2026 Hawaii Regional Mandatory Training – Safety Addendum

Please read this document thoroughly. Print and keep at your workstation for future reference.

OUR MISSION

Our Mission:

To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

QUALITY, SAFETY, AND RISK

Responsible Reporting	Go to Kaiser Permanente's MyKP Home intranet site and search "UOR" (Unusual Occurrence Online Reporting System)

Continuous Improvement (PDSA)

Quality, Safety, and Risk work hand in hand to ensure that we give the best and safest care to our patients. We must continually check that safe systems and quality care are in place to mitigate the risk of harm to our members, patients, and staff. Through continuous improvement and our commitment to excellence, we can achieve these quality and safety goals.

One way that Kaiser Permanente improves many health care processes and outcomes is to use a performance improvement model. This model is called PDSA*: Plan (P), Do (D), Study (S), Act (A) to ensure Continuous Improvement:

- **PLAN (P)** - What to improve and why? Generate new ideas and processes
- **DO (D)** - Implement the improvement or change. Document what does and doesn't work.
- **STUDY (S) or CHECK (C)** – Continuously measure and assess progress. Did the improvements work?
- **ACT (A)** – Refine and improve the systems and processes.

The **PDSA** model consists of two parts:

Part 1:

- What are we trying to accomplish?
- How will we know that the change is an improvement?
- What change will we make that will result in improvement?

Part 2:

- Use the PDSA cycle to test and implement changes in real work settings.
- The PDSA cycle guides the test of change to determine if the change is an improvement.

Let's Apply PDSA!

Scenario: How we can use the PDSA cycle to make an improvement in care and safety:

Problem: Hospital-associated *Clostridioides difficile* (C.diff or CDI) rates were above goal for the hospital inpatient areas.

1. **Plan (P): What to improve and why?**
   - First let's assemble our team and get some ideas.

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- Review of the C. diff testing algorithm for nursing was reviewed and the team decided that clarifications were needed based on updates to the guidelines. Re-education of the Bristol Stool Chart should occur along with concurrent use of the chart with the algorithm,
- **Why?** All nursing staff should review their patient chart for appropriateness of C. diff testing order. The order should then be confirmed with the Charge Nurse before a specimen is collected. If the order is not appropriate due to the patient not meeting the algorithm requirements, then the order should be discussed with the provider and discontinued.

2. **Do (D): Implement the improvement or change.**
   - All patients with a C. diff order for testing will be reviewed by their nurse using the algorithm and Bristol Stool Chart, and the order will be discussed with the Charge Nurse (and provider if algorithm requirements are not met) before specimen collection.
3. **Study (S): Continually measure and assess progress.**
   - Continue to evaluate nursing awareness and knowledge regarding the algorithm and Bristol Stool Chart through rounding, staff huddles, and annual education.
   - Review C. diff results with nursing by email, huddle boards, and at meetings. If a hospital-associated C. diff case occurs, conduct a debrief with the unit/area team, physician, and leadership to look for barriers and opportunities for improvement.
4. **Act (A): Refine and improve the systems and processes.**
   - In this PDSA example, the rate of hospital-associated C. diff stabilized and began to trend downward.
   - All employees were appropriately educated about the updated algorithm, and as a result, the occurrence of hospital-associated C. diff rates decreased.
   - Continually educate new and current nursing staff on the algorithm and Bristol Stool Chart, and monitor gaps for further process improvements that may be needed.

Mitigating Risk & Responsible Reporting

Although we all try to mitigate the risk of harm to our patients, members, and staff, sometimes bad things happen. If you have a concern about safety or care quality, you are encouraged to report it.

1. If you have a concern about the safety or quality of care provided, you are encouraged to report your concern through any of the following venues:
   - Your immediate supervisor
   - The Hospital Administrator
   - The Patient Safety Officer
   - VP Care Delivery Administration
   - Unusual Occurrent Report (UOR)
   - The Joint Commission (TJC)
2. Any unusual occurrence, medical error, or close call must be reported to your supervisor **within 72 hours** of discovery. You must also file an Unusual Occurrence Report (UOR) using the online reporting system found on the MyKP Home site. It should be reported by the individual who participates, observes, or becomes aware of the event.
3. Each report will be evaluated and investigated following all appropriate policies and procedures.
4. Non-Retaliating and Good-Faith Reporting – If you filed an Unusual Occurrence Report and feel that you have been retaliated against, contact the Kaiser Permanente Compliance Hotline at 1-888-774-9100 or use the Web Reporting System.

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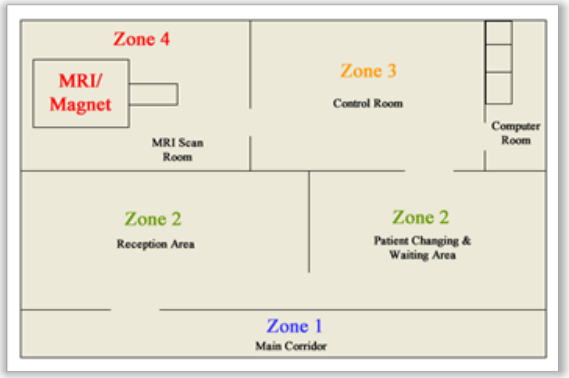
MAGNETIC RESONANCE IMAGING (MRI) SAFETY

Accreditation standards require that all employees who are working in, or visiting, a Kaiser Permanente MRI facility be aware of the potentially harmful effects of the MRI and take the necessary safety precautions.

WHAT is an MRI? A **M**agnetic **R**esonance **I**maging (**MRI**) is a test that uses magnetic fields and pulses of radio wave energy to make pictures of organs and structures inside the body. MRI may also show problems that other imaging methods cannot see.

- MRI is an extremely powerful magnet
- 30,000 times stronger than the Earth's magnetic field!
- This magnet is always "on" and cannot be seen, heard, or felt
- This strong magnetic force can create potential hazards which can be fatal

WHAT are the MRI safety guidelines? Guidelines **MUST** be taken seriously and followed by **all** Kaiser Permanente staff. The staff that work in the MRI area are required to be trained and/or licensed. These guidelines help our patients, visitors, and co-workers maintain a safe environment.



1. The 4 Zones:
   - MRI departments are separated into 4 zones
   - Use caution when entering the MRI area and look for warning signs
2. Understanding Safety guidelines for each zone:
   - **Zone 1:** Typically, outside of the MRI area; for example, a hallway. This area is how everyone enters the MRI environment. This area is freely accessible to all employees, patients, and visitors.
   - **Zone 2:** This area is between the accessible Zone 1 and strictly controlled Zone 3. Zone 2 is where patients and other personnel are checked for safety before entering Zones 3 and 4. Only trained MRI staff are free to enter Zone 2. All others must be escorted by MRI staff.
   - **Zone 3:** Access to Zone 3 is restricted. It is entirely under the supervision and control of MRI licensed staff.
   - **Zone 4:** This zone is in the MRI Scan Room. It is clearly marked as potentially hazardous due to the very strong magnetic fields. No one is allowed to enter Zone 4 without first being cleared by MRI licensed staff. Therefore, all employees, patients, and visitors must be accompanied by, and under the direct supervision of, MRI licensed staff at all times while in this Zone.

3. ZONE 4 Precaution:

- The strong magnetic field can cause a "missile effect" with metal objects.
- This means that an object can be pulled into the MRI at an extremely high rate of speed and cause serious harm and damage to both the machine and to the person inside it.
- Prior to ANYTHING being taken into the MRI Scan Room, it must first be cleared by the licensed MRI staff.

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UTILITIES DISRUPTION & EQUIPMENT SAFETY

Engineering Dispatcher: Please call the FacOps pager in the event of a Utilities Disruption OR unsafe equipment.	(808) 299-1065 (pager)

In the event of a utilities disruption, be alert to warning signs and follow departmental specific protocols. This will help to ensure safety for you, patients, and co-workers.

Utilities disruptions can be any of the following:

- Electrical outage
- Ventilation/HVAC systems
- Telephone service
- Elevator service
- Water and Sewer service
- Piped Medical Gases

Patient Equipment

Patient equipment:

- Patient care equipment that requires preventive maintenance should have current inspection stickers.
- Stickers should be legible and NOT expired.
- Expired, incorrectly filled out inspection stickers, or unsafe equipment should be removed from service immediately. Place a "DO NOT USE" sign on it, notify your supervisor, and call the Engineering Dispatcher immediately.

HAZARDOUS WASTE/SOLID WASTE HAWAII CLARIFICATION

Procuring chemicals or products outside of OneLink will require evaluation by Environmental Health & Safety (EH&S). Please contact EH&S for review of Safety Data Sheet (SDS).

The Hawaii Market currently does not have waste containers for batteries. All patient care equipment that utilizes batteries is managed by the Healthcare Technology Management Department. If you have a question about a battery in your department, contact EH&S.

The State of Hawaii does not require the recycling of all alkaline batteries (AA, AAA, C, D, etc.). Proper disposal of alkaline batteries is in the regular trash.

Dispose of empty IV tubing and bags that are not used for chemotherapy in the regular trash.

INFECTION PREVENTION AND CONTROL

Infection Prevention Department (available to answer your questions any time)	(808) 432-8872 or call the Infection Prevention office through the Operator 432-0000.
Accessing the BBP Exposure Control Plan:	KPHI Policy Library –> Search "Bloodborne" –> **Policy 2006-061 *Bloodborne Pathogen Exposure Control Plan***

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Hand Hygiene

Protecting yourself and patients from infection can be as easy as washing your hands. Hand washing is one of the best ways to prevent Healthcare-Associated Infections or "HAI".

Examples are:

- Central Line-associated Blood Stream Infections (CLABSI)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Hospital-associated *C. difficile* Infections (C.diff or CDI)
- Surgical Site Infections (SSI)
- Methicillin-resistant Staphylococcus Aureus Infections (MRSA)

Protect yourself and patients from infection by cleaning your hands:

- Perform hand hygiene during these 5 moments:
  - Before touching a patient
  - Before clean/aseptic procedure
  - After body fluid exposure risk
  - After touching a patient
  - After touching patient surroundings
- Use alcohol-based hand sanitizer by applying product to palm of one hand, wet all surfaces of both hands and wrists, and rub until they feel dry (around 20 seconds).
  - Preferred method of hand hygiene except where hand washing is recommended (see below).
- Use soap and water instead of hand sanitizer by washing hands for 20 seconds:
  - When hands are visibly soiled or feel sticky after multiple applications of hand sanitizer
  - Before eating
  - After using the restroom or applying toiletries
  - During the care of patients with suspected or confirmed *C. difficile* or norovirus infections

Work Restrictions

If you have an illness that can be spread to others in the workplace, stay at home until you are well again! Refer to **Policy 6420-02-D *"Work Restrictions for Personnel with Communicable Diseases"*** on the KPHI Policy Library for information about specific symptoms and instructions for possible infections (e.g., fever, skin rash/lesion, eye discharge, diarrhea).

Tuberculosis

Mycobacterium tuberculosis bacteria is spread through the air from one person to another. Anyone who is around someone with active TB for a prolonged period and in a fairly enclosed space has a higher risk of breathing in the TB bacteria. It is not spread by casual contact – it takes hours to days to become infected.

The following risk factors increase your risk of being exposed to TB:

- Traveled (or lived in) a country with an elevated/endemic TB rate for 4 weeks or longer
- Had contact with someone with infectious, active TB disease
- Have a health problem that affects the immune system

If you have any of the above risk factors, have been coughing for 3 weeks or more, **and** develop at least one of the following significant symptoms, please refer to **Policy 6420-02-D *"Work Restrictions for Personnel w/***

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Communicable Diseases" on the KPHI Policy Library and contact Employee Health or your provider for evaluation:

- Coughing up blood
- Fever
- Unexplained fatigue, night sweats, weight loss, or weakness

If you are exposed to TB while at work, notify your supervisor immediately and post-exposure screening will be conducted.

What does a positive TB skin test mean? A positive skin test means that you are infected with TB bacterium. However, being infected is not the same as having the disease. TB infection is called Latent TB, which has no symptoms and is not contagious. Preventive treatment for Latent TB is highly recommended to reduce the risk of Active TB.

With proper treatment, both Latent and Active TB can be cured.

Kaiser Permanente has the following protective measures in place to prevent the spread of TB:

- **Negative airflow rooms (AIIR)**: Isolation rooms with negative airflow are used in the hospital and in the Pulmonary and Infectious Disease Clinics.
- **N-95 respirator masks**: These masks are required for all staff who work with TB patients. Dispose of these masks in the regular trash.
    - N95 fit testing with a trained staff member is required before using a N95 mask. Contact Environmental Health and Safety for an appointment if you are required to be fit tested.
    - If fit tested, notify Environmental Health and Safety if you have any changes in your health or body that may affect your ability to wear the respirator without adverse effects to your health (e.g. lung or heart problem, significant weight gain or loss, growth of facial hair, etc.).

Standard Precautions

Standard precautions are used for all patient care. They're based on a risk assessment of the situation and make use of commom sense practices and personal protective equipment (PPE) use that protect providers from infections and prevent the spread of infection from patient to patient.

- Perform appropriate hand hygiene
- Use PPE whenever there is an expectation of possible exposure to an infectious material/person
- Follow respiratory hygiene and cough ettiquette principles (cover your cough or sneeze, use tissues and dispose of them in the nearest trash can after use, perform hand hygiene)
- Ensure appropriate patient placement
- Properly handle, clean, and disinfect patient care equipment and instruments/devices. Clean and disinfect the environment appropriately.
- Handle textiles and laundry carefully
- Follow safe injection practices
- To Review these guidelines, see Standard Precautions policy

Multi-Drug Resistant Organisms (MDROs)

Multi-Drug Resistant Organisms or "MDROs" are bacteria that are resistant to many antibiotics and certain treatments will not work or be less effective against them. Examples of MDROs include methicillin-resistant Staphylococcus aureus (MRSA), extended-spectrum beta lactamase (ESBL), Vancomycin-resistant Enterococci

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(VRE), and carbapenem-resistant Enterobacteriaceae (CRE), Patients carry these bacteria in their nose or on their skin and have no signs or symptoms of infection. This is called colonization and does not require patient isolation in most cases. Patients may also have an active infection with these bacteria and this requires patient isolation practices when they are admitted in the hospital.

MDROs are spread by direct touch, and if a paient has an active MDRO infection would need to be places on contact isolation precautions.Your hands can spread infection from one patient to another if you do not perform proper hand hygiene. Touching your own nose, mouth, or eyes before or after patient contact without performing hand hygiene can also spread infection to you, the patient, or to others. Contaminated equipment such as thermometers, BP cuffs, stethoscopes, and pulse oximeters can carry MDROs from one patient to another if not cleaned and disinfected between use.

WORKPLACE INJURY

For comprehensive workplace incident reporting instructions:	Refer to the Hawaii Workplace Incident Reporting webpage (https://sp-cloud.kp.org/sites/hi_wir)

EMPLOYEE RESPONSIBILITIES

1. NOTIFY your supervisor/manager and/or person in charge **IMMEDIATELY**. If after hours at the hospital, please notify the house supervisor. *(Note: Failure to report incidents in a timely manner will result in coaching/counseling and may also cause delay of state mandated benefits, as applicable.)*

2. Get medical care if the injury requires care beyond on-site first aid.
   a. In the case of a **life-threatening** injury, go to the emergency department.
   b. For non-life-threatening injuries, get medical care from Occupational Health Services (OHS) - Monday through Friday. Please call 432-2200 to schedule an appointment.
   c. For Blood/Body Fluid Exposure (BBFE)-related incidents, treatment is mandatory.

3. Participate in the incident analysis with your supervisor/manager, safety champion, and others as needed. For BBFE-related incidents, provide details to your supervisor/manager to complete the BBFE Addendum within 24 hours of the SFR submittal.

4. Review the Workers' Compensation and other applicable content on HRconnect.

SUPERVISOR/MANAGER RESPONSIBILITIES

1. Ensure that the injured employee gets appropriate treatment following the incident.

2. If the injury requires care beyond on-site first aid, instruct the injured employee to do one of the following:
   a) In the case of a life-threatening injury, accompany the injured employee or designate another employee to go with the injured employee to the emergency department.
   b) Advise the employee to make an appointment for follow-up care with Occupational Health Services (OHS) by calling 432-2200.
   c) For Blood/Body Fluid Exposure (BBFE)-related incidents, treatment is mandatory.

3. Submit the Supervisor's First Report (SFR) of Injury/Illness/Incident **as soon as possible but no later than 24 hours after being made aware** of the incident. *(Note: If the employee has delayed reporting an incident, the Supervisor/Manager is to counsel the employee individually to report injuries/illnesses immediately.)*

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4. For Blood/Body Fluid Exposure (BBFE), per OSHA requirements, complete the BBFE addendum within 24 hours of the SFR submittal. Refer to the Work Related Incident Reporting webpage for additional instructions.

5. Conduct a high-quality incident analysis with the employee, safety champion, and others as needed **within 4 calendar days** of the reported incident. Document the causes, solutions, and actions using the Comprehensive Incident Reporting and Analysis System (CIRAS) tool.

6. Review the Workers' Compensation, Leave of Absence, and other applicable content on HRconnect.