



DAY ONE CHECK LIST

Purpose: The Day One Checklist describes the general employment and work safety information to be discussed on or before your first day of work in your department.

Directions: Check () the column when you have been oriented to that topic by your Department Manager/Director or preceptor.

This must be completed and returned to manager of first day of the week.

Department Overview	Department Safety Procedures
1. Job description & performance standards reviewed	7. Fire safety information provided: <ul style="list-style-type: none"> • Location of fire alarms & extinguishers • Location of fire doors & exits • Role in event of fire (Code Red)
2. Department/unit scope of service/care described.	8. Hazardous substance program discussed to include: <ul style="list-style-type: none"> • Hazardous substances in the department • Location of MSDS sheets • Disposal & spill procedure (Code orange)
3. Policies related to employment discussed: <ul style="list-style-type: none"> • Work hours • Lunch/break time • Overtime policy • Timecard Completion–edit/transmittal book • Schedule requests • Sick call • Dress code • Personal phone calls • Reporting concerns • Fair treatment policy • Confidentiality • Harassment 	9. Utility failure: Action to take if the following fail: <ul style="list-style-type: none"> • Water system • Phone system • Medical gas • Electric power
4. Introduced to work associates & volunteer staff.	10. Emergency codes discussed to include how to enact & role in each: <ul style="list-style-type: none"> • Code Blue • Code Yellow • Code Spock • Code Dr. Strong
5. Phone system discussed/demonstrated: <ul style="list-style-type: none"> • Hold • Transfer • Paging • Courtesy • 	11. Hospital/individual security measures described: <ul style="list-style-type: none"> • Wearing name tags, securing belongings
1. Electrical safety discussed: <ul style="list-style-type: none"> • Location/purpose of emergency outlets • Reporting malfunctioning equipment 	12. Infection control information provided: <ul style="list-style-type: none"> • Location of protective equipment • Department specific measures • Waste disposal procedures
	13. Sharps Safety Devices _____ _____ _____
	14. Department Specific _____ _____ _____ _____

Verification of Day One Orientation: I have received and understand the above information.

Employee Name

Date

Department Manager/Director or Preceptor

Date



Tour / Scavenger Hunt

Please check the box when you have completed the following:

<p>Physical Layout: Kitchenette :</p> <ul style="list-style-type: none"> <input type="radio"/> Spoons <input type="radio"/> Crackers <input type="radio"/> Ice / Water Machine <input type="radio"/> Fridge <p>Mini Central :</p> <ul style="list-style-type: none"> <input type="radio"/> Foley Cath <input type="radio"/> Dressing Supplies <input type="radio"/> Hygiene Supplies <input type="radio"/> Restraints <input type="radio"/> Index / Rolodex of Supplies 	<p>Supply Location:</p> <ul style="list-style-type: none"> <input type="radio"/> Manual B/P Cuffs <input type="radio"/> Linen <input type="radio"/> Thermometers <input type="radio"/> IV Fluids <input type="radio"/> IV antibiotics <input type="radio"/> Mel Fridge <input type="radio"/> Pharmacy / IN Box <input type="radio"/> Pharmacy / OUT Box <input type="radio"/> IV Start supplies <input type="radio"/> Alcohol Swabs <input type="radio"/> Narcotics Draws <input type="radio"/> Isolation Carts <input type="radio"/> Wheel Chairs
<p>Patient Room Orientation (if applicable)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Bed Controls <input type="checkbox"/> 2. Call Light <input type="checkbox"/> 3. TV <input type="checkbox"/> 4. White Erase Board <input type="checkbox"/> 5. Suction <input type="checkbox"/> 6. Oxygen vs air dispensers (green/yellow trees) <input type="checkbox"/> 7. Bathroom <input type="checkbox"/> 8. Patient Closet <input type="checkbox"/> 9. Curtain 	<p>Resource Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Infection Control Manual <input type="checkbox"/> Human Resource manual <input type="checkbox"/> Hospital -Wide ORG Manual <input type="checkbox"/> EOC Manual <input type="checkbox"/> Employee Health Manual <input type="checkbox"/> Department - Specific Manual <input type="checkbox"/> IV Drug Books <input type="checkbox"/> Krames on Demand
<p>Department Safety Features</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Location of emergency power outlets <ul style="list-style-type: none"> • Fire Alarms, Extinguishers, Fire Doors , Exits, Flashlights, • Crash Cart , Ambu Bags <input type="checkbox"/> 2. MSDS Sheets <ul style="list-style-type: none"> • Personal protective equipment • Medical gas shut off valve location 	<p>Documentation (Look in)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bedside charts & Wallaroo charts <input type="checkbox"/> MARS <input type="checkbox"/> Graphics <input type="checkbox"/> Assessment <input type="checkbox"/> Care Plans <input type="checkbox"/> H&P <input type="checkbox"/> Labs <input type="checkbox"/> Physicians Orders
<p>Equipment Location</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Supply Rooms (other than mini central) <input type="checkbox"/> 2. Dirty Linen <input type="checkbox"/> 3. Red Bagged Waste <input type="checkbox"/> 4. Dirty Equipment <input type="checkbox"/> 5. Dirty Dishes <input type="checkbox"/> 6. Room 123 <input type="checkbox"/> 7. Standing Scales, O2 Tanks and Foot Cradles <input type="checkbox"/> 8. Central Sterile <input type="checkbox"/> 9. Purchasing Department 	<p>Telephones: Patient Rooms Nurses Station</p>



Restraints

The policy is located in the Organization Wide Manual and nurses are expected to be familiar with this policy.

When considering restraints for a patient the nurse attempts and documents alternatives attempted, for example, distraction, contracting, companionship, medication, etc.. When these methods have been exhausted, the staff RN specifically trained to apply and monitor a patient in restraints in accordance with hospital policy, may restrain a patient in the event of behavior that directly threatens safety of staff or the patient.

If restraints are to be continued after immediate safety has been secured:

- An order must be obtained at that time.
- Patient restraints must be ordered in accordance with a physician or licensed independent practitioner (LIP) responsible for the care of the patient physician or LIP must be authorized to order patient restraint by hospital policy and have a working knowledge of the hospital restraint policy.
- The restraint must be the least restrictive intervention determined to be effective to protect the patient or staff from harm.
- When the order is not written by the attending physician, that person must be consulted as soon as possible.
- Patient care plan must be updated to indicate the need for the restriction of freedom of movement or to control behavior.
- Patient care plan must be updated to indicate the need for the restriction of freedom of movement or to control behavior.
- Patient care plan must reflect the difference between the use of restraints for physical safety, violent or aggressive behavior (never as standard treatment for a physical or psychological condition).

Orders for restraints that apply only for the physical safety of a patient must be renewed every 24 hours. Patient safety monitoring is documented every 2 hours.

When restraint is necessary for violent or destructive behavior that jeopardizes physical safety, a physician, LIP or RN trained per this policy, must see the patient face to face within 1 hour of intervention. The person conducting the face to face must document a consult with the attending physician responsible for the care of the patient.

Patients restrained for violent or aggressive behavior must be evaluated for the need for continued restraint every 4 hours for adults, 2 hours for children/ adolescents (age 9-17) and 1 hour for children younger than 9 yrs. A physician/ LIP must see and assess the patient after 24 hours before continuing restraints, and the order will specify evaluation at these intervals.

The monitoring of the patient in behavioral restraints requires continuous face to face or if the person monitoring is within close proximity to the patient, by video. The interval of direct monitoring is 15 mins. and is documented on the form **Restraints Used for Patient Physical Safety or Prevention of Harm Due to Violent or Aggressive Behavior.**

(See policy: Restrain of patients, Physician Restraint Order Sheet and Restraint Flow Sheet)

I have read the above and demonstrated safe application of restraints:

Signature of Employee: _____ Date: _____

**ACKNOWLEDGEMENT OF CONFIDENTIALITY OF HOSPITAL RECORDS
AND DOCUMENT/PROPERTY REMOVAL POLICIES**

Caring for patients is confidential in nature and all information pertaining to patients is considered privileged. I understand that I may not provide information about, or in any way discuss patients- including their illnesses, treatment or physicians- with anyone except those persons who are entitled to receive such information in order to provide patient care. Any violation of this policy will lead to disciplinary action up to, and including potential immediate termination of employment.

I also understand that I may not remove property, documents or other materials belonging to the Hospital from the premises. If I believe it is necessary to remove such property belonging to the Hospital, I understand I must first obtain approval from Administration. I understand that the Hospital's supervisors and the Administration are authorized to inspect packages and other items in the possession of any employee entering or leaving the Hospital.

Furthermore, I understand that all information relating to the business operation of the Hospital is to be held in the strictest confidence. This includes, but is not limited to, financial matters and business associates.

Date _____

Name _____

Signature _____

Department _____

Organ Donation 2006

In accordance with the Department of Health and Human Services 42 CFR Part 482-Conditions of Participation of Hospitals all imminent deaths of ventilated patients and all deaths will be reported by the hospital to the appropriate organ and tissue recovery agencies. This regulation is supported and reviewed by JCAHO to assure potential organ donors are converted to organ donors when consented. HIPAA regulations allow for the disclosure of PHI to provide care to the potential donor and family, including the appropriate placement of organs/tissues.

Organ Donation

The above regulations were enacted to standardize the referral process of all potential organ donors and to assure that the approach process is conducted at the appropriate time with great sensitivity. The 3 major components to the regulation are:

1. **Timely Referral: 1 800-553-6667 (to California Transplant Donor Network)**

Refer patients within one hour of meeting the following criteria:

- patient has a brain injury (i.e. bleed/anoxia/trauma), is on a ventilator with a GCS < 5 or
- there is a plan to discontinue mechanical or pharmacological support or
- there is discussion of DNR or
- the family has questions about organ donation

This timely referral allows for the donation potential to be phone screened by the Transplant Coordinator. If determined a potential, the Transplant Coordinator will make a plan with you. These steps are to be taken prior to brain death and any mention of organ donation.

2. **Clinical Management: Maintain Option of Donation**

- Maintain organ viability until the clinical suitability has been determined, and either 1st person consent is established or legal next of kin has been approached by the Designated Requester from the California Transplant Donor Network.

This may require support measures to sustain organ viability/perfusion (i.e. dopamine/neo-syneprine to allow time for evaluation and approach). The Transplant Coordinator will provide clinical management suggestions.

3. **Only Trained Designated Requesters Approach Families about Donation:**

- Designated Requesters from the California Transplant Donor Network will approach families once the potential for donation as been determined.

Update:

(Organ) Donation after Cardiac Death: DCD

On occasion, it may be possible for a patient to become an organ donor after cardiac death. This is referred to as DCD. For example, if care is determined futile or quality of life significantly compromised, families decide to withdraw life support to allow death with dignity and to end suffering. If the family/patient then wishes to consider organ donation, it may be possible if in advance:

- Medical suitability is determined by CTDN with the attending physician(s)' assistance. This includes the attending physician clinical assessment that asystole will occur within 1-2 hours of extubation.
- Extensive planning and management is in place prior to extubation.

Once again, if you follow the referral criteria in the first box, the Transplant Coordinator and you will be able to make a plan best suited for each case.



I acknowledge that I have been in-serviced on the issues relating to Corporate Compliance and have been provided the opportunity to ask questions and have them answered to my satisfaction. I understand the presentation and I agree to accept the responsibility and obligation to follow all Mad River Community Hospital's policies and procedures. I also acknowledge that in the course of my employment with MRCH, I may have access to confidential, sensitive, or proprietary information relating to the business of MRCH and patient identifiable health information. I acknowledge that unauthorized use or disclosure of such information is illegal and could cause MRCH to sustain significant and irreparable damage. Accordingly, I understand and agree to the following:

1. I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information except as properly authorized within the scope of my employment with MRCH.
2. I will use and safeguard confidential information as necessary and in a manner that is appropriate to perform my legitimate job duties.
3. I will not misuse, misappropriate, or disclose any such information directly or indirectly, to any person either during my employment nor at any time thereafter, except as required in the course of my employment or as required by law.
4. I will utilize appropriate safeguards and destruction methods including utilizing shred boxes, shredders, logging off of my workstation to include securing any laptops, when I leave the immediate area.
5. I will not share my password(s) or user codes(s) with any other person, and I will change my password when automatically prompted. Further, I will not use any other person's password or user code.
6. I understand that the confidentiality of all patient information is required by law including information such as that pertaining to mental health, infectious diseases such as HIV, and chemical dependency such as drug and alcohol abuse.

I will only access information to which I have a need to know in the scope of my job duties and I understand that my access to electronic patient information (as applicable) will be routinely audited to ensure that I am accessing only that patient information to which I am authorized.

I may be subject to disciplinary action, up to and including immediate termination, should I violate MRCH policies and procedures, including the Corporate Compliance Program.

I am responsible for immediately reporting to my supervisor any known or suspected violation of the Corporate Compliance Program and/or MRCH policy and procedures.

BY ATTACHING MY SIGNATURE TO THIS FORM, I ACKNOWLEDGE AND AGREE THAT I HAVE BEEN INFORMED OF MRCH'S CORPORATE COMPLIANCE PROGRAM AND UNDERSTAND THE CONTENT, THE INTENT, AND AGREE TO ABIDE BY IT.

Name (print): _____

Date: _____

Signature: _____

CALLING A TEAM MEMBER: THE "SBAR" PROCESS

S

Situation: What is the situation you are calling about?

- Identify self (first name, last name, title), unit, patient, room number.
- Briefly state the problem: what it is, when it happened or started, and how severe it is.

B

Background: Give pertinent background information.

- Admission date and admitting diagnosis.
- Current medications, allergies, IV fluids, labs.
- Most recent vital signs.
- Lab results: date and time test done, results of previous tests for comparison.
- Other clinical information and code status.

A

Assessment: What is nurse's assessment of situation?

R

Recommendation: Nurse's recommendation - what does he/she want? Examples:

- Notification that patient has been admitted.
- Patient needs to be seen now.
- Order change.

Remember: Document change in the patient's condition and physician notification.



Patient Rights & Responsibilities

Mad River Community Hospital supports and protects the basic human, civil, constitutional and statutory rights of each patient. Patient rights incorporate the requirements of the American Osteopathic Association Accreditation Requirements of Healthcare Facilities; Title 22, California Code of Regulations, Sections 70707 and 74743; and Medicare Conditions of Participation.

As a patient you have the right to:

1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the physician who has primary responsibility for coordinating your care and the names and professional relationships of other physicians and non-physicians who will see you. The right to know the reasons for any proposed change in the professional staff responsible for your care.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and foregoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure of treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital, even against the advice of physicians, to the extent permitted by law.
7. Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of severe chronic intractable pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patient rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how the organization may use and disclose your protected health information.

13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience, or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointment as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided with this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.
18. Designate visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood or marriage, unless:
 - No visitors are allowed
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - You have told the health facility staff that you no longer want a particular person to visit.However, a health facility may establish reasonable restriction upon visitation, including restrictions upon the hours of visitation and number of visitors.
19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household.
20. The right to be informed of the source of the facility's reimbursement for services, and of any limitations which may be placed upon your care. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. The right to know the reason(s) for your transfer either within or outside the hospital.
22. The right to know the relationship(s) of the hospital to other persons or organizations participating in the provision of your care.
23. The right to access information contained in your clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
24. Exercise these rights without regard to sex, race, color, religion, ancestry, national origin, age, disability, medical condition, marital status, sexual orientation, educational background, economic status or the source of payment for care.
25. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or calling: Nursing Administrative Secretary at Mad River Community Hospital, 3800 Janes Road, Arcata, CA 95521.
26. File a complaint with the state Department of Health Services regardless of whether you use the hospital grievance process. The state Department of Health Service's phone number is 866-784-0703 and address is: Department of Health Services 50 Old Courthouse Square, Suite 200, Santa Rosa, CA 95404.

Patient Signature

Date

Abuse Reporting Requirements

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

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

DOMESTIC/GENERAL ABUSE-- Section 11160 of the Penal Code REQUIRES health practitioners who, in their professional capacity or within their scope of employment, provide medical services for a physical condition to a patient whom they know or reasonably suspect has an injury that is the result of assaultive or abusive conduct to report this to a local law enforcement agency immediately or as soon as practically possible. A written report to the law enforcement agency is due within two working days. This statute is extremely broad. It includes **adults, children and other persons (including spouses)**.

"Health practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, as well as practitioners as defined in Section 11166 of the Penal Code Section 15632 of the Welfare and Institutions Code.

MRCH has provided you a copy of Chapter 10: Special State of California Requirements of Reporting Suspected Abuse of Children, Elderly Individuals, and Others. You should read this material carefully. If you have any questions regarding your reporting obligations, please discuss your questions with your supervisor.

Failure to comply with these laws is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000.00) or both.

I certify that I have read and have knowledge of the above required abuse reporting requirements and will read the material provided for me and will comply with the provisions of the law.

Employee Signature: _____ Date _____

10. Special State of California Requirements

Reporting Suspected Abuse of Children, Elderly Individuals, and Others

Under California law, health practitioners (among others) are required to report to appropriate authorities when there is good reason to believe that a child or an elderly or dependent adult has been abused. They are required to also report an injury that indicates possible abuse of an elder or dependent child or if they have personally treated a patient with injuries from an apparent assault [Child Abuse and Neglect Reporting Act, Cal. Penal Code, Section 11165 et seq.; Elder Abuse and Dependent Adult Civil Protection Act, Cal. Welfare. & Inst. Code, Section 15601 et seq.; Reports of Injuries, Cal. Penal Code, Section 11160 et seq.]. (Please see *Chapter 4, "Informed Consent Requirements: Confidentiality"*, *Chapter 7, "Responsibilities of Principal Investigators: Confidentiality"*, for more information, and the Appendix for the appropriate California Penal Code.)

The state law differentiates between required reporting of physical abuse or injury of elders and dependent adults and the endangering of "emotional well-being." Investigators are reminded that state law periodically changes and does vary from state to state. Investigators conducting research outside of California should familiarize themselves with the applicable local reporting requirements.

Health practitioners required to report include: physicians, surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, and any other person who is currently licensed under Division 2 of the Business and Professions Code. They also include marriage, family and child counselors, emergency medical technicians, paramedics, and others certified under Division 2.5 of the Health and Safety Code, psychological assistants, marriage, family and child counselor trainees and interns, county public health employees who treat children for venereal disease or any other condition, and coroners, medical examiners, and others who perform autopsies (Section 11165.8).

Child Abuse

Any person who is employed as a child care custodian, medical practitioner, or non-medical child care practitioner, or employee of a child protective agency who has knowledge of or observes a child who has been abused or reasonably suspects has been

the victim of child abuse is **required to report** "the known or suspected instance of child abuse to a child protective agency immediately or as soon as possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident." [**Section 11166 of the Penal Code**]

Child abuse reports are confidential though reports of suspected abuse are disclosed under special conditions as described in Penal Code Section 1167.5. Disclosure may be made to a hospital Suspected Child Abuse and/or Neglect (SCAN) team. The purpose of disclosing reports to SCAN teams is to prevent child abusers from attempting to hide the pattern abuse by taking the child to different hospitals for treatment. You can contact the UCLA SCAN team at 57171.

Elder Abuse

Investigators are required to report instances of known physical abuse, reasonable appearance of physical abuse, or when they are told by an elderly person or dependent adult that abuse has occurred.

Physical Abuse of an Elder:

"Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or a local law enforcement agency, who in the scope of his or her employment, either has observed an incident that reasonably appears to be physical abuse, as observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, **shall report the known or suspected instance of physical abuse** either to the long-term care ombudsman coordinator or to a local law enforcement agency when the physical abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency or to a local law enforcement agency when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report thereof within 36 hours." [**Section 15630(a) of the Penal Code**]

Other Forms of Elder Abuse:

Other forms of abuse inflicted upon an elder or dependent adult that endangers the person's well being "...in any other way, **may report such known or suspected instance of abuse** either to a long-term care ombudsman coordinator or to a local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency or to a local law enforcement agency when the abuse is alleged to have occurred anywhere else." [**Section 15630(b) of the Penal Code**]

Other persons may report child or elder abuse, even if they are not required to do so. The HSPC expects all investigators, including their staff, who become aware of possible abuse of a child or an elder or dependent adult to report the matter even if they are not a

family, or child counselors; and religious practitioners who diagnose, examine, or treat children.

Neglect of an elder or dependent adult means: the negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care which a reasonable person in a like position would exercise. Neglect includes, but is not limited to:

1. failure to assist in personal hygiene, or in the provision of food, clothing or shelter;
2. failure to provide medical care for physical and mental health needs;
3. failure to protect from health and safety hazards; and
4. failure to prevent malnutrition.

Reasonable suspicion: an objectively reasonable suspicion that a person would entertain, based upon facts that could cause a reasonable person in a like position, drawing when appropriate upon his or her training and experience, to suspect abuse.

Reporting Abuse or Neglect of a Child: Reports of known or suspected child abuse or neglect should be reported immediately, by telephone, to a child protective agency and be followed by a written report within 36 hours.

Confidentiality: The identity of persons filing reports is confidential, but may be made known to appropriate licensing, law enforcement, and protective service agencies.

Protection from liability: No health professional or other mandated report will be subject to civil or criminal liability for filing a report of known or suspected abuse. Nonmandated reporters are protected as well, unless it is shown that the person knowingly filed a false report.

Immunity from liability and legal fees: Reports of child or elder abuse/neglect are confidential. In addition, health professionals are immune from civil or criminal liability for making required reports. Other individuals who file reports (but who are not required to do so) are immune if they acted in good faith. Health professionals who are sued for filing a required report of child or elder abuse/neglect will be reimbursed up to \$50,000 for legal expenses incurred while defending the suit, if the judge dismisses the action or if they prevail at trial. The billing rate reimbursed may not exceed the hourly rate charged by the state Attorney General.

Failure of a health professional to file a required report is a misdemeanor, punishable by a fine of up to \$1,000, or confinement in the county jail for up to six months, or both.

Age Specific Competencies

Age-specific competencies are skills you use to ensure care that is based on understanding individual needs at different stages of life.

Infants & Toddlers (ages 0 - 3 years)

Growth & Development

- Physical – grow at a rapid rate
- Mental – curious, learn through senses, playing, communicates by crying, babbling, then simple sentences.
- Social/emotional – seeks to build trust in others, dependent, developing sense of self

Health Care / Safety Issues

- Communication – provide security, physical closeness, encourage parent-child bonding
- Health – review immunization status, provide age-appropriate nutrition, maintain sleep patterns, skin care and oral hygiene
- Safety – ensure a safe environment, review crib safety with parents, be aware of separation and stranger anxiety, involve child and parents in care, provide safe toys, provide car seat information.

Young Children (ages 4 to 6 years)

Growth & Development

- Physical – grows at a slower rate, very active, improving motor skills, dress self, toilet-trained
- Mental – begins to use symbols, vivid imagination, likes stories, fears
- Social/emotional – identifies with parents (same sex usually more), more independent, fantasy play, sensitive

Health Care / Safety Issues

- Communication – give praise, rewards, clear rules
- Immunizations / check-ups on schedule, promote good nutrition, personal hygiene, etc, involve parents and child in food choices
- Safety – promote safety (use of bike/skateboards helmets, safety belts, etc), involve parents in teaching safety rules. Use toys and games to teach child and to reduce fear. Encourage child to ask questions, play, and talk about feelings.

Older Children (ages 7 - 12 years)

Growth & Development

- Physical – grows slower until puberty spurt
- Mental – active, eager learners, doers, understand cause and effect
- Social/emotional – develops greater sense of self, focus on school events, needs to “fit in” with peers, greater independence

Health Care / Safety Issues

- Communication – allow child to make some care decisions, children want to feel useful
- Health – keep immunizations / check-ups on schedule; review sexuality, alcohol, tobacco and drug issues as appropriate
- Safety – promote safe habits such as playground as necessary. Children must be provided the opportunity to continue schooling based on extended stay and ability to accomplish the educational task.

Adolescents (ages 13 to 20 years)

Growth & Development

- Physical – grows in spurts, matures physically, able to reproduce
- Mental – abstract thinking, able to consider multiple options
- Social / emotional – builds close relationships; balances family with peer interests; challenges authority; concerned with appearances

Health Care / Safety Issues

- Communication – treat more as an adult; provide privacy; show respect. Guide teen in making positive lifestyle choices. Encourage open communication.
- Health – regular check-ups; promote sexual responsibility; advise against substance abuse
- Safety – discourage risk-taking, promote safe driving, violence prevention, etc.

Young Adults (ages 21 to 39 years)

Growth & Development

- Physical – reaches physical and sexual maturity; nutritional needs are for maintenance
- Mental – acquires new skills and uses these skills
- Social / emotional – seeks closeness with others; sets career goals, involved in family and community

Health Care / Safety Issues

- Communication – respect values, recognize commitments to family, career, etc. Be supportive and honest.
- Health – promote healthy lifestyle; inform about health risks (heart disease, cancer, etc)
- Safety – review potential hazards at home and work related to health/safety and disease process (if one).

Middle Ages (ages 40 to 64 years)

Growth & Development

- Physical - begins to age; experiences menopause; may develop chronic health problems
- Mental - uses life experiences to learn, create, and solve problems
- Social / emotional - balances dreams with reality; plans for retirement; may care for children and parents

Health Care / Safety Issues

- Communication - address worries, encourage talk about feelings, keep a hopeful attitude, focus on strengths
- Health - encourage preventive exams; address age-related changes; monitor health risks
- Safety - help with plans for healthy retirement, address age-related changes

Older Adults (ages 65 and up)

Growth & Development

- Physical - gradual decline in some physical abilities, senses, increasing risk for chronic illness
- Mental - continues to learn, memory skills may decline; confusion signals illness or a medication problem
- Social / emotional - takes on new roles (grandparent, widow/er, etc.); acceptance of end of life and personal losses; lives as independently as possible

Health Care / Safety Issues

- Communication - encourage person to express feelings, thoughts, give respect, encourage acceptance of aging
- Health - monitor health closely; ensure proper nutrition; reduce stress; guard against depression
- Safety - promote home safety, review family or neighbor support, review safe living environment, review medication safety.

Recognize blocks to communication such as: physical impairments, emotional stresses, learning abilities, language/cultural barriers. Give the patient your full attention, listen and observe. Communicate your observations to healthcare team and document as appropriate.

Every hospital staff member needs to follow age-specific guidelines as outlined in department specific protocols.

Name _____ Dept _____

Age Specific Competencies Test

(You need to take this test if your job involves any patient interaction)

1. As you walk by a patient room, you notice an infant standing in a crib with the rails down. The father is standing under the TV changing channels with his back to the child. You should:
 - a. Smile at Dad and point to the baby standing up.
 - b. Make a note to talk with Dad later.
 - c. Walk into the room, go to the crib and raise the rail. Review with Dad how to put the rail up and the safety factors of keeping the rails up.

2. Every time you enter the 2 year old' room, the child cries and moves away from you. You should:
 - a. Encourage Mom to stay in the room because stranger anxiety is strong at this age.
 - b. Have other people come with you when you have to work in the room.

3. Older children are concerned with school, fitting in, and being useful.
True False

4. It is important to involve the teenager as a partner in his or her care.
True False

5. Addressing concerns about family, money or job issues is not a factor when caring for young adults.
True False

6. Most mid-life adults need to feel productive.
True False

7. Older adults should be encouraged to talk about their feelings of loss.
True False

8. For adults age 65 and older, confusion is always a sign of loss of mental abilities.
True False

9. Age specific competencies mean treating every patient the same.
True False

10. A patients emotional state, age, or cultural background may mean that you need to communicate with them differently.
True False