, benefits, and treatment alternatives (including non-treatment); the opportunity to ask questions; and the right to accept or refuse transfusion.

- Inpatient informed consent for blood administration covers all blood administration for a hospital admission as long as the patient's condition does not change or until the patient/patient's representative affirmatively revokes their consent.

- Outpatient infusion areas for adults and children, informed consent for blood administration is valid for one year with chronic conditions, and throughout the patient's course of treatment for transient conditions lasting less than one year.

Refer to Hospital Policy 1411 Consent to Operation, Procedures, Blood Transfusion and Administration of Anesthetics.

A dedicated blood transfusion consent should be used for patients requiring blood transfusion unrelated to a consented procedure. This consent does not replace the *Consent for Operation, Procedures, Blood Transfusion and Administration of Anesthetics* for patients who consent to blood transfusion related to an operation/procedure. The dedicated *Consent for Blood Product Transfusion* form is available on the intranet Consent webpage, Clinical Resource Center in downtime forms and as an eConsent.

Patient Education

Provide patient/family education related to transfusion of blood products. For all elective transfusions or elective surgical procedures the current version of the California Department of Public Health brochure "A Patient's Guide to Blood Transfusion" must be provided.

A physician, advanced practice provider (APP), RN, certified registered nurse anesthetists (CRNA), or perfusionist must explain the procedure to the patient, patient's family, or to the patient's lawfully authorized representative.

Obtaining Specimen for Type & Cross/Type & Screen

Two patient identifiers must be used to confirm identity prior to any specimen collection or transfusion. Appropriate identifiers are: name, MRN, date of birth, and/or SSN.

EMR Lab label must have date, time, and first and last name of person drawing the blood. If any corrections need to be made to the automatic, computer-generated label that is printed, a single line should be made through the printed information and any corrections can be made by handwriting the correct information. Any hand-written information should be made in block letters. For the specimen collector, a minimum of first initial and full last name should be provided.

All specimens must be verified for correctness and labeled at the bedside in the presence of the patient for Blood Bank testing.

For patients with no prior blood bank history at UCDH, draw a specimen for blood type verification. Each step of collection for this specimen, including order release, must be completed by someone other than

the person who drew the original Type and Screen specimen and the patient's identification must be verified independently per regulatory requirements for mistransfusion risk reduction.

Transporting Blood Outside the Lab

- Maintain the blood at an appropriate temperature and/or in blood bank approved transport containers, if one is dispensed. DO NOT store blood products in storage devices not approved by the blood bank.
- Products not maintained in designated storage devices may exceed temperature thresholds for returning to stock inventory and result in waste.
- DO NOT set blood on a tray with or carry blood close to hot or cold packs, drinks, or other materials.
- Protect blood from sharp objects.

Administering Blood Products

Blood product availability is reflected in EMR under the associated blood product crossmatch order or by looking under Lab Results Review → Blood Bank → Products.

When blood product is available for issue, the following unit statuses will be reflected in EMR:

- "Crossmatch" or "XM" status
- "Incompatible Crossmatch" or "IX" status (in rare cases where all units serologically tested showed reactivity and the least incompatible unit was selected by blood bank for transfusion)

Patient identification must be confirmed at the bedside with two independent identifiers and compared with the demographic label used for picking up blood products.

RN or designee will bring the verified demographic label to pick up blood product for the patient. The demographic label must contain two patient identifiers. Appropriate identifiers are: name and medical record number (MRN).

At blood issue/dispensing, the following information shall be verified:

- Intended recipient's two independent identifiers, ABO group, and Rh type
- Donation identification number, product code, the donor ABO group, and the donor Rh type
- Interpretation of the crossmatch tests, if performed
- Special transfusion requirements, if applicable
- The expiration date and, if applicable, time
- The date and time of issue
- Final visual inspection of the product

After issue and immediately before transfusion, the following information shall be verified by a two person check in the presence of the patient. One person shall be the licensed transfusionist (person who will be administering the blood product).

- The intended recipient's two independent identifiers, ABO group, and Rh type
- The donation identification number, the donor ABO group, and the Rh type
- The interpretation of crossmatch tests, if performed (see below for more information)
- Special transfusion requirements, if applicable (example: CMV, IRR)
- The unit has not expired.

Interpretation of Crossmatch Tests

A crossmatch is performed to ensure the patient and the donor are compatible. The interpretation is located on the Unit Crossmatch and Transfusion Record tag attached to the unit as well as on the Unit Crossmatch and Transfusion Record sticker adhered to the unit.

- Crossmatch Interp: Y means "Yes" or Compatible.
- Crossmatch Interp: N means "No" or Incompatible.

See Unit Crossmatch and Transfusion Record tag snapshots below for location of this documentation.

TRANSFUSION RECORD
UNIVERSITY OF CALIFORNIA DAVIS HEALTH 2315 Stockton Blvd, Sacramento, 95817
DO NOT DISCARD THIS FORM – SUBMIT COMPLETED FORM TO HIM TO SCAN TO EMR
HIM LABEL

Recipient: XXTEST, CROSSMATCH			Patient Location: T8 TRANSPLANT/SPECIAL CARE
Date of Birth: 08/01/1974	**ABO/Rh: O POS**	**MRN: 9400958**	Specimen #: 21B-264BB0001
Antibody Screen: NEG	Antibodies:		
Unit Number: W200621234567			**Unit ABO/RH: O POS**
Product Code: E0336V00 RED BLOOD CELLS/CPD>AS1/500mL/ refg/ResLeu:<5E6			**Product Expires: 09/30/2021 23:59**
Unit Antigens:		**Special Attributes:**	
Crossmatch Interp: Y		Crossmatch Expires: 09/24/21 23:59	
Ordering Physician: BARNHARD, SARAH		Date/ Tech ID: 09/21/2021 14:48 | NSHARMA2	
Issued by:			

OR ROOM HANDOFF ***FOR OR USE ONLY***

TRANSFUSION RECORD
UNIVERSITY OF CALIFORNIA DAVIS HEALTH 2315 Stockton Blvd, Sacramento, 95817
DO NOT DISCARD THIS FORM – SUBMIT COMPLETED FORM TO HIM TO SCAN TO EMR
HIM LABEL

Recipient: XXTEST, CROSSMATCH			Patient Location: T8 TRANSPLANT/SPECIAL CARE
Date of Birth: 08/01/1974	ABO/Rh: O POS	MRN: 9400958	Specimen #: 21B-264BB0001
Antibody Screen: NEG	Antibodies:		
Unit Number: W200629876543			Unit ABO/RH: O POS
Product Code: E0336V00 RED BLOOD CELLS/CPD>AS1/500mL/ refg/ResLeu:<5E6			Product Expires: 09/30/2021 23:59
Unit Antigens:		Special Attributes:	
Crossmatch Interp: N		Crossmatch Expires: 09/24/21 23:59	
Ordering Physician: BARNHARD, SARAH		Date/ Tech ID: 09/21/2021 14:42 | NSHARMA2	
Issued by:			

OR ROOM HANDOFF ***FOR OR USE ONLY***

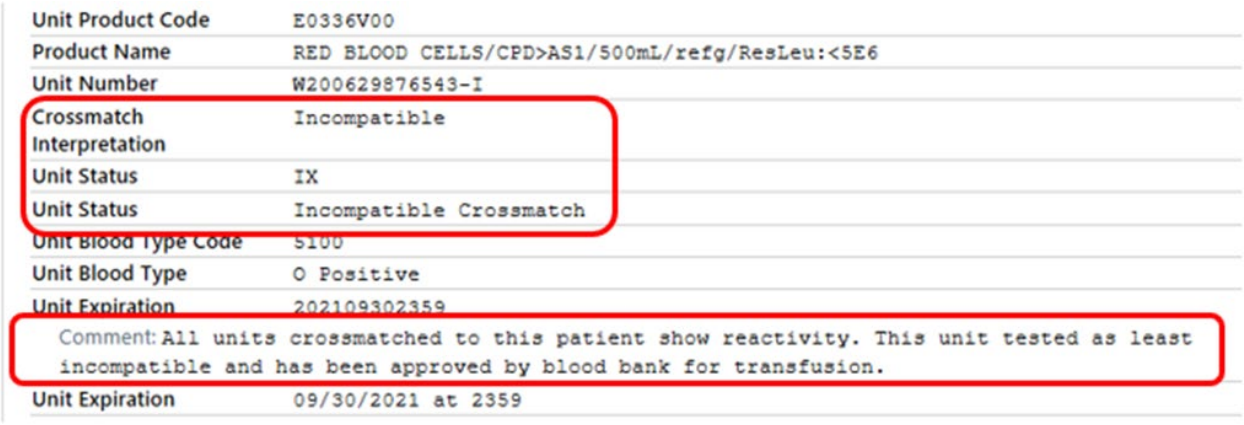
For patients with Crossmatch Interp Y, no further action is required. Unit is crossmatch compatible and okay to transfuse. See EMR snapshot below.

Unit Product Code	E0336V00
Product Name	RED BLOOD CELLS/CPD>AS1/500mL/refg/ResLeu:<5E6
Unit Number	W200621234567-G
Crossmatch Interpretation	Compatible
Unit Status	XM
Unit Status	Crossmatch
Unit Blood Type Code	5100
Unit Blood Type	O Positive
Unit Expiration	202109302359
Unit Expiration	09/30/2021 at 2359

For patients with Crossmatch Interp N, verify in EMR that least incompatible blood has been approved by the blood bank. If this cannot be verified in EMR, contact blood bank.

To verify that least incompatible blood has been approved by blood bank, review the blood product order and associated crossmatch comment that states:

"All units crossmatched to this patient show reactivity. This unit tested as least incompatible and approved for transfusion by blood bank." See EMR snapshot below.



Unit Product Code	E0336V00
Product Name	RED BLOOD CELLS/CPD>AS1/500mL/refg/ResLeu:<5E6
Unit Number	W200629876543-I
Crossmatch Interpretation	Incompatible
Unit Status	IX
Unit Status	Incompatible Crossmatch
Unit Blood Type Code	5100
Unit Blood Type	O Positive
Unit Expiration	202109302359
Comment:	All units crossmatched to this patient show reactivity. This unit tested as least incompatible and has been approved by blood bank for transfusion.
Unit Expiration	09/30/2021 at 2359

Initiation of Transfusion and Monitoring of Patient

Obtain baseline vital signs (temperature, pulse, blood pressure, respiratory rate, and SpO2) immediately prior to the transfusion, at minimum within 30 minutes prior to transfusion start.

Verify correct tubing and correct fluid. If blood warmer or rapid infuser is indicated, refer to manufacturer instructions prior to use as some products are contraindicated.

Firmly insert the administration set spike ensuring it is parallel to the blood bag walls to prevent puncturing. Do NOT hold the blood bag at an angle during spike insertion.

Initiate the transfusion slowly (< 30 ml in the first 15 minutes). Refer to Hospital Policy 13012 Administration of Blood and Blood Components for adult and pediatric transfusion rates in non-emergency settings.

Remain with the patient for the first 15 minutes after blood enters the vein, observing for adverse event. Repeat vital sign measurement at 15 minutes.

Observe the patient periodically during the transfusion and at least 30 minutes after the transfusion. Obtain a vital sign measurement within 30 minutes of transfusion completion.

Document the transfusion in the transfusion record per patient care area workflow. By state and federal laws, the record must contain:

- Nursing transfusion order
- Documentation of patient consent
- The name of the component (i.e., red blood cells, platelets, etc.)
- The donation identification number
- The date/time of transfusion start/stop
- Pre- and post-transfusion vital signs
- The amount transfused

- The identification of the licensed transfusionist
- If applicable, the use of blood warmer (ID of the warmer and the pre-and post-transfusion temperature of warmer)
- If applicable, transfusion-related adverse events

In patient care areas with a defined post transfusion observation period, used blood bags may be discarded after this period. In all other areas, used blood bags can be discarded at the end of the transfusion.

Recognizing Transfusion Reactions

Any change in a patient's condition while blood is being administered should be considered a possible reaction to the transfusion.

Acute reactions occur during the transfusion or in the hours after transfusion. Some reactions can be delayed by days or even weeks.

Signs and symptoms of ACUTE reactions include:

- Fevers (increased temperature of > 1 degree C during or immediately following transfusion)
- Chills
- Itching or urticaria (hives)
- Pain (flank pain, IV site pain, chest pain, or other sites)
- Sudden onset of dyspnea, drop in SpO2, or sensation /complaint of difficulty breathing
- Hypotension (sudden drop of blood pressure > 40 mm Hg)
- Hypertension (sudden increase in blood pressure > 40 mm Hg)
- Hemoglobinuria
- Complaint of a sense of impending doom
- Sudden decrease in urine output
- Unexplained bleeding or oozing from puncture or incision sites
- Chest pain
- Pulmonary edema
- Shock
- Altered mental status

Signs and symptoms of DELAYED reactions include:

- Unexplained onset of jaundice
- Unexpected decrease or failed increase in hemoglobin occurring 5-13 days after transfusion
- Unexpected elevation in liver function tests
- Sudden and unexplained rash or diarrhea 6-10 days after transfusion
- Sudden drop in platelet count 5-10 days after transfusion

At First Sign of an Adverse Reaction:

- Stop the transfusion immediately.
- Keep IV open with normal saline infusion; use a new administration set.
- Check patient identification and donor unit match to confirm patient is receiving correct unit.
- Notify physician immediately.
- Notify Transfusion Service STAT and describe symptoms.

At Transfusion Service's request, send properly labeled post-transfusion samples (EDTA/red top tube) ASAP.

Send the remaining unit or empty blood bags from the post transfusion observation period (if available), the Y-filter administration set and clamped IV fluids to Transfusion Service for follow-up as described UC Davis Health Policy 13012 Administration of Blood and Blood Components.

Physician or nurse to complete the Transfusion Reaction Investigation form and return to Transfusion Service ASAP. Do this STAT if patient requires additional transfusions.

See policy for specific pediatric and neonatal requirements.

Blood Supply Shortages

The national donor blood supply is volatile and shortages occur. The institution's response to a blood product shortage is a scaled response based on the number of operational days of in-house inventory available for each product line (red blood cells, plasma, platelets, and cryoprecipitate). The response plan, developed by multidisciplinary leadership, is housed on the UCDH Continuity of Operations Page (UC Davis Health Continuity of Operations Plan) as well as notated within the blood bank internal disaster response Standard Operating Procedure.

To prevent unnecessary blood waste, complete all pre-transfusion checks prior to retrieving blood products from the blood bank.

Baby Friendly Hospital Initiative

The Ten Steps to Successful Breastfeeding form the basis of the Baby-Friendly Hospital Initiative, a worldwide breastfeeding quality improvement project created by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

The Baby Friendly Hospital Initiative focuses on protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services. It is critical that the program is integrated with all other aspects of breastfeeding protection, promotion, and support. The core purpose of the Baby Friendly Hospital Initiative is to ensure that mothers and newborns receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services, to enable the establishment of optimal feeding of newborns, which promotes their health and development.

All UC Davis Health staff will actively support breastfeeding as the preferred method of providing nutrition to infants.

Baby-Friendly hospitals also uphold the International Code of Marketing of Breast-milk Substitutes by offering parents support, education, and educational materials that promote the use of human milk rather than other infant food or drinks, and by refusing to accept or distribute free or subsidized supplies of breast milk substitutes, nipples, and other feeding devices.

Ten Steps to Successful Breastfeeding

1. Every facility providing maternity services and care for newborn infants should:
    a) Comply fully with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Assembly resolutions.
    b) Have a written infant feeding policy that is routinely communicated to staff and parents.
    c) Establish ongoing monitoring and data-management systems.
2. Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
3. Discuss the importance and management of breastfeeding with pregnant women and their families.
4. Facilitate immediate and uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5. Support mothers to initiate and maintain breastfeeding and manage common difficulties.
6. Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7. Enable mothers and their infants to remain together and to practice rooming-in 24 hours a day.
8. Support mothers to recognize and respond to their infants' cues for feeding.
9. Counsel mothers on the use and risks of feeding bottles, teats and pacifiers.
10. Coordinate discharge so that parents and their infants have timely access to ongoing support and care.

Refer to UC Davis Health Policy 16025 Breastfeeding Guidelines.

Aging Initiatives

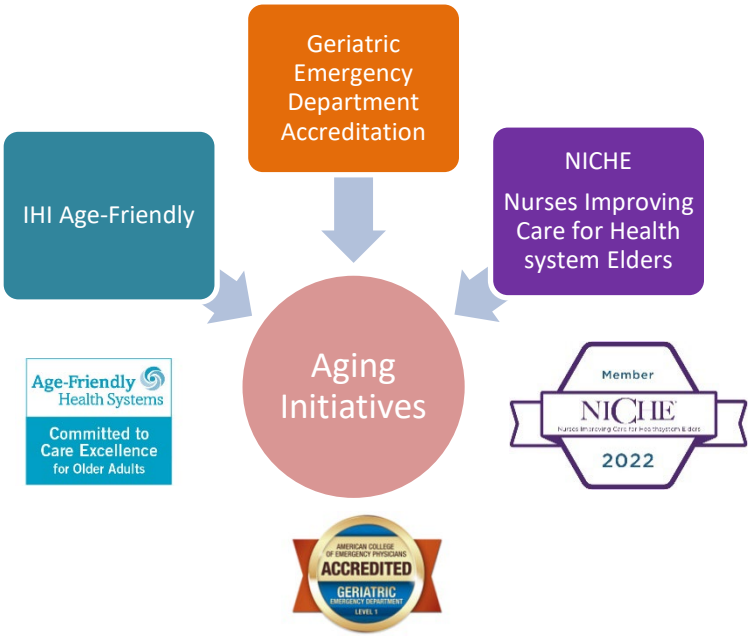
Patients 65 and older make up about 40% of the UC Davis Medical Center population.

Our Vision: To create the healthiest and highest-functioning older adult population in Northern California due to the care, research, and innovation at UC Davis Health.

Our Mission: UC Davis Health promotes healthy aging through an integrated approach across the lifespan and all care settings: providing Age-Friendly care, supporting family caregivers, leveraging cutting-edge research, integrating technology for independent living, and educating the next generation of clinicians through degree programs, fellowships, and certifications.

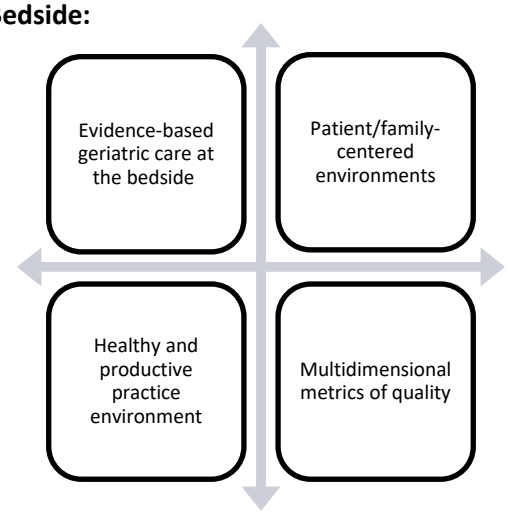
Programs: Starting in 2020, we embarked on a journey to implement several geriatric programs, including Nurses Improving Care for Health System Elders (NICHE), IHI Age-Friendly, and Geriatric

Emergency Department Accreditation (GEDA). In 2021, the UC Davis Healthy Aging Clinic was launched, offering a variety of services to patients aged 65 and older, including geriatrics, dementia, dietary planning, pharmacy, social work, and caregiving support.



NICHE's Guiding Principles: Evidence-Based Geriatric Care at the Bedside:

- **NICHE recognizes** the vital role of nurses in ensuring quality, evidence-based care.
- **NICHE empowers** frontline nursing staff with the knowledge and tools to implement evidence-based care for older adults.
- **Patient/Family-Centered Environments:** Older adults often have special environmental needs to help them function safely and independently.
- **Healthy and Productive Practice Environment:** Encourages nurses to engage in improving outcomes.



4Ms Framework for IHI Age-Friendly Health System:

- **What Matters:** Know and align with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.
- **Medication**: If medication is necessary, use age-friendly medication that does not interfere with What Matters, Mentation, or Mobility across settings of care.
- **Mentation**: Prevent, identify, treat and manage delirium, depression, and dementia across care settings.
- **Mobility**: Ensure that older adults move safely every day to maintain function and do What Matters.

How Can You Help with Age-Friendly Care?

Identify What Matters Most:

- Align all treatment goals accordingly
- Maintain Ongoing Communication: Regularly discuss goals with the patient and family to ensure treatments align with their priorities
- Ensure Use of Assistive Devices: Make sure dentures, glasses, or hearing aids are used when needed and document their use

Ensure Safe Medication Practice:

- Utilize the AGS Beers Criteria Pocket Guide - Clinical Resources Center (ucdavis.edu)
- Conduct medication reconciliation (ED Pharm Techs, admission RN, or provider)
- Review your department or unit's practices and tools

Mentation:

- Identify, prevent, and treat delirium, depression, and dementia
- Assess for delirium each shift (NuDESC Screening in Acute Care and CAM-ICU in Critical Care)
- If delirium screening is positive:
  - Implement the *Delirium Care Plan* and contact provider to implement *the Delirium Prevention & Treatment Bundle*

Mobility:

- Assess for mobility, function, and fall risk
- Preserve function by mobilizing to the highest ability (e.g., up or walking 3x/day if able)
- Consult PT/OT if needed (inpatient or ED)

Resources for Care of Geriatric Patients:

Geriatrics at Your Fingertips offers evidence-based recommendations for the care of older adults. It is accessible through the **Clinical Resources Center (CRC) Geriatrics Care | Geriatric Resources | Online events | Updates - Geriatrics Care Online** (must be on campus to access).

Geriatric Education

As a NICHE hospital, we have access to over 30 modules and monthly webinars via the NICHE Knowledge Center. To request access, visit the CPPN website, navigate to Classes, then eLearning, then NICHE Knowledge Center. NICHE Knowledge Center Access Request.

Advancing LGBTQI+ Inclusion & Quality Care

UC Davis Health has a responsibility to ensure high quality, equitable, and compassionate care for every patient. Due to discrimination and societal prejudice, some populations are at higher risk of exposure to, and experiences of, bias in healthcare. This may result in worse health outcomes for people who are lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI+), and barriers to seeking care.

As healthcare providers and team members, being mindful of personal bias or unfamiliarity is imperative to providing impartial and high-quality care. Take time to assess your knowledge and skills in providing care to the LGBTQI+ community and seek out additional education to bolster your understanding of patients' unique medical and cultural needs. If you need additional training on aspects of LGBTQI+ equity in patient care, UC Davis Health employees have access to over 60 different free online and on-demand CME accredited LGBTQ I+ Patient-Centered Care training opportunities through the Human Rights Campaign Foundation. Please see the information, associated links and instructions for access at https://bit.ly/3jdEvv9.

The LGBTQI+ community is itself diverse (or heterogenous). Patients exist and identify across a spectrum of gender identities and sexualities. Patient care requires listening, sensitivity to specific needs, and an understanding of added elements (i.e., laws, regulations, policies, and resources) that may influence health outcomes or access to healthcare. Learning how to be an ally or healthcare advocate for patients who identify as LGBTQI+, or don't identify as LGBTQI+ and engage in sex with same sex partners, requires knowledge of factors that disproportionately impact the LGBTQI+ community.

UC Davis Health expects positive patient encounters and use of the patients' identified name and pronouns. Knowing and using the patient's self-reported sexual orientation and gender identity (SOGI) information can reduce health disparities and enables providers to offer informed care while building trust. Be sure to review and update (if needed) the information in the chart on the Storyboard or via the SOGI activity. Data captured here can be used to track health disparities, improve EMR decision support, and above all, support patient-centered care.

UC Davis Health was among the first academic health systems in the nation to include SOGI as standardized demographic information within the Electronic Medical Record (EMR). Since 2011, UC Davis Health has been recognized as a "LGBTQ Healthcare Equality Leader" by the Human Rights Campaign Foundation. This recognition underscores UC Davis Health's commitment to providing compassionate and quality care to all patients. Patients who are LGBTQI+, including gender diverse patients, will be treated with dignity, respect, and quality care—the kind of care we're proud to deliver at UC Davis Health. This is consistent with the **UC Davis Principles of Community** (https://diversity.ucdavis.edu/principles-community).

For more information or to get involved in LGBTQ+ related advocacy efforts, networking engagements, activities, and events, please contact:

- Health Equity by Design for Inclusive Excellence https://health.ucdavis.edu/belonging/ or by email at hedi@health.ucdavis.edu
- Vice Chancellor's LGBTQ+ Advisory Council – https://health.ucdavis.edu/belonging/community-engagement/advisory-committees/vc-lgbtq-council/vc-lgbtq-advisory-council
- PRIDE Employee Resource Group – pride@health.ucdavis.edu

Ordering Medical Interpreters for Patients with Limited English Proficiency and Deaf/Hard of Hearing Patients

Trained medical interpreters are available in person, via video and telephone to all Limited English Proficient (LEP) and deaf/hard of hearing patients to facilitate care between patient and provider, including following up with patients at home after procedures. In accordance with current legislative and regulatory requirements, UC Davis Health patients seeking and receiving care will have access to qualified medical interpreters and are not required to bring or provide an interpreter.

Medical interpreters are trained in medical vocabulary, comprehension, retention, and note-taking. They are trained to respect patient confidentiality, pursuant to the Health Insurance Portability and Accountability Act (HIPAA), to honor their own neutral role and work to maintain the integrity of the patient/provider relationship. Therefore, the use of family members as medical interpreters is strongly discouraged. Some patients may prefer to bring or provide an interpreter. In such cases, UC Davis Health will permit patients to do so as long as it does not compromise the quality of patient care services and will document patient's declination of staff or vendor interpreting services in EMR. UC Davis Health does not reimburse for interpreting services provided by non-UC Davis Health interpreters at the patient's request. Minors should not serve as interpreters. When scheduling patient appointments, language information shall be captured.

Interpreting services to the deaf/hard of hearing patients are required under the federal Americans with Disabilities Act.

Refer to UC Davis Health Policy 2881 Medical Interpreting Services

Medical Interpreting Services Website and Resources:

https://health.ucdavis.edu/interpreting-services/

Controlled Substance Diversion and You

In Calendar Year 2024, there were over 1 million doses of controlled substances dispensed across the UC Davis Health system. As the opioid epidemic continues to surge and regulators clamp down on prescribing requirements, hospitals become bigger targets for diversion of controlled substances. Drug

diversion is a multifactorial and multidisciplinary issue, particularly involving pharmacy, nursing, and medical staff.

Drug diversion is defined by the Drug Enforcement Agency (DEA) as the use of prescription drugs for recreational or illicit purposes. UC Davis Health considers diversion to be any act or deviation that removes a drug from its intended path from the manufacturer to the patient. Drug diversion can occur with both prescription and non-prescription drugs, but the most commonly diverted drugs are controlled substances, a designation given to drugs that have a high potential for abuse or dependency. In recent years, the DEA has levied multi-million-dollar fines against healthcare institutions for drug diversion events and a lack of oversight of controlled substance medication usage. Controlled substance medication usage and drug diversion events are reviewed by the Medication Diversion Oversight Committee (MDOC), an interdisciplinary committee composed of health system leadership that is charged with the prevention and detection of drug diversion.

MDOC has developed a training module (DAHS-NGNYRSDD17), available in the UC Learning Center, to give staff an overview of drug diversion, the signs and symptoms of diversion, and contacts to report known or suspected diversion acts. Health system staff will receive regular and timely updates on expected behavior for controlled substance drug handling so that they may identify suspicious activity or behaviors that may be indicative of drug diversion.

To report possible diversion activity, contact one's supervisor, nursing supervisor/manager, or pharmacy administration. The workforce may also report concerns to the UC Compliance Hotline. The hotline is available 24 hours a day, 365 days a year, and hotline reports can be handled anonymously. The Compliance Hotline can be reached at 1-800-403-4744 or online at www.universityofcalifornia.edu/hotline.

Applicable Policies:

- UC Davis Health Policy 1213 Controlled Substance Accountability
- UC Davis Health Policy 4091 Automated Dispensing Machine (Pyxis)
- UC Davis Health Policy 21001 Controlled Substance Accountability for Ambulatory Care
- UC Davis Health Policy 4110 Anesthesia Perioperative Medication Use

Cyber-Security Threats

Account/Password Protection

- Keep university and personal accounts separate and use different credentials for each
- Use a passphrase that you can remember; 15 characters is the minimum but longer the better and never share it.
    - An example of a good passphrase: I'm the worlds #1 doctor

    - An example of a bad password: Fluffy123!
- Use a unique passphrase for each site**.** If one passphrase gets compromised, the others will still be safe.
- Use a Password Manager to securely generate and store your passwords. The UCD Health standard is LastPass that may be obtained through the IT Self-Service system.
- Use multi-factor authentication (MFA).
- Users can reset a passphrase or unlock an account by using the MyAccess Self-Service Portal at: https://myaccess.health.ucdavis.edu/passwordreset.

Please contact the UC Davis Health IT Technology Operations Center (TOC) at 916-734-HELP (4357) for assistance if you have any questions or concerns.

Phishing

Phishing is a deceptive practice by attackers that uses emails, texts, social media posts, pop-ups, or phone calls to infect computers and steal PHI or other sensitive/personal information such as: names, passwords, SSNs, addresses, etc. Report any suspicious messages via the 'Report Message' button on the Outlook toolbar or contact the UC Davis Health TOC at 916-734-HELP (4357).

What are attackers after?

- Money – They will try to steal money or influence user's contacts (coworkers, family, and friends) to wire money
- Access – Compromise user accounts to gain access to sensitive data and systems
- Identity – Impersonate a user to continue email attacks to others by sending more phishing emails
- Information Gathering – About family, friends, coworkers, and patients for malicious use

Malware/Virus

Just one malware/virus infection can have a severe impact to UC Davis Health operations. Be aware of links in emails or websites that you click on. If you encounter any unusual behavior or messages on any computer that you access or have questions, please contact the UCD Health IT Technology Operations Center (TOC) at 916-734-HELP (4357) for assistance.

Ransomware

Ransomware most often infiltrates UCD Health through social engineering, phishing emails, malicious sponsored links, non-IT managed personal computers or mobile devices, or unsolicited advertisements. These attacks deploy software that locks access to systems or critical data until a ransom is paid. If you notice unusual system behavior, suspicious messages, or have concerns, immediately contact the UCD Health IT Technology Operations Center (TOC) at 916-734-HELP (4357) for support. If you receive suspicious emails or other types of messages, **DO NOT OPEN, CLICK, OR REPLY TO THEM.** Do not open

any attachments or click on any links either. Report any suspicious messages via the 'Report Message' button on the Outlook toolbar or contact the UCD Health TOC at 916-734-HELP (4357).

Securing and Encrypting Portable Electronic Devices

Only IT-managed and encrypted USB or thumb drives are authorized for use. All other portable media devices are blocked by IT. Unencrypted portable media present a significant risk to the privacy and security of UCDH data if lost or stolen. The Cybersecurity team encourages users to store and share data through the UCD Health instance of OneDrive whenever possible. Box and other cloud storage platforms are not permitted. To obtain an IT-issued USB drive, submit a request online through the Employee Self-Service portal or by contacting UCD Health TOC at 916-734-HELP (4357).

All laptops and desktops used for UCD Health business must be issued by IT to ensure they meet required security controls. Personally owned devices (BYOD) may be used in limited situations if they are enrolled in the IT BYOD program. Eligible devices (such as Macs, PCs, tablets, and phones) can be enrolled through the IT Self-Service system.

Cloud Applications and Desktop Software Use

UC and UCDH policy require the Cybersecurity team to perform a risk assessment on all new technology before it is purchased or used. This applies to both desktop software and cloud-hosted applications. To request a review, submit a "Request New Technology Initiatives" item through the IT Self-Service system.

Photography and Video Recording

- Photographs and videos documenting patient care are a valuable means for advancing clinical, educational, and research objectives. This activity, however, presents an inherent risk to patient privacy because it typically includes identifiable information (e.g., patient arm with unique injury/skin condition, an identifiable tattoo, or enough of a patient's face). Therefore, the utmost care should be taken with how photographs and/or videos are taken, stored, and used at UC Davis Health.
- Written patient consent is required in advance of any photography or video recording UNLESS the photography is solely for clinical purposes or internal educational purposes.
- All clinical photography should be obtained and retained via a secure means. When being used for medical treatment, the images should be uploaded in the patient's electronic medical record. Images not used for medical treatment should be uploaded on a UC Davis Health secure server, such as the Shared or "S" drive.
- Haiku (a mobile app available for iOS and Android devices) and Canto (an iPad app) can be utilized to retain and upload patient photos and must be used for patient photos for clinical use. Use of native smartphone camera apps by workforce members as a means to capture or store

photographs or video recordings is prohibited except under certain conditions. When native smartphone camera apps are allowed by policy, the device must not automatically backup or upload to a non-HIPAA compliant storage location (e.g., cloud storage).

- To minimize the risk to patient privacy, photographs and video recordings containing patient information should be promptly deleted from the recording device once incorporated into the patient's record.
- Please review the following policies for additional information about protecting PHI on mobile or hand-held devices, photography expectations, and medical documentation requirements:
    - UC Davis Health Policy 1313 Protected Health Information or Personal Information on Mobile Devices and Personal Computers
    - UC Davis Health Policy 1426 Photography, Recordings, and Protected Health Information (PHI) -- Obtaining Consent and Authorization
    - UC Davis Health Policy 1450 Destruction of Confidential Records
    - UC Davis Health Policy 2315 Incorporating Paper Records/Media into the EMR
    - UC Davis Health Policy 2393 Creating, Using, and Managing Images in the Medical Setting

Social Media

Social media is a valuable way of interacting and communicating ideas. However, social media in a healthcare setting can present high risks to the organization's commitment to confidentiality and patient privacy.

UC Davis Health Policy 1307 Social Media Policy establishes the social media usage rules for UC Davis Health workforce members and these rules apply whether students or employees are posting to their own sites, managing an official UC Davis Health site, or simply commenting or posting on other sites. For example, the policy expressly prohibits workforce members from using or disclosing patient information on any social media platform ***unless*** they have obtained prior written authorization from the patient.

Examples of risky posts include:

A photograph taken in a work area where a patient or computer screen is visible in the background, or

Commenting about a specific patient case (e.g., "I saw a patient with a snake bite in the ED today") which is seen by and "identifiable" to the patient's family.

It is important to be extremely conscientious when posting about the workplace on social media and staff should be mindful of any content they post online to ensure patient confidentiality. Below are more detailed rules for appropriately using social media accounts.

- **Do not share confidential or proprietary information about the University on social media sites.** This includes company competitive information, financial information, intellectual property, and business e-mail messages.
- **Do not use the University name to imply or create the impression that your opinions represent those of the University.** If you identify your affiliation to UC Davis Health or your connection to the University is apparent, make it clear that you are speaking for yourself and not on behalf of UC Davis Health. For example, you can make a disclaimer saying, "The views expressed on this site are my own and do not reflect the views of my employer."
- Before creating an official University social media account, email Public Affairs at hs-socialmedia@ucdavis.edu. You must receive approval from the Public Affairs & Marketing team and follow all established policies and guidelines.
- **Employee personal social media accounts should not reference the UC Davis Health name or trademarks.** While this includes the title of the site, the social media name, and even the web address, employees can, however, accurately describe their relationship to the University. For example, stating that you work at UC Davis Health on your LinkedIn page is appropriate, but a blog titled "UC Davis Health Physicians Give Advice" would be inappropriate.
- **Do not use or disclose ANY patient information on any social media site without the patient's written permission.** This includes personal and University-hosted accounts. Even if the individual is not directly identified, if it is possible for that person to be identified by the information posted, then it could be a HIPAA violation and carry heavy personal and organizational penalties. All patients referenced, quoted, described, or otherwise identified on any social media site must complete a UC Davis Health Patient Authorization form as outlined in UC Davis Health Policy 1426.

UC Davis Health discourages "friending" or following patients, and staff should not initiate or accept such requests except under special circumstances. For example, accepting a request when the friendship pre-dates the treatment relationship. Managers are also discouraged from initiating "friend" requests with employees they manage. However, managers can accept requests if they believe it will not negatively impact the work relationship.

Additional social resources are available in the UC Davis Health Social Media Toolkit and the following UC Davis Health Policies:

- UC Davis Health Policy 1307 Social Media Policy
- UC Davis Health Policy 1426 Photography, Recordings, and Protected Health Information (PHI)
- UC Davis Health Policy 1302 Protected Health Information, Personal Information Breach Notification

Compliance and Privacy Services

UC Davis Health Compliance Program

UC Davis Health's Compliance Program is a comprehensive effort to promote compliance with existing healthcare rules and regulations. Globally, the Compliance and Privacy Services Department (Compliance Department) is responsible for:

- Helping departments and units Understand rules and regulations that apply to their work;
- Promoting a culture of compliance and ethical behavior;
- Implementing controls to identify risks;
- Monitoring and auditing areas of identified risks;
- Investigating possible instances of non-compliance with policies, rules, and regulations; and
- Working collaboratively with operations to resolve issues when they occur.

The primary areas of focus for the Compliance Program include Privacy and Patient Confidentiality, Research Compliance, Billing and Coding, Investigations, and Vendor Relations/Conflicts of Interest and other General Compliance areas.

The Chief Compliance Officer (CCO) at UC Davis Health is charged with overseeing the UC Davis Health Compliance and Privacy Program. The Chief Compliance Officer can be contacted at compliancehelp@health.ucdavis.edu, or 916-734-8808. Additional information about the Chief Compliance Officer's role and responsibilities can be found at the Compliance and Privacy Services webpage at https://health.ucdavis.edu/compliance/about/.

The rules governing the healthcare industry can be complicated. For this reason, it may be challenging to make the right choices when it comes to healthcare compliance. If you have any compliance questions or concerns, please ask for help. It is always better to ask before taking an action that might not adhere to regulation or institutional policy. Staff may contact the Compliance and Privacy Department in the following ways:

Phone: 916-734-8808

Fax: 916-734-0222

Online Inquiry Form: https://health.ucdavis.edu/compliance/contact/

General Email: ComplianceHelp@health.ucdavis.edu

Privacy & Security: PrivacyProgram@health.ucdavis.edu

Research Compliance: ResearchCompliance@health.ucdavis.edu

Compliance Training: ComplianceTrain@health.ucdavis.edu

General Compliance Training

What is Health Care Compliance and Why is it So Important?

In short, health care compliance is the ability to act in accordance with a set of rules that relate to health care practices. In health care, compliance programs are developed according to the Federal Sentencing Guidelines which establish the government's expectation of how a compliance program should operate. According to these federal standards, a complete health care compliance program includes:

- A Chief Compliance Officer and a Compliance Executive Committee;
- Compliant and ethical policies and procedures;
- Compliance training and education for workforce members;
- Effective lines of communication with the Compliance Officer and methods for reporting non-compliance and wrongdoing;
- Risk assessment, auditing, and monitoring of organizational activities;
- Fair and consistent enforcement of the rules including consequences and incentives; and
- Responding to detected potential instances of non-compliance and developing corrective action initiatives.

Ensuring compliance with health care rules is an important part of patient care. Additionally, it is required in order to participate in federal health care programs. Accepting government funding requires that we follow all relevant federal, state, and other rules for how we care for our patients, how their services are billed, and how we keep their records. Specifically, the government expects us to provide medically necessary services and to bill them appropriately for that care. Failure to do so could lead to harsh penalties and can include, but are not limited to:

- Contract termination,
- Mandatory training or re-training,
- Employment termination,
- Loss of license,
- Criminal penalties & imprisonment,
- Large financial penalties/fines, or
- Exclusion from participation in all federal health care programs.

UC Davis Health Code of Conduct

The UC Davis Health Code of Conduct is a tool to guide staff in understanding the organization's expectations for acting with integrity. The Code of Conduct consists of various standards, which address known areas of compliance risk. Each standard provides information on the appropriate conduct to follow and suggestions for handling problems that may arise.

All individuals at UC Davis Health are expected to read and fully understand the Code of Conduct. The UC Davis Health Code of Conduct is in Appendix B of this document. An online version can be found at http://health.ucdavis.edu/compliance/general/code_of_conduct/.

After reading the Code of Conduct:

- Staff are expected to avoid involvement in illegal, unethical, or otherwise improper acts;
- Staff should seek guidance from the Compliance Department if they are unsure about the permissibility or appropriateness of an activity;
- Staff must promptly report any perceived violations of the Code of Conduct, rules and regulations, policies, or the Compliance Program to the Compliance Department;
- Staff must cooperate during the investigation of any alleged violations; and
- Staff should immediately notify the Compliance Office if the government excludes staff from participation in any federally-funded or state-funded programs.

University of California Statement of Ethical Values and Standards of Ethical Conduct

In addition to UC Davis Health's Code of Conduct, the University of California (UC) has also adopted a Statement of Ethical Values which contains 12 standards that apply to all members of the UC community. Staff are also expected to read, understand, and abide by these ethical standards. The Standards can be found online at: http://www.ucop.edu/ethics-compliance-audit-services/_files/stmt-stds-ethics.pdf.

UC Davis Health's Nondiscrimination Policy

UC Davis Health complies with all applicable federal civil rights laws, including Section 1557 of the Affordable Care Act (Section 1557). UC Davis Health does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Refer to UCOP Anti-Discrimination Policy and Abusive Conduct in the Workplace Policy.

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

- **Language assistance services.** UC Davis Health will provide language assistance services for individuals with limited English proficiency (including individuals' companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:
    - Electronic and written translated documents
    - Qualified interpreters

- **Appropriate auxiliary aids and services**. UC Davis Health will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals' companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
    - Qualified interpreters, including American Sign Language interpreters
    - Video remote interpreting
    - Information in alternate formats (accessible electronic formats)

Refer to UC Davis Health Policy 2881 Medical Interpreting Services and 2881(1) Language Services Criteria.

Reasonable modifications. UC Davis Health will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits. Refer to UC Davis Health Policy 2918 Compliance with American Disabilities Act and UCOP Policy 140.00 Guidelines Applying to Nondiscrimination on the Basis of Disability.

If you believe UC Davis Health has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can:

1. Report the incident to UC Davis Health's 1557 Coordinator for review at:
   Email: ComplianceHelp@health.ucdavis.edu
   Phone: **(**916) 734-8808

Reporting Compliance Concerns

To remain a compliant organization, it is necessary for staff to immediately report incidents of non-compliance or concerns to the Compliance Department even if they are not sure if there is a violation. You will not be penalized for making a good faith report even if the information cannot be verified.

All members of the UC Davis Health workforce have an obligation to report activities they suspect:

- Are harmful to a patient, resident, family member, or staff member;
- Are illegal or unethical;
- May have compromised patient privacy or confidentiality;
- Violate any state or federal healthcare program requirements; and/or;
- Violate the Code of Conduct or a UC Davis Health policy or procedure.

All reported concerns are investigated or reviewed, and appropriate follow-up action is taken. It is never acceptable to overlook actual or potential wrongdoing.

In addition to directly contacting the Compliance Department (using the contact information listed above), the workforce may also report concerns to the UC Compliance Hotline. The hotline is available 24 hours a day, 365 days a year, and hotline reports can be handled anonymously. The Compliance Hotline can be reached at 1-800-403-4744 or online at www.universityofcalifornia.edu/hotline.

Please note that all observations or reports regarding sexual misconduct experienced by patients must be reported to the Harassment and Discrimination Assistance and Prevention Program (HDAPP) at 530-754-3764 or hdapp@ucdavis.edu, or the UC Davis Title IX Officer at 530-752-9466 or wjdelmendo@ucdavis.edu.

Protection from Retaliation

Open communication and the freedom to report concerns regarding the operations or ethics of the organization are essential to the Compliance Program's success. Retaliation against anyone who makes a good faith report regarding a violation will not be tolerated. In addition, UC policy, federal law, and state law protect any whistleblower employee or applicant for employment from retaliation for having reported an issue or filing a whistleblower report. The UC Whistleblower Protection policy can be found online at https://www.ucop.edu/uc-whistleblower/.

Important Compliance Standards

False Claims Recovery Act

After patient care is provided and documented, caregivers and coders translate documentation into a bill for payment. When a bill is submitted to the government for payment from the Medicare or Medi-Cal programs, a "claim" has been created. Clear and complete documentation is always part of good care, and without it, UC Davis Health cannot bill for the services provided.

UC Davis Health must seek to ensure that bills are for services that are medically necessary and provided in the manner stated on a claim. A claim for payment of services that does not meet these requirements could be a "False Claim."

What are Examples of a False Claim?

Under the Federal False Claims Act (FCA), the federal government may prosecute, criminally or civilly, individuals or entities who submit or cause to be submitted claims for payment when the claims are false. In the healthcare industry this includes Medicare, Medicaid, and other federal healthcare programs. Some examples of a false claim include, but are not limited to:

- Billing twice for the same service;
- Billing for services not rendered;
- Billing for medically unnecessary services or falsifying certificates of medical necessity;
- Unbundling or billing separately for services that should be billed as one;
- Creating false medical records or treatment plans to increase payments;
- Failing to report and refund overpayments or credit balances;
- Physician billing without personal involvement for services rendered by medical students, interns, residents or fellows in teaching hospitals; and
- Giving and/or receiving unlawful inducements to healthcare providers for referrals for services.

Preventing Fraud, Waste, and Abuse

Fraud, waste, and abuse (FWA) typically occurs when someone is trying to get payment or benefits from the government that they are not entitled to. Even when FWA laws are violated unintentionally, penalties can still be imposed on the organization or an individual. It is important that all UC Davis Health personnel become familiar with the FWA rules, and refrain from any of the following activities:

- Fraud: Knowingly billing for services/supplies not provided, or knowingly altering claim forms, medical records, or receipts to receive a higher payment.
- Waste: Conducting excessive office visits, writing unneeded prescriptions, or ordering unnecessary laboratory tests.
- Abuse: Billing for brand name drugs when generics are dispensed.

UC Davis Health Policy 1936 Deficit Reduction Act Compliance provides detailed information about the False Claims Act (FCA) and the University's administrative remedies for false claims and statements. Additionally, departmental policies and workflows often incorporate regulatory rules and requirements. Adhering to these standards is the first step in complying with the FCA rules and preventing FWA. Other things UC Davis Health employees can do to prevent FWA are to:

- Look for suspicious activity
- Perform job duties and other work-related responsibilities in an ethical manner
- Ensure accurate and timely processing or documentation of data/billing
- Follow all applicable laws, regulations, policies, and standards of conduct
- Report FWA or any instances of non-compliance to the Compliance Department immediately

Annual Medical Notice to Physicians

This annual medical notice is for UC Davis Health physicians.

TO: UC Davis Health PHYSICIANS

FROM: UC Davis Health Clinical Laboratories

RE: OFFICE OF INSPECTOR GENERAL, COMPLIANCE PLAN

As part of UCDH Clinical Laboratories' oversight plan for the federal Office of Inspector General (OIG), we are required to annually notify all physicians of the following policies, developed to reflect government guidance:

- Medicare national and local medical review policies exist for certain lab tests. Specific information on National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) can be found on the CMS website (Medicare Coverage - General Information | CMS), and through the local carrier, Noridian (https://med.noridianmedicare.com/web/jea/policies).
- Medicare and some other payers will not pay for screening tests if the patient displays no symptoms or evidence of disease and may not pay for tests that are not FDA approved or are experimental.
- Medi-Cal fees are equal to or lower than Medicare lab fees.
- All panels (organ and disease) will be billed and paid only when all components are medically necessary.

- UCDH Clinical Laboratories utilize reflex testing to validate primary test results or add additional testing when medically appropriate. A list of the reflex tests is reviewed/approved at least annually by the Medical Staff Executive Committee and is available at https://www.testmenu.com/ucdavis.
- A current Medicare lab fee schedule with CPT (current protocol terminology) codes is available directly from CMS at the following website: http://www.cms.hhs.gov/ClinicalLabFeeSched

Material contained in this yearly notification is current as of the date published and is subject to change without notice. The OIG believes that a physician who orders medically unnecessary tests and knowingly causes a false claim to be submitted may be subject to sanctions or remedies under criminal or administrative law.

In addition, we are required by Audit Services to communicate to you the means by which you may report incidences of fraud, abuse, waste, or misconduct. Reporting can be done by contacting the Systemwide Whistleblower Hotline at (800) 403-4744. For more information, go to http://universityofcalifornia.edu/hotline.

If you have any questions regarding the content of this memo, please contact Pathology Quality Assurance at PathologyQA@health.ucdavis.edu

Anti-Kickback Statute

A kickback is when a medical provider accepts anything of value from a third party in return for prescribing medications or using their products or services. The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying any type of compensation in exchange for referrals for services that are paid, in whole or in part, under a federal health care program like Medicare or Medi-Cal. This means that federal law prohibits you from accepting anything of value from third parties in exchange for referring patients or for ordering items or services.

Violations of these rules are punishable by a fine up to $25,000 and/or imprisonment up to 5 years.

Conflicts of Interest

A conflict of interest (COI) occurs when an employee influences a decision for individual financial gain. In health care, this results in a conflict between the primary goal of providing safe and efficient patient care and the personal or financial goals of the individual or the entity. These conflicts can be actual or perceived. For example, if a provider is accepting funds from a drug or device company, it could be *perceived* that the company's payments to the provider are influencing their clinical or prescribing decisions even if the provider is doing what is best for the patient. Even perceived conflicts can negatively affect our ability to provide quality patient care, so they should be avoided as well. Whether the conflict is actual or perceived, it is important that you are aware when a conflict may exist and that you avoid or remove the conflict as soon as possible.

Gifts

A gift is any payment or thing of value for which the recipient does not provide a service of similar or greater value in return. Below are some of the basic rules regarding gifts:

- UC Davis Health workforce members are prohibited from accepting gifts from vendors and their representatives.
- Gifts can include free or discounted items, samples, food, or other travel reimbursement.
- Honoraria provided for a legitimate service rendered (e.g., delivering a speech) is not considered a gift so long as payment is equivalent to the service rendered.

Additional information about the University's gift rules can be found at:

- UC Davis Health Policy 2601 Gifts and Interactions with Vendors
- UC Acceptance of Gifts Policy: https://policy.ucop.edu/doc/1200366/AcceptanceofGifts
- UC Health Care Vendor Relations Policy: https://policy.ucop.edu/doc/5000433/HealthVendorRelations

Vendor Access Program

The UC Health Care Vendor Relations policy provides system-wide standards aimed at reducing the potential for industry influence on our providers' work-related and patient care decisions.

Proper vendor credentialing helps UC Davis Health ensure a safe patient and work environment, but also the necessary controls to uphold our values of integrity in every situation. As such, the University has implemented the Symplr tool to monitor vendors who visit our campus and has developed policies to govern employee interactions with vendors. While it is important for vendors to understand and uphold University policies and standards, it is equally important for the UC Davis Health workforce to understand these rules and hold visiting representatives accountable. Vendors who do not follow federal, state, and University rules should be asked to leave and/or reported to the Purchasing Department by calling 916-734-2475.

Representatives entering any of the UC Davis Health facilities must:

- Register with Symplr;
- Complete all credentialing requirements;
- Comply with the Vendor Access Program rules;
- Maintain up-to-date credentials in Symplr;
- Wear the Symplr issued badge so that is clearly visible to all staff and other visitors; and
- Follow all federal, state and University rules.

If you have any questions related to vendor compliance or need to report vendor non-compliance, please contact the UC Davis Health Compliance Department directly at https://health.ucdavis.edu/compliance/contact/.

Additional information about the Vendor Access Program can be found in the following resources:

- **Frequently Asked Questions:**

https://health.ucdavis.edu/compliance/general/Vendor_Compliance/VendorCompliancePage.html

Open Payments/Sunshine Act

The Sunshine Act requires public reporting of payments from pharmaceutical and medical device companies to physicians, physician assistants (PA), nurse practitioners (NP), clinical nurse specialists (CNS), certified registered nurse anesthetists (CRNA) and anesthesiologist assistants, certified nurse midwives, and teaching hospitals. Public reporting is through the CMS Open Payments program to increase transparency in payments made to covered recipients by these manufacturers. Payments and other 'value transfers' are published on a yearly basis on the CMS Open Payments program website. Each year, the Open Payments data is reviewed to ensure compliance with relevant conflict of interest and conflict of commitment guidelines and regulations.

Generative Artificial Intelligence

Generative Artificial Intelligence (generative AI) is the term used for many emerging AI tools and technologies that produce new content, such as text, image, video, audio, and code, by emulating patterns in existing content on which the model has been trained. Although generative AI tools often produce results akin to human responses, these technologies raise accuracy, privacy, and equity considerations. As such, there are inherent risks and limitations when using generative AI in the healthcare and employment setting. While some generative AI software might be private, secure, auditable, and vetted, many generative AI tools are publicly available, unregulated, and potentially unreliable.

Currently, UC Davis Health workforce members are not permitted to enter or use any personal, confidential, or otherwise sensitive information with generative AI tools unless the tool is explicitly approved for use with sensitive information by the Health System for the purposes it is being used. Using unapproved generative AI tools for any work purpose could make you personally responsible for adverse effects on patient care and/or violations of privacy, including of patients or employees. Before using any generative AI tool, you should check with your supervisor to make sure it is approved by the University for use with sensitive information and/or for reliability of results.

For full guidelines on the use of generative AI tools at UC Davis Health, please see *policy 1350, Generative AI services and Application Use*.

UC Davis Health Privacy Program

UC Davis Health's Privacy Program focuses on maintaining the confidentiality and privacy of patient information. In addition to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), its implementing regulations, and the Health Information Technology for Economic and Clinical Health Act

of 2009 (HITECH), California has several state laws governing health information privacy, including the Confidentiality of Medical Information Act (CMIA) and the Information Practices Act (IPA).

As a workforce member, you are always required to protect patient information. While this obligation may be challenging given the dynamic nature of your work, UC Davis Health has many resources available to assist you with this duty. If there are questions about patient privacy, please call the UC Compliance Department main line at 916-734-8808 or email the Privacy Program at PrivacyProgram@health.ucdavis.edu.

Important Privacy Topics

Access to Patient Information

UC Davis Health is committed to ensuring the confidentiality of our patients' information. To ensure patient information is kept secure and confidential, information should only be accessed *for a work purpose*. It is important to be diligent in protecting and limiting access to our patients' information. Some important privacy reminders related to accessing patient information:

- Patient information must only be accessed when performing a job function. It is never permissible to use or access patient information for a non-work purpose. For example, it is not permissible to access a patient's electronic medical record (EMR) out of curiosity.
- Do not access the patient information of your co-workers, friends, or family members *UNLESS* they are your current patient and/or you are performing assigned employment duties and responsibilities for them.
- **Do not use EMR credentials to obtain health records of family members.** Health information should be accessed through a MyChart (MyUCDavisHealth) account or by requesting the medical record from the Health Information Management (HIM) department.
- As part of the Privacy Program's protective function, user access to the EMR is monitored on a regular basis. Any access that appears to be for a non-work purpose will be immediately investigated. Intentional access to EMRs without a work purpose can result in disciplinary action up to and including termination.

Disclosure of Patient Information

Disclosure of patient information should only occur to facilitate a work function. Some important privacy reminders related to disclosing patient information:

Physical Disclosure – Many reportable privacy incidents involve the mishandling of paper documents. These incidents are unintentional and may be avoided by taking some simple steps***:***

- Implementing privacy-protective processes.
- Promptly picking up printed information from a printer and/or fax machine.
- Double checking documents prior to delivery or sending.
- Highlighting or otherwise checking identifiers on printed documents before disclosing them.

Electronic Disclosure - Transmitting patient information through email, fax, or any other electronic means to the correct recipient ensures confidentiality and protects against threats to the security or integrity of the information. Some recommendations to minimize this risk include:

- Verify you have the correct email address or fax number for the intended recipient.
- Only use MyUCDavisHealth to communicate with patients.
- When transmitting patient information via email to any non-UC Davis Health recipient, the email should also be encrypted in accordance with UC Davis Health Policy 2442 E-Mail Communication that Contains Protected Health Information or Personal Information.
- Follow policy that prohibits forwarding work emails to a non-UC Davis Health email account (e.g., Gmail, Yahoo, or any other email account). For additional information, please review UC Davis Health Policy 1314 E-Mail Use for UCDMC Personnel (Employees, Faculty, Staff, Volunteers and Students).

Verbal Disclosure – When discussing patient information for treatment and/or other work-related purposes in an unsecure location (e.g., in a hallway, waiting room, cafeteria), it is important to maintain patient confidentiality to prevent improper disclosure**.** Some recommendations to minimize this risk include:

- Limit discussions about patients to confidential spaces and not in hallways, waiting rooms, or other public spaces**.**
- Be mindful of your speaking volume when talking with patients or anyone involved in a patient's care.
- Obtain the patient's authorization, to allow them to agree or object, prior to disclosing their information to a family member or close personal friend.

Reporting Privacy Incidents

UC Davis Health is required to investigate any potential breach or misuse of patient information. This includes both intentional and inadvertent privacy events. As an organization, all these events must be promptly reported to the Compliance Department. The failure to report such events can result in significant fines and penalties against the organization and the individuals involved.

Promptly report a known or suspected breach of patient information to the Compliance Department as soon as you discover it by emailing PrivacyProgram@health.ucdavis.edu or calling 916-734-8808. For additional information about breach reporting, please review UC Davis Health Policy 1302, Protected Health Information, Personal Information Breach Notification.

Research Compliance Program

The Research Compliance Program provides oversight, education, and ongoing support to all areas of UC Davis Health related to clinical research billing, research privacy, and other research regulatory matters to ensure compliance with applicable federal and state laws, regulations, and policies. Two major areas

of focus for the program are clinical research billing and research privacy. More information about these programs is located on the Compliance Website at: http://health.ucdavis.edu/compliance/research/

Clinical Research Billing (CRB)

Clinical research billing is a critical compliance concern for any academic medical center. The focus of a clinical research billing compliance program is to ensure that research-related clinical costs are directed to the correct payer. In some cases, costs for research-related medical services may be billed to the patient or the patient's insurance. However, insurance cannot be billed when the costs of medical items or services are reimbursed by another source, such as the study sponsor, or when the items or services are provided only for research purposes without therapeutic intent. Some of the safeguards to ensure that research costs are appropriately captured include, but are not limited to:

- Completion of the Medicare Coverage Analysis (MCA) to determine if the research study qualifies to bill routine costs in a clinical trial to Medicare or insurance.
- Completion of a billing grid to identify costs billable to Medicare/insurance or the study account.
- Completion of the Clinical Trials Data Bridge to create a study record and document the MCA.
- Associating research subjects to the study in Epic.
- Associating protocol-directed orders and encounters to the study in Epic.
- Timely completion of Epic research billing review to ensure charges are routed appropriately.

More information on this process is available in the UC Davis Health Clinical Research Guidebook.

Ensuring appropriate billing of clinical research costs is a complex task, and all research personnel are encouraged to seek training specific to their research responsibilities. The UC Davis Clinical Trials Office offers numerous training opportunities, including a foundational course that covers the above topics and more. Additional information is available on their website at: https://health.ucdavis.edu/ctsc/area/clinicaltrials/.

Clinical research billing questions can be emailed to: ResearchCompliance@health.ucdavis.edu.

Research Privacy

Federal and state laws, such as the Health Insurance Portability and Accountability Act (HIPAA) and California Medical Information Act (CMIA), as well as UC Davis Health policies and procedures specifically address how protected health information (PHI) can be utilized for research purposes. In general, a patient's medical information may only be accessed for a treatment, payment, or operational purpose without obtaining prior written authorization. Access to patient records for most other purposes, including research, requires additional steps to be taken to comply with state and federal privacy laws.

In most instances, the Privacy Rule requires a signed authorization from the individual before access, use or disclosure of PHI for research purposes. Authorization is typically secured by having research subjects sign the HIPAA Authorization for Research Form at the time of consent. The HIPAA Authorization for

Research Form is a separate and distinct form from the study's informed consent form (ICF). Permission to access, use, or disclose PHI for research purposes is not obtained simply by the subject signing the ICF. Access to a patient's record for research purposes must occur in accordance with the protocol, informed consent, and signed authorization.

In limited situations, the Privacy Rule allows an Institutional Review Board (IRB) to waive the requirement for a signed authorization for the use of PHI in research. To obtain a waiver, UC Davis Health's researchers must complete the applicable waiver section of the electronic Initial Review Application when submitting their protocol.

Once conducting the study, accounting of disclosure must be completed by researchers when patient information is accessed for a research purpose under an IRB approved waiver of Authorization. For more information about the privacy rules related to research and instructions for completing accounting disclosures, refer to the UC Davis Health Clinical Research Guidebook. Additional information about the IRB's HIPAA waiver process is available on the UC Davis Office of Research website at https://research.ucdavis.edu/policiescompliance/irb-admin/researchers/project-guidance/medical-records

Coding and Billing Compliance

UC Davis Health is committed to honesty, accuracy, and integrity in all patient charging, coding, billing, and documentation activities. UC Davis Health workforce members are expected to adhere to the following guidelines when engaging in coding, billing, and documentation activities:

- Healthcare services provided must be medically necessary and rendered by qualified healthcare professionals in accordance with the scope of practice and federal and state laws.
- Assignment of CPT, HCPCS, and ICD-10 codes is based on the medical record documentation and payer specific guidelines.
- Medical record documentation must meet the requirements outlined in UC Davis Health Policy 2307 Medical Record Documentation Standards and as applicable in Policies 1930 Scribe Notes and 1905 Drug Documentation and Billing.
- With a limited exception, teaching physician services may be billed to Medicare only when the documentation supports that the teaching physician provided a direct service to the patient. See Primary Care Exceptions for E/M Services.

All providers new to UC Davis Health that are seeking billing privileges must complete the mandatory Billing Compliance Training. Completion of this training is mandatory to release charges. A link to the training and additional information for each role can be found on the intranet at http://intranet.ucdmc.ucdavis.edu/him/etp/etp.shtml.

Documentation/Electronic Medical Record Compliance

Banned Abbreviations

Abbreviations are commonly used in medical documentation out of convenience to save time. However, abbreviations may result in possible patient harm if misread or misinterpreted.

UC Davis Health has adopted an abbreviations policy (UC Davis Health Policy 2305 Approved Abbreviations), which outlines appropriate acronyms, abbreviations, and symbols to guide documentation and interpretation of notes for use in medical documentation.

View examples of banned abbreviations below. For more, please visit UC Davis Health Policy 2305(1) Banned Abbreviations List.

Example Banned Abbreviation	Potential Problem	Preferred Term
U (for unit)	Mistaken as zero, four, or cc	Write “unit”
Q.D. (for daily)	Mistakenly transposed; the period after the “Q” can be mistaken for an “I”	Write “daily”
< and > or ≤ and ≥	Mistakenly used opposite of intended	Write “greater than” or “less than”

Verbal Orders

This section outlines the use of verbal orders as described in UC Davis Health Policy 18009 Provider Orders.

Verbal orders are to be used infrequently and limited to those situations where it is impossible or impractical for the ordering provider to enter an order in the Electronic Medical Record (EMR).

Verbal orders may be used in the following situations:

- When the provider does not have access to the EMR (e.g., when the nurse or allied health professional has initiated a call to the provider requesting an order and the provider reports that they do not have current access to the EMR).
- When the provider is off-site between the hours of 2300 and 0600.
- During a procedure, in which case the order will be entered by appropriate staff and signed by the ordering provider immediately following the procedure.
- In an emergency/urgent situation when it cannot wait for the provider to enter the order.
- When the issuing provider is participating in teaching rounds (not work rounds).

Verbal orders must not be issued for complex or multiple orders due to patient safety risks. When verbal orders are used, they may only be issued by a licensed or registered physician, NP, PA, or CRNA.

Verbal orders for medication may only be accepted by RNs or pharmacists in the inpatient setting. However, in the outpatient setting, verbal orders for medications may be accepted by RNs, LVNs, and pharmacists. Allied health professionals may accept verbal orders specific to their scope of practice.

When verbal orders are issued:

- They must be read back to the ordering provider.
- The person accepting the verbal order should enter the order into the EMR and read it back to the ordering provider.
- Leading zeros and decimal points must be vocalized.
- The identity of the ordering provider must also be confirmed by verifying the name and PI number.
- If the recipient of a verbal order cannot reasonably access a computer, the order may be written down on paper, read back to the ordering provider, and later entered into the EMR. In any case, a verbal order must be entered into the EMR using "Verbal with read back" as the order mode and the name of the ordering provider who issued it.
- The recipient of a verbal order then electronically signs the order in the EMR, which records the date/time of the order and the recipient's professional title.

All verbal orders must be cosigned by the ordering provider within 48 hours from the date and time the order was entered. Timely signing of verbal orders is regularly monitored and reported to department chairs. Orders not signed timely will be escalated to the Medical Staff Executive Leadership and failure by a provider to cosign verbal orders within 48 hours could result in loss of medical privileges and suspension of the provider. Providers are not required to sign erroneous verbal orders. Refer to Section VI.B. of the policy regarding verbal orders entered in error.

Sharing Notes with Patients

- As of November 2020, UC Davis Health has been sharing most notes across ambulatory, inpatient, and ED for all author types to improve transparency with patients, which has been shown to improve patient engagement and may improve adherence to treatment plans via MyChart (MyUCDavisHealth). In addition, this assures compliance with the 21st Century Cures Act. Other Electronic Health Information (EHI), as defined by the information in the Designated Record Set, in any system (not just Epic), needs to be shared with patients or other authorized persons upon request.
- Consider the patient and their family as one of many audiences and maintain professionalism: avoid criticizing colleagues or using judgmental language about the patient. Objective facts are usually appropriate to share.
- If, in your professional judgment, sharing a note would violate the privacy of the patient (e.g., by being viewed by a proxy or if access is coerced) OR sharing might lead to physical harm to the

patient or substantial harm to another person, you can un-click the 'share with patient' button and document which acceptable exception applies in that case. See UC Davis Health Policy 2301 CURES Act and Information Blocking for details on acceptable reasons to not share notes with patients.

- If the patient requests that the note NOT be shared, you can block sharing as well. This might be relevant if the patient does not want sensitive information visible to proxies. This could be appropriate in abusive situations, gender-affirming or reproductive health, etc.

Sharing Results with Patients

- Federal law also requires sharing results with patients electronically and 'without delay'.
- State laws do take precedence, so tests that might show cancer, HIV antibodies, hepatitis antigens, or drug abuse will be delayed to allow time for verbal discussion of the results with the patient before release.
- If your professional judgement determines that sharing the result might lead to physical harm to the patient or substantial harm to another person, you can block the release of the result.
- This is possible in the details of an order before signing it.
- After signing, the 'MyChart Results Release' activity or Chart Review will allow control over patients' view of results in MyChart (MyUCDavisHealth) before or after it is finalized. Document in a note what exclusion is used to justify blocking.

Expanded Digital Sharing of Electronic Health Information at Patients Request

All Electronic Health Information that is possible to share must be shared, *upon request*, with patients or their designees.

This includes all data that is stored or transmitted in electronic form, personally identifiable, and used in clinical decision making with the exceptions of psychotherapy data, legal cases, and those covered by the eight exceptions in federal law, several of which are mentioned above.

Important Caveats

- This does not just apply to data in Epic.
- The information does not have to be shared through MyChart (MyUCDavisHealth).
- The information does not have to be made available *without* request.

Additional detailed information is available on the UC Davis Health 21st Century Cures Act website.

Copy and Paste Guidelines

Quality documentation supports patient care, patient and caregiver engagement, continuity of care, record integrity, and accurate coding. As such, UC Davis Health Policy 2307 Medical Record Documentation Standards outlines specific guidelines and standards for timely, complete, and accurate documentation of healthcare services. The policy also outlines the appropriate use of the copy and

paste functionality available in the EMR for all relevant providers including physicians, residents, nurse practitioners, physician assistants, and other documenting providers.

Appropriate use of the EMR copy and paste functionality eliminates duplication of effort and saves time, but it must be used carefully to ensure accurate documentation. Indiscriminate use of copying and pasting may lengthen notes by including unnecessary or redundant information, making it difficult for others to quickly locate pertinent information. It may also result in record inaccuracies. Some guidelines when using copy and paste are:

- Copying forward information should be avoided, especially that which is no longer relevant to the patient's current condition. Only copy information that remains accurate and relevant. It is imperative to appropriately edit any pasted information to assure accuracy.
- The author is responsible for the accuracy and appropriateness of the information incorporated into their documentation, whether it is copied, pasted, imported, or reused.
- Before adding results and procedures to a note, consider if it will be of use to readers, keeping the fact in mind that information is already available in the chart. Consider a summary and/or interpretation of a test instead. Un-synthesized data leads to "note bloat" and rarely contributes to supporting billing requirements.
- If test results/procedures are copied and pasted into an encounter note, the date of the original test result or procedure should be noted. Information from SmartLinks should be refreshed so the information is up to date.
- Information that should not be copied: a physical exam, assessment, and plan from another service; or a medical student's note.

All entries in the EMR must be patient- and visit-specific, must reflect the actual data collected and/or reviewed, and be confirmed by the provider based on medical necessity and personally rendered services. Providers may reference their own prior entries and/or other providers' entries in the patient's record (by noting the specific date and time of the referenced entry), such as when the information is pertinent to the reason for the visit, the patient's history, test, or imaging results, etc. Providers should avoid:

- Inappropriate use of copy/paste functionality
- Over-documentation of clinically irrelevant information (not medically necessary)
- Copying redundant information provided in other parts of the legal medical record

What is Considered Copy and Paste?

For purposes of this standard, "copy" shall be understood to include: copy/paste, copy forward, imported documentation, "roll-in," pull-forward, auto-populate features, and any other intent to move documentation from one part of the record to another section of the health record (or to another patient's record). Cloned documentation refers to medical record documentation that is identical or unreasonably similar to the previous entries for a patient (or another patient's record).

Some Examples of Inappropriate Copy and Paste:

- Identical entries – Entries that are exactly alike between notes or between providers. The visit note contains the exact same history of present illness, review of systems, physical exam, and/or care plan.
- Same patient with identical notes, unchanged from one visit to the next.
- Different patients with identical entries regardless of the patient involved.
- Care team notes that are the same and make it difficult to determine who provided the service, e.g., the teaching physician's note is identical to the house staff note; the attending physician's note is identical to the mid-level provider's note.
- Unreasonably similar entries – such as entries that are almost identical to previous entries within an individual's medical record.

Provider Responsibilities and Good Practices:

- Be aware of documentation guidelines. Updates went into effect in January 2021 for ambulatory encounters and in January 2023 for ED and Inpatient encounters.
    - The emphasis is on Management and Evaluation of documentation, or time spent.
    - Exam and Review of Systems no longer drive coding; include just what is relevant to a patient's clinical situation.
    - Prevent "note bloat" by avoiding the use of SmartLinks and instead summarize and synthesize data.
- To reduce author and reader burden, utilize the note element matrices and standard elements where and when applicable when updating or creating templates or smartphrases.
- Authenticate notes. Signed notes are "final" and become part of the patient's legal medical record. Additional information may only be included as an addendum or a new entry. The provider's signature shall serve as their attestation that the information – whether original or copied – is accurate, and that any copied information is current and represents the provider's services for that date of service.
- Notes are typically shared with patients when signed/co-signed by an attending (inpatient and ED) or when an ambulatory encounter is closed.
- Identify the source of information copied from a prior note (i.e., date, time, prior note's author). Reconfirm and update as necessary to accurately reflect the care provided during the current encounter.
- Cite and summarize clinically applicable test results (labs, imaging, consult reports, etc.) by date and time, rather than copying the entire report into the current entry.
- Avoid copying one patient's medical record into a different patient's medical record.
- Discuss the review of systems (ROS) and past, family and social history (PFSH) with the patient and comment upon pertinent updates to the current encounter, e.g., "ROS and PFSH are unchanged from previous encounter on MM/DD/YYYY" – rather than copying/ pasting the entire ROS and PFSH entry from a previous note or SmartLinking from the chart. Importing up-to-date content from PFSH-related sections of the EMR is legitimate if judged to be important.

- Use the approved teaching physician documentation template (i.e., SmartPhrase) in the EMR to document teaching physician services, rather than copying the supervisee's note in its entirety.
- Correct errors identified within the documentation in accordance with UC Davis Health Policy 2307 Medical Record Documentation Standards.
- If you are blocking the sharing of a note with patients/caregivers for a reason approved by the regulation, document the relevant exception using the pop-up window.

For additional information, please review: UC Davis Health Policy 2307 Medical Records Documentation Standards.

Teaching Physicians: Billing Reminders and Resource Information on Documentation

- Resident Notes: Teaching physicians must document they performed the service or were physically present during the key/critical portions of the service and may refer to the resident's note for details.
- Medical Student Notes: Teaching physicians may only utilize student documentation when the teaching physician:
    - Was present with the medical student for the exam and the medical decision making;
    - Repeated the examination; and
    - Verified all of the student's documentation.
- Scribes: The use of scribes by UC Davis Health teaching/attending physicians is acceptable if performed in accordance with UC Davis Health Policy 1930 Scribe Notes. The billing provider who has elected to use the services of a scribe is ultimately responsible for the content and accuracy of the scribed note.
- CMS Medicare & Medicaid Services: "Guidelines for Teaching Physicians, Interns, and Residents," https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/mln-publications-items/cms1243499 and Office of Inspector General: "Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse," https://oig.hhs.gov/compliance/physician-education/index.asp.

General EMR documentation guidelines are available on the Health Information Management EMR Training website at:
http://intranet.UCDMC.ucdavis.edu/him/EMR_Train/media/Quality_Clin_Doc/Quality_Clinical_Documentation.pdf

Questions? Contact the UC Davis Health Compliance Program at 916-734-8808.

Secure Chat

Secure Chat and **Empathic** Communication

Secure Chat is an easy-to-use tool to enable communication between clinicians of all types. Ease of use is a double-edged sword, and *too much* lower-value communication has harms as well. Interruptions

distract from patient care, educational, and cognitive processes, so thoughtfulness around when and how to communicate is critical. Likewise, clear chart-based documentation of who is responsible to a patient's care in real time is necessary to enable messaging the right person and not unnecessarily interrupting the wrong people.

An interdisciplinary group has been looking at issues with Secure Chat (SC) at UCDH from many perspectives. A number of issues have been identified- some are technical and IT will work on them, but many are about how the tool and related Epic functionality is used.

Many of the recommendations can be thought of as 'empathy' with your communication partners- consider their situation and needs when sending AND keep your status transparent to enable others' respect of yours!

When receiving, let others know if you are responsible for specific patients by updating their charts with your role- 1st contact for providers or shift nurse, for example. Use your 'availability' status to designate when you are most open to clinical communication vs. engaged with patients, teaching rounds, procedures. Also, your 'Availability Message' can let others' know how receptive you may be to questions.

When sending, consider whether a message can wait until the recipient moves from DND or Busy to 'Available' status. Although it may get 'work off your plate' it may distract people from important activities on the other end. We're asking Epic for tools to 'send later.' Also, batch messages into the fewest number possible- multiple messages generate multiple interruptions to cognitive and educational processes on the other end- this is not good for safety or quality or education.

Before sending, consider whether the information you seek is already in the chart, or if a note in the record may suffice instead of an interruptive message.

Be sure to include adequate context in the message to enable triage of messages. Consider using the SBAR format when appropriate.

Use this table as a guide for what different availability statuses mean. Columns are recommended statuses for different situations at different times of day (rows)

Recipients Use > at time	**available**	**busy**	**Do not disturb=** *Use message* to explain only administrative or specific coverage	**offline**

Daytime	Routine operations	breaks	Rounding/conferences/procedures /med pass	Off duty
evening/swing	Routine	signout/report	Family conferences/signing out/procedures	Off duty
overnight	Routine on call	Heavy cross cover	Family conferences/procedures	Off duty

Guidelines for senders: based on recipients' status (columns) and time of day (rows)

Sender Do/don't	**Available=** routine response	**Busy=** expect a delay ~1 hour	**Do not disturb =** delayed response- ~4 hours or more	**Offline =** can't send.
Daytime	Message thoughtfully	Time sensitive only	should contact a different person/page for urgent message if none available	
6pm-7:30pm (sign out times)	Time sensitive only	Time sensitive only	should contact a different person/page for urgent message if none available	
overnight	Do save routine* items for Day shift	Time sensitive only	should contact a different person/page for urgent message if none available	

Urgent messages: Always exclude urgent issues from secure chat, which should still be paged. Routine means patient care issues that can be safely delayed until primary team is on duty, examples include bowel care, family updates on stable patients.

More information on workflows, training videos, and etiquette and communication guidance can be found on the intranet at:

https://intranet.ucdmc.ucdavis.edu/emr/projects/secure-chat/index.shtml

Full ambulatory communication chart:

https://intranet.ucdmc.ucdavis.edu/emr/projects/secure-chat/documents/Ambulatory%20Communication%20Chart_FINAL_09.19.22.pdf

EMR Downtimes

In addition to predictable quarterly downtimes, we may experience occasional unavailability of EMR access. To be prepared, be aware of the resources available:

- **Read-only EMR:** This is an environment that contains recent information about your patients, that is available when Production Epic is down for planned or unplanned downtimes.
- If your location has lost internet connectivity, most departments have at least one **downtime computer,** which contains summary reports for patients on the schedule (ambulatory) or registered for inpatient or ED stays. It may have a battery backup to allow access in power outages.
- The Clinical Resources Center has many downtime forms to help you do your work when EMR in unavailable. Critically, **copies of many order sets, including the 20 most used order sets,** are available for you to print and use to avoid delays of patient care.
- **Spend a few moments *before downtimes*** to familiarize yourself with these backup systems before they are needed in a chaotic situation.

Affiliations with Certain Healthcare Organizations: University Policies

On July 22, 2021, the Board of Regents approved Regents Policy 4405 Policy on Affiliations with Healthcare Organizations that Have Adopted Policy-Based Restrictions on Care. This policy governs affiliation agreements between UC and these healthcare organizations ("Covered Organizations"). UC Office of the President (UCOP) subsequently developed the Affiliations with Certain Health Care Organizations policy, which establishes standards for affiliation with Covered Organizations.

UCDH created Policy 3106 Affiliations with Certain Healthcare Organizations at UC Davis Health, which clarifies how the UCOP Policy and the Regents Policy will be implemented at UCDH. These policies and amendments to UCDH contracts with Covered Organizations ensure that the University's evidence-based standards of care (not the Covered Organization's Policy-Based Restrictions) will govern the medical decisions made by UCDH personnel and trainees.

Definitions:

- Covered Organization: A health care provider, health plan, or other organization owning or operating locations where Health Care Services are provided in the United States, that has adopted or operates pursuant to Policy-Based Restrictions on Health Care Services.
- Policy-Based Restrictions: Restrictions imposed by a Covered Affiliate, directly or through its governing body or sponsors (or, in the case of a government agency or subdivision, as a matter of law, regulation, or agency directive), on evidence-based Health Care Services within the scope of a health care provider's license. This term does not refer to services that the Covered Affiliate: (i) is barred from performing as a matter of federal or state law, federal or state agency

directive, or applicable Accreditation Standard; (ii) is unable to provide to ANY patient due to absence of necessary equipment, or qualified personnel, lack of applicable licensure or accreditation, or lack of financial resources; or (iii) limits or restricts as a result of credentialing, privileging, and utilization review policies or processes consistent with California law and Medicare Conditions of Participation.

- Health Care Services: Items and services reimbursable by the Medi-Cal program or by any Federal Health Care Program (as defined in 42 U.S.C. § 1320a-7b(f)) or services otherwise provided in a facility licensed by the California Department of Public Health or exempt from licensure under Cal. Health & Safety Code § 1206; by a health care provider licensed or otherwise permitted to practice under Cal. Bus. & Prof. Code, Division 2 (Healing Arts); or by a student, resident, or fellow functioning under a licensed health care provider's supervision.
- Personnel: University-employed faculty and staff (the term does not refer to voluntary faculty who support the University's academic mission but who are self-employed or employed by a third party).
- Trainees: Health professional students, residents, and fellows enrolled in UC Health operated or -sponsored educational programs.

Right of UC Davis Health Personnel and Trainees to Not Work at Covered Organization's Site

No UCDH Personnel will be compelled to work at a facility that has adopted Policy-Based Restrictions on care. If UCDH Trainees have an objection to training at a Covered Organization's site, the applicable school or program director will attempt to identify alternative sites with the necessary faculty, resources, and clinical/educational experiences to comply with applicable Accreditation Standards, specialty board, and institutional requirements while maintaining a consistent training experience for all UCDH Trainees and consistent program funding. If an alternative site is found, the Trainee will be reassigned to the alternative site. If an alternative site is not found, the applicable school or program director shall inform the Trainee and the relevant Dean. The Trainee must be given the option to train at that Covered Organization site, or to find another program if possible.

Current Covered Organizations with Policy-Based Restrictions on Care

Current Covered Organizations with Policy-Based Restrictions on care include:

- Dignity Health
- Providence
- Adventist Health
- Loma Linda

Catholic Healthcare Organizations may place restrictions on the following types of care:

- Assisted Conception
- Surrogacy
- Abortion
- Contraception

- Sterilizations
- End of Life Care (EOLOA)
- Gender Affirming Care

Adventist Healthcare Organizations may place restrictions on the following types of care:

- Assisted Conception
- Abortion
- End of Life Care (EOLOA)

Rights of UC Davis Health Personnel and Trainees at Covered Organization's Site

Even if a Covered Organization has adopted Policy-Based Restrictions on care, UCDH's contractual agreements still protect UCDH Personnel and Trainees' rights to make clinical decisions, counsel, prescribe, and refer or transfer, as well as to provide emergency items and services, without limitation, including any necessary items and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition.

UCDH Personnel and Trainees working or training at a Covered Organization's site will have the ability and right to:

- make clinical decisions consistent with the evidence-based standard of care and their independent professional judgment, respecting the needs and wishes of each individual patient;
- inform patients of all their health care options;
- prescribe any interventions that are medically necessary and appropriate;
- transfer or refer patients to other facilities whenever they determine it is in the patient's interests; and
- provide any item or service they deem in their professional judgment to be necessary and appropriate in the event of an emergency, without restriction, and without seeking approval from any non-provider, including any items or services to any patient for whom referral or transfer to another facility would, in their sole professional judgment, risk material deterioration to the patient's condition.

Obligations of UC Davis Health Personnel and Trainees

If Personnel or Trainees refer a patient to a facility with known restrictions, they must proactively inform the patient about the restrictions on care and alternative options at UCDH or other facilities.

UC Davis Health Personnel or Trainees shall fulfill this obligation by: (1) in the case of an inpatient transfer having the patient sign a Transfer Statement (Policy 3106, Attachment 1 Physician's Progress Record Transfer Statement to Acute Care Hospital) or (2) in the case of referrals, providing the patient with the "Getting Care at Affiliate Organizations" document (Policy 3106, Attachment 2) or directing them to https://health.ucdavis.edu/patients-visitors/patient-rights/affiliations-care-policies.

Concerns and Complaints

Personnel or Trainees working at a Covered Organization may file a concern or complaint if they believe that professional judgment or freedom to do any of the following is impeded in any way:

- counsel patients prescribe medication or service, or
- refer or transfer patients to UC or other alterative locations for care, or
- provide emergency items and services, including any necessary item and services to any patient for whom referral or transfer to another facility would risk material deterioration to the patient's condition.

Personnel or Trainees may file an incident report through RLDatix or contact UCDH Compliance by email at ComplianceHelp@health.ucdavis.edu or by phone at 916-734-8808 or 1-800-403-4744.

Conflict of Commitment and Outside Professional Activities

In accordance with UC Academic Personnel Manuals (APM) 025 and 671, all faculty are subject to earning thresholds and/or time limit for engaging in outside professional activities (OPAs). APM-671 governs faculty members who are members of the health sciences compensation plan and APM-025 governs faculty who are *not* part of the health sciences compensation plan.

OPAs are compensated and uncompensated activities that are within a faculty member's area of professional, academic expertise and that advance or communicate that expertise through interaction with industry, the community, or the public. When these OPAs interfere with a faculty member's professional obligations to the University, this is called a conflict of commitment. While engaging in OPAs is allowed, faculty must be mindful of their annual earning thresholds and time limits in order to avoid potential conflicts of commitments. Specifically, APM-671 and APM-025 outline the maximum number of days that faculty may devote to OPAs and the threshold for earned income before a conflict of commitment occurs.

The OPA earning threshold for APM-671 faculty is $40,000 or 40% of their fiscal-year base salary scale (scale 0), whichever is greater. The annual time limit for these providers is up to 21 days (168 hours) per year or up to 48 days with prior approval. For APM-025 faculty, there is no annual earnings threshold, but they are limited to 48 days of OPAs per fiscal year. Additionally, OPAs are classified into three categories, each with various approval and annual reporting requirements.

- Category I. Real or perceived conflict of commitment because the activity relates to the expertise/training of the faculty member or requires a significant professional commitment. Category I activities require prior approval, but also have specific requirements for time limits, earning thresholds, and annual reporting (i.e., outside teaching, outside research or founding/co-founding a company).
- Category II. Less potential for a conflict of commitment because the activity is generally shorter-term and is outside the course and scope of University employment. Category II activities do not

require prior approval, but still have specific requirements for time limits, earning thresholds, and annual reporting (i.e., consulting, expert witness, or presenting at a workshop).
- Category III. Unlikely to raise a conflict of commitment because the activity is within the course and scope of University employment (i.e., reviewing manuscripts and presenting talks at academic conferences).

OPAs can also involve activities where the faculty member has academic responsibility for a student. In that case, the faculty member must obtain written approval from the Department Chair before involving the student in the OPA. Additionally, the faculty member is responsible for ensuring that the activity does not interfere with the student's academic obligations.

OPAs must be reported annually on a fiscal year basis through the UC Outside Activity Tracking System (OATS). The OATS system can be found at https://ucdavis.ucoats.org/ and OATS training resources are available at https://academicaffairs.ucdavis.edu/oats. For additional information about OPAs, review APM-671, APM-025, or contact the Office of Academic Personnel. You can also find additional resources at the links below:

Start-ups, Intellectual Property UC Collaborations
- Office of Innovation and Technology Commercialization https://itc.ucdavis.edu
- Office of Translational Entrepreneurship, School of Medicine https://health.ucdavis.edu/medresearch/

Outside Professional Activity Reporting or Conflict of Commitment
- Office of Academic Personnel, Schools of Human Health https://health.ucdavis.edu/academicpersonnel/
- Conflict of Commitment Toolkit: https://health.ucdavis.edu/academic-personnel/administrative-resources/administrators-managers/conflict-commitment/

Infection Prevention/Control

Standard Precautions

UC Davis Health mandates the use of Standard and Transmission Based Precautions to protect all healthcare workers and patients from the transmission of infections as recommended by the Centers for Disease Control. **Standard Precautions** applies to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent.

Standard Precautions include:

- Hand hygiene.

- Using personal protective equipment (PPE) (e.g., gloves, gown, mask, eye protection, or face shield) to provide care based on anticipated risk of exposure to infectious material. PPE must also be considered when handling patients' equipment, linen, care items, and surfaces in the environment to prevent transmission of infectious agents (e.g., wear gloves when potential or actual contact with blood or other potentially infectious material is anticipated, to properly clean and disinfect or sterilize reusable equipment before use on another patient, etc.).
- Using safe injection practices, such as activating any safety engineered sharp device immediately and discard into Sharps container. Never recap needles on a syringe.
- Using respiratory hygiene and cough etiquette (use of tissues, face masks, and hand hygiene).
- Ensuring appropriate patient placement (rooming of isolation precaution patients).
- Properly handling, cleaning, and disinfection of reusable patient care equipment and instruments/devices.
- Cleaning and disinfecting the environment appropriately.

Hand Hygiene

According to the Centers for Disease Control and Prevention (CDC), hand hygiene is the single most important procedure for preventing healthcare acquired infections by reducing the carriage of potential pathogens on the hands. All healthcare personnel and visitors must use strict hand hygiene to prevent cross-transmission of organisms between patients, equipment, and environment.

The World Health Organization promotes hand hygiene using the "Five Moments of Hand Hygiene" campaign. There are five key moments in healthcare when employees should perform hand hygiene:

1. Before touching a patient
2. Before clean/aseptic procedures
3. After body fluid exposure/risk
4. After touching a patient, and
5. After touching patient surroundings

Use an Alcohol-Based Hand Sanitizer (Rub hands vigorously for 20 seconds)	**Wash with Soap and Water (Rub hands vigorously for 15 Seconds)**
• Upon entrance to a patient room. • Immediately before touching a patient • Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices • Before moving from work on a soiled body site to a clean body site on the same patient	• When hands are visibly soiled • After caring for a person with known or suspected infectious diarrhea • After known or suspected exposure to spores (e.g., *B. anthracis, C. difficile* outbreaks) • Following glove removal if transdermal medications were handled (refer to UC Davis Health Policy 4039)

Use an Alcohol-Based Hand Sanitizer (Rub hands vigorously for 20 seconds)	Wash with Soap and Water (Rub hands vigorously for 15 Seconds)
• After touching a patient or the patient's immediate environment • After contact with blood, body fluids, or contaminated surfaces • Immediately after glove removal	

A patient care area is considered the doorway, curtain line or imaginary line around the gurney in a hallway. This includes all areas where patient care is provided, e.g., bathroom, public area, or other place where the patient may need assistance.

For more information, please visit the Hand Hygiene webpage or refer to UC Davis Health Policy 11023 Hand Hygiene.

Surgical hand scrub: Use UCDMC provided surgical hand preparation products found at the scrub sinks and water with brush to achieve friction for at least 120 seconds to remove or destroy transient microorganisms and reduce resident flora.

Nails are to be kept short (not extending beyond the fingertips) and clean. Nail polish without embedded enhancements may be worn but must be intact and free from chips, dings, wear, or any torn/rough areas.

Artificial nails, nail tips, acrylic overlays, shellac, lacquer, and gel products are prohibited for all healthcare workers who provide direct, hands-on patient care (i.e., physical contact with a patient or patient's environment) or perform other tasks that require hand hygiene (i.e., individuals that prepare sterile instruments or compound sterile pharmaceuticals) as they may harbor pathogens that can lead to healthcare acquired infections.

Maintaining skin integrity and health is important. Please use hospital approved lotions to prevent dryness from frequent hand hygiene.

Note: in the **Neonatal ICU**, specific hand hygiene processes are as follows:

- Perform scrub:
  - Perform a 2-minute soap and water OR Avagard scrub prior to entering the pod for the first time or at the beginning of shift.
- Nothing below the elbows in the pods:
  - All rings, watches, and bracelets should be removed.
  - Jewelry that cannot be removed should be cleaned during hand hygiene and covered with glove(s) while in pods.

To Glove or Not to Glove?

When clean hands additionally require the use of gloves, appropriate glove use is well-supported by evidence-based science.

- Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment could occur.
- Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves and immediately after removing gloves.
- Change gloves and perform hand hygiene during patient care if:

  Gloves become damaged,

  Gloves become visibly soiled with blood or body fluids following a task,

  Moving from work on a soiled body site to a clean body site on the same patient, or

  If another clinical indication for hand hygiene occurs.

- Never wear the same pair of gloves in the care of more than one patient.
- Carefully remove gloves to prevent hand contamination.
- Gloves should be worn during patient transport when an employee anticipates contact with body fluids or open wounds.
- For example, it is appropriate to wear gloves to transport a trauma patient who is bleeding or using a resuscitation bag on a patient during transport. It is appropriate to wear gloves during transport of a patient with burns (sterile gloves should be worn if burns will be touched). For all other circumstances, it is inappropriate to wear gloves during patient transport. When transporting a patient who will need care and requires isolation precautions, there must be an additional transporter who is not wearing PPE. This person may touch the environment (elevator buttons, door handles, etc.). All transporters wearing isolation PPE must avoid touching the hospital environment while transporting the patient in order to protect patients, visitors, and other hospital personnel. Refer to UC Davis Health Policy 11021 Transportation of Patient with Communicable Infection.

Protecting visitors, other patients, and healthcare workers means gloves are not used to touch elevator buttons, or opening doors. Visitors touch buttons on elevators, doors, and door handles. It is inappropriate for staff (MDs, RNs, transporters, environmental services) to wear gloves while touching these items.

Transmission-Based Precautions

In addition to Standard Precautions, ***Transmission-Based Precautions*** are used for patients with documented or suspected infections or colonization with highly transmissible or epidemiologically-

important pathogens based on the route of transmission. The transmission-based precautions are as follows:

- ***Contact Precautions*** for those pathogens spread by direct and indirect contact with the patient or the patient's environment (i.e., multidrug resistant organisms). **Required PPE:** Standard Precautions in addition to gloves and a gown.
- ***Droplet Precautions*** for those pathogens spread via droplets within 6 feet (i.e., influenza). **Required PPE:** Standard Precautions in addition to a mask and eye protection (goggles or face shield). The healthcare worker must escalate respiratory protection to a powered air purifying respirator (PAPR) (Preferred), elastomeric, or N95 respirator with eye protection for droplet precautions with any patients that are receiving aerosol-generating procedures per UC Davis Health Policy 2002 Aerosol Transmissible Diseases Control Plan.
- ***Enhanced Contact/Droplet Precautions*** for COVID-19 and other novel respiratory illnesses as determined by Infection Prevention, either suspected or confirmed. **Required PPE**: Standard Precautions in addition to a powered air purifying respirator (PAPR), elastomeric, or N95 respirator with eye protection for all direct care and aerosol-generating procedures (PAPR preferred), gloves, and gown.
- ***Airborne Precautions*** for those pathogens spread by tiny, aerosolized particles that are suspended in air for long distances (i.e., *Mycobacterium tuberculosis*). **Required PPE:** Standard Precautions in addition to a PAPR (preferred), elastomeric, or N95 respirator with eye protection (goggles or face shield) and an Airborne Infection Isolation Room (AIIR). For patients in airborne precautions undergoing aerosol-generating procedures (high-hazard medical procedures), healthcare workers present are required to wear PAPRs.
- ***Contact Enteric Precautions*** for gastrointestinal bacterial or viral pathogens that are easily spread by direct contact with the patient or the patient's environment requiring hand washing with soap and water and the use of bleach wipes for reusable equipment and environmental cleaning. **Required PPE:** Standard Precautions in addition to gloves and a gown and environmental cleaning with bleach wipes.

Refer to UC Davis Health Policy 11025 Standard and Transmission-Based Precautions for Infection Prevention and 11025 Attachment 3 Standard and Transmission Based Precaution Table for list of diseases requiring precautions.

Airborne or Aerosol Transmissible Diseases (ATD)

The Aerosol Transmissible Diseases Plan is found in the UC Davis Health Policy UC Davis Health Policy 2002 Aerosol Transmissible Disease Control Plan, which covers the regulatory text of the Cal/OSHA ATD Standard (Title 8, CCR Sections 5199). This policy applies to all diseases transmitted via the airborne route and requires either Airborne Precautions (i.e., pulmonary tuberculosis [TB], measles) or Droplet

Precautions (i.e., influenza, pertussis). Identify suspected symptomatic patients early and appropriately isolate immediately to prevent unprotected exposure.

Exposures to patients with an ATD: Infection Prevention will notify the manager when healthcare worker(s) may have been exposed to a communicable disease patient. The manager will prepare a list of exposed employees based on the exposure criteria and send the list to Occupational and Employee Health Clinic (OEHC). OEHC will follow-up with the healthcare worker as indicated. Employees may also report exposures directly to OEHC

When a patient with Airborne precautions or a patient with Droplet precautions receives aerosol generating procedures, the patient's room must rest for at least one hour after discharge or transfer before another patient can occupy the room. Note: while this room rest period is often one hour, it may be less depending on air exchanges in the room (to use a lesser time, EH&S and PO&M must have performed an assessment of the room's air exchanges and specifically communicated a shorter period). Any staff that enter the room during the rest period must wear a PAPR or respirator. For example: Environmental Services staff may clean the room while wearing a gown, gloves, PAPR, elastomeric, or N95 respirator with eye protection while the room rests for one hour or designated rest time assigned by PO&M.

A PAPR is worn when performing a high hazard procedure (aerosol generating procedure) on a patient with Airborne (i.e., TB patient) or Droplet precautions (i.e., influenza). High hazard procedures (listed in the ATD Plan) include, but are not limited to, bronchoscopy, open suctioning, sputum induction, aerosolized administration of pentamidine or other medications, pulmonary function testing, and procedures in autopsy, surgery, or laboratory that may aerosolize pathogens.

Engineering Controls: An airborne infection isolation room (AIIR) is equipped with negative air pressure with a minimum of 12 air exchanges per hour and air in the patient room is vented directly outdoors. AIIR doors must be closed at all times while in use to ensure that the room remains in negative pressure (in rare instances, patient safety concerns, such as patients at risk for suicide, may necessitate some modification of this guidance. Consult with Infection Prevention as necessary). Audible alarms should be on so that an alarm will sound when the door is left open to the room or anteroom.

Work Practice Controls: Prompt triage of patients requiring Airborne precautions is important. Follow hand washing policies. Using a PAPR is highly preferred or a fit-tested respirator.

UCDH established a Respiratory Protection Policy to protect employees from airborne exposures to hazardous materials and biological agents that cannot be consistently controlled by work practices and/or engineering controls. All departments shall identify employees that are required to wear respiratory protection and ensure that it is worn properly.

Personal Protective Equipment: The ATD Plan mandates the use of NIOSH approved respirators such as N95 or elastomeric respirator or a PAPR for protection against airborne pathogens. UC Davis Health workforce must be fit tested to wear a respirator or trained to use a PAPR annually (refer to UC Davis Health Policy 1603 Respiratory Protection). PAPRs are designed to provide better protection against airborne pathogens and aerosols, making it the first choice in respiratory protection when available.

PAPRs are also used for healthcare workers who have facial hair that cannot be shaved for medical/religious reasons or other issues that prevent a proper seal and for use with high hazard procedures. Respiratory protection is required for healthcare workers during airborne precaution patient transport. Staff who are working on a ventilation system that may contain airborne pathogens are required to wear respiratory protection. Gloves and gowns are worn to keep respiratory secretions away from clothing and skin. Dispose of PPE according to hospital policy.

Vaccination:

- Influenza: All healthcare workers are required to participate in the annual influenza vaccination program and provided the immunization free of charge. For more information of influenza, efficacy, safety, method of administration, and the benefits of being vaccinated, see the vaccination information sheet. For a list of other free vaccinations, please contact the Occupational and Employee Health Clinic (OEHC).
- COVID: Compliance determined annually by UCOP.
- For a list of other free vaccinations, please contact OEHC.

Control of Tuberculosis

Tuberculosis (TB) is a disease caused by *Mycobacterium tuberculosis* which is often spread via airborne transmission. In most individuals, *Mycobacterium tuberculosis* is contained by the host immune system, which is referred to as latent TB infection (LTBI). These individuals are asymptomatic and non-infectious. However, latent infection has the potential to develop into symptomatic infection (active TB) at any stage in life, which is potentially life-threatening and also spread to others via airborne particles.

Active TB is usually marked by pulmonary/respiratory symptoms as that is the primary location of *Mycobacterium tuberculosis* infection in the body. Common symptoms include fever, cough (including bloody cough), shortness of breath, unintended weight loss, and night sweats.

Inpatients that are being ruled out for TB or who have active TB must have coordination and approval from county public health prior to discharge or transfer. See 11014(2) Hospital Discharge Plan for Tuberculosis Patients.

Environmental controls to prevent transmission of active tuberculosis are discussed above under the ATD plan. Employee screening, education, and treatment also play a large role in preventing the spread

and development of active tuberculosis. All employees are screened for latent tuberculosis at-hire, usually with interferon-gamma release assay (IGRA) blood tests, though sometimes tuberculin skin tests are placed instead. If an employee who tests positive for LTBI at hire has not taken any medications for LTBI, it is very important for them to watch for the symptoms of active tuberculosis as noted above. For these employees, it is important to complete an annual symptom review which will be administered by the Occupational and Employee Health Clinic to ensure that there is no sign of progression to active tuberculosis. Employees with LTBI and risk factors for progression/re-activation include those with immunosuppression, including HIV, organ transplant, biologic medications, steroids, or other treatments/conditions that weaken the immune system. If an employee with LTBI is interested in getting treatment to reduce the chance of progression to active TB by up to 90%, they can contact their primary care provider (PCP) to discuss treatment options.

For employees who did not test positive for LTBI at-hire it is important to be aware of risk factors for coming into contact with *Mycobacterium tuberculosis.* These include spending more than 30 days in a country with high rates of TB, which includes all countries except those in Western Europe, Northern Europe, Canada, Australia, and New Zealand. This also includes having close contact with anyone who has had active TB (both at work and in the community). Finally, it also includes time spent in a facility where TB is common, such as jail/prison, homeless shelters, or working in a health care facility in a country with high rates of TB. Employees without a history of LTBI who have any of these risk factors are referred to their PCP for TB testing to screen for LTBI. Employees should also report any exposure to active TB at work so they can have post-exposure testing and treatment if necessary. For more information on the compliance requirements for management of patients suspected or confirmed to have tuberculosis, see UC Davis Health Policy 11014 Known or Suspected Pulmonary Tuberculosis Patient.

Multidrug Resistant Organisms

Multi-Drug Resistant Organisms (MDRO): MDROs are resistant to classes of antibiotics making them difficult to treat as well as a danger for transmitting infections in the hospital/community. Contact Isolation precautions may be required with specific MDROs, such as Carbapenemase resistant *Enterobacteriaceae*-(CRE), carbapenem resistant *Acinetobacter baumannii* (CRAB), and extended beta-lactamase producing organisms (ESBL), among others. See UC Davis Health Policy 11025 Attachment 3 Standard and Transmission Based Precaution Table for a list of diseases requiring Standard or Transmission based precautions.

Methicillin Resistant *Staphylococcus Aureus* (MRSA)

Staphylococcus aureus (SA) is a pathogen that commonly causes infections in humans. MRSA is a variety of SA that has developed resistance to the common antibiotics used to treat SA infections. Important elements of the MRSA/MDRO Control Program are as follows:

- Antimicrobial Stewardship Program to control the use of antibiotics.

- A daily skin treatment with CHG (chlorhexidine gluconate) for all eligible patients is required to reduce the number of organisms (including MRSA) on patients' skin.
- Careful and frequent cleaning/disinfection of the patient's environment, which includes the patient's room and all equipment used by the patient.

As mandated by California Senate Bill 1058 (Nile's Law), an anterior nares swab will continue to be obtained on each patient admitted looking for the presence of MRSA. Nurses are required to educate patients about MRSA and document this education in the EMR Patient Education Record. A MRSA brochure is available for patient education in multiple languages. Physicians are required to notify their patients of positive MRSA results.

Refer to UC Davis Health Policy 11015 MRSA Active Surveillance.

NOTE: Vancomycin Resistant Enterococcus (VRE) and MRSA patients are no longer routinely placed in Contact Precautions unless the patient has an infection with copious respiratory secretions or purulent wound drainage that cannot be contained in a dressing.

Bloodborne Pathogens Exposure Control Plan (Hepatitis B, C, and HIV)

The UC Davis Health Bloodborne Pathogen Exposure Control Plan is located in UC Davis Health Policy 2001 and lists safety measures for preventing exposures to bloodborne pathogens such as Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV), which can cause severe disease and death. These pathogens are transmitted through contact with body fluids infected with the viruses, such as blood, semen, vaginal fluid, or any other potentially infectious material (OPIM) present. OSHA and the UC Davis Health Bloodborne Pathogen Exposure Control Plan (UC Davis Health Policy 2001) require prevention strategies to be followed to avoid contact with bloodborne pathogens in blood and OPIM. The use of PPE (face shield, mask, goggles, gloves, and/or gowns), safety engineered devices, and activation of the safety feature of sharps to prevent sharp injuries are required prevention activities.

NOTE: Lab coats and uniforms (scrubs) do NOT qualify as PPE because they are not impervious to fluids and cannot prevent direct contact with blood/body fluids. Regular eyeglasses will not protect eyes from a splash exposure. Safety googles/face shields are worn as appropriate to prevent splash exposures.

Reporting Blood or Body Fluid Exposures

An exposure may occur when UC Davis Health workforce sustains a sharps injury or splash. Sharps injury involves a needle stick, puncture wound, or cut from any object contaminated with another person's blood, body fluid, or OPIM. A splash occurs when patient's blood, body fluid, or OPIM comes into contact with an open wound, non-intact skin, or mucous membrane (eye, nose, and mouth).

If UC Davis Health workforce sustains a blood/body fluid exposure, Occupational and Employee Health Clinic will provide treatment and all follow-ups as indicated per Policy 2167.

- **First aid:** Irrigate the contamination/wound site with water for 3 to 5 minutes. Do not squeeze or scrub the area. Do not go to the Emergency Department for treatment after sustaining an exposure unless there is also an injury that warrants ED care.
- **Report:** UC Davis Health workforce is responsible to report exposures to Occupational and Employee Health Clinic and fill out the incident report online by double clicking on the RL Solutions (Incident Reporting System) RLDatix computer desktop icon. The report is then recorded via the "Employee Event" icon. The reporting site can also be accessed online through the Employee Health Bloodborne Pathogen Exposure (Needle Sticks/Sharps/Splashes) webpage. During RL Datix downtime, paper exposure forms can be obtained from the nursing supervisor.
    - Paper exposure report forms are to be used by pre-hospital personnel, which is coordinated by the Emergency Department.
- **Obtain labs:** The source patient lab slip is generated by completing the incident report. Needlestick panel labs should not be ordered in Epic by the source patient's care team. When warranted, health care worker labs are coordinated through Occupational and Employee Health Clinic.
- **Call:** Call the Occupational and Employee Health Clinic Bloodborne pathogen phone line at 916-734-7585 to report personal exposure after having completed the exposure report online. Leave a voicemail message if no one answers or if after hours. For after-hours high-risk exposure (known HIV + exposure) inquiries, call the Infectious Disease Fellow on-call.
    - An Occupational and Employee Health Nurse will contact the exposed employee with the initial source patient lab results of the rapid HIV. After hours, the nursing supervisor or Infectious Disease Fellow will contact the employee with results. The Occupational and Employee Health Nurse will also call when all source patient labs are completed to discuss a follow-up plan.
    - All direct care providers are offered Hepatitis B vaccination at no cost. Currently there is no vaccine available for Hepatitis C.

Refer to UC Davis Health Policy 2167 Bloodborne Pathogen Exposures (Needlesticks, Sharps, and Splashes) for the procedure to follow in case of accidental contamination with blood/body fluids.

Antibiotic Stewardship

The prompt initiation of antibiotics to treat infections has been shown to reduce morbidity and save lives. However, 30 - 50% of antibiotics prescribed in U.S. hospitals are inappropriate or unnecessary. This has resulted in the development of multi-drug resistant organisms, which has become an ever-increasing problem. These organisms have made it difficult to treat infections effectively. They have also increased antibiotic usage such that this has become a major public health issue. Overuse of antibiotics also contribute to increasing problems with *Clostridioides difficile* infections. Therefore, optimizing the use of antibiotics is important to patient safety and has become a national priority. See the UC Davis Health Antimicrobial Stewardship Program for more information.

For healthcare providers, it is important to:

1. Be notified immediately when the laboratory identifies drug-resistant infections in the patients.
    a. Use Antibiogram to know what patient drug-resistant infections are present in the facility.
    b. Prescribe antibiotics wisely, which includes, but is not limited to:
        i. Using the correct drug for as short a duration as possible.
        ii. Using antibiotic "time outs," which prompts a reassessment of the continuing need and choice of antibiotics when the clinical picture is clearer and more diagnostic information is available.
        iii. Remove temporary medical devices, such as catheters and ventilators, as soon as they are no longer needed.

Healthcare-Associated Infections (HAI)

Clostridioides difficile

(also known as "C. diff," formerly called *Clostridium difficile*)

In the United States in 2015, there were about half a million infections caused by *Clostridium difficile* (C. *difficile*, a spore-forming organism) and over 15,000 patient deaths. Patients with *C*. *difficile* infection (CDI) can experience recurrent infections. Active CDI patients may have diarrhea, fever, abdominal pain, loss of appetite, and nausea. CDI is transmitted by contact with contaminated surfaces, hands of healthcare workers, or ingestion of *C. difficile* spores, which are present in both symptomatic and asymptomatic patients. The risk for CDI increases in patients with antibiotic exposure, proton pump inhibitors, gastrointestinal surgery/manipulation, long length of stay in healthcare settings, a serious underlying illness, immunocompromising conditions, and/or advanced age. However, there are increasing numbers of CDI being reported in low-risk people, such as healthy individuals in the community with no exposure to healthcare settings.

Basic steps to prevent CDI are:

- Use antibiotics judiciously. UC Davis Health has an active antibiotic stewardship program available to seek advice regarding antibiotic prescribing.
- Early identification and isolation for patients with known or suspected CDI: Use the CDI testing algorithm per *UC Davis Health Policy 11033 Testing and Infection Prevention for Patients with Clostridioides difficile* for appropriate specimen collection and testing for CDI. Symptomatic patients are placed in Contact Enteric Precautions immediately, pending test results.
- Hand Hygiene: Strict hand hygiene with soap and water is required as waterless alcohol hand hygiene products do not kill C. difficile spores.
- Cleaning: Thorough cleaning and disinfection of all environmental surfaces and reusable equipment is critical. At UC Davis Health, a two-step cleaning process is used with the first step performed with a hospital-approved disinfectant to clean and remove any obvious contamination and C. difficile spores on surfaces. The second step is performed using a hospital-approved bleach product to both physically remove and kill any remaining spores that may be left behind after the initial step.

- Notification of CDI to receiving facilities: If CDI patients are transferred to other facilities, ensure that appropriate history and treatment information is reported to the receiving facility.

Device-related Infections

Current healthcare practices use many types of invasive devices and procedures to treat patients, which can put patients at risk for infections. These healthcare-associated infections (HAIs) include central line-associated bloodstream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), and ventilator-associated pneumonia (VAP). To prevent device related infections, UC Davis Health uses "prevention bundles" that are supported by evidence-based practice and have been found to be effective in preventing infection. The two most important points to remember are to utilize devices only when absolutely necessary and evaluate device necessity daily to remove unnecessary devices as soon as possible.

Point of Care Cleaning of Reusable Instruments

All reusable instruments that require high-level disinfection and/or sterilization by the Sterile Processing Department (SPD, also known as CPD or CPU) must be *immediately* cleaned at the point of use and appropriately transported to the CPD in a compliant transport bin. All staff performing instrument pre-cleaning and transport should follow the below steps.

- After procedure, if not already wearing, don personal protective equipment (PPE) (gown, gloves, and eye protection)
- Dispose of trash, single use items, and sharps, ensuring placement in correct waste bin/receptacle (non-contaminated items in regular trash, contaminated items in biohazard trash, sharps into sharps bin, etc.)
- At the point of use, remove bioburden/debris from instruments with gauze, moistened sponge, or other approved method. Use tap water, not saline or iodine (in procedural settings where sterile water is already in use and available, it is preferred).
- Ensure that all hinged instruments are cleaned in an open position.
- If cannulated instruments were used, flush the instrument with tap water. Ensure resulting soiled water is disposed of in an appropriate area. (i.e. soiled utility room sink or other designated location)
- Ensure instruments are disassembled if composed of multiple pieces and ensure heavier instruments are not placed on top of or damage lighter instruments.
- Place all items in a compliant bin (puncture proof, leak proof, covered on top, and biohazard labelled) for transport to dedicated area for further processing and pick up.
- Doff PPE used in beside pre-cleaning and perform hand hygiene.
- Upon arrival to designated area for further processing, don new PPE (gown, gloves, eye protection).
- Place instruments into secondary transport container and spray all items generously with approved instrument pre-cleaning product. Hinged instruments must be sprayed in an open position. Close secondary transport bin when finished.

- Doff all PPE and perform hand hygiene.
- Complete necessary SPD requisition form, place in plastic bag, and attach to secondary transport container.
- Arrange for appropriate transport to SPD.
    - Inpatient locations will either: a) have secondary transport container picked up by SPD, b) may need to call SPD to arrange for pickup, or c) may deliver the container directly to SPD.
    - Outpatient locations load the secondary transport container into a green instrument tote, secure it with an orange zip tie, Distribution picks up the tote.
- Clean and disinfect bin used to transport instruments to soiled utility/designated area with a hospital approved disinfectant wipe. Return this bin to its approved storage location.

Instrument pre-cleaning and transport workflows that differ from the above must be reviewed by Infection Prevention for review and approval. Note that pre-cleaning workflows in Perioperative settings may differ from the above in certain respects (usage of sterile water instead of tap, among other differences). A flyer on inpatient instrument pre-cleaning workflow can be found here, and a flyer on outpatient instrument pre-cleaning workflow can be found here.

Appendices

Appendix A: 2026 National Performance Goals

The Joint Commission introduced the National Patient Safety Goal program in 2002 to reinforce the need for organizations to promote specific improvements in patient safety planning. The emphasis is on assessing, managing, monitoring, improving, and reporting patient safety related information and data.

The Joint Commission (TJC) has replaced its National Patient Safety Goals (NPSG) with National Performance Goals (NPG). This new chapter highlights existing Joint Commission requirements reorganizing them into 14 critical areas designed to prevent patient harm, improve care, and create a safe environment for all.

UC Davis Health has a strong, fundamental commitment to providing the highest level of safe, quality patient care. Why patient safety? "It's important, it's our business, and it's because we care." Staff can access the internet site, Joint Commission Resources, which covers current hot issues from Universal Protocol to Medication Management and Continuous Survey Readiness.

[Note: Joint Commission has established the numbering system. Some goals and/or requirements have been retired, converted to standards, or are not applicable to the hospital setting.]

The goals are:

Goal #1: Right Patient, Right Care

The hospital ensures that the correct patient receives the correct care at the correct time.

Since 2003, TJC–accredited hospitals have been required to follow the Universal Protocol for Safe Surgical Practices. In 2009, TJC added correct use of patient identifiers, hand-off communications, and timely critical test reporting requirements to its NPSGs. Goal 1 now includes the management of patient flow, monitoring changes in a patient's condition, and the availability of resuscitation services, recognizing that these key elements work together to ensure the correct patient receives the correct care at all times.

- 1101, Emergency Medical Treatment and Active Labor Act
- 2702, Patient Identification and Safety Bands
- 2707, Patient Handoffs
- 2720, Communicating Critical Lab Values
- 4019, Universal Protocol
- 4047, Clinical Alarms
- 6006, Responding to Emergency Situations (including Code Blue)

Goal #2: Culture of Safety

The governing body and leadership team foster a culture of safety. The Joint Commission culture of safety standards aim to foster a robust, positive culture of safety in healthcare settings. Evidence shows

that active leadership involvement in structured safety processes significantly improves both patient outcomes and workforce well-being. Goal 2 helps Leadership foster and maintain a culture of safety that improves patient and workforce safety and quality.

- 1466, Incident Reports
- 1616, Violence and Hate Incidents in the Workplace
- 1705, Conflict of Interest
- 3303, Police Services at UC Davis Health
- 4067, Prevention and Management of Violence and Inappropriate Behavior by a Patient or Visitor

Goal #3: Emergency Management

The hospital has an emergency management program. TJC has included accreditation standards for emergency management since 2009 and has evolved the requirements based on best practices. Goal 3 provides a framework for disaster resiliency and outlines critical components of an emergency management program.

- Continuity of Operations Plan (COOP)

Goal #4: Excellent Health Outcomes for All

The hospital prioritizes excellent health outcomes for all.

A key strategy for improving healthcare quality and safety is addressing the differences in outcomes across various patient groups. In January 2023, TJC introduced an NPSG focused on reducing disparities in care. New performance standards now require accredited organizations to evaluate and take action to close outcome gaps and provide equitable healthcare for all.

- Community Health Needs Assessment

Goal #5: Infection Prevention and Control

The hospital prioritizes infection prevention and control. Infection prevention and control (IPC) practices are essential in protecting patients, healthcare workers, and organizations from risk; enable early detection and intervention; reduce human error; and promote a culture of accountability. The infection prevention and control practices focus on three critical IPC activities: infection risk assessment, preparedness for high-consequence infectious diseases, and hand hygiene.

- 2000, Infection Prevention Scope of Service and Authority Statement
- 2001, Bloodborne Pathogen Exposure Control Plan
- 2002, Aerosol Transmissible Disease Control Plan
- 11023, Hand Hygiene
- 11025, Standard and Transmission-Based Precautions for Infection Prevention

Goal #6: Pain Management

The hospital prioritizes pain management and safe prescribing practices.

In response to revised clinical practice guidelines and increasing regulation, TJC pain standards emphasize multimodal pain management strategies, require organizations to identify and monitor

patients at high risk for opioid-related harm, and encourage non-pharmacologic and non-opioid pain treatments.

- 4042, Medication Orders Range Dosing and Priority Setting
- 4054, Pain Assessment and Management
- 18028, RN Admission Assessment

Goal #7: Patient Rights

The hospital respects the patient's right to safe, informed care.

Ensuring patients are informed, active participants in their care improves health outcomes. TJC patients' rights standards enhance patient protection by requiring hospitals to ensure patients receive information in a way they understand, respect the patient's right to give or withhold informed consent, and identify those who may be victims of physical or sexual assault, sexual molestation, domestic abuse, or elder or child abuse and neglect, including providing resources to support patients who are potentially at risk post-discharge.

- 1402, Patient Rights and Responsibilities
- 1404, Reporting Suspected Domestic Violence
- 1411, Consent to Operation, Procedures, Blood Transfusion and Administration of Anesthetics
- 1525, Reporting Patient Injuries from Suspected Weapon Firearm or Assaultive or Abusive Conduct
- 1528, Reporting and Management of Suspected Child Abuse, Neglect, and Sexual Abuse
- 1531, Reporting Suspected Elder or Dependent Adult Abuse or Neglect

Goal #8: **Suicide Risk and Reduction**

The hospital reduces the risk for suicide.

Suicide is a significant public health issue that impacts many patient populations. Many people experiencing suicidal thoughts or behaviors first seek help in healthcare settings, making these environments critical for early identification and intervention. In 2019, Joint Commission implemented a new NPSG designed to improve the quality and safety of care for patients who are being treated for behavioral health conditions and those who are identified as high risk for suicide.

- 4016, Identification and Management of Patients at Risk for Suicide

- ***Goal #9***: **Safe Transplant Practices**

  The hospital develops and implements safe transplant practices.

  Although rare, complications from tissue transplants due to mishandling or improper donor screening can lead to serious health consequences, such as infections, graft failure, and immune response. Quality standards from TJC provide guidelines to minimize the risk of adverse events from tissue transplants and ensure hospitals implement and follow the correct protocols for safe transplant practices.

- OR.SU.1, Autograft and Allograft Handling in the Operating Room
- 1440, Sentinel Events
- 1481, Communication of Adverse Events to Patients

- ***Goal #10***: **Waived (Point-of-Care) Testing**
  The hospital performs waived testing in a safe and consistent manner.
  While waived tests are typically simple, they are not completely error proof. It is important that healthcare personnel perform these tests correctly and according to manufacturers' instructions to avoid errors or serious health impacts. Common examples include blood glucose tests, fecal occult blood tests, and rapid strep tests. While risk is minimal, Joint Commission standards ensure quality and safety while performing waived tests in hospital settings.
    - POCT.1, Scope and Responsibilities

- ***Goal #11***: **Workplace and Patient Safety**
  The hospital maintains workplace and patient safety.
  Safety and security risks are inherent in healthcare settings and can impact patients, visitors, and staff. It is important to have systems and processes in place to identify these risks in advance so the hospital can prevent or effectively respond to such incidents.
    - 1616, Violence and Hate Incidents in the Workplace
    - 1617, Management of the Environment of Care
    - 2202, Vendor Access and Conduct
    - 2878, Patients' Visitors
    - 3303, Police Services at UC Davis Health
    - 3304, Child Abduction, Missing or Runaway Prevention and Response Plan (Code Rainbow)
    - 4005, Patient at Risk for Falling

Goal #12: Staffing
The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
Since the early 2000s, TJC has provided specific standards for the provision of care, because competent and safe clinical and ancillary staffing is crucial for optimal patient outcomes. In July 2025, TJC elevated its planning for provision of care standards to an NPG to ensure continued quality and safety of patient care.

- 1007, Orientation and Education of All Employees Working at UC Davis Health
- 2517, Criteria for Credentialing or Privileging Licensed or Certified Allied Health Professionals
- 22001, PCS Structure Standards
- Bylaws of the Medical Staff
- Medical Staff Policies and Procedures

Goal #13: Imaging Safety

The hospital safely performs imaging services.

The imaging safety standards focus on actions to reduce MRI, CT and fluoroscopy radiation safety events.

- 1660, Radiation Dosimetry
- 1727, Magnetic Resonance Safety
- RAD 200, Patient Safety While in the Radiology Department
- RAD 320, Radiology Patient Care Structure Standards Index

Goal #14: Medication Management

The hospital has a medication management program that focuses on safety.

Medication management plays a crucial role in treating various conditions but carries a high risk of error that can lead to potential patient harm. Following evidence-informed protocols can reduce these errors and improve safety.

- 2016, Antimicrobial Stewardship Program
- 2711, Medication Reconciliation
- 4055, Medication Administration
- 4064, Anticoagulation Management Program
- 4066, Warfarin Therapy
- Pharmacy 231:00 UCDH Formulary

Appendix B: UC Davis Health Code of Conduct Standards

Standard 1 – Quality of Care

UC Davis Health will provide quality health care in a manner that is appropriate, medically necessary, efficient, and promotes a culture of safety.

1. All patients will be afforded quality clinical services.

2. Urgent and/or medically necessary services will be provided independent of payment methodology. The University's health care professionals will follow current medical and ethical standards regarding physicians and other health care providers' communication with patients, and where appropriate, their representative, regarding the care delivered.

3. UC Davis Health recognizes the right of patients to make choices about their own care, including the right to proceed without recommended care or to refuse treatment.

4. UC Davis Health personnel, generally the patient's health care providers, will inform patients about the alternatives and risks associated with the care they are seeking and obtain informed consent. To the extent possible, this information will be provided in a language that the patient can understand.

Standard 2 – Medical Necessity and Appropriate Services

UC Davis Health shall submit claims for payment to government, private, or individual payers for those services or items that are medically necessary and appropriate.

1. When ordering or providing services or items, University physicians (or other health care professionals authorized under the law to order items or services) shall only order those services and items that are consistent with generally accepted medical standards for diagnosis or treatment of disease and are determined by the profession to be medically necessary and appropriate.

2. In some cases, a health care professional may determine that services are medically necessary or appropriate, but the patient's health plan may not cover those services. In those cases, a patient should refer to his or her health plan administrator to receive information about the process for disallowed claims or uncovered benefits.

3. Patients may request services that are not covered benefits. Such services may be provided as long as the patient has been given advance notice and has agreed to pay for the services. In these cases, the patient may request the submission of a claim for the services to protect his or her appeal rights with respect to those services or to determine the extent of the coverage provided by the payer.

4. Professional coding and documentation will be consistent with the standards established by

the relevant University programs and policies.

Standard 3 – Proper Coding, Billing, and Patient Accounting

UC Davis Health personnel involved in the coding, billing, documentation and accounting for patient care services for the purpose of billing government, private or individual payers must comply with all applicable state and federal regulations as well as University policies and procedures for detecting and preventing fraud, waste, and abuse.

1. The University will bill only for services actually rendered and shall seek the amount to which the University is entitled. The University does not tolerate billing practices that misrepresent the services actually rendered.

2. Supporting medical documentation must be prepared for all services rendered. UC Davis Health personnel shall bill on the principle that if the appropriate and required documentation has not been provided, then the service has not been rendered.

3. All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws, contracts, and University policies and procedures. In all cases, federal and state regulations take precedence, and University policies and procedures must accurately reflect those regulations.

4. UC Davis Health personnel must not submit claims for payment to government programs that they know or should know are false or fraudulent. UC Davis Health personnel involved in coding, billing, documenting and accounting for patient care must understand and act in accordance with UC Davis Health policy 1936, *Deficit Reduction Act Compliance*, as well as the federal and California False Claims Acts.

5. All patients shall be consistently and uniformly charged. Discounts will be appropriately reported, and items and services consistently described so that comparability can be established among payers.

6. Government-sponsored payers shall not be charged in excess of the provider's usual charges. Any questions regarding the interpretation of this standard should be directed to the Compliance Department.

7. Billing and collections will be recorded in the appropriate accounts. Credit balances must be processed in a timely manner in accordance with applicable rules and regulations. When the cost report process identifies any credit balances, UC Davis Health personnel shall direct those issues to the health system's accounting or other personnel responsible for patient accounts.

8. UC Davis Health personnel should be aware of the University Teaching Physician Guidelines for Professional Fee Billing. The guidelines provide for the policies and procedures to be followed when the University bills payers for teaching physician professional fees. UC Davis Health personnel responsible for coding, billing, and documentation should be knowledgeable about

University policies and procedures and federal and state regulations regarding those activities. The University shall provide these individuals with opportunities for training to allow them to accurately document, code, and bill according to federal and state regulations and the University's policies and procedures. Management should ensure that appropriate evaluation processes have been established to assess whether UC Davis Health personnel understand and carry out correct procedures.

9. Elective procedures that are not covered by governmental or private payers can be provided. However, before providing any elective services, the provider must inform the patient that these services may not be covered. The provider should obtain the patient's agreement to pay for the services if payers deny the claim. A patient has the right to have a claim submitted even if services are excluded from coverage.

10. An accurate and timely billing structure and medical records system is critical to ensure that UC Davis Health personnel can effectively implement and comply with required policies and procedures. Demonstrated lapses in the information and billing systems infrastructure should be remedied in a timely manner by the relevant executive management team, other designated University personnel, and billing entities.

Standard 4 – Proper Cost Reporting

UC Davis Health personnel who are responsible for the preparation and submission of cost reports must ensure that all such reports submitted to government and private payers are properly prepared and documented according to all applicable federal and state laws.

1. In submitting and preparing cost reports, all costs will be properly classified, allocated to the correct cost centers, and supported by verifiable and auditable data.

2. It is the University's policy to correct any cost report preparation or submission errors and mistakes in a timely manner and, if necessary, clarify procedures and educate employees to prevent or minimize recurrence of those errors.

Standard 5 – Respect of Confidentiality

All efforts will be made to protect personal and confidential or privileged information concerning UC Davis Health and its patients, as well as the respective health care practices of those entities. UC Davis Health personnel will abide by applicable state and federal laws, including HIPAA privacy and security regulations.

1. UC Davis Health personnel shall not disclose confidential patient information unless authorized by the patient and/or when authorized by law. Approval for appropriate use of patient information for research purposes must be obtained from the Institutional Review Board or Compliance Department.

2. UC Davis Health personnel shall only use confidential information to perform their job

responsibilities and must not share such information with others unless the individual or entities have a legitimate business need to know the information and/or sharing such information is permitted under an existing contractual agreement.

3. Confidential patient information should only be discussed with or disclosed to appropriate University personnel as permitted by HIPAA policies.

4. Confidential patient information should not be discussed with or disclosed to non-University personnel unless authorized by the patient or permitted by law. Non-University personnel include the family or business and social acquaintances of the patient or of University personnel, customers, suppliers, or others.

5. In general, patients can request and are entitled to receive copies or summaries of their records with the exception of non-emancipated minors, some mental health patients, and patients being treated for alcohol and drug abuse, who may be provided with copies of the records if it is appropriate as judged by their clinician.

6. Some information may be sought under the *California Public Records Act,* the *Information Practices Act*, or other statutes requiring the release of information.

7. UC Davis Health personnel who have any questions regarding patient confidentiality should refer to UC Davis Health policies for additional information and consult with the appropriate supervisor or manager, the Compliance Department, or the Privacy Officer.

8. UC Davis Health personnel shall not reveal or disclose confidential medical staff or peer review information. California and federal law bestows certain privileges and provides for confidentiality of certain records including the proceedings and records of organized committees of the medical staff and peer review bodies.

9. UC Davis Health personnel shall not reveal or disclose proprietary or trade secret information to unauthorized non-University persons. Proprietary information may relate to University business affairs or the affairs of a vendor or contractor.

10. Personnel records are considered confidential. Access to personnel files is limited to management, the Human Resources department staff, and internal auditors, and these individuals are held accountable for protecting the privacy of personnel records.

Standard 6 – Creation and Retention of Accurate Patient and Institutional Records

All patient and institutional records are the property of the University. Personnel responsible for the preparation and retention of records shall ensure that those records are accurately prepared and maintained in a manner and location as prescribed by law and University policy.

1. The complete and accurate preparation and maintenance of all records (medical, professional, financial, electronic, paper, and institutional) by University physicians, clinicians, nurses, and

others are important for providing quality care and conducting business of the University's clinical enterprise. Accurate records are required for the University hospital and clinics to retain licensure and accreditation.

2. UC Davis Health personnel will not knowingly create records that contain any false, fraudulent, fictitious, deceptive, or misleading information.

3. UC Davis Health personnel must not delete any entry from a medical record. Medical records can be amended and material added to ensure accuracy of a record in accordance with medical center and Medical Staff policies and procedures. Whenever UC Davis Health personnel amend and correct a record, the author must indicate that the notation is an addition or correction and record the actual date that the additional entry is made. Deletions to correct errors due to data integrity errors are exempt and may only be made by authorized individuals as part of the chart integrity correction program within the Health Information Management Department.

4. UC Davis Health personnel must not sign someone else's signature or initials on a record unless they have been authorized and clearly marked that they are signing on behalf of another (e.g., by initialing the signature).

5. UC Davis Health records shall be maintained according to accepted standards and principles of the particular profession and applicable University policies and procedures.

6. Unless authorized by University policy, UC Davis Health personnel shall not destroy or remove any University records from the University's premises except as necessary for a work-related purpose.

7. The University's record retention and record destruction policies and procedures must be consistent with federal and state requirements regarding the appropriate time periods for maintenance and location of records.

8. UC Davis Health personnel must ensure that the University's financial records fairly represent actual business transactions and conform to generally accepted accounting principles as well as other applicable government and University standards.

Standard 7 – Cooperation with Government Investigations and Requests for Information

UC Davis Health personnel shall cooperate with appropriately authorized governmental investigations and audits.

1. UC Davis Health policy 1053, *Regulatory Agency Reviews*, advises UC Davis Health personnel on the procedures to be followed when representatives of the government arrive unannounced. The policy establishes a procedure for an orderly response to a government request to enable the health system to protect its and its patients' interests while fully cooperating with an investigation.

2. When a representative from a federal or state agency contacts UC Davis Health personnel for

information regarding UC Davis Health, any affiliated health care entity, or any other entity with which the health system does business, the individual should contact the hospital director immediately. If the hospital director is not immediately available, the individual should contact the Compliance Department, Medical and Regulatory Affairs, Legal Affairs, or UC Davis (UCD) Campus General Counsel. UC Davis Health personnel should ask to see the government representative's identification and business card, if the government representative is there in person. Otherwise, UC Davis Health personnel should ask for the person's name, office, address, telephone number, and identification number, and then call the government representative's office to confirm his or her authority.

3. Everyone is expected to cooperate fully with governmental and University investigations and audits. Making false or misleading statements to a government representative is strictly prohibited. UC Davis Health personnel shall not destroy or alter records in anticipation of a government request for a document or record.

Standard 8 – Prevention of Improper Referrals or Kickbacks

UC Davis Health personnel must not accept or offer, for themselves or for the University, anything of value in exchange for referrals of business or the referral of patients.

1. Federal law generally prohibits anyone from offering anything of value to a Medicare, Medicaid or TRICARE patient that is likely to influence that person's decision to select or receive care from a particular health care provider.

2. UC Davis Health personnel may not offer or receive any item or service of value as an inducement for the referral of business or patients to or from University providers or practitioners or outside facilities. Regulations prohibit improper influence that could alter clinical decisions or purchasing decisions, increase costs, or lead to over or under utilization of services.

3. In addition to the prohibition regarding exchange of goods or money to induce referral, certain prohibitions exist with regard to receipt of gifts by UC Davis Health personnel.

4. Federal law prohibits a physician from referring a patient for certain health services to a facility where that physician (or a family member) has a financial interest (Stark regulations).

5. UC Davis Health personnel shall adhere to the University's policy as defined in the *UC Compendium of Conflict of Interest and Integrity Policies*, the *California Political Reform Act* and the UCD and UC Davis Health gift policies.

6. UC Davis Health shall establish procedures for the review of all pricing and discounting decisions to assure that appropriate factors have been considered and that the bases for such arrangements are documented.

7. The following types of business arrangements must be reviewed and approved by one or more

of the relevant executive management teams to assure compliance with University policies and federal regulations. The executive management team may determine that certain business transactions must first be approved locally, in accordance with University policy, but the University's Board of Regents is charged with taking action on such matters:

a. Pursuing joint ventures, partnerships, corporations;
b. Developing hospital financial arrangements with hospital-based physicians;
c. Entering into an arrangement to lease or purchase equipment or supply items from a vendor; or
d. Acquiring physician's practices, hospitals, and other facilities, clinical, and ancillary services, or any other entities.

Standard 9 – Adherence to Antitrust Regulations

UC Davis Health will comply with all applicable federal and state antitrust laws. UC Davis Health personnel shall not, for example:

- agree, or attempt to agree, with a competitor to artificially set prices or salaries;
- divide markets, restrict output, or block new competitors from the market;
- share pricing information with competitors that is not normally available to the public;
- deny staff privileges to physicians or allied practitioners, individually or as a group, when there is no academic programming decision to do so and when such decisions should be based on individual qualifications; or
- agree to participate with competitors in a boycott of government programs, insurance companies, or particular drugs or products.

Standard 10 – Avoidance of Conflicts of Interest

All UC Davis Health personnel shall conduct clinical enterprise and personal business in a manner that will avoid potential or actual conflicts of interest.

1. UC Davis Health personnel shall not use their official positions to influence a University decision in which they know, or have reason to know, that they have a financial interest. UC Davis Health personnel should follow the UC Compendium of Conflict of Interest and Integrity Policies and UCD and UC Davis Health conflict of interest policies and procedures so they can be knowledgeable about activities that may be actual or potential conflicts of interest. Examples of such activities may include, but are not limited to, the following:

   a. giving or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the University in a

manner that is not in accordance with the UC Davis Health policy 2601, *Gifts and Interactions with Vendors* and the *California Political Reform Act*. Third parties may include, but are not limited to, customers, patients, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries;

b. using the University facilities or resources for activity other than University activities;

c. using the University's name to promote or sell non-University products or personal services; and

d. contracting for goods or services with family members of University personnel directly involved in the purchasing decision.

2. UC Davis Health personnel should consult with a supervisor, executive management, the Compliance Department, the campus conflict of interest coordinator, Legal Affairs or UCD Campus General Counsel prior to engaging in any activity that could raise conflict of interest issues.

Standard 11 – Respect for Patient's Freedom of Choice

When referring patients to home health agencies, medical equipment suppliers or long term-care and rehabilitation providers, UC Davis Health personnel should respect the patient's right to choose his or her own providers.

Some health care plans limit the patient's choice of provider or pay less than the full cost of a provider. The patient has the freedom to choose providers not in his or her health program or insurance panel, provided the patient is willing to pay for the non-covered care.

Standard 12 – Honest and Fair Business Practices

UC Davis Health personnel shall adhere to fair business practices and accurately and honestly represent themselves and the University's services and products.

1. UC Davis Health personnel will be honest and truthful in all marketing and advertising practices pertaining to the business practices of UC Davis Health.

2. Vendors who contract to provide goods and services to UC Davis Health will be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with University policy.

Standard 13 – Fair Treatment of Employees

The University prohibits discrimination in any work-related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The University is committed to providing equal employment opportunity and a work environment where each employee is treated with fairness, dignity, and respect.

1. The University will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities. If an individual requires accommodations or needs assistance, they should contact UC Davis Health Disability Management Services.

2. The University does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the University pursuant to the *University of California Non-discrimination and Affirmative Action Policy Regarding Academic and Staff Employment*.

3. Any form of workplace violence or sexual harassment is strictly prohibited. UC Davis Health personnel should refer to UCD and UC Davis Health policies addressing workplace violence and sexual harassment.

4. For employees who observe or experience any form of discrimination, harassment or violence, the University provides a number of ways to report the incident, including but not limited to the following: a supervisor, manager, the Chief Compliance and Privacy Officer, Legal Affairs, UC General Counsel, UCD General Counsel, The Harassment and Discrimination Assistance and Prevention Program (HDAPP), Human Resources, the UCD Office of Equal Opportunity & Diversity, the Compliance Hotline, and the appropriate Academic Senate committee.

Standard 14 – Clinical Research

Integrity in research includes not just the avoidance of wrongdoing, but also the rigor, carefulness, and accountability that are the hallmarks of good scholarship. University policies set forth expectations for high standards of ethical behavior for faculty, staff, and students involved in research. The rights of research study participants, their well-being, and privacy are protected by the University through compliance with ethical standards as well as all applicable University policies and federal and state regulations.

1. All members of the University community engaged in research are expected to conduct their research with integrity and intellectual honesty at all times and with appropriate regard for human subjects.

2. To protect the rights, well-being, and privacy of human subjects, all research involving human subjects is to be reviewed by institutional review boards. All those engaged in research shall follow all IRB-issued directives, applicable laws, and University rules for patient privacy and human subject protection when creating, using, and disclosing information regarding clinical trial subjects.

3. The University prohibits research misconduct. Personnel engaged in research are not to: fabricate data or results, change or knowingly omit data or results to misrepresent results in the research record, or intentionally misappropriate the ideas, writings, research, or findings of others.

4. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity. Individuals engaged in research must also demonstrate accountability for sponsors' funds and comply with specific terms and conditions of contracts and grants.

5. Costs to perform clinical trials shall be charged to the appropriate funding source (i.e., clinical trial fund, third party payor, patient). In accordance with University policy (UCOP Operating Requirement No. 95-5, *"Requirements for Administration of Agreements with Private Sponsors for Drug and Device Testing Using Human Subjects"*), the cost of clinical trials of drugs or devices conducted according to the sponsor's protocols should always be fully funded by the sponsor and may not be supported in whole or in part with other funds, including gift or foundation funds. All costs that are associated with the conduct of the clinical trial must be charged to the clinical trial fund and should not be charged to other University funds or be billed to third party medical insurance, unless FDA approval for such charge is documented.

6. Goods and services shall be procured in a competitive, fair and timely manner in compliance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and University policies. Conflicts of interest must be avoided. Educational or research grants or other funds received from commercial entities are not permitted to influence procurement decisions.

7. Ongoing monitoring and auditing processes, with initiation of appropriate corrective action, ensure the University's clinical research programs are well managed.

8. The records retention program for clinical research ensures documents and other necessary supporting evidence are maintained for the appropriate length of time as required by federal and state regulations, and University policy. This program evaluates and verifies the effectiveness of the systems and internal record retention procedures.