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INTRODUCTION

**WELCOME** to the Jackson Health System! We wish students and faculty success as you pursue your goals. We are pleased that some of your experiences will be scheduled at Jackson where you will have the opportunity to participate in a challenging and exciting medical center and will be a part of the contribution Jackson makes to our community. As you learn at the Jackson Health System, you will become aware of our caring attitude and our commitment to excellence. Join with us in making Jackson an outstanding healthcare system by exhibiting a caring and conscientious attitude to our patients.

THE JACKSON HEALTH SYSTEM
BUILDING A HEALTHIER COMMUNITY CONSISTS OF:

**HOSPITALS**
- Holtz Children’s Hospital
- Jackson Memorial Hospital
- Jackson Behavioral Health Hospital
- Jackson North Medical Center
- Jackson Rehabilitation Hospital
- Jackson South Community Hospital

**PRIMARY CARE CENTERS**
- Ambulatory Care Centers (ACC East & ACC West)
- Community Health of South Dade, Inc. (CHI) Doris Ison Health Center
- Community Health of South Dade, Inc. (CHI) Martin Luther King, Jr. Clinica Campesina
- Jefferson Reaves, Sr. Health Center
- North Dade Health Center
- Prevention, Education & Treatment (P.E.T.) Center
- Rosie Lee Wesley Health Center Southside Dental Clinic

**LONG TERM CARE CENTERS**
- Jackson Memorial Long Term Care Center
- Jackson Perdue Medical Center

**DOWNTOWN MEDICAL OFFICE**
- Downtown Employee Medical Office Stephen P. Clark Center

**SPECIALTY CARE CENTER**
- Jackson Pediatric Center
SCHOOL-BASED CARE PROGRAMS
• Donnell D. Morris Adolescent Health Center
  Carol City Senior High School
• Dunbar Elementary School
• Hialeah Middle-Community School
• John H. Peavy Adolescent Health Center
  Miami Northwestern Senior High School
• Lenora Braynon Smith Elementary School
• Palm Springs Middle School
• Ruben Dario Middle School

HOMELESS CENTER CLINICS
• Miami Hope Center
• South Dade Homeless Assistance Center Clinic

CORRECTIONS HEALTH SERVICES
• Metro West Detention Center
• North Dade Detention Center
• Pretrial Detention Center
• Training and Treatment Center
• Turner Guilford Knight Center (TGK)

Please note that some facilities are unable to accommodate students.
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UM/JACKSON MEMORIAL MEDICAL CENTER MAP BUILDINGS NAMES & LOCATIONS

M Metrorail Civic Center Station
P Parking
160 N.W. 170th STREET
NORTH MIAMI BEACH, FLORIDA 33169

MAP AND DIRECTIONS

Driving Directions:

From the North
Exit I-95 at SR 826 east. At the light (NW 2nd Avenue), make a left. Jackson North Medical Center is on the right.

From the Northeast
Take Miami Gardens Drive west to NE 6th Avenue. Make a left. Head South to 167th Street. Make a right to NW 1st Avenue. Make a right into Jackson North Medical Center.

From the East
Take NE 163 Street (SR 826) west to NE 1st Avenue. Make right into Jackson North Medical Center

From the South
Take I-95 north and exit at SR 826 east. At the light (NW 2nd Avenue), make a left. Jackson North Medical Center is on the right.

From Surrounding Community
Jackson North Medical Center is off 167th Street (SR 826) at the Golden Glades Interchange of I-95, SR 826 and US 441 (SR 7).
FROM THE TURNPIKE:
Exit on 152 Street East. Turn left on 94th Avenue. Park in employee West Parking Lot.
**JHS MISSION**

To build the health of the community by providing a single high standard of quality care for the residents of Miami-Dade County.

**JHS VISION**

Our strategic vision is to be a nationally and internationally recognized, world-class academic medical system and to be the provider of choice for quality care.

**NURSING VISION**

Jackson Health System nurses are global leaders committed to excellence in providing specialized world class care through innovation, collaboration and evidence-based practice.

**PILLARS OF EXCELLENCE**

- Finance
- Service
- Quality
- Growth
- People
STANDARDS OF EXCELLENCE

1. **Smiles, offers help, says please and thank you.**
   Display a positive, helpful and courteous attitude; represents the Jackson in a positive manner.

2. **Acknowledges others.**
   Uses eye contact and greets others promptly by saying, “Good morning/afternoon/evening”, ends the conversation pleasantly by saying “I hope everything turns out well, I was happy to assist,” etc.

3. **Takes pride and care in his/her environment.**
   Keep unit and Jackson facilities neat and clean; maintain a presentable, personal appearance and an attractive, organized work area.

4. **Responsive and responsible.**
   Understand your role in accomplishing the Jackson's mission; keep people informed; react quickly to problems; apologizes for any inconvenience that may have been caused; follows through.

5. **Ensures confidentiality and privacy.**
   Avoid and discourage gossip; respect personal space; shares information only with those who have a need to know.

6. **Uses professional telephone etiquette.**
   Answer on or before three rings, state department, name and offer assistance in an upbeat tone.

MAGNET JOURNEY

Jackson Health System has embarked on a journey to become a Magnet hospital. In 1983 a task force was established to identify healthcare organizations that attracted and retained nurses, were considered good places to work and provided excellent nursing care. The task force was able to identify several variables that made these organizations special. These variables became known as the Forces of Magnetism and make up part of the Magnet Recognition Program developed by the American Nurse Credentialing Center.

Magnet Hospitals provide excellent nursing care and attract and retain nurses. Our goal at JHS is to achieve Magnet status in the future.

PATIENT CARE AT JACKSON HEALTH SYSTEM

Patient care is approached from a holistic framework. Patient education is a major area of emphasis because we believe that patients have the right to make informed choices and to participate in directing their own health care.

Patient assignments and methods of care delivery are based on the needs of the patients and the skills of the care provider. Patient care is directed by professionals based on an understanding of science, technology, resources, human behavior and current trends in practice.
Patient Care at Jackson Health System is guided by several tenets including those of Relationship-Based Care, Patient and Family-Centered Care, Leininger’s Theory of Culture Care Diversity and Universality, the Jackson Values, Pillars of Excellence and the JHS Nursing Vision and Philosophy.

**Relationship-Based Care**

An overarching philosophy that focuses on three relationships for the provision of humane and compassionate care.

The three relationships are the nurse’s relationship with patients and families, colleagues, and self.

**Patient and Family-Centered Care**

A philosophy of care delivery that views patients and families as true partners in care. We believe it is our duty to support the values, rights, and beliefs of those in our care, in order to optimize healthcare outcomes and patient satisfaction.
**Leininger’s Theory**
Promotes the delivery of culturally congruent care that is responsive to patients’ cultural values and life ways, politics and legal factors, economics, education, technological factors, religion, and social networks. The tenets of Leininger’s Theory are also extended to relationships with colleagues.

**Transformational Leadership**
Transformational leaders create the vision for nursing practice and engage the staff by establishing mutual goals and fostering relationships. A shared governance structure empowers staff to accomplish and sustain desired goals. Leaders support professional practice by creating an environment conducive to safe and effective care.

**Teamwork**
Healthcare team members collaborate to provide safe, proficient, and compassionate care with quality outcomes.

**Professional Nursing Practice**
Involves the execution of six primary roles for patients: Sentry, Guide, Healer, Collaborator, Teacher, and Leader.

Effective execution of these roles requires technical and interpersonal skills, leadership skills, cultural competence, critical thinking, caring, a commitment to quality, ethical practice, evidence-based practices, and ongoing learning.

**Group Practice Care Delivery**
A method of organizing nursing, allied health, professional, and support staff to meet the needs of patients and families. Team partners have shared responsibility, authority, and accountability for the care of a defined group of patients at the direction of a RN. Consistency among team partners promotes continuity of care and enhanced outcomes for patients. This care delivery system is built on relationships and clinical excellence.

**Resources**
Leaders ensure that appropriate human and material resources are available for safe and effective care. Both staff and management share responsibility and accountability for the stewardship of organizational resources.
Outcomes
Drive the structures and processes in nursing and include desired results for patients, staff, and the organization. Jackson nurses use data from a variety of sources to plan, modify, and evaluate care.

Philosophy of Nursing
We believe that nursing is a professional discipline, both art and science, that incorporates nursing knowledge, critical thinking, and caring. The delivery of care is guided by a “Single High Standard of Care” for all that is safe, culturally-competent, and patient and family-focused. Nursing practice is vital to accomplishing the JHS Mission, Values, Pillars of Success, and Standards of Excellence.

We believe that each individual is unique and brings abilities and needs to the health care milieu. We are committed to relationship-based care that focuses on nurses’ relationships with patients and families, co-workers, and self. The nurse-patient relationship is based on genuine care and respect, recognizing the individual’s values, developmental stage, disabilities, sexual orientation, nationality, religious, and cultural beliefs.

Our goal for nursing at Jackson Health System is to provide excellent care whereby all nurses are encouraged to realize their best potential as professionals. Excellence in patient care is fostered by providing nurses with orientation, mentoring, resources, continuing education, and advancement opportunities. Our nursing practice is evidenced-based and one of collaboration with other health care professionals, educational institutions, health care advocates and organizations at local, regional, state, national, and international levels. We promote collaboration that brings together clinical practice, administration, education, and research.
Diversity Statement

Jackson Health System (JHS) values the diversity we have in our community and in the employees we serve. Recent discharge summaries indicate that almost forty percent of our patients are people of color. In addition, we are proud that JHS employees represent one of the most culturally diverse healthcare systems in Miami-Dade County. As a vehicle to achieving JHS’ mission, we offer a series of cultural diversity programs to ensure organizational values and excellence are attained. By incorporating cultural sensitivity and other diversity issues into our educational programs and other organizational initiatives, we foster behavioral qualities such as respect, dignity, individual consideration and spiritual/religious acceptance and support.

As the needs of the community continues to change, our goal is to adapt in order to meet the needs of our customers by advancing cultural competence. Cultural competence includes examining the impact of attitudes on patient care, accepting different values and lifestyles, addressing age-specific needs, ensuring linguistically appropriate services are provided to accommodate the needs of our patient and families. Our role is to intervene appropriately and effectively while demonstrating sensitivity. Each employee must understand and be given guidance on his/her role in supporting a positive customer experience as it relates to cultural diversity. Safeguarding our customers’ values and beliefs is the cornerstone of JHS’ diversity programs.

We at Jackson Health System are proud that we are one of the most ethnically diverse employers in Miami Dade county. We strive to ensure that our stakeholders reflect the diversity of our great community. We are committed to fostering cultural responsiveness by educating our employees about the meeting the unique needs of our internal (co-workers) and external (patients, families/ caregivers, and visitors) customers. The following information provides an overview of organizational values and reviews performance factors for achieving these values.

Goal: To improve the quality of services to our multi-cultural customers.
Objectives:
1. Recognize that the diversity of our customers is what makes JHS unique.
2. Recognize that all employees, no matter their position, are responsible for creating an environment that promotes respect and values diversity.
3. Identify and practice techniques that, to the extent possible, address and support the cultural values of our customers.

Who We Are
At Jackson Health System (JHS), we are an organization of 11,000 employees representing various countries and cultural values. Our employee population reflects the significant changes that have occurred in our nation in the last fifteen years. In addition, we are aware that a significant number of our new customers are people from outside of the United States. In recognition of the changing workforce as well as our diverse customer base, we understand the importance of a multi-cultural perspective when providing service. In our commitment to support diversity, we acknowledge that culture impacts how we perform as employees as well as the implications for recovery and care for our patients.

Cultural Responsiviness
We believe that JHS is the flagship of the 21st century healthcare business. Consequently, we have built our organization around a set of core values. These values include the right to be treated with respect and dignity, and that, to the extent possible, personal consideration is given so that values and needs are supported. We encourage our employees and business affiliates to contribute to the well-being of others by working with integrity and continually striving to be culturally sensitive to the needs of others.

Employees can contribute by not making assumptions about the ways to prevent, maintain or cure health problems. Instead, adopt a line of questioning that leads to clarification of beliefs from others, so that a caring and supportive intervention may be made. Business affiliates can contribute by recognizing that culture determines the rules of polite, caring behavior. Therefore, they must treat people the way they want to be treated.

Supporting the Business Culture
Traditional work styles and archaic viewpoints can decrease productivity, create interpersonal conflicts, and lower job satisfaction because of lack of respect for differences. Therefore, as an organization we understand that we must now rethink old attitudes and assess whether or not current practices support the current business culture. Our organizational values and principles are designed to provide an environment where all employees are heard and motivated to work together to perform at the highest level and achieve professional fulfillment.
Creating a Positive Work Environment

As a Jackson Health System employee, we understand that each of us is responsible for safeguarding organizational ideals and the value system of the individual. We are able to achieve this by demonstrating behaviors that promote PEACE:

P Professional - Acknowledge the presence of others.
- Provides friendly greeting, smiles
- Speaks English, unless providing interpreter assistance
- Avoids making assumptions and stereotyping

E Empathetic - Demonstrate sensitivity and is culturally responsiveness to the diverse needs of others.
- Recognizes differences in value systems
- Listens attentively, suspends judgement, ask questions for clarification
- Deals with others’ frustrations in an appropriate business manner

A Action Oriented - Respond to customers and departmental needs in a timely manner.
- Provides immediate assistance when required
- Follows through with responsibilities
- Personally assists with maintaining a clean and organized environment on daily basis

C Conflict Resolution - Recognize and treat conflict as an opportunity to improve relations.
- Ensures that the customer’s problem as been heard, acknowledged and a solution forged
- Responds calmly and with courtesy
- Engages in team building activities to foster trust

E Evaluate - Assess results of each customer interaction
- Seeks measures to enhance future interactions via communication, education and training
- Prevents unproductive situations by being proactive
- Demonstrates flexibility to continually meet the changing needs of own business environment
Every Jackson Health System patient is entitled to certain basic rights when receiving care.

The Right to:
- Access to health care.
- Respect, dignity, and consideration in his or her care.
- Privacy and Confidentiality of all information.
- Clear Information about his or her condition and care.
- Involvement in decision making.
- Identity and professional status of all caregivers.
- Refuse treatment
- Communication within and outside the hospital.

Patient’s rights and responsibilities are:
- Posted throughout the hospital, ambulatory clinics, primary care centers, skilled nursing facilities (residents’ rights) and home health agencies.
- Available in English, Spanish or Creole throughout the Admitting Office and/or the Patient Relations Office.
- Provided to patients on admission.
- Reviewed and discussed with all employees during mandatory orientation.

Adult patients are also provided with information regarding their rights to set Advanced Directives to determine their care in the event they are unable to communicate their wishes to their physicians.

Social Work services are available when patients request assistance in drawing up their Advanced Directives. Their physicians are notified and have the opportunity to participate in the process.

Other sources of assistance related to Patients Rights and/or Ethics include Pastoral Care (85-2529), and the Bio-Ethics Committee (contact the Chairperson through the hospital’s page operator at 85-2255).
Jackson Health System encourages monitors and enforces organizational and staff's behaviors that demonstrate adherence to the highest standards of ethical conduct in-patient care business practices and interpersonal relations. Medical Staff Bylaws, Corporate Compliance Plan, Miami-Dade County code and Florida Statutes also support and enforce these desired behaviors. Employees of Jackson Health System are personally and professionally obligated to serve the public with honesty and integrity. It is essential that we maintain the trust of the public and our co-workers.

Jackson Health System personnel are expected to practice according to the following standard:

Interact with patients, fellow staff members, clinical partners, vendors, visitors and any other group or individual in an honest, courteous and forthright way that will reflect favorably on Jackson Health System.

Examples of general standards of ethical behavior include, but are not limited to:

- Maintaining patient confidentiality and privacy
- Providing patient care and service without regard to political or other non-clinical influences
- Identifying and correcting practices that do not appear to meet generally accepted standards of fairness, impartiality or integrity.
- Generating accurate charges and resolving billing concerns fairly and expeditiously
- Using resources efficiently and appropriately
- Processing invoices within contractual limits
- Representing the capabilities and services of Jackson Health System in a fair and truthful way
- Providing patient's information regarding access to protective services upon request
- Ensuring the quality of patient care by separating clinical decision-making from any influence arising from financial incentives or risks
- Exhibiting the Standards of Excellence at all times.
A WORD FROM COMPLIANCE OFFICE

Public Health Trust/Jackson Health System (PHT/JHS) is committed to conducting its business lawfully and ethically. As the PHT/JHS reputation is the sum of the reputation of its employees, it is critically important that all its employees perform their duties in accordance with the legal and ethical standards. PHT/JHS will exercise due diligence in attempting to deter, detect and correct improper conduct by its employees, managers, patients and vendors. PHT/JHS will establish an environment or culture within PHT/JHS that promotes self-monitoring, detection and resolution of problems. For more valuable information relating to ethics, view JHS Corporate Compliance Code of Conduct at http://www.jacksonhealth.org/employees-compliance.asp.

If you are aware of any dishonest or unethical behavior, or improper business practices, you may anonymously report such incident to the Compliance Hotline without fear of retribution.

The Compliance Hotline is available 24 hours/day, 7 days/week.

You can reach the Compliance Hotline by dialing toll free 1-800-684-6457.

NOTE NURSES DO NOT CODE.

- **Gifts and Gratuities**
  - **Policy # 329 - Gratuities**
    Employees must not accept any personal gifts or tips from patients, their families, or vendors.

- **Workplace Conduct**
  - **Policy # 359A – Standards of Excellence**
  - **Policy # 359 – Disruptive Behavior**
    All employees must conduct themselves in a professional manner at all times while at work.

- **Vendor Relationships**
  - **Policy # 248 – Procurement Regulation**
  - **Policy # 126 – Vendor/Contract/Visitor Access & Activity**
    Institutional purchases are made by a contract bidding process. Employees must maintain organizational confidentiality regarding pricing and contract terms.

- **Patient Information**
  - **Policy # 515 – Patient’s Rights for Privacy and Confidentiality**
    Patient confidentiality is an organizational priority. Information may only be shared on a “need to know” basis.

- **Patient Charts**
  - **Policy # 400.021 – Medical Record Policy**
    The documentation policy must always be followed. Never document for another employee.
Jackson Medical Towers 1st Floor, Room 108
Phone Number: 305 585-2900
On call: 305-216-5391

Jackson Health System Risk Management Program:
- Coordinate the monitoring and evaluation functions of the department with other quality assurance programs.
- Develop an awareness of the medical legal aspects of care.
- Motivate the staff to utilize the in-house reporting mechanisms appropriately and in a timely fashion.

Areas of Professional Liability for Clinicians:
- Medication administration.
- Patient safety.
- Observation of signs and symptoms of adverse reactions to treatments.
- Recording and reporting of patient care.
- Patient teaching and documentation.
- Supervision of care given by ancillary/subordinate staff (patient care assistants/nurses aides).

Incident Reports:
- Identification and documentation of facts of any injury/adverse occurrence not consistent with routine hospital operation, or care of the patient.
- Hospitals are required by law to maintain an incident report tracking system.
- Serious/adverse incidents are to be reported to Risk Management immediately:
  - Death
  - Brain damage
  - Spinal Cord damage
  - Surgery performed on the wrong patient.
  - Surgery unrelated to medical diagnosis or need.
Risk Management

- Incident Reporting System on the Quantros computer system.
- It is the duty of all healthcare workers to report patient adverse occurrences to Risk Management by Florida law.
- Reporting is very important and there are no bad/negative consequences or reactions.
- Risk control and prevention measures minimize injuries to patients and staff.
- Florida law - Code 15 (serious incident report) — report within 24 hours.
- Routine events — report within 3 days.
- Sexual misconduct reporting.
- Workers Compensation reporting.
- Students must report any medications errors to preceptor, faculty and Education and Development.

Documentation

- Chart promptly and accurately.
- State only the facts.
- Be as precise and concise as possible.
- Write neatly and legibly.
- Write addendum if needed.
- Time, date, and your name with designation in all medical record entries.

NOTE: All students need to follow the chain of command and report to their supervisor/instructor.
SAFETY EDUCATION

I  Fire Safety
- R.A.C.E. (Rescue, Alert, Confine, Extinguish)
- P.A.S.S. (Pull, Aim, Squeeze, Sweep)
- Departmental fire response procedures/ plans (review them regularly)
- Recognition of fire safety equipment & fire exits (know location)
- Responsibilities: reporting fire hazards and other emergencies (305-585-6123; numbers will vary for satellite facilities)
- Fire drills (quarterly, all buildings, all shifts, documented)
- Jackson Health System (JHS) and its affiliate, the UHealth-University of Miami Health System, are SMOKE FREE facilities. This initiative is to improve the health and well-being of our patients, visitors, students and employees. Knowing that tobacco smoke is a proven health hazard to both smokers and non-smokers alike, and tobacco use is the leading cause of preventable death in the United States, we have decided that tobacco use is inconsistent with our healthcare mission.

Therefore, all properties owned or leased by Jackson and UHealth are now smoke-free environments. This means that in addition to the buildings, which are already smoke-free, smoking is not permitted in any outdoor areas, including parking garages or in parked vehicles.

II  General Safety
- H.O.B.S. (Hospital Ordered Bomb Search)
- Disasters/ hurricanes (know your assignment and departmental plan)
- Electrical equipment (non-approved, not allowed in patient vicinity; hospital-approved, inspected and tested as outlined in the Equipment Management Programs of JHS’s Plant Operations)
- Report equipment failure and damage to Engineering (305-585-1302)
- Report suspicious smells and hazardous spills to Telecommunications’ Page Operators (305-585-6123)

III  Hazard Communication
- OSHA Haz-Com Regulation/ Florida Right-To-Know Law (employer’s obligations and employee’s rights)
- Toxic/hazardous substances in the workplace (must be made known)
- Personal protective equipment (PPE) (always use when required)
- Labeling practices (English, manufacturer, warnings, contents, PPE)
- Chemicals (approval, training in safe handling, storage, disposal, spills)
- Material Safety Data Sheet (MSDS)

Be Responsible to React or Respond in an Appropriate Manner!
Florida Poison Information Centers

- Miami - Jackson Memorial Hospital
- Tampa - Tampa General Hospital
- Jacksonville - Shands Jacksonville

- Staffed by physicians, nurses & pharmacists. Poison control centers were established by the Federal Government to be HIPAA-exempt.
- *(Federal Registry - 45 CFR parts 160 and 164 and § 396.1027, FS)*
- Available 24 hours a day, 7 days a week
- **ANYONE** can call – a free public service
- Program your phone with 1-800-222-1222
- Miami Dade Health Department – 305-324-2400
- Florida Health Department, Children’s Welfare – 850-245-4400
- Follow-up calls on poisoned patients are standard procedure.
- The Federal Government collects toxicological information throughout the U.S. via poison control centers.

Why call the Poison Center?

- Accidental/intentional poisonings
- Bites or stings (snake/marine/insect)
- Drug identification (pills/capsules/tablets)

OXYGEN TANK SAFETY

Combustion needs fuel, ignition, and oxygen to burn.

By removing oxygen from fuel and ignition sources the chance for fire is greatly reduced.

Oxygen tanks should be:

- Secure oxygen tanks to a cart, stand or stretcher frame rack to prevent falling.
- Only use MRI compatible (Aluminum) in MRI departments.
BACKGROUND

• The Joint Commission (TJC) established the National Patient Safety Goals (NPSGs) program in 2002; first set of NPSGs effective Jan. 2003.

• The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them.

• A panel of patient safety experts advise TJC on the development and updating of NPSGs. Experts include practitioners, provider organizations, consumer groups, stakeholders, etc. to determine the highest patient safety issues and how best to address them.

• The requirements highlight nationally problematic areas in health care and describe evidence and expert-based solutions to these problems.

• The requirements focus on system wide solutions, wherever possible.

• NPSGs are fundamental to all patient care and MUST be observed by all staff.

• NPSGs compliance will be evaluated by the Joint Commission Surveyors and will impact the organizational accreditation survey score.

Patient Safety Advisory Group

• Comprised of a panel of widely recognized patient safety experts, nurses, physicians, pharmacists, risk managers, and other professionals with hands-on experience in addressing patient safety issues in a wide variety of health care settings.

• Works with Joint Commission staff to undertake a systematic review of the literature and available databases to identify potential new NPSGs.

• Determines the highest priority NPSGs and makes its recommendations to The Joint Commission.

• Advises The Joint Commission on the evidence for and face validity of these suggestions, and their practicality/cost of implementation.

• May recommend retirement of selected NPSGs to maintain the focus of accredited organizations on the most critical patient safety issues.

• Reviews draft patient safety suggested actions for potential publication in The Joint Commission’s Sentinel Event Alert patient safety advisory.
2013 HOSPITAL NATIONAL PATIENT SAFETY GOALS
The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly
NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication
NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely
NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01 Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection
NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks
NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery
UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
UP.01.02.01 Mark the correct place on the patient’s body where the surgery is to be done.
UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.
The Jackson Health System believes that the use of patient restraints needs to be reduced and eliminated, when possible. If restraints are needed, they will be used properly and safely. Staff members that use restraints will have specific training for their appropriate department. Restraints will be used only when they are needed to protect the patient’s health and safety, and will be removed as soon as possible.

RESTRAINT POLICY

ADULTS

Any person/employee who knows or has a reasonable cause to suspect that a child, or vulnerable adult has been or is being abused, abandoned, neglected or exploited should report that information to DCF Abuse hotline (1-800-96-ABUSE) and follow JHS policies 400.000 & 400.001.

Who is considered a child?

A child means any unmarried person under the age of 18, who has not been declared an adult by a court order.

Who is a vulnerable adult?

A vulnerable adult means a person 18 years or older who is unable to perform normal activities of daily living or is unable to provide for their own care due to a mental, emotional, physical or developmental disability, dysfunction, brain damage or the physical problems of aging.

Abuse may be physical, emotional or sexual. It may include burns, fractures or other identified injuries. The patient may make frequent references to the “anger” or “temper” of a relative or roommate, or refers to a fear of being harmed. Abuse may be identified by anyone.

Related JHS Policies You Can Read:

Section 400 – Care of the Patient Policies 400.000 & 400.001.

Signs and Risk Factors:

The child or vulnerable adult may come to the healthcare system with any of the following:

- Bruises or injuries that do not match the reasons given. Explanations that do not make sense or are inconsistent.
ABUSE AND/OR NEGLECT AND EXPLOITATION OF CHILDREN AND VULNERABLE

• Physical abuse (bruises/welts/fractures in different stages of healing; burns/bruises/bites/strangulation marks/marks in the shape of handprints or other identifiable patterns; internal injuries, brain or spinal cord damage, internal bleeding in the brain, choking, suffocation, drowning, deadly weapon injury, beatings, excessive physical punishment).
• Mental abuse (drastic changes in behavior, inappropriate/excessive restraints or isolation, bizarre punishment, harassment, being made fun of).
• Sexual abuse (sexual penetration, molestation, exploiting a child sexually, known sexual abuser has access to child, elder or disabled adult).
• Substance misuse (inappropriate/excessive drugs given, poisoning, giving or exposing a child to alcohol or drugs).
• Inadequate supervision (victim left alone, caregiver present but unable or not willing to provide supervision).
• Environmental neglect (inadequate shelter, clothing, food, conditions hazardous to health).
• Medical neglect (malnutrition/dehydration, failure to thrive, failure to provide medical care).
• Self-neglect (adult is unable to care for self).
• Unexplained loss of social security checks or pension checks.
• Failure to protect a child from physical, sexual or mental injury.
• Special conditions for child (caregiver in jail, caregiver hospitalized, caregiver deceased, caregiver is afraid of hurting child, child on child sexual abuse).
• Children living in homes where they witness domestic violence.

Steps to Provide Help:

• Follow the JHS policies (400.000 & 400.001) and divisional policies related to abuse.
• Don’t probe or question the child yourself. Tell them you believe them and notify your supervisor.
• Notify the attending doctor.
• Notify the Child Protection Team (CPT) 305-243-7550.
• Notify Social Worker in the Patient Care Area or Social Work Department.
• Notify Department of Children & Families (DCF).
  1-800-96-ABUSE (22873) or 1-800-962-2873
• Complete documentation in the medical record.

Anyone can report suspected abuse or neglect by calling:

1-800-96-ABUSE (22873)
Domestic Violence is a serious healthcare problem. Statistics tell us that a woman is abused by an intimate partner every nine seconds. Victims come from all cultures, ethnic backgrounds, religions, financial status and sexual orientation. It is the responsibility of all employees to identify and assess any adult patient who may be the victim of abuse, but who does not fall under the protection of the Adult Protective Service Act. This includes victims of domestic abuse, physical assault and sexual violence.

What is Domestic Violence?

Domestic Violence refers to a pattern of behaviors that are used by a person to gain control and power over an intimate partner. Behaviors may include repeated battering and physical injury, psychological abuse, sexual assault, keeping someone isolated from friends and family, threatening and financial control.

Since Florida law does not provide for mandatory reporting of domestic violence or rape, the victim should be given the opportunity to make a police report if he/she is willing. In cases involving domestic violence, the victim is referred to the social worker who can assist the victim by providing information and a referral to local community resources. For the safety of the victim care must be taken when giving victims telephone numbers, etc. Co-workers who may be victims can be referred to the JHS Employee Work/Life Services Department at 786-466-8377.

In cases involving physical assault by gunshot wound or other life threatening injury indicating an act of violence, the police must be notified.

Related JHS Policies You Can Read:

- **Section 400** Identification & Assessment of Adult Victims of Abuse – JHS Policy 400.001
- **Section 100** Notification of Gunshot – JHS Policy 186
- **Section 200** Domestic Violence and the Workplace – JHS Policy 201

Signs and Risk Factors of Possible Abuse

- There can be injuries to head, neck, torso, breast, abdomen or genitals. Injuries are often found in a swimsuit pattern in areas that are easily covered by clothes.
- There can be injuries on both sides of the body or in multiple sites. Watch for patterns of injury.
- There can be a time delay from when the person is injured and when they come for treatment.
- Patients may complain of chronic pain symptoms with no apparent cause.
• Patients may seem depressed, anxious and have difficulty sleeping. They may even have thoughts of harming themselves or their abuser.

• They may make frequent visits to ER for unclear nonspecific problems.

• They may be accompanied to the hospital by a partner who seems overly protective, intimidating or who will not leave the patient’s side.

• Co-workers who are in abusive situations may have frequent absenteeism, tardiness or receive threatening phone calls at work. They may seem easily frightened and have difficulty being able to focus on work.

**Steps to provide help:**

• Follow the JHS policies (400.001 & 186) and divisional policies

• Refer patients who are identified as victims of domestic abuse, physical assault or sexual molestation to the social worker.

• Refer alleged or suspected sexual molestation to the JMH RTC (Rape Treatment Center) 305-585-7273 (HOTLINE), open 24 hours a day.

• Listen non-judgementally. This means not to place blame or state your own beliefs. Victims stay in abusive situations for many reasons. Our role is not to judge them or tell them what to do, but to listen to them and refer them to someone who can give them information and options. NEVER ASK A PERSON ABOUT SAFETY IN THEIR RELATIONSHIP OR ABUSE IN THE PRESENCE OF ANYONE. ONLY ASK IN PRIVATE.

• Tell the person that you believe them. You can also say “You are not alone,” “You are not to blame”, “Help is available”

• Document in the medical record what the victim tells you, what you note on the body, what anyone accompanying the victim tells you, referrals made and any follow up.

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**SEXUAL HARASSMENT**

All employees have the right to work in an atmosphere that is free of sexual harassment. If you feel you are being harassed on the basis of race, sex, creed, national origin, religion, etc., please contact the Employee/Labor Relations & Workforce Compliance Department immediately (305-585-7268).

**Related JHS Policy:**

**Sexual Harassment – JHS Policy 323**
"CODE PINK"

The purpose of this plan is to reunite the infant/child with his/her family as quickly and safely as possible.

Hospital employees need to be aware that an infant or child may be abducted from anywhere within the hospital and may be an inpatient or even the child of a visitor.

Confidentiality is to be maintained at all times. The police and hospital administration will determine what information will be released. All hospital employees are to report any unusual or suspicious behavior of any persons immediately by paging Security.

Examples of such behavior might be:

- Any child or infant being taken or carried out of the hospital or off hospital grounds from an unusual or infrequently used exit
- The person with a child appears rushed, troubled or harried.
- A person carrying a large bag out of the hospital, particularly if cradled in their arms or from a less frequently used exit.
- A child appears to be in great distress or fearful of the adult.
- Any child is found unaccompanied by an adult, or is lost.

As soon as an employee within the Women’s Center, Holtz Children’s Hospital or any other area of the hospital, suspects that an infant or child is missing, the following actions are to be taken:

1. Any employee who has a missing child/infant reported to them will alert security. State Code Pink and the age of the child.
2. Notify the charge nurse and/or the supervisor of the area involved. Complete a thorough search of the immediate area and perform a head count of all infants, if appropriate.
3. Question the parents of the child and all personnel of possible locations of the child.
4. All personnel in the Code Pink area will remain on duty for questioning and/or until authorized to leave by administration/police.
5. All staff are expected to maintain confidentiality by not discussing the occurrence with anyone not related to the incident.
6. Secure the unit; do not allow persons without authorization to leave or enter the unit.
7. Do not allow anyone to disturb the contents or arrangement of the area. Items may be required for police investigation.
8. Notify the parents of the abduction and actions being taken to recover the child.

9. Ensure privacy for the parents of the child.

10. A communications command post needs to be established in a place to be determined by the AOC.

**Code Pink response team consists of:**
- Psych (1 employee)
- Women’s Center (1 employee)
- ER (1 employee)
- Environmental (3 employees)

Each department must check every accessible place where a baby or child could be hidden: i.e. closets, wastebaskets, etc.

**WORKPLACE VIOLENCE**

Violence or the threat of violence by any employees is unacceptable. Violations of this policy by any employee will subject that employee to serious disciplinary actions and possible criminal charges. Additionally, JHS will work with law enforcement in all incidents of workplace violence. The Vice President of Human Resources administers this program.

**Related JHS Policies:**
- Disruptive Behavior – JHS Policy 359
- Standards of Excellence – JHS Policy 359A

**CONFIDENTIAL INFORMATION**

ALL PATIENT INFORMATION, regardless of how obtained, is confidential and should be discussed only with other health care professionals directly involved in the patient’s care. DO NOT discuss any patients or their situations, with or without names, in any public places such as elevators, hallways or the cafeteria. Partial conversations can be misinterpreted and lead to mistrust, anxiety or fear. A good “rule of thumb” is to respect each patient’s right to privacy as if he/she were your family member.
Reactions to these sorts of abuses, as well as a general concern about health privacy, led to the passage of HIPAA

What is HIPAA?
The Health Insurance Portability and Accountability Act.
It’s the LAW!
It’s the RIGHT THING TO DO!

What is health insurance portability?
This means that if you want to change your health insurance in any way or change insurance companies, it is easier.

For example, maybe your family is going to have a baby or you lost your job and now have to get insurance from your husband’s or wife’s insurance company. HIPAA makes it easier.

What is health insurance accountability?
This means that your health information is kept private and secure. Only those people who must have information about you to provide care or to process your records should know your private health information.

The visitor who passes a computer screen, the housekeeper who cleans your hospital room or employees talking in an elevator should not learn anything about your health information because it is private. It must be protected—and it is called protected health information (PHI).

All healthcare organizations must take special steps to protect your health information. They and their employees can be fined and/or imprisoned if they do not follow special rules to protect your privacy.

As you study about HIPAA, we want you to ask yourself these questions:

1. Would I or my family want people to gossip about my medical or personal information?
2. What kinds of changes need to be made in my department or by me to protect other people’s privacy?
3. Am I willing to risk being fined, losing my job or going to jail because I don’t follow the legal, the ethical, the RIGHT thing to do?
Who has access to protected health information?
Lots of folks! Caregivers, medical records employees, utilization reviewers, folks in billing, insurance providers, and students could all look at private information.

But
Only those who MUST know information to provide care or do the work necessary to complete business responsibilities are legally and ethically allowed to know and use the information.

And
They must make sure they guard the information so it does not become known or used by anyone else. It must be kept confidential.

How do we protect confidentiality?
A. DO NOT give any information about a patient to anyone who is not directly involved in the care of the patient unless the patient gives an official consent or unless the law requires it.

Why?
Because . . .
If patients are afraid to give us all their health information because we don’t keep it private, they will not receive the care they need and may suffer.

Why?
Because . . .
If the patients think we don’t protect their personal information, they will go someplace else.

Why?
Because . . .
Accurate research to improve healthcare will NOT occur if a patient holds back private information.

Why?
Because . . .
Health Care cannot be cost effective without accurate information.
HOW?

1. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - your family who asks about a hospitalized neighbor

2. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - a friend who heard a celebrity is on your unit

3. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - a co-worker who is concerned about the diagnosis of a colleague who has a lump in her breast

4. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - the visitor who just left the patient’s room

5. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - the person who calls and says she is the patient’s daughter.

6. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - the official-looking man who says he is the patient’s lawyer.

7. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:
   - the reporter who is writing an article about the patient

8. This means you should say, “I’m sorry, that information is confidential and we cannot share that info” to:

   ANYONE YOU KNOW DOES NOT HAVE A LEGAL REASON TO KNOW ABOUT THE PATIENT.
WAYS TO PROTECT PRIVACY

1. Make sure no one gets private and protected health or personal information by:
   • Not talking about patients in public places like the cafeteria, elevator, by the water cooler, in lounges, waiting rooms or parking garages.

2. Make sure no one gets private and protected health or personal information by:
   • Being sure no one can see your computer screen while you are working.

3. Make sure no one gets private and protected health or personal information by:
   • Never sharing your access code.

4. Make sure no one gets private and protected health or personal information by:
   • Logging off when not working on your computer.

5. Make sure no one gets private and protected health or personal information by:
   • Changing your code and notifying your supervisor if your code becomes known by anyone else.

6. Make sure no one gets private and protected health or personal information by:
   • Not leaving information on answering machines or E-mails because you don’t know who can get your messages.

7. Make sure no one gets private and protected health or personal information by:
   • Leaving only your name and your number on message machines when you are asking patients to call you back.

8. Make sure no one gets private and protected health or personal information by:
   • Being sure you are in a private area when listening to or reading your messages.

9. Make sure no one gets private and protected health or personal information by:
   • Knowing who you are speaking to on the phone
     if not sure
     – get a name and number to call back after you find out it is OK to do so.
10. Make sure no one gets private and protected health or personal information by:
   • Being sure no one around you can overhear your conversation, especially in an office or waiting room.

11. Make sure no one gets private and protected health or personal information by:
   • Using ONLY a standard phone because cellular phones can be scanned.

12. Make sure no one gets private and protected health or personal information by:
   • Never leaving documents unattended.
     Store, file, shred or destroy according to your departmental policy.

13. Make sure no one gets private and protected health or personal information by:
   • Making sure Fax numbers are correct and use a cover sheet with a confidentiality statement.

14. Make sure no one gets private and protected health or personal information by:
   • Giving your supervisor any papers or materials with patient information you find anywhere such as:
     – a classroom or lounge
     – cafeteria, floor or wastebasket.

OTHER WAYS TO PROTECT PATIENT PRIVACY

• If you happen to see a patient in any public place, be very careful in greeting them. They may not want others to know they have been a patient.

• When calling patients in waiting rooms for appointments or talking to them in our healthcare facilities, talk to them in a way that does not disclose their full name, doctor or reason for their visit to others who may over hear.

• Even when a patient has someone with them, they may not want that person to hear their private information so ask the person to wait outside. If the patient requests them to stay, that is OK.

• Do not post patient’s names and diagnosis or doctor’s name and private information in any public areas such as waiting rooms, nursing stations or assignment boards.

Please REMEMBER to implement these HIPAA guidelines in your workplace everyday. It is the RIGHT thing to do.
TUBERCULOSIS

• **What is TB?**
  Pulmonary Tuberculosis is a disease that is spread from person to person through small particles of bacteria in the air called droplet nuclei.

• **What is the purpose of a PPD skin test?**
  The purpose is to tell whether you have become infected with the TB germ from exposure to TB.

• **What does it mean if your skin test is positive for TB?**
  It means that you have been exposed, at some time to the TB germ. It may not mean that you have TB disease or that you could infect another person. If your skin test is positive for TB, you must report to the Employee Health Office for follow-up.

• **How do you know if you have passive TB Infection or Active TB Disease?**
  If you have active TB disease you may show symptoms such as:
  - Chronic cough (lasts longer than 3 weeks)
  - extreme tiredness
  - night sweats
  - weight loss
  - loss of appetite
  - fever
  - coughing up blood

• **How often is PPD skin testing/Health screening required?**
  Annually. Some departments, due to a higher risk of exposure, are tested more frequently.

• **When is it necessary to wear an “N-95 Particulate Respirator”?**
  When entering the room of a patient with TB, Chicken Pox, or other airborne, communicable disease.
• How important is it that the “N-95” mask is fit-tested?
Very important. If the mask is worn properly each time he or she enters an isolation room, the risk to exposure is eliminated. Fit testing is done on request by the safety officer.

• The TB Exposure Control Program:
A TB Exposure Control Program has been developed by the JHS in compliance with Centers for Disease Control and Prevention TB Guidelines. Your supervisor/manager is responsible for implementing components of the program. Your responsibility is to incorporate safe practices into your work habits.

• Protective Equipment
  - It is essential that you wear appropriate protective equipment when there is potential for exposure to tuberculosis.
  - ALWAYS wear a particulate respirator when entering the room of a patient in Airborne Precaution for TB.

Contact Digital Beeper Numbers:
• Infection Control
  305-996-0459

• Tuberculosis Control
  305-314-2881
HIV/AIDS Update for Healthcare Workers

Epidemiology

AIDS is a reportable disease:

- HIV infection is a continuum from asymptomatic infection to symptomatic HIV disease.
- AIDS - Acquired Immunodeficiency Syndrome is a confirmed HIV infection (testing positive) and a CD4 cell count of <200, or an opportunistic disease is present.

Transmission

Transmission of HIV occurs when infected body fluids are exchanged or transmitted such as:

- Sexual Activities - intimate, penetrating activities with fluids.
- Blood to Blood - occupational exposure, transfusions, sharing IV drug needles.
- Perinatal/Vertical - mother to child either in utero, the birthing process or breast milk.

Prevention

Body fluids with highest concentrations:

- Blood
- Semen
- Vaginal secretions
- Breast Milk
- Cavity Fluids: Cerebral Spinal, Synovial, Amniotic, etc.

Sexual

- HIV/AIDS is primarily a sexually transmitted disease. There is no risk of HIV for people who practice sexual abstinence, are in mutually monogamous abstinence, are in mutually monogamous relationship over 10 years, do not “shoot” drugs sharing needles, or both tested negative for up to one year.
Sexual Protection

- Couples should use Latex or Polyurethane (plastic) condoms, barriers or dams for oral or vaginal intercourse.
- Use water based lubricants with latex products.
- Decrease amount of sexual partners.

Blood to Blood

- Injection drug use refers to the use of “street” drugs and any form of injection in a non-medical setting i.e., steroids, insulin, heroine, where needles or works are being shared.
- Clean all devices used for body pierce or tattoos

Injection Protection

- Do not share needles, works or other paraphernalia.
- To clean “works” draw full strength bleach into syringe allow to sit 30 seconds, discard, and then rinse with clean water two times. Use Lysol if bleach not available.

Occupational Safety

- Be prepared; reduce accidents by implementing Standard Precautions and OSHA Standards. Report all exposures (needlesticks, sharp cuts, splashes and cutaneous exposures). Do not recap needles!

Vertical Prevention

- The woman must be HIV+ to infect her child. The risk is 25.5% and with the use of AZT in the last trimester, good prenatal care, AZT during labor and AZT given to baby for 6 weeks, risk is decreased to 8% or less. Pregnant women must be offered HIV testing and told about available treatments

Standard Precautions

- Assume all patients are potentially infected with Bloodborne Pathogens.
- Handwashing is the single most important means in preventing the spread of infection.
- Wear Personal Protective Equipment properly. Use once and discard in designated receptacle.
- Follow Work Practice Controls.
Clinical Management

HIV infection is on a timeline. Time varies with each individual. Median/Average times are:

- Infection to seroconversion = 2 months - 6 months.
  Seroconversion to AIDS = 10 - 15 years.
- AIDS to death = 2 years.
- Seroconversion Symptoms - up to a 3 week duration of fever, sweat, muscle/joint pain, headache, diarrhea, rash.
- Asymptotic HIV infection - duration several years, fatigue, night sweats, diarrhea, fever, candida, herpes simplex, varicella zoster.
- AIDS = HIV positive Blood Test and CD4 < 200, or opportunistic infections, neuro involvement.
- Combination drug therapy is recommended for HIV infection & AIDS.

Treatments

- Life-style changes, nutritional support, positive thinking. Antivirals, such as AZT, ddi, ddc and d4t inhibit reverse transcriptase which delays HIV replication.

Florida’s Omnibus AIDS Act

- Rational for the law is that there are limited means of transmission of this relatively weak virus.
- HIV testing should be informed, voluntary and maintained confidential.
- Providers may test without consent in a bona fide medical emergency only if provider documents testing medically necessary.
- Department of Health (DOH) will design a protocol for pre & post counseling.
- Confirmatory testing is required before releasing positive results, (Western Bolt or IFA), except when medical intervention is recommended.
- Health care workers can not release HIV statues of patients without patients permission/consent.
- DOH has authority to provide partner notification when names are disclosed by patient.
- Medical personal with occupational exposures have the right to learn sources statues after following institutions written plan.
- Employers cannot test for HIV upon inhire procedures.
- Home testing kits, rapid testing.
- Risk of Domestic Violence.
- HIV infection is a reportable disease. Names are reported to the local health department.
OVERVIEW: Certain patients acquire infections during their hospitalizations. These hospital-acquired (nosocomial) infections occur in 3-10% of patients. The most common nosocomial infections are urinary tract infections, pulmonary infections, wound infections and bacteremias. The duration of hospitalization, because of the development of infection can be prolonged.

The goal of the Infection Control is to provide patient care and safety in the healthcare setting through surveillance, prevention/control of infections and communicable diseases in patients, healthcare workers, visitors and the public at large as well as provide consultation, education and liaison with the Public Health Department.

Hand washing is the number one intervention staff can implement to help prevent and decrease the spread of infection.

The use of alcohol hand sanitizer is preferred over soap and water. ______

EXCEPTION: Patients with C. difficile or if hands are soiled.

IMPORTANT: Gloves do not replace hand hygiene; contamination of hands still occurs despite glove usage.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

• Masks and Protective Eyewear or Faceshields
  Must be worn for procedures that are likely to generate splashes of blood or body substances. This includes suctioning or examining the throat.

• Respiratory Fit Testing
  Students who will be taking care of patients on Tuberculosis isolation should be instructed on the use of the respirator mask and fit tested with the respirator that is to be used to insure that they are protected from biohazards.

• Gloves
  Must be worn for:
  - touching blood or any body fluids
  - touching mucous membranes
  - touching non-intact skin
  - handling items soiled with blood or body fluids
  - performing vascular access procedures
  Must be removed and hands washed after contact with each patient.

• Impervious Gowns
  Must be worn for procedures that are likely to generate splashes of blood and/or body fluids.
Prevent Infections among Patients and Yourself

1. **Wash your hands properly**
   - Use running water.
   - Use plenty of soap.
   - Rub the front and back to work up a good lather, between fingers, under fingernails and wrist areas for **at least 15 seconds**.
   - Rinse well and avoid splashing.
   - Dry well with paper towels; use paper towels to close faucet and discard paper towel into the wastebasket.
   - Use hand disinfectant in clinical areas to increase infection prevention.

   Hand hygiene should be performed **before and after** any contact with a patient or his/her environment.

   We encourage you to watch the hand hygiene video just released in the New England Journal of Medicine by Dr. Didier Pittet (WHO).


2. **Follow infection control isolation/precautions practices.**

   **CONTACT PRECAUTIONS**
   - (Multi-Drug Resistant Organisms, Lice, Scabies..., diarrhea -- until C. difficile is ruled out)
     - Private room
     - Place sign on door or a highly visible area
     - Hand hygiene
     - Wear gown and gloves upon entry into room
     - Hand Hygiene: alcohol-based hand rub (soap and water for C. difficile)
     - Use disposable or dedicated patient care equipment

   **DROPLET PRECAUTIONS**
   - Influenza, pertussis, meningococcal meningitis...
     - Private room usually required
     - Place sign on door or a highly visible area
     - Hand hygiene
     - Wear surgical mask on entry
     - For patient transport, place surgical mask on patient
AIRBORNE INFECTION ISOLATION

- Tuberculosis, Measles, Chickenpox, Smallpox, Viral Hemorrhagic fever
  - Private room with negative airflow (Airborne Infection Isolation Room)
  - Post sign on door
  - Keep door closed
  - Hand Hygiene
  - Put on N95 particulate respirator prior to entering room
  - For patient transport, place a surgical mask on patient

CLOSTRIDIUM DIFFICILE

- Spore forming organisms that’s resistant to many disinfectants.
- Soap and water for hand hygiene (no alcohol as it does not kill the spores)
- Contact Precautions for patients with diarrhea. Maintain on Contact Precautions until no diarrhea x 2 days
- Daily cleaning of patient rooms with bleach (other disinfectants do not kill the spores)

3. Report exposures to communicable diseases or any body fluid to your Instructor/Nurse Manager and the Employee Health Services.

Contact Beeper Numbers:

**Employee Health Services (JMH)**
305-585-6903

**Infection Control**
305-996-0459 digital beeper

**Tuberculosis Control**
305-314-2881 digital beeper

HOSPITAL ASSOCIATED INFECTIONS (HAIS)

- Ventilator associated pneumonia (VAP)
- Central line associated bloodstream infection (CLABSI)
- Catheter associated urinary tract infection (CAUTI)

Central Line Associated Bloodstream Infections (CLABSI)

- Most hospital acquired bloodstream infections are associated with the use of an intravascular device, specifically central venous catheters.
- More than 250,000 CLABSI occur in the U.S. each year.
- 48% of ICU patients have central venous catheters.
- The average attributable cost of a CLABSI is an estimated $42,000
How do we prevent CLABSI?

- Adhere to the Central Venous Catheter Insertion Checklist.
- Remove unnecessary lines.
- Visually check the insertion site, ensure the dressing is occlusive and there are no bodily secretions on top of it. Soiled, wet, or loose dressing should be changed immediately.
- Use Biopatch™ (chlorhexidine) at site of insertion.
- Daily chlorhexidine baths should be performed in the ICUs and select wards as per CHG Bath Protocol.
- Hemodialysis catheters should be cared for and disinfected as per JHS Administrative Vascular Access Device Policy.
- Limit the use of femoral lines.
- Use Curos™ port protectors for ports that are not in use. At Holtz Children’s Hospital, port care should be done using scrub the hub as per Holtz Policy.

Daily Chlorhexidine Baths

- In the ICUs and select inpatient wards of Jackson Memorial Hospital, we have instituted daily baths with chlorhexidine wipes. This substitutes soap and water. Chlorhexidine should not be rinsed off after application.
- Chlorhexidine bath helps reduce CLABSI and the acquisition of MDROs during hospital stays.

What is a VAP?

- VAP (ventilator associated pneumonia) refers to pneumonia developing in a mechanically ventilated patient after 48 hours of intubation.
- VAPs increase the morbidity, mortality and length of stay of our patients.

How do we prevent VAP?

- Elevate the head of the bed at least 30-40 degrees, if not contraindicated.
- Perform mouth care frequently, at least every 4 hours per hospital protocol. Use chlorhexidine oral care as indicated every 12 hours.
- Maintain appropriate cuff pressure on the endotracheal tube (range 20-22 mm Hg).
- Conduct spontaneous breathing trials.
- Conduct daily evaluations for mechanical ventilator weaning.
- Adhere closely to JHS Respiratory Therapy Policies and Procedures.
How do we prevent CAUTI?

- Educate personnel in correct techniques of catheter insertion and care.
- Catheterize only when necessary and remove promptly, if no longer indicated.
- Emphasize hand washing.
- Insert catheter using aseptic technique and sterile equipment.
- Secure catheter properly.
- Maintain closed sterile drainage.
- Obtain urine samples aseptically.
- Maintain unobstructed urine flow.
- Use of silver-impregnated catheters, if catheters will be used for more than five (5) days.
- Daily foley necessity rounds by Nursing personnel.
- Maintain the collection bag below the bladder level at all times.

Additional Infection Control Recommendations/Practices to Prevent CAUTIs:

- Use of portable ultrasound scanner for determining post-void residual.
- Urinary catheter reminder or stop order is preferable.
- Nurse-initiated urinary catheter discontinuation. Exceptions include: urology and pediatric patients.
- Use of condom catheters for men.
- Intermittent catheterization, if clinically feasible.

Students are expected to notify the instructor and the charge nurse whenever they feel they may have an infectious disease or may have been exposed to an infectious disease for which they are not immune. This includes but is not limited to measles, mumps, rubella, chickenpox, or meningitis. Students may be removed from patient contact until they are cleared to work by the Infection Control Department and the Employee Health Office. Students who think they may have been exposed to an infectious disease at Jackson should also notify the instructor or charge person who can make a referral to the Employee Health Office for evaluation and clearance to work.
INJURIES ON DUTY (IOD)

Follow your school policy for obtaining treatment for injuries. The Jackson Employee Health Office will provide emergency care and first aid if the injury occurs while performing work at Jackson. When an injury occurs, report the injury to the instructor and to the person in charge of the area. The charge person will complete a Supervisor Referral Form to the Employee Health Office in Jackson Medical Towers 11th floor. The health office will provide emergency care and refer the injured person to the school for follow-up treatment. When the Health Office is closed, a referral can be made to the Emergency Room if the injury cannot wait until the next working day or the injured person can call the Health Office On Call beeper for direction. Agencies may be billed for services provided.

Employee Health Office 305-585-6903

NEEDLESTICKS AND BODY FLUID EXPOSURES

All contaminated needlesticks and body fluids exposures are considered serious events. A nurse is on call at all times to provide counseling and treatment for needles, and body fluid exposures. Follow up care and continuing treatment is the responsibility of the student. Agencies may be billed for services provided.

TIPS: Needles, Scalpels, and Other Sharps

- Must not be manipulated by hand.
- Needles must not be recapped, broken or bent by hand.
- Must be handled with extreme care during cleaning procedures and disposal.
- Must be placed in puncture resistant containers after use.

**DO NOT PLACE NEEDLES OR SHARP OBJECTS IN THE RED BIOHAZARD TRASH CANS**

Contact 24-hour on-call nurse immediately for assistance: 786-371-5038
SAFETY

A safe environment for students, employees and patients is of paramount importance. We ask that you assist us in providing that safe environment by:

- driving slowly on Jackson property, in parking lots and garages.
- observing the SMOKE-FREE policy throughout campus.
- observing the “wet floor” signs.
- reporting untidy, unsafe or unsanitary conditions to your nurse manager or appropriate personnel.
- washing your hands before and after every patient contact
- washing your hands after removing gloves and if contaminated with blood or body fluids.
- participating in fire drills on your unit. Report fire/safety violations to your head/charge nurse.
- contacting the Health Office (786-371-5038 or 786-466-8381) for needlestick or exposure to blood and/or body fluids.

MANDATORY IMMUNIZATIONS

All students must be immunized according to Florida Administrative Code 6C-6.001(4) and Jackson Health System which requires immunity to Measles (Rubeola) and Rubella prior to entering school.

- **MMR**
  Two doses of MMR (Measles, Mumps, Rubella) or two doses of Measles vaccine and one dose of Rubella vaccine will meet requirements. A blood test may be substituted indicating a positive titer to Measles, Rubella and Mumps.

- **Varicella**
  A titer should be drawn to determine if the person has ever been exposed to chickenpox by having a titer drawn. If the titer is negative, the student should be immunized to avoid the chance of being infected and infecting patients during their clinical experience.

- **Mandatory TB Test**
  A TB test (Mantoux) is required at least annually and following exposure to infected patients. This includes persons who have not had the BCG vaccine within the last seven years.

- **Chest X-Ray**
  A chest x-ray is required for all persons with a positive PPD > 10 mm.

Schools are responsible for insuring that all records of immunization and testing be available and on file at the school for the students who participate in clinicals at the Jackson Health System.
• **Hepatitis B:**
  A series of three shots. A titer should be on file to assist with treatment in case a body fluid exposure occurs.

• **Tetanus Diphtheria:**
  At least every 10 years.

• **Influenza and Influenza Vaccination Information for Healthcare Personnel**

**Three Steps to Prevent the Flu**

1. Stay home when you feel sick.
2. Wash your hands often, sneeze into your sleeve or a tissue.
3. Get vaccinated!

**CDC Recommendations for Influenza Prevention**

• CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers (HCW) get vaccinated annually against influenza.

• CDC recommends an annual flu vaccine as the first and best way to protect against influenza. This recommendation is the same even during years when the vaccine composition (the viruses the vaccine protects against) remains unchanged from the previous season.

• To permit time for production of protective antibody levels, vaccination optimally should occur before onset of influenza activity in the community

**Why Get Vaccinated?**

• The flu can be a serious disease that can lead to hospitalization and sometimes even death. Anyone can get very sick from the flu, including people who are otherwise healthy.

• You can get the flu from patients and coworkers who are sick with the flu.

• If you get the flu, you can spread it to others even if you don’t feel sick.

• By getting vaccinated, you help protect yourself, your family at home, and your patients.

• JHS provides flu vaccination at no cost to employees
Regulatory Compliance

- The Joint Commission Standard: Influenza Immunization for HCW
- Annual worker education
- Monitor rates over time
- Collect reasons for declining the vaccine
- Demonstrate efforts to improve vaccination rates over time
- Goal: 90% vaccination rate by 2020
- The Centers for Medicare and Medicaid Services (CMS)
- Required annual reporting: Influenza vaccination of HCWs in acute care hospitals from October 1st- March 31st
- Collect reasons for declining the vaccine
<table>
<thead>
<tr>
<th>Emergency Code</th>
<th>Description</th>
<th>Explanation and Staff Response</th>
</tr>
</thead>
</table>
| **Code Black** | Bomb Thread/Hospital Ordered Bomb Search | If a call is received, obtain as much information from the caller as possible and report all information (e.g., location, description, activation, and deactivation). Notify manager/supervisor and area staff members. If a suspicious or out-of-place package/container is observed, do not touch it; report it. Secure/isolate the area. Emergency Operator will notify appropriate individuals to coordinate a search. Be prepared to evacuate only if instructed to do so. Complete and submit an incident report. Wait for “All Clear” announcement.  
*Reference: Administrative Policy & Procedure #133.* |
| **Code Blue** | Cardiopulmonary Arrest | Report your name and the location of the cardiac arrest.  
*Reference: Administrative Policy & Procedure #123.* |
| **Code Brown** | Hurricane/Tornado/Severe Weather | Monitor weather conditions. Call employee hotline for updates at (305) 585-8000. Obtain information/instructions from manager/supervisor. Follow established division or department-specific policies and procedures. Security Uniformed Services will implement lockdown.  
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Code Green</td>
<td>Internal/External Disaster</td>
<td>An incident where the relocation of patients is necessary, or where there is an anticipated or actual arrival of a large number of patients into the Emergency Department and/or Trauma Center. Immediately report the emergency to manager/supervisor and/or Executive Senior Hospital Administration/ Administrator-In-Charge (AIC). If necessary, incident command will be established. Obtain information/instructions from manager/supervisor. Follow established division or department-specific policies and procedures. Reference: JMH Emergency Operations Plan and Mass Casualty Incident (MCI) Protocols.</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous Material Spill</td>
<td>Secure/isolate the area. Obtain PPE and spill kits and clean up smaller spills. Report larger spills. Notify manager/supervisor. Assist those who may have been contaminated, only if your exposure is unlikely. Prepare to assist with evacuating if necessary. Complete and submit an incident report. Wait for “All Clear.” Reference: Administrative Policy &amp; Procedure #263.</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant/Pediatric Abduction</td>
<td>Notify Security Services. Notify manager/supervisor and area staff members. Conduct an immediate search of the area. Security Uniformed Services will establish appropriate perimeters and implement lockdown if necessary.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Explanation and Staff Response</td>
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</tr>
<tr>
<td>Red</td>
<td>Fire/Smoke</td>
<td>Follow R.A.C.E. Rescue individuals from the immediate danger of the fire. Alert by dialing 305-585-6123 (JMH) or the Emergency number at JNMC and JSCH, activating nearest fire alarm pull-station, and notifying manager/supervisor and area staff members. Confine by closing all doors and windows and turning off medical gases. Extinguish fire if it is safe to do so by following the instructions on the extinguisher and using the P.A.S.S. technique (Pull, Aim, Squeeze, Sweep). Knowledge of location of fire response equipment is essential for safe response. Follow horizontal evacuation procedures and/or vertical evacuation procedures according to established division or department-specific policies and procedures. Complete and submit an incident report. Wait for “All Clear” announcement. Reference: Administrative Policy &amp; Procedure #112.</td>
</tr>
</tbody>
</table>
MAIN CAMPUS

The following are emergency phone numbers. When calling them be prepared to provide your name, location and a description of the incident.

Cardiac Arrest.......................... 305-585-6333
Fire/Hospital - Bomb Scare ........ 305-585-6123
Security................................... 305-585-6111
Poison Info Center...................... 305-585-5253 or 1-800-282-3171
Rapid Response......................... 305-585-6333 Deteriorating patient
Stroke Alert............................ 305-585-6333 Stroke Team Response

JACKSON NORTH MEDICAL CENTER

Numbers to call in Emergencies: Dial ext 5555 to reach the PBX Operator who will overhead page.

KEYPOINT: JNMC will lockdown in a Code Green or Pink

JACKSON SOUTH COMMUNITY HOSPITAL

Numbers to call in Emergencies: Dial 305-556-7777 (after 11PM, dial 853 to directly overhead page, repeating the code 3 times clearly and loudly)

Off Sites (CBO, Radiation Oncology Center) ...... 911
Rapid Response and Stroke Alert .................. 305-556-7777
KEY INFORMATION

METRORAIL TO JACKSON

MEMORIAL HOSPITAL (JMH)
Many employees and students enjoy the benefit of Metrorail in traveling to Jackson. The Civic Center Station is immediately adjacent to the Mailman Center on 12th Avenue and provides a flexible schedule to meet the needs of everyone. It saves time, gas, headaches and money- so be sure to investigate it.

TO JACKSON SOUTH COMMUNITY HOSPITAL
Disembark at the Dadeland South Station. You may then transfer to a Metrobus South at the 152nd busway stop, Jackson South is located 2 blocks West of the bus lane. If you take the #52 or Coral Reef Max bus, stop in front of the Coral Reef Library and walk about a block to the hospital.

PARKING

AT JACKSON MEMORIAL HOSPITAL (JMH)
With 11,000 employees, patients, visitors and students coming into the complex daily, parking can be an “exercise in creativity.” Students may park in any of the lots around the complex. Please watch the signs to know what rate the lot charges. Remember to bring change with you if you park in coin lots.

ChipCoin parking machines accept cash or credit cards. Parking areas fill early, so allow extra time to find a space so that you are not late for duty. Please do not park in undesignated or “no parking” areas. There is always the possibility of damage to your car, and the police do give tickets and tow offenders.

Students attending a class at Jackson Medical Towers 7th Floor East can validate the ChipCoin for $3 at the front desk:

   Hours of Validation
   7:00 a.m. to 9:00 a.m.
   11:30 a.m. - 1:30 p.m.

Discounted parking may be available at the parking office 305-585-6997. If at all possible, students should car pool or use metrorail.

AT JACKSON NORTH MEDICAL CENTER

Patients and visitors can park free of charge 24 hours day in front of the North Park Medical Plaza Building at 100 NW 170th Street.

There is also a free parking garage on the southwest corner of the campus near the Medical Plaza building along Northwest 168th Street between Northwest First and Second avenues.

AT JACKSON SOUTH COMMUNITY HOSPITAL

Free Parking. Students must park in the employee parking lot west of the hospital. They may not park in any of the spaces around the hospital or in the medical office buildings.
JACKSON MEMORIAL HOSPITAL

The JMH cafeteria is open as follow:

Breakfast  6:00 AM-10:30 AM
Lunch      11:00 AM-3:30 PM
Dinner     4:00 PM-8:00 PM

NOTES:  No bills over $20.00 are accepted in the cafeteria. The cashier in the main lobby can make change for larger bills, but does not cash checks.

JACKSON NORTH MEDICAL CENTER

The cafeteria is open as follow:

Breakfast  7:00 AM-10:00 AM
Lunch      11:00 AM-2:30 PM
Dinner     4:00 PM-6:30 PM

JACKSON SOUTH COMMUNITY HOSPITAL

The cafeteria is open as follow:

Breakfast  7:30 AM-9:00 AM
Lunch      Hot buffet  11:30 AM-1:30 PM
            Monday - Friday ONLY  Grill closes at 3:00 PM
Dinner     Monday - Friday  5:30 PM-7:00 PM
            Weekend            4:30 PM-6:00 PM
IDENTIFICATION BADGE

All students and faculty who attend clinicals at Jackson Health System must wear a JHS Student/Instructor Photo ID at eye level whenever he/she is in a Jackson facility. This includes the school I.D. as well as the Jackson photo I.D. Please make note of these key points:

- The school is responsible for submitting all photo ID requests to the JHS CCPS Coordinator for processing. It takes a minimum of one week for processing. The school will be notified when the badges are processed.

- Badges cost $10 (subject to change) and can be paid with check or debit/credit card. No cash is accepted.

- Legal identification is required to obtain a JHS student/instructor badge.

- To obtain your JHS Photo ID Badge, please make an appointment with the Security/Photo ID Office. All individuals requesting a new or replacement JHS ID badge must make an appointment. The appointment scheduler can be found on the JHS Net Portal under the "Employee Resources" section or by visiting the following website: www.myenrollmentschedule.com/idbadge

- Walk-In services are available at JMH main campus (Mon-Fri; 7:30 to 8:30 a.m. & 3:30 to 4 p.m)

All JHS badges must be returned to Photo ID office upon completion of clinical rotation, graduation or if student is no longer enrolled in the academic program. Please call office for hour of operations:

Photo ID Office: JMH Main Campus........................305-585-6631
                Jackson North Medical Campus ........305-654-6895
                Jackson South Community Hospital ...305-251-2500

UNIFORM AND DRESS CODE

Each school has its own distinctive uniform and it is our hope that you will wear yours with pride. Your appearance is an outward declaration of your beliefs and feelings about yourself and your chosen profession. We believe that when a person takes pride in his/her appearance and image that he/she is also telling patients and visitors that his/her work will be of the same caliber. Patients and visitors often judge us by the first impression we give, which is usually our appearance; then they make a correlation to our competence.

Non-uniformed personnel should consult their supervisor regarding dress code see policy #313 Section 300 Personnel at the end of this document.

DRUG ABUSE AND TESTING

Students are subject to the same policies regarding suspected drug or alcohol use as JHS employees. Drug testing is available at the request of the school if there is evidence of drug use while at work.
Health care providers are in a practice profession and therefore, clinical experiences are important for the development of professional skills and abilities that must be acquired to be an effective practitioner. The following guidelines are provided for you while you are practicing at Jackson Health System. Students are responsible for checking with their school/instructor for specific directions regarding clinical practice.

General Guidelines

1. The student will be legally held to the same level of practice as the health practitioner role, which they are learning.

2. The student will assume the level of responsibility consistent with his/her level of achievement in the school and the objectives of the course and/or experience. All student activities pertinent to patient care will be coordinated between the student, instructor and relevant clinical supervisor.

3. The hospital’s Nursing Procedure and Protocol Manual and Administrative Policy and Procedure Manual should be utilized when performing care. **Note:** Where a policy uses the term “nurse” or other clinical practitioner, the student is held accountable for the policy under supervision. The amount of direct supervision will depend upon the educational level and preparation of the student unless specifically stated in the policy.

4. If errors occur it is the students’ responsibility to report the error immediately to his/her instructor and area supervisor. Incident reports are to be completed through the Quantros system in collaboration with the student’s instructor/supervisor. Incident Reports are to be forwarded to Risk Management on the day of the incident.

5. Students must have their clinical documentation reviewed by the instructor/nurse prior to the notes being “signed” in the electronic medical record unless alternative arrangements have been made between the clinical supervisor and the instructor.

6. Students will sign their notes with his/her first initial, last name, student designation e.g. (SN, SPN, ) and the initials of the school. Notes and signatures must be legible.

   Example: S.Jones SN- MDCC
   (Student Nurse- Miami Dade Community College)

7. Students are to report off to unit staff according to the schedule prearranged between the instructor and relevant clinical supervisor.

8. Students who are also JHS employees represent their school while at JHS in the capacity of a student. He/she must adhere to all procedures, regulations, and JHS policies that apply to students.

9. Students are not allowed to bring any family members with them during a clinical rotation.
REQUIRED DOCUMENTATION
Prior to bringing students into the facility, all clinical instructors must have ON FILE WITH THEIR SCHOOL:

1. Copy of current occupational license
2. A copy of current BLS card
3. Statement of immunizations that meet the contractual requirements with Jackson Health System Affiliation

ORIENTATION
All faculty coming to Jackson facilities should get oriented to their approved clinical area prior to bringing students to the clinical setting:

Review this Affiliation Manual and make an appointment with the nurse managers and/or clinical educator for a unit specific orientation/tour at least two weeks before your clinical rotation begins.

Bring course objectives and syllabus to the meeting with the nurse manager.

As per F.S.464, students require direct supervision. Faculty are expected to comply and remain with students at ALL times during group clinicals.

COMPUTER ACCESSIBILITY
Instructors can obtain access codes for the JACKS system. To obtain a student/instructor access code, contact the Education & Development Department at 305-585-7134 for a listing of scheduled training class.

REQUESTS FOR STUDENT PLACEMENTS
In order to be compliant with a variety of federal, state, and county health regulations all student placements require a written affiliation contract between the institution requesting student placement and Jackson Health System. School officials must contact the Contracts Administration Coordinator in the Office of Internal Audit, Public Health Trust. Students are not permitted to arrange student placements.

STUDENT AND INSTRUCTOR POLICIES
Refer to the following policies:

• 389A - JHS Student Affiliations
• 389B - JHS Nursing School Affiliations
Jackson Health System offers many unique opportunities for health professionals who wish to practice in a challenging environment. We have a variety of settings where you can gain needed skills and confidence while under the guidance of skilled professionals. We also offer a variety of internships for new graduates.

We would like to discuss employment opportunities the Jackson Health System with you. If you are a new graduate, call Employment Office or you may access our website (www.jhsmiami.org) to view current job opportunities. Apply online or visit us.

- Jackson Main Campus:
  1611 N.W. 12th Avenue
  Miami, Florida 33136

- Jackson North Medical Center
  160 N.W. 170th Street
  North Miami Beach, Florida 33169

- Jackson South:
  9333 S.W. 152nd Street
  Miami, Florida 33157
Process for Completing a Practicum at Jackson Health System

1. The school will offer the students a list of Jackson Health System approved preceptor sites to choose from.

2. The school will submit a CCPS “Preceptor” request with the assigned student’s name.

3. Once approved in CCPS, the school will complete the Photo ID request and submit to Education and Development for processing. The School coordinator will be notified when the request is sent to Photo ID (via cc email).

4. It is the responsibility of the student and the instructor to reach out to the approved/assigned unit TWO WEEKS prior to the clinical start date to notify the floor where they will be starting the preceptorship. This will allow for the appropriate times so the Nurse Manager/Clinical Educator can assign a preceptor for the rotation.

The following preceptorship sites are available at Jackson Health System:

### Jackson North Medical Center (Preceptor)

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>UNIT</th>
<th>LOCATION</th>
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</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>CCU</td>
<td>PRECEPTOR 1</td>
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<tr>
<td>Med/Surg</td>
<td>General Med/Surg</td>
<td>2 TOWER PREC 1</td>
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<td>General Med/Surg</td>
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<tr>
<td>OB</td>
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<td></td>
<td>Post Partum</td>
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### Jackson South Community Hospital (Preceptor)

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</thead>
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<tr>
<td>Critical Care</td>
<td>CCU</td>
<td>PRECEPTOR 1</td>
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<tr>
<td></td>
<td>CCU</td>
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<tr>
<td>Emergency Dept</td>
<td>Emergency Room</td>
<td>PRECEPTOR 1</td>
</tr>
<tr>
<td></td>
<td>Emergency Room</td>
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<tr>
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<td>General Med/Surg</td>
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Policies may be viewed and printed via the intranet

**ADMINISTRATION**

#102 Lost and Found Articles

#105 Incident Reporting System

#109 Medical Records

#112 Fire Plan

#113 Reservation of Space

#121 Confidentiality on Nursing Stations

#123 CPR Response System

#129 Security and Integrity on-line computer system

#133 HOBS Response Plan

#169 Visiting Hours /Overnight stays

#200 Workplace Violence

#201 Domestic Violence

#300 Dress Code

**CARE OF THE PATIENT**

#400 Abused and/or Neglected Children

#401 Adult Abuse, Identification and Assessment of Victims

#405 Patient’s Rights and Responsibilities

#408 Restraint Policies

#409 Patient /Prisoner Care Outside the Corrections Hospital Service Unit

#420 Pain Assessment and Pain Management
RECEIPT OF JACKSON HEALTH SYSTEM’S
AFFILIATION MANUAL

I, ________________________________, do hereby acknowledge receipt of the Jackson Health System’s (JHS) Affiliation Manual. I have read and agree with all the terms, policies, and guidelines stated in the Affiliation Manual. I understand that failure to comply with any stated policies or guidelines could be grounds for dismissal from any/all JHS facilities.

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** Original copy to be maintained in the students school file for auditing purposes **