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**CONTRACTOR AND VENDOR  
HOSPITAL ORIENTATION MANUAL**

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER  
(RCRMC)**

**Our Mission**

To provide superior quality health care to Riverside County residents with a special focus on individuals and populations in need.

**Our Vision**

To benefit all residents of Riverside County by serving as an academically affiliated primary, secondary, and tertiary level health care center, with a tradition of superior quality and service.

**Our Values**

Commitment	superior service to all
Compassion	service with respect, dignity and sensitivity
Integrity	the highest level of ethical and professional conduct
Fiscal Responsibility	careful use of scarce resources
Quality	achieve the best outcomes
Safety	make patient safety the utmost concern
Innovation	encourage creativity and a willingness to accept new ideas
Collaboration	value and cultivate teamwork among all staff and outside organizations or groups
Community	reflect community needs in planning for services
Diversity	recognize the values and diversity of staff, patients and community

## HOSPITAL PROFILE

### Ownership

Riverside County Regional Medical Center (RCRMC) is owned by the County of Riverside for the benefit of all residents of Riverside County.

### Location

RCRMC is located at 26520 Cactus Avenue, Moreno Valley, California, in zip code area 92555. This location is part of the Medical Services Study Area (MSSA) 135 in the east portion of the western quadrant of Riverside County.

The County comprises an area of approximately 7,300 square miles and has a population of approximately 1.4 million. The County is approximately 190 miles long and nearly 60 miles wide. Due to the geographic size of the County, the Hospital's location in Moreno Valley provides better central access for County residents than did the old Hospital facility, which was located in the far western portion of the city of Riverside.

**Administrative Office Telephone:** (951) 486-4450

**Administrative Office Fax:** (951) 486-4475

### Service Area

The Hospital's primary service area is the County of Riverside (California).

### Governing Board

RCRMC is governed by the Riverside County Board of Supervisors (the Board).

### Hospital Officers

Hospital Director/CEO:	Douglas Bagley
Chief Operating Officer:	Ellie Bennett
Chief Finance Officer:	David Runke
Chief Nursing Officer:	Katherine Eaves
Medical Director:	Arnold Tabuenca, MD

## **ORIENTATION INFORMATION**

### **Smoking**

Smoking is not permitted within the Hospital buildings. There are NO exceptions within the building. Smoking is only permitted in the designated areas outside the Hospital.

### **Safety**

In case of an accident or injury, report to the nearest Department Manager, Supervisor, or Designee. Some important Hospital safety information is that electrical shock or fire may result from unsafe use of electrical machinery. Signs of circuit overload are blowing of fuses and dimming of lights. Water is a conductor of electricity and, therefore, shock may result. It is never appropriate to put out an electrical fire with water.

### **Back Injury Prevention**

The number one cause of back injury is improper lifting. To prevent back injury when lifting, bend the knees and keep the load close to your body. Keeping your body in shape helps to prevent back injury, as well as thinking about the proper way to lift before you begin. Keeping your body straight while lifting or twisting your trunk while lifting, is the most stressful for your back.

### **Security**

All Hospital workers will be properly identified according to policy. All contracted workers and county employees are required to wear identification badges at all times while on duty.

### **Workplace Violence**

Riverside County has a zero tolerance for any implied or actual violence in the workplace.

### **Security Assistance**

As part of RCRMC's ongoing effort to provide a safe, secure working and patient care environment, it is vital that all crimes and criminal activity be reported to the Moreno Valley Police Department assigned to the Hospital. STAT emergency calls requiring the immediate presence of an officer should be placed using the Emergency Button on the telephone. Routine calls for security assistance should be made using Extension 65330.

### **Alcohol and Drug Use**

Uses of alcohol or illegal drugs are not permitted at the Hospital.

## **Parking**

Parking regulations must be observed (i.e. parking in designated area) or you may be issued a Parking Citation by the Moreno Valley Police Department. The responsibility for paying the Parking Citation belongs to the party receiving the citation.

## **Confidentiality**

All patients' medical information is confidential and shall not be shared with anyone other than those who provide the patients' treatment. Patient protected healthcare information may be shared legally for purposes of providing treatment/healthcare services for the patient, for payment for the treatment, or for teaching or quality management healthcare operations. The minimum necessary amount of information is required by law to be provided in the case of payment for treatment or healthcare operations. The business of the Hospital for the most part is a matter of public record. However, some business practices of the Hospital are confidential and will not be shared outside the Hospital in compliance with the required confidentiality agreement signed by contracted workers.

## **Policies and Other Manuals**

Hospital and Departmental Policies and Procedures Manuals, as well as the Infection Control Manual and Disaster Manual are found on line and/or in every Hospital Department/Unit (you may request a copy of any of these policies to review by asking the Department/Nurse Manager in the area where you are working at the Hospital).

## **Dress**

All Hospital workers must be properly attired according to County policy and maintain a well groomed and hygienically appropriate appearance.

## **Health Screening**

All Hospital workers must have been properly screened for tuberculosis or other contagious diseases prior to the start of work and on a periodic basis.

## **Licensing/Certification**

All Hospital workers must be properly licensed/certified as required by law for the services they provide.

## **Performance**

All Hospital workers must possess satisfactory qualification prior to starting work (qualifications must be assessed as satisfactory) and must receive periodic assessment of satisfactory performance in compliance with the terms and scope of services of the contract (certified competency).

# INFECTION PREVENTION AND CONTROL

## Hand Hygiene

Hand hygiene is the use of hospital-approved soap and water or alcohol based hand sanitizers to clean hands. If using soap and water, once you have placed soap in the palm of your hand you must rub your hands together briskly until a lather has been achieved and continue rubbing your hands together for 15 to 30 seconds. You can then rinse your hands thoroughly under warm running water. Dry your hands with a paper towel. Get another dry paper towel and turn off the faucet. If you are using the alcohol based hand sanitizer, you must rub your hands together until they are dry.

## Personal Protective Equipment (PPE)

PPE is the utilization of gloves, cover gowns, face/eye shields, head and shoe covers. If any of these items are used, they must be discarded in the nearest trash receptacle, unless there is obvious blood or body fluids on them. If this occurs, they must be discarded in a red biowaste container.

## Standard Precautions

Standard Precautions is the use of PPEs whenever there is the risk of the healthcare worker being exposed to blood or body fluids. These precautions are to be used on all patients, regardless of their condition or status.

Standard precautions must be used at all times when rendering care to a patient, regardless of health, illness or disease status. These standards must also be used whenever the probability of exposure to blood, body fluids, or other potentially infectious materials (OPIM) is high. Standard precautions include:

- Gloves whenever the likelihood of exposure to blood, body fluid or OPIM is high. They should be changed in between patients and when care is going to be provided on another part of the patient's body, i.e., oral suctioning then performing Foley catheter care.
- Masks and/or protective eyewear to protect mucous membranes of the mouth, nose and eyes from any splashes or airborne organisms.
- Cover gown to protect the healthcare worker's clothes from any splashes from blood, body fluids or OPIM.
- Hand hygiene with hospital approved alcohol hand sanitizer and/or soap and water immediately after removing gloves, in between patients, after using the bathroom.

- Needles and sharp instruments should be immediately placed in an appropriate sharps disposal container once used. *Never* recap or bend needles or other sharp instruments.
- Mouth-to-mouth should *only* be performed with a mouthpiece or other form of ventilatory device, such as an ambu-bag.

### **Transmission Based Isolation**

Transmission based isolation falls into one of four categories: airborne, contact, droplet and expanded. Each of these categories has a color coded sign that is placed on the door to the patient's room. Please note that each type of transmission based isolation precautions requires specific PPEs to be worn. The front of the isolation cards has pictures of what is needed. For example, contact precautions require the use of a cover gown and gloves. Refer to Infection Prevention and Control manual for more detailed explanation.

### **Exposure Control Plan**

This plan is designed to protect our all healthcare workers from the potential for exposure to blood or other potentially infectious materials that can cause an infection in the worker. This plan includes information on the types of PPEs that are to be worn; what your role is, and your supervisor, in the event of an exposure; and, actions to take in the event of an exposure. Please refer to the Infection Prevention and Control manual for more information or if you would like to review the plan.

## ENVIRONMENT OF CARE AND FIRE SAFETY

### Environment of Care

The Hospital Environment of Care Plan (EC Plan) was developed to ensure that RCRMC provides a safe, functional, and healthful environment for patients, staff members, visitors, and other individuals at the Hospital. The environment of care refers to a variety of sites where patients are treated or where they interact with Hospital staff in inpatient or outpatient settings. It includes sites where staff is engaged in work or where visitors are found.

**CODE BLUE:** Code Blue is paged on the overhead paging system and on designated pagers. The Nursing Unit and room number or the area of the Hospital will be paged. The Senior Medical Resident on call has responsibility for medical direction of the Code Blue until care is turned over to the patient's physician or the Emergency Department physician.

**CODE ORANGE – BOMB THREAT:** When a bomb threat is received, Code Orange may be paged on the overhead paging system. Report to the person in charge of the area in which you are working for direction.

**CODE RED – FIRE:** When the audible fire alarm and or the strobe light flashes, report to the person in charge of the area in which you are working. Be aware that the fire alarm continues as long as the strobe light flashes, even when there is no audible alarm. **Do not look directly at the strobe light.** Looking at the light may cause seizures in persons prone to them (RCRMC Environment of Care Policy No. 518, Code Red (Fire Emergency Action) and Fire Drills, is provided).

**CODE YELLOW – HAZARDOUS MATERIALS EMERGENCIES:** There is always the possibility of a hazardous materials incident in hospitals. Fortunately, such incidents are rare and would seldom be of large scale at RCRMC. Nonetheless, hazardous materials must be handled properly and the potential of these materials to cause injuries taken seriously. If you discover or suspect a hazardous spill or release, isolate the substance by closing the doors to the immediate area or using warning signs or barricades. Next, alert others of the spill or release by announcing Code Yellow to co-workers and calling 911. Be prepared to give your name, location of the spill, and identify the substance, if known. A MSDA Manual, containing information sheets, is available in each area.

### Orientation/Re-orientation

All Hospital workers must receive an orientation at the start of work for the Hospital and again on an annual basis. They must demonstrate that they are knowledgeable of appropriate Hospital policies and procedures.



Riverside County Health Services Agency  
Riverside County Regional Medical Center

Environment of Care Policies No. 518

*CODE RED (FIRE EMERGENCY ACTION) AND FIRE DRILLS*

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
Background	1
Policy	1
Procedures	2
a. Procedural Flow Chart	2
b. Immediate Action At the Fire Scene	2
1. Rescue	2
2. Activate	2
3. Contain	2
4. Extinguish	2
5. Evacuate	3
(a) Zone Evacuation (Staying Within the Hospital Building)	3
(b) Building (Vertical) Evacuation	3
c. Response Actions Away From the Fire Scene	3
d. Departmental Responsibility for Fire Emergency Action	5
e. Employee Responsibility	5
f. All Clear	5
g. Fire Drills	5
(a) Documenting "Code Red" Drills at the Fire Area or Site	6
(b) Documenting "Code Red" Drills Away From the Fire Area or Site of Origin	6
4. Maintaining Records	7
5. EC Life Safety Management Team Responsibilities	7
6. Switchboard Operators and Plant Operations Responsibilities	7

RIVERSIDE COUNTY  
HEALTH SERVICES AGENCY

RIVERSIDE COUNTY REGIONAL MEDICAL CENTER

Environment of Care Section Policies and Procedures

Page 1 of 7

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POLICY NO. 518

**SUBJECT: CODE RED (FIRE EMERGENCY ACTION) AND FIRE DRILLS**

**REFERENCES:** 8CCR Section 3220, Accreditation Manual for Hospitals, PL.2.3.2.2, RCRMC Fire Manual, RCRMC Disaster Manual, RCRMC Environment of Care Management Plan, RCRMC Safety Manual, and RCRMC Policies No. 500, 505, and 517

**REPLACES:** Replaces RMC Policy No. 518 dated 7/8/76 as revised 9/17/98

**APPROVED BY:**

  
Administrator

**EFFECTIVE:** 7/8/76

Revised: 3/10/2000

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**BACKGROUND**

Riverside County Regional Medical Center (RCRMC) is equipped with state of the art fire detection, alarm, and suppression systems. Patient rooms are individually sprinklered. Fire alarm pull stations and portable fire extinguishers are located throughout RCRMC. The fire alarm system consists of an audible alarm and strobe lights. Portable fire extinguishers are rated for use on Type A, B, and C fires. These are the types of fires that could take place in hospitals. A flashing strobe light system along with an audible alarm occurs when the fire alarm system is activated. All RCRMC staff should be trained not to look directly at the flashing strobe lights since a flashing strobe may trigger epileptic seizures in those prone to seizure.

**POLICY**

All Hospital fires or suspected fires will be responded to immediately by appropriate action and Code Red reporting. (Refer to the Riverside County Regional Medical Center (RCRMC) Environment of Care (EC) Life Safety Management Plan for additional direction.)

## PROCEDURES

a. **Emergency Exit Plan:** All staff shall be knowledgeable of the Emergency Exit Plan posted in all patient and non-patient areas.

b. **Immediate Action At the Fire Scene:** Upon discovery of a Hospital fire or smell of smoke, announce in a calm voice to co-workers "CODE RED." Also a reminder not to look directly at the flashing strobe lights may be made, and R.A.C.E. (Rescue, Activate, Contain, and Evacuate) will be observed as follows:

1. **RESCUE** (remove) endangered persons from the immediate fire area and close the door to the room. All rooms sharing a common entry must be evacuated.
2. **ACTIVATE** the fire alarm to advise other areas of the fire:
  - (a) pull the fire alarm to activate the audible alarm and strobe lights.
  - (b) dial the emergency number 911 to inform the Switchboard of the fire location and to provide any additional needed information.
3. **CONTAIN** the fire and smoke by closing the door to the immediate fire area as well as all patient room doors and area doors. If possible, shut off all fans. **DO NOT** pass through hall fire doors unless told to do so or unless the doors are located on the evacuation route. Check for heat and smoke prior to going through doors. Close doors in the zone of fire or smoke. Fire zones are distinguished by color-coded vinyl squares that may be affixed to the signs identifying patient rooms, offices, utility closets, and other areas. By closing a series of doors in the fire zone of the same color, the fire or smoke can be isolated to this particular location.
4. **EXTINGUISH** the fire with the proper extinguisher if it is safe to do so; i.e., the fire is small, and without putting employees or others in danger.

Fire Extinguisher Use. To use an extinguisher, use the P.A.S.S. method:

- (a) **Pull.** Pull the ring pin.
- (b) **Aim.** Start back about 10 feet from the fire and aim at the base or edge of the fire. **Do not aim at smoke or high flames.**
- (c) **Squeeze.** Squeeze the lever.
- (d) **Sweep.** Sweep side to side.

Plant Operations personnel will assume this function upon arrival to the fire area and will themselves be relieved by the Fire Department.

5. EVACUATE if fire or smoke presents immediate danger or when directed to do so.

(a) Zone Evacuation (Staying Within the Hospital Building): Evacuate the area using horizontal routes to pre-designated safe areas within the hospital. This is called **Zone (Horizontal) Evacuation**. When a zone evacuation is required, either by necessity or when ordered, patients will be transported and visitors/staff will be directed to the nearest safe horizontal exit on the same level within the hospital. This is called a horizontal evacuation because it involves evacuating laterally to an adjacent fire zone on the same floor/level. **DO NOT USE ELEVATORS**. Pass through the fire doors into the adjacent fire zone on the same floor level. Take an accounting of patients, visitors, and staff. They may be reminded not to look directly at the flashing strobe lights. Evacuation from the building is not necessary when a fire is contained in a fire zone. Remain in this area until further notice. Do NOT evacuate the building unless ordered to do so by fire, police, or RCRMC authorities.

(b) Building (Vertical) Evacuation. If a building evacuation is ordered by fire, police, or RCRMC authorities, transport patients and direct visitors to the nearest safe fire exit stairway. Do not open closed fire doors unless necessary for egress. Take the stairs to the first floor and proceed to the outside of the building. This is called **Building (Vertical) Evacuation**. **Do not use elevators during a Code Red**. Take an accounting of patients, visitors, and staff. When smoke is visible, stay low (crawl if necessary) to avoid breathing smoke or toxic gas. This is a vertical evacuation because it involves evacuating down to another floor/level in the hospital to reach the outdoors. Once outside, assemble in the outer portion of the employee parking lot and await further instructions.

6. Account for employees and patients upon arrival at the pre-designated safe area.

c. Response Actions Away From the Fire Scene: Employees in areas away from the immediate fire area can take action as follows:

1. Report to the person in charge of the area where you are when the alarm sounds.

(a) Search the immediate areas for signs of fire or smoke. These areas may include patient rooms, closets, pantries, break rooms, utility rooms, conference rooms, etc.

(b) If fire or smoke is discovered, follow R.A.C.E. guidelines (refer to paragraphs b, 1-5, above).

(c) If the search fails to uncover evidence of fire or smoke, staff shall remain in their present location until the alarm stops ringing and the strobe light stops flashing.

(d) Assist other units and help evacuate when assistance is requested. If away from your department/unit when the alarm system is activated:

- (1) report to the nearest department/unit in the vicinity.
- (2) report to the person in charge
- (3) provide assistance as requested.

At no time should staff continue to travel about the hospital during a Code Red. Do not pass through a fire door. Remain in place until the "All Clear" is given. **Exception:** Medical staff handling emergencies or emergency response personnel enroute to the scene of an emergency are free to accomplish their duties if conditions permit.

2. Surrounding units/departments must anticipate receiving patients from evacuated areas. Anticipate a move from the secondary area if the fire is not controlled.

3. Nursing Administration will send personnel and set up a command center as needed.

4. Plant Operations will send personnel to assist in extinguishment.

5. Respiratory Care will respond to assist in patient care needs.

6. The Switchboard Operator shall:

(a) immediately notify the Fire Department of Code Red. The exact location of the fire, e.g., floor level, building, and room number, will be given. The Switchboard Operator is responsible for telephone notification to the Fire Department even if the fire alarm system is ringing or the strobe light is flashing.

(b) overhead page the location of the Code Red.

(c) notify Fire Response Personnel.

7. Fire Response Personnel will receive initial notification of the fire location from the Switchboard Operator paging. If a responder fails to receive the page, the location of the fire may be ascertained by contacting the switchboard at 911.

8. Hospital Security Police Officers role is to meet the Fire Department at the Level 1 Security Office and escort them to the fire location. They also are responsible for providing traffic, pedestrian, and security control as needed.

9. Other hospital departments also may assist as needed.

**d. Departmental Responsibility for Fire Emergency Action**

1. Each department manager is responsible for developing a departmental evacuation plan using this policy as a guide. (Also refer to RCRMC Policy No. 505, Departmental Safety Responsibilities.)

2. Each department will review the plan at least annually during staff meeting/unit inservice.

3. Each department will rehearse the plan during fire drills.

4. Each department will be responsible for orienting employees as to exit locations, extinguisher locations, and pull stations. (Refer to RCRMC Policy No. 517, Life Safety Management Program, for additional direction.)

5. The Emergency Exit Plan must be posted in the work area.

**e. Employee Responsibility**

1. It is the employee's responsibility to be familiar with the unit/department plan.

2. The employee shall be familiar with his/her work area as to the location of exits, fire pull box stations, and fire extinguishers.

f. **All Clear**: The fire condition is **ALL CLEAR** when the alarm stops ringing and the strobe lights stop flashing. The **ALL CLEAR notification will be overhead paged** at the conclusion of the Code Red.

g. **Fire Drills**: Fire drills will be conducted to assure that all Hospital personnel understand the Hospital Fire Emergency Action Plan (Life Safety Management Plan) and know what to do in case of a fire emergency.

1. Fire drills will be conducted at least quarterly for each work shift in patient-occupied buildings.

2. All areas of the Hospital will be included in the Fire Drill and observed as part of the Fire Drill Evaluation.

3. Documentation of Fire Drills will include problems identified during the Fire Drill, corrective action taken, and staff participation. Actions will be noted by an observer assigned by the department according to the following procedures:

**(a) Documenting "Code Red" Drill at the Fire Area or Site of Origin**

(1) Safety Form #1, Hospital Fire Drill Report, at Fire Area (found in the RCRMC Safety Manual), will be completed by the designated observer in the department where the "fire" is.

(2) The "Fire Area" will be considered to be the reasonable impact area; ordinarily, for Hospital fire drills, this will be the department involved in the drill.

(3) Signatures of personnel assigned to the department at the time of the Fire Drill will be included with the report.

(4) Problems identified and corrective actions taken will be listed. If necessary, the plan for future corrective action will be listed, including a completion date.

(5) The completed Safety Form #1 will be sent to the Hospital Safety Officer by the end of the work shift.

**(b) Documenting "Code Red" Drill Away From the Fire Area or Site of Origin**

(1) Safety Form #2, Hospital Fire Drill Report, Away from the Fire Area (found in the RCRMC Safety Manual), will be completed by the designated observer in each department during or immediately following each Fire Drill.

(2) The designated observer will use the section of the Fire Plan pertaining to his/her department as criteria for appropriate personnel response during the Fire Drill.

(3) Signatures of personnel assigned to the department at the time of the Fire Drill will be included with the report, and their responses will be documented.

(4) Problems identified and corrective actions taken will be listed, including completion dates.

(5) The completed Safety Form #2 will be sent to the Hospital Safety Officer by the end of the work shift.

4. **Maintaining Records:** Safety Forms #1 and #2 shall be a part of the Official Fire Drill Report and will be retained on file by the Hospital Safety Officer.

5. **EC Life Safety Management Team Responsibilities**

(a) The Hospital EC Life Safety Management Team will review Fire Drill reports, including problems identified and corrective actions taken. (Refer to RCRMC Policy No. 500, Environment of Care and Hospital Safety Officer, for additional information.)

(b) The Life Safety Management Team will either accept the reports as submitted or recommend further action.

(c) When further action is recommended, the Life Safety Management Team will continue to monitor progress until the problem is resolved.

(d) Experiences during Fire Drills will be used in planning safety education programs.

6. **Switchboard Operators and the Life Safety Team Responsibilities:** Code Red procedures for switchboard operators during fire drills shall be the same as they are for actual emergencies with the following exception: **The requirement for placing a 9-1-1 call to the Fire Department is waived.** The Life Safety Team leader or the Hospital Safety Officer will notify the switchboard in advance of the Fire Drill. The operator should simulate placing the 9-1-1 call to the Fire Department. Before start of a fire drill, the Life Safety Team leader or the Hospital Safety Officer will call the Fire Department and the alarm company to advise them that a drill will take place within 10 minutes. After the drill is over, the Life Safety Team leader or the Hospital Safety Officer will notify the Fire Department and the alarm company of the completion of the drill. On completion of the drill, **ALL CLEAR** shall be paged. If an actual fire occurs during the drill, the Hospital Safety Officer (or authorized alternate) shall contact the switchboard informing them that an actual Code Red situation is in progress.



## VENDOR ORIENTATION

1. Parking for vendors is in designated parking areas.
2. To enter the Hospital, proceed down the Loading Dock/Power Generators stairs and enter the double doors next to the Loading Dock.
3. Report to the Materials Management Office, Room B0010, to obtain Guest Identification Badge and clearance to enter the Hospital.
4. Normal Vendor hours are 7:00 a.m. to 4:00 p.m.
5. After hours visits are to be coordinated through Materials Management and the respective Hospital department requesting your services. Security will need to be informed of the dates, times, location and person(s) allowed in the Hospital after hours.
6. Vendors that violate the rules may be prohibited from entering the building without continuous physical escorts.
7. Any questions concerning other details can be directed to either Department Managers or Material Management.

## POLICY SUMMARY FOR VENDOR ORIENTATION

- 1. CONFIDENTIALITY:** All contractors/vendors must sign a confidentiality agreement prior to working at RCRMC.
- 2. QUALIFICATIONS ASSESMENT (COMPETENCY CERTIFICATION PRIOR TO START OF WORK):** All contractors/vendors must be certified competent in their qualifications by completion of a Contractor Qualifications Assessment Form prior to working at the Hospital.
- 3. ORIENTATION/RE-ORIENTATION:** All contractors/ vendors must complete an initial Hospital/Department orientation and annual re-orientation.
- 4. CONTRACTOR/VENDOR IDENTIFICATION:** All contractors/vendors must sign in at Material Management to receive an identification badge and clearance to enter the Hospital work area and must sign out and return the identification badge before leaving the premises.
- 5. ENTERING/LEAVING RCRMC AFTER HOURS:** All contractors/vendors must enter through the Security Entrance, not through the Emergency Department, from 5:00 p.m. to 7:30 a.m., and receive an identification badge. Exit must be from Security with return of the badge. No exceptions can be made.
- 6. PERODIC COMPETENCY ASSESSMENT:** All contractors/vendors must be assessed periodically, and before contract renewal, for contractor/vendor certified competent.
- 7. PRODUCT PRESENTATIONS:** New products to be introduced by a vendor for RCRMC use must be screened and evaluated by the Value Analysis Program. The vendor must deliver all samples for evaluation to Material Management for appropriate distribution. (Exceptions: Food Services and Pharmacy Products. However, even these vendors must report to Material Management and obtain badge identification prior to entering the Hospital work area.)

## **ORIENTATION ASSESSMENT INSTRUCTIONS**

Every individual who will work at the Hospital must complete the attached Orientation Assessment (pages 19-22). After completing the assessment, review the answers with the Orientation Manual to correct any misunderstandings.

The assessment must be signed and dated and kept on file and must be made available to RCRMC upon request.

Thank you for your cooperation in ensuring that RCRMC meets The Joint Commission and State licensing requirements for hospitals.

**RIVERSIDE COUNTY REGIONAL MEDICAL CENTER**

**ORIENTATION ASSESSMENT**

Print Name: \_\_\_\_\_

**INFECTION PREVENTION AND CONTROL**

1. Circle all that are a part of the Infection Prevention and Control Program at RCRMC:
  - a. Recognition of the potential for infection.
  - b. Timely identification and control of infections.
  - c. Provisions of a safe environment for the healthcare worker, patient, visitor, and other individuals at the Hospital.
  
2. What are the three major functions of an infection prevention and control program?
  
  
  
  
  
  
  
  
  
  
3. Body Substance Isolation Precautions is the consideration of all patients as contagious and use of the appropriate personal protective equipment against unnecessary exposure to the following body substances: (Circle all correct answers.)
  - a. Blood
  - b. Tears
  - c. Semen
  - d. Vaginal secretions
  - e. Sputum
  - f. Urine
  
4. Circle all that are part of the purpose of the Exposure Control Plan:
  - a. Protect the healthcare worker.
  - b. Prevent the healthcare worker from infection.
  - c. Dehumanize healthcare.
  - d. Prevent healthcare worker deaths from blood borne infection.
  
5. I may review the Exposure Control Plan at any time. T F
  
6. If I am not sure I might be exposed to a body fluid while doing a procedure, I should wear a barrier. T F

## **ENVIRONMENTAL SAFETY**

1. Shock can be a major danger from electrical machinery. T F
2. Signs of circuit overload are blowing of fuses and dimming of lights. T F
3. Water is a conductor of electricity. T F
4. "Cheater" plugs are OK to use in hospitals. T F
5. It is OK to put out an electrical fire with water. T F

## **BACK INJURY PREVENTION**

1. What is the Number One cause of back injury?
2. Circle the following back injury preventions methods:  

Bend Knees	Keep Load Close
Think it Over	Keep Straight
Keep in Shape	
3. What position is the most stressful on the back?

## **FIRE SAFETY**

1. What steps should be taken to save lives in a fire?
  - a. Remove patients, visitors, and or employees from the room.
  - b. Alert others by calling out "Code Red", pulling the fire alarm, and calling 911.
  - c. Confine some, heat, and flames by closing doors to rooms.
  - d. Extinguish fire with extinguisher.
  - e. Evacuate to designated meeting area.
  - f. Account for all persons.
  - g. All of the above.
2. As a general rule, which of the following should not be used to evacuate?
  - a. Stairs
  - b. Elevator
  - c. Window

- |    |   |   |   |
|----|---|---|---|
| 3. | In case of a fire, always evacuate the Hospital.              | T | F |
| 4. | Look directly at the strobe light until it finishes flashing. | T | F |
| 5. | If the audible alarm is not sounding, there is no fire.       | T | F |

**HAZARDOUS MATERIALS**

- |    |   |   |   |
|----|---|---|---|
| 1. | I have the right to see and copy Material Safety Data Sheets (MSDS) or other information that exists for chemicals or substances used in the workplace or to which employees or other workers may be exposed. | T | F |
| 2. | Two important sources of information about the chemicals with which I will work are:  |   |   |
|    | a. TIME and NEWSWEEK magazines.   |   |   |
|    | b. Los Angeles Times and Press Enterprise.  |   |   |
|    | c. Product Label and the Material Safety Data Sheet (MSDS).   |   |   |

**OTHER HOSPITAL POLICIES AND PROCEDURES**

- |    |  |   |   |
|----|--|---|---|
| 1. | I may park anywhere at the Hospital.   | T | F |
| 2. | I may smoke anywhere at the Hospital.  | T | F |
| 3. | I must wear proper identification while at the Hospital.   | T | F |
| 4. | I must not engage in or imply any violence while at the Hospital.  | T | F |
| 5. | I must have passed my health screening before working at the Hospital.   | T | F |
| 6. | I may come to work at the Hospital right after having an alcoholic beverage.   | T | F |
| 7. | I may request a copy of any Hospital policy to review.   | T | F |
| 8. | I must have a job description on file at my company which defines the necessary job qualifications and performance expectations in measurable terms. | T | F |
| 9. | I must have an annual competency assessment certified satisfactory and kept on file.   | T | F |

10. Biomedical Maintenance Vendors must report in to the Material Management Department before going to work.

T F

**PLEASE SIGN AND DATE THIS DOCUMENT AFTER COMPLETION**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_