WELCOME TO CENTRAL FLORIDA REGIONAL HOSPITAL!

This information will provide the foundation for you to understand who we are, what we do, and your role in achieving our mission.

Complete the orientation pre-test that was given to you with this handbook. Your successful completion of the pre-test is your ticket to many new experiences at CFRH. We welcome you to our select group of healthcare professionals.

If you have any questions about the material in this handbook, please discuss them with your instructor.

Please complete the accompanying quiz and turn it in to your school or Staff Development as directed.

Central Florida
REGIONAL HOSPITAL

TABLE OF CONTENTS

Revised May 2014

ABOUT CENTRAL FLORIDA REGIONAL HOSPITAL (CFRH)

Central Florida Regional Hospital, a 221-bed acute care hospital serving the communities of Seminole and West Volusia counties, is the only hospital in Central Florida to be recognized by The Joint Commission for three consecutive years as a Top Performer on Key Quality measures for heart attack, heart failure, pneumonia and surgical care. The hospital is an Accredited Chest Pain Center with PCI from the Society of Cardiovascular Patient Care and Joint Commission Certified Primary Stroke Center, and provides the only full-service cardiovascular program in Seminole and West Volusia Counties, including open heart surgery, interventional cardiology, electrophysiology, cardiac rehabilitation and comprehensive diagnostic services.

In addition to complete cardiac care, Central Florida Regional Hospital offers neurohealth sciences and spine care, emergency services, hyperbaric medicine and wound care, diagnostic and women's imaging services. In addition, Central Florida Regional Hospital offers the only acute inpatient medical rehabilitation facility in Seminole County, providing comprehensive physical, occupational and speech therapy to help patients minimize physical or cognitive disabilities and gain greater independence after illness, injury or surgery.

Central Florida Regional Hospital offers a wide range of surgical services, including the da Vinci Surgical System®, a robotic system providing surgeons superior 3D visualization, improved dexterity, and increased precision for optimal performance of minimally invasive surgery. Patients undergoing laparoscopic surgery with the da Vinci robot may experience less pain, blood loss, and scarring than those undergoing conventional open surgery.

The Oviedo ER, a department of Central Florida Regional Hospital provides efficient, high quality emergency care to East Seminole County. The 11,000-square-foot freestanding emergency facility features 24/7 adult and pediatric emergency care, 12 private patient care beds, a dedicated trauma room, laboratory services and diagnostic imaging including CT Scan, Ultrasound and X-ray, and a team of physicians specializing in Emergency Medicine and nurses certified in Advanced Cardiac Life Support and Pediatric Advanced Life Support.

HCA
MISSION AND VALUES STATEMENT

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.

In pursuit of our mission, we believe the following value statements are essential and timeless.

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

CENTRAL FLORIDA REGIONAL HOSPITAL
Vision Statement

Central Florida Regional Hospital will be the hospital of choice in the communities we serve.

HOSPITAL SERVICES & GENERAL INFORMATION

Central Florida Regional Hospital demonstrates its commitment to the Seminole, Volusia and surrounding communities by assessing what essential services will be needed on a regular basis. Based on this assessment, listed below are the essential, regularly provided diagnostic, therapeutic, and rehabilitative services provided to the community.

Inpatient Services:	Services Available on an In and Out-Patient Basis:
Cardiac Intensive Care	Computerized Tomography
Open Heart Surgery	Magnetic Resonance Imaging
Cardiology Services	Laboratory and Pathology
Acute Dialysis	Nuclear Medicine
Medical/Surgical Services	Diagnostic Radiology
Intensive Care	Respiratory Therapy
Neurology Services	Ultrasonography
Neurosurgical Services	Cardiac Catheterization
Newborn Nursery (Level 1)	Lithotripsy
Obstetrical/Gynecological Services	Physical Therapy
Orthopedics	Chronic Dialysis
Respiratory Care Services	Laser Surgery
Inpatient Rehabilitation Center	Neurodiagnostics
	Cardiopulmonary Rehabilitation Services
	Oncology/Chemotherapy
	Radiation Therapy
	Chronic Wound Care
	Mammography
	Electrophysiology
	Speech Therapy

Outpatient Services

- Coronary CT Angiography
- Short Stay Surgery
- 24-Hour Emergency Services
- PET-CT

Other Ancillary/Support Services:

- Pharmacy
- Nutrition
- Case Management
- Infection Control
- Risk Management
- Diabetes Education

Other Services:

- Physician Referral
- Health Fairs
- Speakers Bureau
- Central Scheduling
- Cholesterol Screening
- Blood Pressure Screening
- H2U
- Auxiliary

Outside Sources:

When a Central Florida Regional Hospital patient must receive services from an outside source, the patient receives the same level of care as from within our organization. Central Florida Regional Hospital will review patient care provided by these services through quality assessment and improvement activities. The outside source must be approved by the Medical Staff's designated mechanism with written documentation that the outside source abides by the requirements of the appropriate accreditation and regulatory bodies, and that Medicare Provider number(s) can be obtained, if applicable.

Parking:

There are three employee parking lots. Two located on the west side of the building and one at the northeast corner. Signs are posted for appropriate employee parking lots.

Security will escort any employee to his/her vehicle when requested.

Hospital employees are not allowed to park in the Medical Arts Building parking lot, as those spaces are reserved for the patients and staff of that building.

Cafeteria Hours:

Breakfast: 6:30 am - 9:30 am (Saturdays 7:30 am - 9:00 am)
Lunch: 11:00 am - 2:00 pm
Dinner: 5:00 pm - 6:30 pm
Vending machines are located on the first floor by the cafeteria and in the ER waiting room.

Smoking:

Central Florida Regional Hospital is a tobacco free facility and supports a smoke free/drug free workplace. Smoking of any type is not permitted on hospital property.

Ministerial Services:

Rev. Bruce Scott, a local Presbyterian minister, makes rounds to the patients a few hours each day Monday – Friday. If a patient wants to speak with a spiritual leader of their own faith, they can make arrangements themselves or they can contact the information desk for assistance.

Interpreter Services:

CFRH will provide, within its ability, Interpreter Services at no charge to the patient. CFRH uses the Cyracom system for all instances requiring interpreter services. The blue Cyracom phones or stickers with information on how to contact Cyracom from a standard phone, can be found in all clinical areas. REMEMBER to DOCUMENT use of Interpreter Services in the patient's medical record. General instructions for use are:

Connecting ClearLink™

ClearLink™'s simple color coded connection theme clearly communicates how to Link immediately to CyraCom's Transparent Language Services:

1. Plug ClearLink™ into a phone jack labeled with a blue decal
2. Lift the LEFT handset and listen for a dial tone
3. Press the Blue ACCESS Button – wait for the system to answer
4. Press the ACCT/PIN Button – when prompted
5. Follow the rest of the prompts

Using the speaker phone:

Using the speaker phone function at the beginning of a call:

1. Connect ClearLink™ to an analog phone line
2. Depress the Speaker Phone button
3. Adjust the speaker volume with the LEFT handset volume control
4. Link with CyraCom by pressing the Blue Access Button

Switching to the speaker phone function in the middle of a call:

1. Depress the Speaker Phone button
2. Hang-up the handsets
3. Adjust the speaker volume with the LEFT handset volume control

Switching back to the handsets in the middle of a call:

1. Simply lift the handsets

We also provide Sign Language Interpreter services through the use of a Workstation on Wheels and webcam. To access a Sign Language Interpreter, please contact the Nursing Supervisor.

Equipment Available for Hearing Impaired and Deaf Patients

Hearing amplifier phone adapters for hearing impaired patients are available from Plant Operations or call the House Supervisor

Telecommunication Device for the Deaf (TDD) for installation in a patient's room is available from Plant Operations or call the House Supervisor A TDD unit is also available on a payphone in the Emergency Department Waiting Area.

PATIENT EXPERIENCE

It's our pleasure to care for our patients - Passionately pursuing service excellence for our patients. These are the "service habits" that are key expectations for all employees of Central Florida Regional Hospital as we strive to provide excellent service to our patients and their families.

Patient Connection at the Bedside

Incorporate patient connection at the bedside into daily nursing routine at least once per shift - review plan of care and goals for shift. RNs will begin with shift report and with each succeeding encounter build on previous encounters. Encounters will include sitting at patient's side with eye level communication and therapeutic touch.

- Knock before entering, use AIEDT (*Acknowledge, Introduction, Explanation, Duration, Thanks)* patient introduction, sanitize hands.
- Listen attentively to the patient.
- Avoid acronyms and medical jargon – explain things in a way the patient can understand.
- Appropriate touch conveys a sense of caring and breaks down barriers to communication (therapeutic), i.e. handshake, pat, handholding.
- Exit room with phrase "Do you need anything else before I go? and "I will be back in…" – Sanitize hands.

Hourly Patient Rounding

Conduct hourly rounding and maintain rounding log and assess 4 key factors; Pain, Potty, Position, Placement. Make sure to address 4 key factors while conducting hourly rounds and update whiteboard on pain scale. If purpose is related to a task, identify the task and duration. If purpose not related to a task, explain you are conducting hourly rounds to ensure the patient has everything they need.

Whiteboards

Use white boards in all patient rooms. The white board ensures the patient is aware of critical information regarding their stay, such as team of caregivers' names, times of tests and procedures, etc. Your accountability is to maintain (and/or ensure) accurate and up to date information on the boards in a neat and orderly manner.

- Ask patient if their preferred name may be written on whiteboard
- Ensure timely and consistent use.
- The patient's nurse is accountable to complete & maintain (and/or) ensure accurate, up-to-date information on boards

Whiteboards (Cont.)

- Whiteboard updated during bedside report when outgoing RN introduces incoming RN to patient.
- Discharge Planning section – Case Manager fills in name and phone number
- Expected discharge date – to be left to Case Manager's discretion to write on board as appropriate.
- Housekeeping section – Housekeeper to write name & contact number -
- Dietary section – Dietary to write contact number.

Patient Introduction

Use key words for initial introduction/all interactions with patients; Acknowledge, Introduction, Explanation, Duration, Thanks

- Acknowledge – be attentive and greet patient making eye contact – call the patient by name if possible.
- Introduction – State your name and department and your role in their care.
- Explanation – describe what you will be doing, explain if there will be pain or discomfort and any post procedures instructions – offer to answer questions or concerns and resolve any complaints.
- Duration – provide an expectation of how long test or event will take and ensure patient's family is aware of duration if appropriate.
- Thank You – thank the patient for the opportunity to care for them and include the phrase "It has been my pleasure…..". Make sure there is nothing else they need.

Key Words at Key Times

Use key words during key time/interactions with patients. Using key words during interactions with our patients assures them we care about their environment, privacy, and care.

- Privacy & Respect – Ensure curtains are pulled for privacy. Cover patient during a procedure and during escort to another location. Tell them we want to be sure to respect your privacy.
- Transport – When transporting a patient at discharge, thank the patient for choosing CFRH. Tell the patient "It has been our pleasure to care for you. I hope we have exceeded your expectations and we hope you will recommend CFRH to your family and friends.

Bedside Report

- Enhances patient safety
- Fosters patient and family member involvement as active partners in their care
- Improves nursing communication and handoff of critical information
- Improves professional image of caregivers
- Saves time during shift change

- Quietness – Ask patient if they want their door closed slightly to provide a quiet environment. After an "event" on a unit, apologize to patients for the disturbance and tell them we strive to provide a quiet environment.
- Pain Management – When giving medication for pain tell patient what the medication is, side effects, etc. Tell the patient "It is our goal to assist you in effectively managing your pain."
- Housekeeping Visit – When cleaning patient rooms – Knock, ask permission to enter, introduce self, role, purpose and duration of visit. Ask if this is a good time for the patient.
- Food Delivery – Use patient's name. When placing the meal tray, ask if patient needs help opening containers or packaging.

No Passing Zone

All staff (regardless of assignment) looks for call light signals and responds quickly when a patient has requested help.

- Ground rules – NOBODY passes a call light; pay attention to isolation signs.
- Non-clinical employees – see if there is something you can do to help or report needs to the charge nurse and/or nurse.

Non-clinical staff

Requests Within Your Scope	Requests Outside Your Scope
■ Turn overhead light on/off ■ Move personal items ■ Change the channel on the tv ■ Provide a blanket ■ Assist with using a phone	■ Request for medication ■ Bathroom assistance ■ Food or drink ■ Addressing any bedside alarms ■ Medical/clinical questions

Promote Quietness for Healing

Identify and address opportunities to reduce and/or minimize ambient noise in the care environment, i.e. overhead paging, time of floor maintenance, speak softly, close doors.

- Speak softly whenever possible and avoid talking directly outside patients' rooms.
- Ensure all beepers and cell phones are on "vibrate only" mode.
- Close patients' doors whenever possible to reduce noise from hallways etc..
- Minimize or eliminate overhead paging.
- Dim lights during hours of 8 pm to 6 am.

Effective Pain Management

Assess, reassess and manage pain in a timely and effective manner. Pain is a vivid and real issue for our patients that is central to their experience in our hospitals. Effective plans to address and manage pain issues are key to enhanced patient perception of care/service.

- Assess patient's pain and review patient's chart.
- Administer pain analgesic & document pain assessment.
- Assure patient that we will help manage their pain.
- Advise patient of the pain medication you are administering and any side effects.
- Check back with patient within an hour to ensure pain is managed, or more quickly if clinically indicated.
- If patient is still uncomfortable, continue with intervention as appropriate.
- Ask patient if there is anything else you can do to help him/her feel more comfortable.

Clutter & Cleanliness

Manage cleanliness and clutter at all times. Patients are entitled to expect everything in our hospitals to be clean - not just floors, surfaces, furniture and toilets, but also equipment used in their treatment and care.

- Cleanliness is everyone's responsibility – not just Environmental Services.
- Keep hallways clean and clear of clutter.
- Keep all beds, gurneys, chairs, computers and carts not in immediate use out of the hallways.
- Keep all work areas, nursing stations, reception desks and other areas visible to patients and their families organized and neat.
- Do not tape any notes, papers, posters or other written communication to walls, doors or windows.

Repairs & Maintenance

Plant Operations employees round on units, promoting timely response to repair and maintenance needs. Employees take an active role in ensuring all needs for maintenance and repair are reported to Plant Ops in a timely manner.

- If you see something that needs to be repaired, follow appropriate process to report it.
- Use electronic work orders and repair request books to document needed repairs.

You are the difference in the care of our patients. The only way we can live up to our shared commitment and achieve increased performance is if we each take action – every day! This commitment and these "service habits" are not an option. It must be our focus to provide the quality care our patients expect and deserve. Everyone's role is to follow each "habit" and remember service is the core of what we do in every patient encounter.

QUALITY AND PERFORMANCE IMPROVEMENT

What is Quality?

Central Florida Regional Hospital (CFRH) defines quality as a continuous commitment to excellence that is paramount to everything we do.

Quality and Mission, Vision and Values

The hospital's quality assessment and performance improvement program reflects our Mission, Vision and Values. Specifically, CFRH *strives to deliver high quality, cost effective healthcare in the communities we serve.*

What is Performance Improvement?

- Performance improvement is an ongoing effort that encourages every member of an organization to consider better and safer ways to do things.
- At CFRH, it means aiming for safety and high quality with all clinical interventions and care.
- A performance improvement project is a concentrated effort on a particular problem in one area of the hospital or it may be a hospital-wide initiative.
- Performance improvement involves gathering information systematically to clarify issues or problems, and intervening for improvements.
- In the end, these actions improve results, provide the highest quality of care for our patients, promote patient safety, and keep the hospital in compliance with regulatory/accreditation standards.

Keys Points

- Customers come first! Customers can be internal (physicians, co-workers) or external (patients, families, visitors, outside agencies).
- People closest to the process or problem are the best people to offer improvement ideas. Your feedback is solicited and valuable!
- Teamwork and good communication are essential to our success.
- Focus on situations, processes, issues, or behaviors that need improvement. Ask yourself, "How can I improve this situation?"
- Your hospital leaders are here to support you in performance improvement activities. Ask for help when needed!

What method do we use?

CFRH uses the APIL method when planning for and executing performance improvement:

A – Assess the problem and identify the opportunity for improvement

P – Plan improvement strategies

I – Implement improvement strategies

L – Long-term effectiveness evaluation for sustained improvement

PATIENT SAFETY

Historical Perspective

In 1998, the Institute of Medicine conducted a study that estimated as many as 98,000 deaths occur annually due to medical error. What can we, as healthcare workers, do to eliminate the likelihood for error and to promote a culture of safety? Ask yourself, "How can I keep the next patient from harm?"

Examples of Technologies and Practices that Promote Safety

- Using at least two patient identifiers to ensure we have the "right" patient
- Bar-code scanning of patient armbands and medication doses
- Documenting care in an electronic health record
- Practicing hand hygiene and donning the appropriate personal protective equipment
- Including the patient or their surrogate decision maker in the plan of care
- Executing safe patient hand-offs by communicating well across department lines
- Taking the extra time to ask for help, look something up, or consult a colleague

Remember:

SBAR is a communication tool designed to convey a great deal of information in a concise, accurate and uniform manner. This tool helps communication because we all have differing styles of communication that vary by profession, culture, and gender.

S **SITUATION** A concise statement identifying the problem. What is going on right now?

B **BACKGROUND** Pertinent and brief information related to the situation. What has happened?

A **ASSESSMENT** Analysis and consideration of appropriate options. What you found/think is going on?

R **RECOMMEND** Request/recommendation for action. What do you need to alleviate the problem?

National Patient Safety Goals

- Improve the accuracy of patient identification
  - ✔ Use two patient identifiers before administering medications or performing a test/treatment
  - ✔ Eliminate transfusion errors by accurately identifying the patient to the appropriate blood product prior to administration
- Improve the effectiveness of communication among caregivers
  - ✔ Timely reporting of critical tests and critical results as detailed in hospital policy
- Improve the safety of using medications
  - ✔ Labeling medication
  - ✔ Reducing harm from anticoagulation therapy monitored closely by nursing, pharmacy, and dietary
  - ✔ Reconciling medication information upon admission, transfer to another level of care, and at discharge
- Reduce harm associated with clinical alarm systems
  - ✔ Set alarms on medical equipment when necessary to promote patient safety
  - ✔ Respond to alarms immediately

- Reduce the risk of healthcare-associated infections: frequent hand washing or use of alcohol form, standard precautions, donning of appropriate personal protective equipment, aseptic technique, and the consideration of the removal of lines
    - ✔ Follow hand hygiene guidelines
    - ✔ Prevent multi-drug resistant organism infections
    - ✔ Prevent central line blood stream infections
    - ✔ Prevent surgical site infections
    - ✔ Prevent catheter-associated urinary tract infections
- Reduce the risk of patient harm resulting from falls: fall risk assessment, prevention measures
- Prevent healthcare-associated pressure ulcers: skin risk assessment, prevention measures
- Identify safety risks inherent in the hospital's patient population
    - ✔ Identify patients at risk for suicide: assessment, observation levels based on risk
- Execute a protocol for preventing wrong site, wrong procedure or wrong person related to surgery
    - ✔ Pre-procedure verification
    - ✔ Marking the procedure site
    - ✔ Time out taken before procedure start to ensure correct patient, site and procedure

CORE MEASURES

What are Core Measures?

Core measures are evidenced-based standards of care. Clinical research has determined these measures to be effective in promoting patient health outcomes. The Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) support these best practices and require accredited hospitals to practice them. Hospitals are required to collect and submit core measure performance data to demonstrate compliance with executing the best practices. In addition, the participating hospitals are reimbursed by CMS based upon this performance.

It is important to note that following the core measures standards is subject to the professional medical judgment of each patient's physician(s). If the physician can demonstrate through documentation that a particular measure in not clinically indicated for the patient then the measure can be excluded. An example would be if a patient has an allergy to a medication recommended by the core measure standards and the allergy is noted in the medical record.

What disease or care processes fall into the Core Measures?

- Acute Myocardial Infarction (Heart Attack)
- Congestive Heart Failure
- Pneumonia
- Surgical Care
- Stroke
- Venous Thromboembolism
- Immunization Screening and Administration
- Emergency Department Throughput
- Peri-Natal Care
- Behavioral Health (for Mental Health Facilities)

Reporting a Complaint About a HealthCare Organization

IF YOU HAVE A QUALITY OF CARE CONCERN, PLEASE FOLLOW THE REGULAR CHAIN OF COMMAND: First speak with your Director, Supervisor or Ethics & Compliance Officer. If not resolved:

The Joint Commission addresses all complaints that relate to quality of care issues within the scope of their standards. These include issues involving:

- Rights and Responsibilities of the Patient
- Provision of Care, Treatment, and Services
- National Patient Safety Goals
- Infection Control
- Medication Use and Security

When submitting a complaint, the individual can supply their name and contact information OR submit their complaint anonymously. Complaints can be sent by mail, fax or e-mail.

E-mail: Complaint@jointcommission.org
Fax: Office of Quality Monitoring, (630) 792-5636
Mail: Office of Quality Monitoring
The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

If there are questions about how to file a complaint, contact The Joint Commission at (800) 994-6610 between 8:30 am to 5:00 pm, CST.

NO DISCIPLINARY ACTION WILL BE TAKEN AGAINST AN EMPLOYEE WHO REPORTS A QUALITY OF CARE CONCERN TO THE JOINT COMMISSION.

The Agency for Healthcare Administration (AHCA)
Phone: (888) 419-3456
Website: ahca.myflorida.com

FMQAI (for Medicare recipients)
Phone: (866) 800-8768
Website: fmqai.com

PAIN MANAGEMENT

Although there are many definitions for Pain, one important definition to remember is that pain is:

"Whatever the person says it is, occurring whenever the person says it does."

All patients have a right to pain management which includes:

- An ongoing assessment of the patient's pain and the methods being used to manage it.
- A caring, supportive response to the patient's report of pain.
- Answers to patient's questions about pain and their pain management plan.
- An opportunity for the patient to be involved in their pain management decisions.

Prolonged pain is harmful to the body. Good pain control can lead to:

- Greater comfort to patients
- Faster healing with fewer complications
- Shorter hospital stays
- Fewer readmissions
- Better quality of life

All hospital employees share the responsibility of recognizing and reporting patients in pain. Tell the patient's nurse if the patient complains or shows signs of being in pain.

Both drug and non-drug treatments can be successful in helping to prevent and control pain. Some non-drug pain relief options include:

- Applications of warm or cold packs
- Repositioning the patient
- Dim the lights
- Quiet the room (offer to turn off TV)
- Decrease the room temperature

END OF LIFE CARE

Addressing the Needs Of Dying Patients and their Families

FACT SHEET

1. End-of-Life care goals should focus on maximizing the patient's comfort and minimizing the patient's burden.
2. Common end-of-life symptoms include pain and shortness of breath. Both can be treated with drugs
3. Psychosocial and spiritual needs must be met. Consider a referral to appropriate services.
4. Dying patients need to know that their illness and dying do not create too much of a burden on loved ones.
5. Typically, the family needs include being with the person, being helpful to the person, being kept informed of changes in their loved ones condition, knowing their family member is comfortable, having an opportunity to express emotions, being assured that they have made the right decisions and finding meaning in the death of the person.
6. To allow privacy and physical closeness, the patient should be in a private room.
7. A pager or cell phone will help the family leave the bedside without fear of missing the patient's last moments
8. Amenities to offer include tissues, chairs, blankets and pillows, coffee and water.
9. Encourage family to bring items to the bedside that might comfort the patient.
10. Provide a respectful atmosphere. Laughter and loud voices heard from outside the patient's room can be perceived as uncaring and disrespectful.
11. Avoid making firm predictions about the patient's clinical course. Inaccuracy can lead to mistrust.
12. Try to establish one family member to give information to so as not to give mixed messages.
13. Provide assurances to the family that moaning or grunting respirations do not mean the patient is in pain when close to death.
14. Be present with the family. Allow the family to sit in comfortable silence, review the patient's life and express feelings of loss and grief.
15. After the patient's death, give the family as much time and space as they need to say final goodbyes.

MANAGEMENT OF INFORMATION / HIPAA/HITECH

What is HIPAA?

It's the Health Insurance Portability & Accountability Act, a federal law passed by Congress in 1996 that affects the entire health care industry. The intent of HIPAA is to:

- Protect health insurance coverage and improve access to health care
- Reduce fraud and abuse
- Improve quality of health care in general
- Reduce health care administrative costs (electronic transmission)

HIPAA allows for Affiliated Covered Entities (ACE) and Organized Health Care Arrangements (OHCA)
ACE :

- Facilities that are in a shared clinical market that are under common ownership (Example - CFRH and Osceola Regional Medical Center)
- Members are documented and documentation kept for six years
- Information may be shared between facilities in certain situations

OHCA:

- Defined as a clinically integrated care setting in which individuals typically receive health care from more than one health care provider
    - o This defines the relationship between the facility and the physician treating the same patient
- Allows information to flow between the covered entities for treatment, payment, and health care operations without patient authorization

What is HITECH?

It's the Health Information Technology for Economic and Clinical Health Act and subtitle D of the American Recovery and Reinvestment Act of 2009 (ARRA). It is a federal law with the following purposes:

- Makes massive changes to privacy and security laws
- Applies to covered entities and business associates
    - o A covered entity is a health plan, health care clearinghouse, or health care provider that transmits information electronically for billing, i.e. hospitals, insurance companies, home health, etc.
- Creates a nationwide electronic health record
- Increases penalties for privacy and security violations

Key HITECH Changes involve:

- Breach notification requirements
- Accounting of Disclosures (AOD) for treatment, payment, and healthcare operations in an electronic health record (EHR) environment
- Business Associate Agreements
    - o Must accompany a contract if PHI is part of the contractual agreement
    - o Must include the HITECH verbiage
- Restrictions
- Right to Access
- Criminal Provisions
- Penalties
- Office of Civil Rights (OCR) Privacy Audits
- Copy Charges from EHR copies
- HIPAA pre-emption applies to new provisions
- Private cause of action
- Sharing of civil monetary penalties with harmed individuals

Civil Penalties for Non-Compliance

Violation Category	Each Violation	All such violations of an identical provision in a calendar year
Did Not Know	$100 - $50,000	$1,500,000
Reasonable Cause	$1,000 - $50,000	$50,000
Willful Neglect - *Corrected*	$10,000 - $50,000	$1,500,000
Willful Neglect - *Not Corrected*	$50,000	$1,500,000

Facility Privacy Official (FPO)

The FPO is responsible to assure the facility is compliant with all patient privacy laws.

Some of the duties include:

- Development of privacy policies and standards
- Training the facility's workforce
- Advising regarding privacy matters
- Investigating patient privacy complaints
- Applying sanctions for violation
- Minimizing potential risk for violations

Facility Information Security Official (FISO)

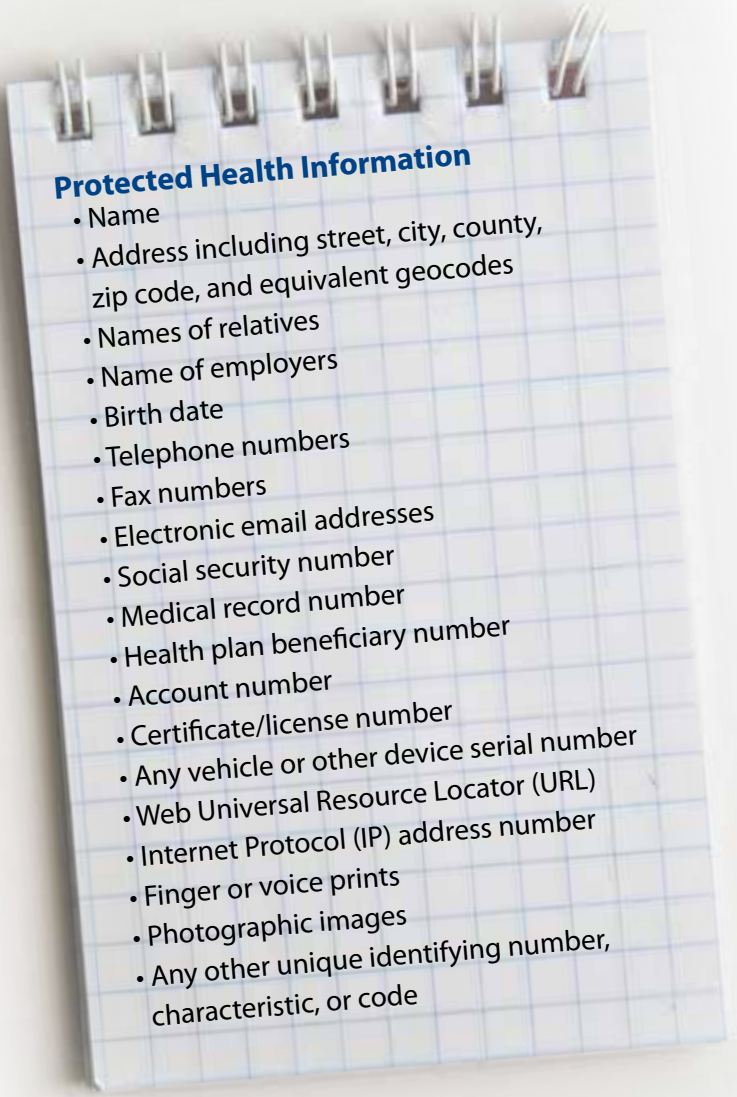
The FISO is responsible to:

- Oversee and implement the Facility Information Security Program
- Ensure the facility's compliance with the requirements of the HIPAA security standards
- Establish a committee designated with Information Security Program oversight and responsibility

What is PHI?

Protected Health Information (PHI) is defined by law as any information which:

- Relates to past, present, or future physical or mental condition of an individual; provisions of health care to an individual; or for payment of care provided to an individual
- Is transmitted or maintained in any form (electronic, paper, or oral representation)
- Identifies the individual or can be used to identify the individual



What's Your Role?

- Know the rules and make sure you are compliant
- Keep conversations private (location & volume)
- Secure all PHI
- Report everything that does not seem compliant
    - o Guests voicing concern
    - o PHI in inappropriate locations
    - o Inappropriate conversations, etc.

Notice of Privacy Practices

HIPAA requires each covered entity to provide patients with a written copy of our Notice of Privacy Practices (NOPP) at the time of their first registration. The NOPP must also be posted on the wall in all areas where registration may occur and on the facility's website.

The notice must include:

- Uses and disclosures that may be made by the entity including examples such as:
    - o Using PHI for treatment and payment purposes
    - o Using PHI for internal quality purposes
    - o Reporting PHI to the state as required by law
- Listing of individual's rights and facility's responsibilities

Directory Opt-Out

What is directory information? Federal laws direct that the following information is not considered confidential unless the patient specifically requests it:

- Patient name
- Patient location
- Condition in general terms (good, fair, poor, critical, or deceased)
- Religious affiliation (disclosed to clergy only

This information does not require patient consent for use by the information desk and public relations. All patients have the right to request that their information not be included in the hospital directory. This is called "Opting Out of the Directory" and must be made in writing. The employee accepting the written request must contact Registration immediately.

It is extremely important that patients understand what opting out means:

- The patient name is removed from all lists.
- Clergy will not see the patient name.
- The information desk will not know that the patient is in the hospital.
- Flowers, calls, cards, and visitors will most likely not be directed to the patient.

Disclosures of PHI to Members of the Clergy

Because religious affiliation is considered directory information, specific patient consent is not required to disclose the identity of a patient to members of clergy – unless the patient has opted out of the directory.

CFRH policy allows for release of directory information only to members of the clergy who have been "credentialed" through the Human Resources Department.

Confidential Communications

HIPAA provides patients with the right to request that the facility communicate with them via an alternate address and/or phone number. The patient must submit this request in writing to the FPO. If the facility honors the patient request and cannot successfully communicate with the patient, the FPO may contact the patient at the original address/phone.

Designated Record Set

What is included:.

- Any information that was used to make a decision about the patient.
    - o Medical record
    - o Billing record

What is **NOT** included:

- Release of information correspondence
- Advance directives
- Occurrence reports
- Peer review information
- Infection control reports
- Temporary worksheets
- Incomplete record sheets

Right to Access

State and federal law give patients the right to access their health information. Many rules about how and when this access is provided exist:

- The request must be in writing.
- The original medical record must never be out of the custody and direct control of the hospital.
- Only the patient may provide consent for access to the medical record.
    - In the case of a minor patient or an incompetent adult, Florida state law provides specific instruction about who may provide consent. Durable Power of Attorney and Health Care Surrogate documents are only effective if and when the patient in incapacitated. Consult the Health Information Management (HIM) Department for assistance in this situation.
- State law provides that copies of the medical record are provided only after discharge.
- Exceptions to the right to access allow the facility to deny access in limited circumstances. Denial of access to the medical record must include the FPO or designee.
- All access to medical records and/or copies of records must be obtained through the HIM Department.
- Patients who are requesting access to their records who are in-house must be directed to the FPO and/or Risk Management.
- Because the law requires that all patients have equal access to their medical records, hospital associates are not permitted to review their own medical record using the computer (Meditech).
    - Access to and copies of the record may be obtained at no charge in the HIM Department.

Right to Amend

- Patients may submit a written request to the FPO describing:
    - What information they feel is incorrect
    - Who the author of the incorrect entry is
    - What they believe to be the correct information
- The FPO and/or Privacy Committee will determine if the request will be accepted or denied.
- The FPO may decide to contact the author of the entry to request an amendment or may choose to append the medical record with the

patient's documentation.
- The medical record is never changed, only appended.

Accounting of Disclosures

Federal law requires the hospital be able to provide patients with a detailed list of how the facility has used their PHI over the previous six years. This means the facility must keep a log (an accounting) of disclosures each time PHI is shared for reasons other than the following:

- Treatment, payment, and operations
- To the patient
- Pursuant to an authorization
- For directory purposes
- To correctional institutions or law enforcement agencies that have lawful custody of an inmate
- For national security purposes

*Additional requirements are forthcoming as a result of HITECH regulations.

Examples of disclosures to report include

- Those required by law
- Public health activities (Health Department)
- Reporting of abuse
- Health oversight activities (JCAHO, AHCA)
- Judicial administrative proceedings
- Law enforcement purposes
- Coroner/ME/Funeral Director
- Organ & Tissue Donation
- Workers Compensation
- Research

The Health Information Management, Risk Management, and Infection Control Departments are responsible for logging their disclosures into Meditech. Other staff members who release information need to complete the appropriate paperwork and forward to the HIM Department.

Authorization for Uses & Disclosures of PHI

State and federal laws are very specific about who can consent to the release of PHI:

- All post-discharge release of information is performed only by the HIM Department and specifically trained associates in some ancillary departments.
- All release of information requires the patient to sign a specific release of information form available in the HIM Department or on the hospital website.
- PHI is faxed only for urgent care purposes. All other requests are processed either in person or via mail.
- Sensitive information (HIV, Other STDs, cancer, etc.) may only be faxed under very limited circumstances. The FPO must be involved in these releases.

Who can authorize release of PHI:

- If the patient is of legal age (18 in the state of Florida), only the patient can consent to release and/or use of his or her PHI.
- If the patient is unable to provide consent due to incapacity or incompetence, state law provides a very specific next of kin flow chart to determine who is next authorized to provide consent.
- If the patient is a minor, the parent or legal guardian must provide consent.
- Florida does have allowances for emancipated minors – pregnant, diagnosed with a select few conditions, or legally emancipated. These individuals have the same rights as adults and can authorize release of PHI.

What this means:

- The parent of a child age 18 or older cannot provide consent or gain access to the patient's medical record without the patient's written consent, even if the patient still lives with t he parents and the parents provide the medical insurance and pay the patient's bills.
- The adult children of elderly patients cannot provide consent or gain access to the patient's medical record without the patient's written consent.
- The spouse of a patient cannot provide consent or gain access to the patient's medical record without the patient's written consent.

Releases not requiring patient authorization*:

- Physician offices
- Insurance companies
- Peer review
- JCAHO
- State reporting
- Court orders
- Cancer registry
- Hospitals
- Home health
- Ambulance transportation companies
- Quality assessments

*Provided the applicable regulations for HIPAA have been met

Appropriate Access

It is only appropriate to access PHI to the extent it is required to perform your job duties. This is also referred to as the "need to know".

Appropriate Access

- Physicians accessing records for their patients
- Personnel participating in the care of the patient
- Personnel participating in the administrative processing of the patient account/record

Inappropriate Access

- Viewing a record for reasons other than the need to know
  - o Family member
  - o Friend/neighbor
  - o Own record electronically
  - o High profile patient

Oral Communication of PHI for Patient Care Purposes

Staff providing direct patient care often communicate with the family and friends of the patient during the hospitalization. While staff know that very often the patient does want us to share information with family and friends, the facility is required by law to only share a patient's PHI with authorized individuals. The Patient Information Passcode (PIP) is used for this purpose.

The PIP:

- Is only useful for hospitalized patients (not ER or other outpatient services)
- Is only valid while the patient is hospitalized
- Will always be the last four digits of the account number (located on every patient label)
- Is only given out by the patient
- May be changed during treatment by filling out the change form and directing it to the FPO

When a caller/visitor knows the patient name and PIP, the staff knows that the patient has given permission for the caller/visitor to discuss the patient's PHI. This also applies to patients who have opted out of the directory.

Once the patient has been discharged, all release of information is performed by the HIM Department.

When calling a patient at home, if the person on the phone identifies himself/herself as the patient, the hospital associate may accept the response as verification of the patient identity. If the patient is not available, the only information the caller can leave is the facility name, call back number, and caller's name.

Uses and Disclosures of PHI to other Treatment Providers

Clinical staff may release PHI to caregivers participating in the care of the patient during the current course of treatment as necessary for patient care. The requestor must be verified according to policy 900A516.

Disclosures of PHI to Law Enforcement and for Public Good

Some circumstances require reporting to different agencies. In these types of instances, patient consent is not required to release PHI. These are types of events that must be reported to law enforcement or a state agency or are allowed to be released for the public good:

- Dog bite
- Abuse – sexual or physical
- Tissue/organ donor
- Gun shot
- Communicable disease
- Health care oversight
- Worker's compensation
- Subpoenas & court orders
- Necessary to prevent threat or harm to a person

*Except for urgent patient care purposes, all public good releases must involve the FPO, Risk Management, or a member of senior management.

The disclosure must be entered into the Accounting of Disclosure (AOD) log in the Correspondence section of Meditech using one of two methods:

- Completion of a hard copy AOD form to be submitted to the HIM Department
- Direct entry into Meditech

Complaint Process

The following outlines the process for patient complaints:

- The staff member who received the complaint enters it into the Occurrance Report in Meditech.
- The staff member involves the FPO at the time of the complaint, whenever possible.
- Risk Management refers Occurrence to FPO

Destruction/Disposal of PHI

Any PHI that is not to be kept as a part of the legal medical record must be placed in the appropriate container for destruction

- Paper goes in the shred bin.
- PHI on IV bags is marked through with permanent marker or the label is removed and placed in the appropriate container for shredding.

Reasonable Safeguards

These are measures a facility is expected to take in an effort to protect patient privacy. Examples are:

- Use lowered voices
- Pull privacy curtains
- Store charts securely
- Converse in appropriate work areas only
- Ask the patient if it is appropriate to speak in front of visitors before discussing care
- Use pre-programmed fax numbers
- Use cover sheets with the confidential statement for all external faxes
- Place screens out of public view
- Use limited or no PHI on white boards
- Never discuss PHI on social networking sites (Facebook, Twitter, etc.)
- Log off terminals when not in use

Keep Passwords Private

- Always keep your passwords to yourself.
- Never allow others to give you their passwords for any reason.
- Never post passwords around your workstation.

If you suspect that anyone has learned your password, change it. Call the Help Desk for assistance.

Doing Your Part to Secure Information

Electronic communication and storage of information provide different ways for people to mistakenly or intentionally access protected information. Every employee must be knowledgeable about how to secure information and information systems. How can you secure information

- Never open email attachments in strange or unexpected emails.
- Use only company-approved secure methods.
  - o PHI that is emailed outside of the HCA network (anything that has an email address different than @hcahealthcare.com) must be properly encrypted. This consists of typing [encrypt] with the brackets in the subject line of the email.
  - o When in doubt, ask the FPO or FISO for guidance.

Securing Electronic Media

Examples of how to ensure security of information:

- All removable media (CD, diskettes, USB storage keys, PDAs) must be authorized by IT&S before using for Electronic Protected Health Information (ePHI).
- When transferring ePHI to media such as USB drives, diskettes, and removable drives use passwords, encrypt the data, and physically protect the media.
- All hardware/software must be approved and installed by IT&S.
- Always keep confidential information in a locked cabinet or drawer when not in use.

*Remember: PHI CANNOT leave the facility (paper or electronic) without specific authorization from the FPO, FISO, or senior management.

Verification of External Requestors

The identities of all external requestors (non-hospital associates) for PHI must be verified. There are several methods for verifying an external requestor's identity:

- State or federal issued photo ID – driver's license
- Official credentials – law enforcement badge, company business card with photo ID
- Official letterhead – (PHI is only mailed to address on letterhead)
- Positive match of signature on file
- Three of the following:
  - o Patient social security number, date of birth, and one of the following:
    - Account number
    - Street address
    - Medical record number
    - Birth certificate
    - Insurance card or policy number

De-Identified Information

Health care providers sometimes need to use patient information for research, quality control, or educational purposes that do not require patient identification. De-identified is defined as removing all patient identifiers and/or information that could potentially be used to identify the patient.

Privacy Violations – Enforcement and Discipline

Under HITECH, the term breach means the unauthorized acquisition, access, use, or disclosure of unsecured, unencrypted protected health information which compromises the security or privacy of such information and poses a significant risk of financial, reputational, or other harm to the individual. A risk assessment must be performed to determine if an actual breach according to the definition as occurred. If there is a breach, the following must occur

- Notification to the patient this his/her information has been breached
- Media notification if a single breach event affected more than 500 residents of the same state or jurisdiction
- Notification to the Department of Health and Human Services within 60 days for a single breach event of 500 or more individuals or 60 days after the end of the calendar year for less than 500 individuals

Describes the different types of violations and the corresponding recommended sanctions.

Level I: Negligent Violation

- Verbal warning with retraining and discussion of policies and procedures

Examples:

- Improper disposal of PHI
- Improper protection of medical records or other PHI – leaving records on countertops or other inappropriate areas
- Failure to sign off any system that contains PHI
- Not properly verifying individuals by phone, in person, or in writing
- Not accounting for disclosures within Meditech or by notifying HIM
- Faxing PHI to an incorrect fax number in error

Level II: Purposeful Violation

- Verbal, written, or final written warning with retraining and discussion of policies and procedures

Examples:

- Accessing or using PHI without having a legitimate need to do so – includes own record
- Accessing own record using another user's access code
- Allowing another user to utilize systems via your access code
- Physician self-assigning to patient records without obtaining the patient's written authorization
- Not forwarding appropriate information or requests to the FPO for processing
- Not encrypting emails containing PHI that are sent outside of the HCA network

Level III: Purposeful Violation to include unacceptable number of previous violations

- Termination, termination of user priveleges or contract, or suspension of discussion of policies & procedures.

Examples:

- Disclosure of PHI to unauthorized individual or company
- Sale of PHI to any source
- Uses or disclosures that could invoke harm to a patient
- Stealing information from company systems to commit identity theft

RISK MANAGEMENT

History

The Comprehensive Medical Malpractice Reform Act of 1985 requires that every acute care hospital have a comprehensive Risk Management Program and a licensed Risk Manager.

The **Scope** of the Risk Management Program includes:

- Improve patient safety
- Improve quality of care
- Protection of assets
- Ensure compliance with federal, state and local laws
- Coordinate and integrate risk management programs

Any happening out of the ordinary which results in potential for or actual injury to a patient, visitor, or employee, or damage to hospital property or public reputation must be reported through the completion of an occurrence report.

Occurrence Report

- Occurrence reporting is the major tool of the risk management program.
- State law requires that all adverse incidents are to be reported to the risk manager within 3 business days after the occurrence.
- Are confidential and protected
- All employees have a duty to report near misses and adverse occurrences by the end of their shift on the day that they occurred.
- Should be reported whether causing injury or not
- Document the facts. Example: Walked into patient room, found patient on the floor. Patient states "I fell". Assessed patient, no complaints or no noted injuries to patient. Assisted patient back to the chair. Notified supervisor.
- NEVER document in the medical record that an occurrence report was completed. This makes the report discoverable in court.
- Never copy or print out the occurrence report.

What should be reported?

- Falls
- Medication errors
- Injuries
- Treatment variances
- Equipment problems
- Lost belongings
- Any unexpected event or outcome
- Close Calls (near misses) - An unplanned incident that does not cause injury or harm to people or property, but under different circumstances could have.

Occurrence Reports are completed on-line in Meditech. There are 3 Notification Types:

- Employee
- Patient
- Non patient

Employee Notification

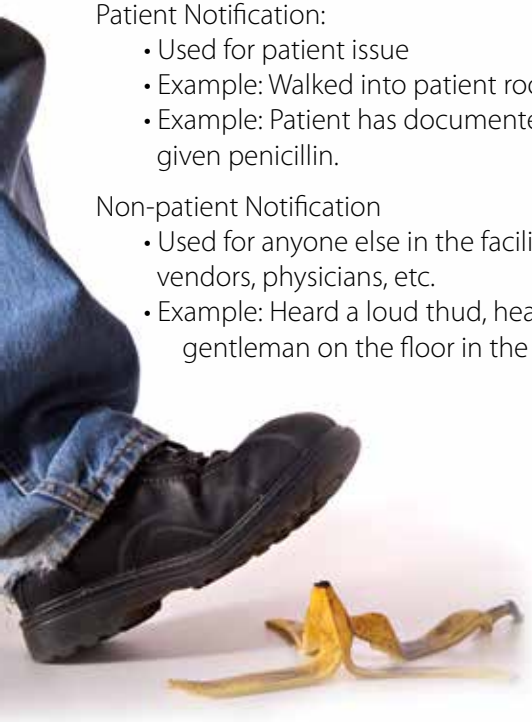
- Employee Injury
- Employee Illness
- Privacy Issue
- Example: Changing trash and was stuck by a needle in the trash can.

Patient Notification:

- Used for patient issue
- Example: Walked into patient room, patient was found on floor
- Example: Patient has documented allergy to penicillin. Patient was given penicillin.

Non-patient Notification

- Used for anyone else in the facility, includes visitors, patient family, vendors, physicians, etc.
- Example: Heard a loud thud, heard a female scream and found gentleman on the floor in the main hallway.



Completing an Occurrence Report

- Write the description of the event in a clear, concise and factual manner.
- Include names of all involved parties.
- Be sure to document all specific information pertinent to the event.
- Document the condition before and after the event.
- Refer to the appropriate supervisor.
- Document what was done as a result of the occurrence.

Use of Occurrence Report

- Improve the quality of care
- Improve the efficiency of processes
- Improve safety
- Staff assistance, observation and information is valuable and appreciated.

A **Code 15** is an *Adverse Incident* involving a patient and must be reported to the Agency For Health Care Administration (AHCA) within 15 days. Examples of an Adverse Incident as defined in state statutes include:

- Unexpected patient death
- Unexpected brain or spinal damage
- Performance of a surgical procedure on the wrong patient
- Performance of wrong-site surgical procedure
- Performance of a surgical procedure that is medically unnecessary

Notify the Risk Manager Immediately!

A **Sentinel Event,** sometimes referred to as a Code 24, is an *Adverse Incident* that must be reported to AHCA and Joint Commission within 24 hours of the occurrence. Adverse incidents as defined by the Joint Commission:

- An event over which health care personnel could exercise control
- Infant abduction
- Associated in whole or in part with medical intervention
- Results in:
    - Death
    - Brain or spinal damage
    - Permanent disfigurement
    - Fracture or dislocation of bones or joints
    - Limitation of neurological, physical or sensory function
    - Procedure to remove unplanned foreign objects remaining from a surgical procedure

Notify the Risk Manager Immediately!

Why People Sue

- Feel they have been wronged
- Dissatisfied with care
- Staff member or physician has been rude, uncaring or insensitive
- Patient/Visitor has overheard staff talking about other patients/ people
- Media attention to lawsuits and advertising

Risk Management Tips

- If an unfamiliar situation arises, ask a co-worker for assistance.
- Ask a supervisor/manager for assistance.
- Administrator on call may be contacted by the supervisor/ manager.
- Call physician and document the call objectively.
- Retain accountability for the patient.
- Call RM if there are questions/concerns and may not be sure how to handle the situation after speaking to the supervisor/manager.

When to use the **chain of command:**

- Life threatening concerns to the patient.
- Potential for complications which may jeopardize safety.
- Illegible orders.
- No return call from physician within 25 minutes.
- Falsification of legal document.
- Conduct concerns.
- Ethics and Compliance issues.

ACCOUNTABILITY

Remember, you are accountable for your action and/or your lack of action.

Subpoenas

- All subpoenas will be accepted by the Risk Manager or designee.
  - Do not sign for a subpoena. Refer the process server to Risk Manager or designee.
  - RM will check for validity of the subpoena.
  - RM needs to be aware of the case for the hospital to support staff involved in court case.
- If staff signs for the subpoena and it is not valid, staff has to appear or they will be held in contempt of court.
- Risk Management tracks all subpoenas for statistical and trending purposes.
- Risk Management reviews all cases to better assist staff.

Safe Medical Device Act

- Federal Act created to regulate medical devices.
- Ensure devices are safe and effective .
- Hospitals and manufacturers of medical devices are required to submit reports of:
  - Device related deaths
  - Serious injury
- On line occurrence report must be completed after any malfunction/ problem whether causing injury or not.
- Mark the equipment as inoperable/broken.
- Tag with "Do Not Use". Document removing equipment from service in the occurrence report.
- Remove from service area.
- Place in a secured area.
- Notify your supervisor.
- Notify Bio Med or Plant Ops.
- Notify Central Supply to pick up the equipment.
- Notify Risk Manager.

Informed Consent

- The physician is responsible for obtaining.
- Can be witnessed by nursing.
- Must be given by competent, un-medicated patient.

Advance Directives

Florida Law (Statute 765.401) states that every adult has the right to make certain decisions concerning his/her medical treatment. Advance Directives allow for patient's rights and personal wishes to be respected even if the patient is unable to make decisions for themselves. Advance Directives outline the healthcare decision makers. They are valid when communicated to the primary care physician or attending physician.

Types of Advance Directives

- **Living Will** is information describing patient wishes and is executed when two treating physicians sign attestations to the fact that the patient is suffering from a terminal condition, a chronic, life-limiting disease or a persistent vegetative state.
- **Healthcare Surrogate** is someone appointed by the patient to make healthcare decisions for the patient in accordance with the patient's wishes.
- **Medical Durable Power of Attorney** may only be exercised when the person that gave it is unable to make decisions for him/herself. It must contain language for healthcare decisions.

Abuse/Neglect is defined as

- Physical or mental injury, negligent treatment or maltreatment
- Any mark that lasts over an hour
- Deprivation of food, clothing, appropriate shelter/environment and medical treatment is considered neglect.

Types of abuse:

- Physical
- Neglect
- Self Neglect
- Emotional
- Sexual
- Exploitation

Florida Statutes (415.101-415.113 and 415.504) require that suspected abuse/neglect of:

- Child (under age 18)
- Elder (65 years or older)
- Dependent Adult (18 years or older whose ability to provide own care/protection is impaired due to mental, emotional, long term physical or developmental disability).

must be reported to the Department of Children and Families (DCF).

800-96-ABUSE (1-800-962-2873)

Protect those that cannot protect themselves. Any Injury or mark that is inconsistent with the explanation provided is suspect.

It is a 2nd degree felony for a **licensed** professional in the healthcare field not to report suspected abuse. It is a 2nd degree misdemeanor for healthcare workers not to report suspected abuse.

Domestic Violence

- Occurs among people within a family, other intimate relationship and/or shared domicile.
- Includes assault, battery, sexual abuse, stalking or any criminal offense resulting in physical injury or death.
- Reporting requirements:
  - Must be reported to the Department of Children and Families (DCF).
  - Reporting to law enforcement is not required unless the incident involved the use of a deadly weapon. Any legal intervention must be done with the victim's knowledge and specific consent.

Workplace Violence

- Any physical assault, threatening behavior or verbal abuse occurring in the work setting by co-workers, patients, strangers and personal relations
- Workplace murder is the leading cause of fatal work injuries of working females.
- Second leading cause of fatal work injuries to males
- High Risk Factors
  - Availability of drugs and money
  - Long waits in the ED/clinical areas
  - Increased gang activity
  - Isolated/solo work with patients
  - Lack of training/experience of staff to recognize and deal with hostile behavior
- Handling Tips
  - If you anticipate there may be a problem, ask another staff member to accompany you.
  - If an encounter becomes heated ask that person to wait until you can get your supervisor "who may be better able to assist him/her".
  - If you feel threatened, walk away and ask for assistance.
  - Make sure you tell another staff member where you are going, especially at night and alone with a patient.
  - Be aware of your surroundings.

Be sure to complete an occurrence report after any threatening or violent incident.
Please call Risk Manager with any questions pertaining to any of these Risk Management topics.

INFECTION PREVENTION & CONTROL

Diseases in the Healthcare Workplace can spread to patients and employees alike. Each member of the health care team plays an integral part in preventing the spread of infection. When the entire health care team understands and follows the accepted infection control practices, there will be a noticeable effect on the prevention and spread of infections.

Effective Hand Hygiene is the single most important method of preventing the spread of infection!

Soap & Water Method:

√ Wet your hands with tepid/warm water (not hot!),
√ Apply soap/cleanser,
√ Wash 15 seconds – cover all surfaces of hands,
√ Rinse hands (do not splash or touch sink) and dry well,
√ Use a paper towel to turn off the faucet.

When you should wash your hands with soap & water:

√ Invasive procedures
√ Contact with mucous membranes
√ Hands are visibly soiled (dirty)
√ Hands are contaminated with blood or body fluids
√ Before eating
√ After using the restroom
√ Isolation/transmission based precautions
√ After removing gloves
√ After 5-9 applications of hand sanitizer (Alcohol foam)

Alcohol Hand-Rub Method: Apply enough foam (about the size of a golf ball) to cover your hands and rub a minimum of 15 seconds and until dry. Dispensers are located in all patient rooms and throughout the hospital.

When to use an Alcohol Hand Rub:

√ Hands are not visibly soiled or contaminated with blood or body fluids.
√ Before touching patients
√ After touching patient
√ After having contact with body fluids, wounds, or broken skin
√ After touching equipment or furniture near the patient
√ After removing gloves

Do not wear artificial fingernails or extenders when having direct contact with patients (e.g., all clinical areas, including Environmental and FANS services.)

Limit wearing jewelry, i.e. no bracelets; no more than 2 rings in clinical areas.

We are to educate patients, family, and visitors on proper hand hygiene.

Respiratory Hygiene/Cough Etiquette -

√ Cough into the bend of your elbow
√ Don surgical mask
√ Tissues
√ Hand hygiene
√ Healthcare workers – Avoid direct patient contact if not able to wear a mask.

Cover Your Cough!

√ Stay home if sick – fever 100.4 or greater.
√ Flu – contagious 5 days from onset of symptoms
√ Get Flu vaccine
√ Use of tissues
√ Hand hygiene

Resistant Organisms – A number or organisms are emerging that are resistant to antibiotics.
Causes:

√ Overuse of antibiotics
√ Improper use
√ Travel
√ Urbanization
√ Social
√ Antibiotic use in animals
√ Over crowding

Standard Precautions – Used in the care of ALL patients to reduce the risk of transmission of organisms from recognized and unrecognized sources of infection. ALL EMPLOYEES ARE TO FOLLOW STANDARD PRECAUTIONS ALL THE TIME.

To follow Standard Precautions, you MUST:

√ Use good hand hygiene
√ Use PPE (Personal Protective Equipment) – gloves, gowns, face shields, masks and eye protection, resuscitation barriers/devices whenever there is the chance of being exposed to body fluids.

Transmission Based Precautions (Isolation) – Patients with highly transmissible or epidemiologically important pathogens for which additional precautions are needed are placed in isolation to prevent the spread of their infection. Never enter an isolation room without checking with the patient's nurse.

Children 12 and under are discouraged from visiting patients in isolation

Types of Isolation:

Airborne Isolation – Use when a patient is suspected of an infection that can travel throughout the patient's room on the air currents (e.g. HIV/AIDS with acute respiratory illness, SARS, suspected or confirmed TB, Measles, Bird Flu & Chickenpox). Don N95 mask prior to entry into room. Remove after leaving room . KEEP DOOR CLOSED AT ALL TIMES TO MAINTAIN NEGATIVE PRESSURE IN THE PATIENT'S ROOM!!

Contact Isolation – Use for pathogens that are transmitted from direct skin-to-skin contact, or indirect contact with a contaminated object in the patient's environment. (C Difficile, MRSA, ESBL/CRE, VRE, SARS, Norovirus and RSV in children). Wear gown and gloves on entry into room especially for patient with C. Difficile or VRE.

- Patient with diarrehea/nausea/vomiting with unknown cause will be placed on precations until diagnosis confirmed.

Droplet Isolation – Use for patients who are diagnosed or suspected of an infection that can be spread on droplets of sputum. These germs can travel distances (3 – 6 feet) and can cause infection when they land on your mucous membranes. (Influenza, Diphtheria, Meningicoccal meningitis and Rubella). Wear mask on entry into room.

BLOODBORNE PATHOGENS

The risk of exposure to bloodborne pathogens is a reality we live with every day in the health care industry. The potential for occupational exposure means a "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of the employee's duties". Bloodborne pathogens of primary concern to healthcare workers are:

- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)
- Human Immunodeficiency Virus (HIV), the virus that causes AIDS (auto immune deficiency syndrome)

To minimize risk of exposure, it is essential to adhere to standard precautions at a minimum and follow guidelines for more strict isolation when appropriate.

MODE OF TRANSMISSION

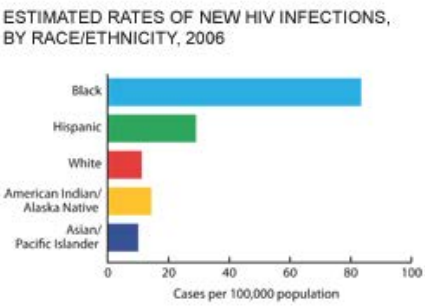
- Sexual contact
- Injected drug use with shared needles
- Tattoo/body piercing
- Human bites
- Blood, blood products, certain body fluids
- Childbirth and breastfeeding
- Occupational exposure through needlesticks, splashes, percutaneous or mucous membrane exposure to contaminated blood or body fluid.

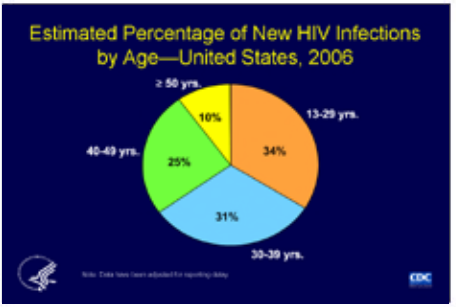
HIV/AIDS

EPIDEMIOLOGY

HIV is different from most other viruses because it attacks the immune system. HIV finds and destroys a type of white blood cells (T cells or CD4 cells) that the immune system must have to fight diseases. HIV is a retrovirus which means it is made up of RNA instead of DNA and must have a host in order to replicate.

Although progress has been made in the global fight against HIV/AIDS, the epidemic continues to devastate the United States and the international community. According to the center for Disease Control (CDC) there are 56,300 new HIV infections each year in the U.S. and an estimated 33 million people living with HIV/AIDS worldwide.





In the national ranking of total AIDS cases, Florida is second for adult/adolescent cases behind New York and California and second in pediatric cases behind New York.

Florida statistics include:

- Males account for 66% and women 34%
- 54% black, 27% white, 17% Hispanic and 2% other

SYMPTOMS

AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means the virus has weakened the immune system to the point that the body has a difficult time fighting infection. When someone has one or more specific infections, certain cancers, or a very low number of T cells, he or she is considered to have AIDS.

For most people, the disease progresses slowly through the following stages:

- **Infection:** HIV enters the bloodstream and begins to replicate. Persons are infectious immediately after infection
- **Acute Retroviral Syndrome:** 6-12 weeks after infection, people often develop symptoms including fever, swollen lymph glands, nausea, diarrhea, headache, sore throat and rash. HIV testing is positive at this point
- **Middle stage:** can last years, person feels well although the virus is replicating and damaging the immune system
- **AIDS:** characterized by the evidence of opportunistic infections or cancer. It can also be diagnosed on the basis of a CD4 count of less than 200.

There is no cure for HIV/AIDS. However, medical advancements have made it possible for people to live with this virus for a long time without any manifestations of the disease. AIDS is the leading cause of death for men and women in their late twenties. The widespread use of antiretroviral therapy has resulted in fewer deaths and longer survival. No vaccine for HIV is available. Research into the development of a vaccine is underway.

Reference: http://www.edc.gov/hiv/topics/surveilance/resources/factsheets/pdf/incidence.pdf.2008.

Hepatitis

The word "hepatitis" means inflammation of the liver and also refers to a group of viral infections that affect the liver.

SYMPTOMS

Many people have no symptoms. Only about 20-30% of those newly infected with Hepatitis will develop symptoms within 4-12 weeks. Symptoms may include:

Nausea	Headache
Vomiting	Fever
Fatigue	Abdominal pain
Poor appetite	Flu-like symptoms

Dark urine and jaundice (yellowing of the skin and eyes) usually develop later.

Specific laboratory tests must be performed to accurately diagnose the illness.

Hepatitis B

EPIDEMIOLOGY

An estimated 800,000–1.4 million persons in the United States have chronic HBV infection. Chronic infection is an even greater problem globally, affecting approximately 350 million persons. An estimated 620,000 persons worldwide die from HBV-related liver disease each year.

In 2007, 4,519 cases of acute Hepatitis B in the United States were reported to CDC; the overall incidence of reported acute Hepatitis B was 1.5 per 100,000 population, the lowest ever recorded. However, because many HBV infections are either asymptomatic or never reported, the actual number of new infections is estimated to be approximately tenfold higher. In 2007, an estimated 43,000 persons in the United States were newly infected with HBV. Rates are highest among adults particularly males aged 25–44 years.

HBV can survive outside the body at least 7 days and is still capable of causing infection. Incubation period averages 75 days and ranges between 2 and 6 months.

Approximately 25% of those who become chronically infected during childhood and 15% of those who become chronically infected after childhood die prematurely from cirrhosis or liver cancer, and the majority remain asymptomatic until onset of cirrhosis or end-stage liver disease. In the United States, chronic HBV infection results in an estimated 2,000–4,000 deaths per year.

The rate of new HBV infections has declined by approximately 82% since 1991, when a national strategy to eliminate HBV infection was implemented in the United States. The decline has been greatest among children born since 1991, when routine vaccination of children was first recommended.

Hepatitis B vaccine is very safe. Most people have no problem with it. The following mild reactions have been reported:

- Soreness at the site of the injection
- Temperature of 99.9 or higher (one person in 15)

Severe problems are extremely rare and are believed to occur at about 1 in 1.1 million.

Hepatitis B immunization is a series of 3 injections. The first is on Day 1, the second at 1 month, and the third at 6 months. Two months after the 3rd injection, a titer is checked to make sure the immunization has been successful.

Immunization is recommended for all children and adolescents and all unvaccinated adults at risk for Hepatitis B infection.

Hepatitis C

EPIDEMIOLOGY

Although only 849 cases of confirmed acute Hepatitis C were reported in the United States in 2007, CDC estimates that approximately 17,000 new HCV infections occurred that year, after adjusting for asymptomatic infection and underreporting. Persons newly infected with HCV are usually asymptomatic, so acute Hepatitis C is rarely identified or reported.

Approximately 3.2 million persons in the United States have chronic HCV infection. Infection is most prevalent among those born during 1945–1965, the majority of whom were likely infected during the 1970s and 1980s when rates were highest.

Of every 100 persons infected with HCV, approximately

- 75–85 will go on to develop chronic infection
- 60–70 will go on to develop chronic liver disease
- 5–20 will go on to develop cirrhosis over a period of 20–30 years
- 1–5 will die from the consequences of chronic infection (liver cancer or cirrhosis)

Chronic HCV infection is the leading indication for liver transplants in the United States.

Chronic HCV infection accounts for an estimated 8,000–10,000 deaths each year in the United States.

No vaccine for Hepatitis C is available. Research into the development of a vaccine is under way.

Bloodborne Pathogen Exposure

To help protect you and reduce your risk of exposure to bloodborne pathogens, the hospital has established an exposure control program as required by the Occupational Safety and Health Administration (OSHA). The Bloodborne Pathogen Exposure Plan and a link to the OSHA regulations (29 CFR 1910.1030) are located in the hospital wide Safety and Infection Control Manual on the CFRH Intranet.

METHODS OF CONTROL

ADMINISTRATIVE CONTROLS

- Hepatitis B vaccination is available to all employees, physicians and volunteers at risk of occupational exposure, FREE OF CHARGE. Employees have the right to refuse the vaccination but are required to sign a declination. Those who decline may change their decision at any point and receive the vaccine.

- Standard Precautions **is the single most effective measure to control transmission** of microorganisms. It applies to all blood, body fluids, secretions, excretions (except sweat), regardless of whether or not they contain visible blood, as well as non intact skin and mucous membranes.

ENGINEERING CONTROLS

- Use puncture resistant and leak proof containers (color coded Red or affixed biohazard label) to discard contaminated sharps and needles or to store contaminated reusable sharps until they are properly processed.

- Use puncture resistant and leak proof containers (affixed biohazard label) to collect, handle, process, store, transport, or ship blood/tissue specimens and OPIM (Other Potentially Infectious Materials).

Work Practice Controls

- Personal protective equipment (PPE) will be used when occupational exposure is possible.
- Wash hands before and after each patient contact, when gloves are removed and as soon as possible after contact with blood or OPIM.
- **Do NOT** bend, break, shear, cut, recap or remove contaminated needles unless required to do so by specific medical procedures. In these instances, use mechanical means (such as forceps) or a one handed technique to recap or remove the contaminated object.
- Use safe needle devices whenever possible.
- Maintain sharps containers in an upright position and replace when no more than 2/3 full.
- Do not eat, drink, apply cosmetics or handle contact lenses in areas of potential exposure (including nurses' stations).
- Do not store food or drink in refrigerators or on shelves where blood or OPIM are present.
- Transfer sharps using a safe-zone established in a location convenient to the physician and the assisting person.

Personal Protective Equipment (PPE)

Appropriate PPE must be used whenever occupational exposure may occur. Don and remove PPE as instructed to avoid self-contamination and discard appropriately. PPE is provided at NO CHARGE to the employees and are located in all patient care areas.

- Wear appropriate gloves when contact with blood, mucous membrane, non-intact skin or OPIM is anticipated, when performing vascular access procedures and when handling or touching contaminated items.
- Replace disposable gloves as soon as possible when contaminated, torn, punctured or compromised.
- Do not reuse disposable gloves.
- Decontaminate reusable utility gloves after each use and discard if they show signs of wear or failure to provide a protective barrier.

Eye/ Face Protection

- Use full face shields or facemasks with eye protection, goggles or eyeglasses with side shields when splashes of blood or other body fluids may occur and when contamination of the eyes, nose or mouth can be anticipated.

Surgical caps, hoods, shoe covers or boots

- Impervious caps or hoods and/or shoe covers or boots must be worn when gross contamination may occur i.e. surgery, autopsy, etc.

Plastic aprons/gowns

- Plastic aprons or gowns must be worn during procedures that are likely to generate splashes of blood or OPIM.

Resuscitation masks are available on clinical units to minimize the need for emergency mouth-to-mouth resuscitation. Resuscitation AMBU bags are available on crash carts.

If an employee's uniform/clothing becomes contaminated, the hospital will be responsible for washing the clothing at no cost to the employee. The employee must shower and will be provided hospital scrubs while the uniform is being washed.

Housekeeping Procedures

- Clean with the appropriate disinfectant and decontaminate all equipment, environmental and working surfaces after contact with blood, OPIM and after each patient contact.
- Surfaces and equipment protected by nonabsorbent material must be inspected frequently for contamination and the protective covering must be changed when contaminated.
- Waste receptacles must be decontaminated on a regular basis.
- LINEN: All linen is considered contaminated and is always placed in BLUE bags. Gloves are worn and standard precautions are utilized whenever handling dirty linen.
- Germicidal wipes (i.e. Dispatch or Sani-Plus wipes) are acceptable to use in cleaning equipment when used according to manufacturer's instructions. Telemetry units may only be cleaned with Dispatch wipes.
- Keyboards are cleaned by the individual department users, not Environmental Services.
- Disinfectant spray should be sprayed onto a clean, soft, cloth and then used to clean equipment, rather than spraying directly onto the equipment.

BIOMEDICAL WASTE DISPOSAL

All biomedical waste will be handled and disposed of according to Chapter 64E-16, Florida Administrative Code.

The state of Florida and OSHA define biomedical waste as

- Liquid or semi-liquid blood or OPIM
- Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed. Absorbent materials need to be saturated to be considered biohazardous
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Pathological and microbiological wastes containing blood or OPIM

How to handle/dispose of biomedical waste:

1. All biohazardous waste will be disposed of in containers/bags color coded Red and/or with affixed biohazard label.
2. Segregate biomedical waste from other solid waste at the point of origin (room or area where object becomes contaminated) using red bags. Close red bags securely to prevent leakage or spillage.
3. Place biomedical wastes in the large trash containers lined with red bags. These containers are located in the soiled utility rooms and throughout the facility. Employees handling/transporting biomedical waste will wear gloves and protective clothing as needed.
4. Discard needles and syringes in a sharps container. All broken glass is placed in a sharps container.
5. Use a chemotherapy disposal container to dispose of chemotherapy and hazardous waste and spills.
6. Biomedical waste may not be stored for more than 30 days, beginning when the first item is placed in the container.
7. Do not place bandaids, tape or other dressing materials in the sharps containers. These can prevent sharps from falling properly into the box and result in needle sticks.
8. Notify Housekeeping to remove all full biomedical waste or sharps containers between normally scheduled rounds.
9. Use Blood and Body Fluid Spill Kit, found in all Clinical areas, for large spills.

EXPOSURE INCIDENT PROCEDURE

Report all exposure incidents immediately to Occupational Health and your instructor

The goal is to have the exposed individual started on preventive medication within 1-2 hours of the exposure. In order for that to happen, the incident must be reported promptly. During regular business hours, the injured employee may report directly to occupational health services. After hours, the employee should go to the Emergency Dept. where the post exposure protocol will be initiated. An Occurrence Report should also be completed in the Meditech system by the end of the shift.

What To Do If An Exposure Occurs:

1. Immediately wash the area with soap and water. Splashes to the nose, mouth or skin should be flushed with water. Eyes should be irrigated with clean water, saline or sterile irrigants.

2. Report the injury to your **instructor** and complete an Occurrence Report in Meditech.
3. Seek treatment**.**
   Bring the source patient's name, birth date and room number, if possible **to Occupational Health or the Emergency Department**.

No scientific evidence shows that the use of antiseptics for wound care or squeezing the wound will reduce the risk of transmission of HIV. The use of a caustic agent such as bleach is NOT recommended.

TREATMENT FOR THE EXPOSURE

Chemoprophylaxis

The Public Health Service recommends the use of antiretroviral agents as post exposure prophylaxis after certain occupational exposures to HIV. **Your** physician will discuss this with you if it is indicated. Your health care provider will discuss with you the risk of your exposure and the appropriate treatment options.

Testing

The follow up testing **is recommended.** This testing is routinely performed at day of exposure, 6 weeks, 3 months and 6 months post exposure. The source patient will also be tested after obtaining consent, except in certain circumstances. Florida Statute states that the exposed individual may refuse testing, but if he does, the source patient may not be tested.

More information can be obtained from the WARMLINE-CDC National HIV Telephone Consultation service and the AIDS Hotline 1-800-933-3413.

TB…Back from the Past!!

After several decades of decline, Tuberculosis has resurfaced as a major health problem.

Tuberculosis is caused by a rod-shaped bacteria named Mycobacterium Tuberculosis. The TB bacteria may spray into the air if a person with **TB Disease** of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe the bacteria into their lungs.

The immune system tries to "contain" the inhaled bacteria and if successful, the person is not infectious. This is called **TB Infection**. The person usually has a positive tuberculin skin test **(TST)**, but does not have symptoms of TB or a positive chest x-ray. They cannot spread the disease.

In the future, however, if their immune system becomes impaired, they can develop active TB even from an initial infection years ago. This is called **TB Disease**.

People who are infected with HIV (the AIDS virus) and the TB bacteria are much more likely to get TB Disease. The HIV attacks the immune system and this allows the TB bacteria to break away and make the person sick. It takes longer to cure someone with TB Disease who also has HIV infection.

Treatment Methods and Multi-Drug Resistant TB

First line drugs for the treatment of TB are:

1. Isoniazid (INH)
2. Rifampin
3. Pyrazinamide
4. Ethambutol
5. Streptomycin

Most often these drugs are effective. A four drug therapy is recommended by the Florida Public Health Department. They are given in combination with positive results seen in 3-4 weeks. However, in immunocompromised individuals, positive results may take months. All TB patients must take their drugs regularly for at least six (6) months.

Unfortunately, a new strain of TB has developed which is resistant to some or all of the first line drug treatment. Recently outbreaks have occurred in New York, Florida, and California.

Multi-drug resistant TB (MDRTB) is transmitted from an infected host to a susceptible one and because untreated MDRTB is fatal, treatment must be initiated in patients in whom the disease is merely suspected.

It is believed that MDRTB is a result in part to the AIDS epidemic. Persons with AIDS are particularly vulnerable to TB and can acquire infectious TB very easily.

Assessement: TB/Respiratory completed on all first point of contact	
Is the patient currently experiencing or has patient experienced in the last 10 days any of the following:	• Fever greater than 100.4? • Cough? • Cough greater than 3 weeks? • Cough with blood produced? • Shortness of breath/difficulty breathing? • Sore throat? • Night Sweats? • Unexplained Weight Loss? • Fatigue? • Pt reports prior history of TB or positive TB skin test? • Close contact with a person who has TB?
Does the patient report any of the following: (Avian Flu risk assessment)	• Contact with domestic poultry? • Travel outside the US in the past 2 weeks? • If yes, name country_____ • Close contact with any person who has Avian Flu? • Close contact with any person having an Influenza-like Ill-ness? • Occupational exposure to any person having an Influenza-like Illness?

TB Exposure Plan Summary

What is being done to reduce the risk of TB exposure?

A. Risk Factors

1. Persons with known or suspected HIV.
2. Persons who have close contact with known infected TB cases.
3. Persons with recent weight loss.
4. Foreign-born persons especially from Africa, Asia, South America, Central American or the Caribbean.
5. Residents of long term facilities (such as nursing homes or prisons).
6. Low income, homeless people who live in crowded areas like shelters or prisons.
7. IV drug users.

B. All patients are screened for early identification of potential Tuberculosis./ Respiratory Illnesses. In the event of a positive screen, a surgical mask will be applied to the patient and the receiving department/unit will be notified by the screener.

C. All TB-positive patients or patients suspected of having TB will be placed in a negative airflow room. Patients with HIV/AIDS admitted with an acute respiratory illness will be placed in Airborne isolation until TB is ruled out. The patients will remain in isolation until 3 consecutive sputum smears, collected on 3 consecutive days, are negative for acid-fast bacilli.

D. Healthcare providers will wear NIOSH approved N95 respirators when:

1. Entering an Airborne Isolation Room,
2. Performing high-risk procedures on patients with confirmed or suspected TB (such as bronchoscopy, sputum induction, endotracheal intubation, suctioning, and administration of Pentamidine.)
3. Transporting, in a closed vehicle, any individual with confirmed or suspected TB.
4. All **clinical students** will be fit-tested and instructed in the proper use of respirators and their limitations by their Department Director/ Occupational Health/designee prior to assignment to care for a TB patient and annually thee after.

E. Other preventative measures include:

1. Observe Standard Precautions as appropriate in addition to wearing a N95 NIOSH approved respirator.
2. Practice good hand hygiene before and after patient contact and before and after removing gloves and mask.
3. Discard all contaminated disposable respirators after each use. However, if supply exceeds demand, respirators may be used for up to an 8-12 hour shift as long as the shape/integrity remains intact and it does not get moist/wet from use. It is not necessary to red bag.
4. Store reusable respirators according to department-specific policy.
5. Patients on Airborne Isolation will wear a surgical mask when leaving his/her room for transport to another area for testing/ procedures.
6. Visitors will wear a surgical mask or may wear a N95 mask in the Airborne Isolation Room if they have not been exposed to the patient at home. The nursing staff will educate visitors on the proper application of the mask. No more than 2 visitors will be permitted at a time and visitation should be limited to 20 minutes.

What should be done in case of exposure to TB?

TB/Respiratory Occupational Exposure is any contact with a patient with a suspected or confirmed diagnosis of tuberculosis without wearing proper respiratory protection.

1. TST Testing
   - All **students**, following an exposure of TB.
   - Given in Company Care; TST's need to be Read in 48 – 72 hours. House supervisor can read them during off hours.
   - Exposed associate - at time of exposure for a baseline if not done within the last 3 months, then repeated in 12 weeks after exposure.
   - Reading the test (TST)
     - Reading should be made at 48 hours, disregard erythema (redness) which may be present.
     - If the reading at 48 hrs. is 9 mm or less, the test must be read again at 72 hours.
     - Using a mm ruler, the nurse will measure along the transverse to the long axis of the forearm, and document.
     - If Positive skin test, employee to report to Occupational Health immediately.
   - Skin testing for TB is for the sole purpose of treatment following an exposure.

2. Conversion to positive TST
   - Chest x-ray **is recommended**
   - Referred to the Health Department for further evaluation and prophylactic treatment
   - Medication may be provided at no cost to **student** through the Public Health Department.

3. The TB exposure incident and a record of the TST will be documented in the Employee Health Record and maintained for 30 years past the last date of the person's employment.

4. Associates with active pulmonary or laryngeal TB will not be allowed to work until a physician certifies that they are no longer infectious.

The Bloodborne Pathogen Exposure Plan
and the TB (Tuberculosis) Exposure Plan are located in the Hospital Safety and Infection Control Manual on the CFRH Intranet.

Links to OSHA and CDC Regulations are available on the CFRH intranet in the Policy Manuals section.

OCCUPATIONAL HEALTH SERVICES

Occupational Health **services are not typicall provided to students.**

Occupational Health Services (also known as Employee Health) offers a program of preventive medical care designed to deal constructively with the health of employees in relation to their work. Hospital management is committed to ensuring a safe, healthy work environment for all of its employees.

Services provided include:

- Pre-employment health assessments
- Ongoing medical surveillance programs
- Management of work-related illness or injuries
- Job hazard analysis

Prevention is the key element of the Occupational Health Program.

The focus of the Occupational Health Program is:

- To establish a record of the condition of the individual at the time of assessment…pre-employment and as needed.
- To measure the physical fitness of individuals to perform their duties without hazard to themselves or others.
- To assist individuals in the maintenance or improvement of their health.
- To detect the effects of harmful working conditions and to advise corrective measures.
- To promote wellness programs.
- Participate in the Return to Work Program

PERSONAL ILLNESSES / INJURIES

- Diagnosis and treatment of illness/injury is the responsibility of the employee's personal physician.
- Employees are encouraged to seek medical attention from their own physician for illnesses or injuries not related to their work.
- Employees with personal/emotional concerns will be counseled and referred to the Employee Assistance Program.

RETURN TO WORK

Any employee returning from extended sick time (miss four shifts) or medical Leave of Absence is required to bring a medical release from his/her healthcare provider for clearance by Occupational Health Services **before** returning to work.

It is the responsibility of the employee to make arrangements with Occupational Health Services for an appointment before the employee is allowed to return to work.

EXPOSURES

Prompt notification of exposure to a communicable disease is necessary to prevent the possibility of further transmission of disease. Many of these diseases have very strict time limits in regard to incubation and prophylactic treatment.

All initial exposures will be evaluated by the ED physician and proceed with appropriate follow-up.

All needlestick exposures should be reported no matter how insignificant they may seem.

If prophylactic medication is indicated, it should be started as soon as possible (within 4 hours of the exposure). Immediate reporting of exposure to blood or body fluids is imperative.

Exposure records are maintained by Occupational Health Services and retained for the length of employment plus 30 years. They are accessible to the employee upon request to the Occupational Health Nurse.

TB screening is performed on employees exposed to tuberculosis. Follow-up tests are also performed 2 weeks and then 12 weeks later to determine any change. Employees with a history of positive PPD skin tests should be seen by Occupational Health Services following an exposure. Compliance with TB screening policies is necessary for the protection of both patients and employees.

Hepatitis exposures require immediate attention. Follow-up testing and vaccine or immune globulin administration may be warranted.

INFECTION CONTROL

Occupational Health Services works in collaboration with the Infection Prevention Coordinator in limiting the risk of infection to employees, minimizing the impact of infections when they occur, and supporting efforts to prevent the secondary transmission of infections from employees to patients and/or other employees.

IMMUNIZATIONS

Occupational Health Services offers adult immunizations to employees. The following immunizations are currently available through Occupational Health:

- Hepatitis A
- Hepatitis B
- Tetanus/Diphtheria/Attenuated Pertussus (TDAP)
- Tetanus/Diphtheria Booster
- Influenza (Flu shots annually in October)

If laboratory test results indicate susceptibility to chicken pox, measles, mumps, or rubella, Occupational Health Services will make a recommendation to that employee regarding follow-up for vaccination.

WHAT TO DO IF YOU ARE INJURED ON THE JOB

Employee safety is very important to CFRH. Be safety conscious! Be responsible for your own safety and the safety of others.

PREVENTION

Accidents are caused by unsafe acts (things people do) or unsafe conditions (the work area). Eight of every ten accidents are caused by unsafe acts in the workplace. Before you start a job, make sure:

- You receive training on any equipment or job you are placed on.
- Ask questions of your supervisor.
- Do the job several times to make sure you fully understand it.

Then…continue to do your job using the safe operating procedures at all times. Immediately report any unsafe changes/conditions to your supervisor so they can be corrected BEFORE, not after someone gets hurt.

POST-INJURY RESPONSE

If you are injured on the job, report the injury to your supervisor…*no matter how minor.* It is the employee's responsibility to report the injury immediately, seek appropriate medical attention, and submit a post-accident drug screen.

In the event of a **severe** injury, report to the Emergency Department. All other injuries/illnesses should be reported to Occupational Health Services or the Nursing Supervisor for evaluation.

All injuries and illnesses that occur as a result of your employment should be reported electronically (in Meditech) by completion of an Employee Occurrence Report on the day of the incident. Reports must be completed no later than the end of the shift in which the incident occurs.

TIPS FOR WORKING SAFETY

- Do not take chances. No one wants to have or cause an accident.
- Report all injuries/potential hazards immediately to your Supervisor and complete a Hospital Occurrence Report.
- Use proper lifting procedures and equipment when moving patients or materials. Get assistance. Many accidents are related to improper lifting procedures.
- Walk, never run.
- Use lids on drinks. In the event of a spill, stop and clean it up. Stay until the spill is wiped, or place a "wet floor" sign at the spill and contact Environmental Services to clean up.

BODY MECHANICS

It is estimated that **80%** of our population will sustain a **back injury** and suffer from lower **back pain** sometime during their life. Approximately one-third of these injuries occur at work. Employees who routinely lift heavy objects or do repetitive motion activities are at increased risk. Many of these injuries are caused by **POOR POSTURE, IMPROPER LIFTING, and POOR BODY MECHANICS**. The good news is that most of these injuries are **PREVENTABLE**, but…

ONLY **YOU** CAN PREVENT BACK INJURY!

HOW TO PREVENT BACK INJURY

The keys to keeping your back healthy are:

- **regular exercise**
- **healthy eating habits**
- **good posture**
- **using proper body mechanics**

PRINCIPLES OF GOOD BODY MECHANICS

- **AVOID** twisting, reaching over head, bending at the waist, particularly when lifting and moving heavy objects.

- **ALWAYS** maintain the three (3) natural curves in your spine by using muscles to keep your spine erect – Don't **SLOUCH** and don't **HYPEREXTEND** your spine in a "military posture". Find the neutral position of your spine between the "slouched" and "military posture".

- **Keep** the object as close to you as possible when lifting. When bending down at your knees to get an object, bring the item close to you, then lift by using your legs to maintain a straight spine.

- Lower your center of gravity by **bending at your knees** never bend at the waist.

- Widen your **base of support** by separating your feet. If you must bend forward USE your hand to support your upper body.

- Keep your weight within your base of support at all times!

- **TIGHTEN YOUR ABDOMINAL MUSCLES** to provide added spinal support when lifting.

ENVIRONMENT OF CARE

The "Environment of Care" is made up of three basic components:

- Building(s)
- Equipment
- People

To ensure that the hospital environment is safe, functional, supportive, and effective, the hospital has a Management Plan for each of the following areas:

1. Safety management
2. Emergency Management
3. Fire Safety
4. Security management
5. Hazardous materials and waste management
6. Medical equipment management
7. Utilities management

Safety Management Plan

Environment of Care Committee – Meets monthly and monitors and addresses safety issues in hospital. Chairman is Eddie Brooks, Safety Officer and Director of Plant Operations. Reports to the Board of Trustees.

Employee Safety Subcommittee – Members are employees from various departments who work to resolve employee safety concerns. Reports to the Safety Committee.

Patient Safety Committee – Members are employees and physicians who work to address patient safety issues and the National Patient Safety Goals.

Safety Surveillance Rounds – Routinely scheduled inspections of each department to identify deficiencies, hazards, and unsafe practices. Findings and corrective actions reported to the Safety Committee.

Emergency Management Plan

As a healthcare worker, the safety of the patients, visitors, and staff may depend on your ability to respond to an emergency situation in a rapid and appropriate manner. You need to be familiar with the hospital's emergency preparedness policies and procedures and with your specific role in an emergency.

Emergencies that occur are announced as "Codes". At CFRH codes are given the names of colors that can be associated with the situation. Detailed information and instructions about the emergency codes are in the "Hospital Safety Manual" located in the CFRH Intranet.

In an emergency in the hospital:

1. **Dial *31111** to report the emergency. (This is a direct line to the PBX Operator).
2. State the **name of the emergency code** (such as Code Red) and give the **location**. During any code, limit calls to the operator to Emergency Calls ONLY.
3. The operator will announce the code **three (3)** times.
4. Staff should immediately return to their departments or their assigned stations.
5. When an **ALL CLEAR** is announced, staff may return to their normal functions.

REMEMBER…Protect patient confidentiality at all times!!

Never release information to the media or to anyone not directly involved in a patient's care.

A Code Blue is called when someone has a **Cardiopulmonary Arrest or a Life Threatening Emergency**. Only trained staff should respond.

- √ **Dial *31111** and request the PBX/Operator announce "Code Blue/Location."
- √ If available also activate system or alarms using wall-mounted buttons.
- √ The Code Blue Team will respond to the announced location.

In **Cardiac Rehab: Call 911**

A **Code Black** is activated when there is a **Bomb Threat**.

If you receive a bomb threat letter or note, handle as little as possible. Contact Security, Administration or Police.

If you receive a bomb threat call:

- √ Refer to and complete the Bomb Threat Checklist in the Emergency Kardex.
- √ Keep the caller on the telephone as long as possible. **DELAY!** Ask the caller to repeat and obtain as much information as possible.
- √ Note anything unique or unusual about the caller's voice and background noises.
- √ If a co-worker is nearby, he/she should contact Security, Administration or Police.

PBX/Operator will announce Code Black overhead and **"WE ARE MAINTAINING RADIO SILENCE. PLEASE REFRAIN FROM USING CELLULAR PHONES and RADIOS UNTIL FURTHER NOTICE."**

When a Code Black is announced:

- √ Return to your department or unit and thoroughly search your department/work area.
- √ Remain calm. Do not discuss the threat in public.
- √ Be alert for unusual packages or a package that does not "belong".
- √ Turn off radios, cell phones, and beepers. These could trigger an electronic detonation device.

If a suspicious item or package is found:

- √ DO NOT TOUCH or DISTURB OBJECT!
- √ Clear the area and close the door.
- √ Call the Command Center immediately by telephone.
- √ Wait for further instructions from the Command Center.

A **Code Brown** is activated when there is a **Severe Weather** threat. When a Code Brown is announced overhead:

- √ Based upon the conditions, **hospital staff** may be required to remain at the facility until it has been determined that the unsafe conditions have passed.
- √ **Volunteers** should go home or leave the premises if time and conditions allow.
- √ **Unplug** all unnecessary equipment and appliances.
- √ **Move** all patient beds to the most interior wall in the patient's room.
- √ In patient care areas, **secure** patient's medical records.
- √ **Clear** hallways of all equipment and **Close** all doors, windows, and window blinds.
- √ **Store** all equipment in safe areas away from windows.
- √ Secure all **loose equipment** outside the building.
- √ **Assist** where needed and as instructed by your Director.

A **Code Purple** is called if a **Tornado** warning has been issued or is an immediate threat to the hospital. When a Code Purple is activated:

√ In patient units, attempt to move patients as far away from windows as possible.
√ Close patient room doors, window shades, and pull privacy curtains around patient bed.
√ Monitor entry and exit points. Associates should encourage visitors not to leave because of the severe weather conditions. (However, visitors may leave if they so desire.)
√ Stay clear of all glass windows and doors.

A **Code Green** is called when there is a **Disaster**, internal or external.

A **disaster** is any situation involving destruction of life or property, causing widespread distress and resulting in a number of people needing emergency health care. The disaster plan is implemented when the number of casualties will seriously overtax the capabilities of the facility.

Response to a Code Green:

√ Report to your department for instructions. Employees who do not already have a specific assignment will report to the Employee Manpower Pool in the Classroom.
√ Recalled employees use loading dock entrance. Bring name badge. Do not take caller's time by asking questions.
√ Refer all questions from the media to the Marketing Department. NEVER give out any information.
√ Family members of victims may obtain information in the front lobby.
√ Family waiting is in the cafeteria.
√ Phone and elevator use are restricted to Code Green activities.

Fire Safety Management Plan

A **CODE RED** is called when there is a **Fire.** The first 2 minutes of a fire are the most critical. **A fire doubles in size every 2 minutes.**

Response when Fire/Smoke is discovered – R.A.C.E.

R escue patients/persons in immediate danger.
A ctivate the nearest fire alarm pull station and **call *31111** to **report** exact location of fire/smoke.
C ontain the fire/smoke by closing all doors & windows. Place towels/linens under door to contain smoke.
E xtinguish fire if you can do so safely or **Evacuate** beyond the fire doors.
In **Cardiac Rehab call 911.**

Response when hearing the fire alarm

√ When you hear the fire alarm, return to your department/unit.
√ Close all windows and doors.
√ Clear the hallways.
√ Be prepared to evacuate your department if necessary. Be sure all patients and staff are accounted for.

Things to Remember

√ ONLY **Cardiopulmonary Services** personnel may turn off the main oxygen supply in an area during an emergency.
√ **NEVER** use the elevators in a fire emergency.
√ Beware of smoke and gas produced by a fire. It kills and injures many more people than heat or flames. **Keep low and breathe through a wet cloth if smoke is present.**
√ If you suspect there is a fire in a room, **feel the door** for warmth/heat before entering the room. Do not open door if hot.

If Evacuation is necessary:

√ Evacuate horizontally first through the fire doors to a safe neighboring location.
√ If horizontal evacuation not possible, evacuate vertically to a lower floor or, if absolutely necessary, to the outside. Use EXIT signs to find the fire escape routes.

√ Use the **fire stairwells located at the North and South corners** of the building. Do not use the interior stairway for evacuation purposes.

√ Make sure you have **searched all areas** in your department/ unit before evacuating. All patients and staff must be accounted for at all times.

FIRE SAFETY EQUIPMENT

- The facility is protected by an Automatic Fire Alarm Detection System. The system can also be activated manually by using the **red pull stations** that are located near every exit door and at each patient care area station.
- The **Automatic Sprinkler** system is activated when the temperature rises above 120 degrees causing the sprinkler head fuse links to melt and allows the system to discharge. Remember to keep an open distance of **18" below the ceiling** and never attach anything to a sprinkler head.
- The **Portable Fire Extinguishers** are only to be used on small fires. Extinguishers are located in strategic locations throughout the facility.

Types of Fire Extinguishers

Class ABC
Dry Chemical - Flammable liquids, paints, cooking oil, grease, electricity (all types of fire)

Class BC
Carbon Dioxide - Electricity, flammable liquids, paints, cooking oils and grease, and computer and X-ray equipment.

How to Operate a Fire Extinguisher

P ull the Pin
A im Low (start 10 feet back)
S queeze Handle (trigger)
S weep from Side to Side

Remember it is your responsibility to know where the closest fire extinguishers and fire alarms are located in your work area!

Security Management Plan

Hospital Security – Eddie Brooks is in charge of security. Security guards are provided by a contract service, Yale Security. The Security Office is located in the ER waiting room. To contact security, call ext. 5140 or call the operator "0" to page them.

Access Control – Everyone is responsible for hospital security and the integrity of our access codes/door locks. REMEMBER:

- √ Keypad access codes should NEVER be shared with visitors, patients, or even other employees. Employees must get codes from their supervisors.
- √ Only department directors may request keys.
- √ Security must be called if a door needs to be unlocked.

A **Code Gray** is a **Manpower Emergency** (alert). A Code Gray is activated when you or someone in your care feels threatened by aggressive behavior. Any person can activate Code Gray by:

- √ Dialing ***31111** (STAT line).
- √ State "Code Gray" and give your location.
- √ Security and all available Plant Operations and male staff will respond to the code location and assist as directed.

A **Code White** is called when there is a **Hostage Situation.**
If you witness a Hostage Situation:

- √ Contact Security, Administration, or the Police.
- √ Use the checklist found in the Emergency Kardex to provide information to Security.

Employee's Role:

- √ Upon hearing a Code White announced, employees should immediately return to their department/unit unless directed to another location by Safety & Security Officers or the police.
- √ Remain calm. Do NOT discuss the threat in public.
- √ Close doors to department/unit.
- √ Use telephones for emergency purposes only. The command center will communicate with each department and unit through the telephone as appropriate.

A **Code Silver** is called when there is an **Active Shooter** on the property.
Active Shooter—One or more subjects who participate in a random or systematic shooting spree, demonstrating their intent to continuously harm others. The term "active shooter" will also include anyone who uses any other deadly weapon (knife, club, bow and arrow, explosives, etc.) to systematically or randomly inflict death or great bodily harm on people.

√ Lock yourself in the room you are in at the time of the threatening activity.
√ If you are able to do so, notify PBX/Operator at ***31111** and Security Inform them of the Code Silver and the location of the incident.

√ **Don't stay in an open hall.**
√ If you are able to do so, take whatever steps are necessary to ensure the safety and well being of all patients, visitors, and staff in any shooting situation:
√ Close all curtains and blinds.
√ Keep patients and visitors away from windows if possible.
√ The objective is to allow the shooter to leave the facility so that no injury will befall any person.
√ If you are faced with the person holding a firearm, do exactly as you are told. Do not hesitate.
√ Remain calm. Try to observe the suspect(s) eyes, ears, nose, eye brows and eyelids first. Next observe height and weight and finally the clothing. Do not stare at the weapon. Do not stare at the suspect(s). Casual observation is always the best and the safest technique.
√ After the suspect(s) have left, LOCK THE DOOR.
√ If there are any injuries, advise Security. Provide first aid to the injured if appropriate. No one should leave the premises and do not open the door until the arrival of the police and /or security.
√ All requests from any media representative shall be referred to the Administrator On-call. Employees will not make any statements in regards to the incident to the media.

A **Code Pink** is an **Infant/Child Abduction** Alert.

Unit Response where abduction occurred:

√ The alarm will sound and will notify PBX/Security of the location of the abduction. The PBX Operator will immediately call the Code Pink with the location three (3) times.

√ The area where the abduction occurred will contact PBX/Operator by dialing ***31111**. Provide the operator with the age of the child, description and where the abduction occurred.

√ Seal off the unit from which the infant/child was taken. Do not allow anyone to leave the area until Security/Law Enforcement arrives. Allow no one to enter the room or touch anything.

Hospital-wide Response:

√ Secure all doors and stairwells. Make every attempt to prevent anyone from leaving the facility and explain that the hospital is exercising an emergency code.

√ If a suspicious person leaves the hospital, follow and obtain tag number, description, etc., and report to Security/Law Enforcement immediately.

√ Thoroughly search your department/work area (including restrooms).

√ Report any suspicious happenings/individuals to the operator who will call security.

√ Be aware of people with large bags and loose fitting clothes, unfamiliar people in your area, and any activity intended to create a diversion.

DO NOT GO TO THE AREA OF THE ABDUCTION!

Infant/Child Abduction Prevention

√ Employees need to be aware of their surroundings and aware of visitors.

√ All hospital personnel will wear a conspicuous photo ID badge indicating the hospital name.

√ If a visitor does not have an ID tag, they will be directed to return to Security to obtain one.

√ Never allow visitors to follow you through the Baby Suites doors. If a visitor does, notify nursing staff immediately. Also notify nursing staff if doors remain open.

√ Before admitting a visitor, staff will make sure they will be welcomed by the patient and will be aware of the number of visitors.
√ Any person picking a baby up from the nursery or returning a baby to the nursery must have a pink colored hospital photo ID and hospital attire or coded wristband.
√ Babies will not be left unsupervised either by nurses or by the mothers at any time.
√ All staff that work in L&D, Post Partum, and the nursery will wear pink uniforms with the Baby Suites logo on them.

CODE M (Missing Patient)

1. As soon as it is determined that a patient is in fact missing, the charge nurse will initiate a log of the event, entering time Patient is noted to be missing. The Patient's nurse will enter an occurrence report.
2. Charge nurse will notify the Nursing Supervisor
    - Provide physical description of the patient
    - Include patient's age and gender
3. Nursing Supervisor will request PBX Operator to announce "Code M", the unit where the patient belongs and a brief description of the patient.
4. Nursing Supervisor will go to the unit where the Patient is missing to assist the staff on that unit.
5. All staff, particularly in the adjacent areas, will search all possible hiding areas to try to find the patient. When search of your area is complete, notify nursing supervisor to report results of search.
6. First floor employees are responsible for observing exits to make sure patient does not leave the building.
7. Management and Security personnel search stairways from top to bottom and notify nursing supervisor when clear.
8. Nursing supervisor calls PBX operator to end the Code M either when the patient is found, an exhaustive search has been completed, or at his/her discretion.
9. Nursing supervisor will determine if it is appropriate to notify the police if patient is not found.

A **Code Yellow** is a **Facility Lockdown.** This is initiated to control hospital access during emergency situations to provide a higher level of security for patients, visitors, and staff.

Security will lock-down the facility and channel incoming patients and staff through selected entry points in order to protect the hospital.

√ All public and peripheral doors will be locked.
√ Badge access ONLY will be in effect.

Hazardous Materials and Waste Management Plan

Hazardous Materials include Chemicals, Radiological materials, bio-hazardous materials, Pharmaceuticals and hazardous waste. The HAZMAT Officer at CFRH is Bryan Kelly, Director of Environmental Services.

Worker Protection Laws and Regulations

OSHA's (Occupational Safety and Health Administration) Hazard Communication Standard requires employers to provide information on the hazards of any potentially toxic substances in their work area. Information is provided by means of **labels** on containers, **Material Safety Data Sheets** (MSDS), and **training**.

Under the Florida **"Right-to-Know" Law**, you have the right to know:

√ What potentially toxic substances you may be exposed to in your workplace.
√ Within the first 30 days of employment and annually thereafter, the adverse health effects of each toxic substance with which you work, how to use each of these substances safely, and what to do in case of an emergency.
√ How to read hazard labels.
√ How to read Material Safety Data Sheets (MSDS)

You also have the right…

- √ To obtain a copy of the MSDS for each toxic substance to which you are, have been, or may be exposed to in your workplace.
- √ To refuse to work with a toxic substance if you are not provided a copy of the MSDS for that substance within 5 working days after making a written request.
- √ To protection against discharge, discipline or discrimination for having exercised any of these rights.

Sources of Information About Toxic Substances

1. Material Safety Data Sheets (MSDS)
   - √ Provides detailed information including the physical and health hazards of the chemical.
   - √ Every employee has the right to obtain a copy of a MSDS for any chemical/drug in their work area. Copies of a MSDS are available from the 3E Company. Any employee may request a MSDS by calling 1-800-451-8346.
   - √ When calling for a MSDS, give the hospital's name, product and manufacturer's name, and the FAX number.
   - √ The MSDS will be faxed within 15 minutes for emergency requests and within 24 hours for non-emergent requests.

2. Chemical Container Labels
   - √ All chemical containers must be labeled.
   - √ Labels must be in English and have the following information: Product name, hazard warnings, and manufacturer name and address.
   - √ If a chemical is transferred to a new container, the new container must be labeled with all required information.

Your Responsibilities

Proper handling of chemicals will prevent injury or illness due to fire, explosion or other serious accidents.

1. When you are working with chemicals, follow safe practices as outlined in the Material Safety Data Sheets (MSDS's) and operating procedures.
2. Be sure all chemical containers are properly labeled. Do not remove or deface existing labels on containers of hazardous chemicals.
3. Use Personal Protective Equipment (PPE) when handling hazardous substances. PPE includes gloves, masks, eye protection, and aprons.
4. Be familiar with department specific procedures for chemical spills (containment, cleanup, and disposal).
5. Complete an occurrence report in case of an accidental spill or overexposure to a chemical.
6. REMEMBER...
   - √ **NEVER MIX CHEMICALS**.
   - √ **DANGER** – Mixing chlorine-containing materials with ammonia or ammonia-containing materials creates a very toxic chemical reaction.
   - √ **NEVER REUSE CHEMICAL CONTAINERS.**
   - √ **NEVER PLACE ANY CHEMICAL IN A FOOD CONTAINER.**
7. Other tips for working safely with chemicals:
   - √ Do not work with explosive or flammable chemicals near an open flame. Be sure electrical equipment is properly grounded to reduce the potential of spark.
   - √ When working with chemicals be sure the area is well-ventilated.
   - √ Wash you hands after using chemicals!
   - √ Store chemicals properly in cool, dry, well-ventilated areas. Keep containers closed when not in use.
   - √ Dispose of chemicals and wastes according to approved procedures. Never pour down sewers or drains.
8. If you are not sure about something, **ASK**.

First Aid in Case of Accidental Chemical Exposure

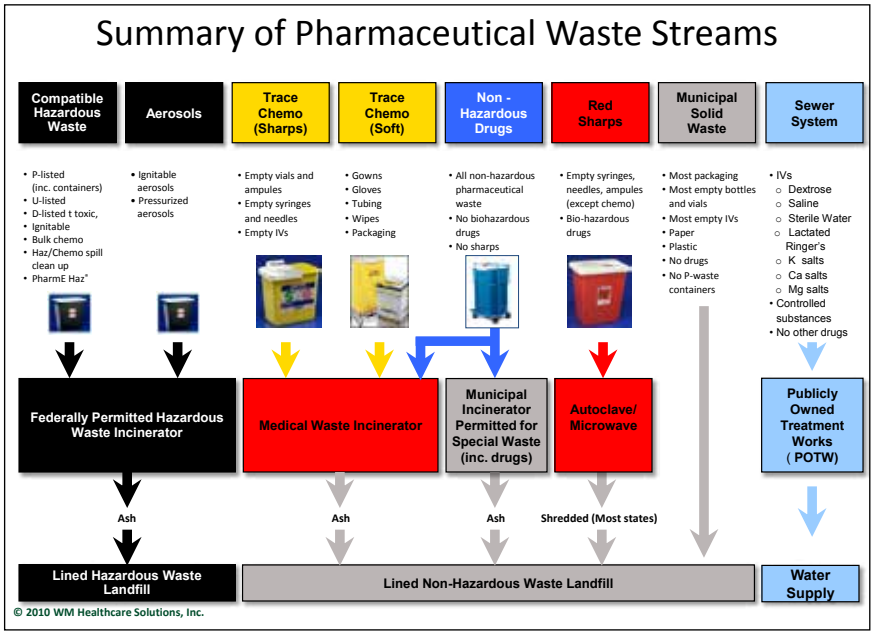
Accidents can happen. If someone is exposed to a chemical, notify your supervisor and seek medical attention immediately. Correct and prompt first-aid measures can reduce the risk of serious injury. Emergency procedures are:

BREATHING – Move victim to fresh air.

EYES – Immediately flush with water for at least 15 minutes, lifting upper and lower lids.

SKIN – Immediately flush the skin thoroughly (10 - 20 minutes) with water while removing contaminated clothing. (Soap is OK, but don't scrub!)

SWALLOWING – Keep the victim calm and get medical attention. Do not induce vomiting unless directed to do so by medical personnel. Some chemicals can cause as much or more damage on the way up than they will cause by remaining in the stomach. Never give anything by mouth to an unconscious person.



HAZARDOUS SPILLS

Hazardous Spills should be cleaned up by TRAINED personnel only!

WHEN THERE IS A CHEMICAL SPILL:

1. Evacuate and close off the area.
2. Extinguish all sources of ignition.
3. Notify department supervisor or nursing supervisor or HAZMAT Officer
4. Secure the MSDS for the spilled chemical.
5. Ventilate area of spill.
6. Obtain Spill Response Kit in soiled utility room or the Supply Chain.
7. After spill is cleaned up, contact Environmental Services to clean the area.
8. Fill out an Occurrence Report.

BLOOD AND BODY FLUIDS

1. Contain the spill.
2. Call Environmental Services.
3. Blood and Body Fluid Spill Kits are available in each patient care area to clean up blood spills. (Replacement kits are available from the Supply Chain.)
4. Follow proper procedures for disposing of biomedical waste.

CHEMOTHERAPY

1. DO NOT TOUCH!
2. Find a nurse immediately. The nurse will:
   - √ Turn off IV.
   - √ Pour water over site.
   - √ Locate **Chemo Spill Kit**.
   - √ Notify Nursing Supervisor.

A **Code Orange** is called primarily to alert the Decontamination Team and others that may be involved with **Patient Decontamination.**

Upon hearing a Code Orange:

- √ All non-affected associates should continue to work as normal.
- √ Limit any traffic and phone calls to the Emergency Department or PBX/Operator.
- √ Response to the ER should only be essential personnel when requested in support of the Code Orange operations or for medical necessity/patient care reasons. The ER will request additional assistance if required.

Radiation Safety

The hospital is committed to maintain occupational levels of radiation exposure

As **L**ow **A**s **R**easonably **A**chievable

The three basic methods of protection from radiation are

Use appropriate **shielding**,
Maximize the **distance** from the source
Minimize the amount of **time of exposure** to source.

The **Radiation "Caution" sign** tells you that the room is a controlled area where radiation or radioactive materials may be present. There are some basic **Radiation Precautions** you should know if you need to enter these rooms.

1. Move away from x-ray machines during the exposure- at least 6 feet.
2. Wear a lead apron if you're helping a patient during an x-ray exposure.
3. Always wear a lead apron when working near C-Arms.
4. Wear Radiation badges on the collar outside the lead apron.
5. If you are pregnant or suspect you may be, inform radiographer before helping with a radiographic exam.

MRI Safety

The most important thing to remember about the magnet is that it is **ALWAYS ON**. Our magnet cannot be turned off.

Potential MRI Hazards

- √ Projectile effect of metal objects attracted to core of MRI magnet
- √ Soft tissue damage due to movement of metal implants or metallic fragments
- √ Burns from induced electric currents in metal implants or monitoring cables
- √ Electronic device malfunction (such as pacemakers)

Here are some key points to remember before entering the MRI area.

√ You should always be accompanied by a MRI technologist who will screen you before entering the MRI area.

√ If you have a pacemaker or an AICD (defibrillator), don't enter the area at all.

√ The door is kept locked when a tech is not here. Do not call security to have the door opened. You cannot enter without being accompanied by a MRI tech.

Medical Equipment Management Plan

The Medical Equipment Management Plan includes the calibration, maintenance, and preventative maintenance of all clinical equipment. This service is provided by GE Medical Systems, an outside vendor.

To Request Service

√ Send a work request via Meditech Order Entry

√ Call **Biomed** and leave a message

Service Hours

√ Normal hours are 8am – 5pm, Monday – Friday

√ After hours call the hospital Operator to contact the On-call technician.

Malfunctioning Equipment

√ **Remove** the equipment from service

√ **Tag** it with your name, the date, and what's wrong with it or the problem experienced.

√ Send a **Work Order** to BIOMED

Equipment Contributing to Injury

√ Any equipment that is known or suspected of contributing to an injury or death must be **sequestered**.

√ **Report** incident to the Risk Manager who will thoroughly inspect the equipment.

√ **DO NOT release** the equipment back to service or to any agency or vendor outside the hospital until it is released by the Risk Manager.

Leased/Loaner Equipment

All clinical and diagnostic equipment MUST be inspected by BIOMED prior to its use on a patient or for a procedure…

- √ Even if there is no direct patient contact with the equipment, and
- √ NO MATTER WHO owns the equipment, and
- √ Even if the equipment is brand new and straight out of the box.

Written documentation of calibration and QC checks must be provided by the equipment provider. BIOMED will conduct safety testing.

Oxygen Cylinders

Oxygen cylinders can be very dangerous. The contents of the cylinders are under a great deal of pressure and, if they are broken or damaged, they can become dangerous missiles. Oxygen is also known to support combustion in the presence of a fire or spark.

Here are some simple safety rules you should follow to help prevent accidents that could harm patients, visitors or staff:

- √ Never leave oxygen cylinders freestanding or leaning against a wall.
- √ Secure oxygen cylinders in a supporting cart or rack whenever possible.
- √ When transporting a patient on oxygen via bed or stretcher, make sure oxygen cylinders are secure to prevent dropping the cylinder or allowing contact with walls, elevators, etc.
- √ Whenever possible, use stretcher cylinder holders to secure cylinders.
- √ Always use both hands when handling cylinders and never grasp the cylinder by the stem.
- √ Never drag cylinders across the floor.

Contact a Respiratory Therapist if you experience any problems or you have any questions about cylinders or cylinder safety.

Utility Management Plan

The Utility Management Plan includes the maintenance and preventative maintenance on all components of the hospital utilities (phones, power, plumbing, heating/AC, medical gases/vacuum/clinical air, and building and grounds maintenance).

To Request Service

√ Submit a **work request** via Meditech Order Entry to Plant Operations
√ Send a Meditech email to **CFREPAIRS** distribution group.

Service Hours

√ Normal business hours – 7am - 11pm, Monday – Friday
√ Emergency repairs **call Plant Operations**
√ All other hours, contact the House Supervisor to have the on-call staff come in.

In Case of Utility System Problems and Failures

1. Send a work order to Plant Operations by
   √ E-mail (Meditech Magic Office) addressed to distribution group, "CFREPAIR".
   √ Order Entry (Meditech), "ENTER WORK ORDERS"
   √After hours (11:00 pm - 7:00 am), contact the Nursing Supervisor

2. Label defective equipment and remove it from service.

In Case of Electric Power Failure

√ The emergency generators will restore power to the **RED OUTLETS AND SWITCHES** in the building within 10 seconds after a power outage. All critical equipment should be plugged into RED OUTLETS.

In Case of Elevator Power Failure

√ Use emergency phone in elevator. (Automatically dials the hospital operator.)

In Case of Loss of Water

√ Use bottled water
√ Use "Waterless" hand-washing solution (available in Supply Chain)

In Case of Loss of Telephone Communication

√ Plant Operations Walkie Talkies
√ Use Cellular Phones

In Case of Loss of Medical Gas Pressure

√ Use Portable Oxygen Supply
√ Contact Cardiopulmonary at ext 8781 or 8780.
√ Know where the shut-off valves are located in your area, but

NEVER turn off medical gases. ONLY Cardiopulmonary Services personnel may turn off medical gases in an emergency.

Are You "Grounded"? - Electricity Safety Tips

Electricity can be dangerous if care is not taken with cords and equipment. The following steps will help protect you and your patients from electrical shock.

DO'S

√ Use only medical equipment which has an inspection sticker. If you find equipment without a sticker, notify Bio-medical Services immediately.
√ Ensure that all equipment has a grounding plug.
√ Be extra careful with IV poles - the combination of electricity, metal, and fluids easily conducts electricity.
√ Use extension cords only for emergencies. (Extension cords must be approved by Plant Operations.)
√ Report any electrical hazards or incidents immediately to your supervisor and/or Plant Operations or Bio-medical Services.
√ Know where the "ABC" fire extinguishers are located.

DO NOT's

√ Do not overload circuits by using multiple extension cords or extension outlets.
√ Do not use damaged equipment, broken plugs, or frayed cords. Label such equipment and notify Plant Operations or Bio-medical Services immediately.
√ Don't use electrical equipment around wet areas.
√ Do not use electric decorations in your work area.