Regulatory Education

Self-Learning Packet

For Orlando Health Non-Team Members Only
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Introduction

Purpose

This orientation packet contains the information you need to have a safe and healthful experience while working at Orlando Health. Additional in-service training may be required for your specific work locations. This packet meets the regulatory requirements for our organization.

It is important that you read each section carefully and understand the information presented to you. If you have any questions, please refer to the information provided or speak with your instructor.

Instructions

1. Complete all the following on the answer sheet:
   - Name
   - Department Name or School Name
   - Today’s Date
   - Title of Program/Packet (Regulatory Education)

2. Read the entire self-learning packet.

3. Answer the posttest questions on the answer sheet provided.

4. Return the answer sheet and this orientation packet to your instructor or to Education & Development Department *(only if instructed)*.
Safety

General Safety

Safety in the Workplace

Orlando Health is committed to taking all the necessary steps to eliminate team member, patient and visitor exposure to accidental injury or to unsafe conditions. As part of that commitment, please review the following points to help you, other team members, and our customers stay safe.

1. Report all team member injuries by completing an Employee Injury Report Form. If there is an injury to a visitor or volunteer, an Incident Report Form must be completed. Let your supervisor know what happened as well.
2. Report unsafe conditions or hazards to the supervisor or appropriate departments. These include, but are not limited to, spilled liquids on the floor, broken equipment, torn carpet or loose wires.
3. All passageways must be kept clear of tripping hazards such as wastebaskets, electrical cords, open drawers, etc.
4. Avoid cuts and puncture wounds by handling sharp objects carefully and disposing of them in the proper containers.
5. Wear proper clothing for the job at hand. Use safety equipment, such as eye protection and earplugs, when needed.
6. Prevent back injuries by lifting properly. Do not bend at the waist. Lift by bending at the knees and lifting with legs (not back).
7. Keep your work and storage areas clean and organized. Housekeeping is the responsibility of everyone.
8. Flammable liquids must be stored in the following manner:
   - an approved safety container with automatic lid closure
   - in a safety cabinet away from heat
   - in an area that contains a sprinkler system

Our safety regulations have been established for the protection of everyone. Any violations of these safety standards will be handled in accordance with Orlando Health’s disciplinary procedures.

Remember: Safety is everyone’s responsibility!
Safety in the Office Setting

- Never try to open more than one drawer of a filing cabinet at once. Having more than one drawer open at the same time can cause the cabinet to tip over.
- Close drawers when not in use.
- Use caution when using or refilling staplers. Use a staple remover to remove staples.
- Lighting is important—report burned-out bulbs to Engineering immediately.

Lifting

Back injuries are a big safety concern in the work place. To prevent back injuries, you must lift correctly. Bending at the waist, using back muscles to lift is dangerous and can lead to serious injury. Also, do not try to lift more than you are able. If the object is too heavy, get help or use an assistive device. Avoid lifting, reaching, or working above shoulder height. Do not twist your body when lifting.
- Position feet shoulder width apart and bend at the knees
- Keep back straight, and lift with legs to stand up
- Hold object close to you

Mobile Radio Frequency Equipment

Over the past years, we have noticed a new problem occurring in acute care facilities with regard to radio frequency (RF) transmitting devices, which have the potential to interfere with equipment used in the hospital, such as ventilators (to assist breathing), apnea monitors (to observe breathing), and other medical equipment. Maintaining a distance of at least 10 feet from any electronic medical equipment is necessary to reduce occurrences of interference.

RF transmitters include, but are not limited to:
- Cell phones
- Nextels
- Walkie-talkies
- Interactive pagers
- Wireless digital assistants (e.g. palm pilots)

Hazardous Material Safety

The Orlando Health policy on hazardous material safety has been established to provide guidelines for the safe use, storage and disposal of hazardous materials used in the work environment. You are responsible for knowing how to use, store and dispose of hazardous materials. Material Safety Data Sheets (MSDS) are in every department in a yellow, three-ring binder labeled “Orlando Health Hazardous Chemical Communication Program.”

Chemical Spill Kits are located at each Orlando Health facility; consult your supervisor on location for proper spill clean-up procedures (or if you are unsure of how to use or dispose of a particular substance).
Types of Hazardous Materials

Throughout Orlando Health, many chemicals are used in both patient-care and support areas. Some chemicals are harmless; others are:

- Corrosive (burn on contact)
- Explosive
- Flammable (catches fire easily)
- Radioactive
- Reactive (burns, explodes, or releases toxic fumes when exposed to another element such as a chemical, air, or water),
- Toxic (causes physical illness or death)

Hazardous materials come in all forms: Solids, Liquids, and Gases. Some examples include:

- Cleaning agents, such as floor polishes, lye, bleach, window cleaner, etc.
- Oils, paint thinner, welding gases, portable torches, solder, resin, fuel
- Radioactive isotopes, x-rays, film-processing chemicals, anesthetic gases, and other gases under pressure, disinfectants, and drugs
- Raw chemicals such as alcohol, ether, acids, alkalis, formalin, paraffin, xylene
- Mercury

Recognizing Hazards

By law, Orlando Health is required to notify and advise team members of the hazards contained in materials in their work areas. The MSDS identifies a chemical, why it is hazardous, and how to safely work with it. It also details how to dispose of the chemical.

If you recognize a spill or release, get yourself and others away from it right away. Isolate the area and warn others. Refer to the MSDS for first aid.

It is the responsibility of everyone including agency employees to know how to recognize hazardous materials, and if job duties require, how to use and dispose of them.

Reading Labels

Product labels and package inserts provide much of the information needed on the safe use and disposal of hazardous materials. Remember to read the label carefully before using any hazardous material. If you find a container that has no label or a container in which the label is unreadable, notify your supervisor and the Safety Department immediately. Do not attempt to use or discard any product that has no label or an unreadable label.

Physical Effects of Hazardous Materials

Physical harm caused by hazardous materials is usually the result of careless handling. Hazardous materials can cause serious and long-term health problems if not handled properly. Acute effects usually happen fast. Chronic effects happen over a period of time.
There are four routes a chemical can take to enter the body:
- Eyes and mucous membranes (nose, mouth, etc.)
- Inhalation (breathing into the lungs)
- Absorption through the skin
- Swallowing

**Tips for Safe Handling of Hazardous Materials**

1. Use barrier protection as appropriate:
   - Gloves to handle, pour or clean up spills
   - Overalls, lab coat, or apron to protect skin and clothes
   - Face shields and goggles to protect eyes and mucous membranes
2. Do not mix chemicals. Also, do not put chemicals in an unmarked container.
3. Store hazardous materials properly. Do not store incompatible materials on the same shelf.
4. Dispose of the materials properly. Refer to MSDS for complete instructions.
5. Always follow warning signs posted in the areas in which hazardous materials are located and used.

**Procedures for Spills or Leaks**

**In the event of a small spill: (not a Code Orange)**

1. Refer to the MSDS and follow the directions to clean up the spill. Be sure to wear the appropriate Personal Protective Equipment (PPE). Use a spill kit if available.
2. Immediately treat any physical injury. If you are exposed to a chemical, immediately wash the area with water. Follow up with appropriate medical care as directed by your supervisor and complete an Initial Report of Employee Injury form.
3. Call the Environmental Services supervisor or team leader for assistance with clean up.
4. If a spill kit is used, call the Safety Department for disposal and replacement.
5. Never enter an area in which vapors or concentrations of organic solvents or gases are present. If you encounter an area with an unusual smell, if your eyes begin to water or if breathing becomes difficult, leave at once and notify your supervisor and the Safety Department.

**In the event of a large spill: Code Orange**

1. Call the Code Orange to your facilities’ emergency number (22, 44, or 111).
2. Evacuate and secure the immediate area.
3. Treat any contaminated individuals.
4. The Spill Response Team will clean up the spill.
5. If you are exposed, complete an Initial Report of Employee Injury form.
Radiation Safety

Radiation can be harmful if proper precautions are not followed. At Orlando Health, everything possible is done to reduce radiation exposure for all team members. There are policies and procedures for handling radiation based on the ALARA (As Low As Reasonably Achievable) principle.

Most radiology equipment only poses a danger when the machine is in use. Rooms containing this type of equipment have signs above the door to alert you when it is safe to enter.

If the sign is lit (example to the right), stay out!

If the sign is not lit (example to the right), knock and ask if it is okay to enter.

The best ways to reduce exposure to radiation are time, distance, and shielding. Spend as little time as possible in any radiation area. The further away you are from radiation the less exposure you will receive. When indicated, wear lead aprons and stand behind shielded barriers/walls to reduce the amount of radiation exposure.

Portable x-ray machines travel all over the hospital. Here’s how to stay safe. Before you enter a room, look to see if portable x-ray equipment is in use. A portable x-ray machine is shown in the picture to the right.

Portable x-ray machines only pose a danger when the technician is making an x-ray film. Before this happens, the technician will loudly call out “X-RAY.”
There are three types of radiation signs used at Orlando Health. They denote the use of radiation in restricted areas. These caution signs are for your safety and to protect you from exposure to radiation. If you have any questions, before entering, you should call the department who posted the sign: Nuclear Medicine, Radiology, or Radiation Oncology. Each department will be able to advise you on what is appropriate and safe.

**MRI Safety**

Magnetic Resonance Imaging (MRI) is a specialized diagnostic test. The MRI equipment uses very powerful magnets that produce strong magnetic fields. These magnets are stronger than the ones used to pick up junk cars – if an object is attracted to the magnet, no one will be able to hold on to it.

Many objects are attracted to the magnet and could cause harm to a patient or staff member if they are brought into the exam room. Examples of some items that are attracted to the magnet and must not be brought into the exam room include:

- Personal items: cell phones, pagers, ID badges, pens, watches
- Patient care equipment: oxygen tanks, wheelchairs, stretchers
- Other equipment: mops, buckets, floor buffers

The magnetic field of the MRI is always on, even if the machine is not in use. **Before entering the MRI room**, every patient and every staff member must be personally screened by the MRI technologist. The screening helps keep you and our patients safe. Many people have internal devices that could be affected by the magnetic field. Items such as aneurysm clips, stimulators, pacemakers and stents could cause serious injury or even death if they were affected by the magnet.

All patient care equipment used within the MRI room must be specially designed for use within a magnetic field. The MRI technologist will identify what equipment may enter the room and what equipment must be replaced with special MRI safe devices during the test. If you have questions about the safety of a particular device, the web site [www.mrisafety.com](http://www.mrisafety.com) has current information.

If a Code Blue 90 or Code Blue 45 occurs inside the MRI room, it is the responsibility of the MRI staff to remove the patient from the scanner and bring them to a safe area for emergency treatment. The code team will not enter the MRI room. Code carts and other equipment used during these emergencies would be strongly attracted to the magnet.

In case of a Code Red, any fire extinguisher brought into the MRI room must be labeled as “MRI Safe.” In the event of a fire in or near the MRI suite, designated MRI personnel will monitor what is brought into the room.
**Emergency Codes**

This table lists the emergency codes currently used throughout Orlando Health hospitals.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Red STAT</td>
<td>Horizontal evacuation due to fire</td>
</tr>
<tr>
<td>Code Brown</td>
<td>Tornado / severe weather in immediate area</td>
</tr>
<tr>
<td>Code Black</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code Green</td>
<td>Medical Gas Failure (oxygen, vacuum, etc.)</td>
</tr>
<tr>
<td>Code Blue 90</td>
<td>Adult Cardiac Arrest</td>
</tr>
<tr>
<td>Code Blue 45</td>
<td>Pediatric Cardiac Arrest</td>
</tr>
<tr>
<td>Emergency Intake Plan</td>
<td>Mass Casualty Crisis (affects entire hospital)</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Large Chemical Spill (greater than 1 gallon)</td>
</tr>
<tr>
<td>Code White</td>
<td>Staff, visitor, or patient taken hostage</td>
</tr>
<tr>
<td>Code Echo</td>
<td>Patient elopement</td>
</tr>
<tr>
<td>Code Pink / Code Pink (Age) / Code Pink Adult</td>
<td>Abduction of infant (Code Pink), child (Code Pink (indicated age)), or adult (Code Pink Adult)</td>
</tr>
<tr>
<td>Code PE</td>
<td>Crisis assistance needed in Behavioral Health Unit at SSH</td>
</tr>
<tr>
<td>Code Gray / Code Gray Zero</td>
<td>Patient, visitor, or staff is threatening harm; need immediate assistance in patient care area</td>
</tr>
<tr>
<td>Person Down</td>
<td>An ill or injured person needs assistance inside an Orlando Health hospital in a non-clinical area or outside of an Orlando Health hospital with an emergency department</td>
</tr>
</tbody>
</table>

**How to Report an Emergency by Telephone**

For all Hospital Buildings:

1. Dial the dedicated emergency telephone number for your location (listed here):
   - Dial “22” at ORMC, Ambulatory Care Center (ACC), MDACC, Arnold Palmer Hospital, Winnie Palmer Hospital, and Dr. P. Phillips Hospital
   - Dial “111” at South Seminole Hospital
   - Dial “44” at Lucerne Hospital

2. State your name and job title
3. State the type of code (listed above)
4. State your exact location, including hospital area and room number (if applicable)
5. State type of code and pertinent information
6. Wait for the operator to repeat the information back to you
For all **Non-Hospital Buildings**:

1. Dial “911” (you may need to dial “9” first to get an outside line)
2. State the following:
   - Your name
   - The nature of the problem
   - The address of your building
   - If needed, where you are located within the building. **Do not use Orlando Health codes when dialing 911.**

**Emergency Operation Plans at Orlando Health**

Disasters happen, often without warning. As a major healthcare facility in Central Florida, Orlando Health has many formal Emergency Operation Plans (EOPs) that can be activated at a moment’s notice.

In the event an emergency warrants activation of an EOP, a message will be announced and repeated 5 times (e.g. “Code Red: ORMC ED”). When the emergency is over, a message will be repeated 3 times (e.g. “Code Red: ORMC ED all clear”).

- EOPs are located online on SWIFT (Orlando Health intranet). Each hospital also has several red EOP notebooks in the event SWIFT is unavailable.
- Color-coded charts are located on SWIFT. These wall charts give team members quick reference about EOPs and emergency codes, and they summarize actions to take in the event of an emergency.
- Every team member is issued a code card along with their Team Member ID badge for immediate reference on EOPs and emergency codes.

Here is a list of some of the Emergency Operations Plans:
- HICS (Hospital Incident Command System)
- Emergency Intake
- Radioactive Chemical Plan
- Chemical Containment Plan (Code Orange)
- Biological Containment Plan
- Access Control Plan
- Relocation Plan
- Severe Weather Plan (Code Brown)
- Fire Plan (Code Red and Code Red STAT)
- Electrical Power Failure Plan
- Water Supply Failure Plan
- Telephone Failure Plan
- Medical Gas Failure Plan (Code Green)
- Bomb Threat Plan (Code Black)
- Civil Disorder Plan
- Hostage Plan (Code White)
- Person Down Plan
- Terrorism Plan
Emergency Intake Plan

One of the most urgent emergency plans we have is the Emergency Intake Plan. The Orlando Health Emergency Intake Plan is put into effect when the hospital is notified of the impending arrival of patients from a mass casualty crisis, such as a plane crash.

1. The plan is initiated when the switchboard operator announces five times via the public address system “The Emergency Intake Plan is now on standby” every 15 minutes until the patients arrive at the hospital.

2. When patients begin to arrive at the hospital, the operator will announce 5 times “The Emergency Intake Plan is now in effect.”

3. Department personnel are called by priority of responsibility and distance from the facility.

4. If you are called to serve during an Emergency Intake Plan, you will be required to present your ID badge to gain access to the building.

5. After entering the building, you must report directly to your work area.

6. When the Emergency Intake Plan is over, the operator will announce three times overhead, “The Emergency Intake Plan is no longer in effect.”

For emergency responses outside the hospital, Orlando Health is considered the first receiver. First receivers typically include clinicians and other hospital staff who have a role in receiving and treating emergency victims (e.g., triage, decontamination, medical treatment, and security) and those whose role supports these functions (e.g. set up and patient tracking).

Sometimes we have advance notice that a disaster is about to happen (like a hurricane). The Planned Emergency Response Team (PERT) was created for situations like this. Once PERT is implemented, only PERT members will be working. If you are interested in becoming a PERT member, ask your manager for more information.
Bomb Threat Plan (Code Black)

A bomb is any type of explosive or flammable device that is capable of causing property destruction and/or personal injury. A bomb can be disguised in many ways and can be placed almost anywhere.

A bomb threat can be received in several ways:
- Letter or note
- Telephone call
- In person
- Package

When a Code Black is announced, do not leave your work area. Wait in your work area for further instructions. Look for anything out of place and report anything suspicious to Protective Services.

Common Bomb Locations:

There are several highly suspect areas in the hospital setting:
- Public access areas – cafeteria, lobby and ground-level waiting areas, restrooms, grounds, parking decks, ground-level offices, gift shops
- Utility rooms and soiled utility rooms in patient-care areas
- Laundry chutes
- Lockers
- Trauma center and other clinical areas

Tips for making your work area safe from bomb placement
- Keep the work area neat and clean
- Keep closets locked when possible
- Know your work area, so you will notice something is out of place
- Tag personal items, such as briefcases, with your name and department
- Use padlocks or combination locks on personal lockers

See next page for what to do if you receive a bomb threat.
What to do if you receive a Bomb Threat

Telephone Threat:
1. Complete a “Bomb Threat Card” (located on the informational wall chart). Please follow the instructions on the card, so you are able to secure as much information as possible (see sample to the right).
2. All Orlando Health hospitals report a bomb threat by calling the hospitals emergency telephone numbers.
3. Remain in your area to assist in a preliminary search and wait for instructions from Protective Services or Fire Department personnel.

Written Threat:
1. If you receive a written bomb threat, do not handle it, not even the envelope. No one should touch the note, except Protective Services or the local fire/police department.
2. Follow the same procedure as above for reporting the bomb threat.

Suspicious Package or Device:
1. Do not attempt to touch or move the suspicious object!
2. Follow the same procedures as above.

Bomb Threat Card

Questions to ask:
- When is the bomb going to explode? _______
- Where is it right now? ____________________
- What does it look like? _________________
- What will cause it to explode? ____________
- Did you place the bomb? ________________
- Why? ________________________________
- What is your address? _________________
- What is your name? __________________

Exact wording of the threat:

Sex of Caller: _____ Race:_______ Age:_____
Call Length_______________________________
Number where call received ________________
What did the voice sound like?

Any background noise?

REPORT THREAT IMMEDIATELY BY CALLING YOUR EMERGENCY NUMBER.

Threat in Person:
1. If you receive a bomb threat in person, find out as much information as possible (who, what, when, where and why). Observe the person carefully, and try to remember as much detail about him or her as possible, such as color of hair, type of clothing, height, weight, etc.
2. Report the threat immediately to the hospital emergency number, giving a full description of the person who made the threat.

Bomb Threat Received Off Campus Concerning Orlando Health:
After the bomb threat is received, call 911. Repeat all the information you have received.
Fire Safety

Fire Prevention – The Key to Fire Safety

Each year, fire kills more than 4,000 people in the United States. It is the duty of each person to guard against fire and to know what to do in the event of a fire. The lives of our patients, visitors and team members may depend on your alertness and the ability to act accordingly. The following is a list of six precautions:

1. Enforce the corporate Smoking Policy. As of July 1, 2008 all Orlando Health campuses are tobacco-free. A tobacco-free campus means that all designated smoking areas are eliminated and the use of all tobacco products is prohibited on or in all facilities used by Orlando Health. This includes parking areas or parking lots and garages.

2. Report any malfunctioning equipment immediately. Take it out of service, and label it appropriately.

3. Biomedical Engineering must inspect all non-clinical electrical equipment prior to its use. This includes appliances such as microwave ovens, fans, and coffee makers, as well as any electrical items brought in by patients.

4. Clinical electrical equipment must be inspected by Biomedical Engineering.

5. Do not interfere with the normal operation of fire doors. The use of wedges or other items to prop doors open is prohibited. Hallway doors may be kept open only with the proper electrical magnetic device that is connected to the facility’s fire alarm system.

6. It is your responsibility to ensure that hallways, corridors, and exits are kept clear of obstructions at all times.

In the event of a fire, remember above all else to remain calm. Panic poses the greatest danger in any fire situation. If you panic, others are likely to react the same way. Also, avoid using the word “fire”—refer to the situation as a “Code Red.”

Hospital Guidelines for Fire Response – R.A.A.C.E.

If you observe a fire in a hospital building, no matter how it may appear, act quickly using the following R.A.A.C.E. procedures:

R – Remove all persons from the immediate fire area (see following section on patient carries for evacuating patients).

A – Alarm by pulling the nearest fire alarm box.

A – Alert by calling the code phone number (for hospital buildings) or 911 (for non-hospital buildings) and notifying other team members in the area.

C – Confine the fire by closing all doors and windows, and smother the fire by using blankets and towels.

E – Extinguish. Attempt to extinguish the fire using a fire extinguisher (see page 15).
Types of Patient Carries for Emergency Evacuation

Slide Removal:
1. Spread a blanket on the floor next to the patient’s bed.
2. Maneuver the patient to the side of the bed.
3. Kneel on one knee at the bedside and slide the patient’s feet off the bed first.
4. Allow the upraised knee to break the patient’s fall as you slide him from the bed.
5. If smoke is heavy, cover the patient’s head loosely with a soft cloth.
6. Pull the blanket to slide the patient from the room.
7. **Do not** use the mattress to carry or drag the patient.

Pack Strap:
1. Maneuver the patient to the side of the bed.
2. Face the patient and grasp his wrists, taking his right wrist with your right hand and his left wrist with your left hand.
3. Take one step back and pull the patient to a sitting position.
4. Raise the patient’s right arm with your right arm, then pivot under and pull his arms down and across your chest.
5. Holding the patient’s wrists, slowly raise to a standing position and walk away from the bed.
Swing (two persons):
1. Move the patient to the side of the bed.
2. One person stands near the patient’s head and the other near his feet.
3. The person closest to the patient’s feet grasps the patient’s wrists and assists him to an upright position, while the person at the patient’s head supports him from behind.
4. While the person at the head of the bed supports the patient, the person at the end swings the patient’s feet off the bed.
5. Carriers reach behind patient’s back and grasp each other’s shoulders, then reach under patient’s legs and grasp each other’s wrists.

Extremity (two persons):
1. Move patient to the side of the bed.
2. Carrier #1 stands at the patient’s head, the other near his feet.
3. Carrier #2 stands at the patient’s feet grasps the patient’s head from behind.
4. Carrier #1 now supporting the patient, circles his arms under the patient’s arms and across the patient’s chest.
5. Carrier #2 slides one of the patient’s legs off the bed, pivots, and places their forearms under each knee.
6. Carriers stand and carry patient from the room.
Extinguishing a Fire

1. Using the back of your hand, always check a closed door for heat before opening. When a door is closed to a room in which there is a fire, the fire will be deprived of oxygen and will re-enter the smoldering stage. During this stage, the fire will emit toxic and flammable gases, which may ignite when the door is opened.

2. Avoid inhaling smoke or extinguisher agents.

3. Orlando Health uses only combination ABC extinguishers in patient care areas. Types of fires are:
   - **Type A** – Ordinary combustibles like paper, wood, and plastic
   - **Type B** – Flammable liquids such as cooking oil or alcohol
   - **Type C** – Electrical fires

4. Know the smoke/fire compartments in your area. The smoke/fire doorways are marked with a red tag on the top of the doorframe.

   **Remember:** If you know where the fire extinguishers are located in your work area, you have a better chance of preventing a small fire from becoming a big one. Fire doubles in size and intensity every minute and one half.

How to Use a Fire Extinguisher

- **P** – Pull the pin located near the handle
- **A** – Aim the extinguisher’s nozzle at the base of the fire
- **S** – Squeeze the handle
- **S** – Sweep back and forth

   **Please note:** Fire extinguishers can weigh up to forty pounds. Use proper body mechanics when lifting and carrying a fire extinguisher.

Non–Hospital Guidelines for Fire Response – R.A.A.C.E.

If you observe a fire in a non-hospital building, no matter how it may appear, act quickly using the following R.A.A.C.E. procedures:

- **R** – **Remove** all persons from the immediate fire area.
- **A** – **Alarm** by pulling the nearest fire alarm box.
- **A** – **Alert** by calling 911 (for non-hospital buildings only) and notifying other team members in the area.
- **C** – **Confine** the fire by closing all doors and windows, and smother the fire by using blankets and towels.
- **E** – **Evacuate**. Go directly to a safe assembly area outside.
Reporting a Fire by Telephone in Non-Hospital Buildings

Once the fire alarm has been activated (if building has an alarm system), immediately telephone “911” for the Fire Department (may have to dial 9 first).

When you phone the EMS operator:

1. State your name and title.
2. State you have a Fire. Do not state Code Red.
3. State your exact location. Street address and suite number.
4. State what is burning if known.
5. Do not hang up until the operator has repeated the information back to you.

Remember to keep calm. Panic poses the greatest danger in most fires. Remain calm, move swiftly and with assurance, but do not run and shout “FIRE.” Patients and visitors are easily upset and look to you for protection and reassurance.
Protective Services

Contacting Protective Services

Protective Services can be contacted at the following phone numbers. Note the numbers vary according to the campus:

<table>
<thead>
<tr>
<th>Campus</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORMC, Arnold Palmer Hospital, Winnie Palmer Hospital, ACC, MDACCO, Lucerne</td>
<td>841-5600</td>
</tr>
<tr>
<td>Dr. P. Phillips Hospital, South Seminole Hospital</td>
<td>0 (Operator)</td>
</tr>
<tr>
<td>Non-hospital buildings</td>
<td>911(Police Dept.) – may need to dial 9 first to get outside line</td>
</tr>
</tbody>
</table>

Additionally, Protective Services officers can be found in permanent locations, such as Parking Deck Control Booths, ORMC Emergency Department, and the ORMC Kuhl Avenue entrance.

When You Should Call Protective Services

There are many circumstances in which you should initiate a call to Protective Services for assistance. Some of them are:

- Potentially dangerous or criminal behavior that could cause personal harm.
- Missing or damaged property of patients, guests, or the hospital.
- Suspicious activities or persons observed on or near hospital property.
- Need an escort.

Your Role in Hospital/Campus Security

- Lock all doors and windows to your work area when not in use.
- Computers and other technology must be kept secure and behind locked doors when not in use.
- Report faulty locks and lighting outages to Engineering immediately.
- Leave valuables such as jewelry, cash, and credit cards at home.
- Counsel patients to send valuables home with relatives.
- Never prop open facility doors or obstruct their smooth closure.
- Safeguard hospital keys as you would your own house keys.
- Ask questions of unidentified persons that enter into your work area, especially if they ignore you, act suspicious, attempt to remove equipment, or seem unsure of themselves.
- Lock your vehicle and keep all valuables (especially phones) out of sight.
- Obey posted speed limits; in parking garages, the speed limit is 9 miles per hour.
- Watch out for pedestrians when driving around campus or in parking garages.
- When in doubt, call Protective Services.
Your Team Member ID Badge
The primary purpose of your team member ID badge is to identify you as a team member. It also authorizes access to your work areas. Your badge must be visible at all times when you are in an Orlando Health facility.

Caring for Your ID Badge
To keep your badge working, take the following steps.

- Keep the badge intact – don’t make holes in your badge with pins or punches
- Clean your badge with soap and water – never use solvents like alcohol or acetone
- Protect your badge from heat and sunlight – don’t leave your badge in a hot car

If you lose your badge, contact Protective Services immediately. Arrangements can be made to replace it. If you need to change information on your badge (e.g. new professional license, transfer to a new department), you will need to bring your badge and a copy of your new license or a copy of your transfer paperwork to the Badge Room. If your badge stops working, bring the badge to the Badge Room for repair or replacement. For those team members off the downtown campus, take your badge to Protective Services.

Parking
You must register your vehicle with Protective Services. They will give you a parking decal that must be permanently affixed to the windshield of your vehicle. Vehicle registration information must be entered online using SWIFT before a decal can be issued.

Parking & Transportation on the Downtown Campus
All team members can park in the team member (employee) parking garage—D Garage—located at the corner of Miller Street and Sligh Boulevard at any time. Wave your badge at the reader to open the gate. The A and B garages are open to team members after 5:00 pm and before 7:30 am on weekdays, and all day on weekends and holidays. When parking in A and B garages, team members must park on the fourth floor or above.

The team member shuttle provides service from the employee parking garage to the drop-off area near the Thorsen/McCormick building. The ORMC-Lucerne shuttle provides service from the ORMC discharge area to the Occupational Health entrance at Lucerne Hospital. Shuttle schedules are subject to change, check with Protective Services for the current schedule.
Corporate Integrity & HIPAA

The Corporate Compliance and Internal Audit Department, also known as Corporate Integrity, ensures that Orlando Health continues to operate in a legally and ethically correct manner. They also facilitate compliance efforts regarding adherence to the Corporate Compliance Program and the Code of Conduct. The goal is to help everyone “do things right the first time and every time.”

Corporate Integrity helps all team members know what their legal and ethical rules are and how to follow them at work. This department works as a checks and balance system for the organization through compliance and auditing functions. Corporate Integrity consists of three major components. Each component is supported by a group of team members that specialize in their specific function. These functions are Auditing, Compliance, and Privacy and Information Security.

Audit Component

The auditing component involves independent, objective assurance and consulting services designed to add value and improve operations. Comprehensive audit coverage is performed at all facilities and organizations within Orlando Health.

The Audit Committee of the Board of Directors oversees and approves the services of Internal Audit. It is against the Code of Conduct to interfere with the audits and investigations of the Internal Audit.

Compliance Component

The focus of the Corporate Compliance Program (CCP) is to help team members identify and put in place the best standards for Orlando Health and its team members. The CCP and the Code of Conduct have been developed to guide team members through ethical and proper decision-making.

There are eight elements to an effective compliance program.

- Standards/Procedures
- Corporate Compliance & Audit Officer
- Education & Training
- Auditing & Monitoring
- Communication & the Compliance Hotline
- Delegation of Authority & Non-Employment of Sanctioned Individuals
- Employee Discipline
- Corrective Action

If you know about conduct that may be illegal or unethical, you must report it to your supervisor/manager or the Orlando Health Compliance Hotline. The Compliance Hotline is free and operates 24 hours a day. A separate company runs it. You do not have to give your name, and no one records the calls. No one can punish you simply because you called the Compliance Hotline. To call the Compliance Hotline (toll-free), call 1 888 464-6747.
Privacy & Information Security Component

The term “privacy” refers to protecting paper documents, whereas the term “information security” focuses on the electronic forms of information transmission, such as a computer or a personal digital assistant (PDA). Orlando Health is concerned about information security and privacy for many reasons.

Privacy and information security:
• Provides for patient and team member confidentiality
• Protects corporate assets
• Supports good business practices
• Maintains compliance with national and state regulations and standards

HIPAA Highlights

The letters stand for the Health Insurance Portability and Accountability Act of 1996. This was written because there was no federal law that protected the privacy of health information even though most states, such as Florida, had laws that made medical records confidential. The new HIPAA law provides protection for our patients’ information and will give the same protection if you become a patient. Although the law is very long and involved, the most important thing for you to know is how it affects you as you do your job at Orlando Health.

What kind of information is important to keep private?

Protected health information (called PHI) is any information about a patient’s health or payment for care that identifies the patient or can be used to identify the patient. This information can be on paper, on the computer, or in a conversation. If these identifiers are removed, the PHI is de-identified and is no longer treated as PHI.

Elements of PHI include:
• Name
• Address
• Telephone number / Fax number
• Social Security Number
• Dates of birth / admission / death and age >89
• Medical record number
• E-mail address
• IP address (special number assigned to a personal computer)
• URL (web site address)
• Health insurance information (policy #)
• Internal account number
• Certificate / license number
• Biometric identifiers (finger / voice prints)
• Vehicle identifiers, including license plate
• Facial photos
• Device identifiers and serial numbers
• Geographic Subdivisions, smaller than a state
• Any other unique identifiers or codes

What rights do patients have under HIPAA?

Patients receive a copy of the Notice of Privacy Practices. This is given to patients by registration personnel on their first encounter on or after 4/14/03. The patient must sign an acknowledgement that they have received the information. The Notice of Privacy Practices is also posted in prominent areas throughout the hospital.
Patients have a right to view and obtain a copy of their PHI. Requests for a copy of a closed record are sent to Health Information Management in writing. If the request is denied, the response must be in writing stating the reasons for the denial. Exceptions to a patient’s right to view or obtain a copy of their PHI include: psychotherapy notes, PHI compiled for legal proceedings, outpatient lab work (must receive from MD), during a research study, or to protect someone’s life or safety.

Patients have the right to ask that their PHI be amended if the information is incorrect. Requests to amend PHI must be made in writing.

Patients have the right to request restrictions on the use and disclosure of PHI.

Patients have the right to receive communication from providers by whatever means (e.g., mail or telephone) and at whatever location (e.g., office, home) they designate. For example, a patient may request to have lab results phoned to them at a specific number that may or may not be at their home.

In most cases, authorization is required to disclose PHI and must be specific to the particular use. Elements of a valid authorization include the PHI to be disclosed, name of the person or entity authorized to disclose the PHI, name of the person/entity to receive the PHI, the purpose of the use or disclosure, an expiration date for the disclosure, and the patient’s signature and date.

If the patient is able to understand, we must ask if he/she agrees to disclose PHI to family, friends, or others who are involved in their care or payment for care. We must also ask if the patient objects to notification of family members/significant others of the patient’s location, condition, or death. If the patient is unable to agree or object, do what is in the best interest of the patient until he/she can discuss their wishes.

When we do give PHI to someone who has a right to know it, we only give as much information as they need to do their job. For example, if you get hurt at work, we would only tell the people who handle your worker’s compensation case information about your injury. We would not give information about other illnesses or operations you might have had.

In some cases, a patient has a personal representative involved in his or her care. A personal representative is someone who has the legal authority to act for another. The personal representative is treated as if they are the patient they represent concerning issues related to healthcare and PHI. Examples of personal representatives include: parent of an unemancipated minor, guardian, healthcare surrogate/proxy, healthcare power of attorney, and executor of an estate.

We can use a patient’s PHI for treatment, to get paid, or for other approved hospital business. In addition, the following special circumstances do not require patient authorization:

- If required by law
- Public health reports
- In abuse cases
- To oversight agencies
- In judicial proceedings
- For workers’ compensation
- To funeral directors/coroners
- For organ donation
- For some types of research
- To protect someone’s health or safety
- For law enforcement
- Treatment of the patient, including care coordination, consultation with another provider, and referral to another provider

Patients have the right to object to being listed in the hospital census. We must tell patients about the listing and give them a chance to object. If they do not object, they are listed and this
information can be given to someone who asks for the patient by name. If they do object, they are
listed as a no publicity (NP) status. If the patient is unable to agree or object, we can list them if it
is his/her best interests. As soon as the patient is able, we must give him/her the opportunity to
object to the listing. Religious affiliation can also be listed in the census, but it can only be given to
clergy.

Patients who exercise their rights under HIPAA cannot be intimidated or retaliated against.

In addition, when certain disclosures are made, we must enter them into a central database. We
must track disclosures for reports of abuse, reports of communicable disease, research, reports to
birth, death, tumor, and trauma registries, the medical examiner or mortician, and regulatory
oversight. We do NOT need to track disclosures for treatment, payment, or other hospital
operations, to the patient or another person authorized by the patient, in the hospital census, to
persons involved in the patient’s care, for national security reasons, to jails and prisons, those made
prior to 4/14/03, and to Orlando Health business associates.

The security aspect of HIPAA has three components to safeguard information. They are
administrative safeguards, physical safeguards, and technical safeguards. Our work areas are full of
information that we must protect.

As a team member, student, healthcare provider, or temporary employee of Orlando Health, you
may have access to confidential information including patient, financial or business information
obtained through your association with Orlando Health. Anyone with Orlando Health computer
access signs the Confidentiality and Security Agreement. Confidential information is valuable and
sensitive and is protected by law and by strict Orlando Health policies. Failure to comply with
these policies (including use of passwords) may result in corrective action as described in HR
policy #5916-1510, which may include, but is not limited to, termination of employment and/or loss
of privileges within Orlando Health, as well as potential civil or criminal penalties.

Keep in mind that patient information is not shared with anyone who does not have a legal need to
know. Disciplinary action, up to and including termination, can even occur if you look up or alter a
family member’s, friend’s, or your own medical or personnel records.

We have passwords for team members who use the computer. You can assist in protecting
information by not telling anyone your passwords, not writing passwords down, using hard-to-guess
passwords, and logging off your computer when you leave the work area. Also, you should not
download inappropriate information from outside sources and store PHI on floppy disks, CDs, USB
devices, laptops, or mobile devices without IS approval.

It is important to guard written and verbal communication. Only people who need to know what is
in a patient’s medical record have access to it. If patient or team member information is on a piece
of paper and no one needs it anymore, it must be put in a shredder. You should not talk about
patients in hallways, elevators, the cafeteria, or other public areas. In addition, be careful of giving
out information over the phone. It is not always possible to know who you are talking to on the
phone. The patient or legal guardian may not want friends or family to know the details of their
care.

Some information is considered to be “Super Confidential.” Release of these records required
special permission by the patient. Any information relating to a history of treatment for
substance/alcohol abuse is confidential. HIV results are not to be shared with anyone who is
NOT directly involved in the patient’s care. Psychiatric treatment records cannot be released
without specific written consent from the patient and approval of the psychiatrist.
We also need to be careful of videotaping and taking pictures. If you see someone taking pictures or videotaping in the facility, make sure that it is not interfering with patient care. Be aware that team members and equipment may not be photographed.

Computers and the Internet are used all the time to get information. Internet usage is monitored—if you use Orlando Health computers for non-business reasons (including looking at inappropriate sites), you can be terminated.

E-mail is often used to communicate, but remember it is not secure. Do not include any confidential information, such as patient information or social security numbers. Do not send a global e-mail unless it meets a legitimate business need and has been approved by your manager and Internal Communications. Sending a global e-mail can overload computer resources.

If you need to report a breach in information security, you should call the Information Services Response Center right away. A breach of security would include someone using a password or accessing information he should not.

If you learn of a privacy breach such as patient confidentiality violations, contact the Corporate Privacy Officer.

Contact Information:

<table>
<thead>
<tr>
<th>Corporate Compliance Department</th>
<th>321 841-2335</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance Hotline</td>
<td>888 464-6747</td>
</tr>
<tr>
<td>Corporate Privacy Officer</td>
<td>321 843-8693</td>
</tr>
<tr>
<td>Corporate Information Security Officer</td>
<td>321 841-2410</td>
</tr>
<tr>
<td>Corporate Compliance and Audit Officer, Vice President, Corporate Integrity</td>
<td>321 841-2664</td>
</tr>
</tbody>
</table>
**Code of Conduct**

Our world constantly changes due to laws, government regulations, and our policies and procedures. We are committed to hold fast to these laws, government regulations, third party payor agreements and our own policies and procedures. A Code of Conduct has been put in place to help us follow these rules.

Note that this training consists of highlights from the Code of Conduct and should not be a substitute for reviewing the entire document. A full text version is available for access on SWIFT. Please take time to read it in full.

The Code of Conduct is a guide when faced with questions about behavior or action. It helps us carry out our duties ethically and legally.

We are expected to perform to the best of our ability, and we are also expected to carry out our duties in an ethical way. This includes both clinical and business ethics.

**Legal Compliance**

Federal and state governments have made healthcare fraud and abuse a top law enforcement priority. Orlando Health takes its responsibility to comply with the law very seriously and has taken steps to prevent, detect, and correct legal violations.

| **Anti-Trust** | Anti-Trust laws are designed to create a level playing field in the marketplace and to encourage fair competition. We will take care to protect any proprietary business information by not sharing business information with competitors, customers, suppliers and vendors. |
| **Tax** | Orlando Health is organized and operated exclusively for charitable purposes to serve the health care needs of the community, and does not have to pay federal income tax. All of its assets are used only to further Orlando Health’s charitable purposes, and may not allow net earnings to benefit insiders of the organization. |

**False Claims Act**

The Federal False Claims Act and the Florida False Claims Act do not allow false claims and other fraudulent activity. For example, the Federal False Claims Act prohibits conduct such as knowingly submitting a false claim, or using or making a false statement, to get a false or fraudulent claim paid or approved for payment. A claim is any request or demand for money to turned in to the United States government.

We ensure that coding and billing are performed accurately, in accordance with nationally recognized standards and rules. Severe penalties are incurred for any violations.

**Penalties:** Civil and Monetary fines ranging from $5,500 - $11,000 for each false claim submitted.

**Whistleblower protection:** It is against the law to retaliate against any person that truthfully submits a false claim report to the federal government. Orlando Health has a zero tolerance policy for retaliation of any kind.

**Fraud, Waste, & Abuse**

© Copyright 2009 Orlando Health
The following are examples of fraud, waste or abuse:

- False documentation of a diagnosis or procedure code to obtain a higher rate of reimbursement
- Forging or changing patient billing-related items such as making false claims, or billing for services or supplies not rendered, or not documented
- Misrepresenting a diagnosis or procedure code in order to obtain payment
- Alternation or forgery of checks
- Any misuse of theft of funds
- Any irregularity in the handling or reporting of financial transactions
- Falsifying or altering any record or report, such as an employment application, payroll or time record, expense account, patient medical record, scientific research, or data collection record
- Theft or unauthorized use of furniture, fixtures, equipment, supplies, software, or other property
- Misleading or falsely reporting financial or operation records or books
- Falsely reporting costs

**Other Standards**

Here are some other standards that outline other legal and ethical behaviors for Orlando Health:

<table>
<thead>
<tr>
<th><strong>Politics</strong></th>
<th>Team members are encouraged to participate in personal civic and political activities on their own time and at their own expense. Team members cannot use organization money or resources to give to political campaigns or for gifts or payments to any political candidate, political party or any affiliated organization.</th>
</tr>
</thead>
</table>
| **Copyright** | Copyrights and trademarks protect the “intellectual property” of others. This means you cannot use those items without special permission or purchasing a license. This includes software and written materials. 
- Software must NOT be installed without permission from IS.
- Printed materials must NOT be copied without permission, except for limited distribution within Orlando Health and we must be sure use the copyright clearance center prior to using the material. |
| **Research** | Orlando Health conducts research in various areas of health care. We follow all federal regulations that govern research. Researchers are not to fabricate, falsify, or plagiarize in proposing, conducting, or reporting research. 
We ensure fair and equal access to research protocols without discrimination while protecting the individual’s right to refuse, agree to, or withdraw from participation in a study. We do not bill the patient or third party payor for the costs of research-related tests, procedures, and treatments, which are paid by a study sponsor. |
<p>| <strong>Environmental</strong> | Orlando Health is committed to providing a safe and secure environment for patients, team members, visitors and customers. We |</p>
<table>
<thead>
<tr>
<th>Workplace Conduct and Employment Practices</th>
<th>Orlando Health is an equal opportunity employer and we do not discriminate in employment opportunities and practices on the basis or race, color, religion, sex, national origin, ancestry, age, physical or mental disability, sexual orientation, veteran status or any other status protected by law. We support and observe a workplace free of alcohol, drugs and smoking. Orlando Health fosters an environment free of any type of harassment, derogatory comments and disruptive behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Conduct</td>
<td>We do not permit or ignore criminal activity with respect to any team member, business practice or service provided. Disciplinary action will be appropriate for the offense committed up to and including termination.</td>
</tr>
<tr>
<td>Investigations</td>
<td>We must report violations of the <em>Code of Conduct</em> or any illegal activity. It is Orlando Health policy to promptly and thoroughly investigate reports of illegal activity or violations of this <em>Code of Conduct</em>. We must not take any actions to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this <em>Code of Conduct</em>.</td>
</tr>
<tr>
<td>EMTALA</td>
<td>We comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing emergency medical treatment to patients regardless of ability to pay. Patients are not treated according to their ability to pay but by medical necessity. Patients are not transferred from Orlando Health because of inability to pay.</td>
</tr>
</tbody>
</table>

Orlando Health is committed to creating an atmosphere that encourages integrity, honesty and respect.

**Open and Honest Communication**

We encourage a workplace where you are free to talk about any concerns you may have.

**Dignity and Respect in the Workplace**

Team members are to treat everyone with kindness, courtesy, dignity and respect at all times.

**No Retaliation**

All honest reports of violations against the Code of Conduct will be resolved in a private and professional manner. Orlando Health does not tolerate any type retaliation (eye for an eye behavior) from anyone.
Record Keeping

Orlando Health maintains privacy and confidentiality of all information at all times.

We do not share:

- Patient Information (PHI)
- Orlando Health Information (proprietary)
- Passwords and logins
- Personnel files
- Payroll records
- Benefits Information
- Salary
- Disciplinary records
- Team member status’
- Team member information or PHI of the family of team members
- Orlando Health property and assets
- Any information with the media

We use generally accepted accounting principles to maintain and report accurate financial statements and follow all requirements with tax and financial reporting requirements.

We do not falsify, alter, or write inaccurate information in documents, files or other form of reports. We keep all records for the legally required timeframe. If you are approached with a subpoena or a warrant, contact Risk Management immediately.

All company assets to include, but not limited to, equipment, inventory, supplies, funds, software, employee time, business strategies and financial data are to be used for purposes directly related to Orlando Health business.

Examples of Acceptable and Unacceptable Code of Conduct behavior:

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Not Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask a patient to sign a Notice of Privacy Practices form (HIPAA)</td>
<td>Document a discharge date as a random number</td>
</tr>
<tr>
<td>Give information to a family member with approval of the patient</td>
<td>Sign someone’s name when they forgot to sign a form</td>
</tr>
<tr>
<td>Document correct codes according to the documentation on the chart</td>
<td>Change a code because you know the physician forgot to document correctly</td>
</tr>
<tr>
<td>Get approval from a manager to shred documents from 1988</td>
<td>Throw out last year’s training records</td>
</tr>
<tr>
<td>Call Risk Management when approached with a warrant or subpoena</td>
<td></td>
</tr>
</tbody>
</table>
Business Agreements and Contracts

We do not accept gifts or courtesies that influence our judgment or decisions. The only authorized team members to approve contracts are the CFO, any divisional Vice President, and the Corporate Director of Materials Management. All vendors must follow our values and principles. All vendors and contractors must complete a background check before doing business at Orlando Health.

Gifts

We do not accept cash gifts directly from patients or anyone. If a patient insists, it is acceptable to suggest a gift to the Orlando Health Foundation on your behalf and we do not accept gifts from any vendor that is discussing a contract with ORH. Generally, a reasonable gift should be in a $5-$10 range. Examples are listed in the following table.

<table>
<thead>
<tr>
<th>Acceptable</th>
<th>Not Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key chains, pens and notepads</td>
<td>Money from a patient or client</td>
</tr>
<tr>
<td>Small amounts of food</td>
<td>$100 ticket to a Magic game</td>
</tr>
<tr>
<td>Thank you card</td>
<td>Training seminar on a cruise</td>
</tr>
<tr>
<td>Department training on site</td>
<td>Training seminar out of state</td>
</tr>
</tbody>
</table>

Three Step Communication Process

The Three Step Communication Process has been created to make sure we are making every effort to report any violations of the Code of Conduct. Any director, manager, or supervisor that receives a report from a team member that there has been a violation of the Code of Conduct has a responsibility to report the claim and investigate for further information.

If you observe or are aware of any violations, initiate the communication process.

The Three Step Communication Process includes:

1. Talk to your immediate supervisor
2. Talk to the manager or director over your area
3. Call the confidential Compliance Hotline at 888 464-6747

The Compliance Hotline is free and operates 24 hours a day. A separate company runs it. You do not have to give your name, and no one records the calls. No one can punish you simply because you called the Compliance Hotline.

Conclusion

We want to do things ethically and legally. Violations of the Code of Conduct or company policy may lead to disciplinary action, including possible termination. We expect all team members to follow Orlando Health policies and the Code of Conduct and to report violations.
Infection Control

Patient Safety

No area of any healthcare organization is free of infection risks. Many patients die as a result of infections they get while receiving care in the hospital. Infections are the 4th leading cause of death in the United States. Hospital infections kill more people than car accidents, fires, and drowning combined.

By using good infection control practices you can promote patient safety by helping to prevent the spread of infections to yourself and others, including the patients you care for.

All areas of healthcare organizations need to be aware of proper infection prevention techniques. In fact, the Joint Commission lists as one of their National Patient Safety Goals to reduce the risk of hospital acquired infections.

The Chain of Infection

Infections are infections that the patient did not have when admitted to the hospital, and they may increase a patient’s length of stay, cause morbidity, as well as increase hospital costs.

There are three links in the chain of infection. In order for the infection to occur, all three things must be in place.

Cause ➔ Transmission ➔ Host

Cause – The cause can be a fungus, virus, or bacteria. All multiply very quickly.

Transmission – Organisms can be transmitted by contact, droplet, airborne, or by food and vectors (mosquitoes, ticks, and fleas).

Host – Organisms need a host to cause infection. People with strong immune systems can resist many infections. Young, old, and sick persons cannot resist infections well due to a weakened immune system.

Our goal in Infection Control is to break just ONE of the links in the chain of infection. By doing so, we can save lives, prevent needless pain and suffering, and save healthcare dollars.

How Do We Break the Chain?

Breaking the chain of infection is not difficult, but it does require constant attention to the way we do things. Hand hygiene, use of Standard and Transmission Based Precautions, and segregation of biohazardous waste are important elements in preventing the spread of infection in the hospital.

Hand Hygiene

One of the most important things you can do to prevent the spread of infections is to WASH YOUR HANDS. Hand hygiene should be a habit, something you do without thinking about it. It's simple, cheap, and effective!
Hand Hygiene Procedures:

- Alcohol-based handscrub is very effective. Many find it to be less irritating to the hands than soap and water. It is used between patients as long as there is no visible soiling on your hands. You will find it in all patient care areas.
- We suggest that you do not wear jewelry, as it can harbor bacteria. Studies show that wearing just one ring increases bacteria on the hand by 50%.
- Use plenty of soap and warm water (hot water chaps your skin).
- Wash for 15 seconds.
- Friction is the key to effective handwashing. Friction loosens and removes soil and debris from your skin. Pay special attention to the areas between your fingers, under your nails, around your cuticles, and your wrists.
- Before turning off the water, dry your hands thoroughly with a paper towel.
- Turn off the water with another clean, dry paper towel.

Note: Do not wear artificial fingernails when having direct contact with patients. Keep natural nail tips less than ¼-inch long.

When Should I Wash My Hands?

- Before and after every patient contact - wash your hands in the room, your patients will see it and appreciate it
- After touching (with or without gloves) any contaminated object
- Before and after putting on or taking off personal protective equipment
- After blowing your nose, using the restroom, etc.
- Whenever your hands are obviously soiled
- Before and after eating, drinking, applying make-up or touching your face or mucous membranes
- Between patient care procedures on the same patient

Orlando Health has begun a program, “Partners In Your Care,” to emphasize hand hygiene and monitor compliance in clinical areas.
Standard Precautions

Standard precautions are used with all patients. It is an approach to infection control that considers all body fluids, mucous membranes, and broken skin potentially infectious.

The purpose of Standard Precautions is to protect you from exposure to any body fluid/tissue that may be infected. Protecting yourself is important, since it is impossible to know for sure if a patient is infected.

Bloodborne pathogens (infectious agents that live in the blood) can cause serious disease in humans. HIV and Hepatitis B and C are viruses that live in body fluids, especially blood. All have documented transmission via puncture and splash. That is why the OSHA regulations require that you protect yourself by using personal protective equipment (PPE) whenever you anticipate coming in contact with blood or body fluids. Using PPE is mandatory. Failure to use PPE when indicated at Orlando Health can result in disciplinary action. PPE includes gloves, masks, eye shields, face shields, and impervious gowns.

Follow Standard Precautions if there is risk of exposure to any of the following:

- blood
- body fluids (e.g. cerebrospinal, pleural, amniotic, peritoneal, pericardial, and other “fluids”)
- secretions and excretions (e.g. sputum, urine, stool, wound drainage, etc.)
- non-intact skin (e.g. burns, rashes, wounds, ulcers, etc.)
- mucous membranes
- surfaces or items that might be contaminated with any of the above

Standard Precautions includes the following:

1. Wash your hands before and after each patient contact, immediately after gloves are removed, and immediately after contamination with blood or body fluids.

2. Wear gloves when:
   - in contact with blood, body fluids, broken skin or mucous membranes
   - handling items or surfaces contaminated with blood or body fluids
   - performing procedures such as venipuncture, starting IVs, doing dressing changes or when in contact with blood or body fluids could potentially occur

3. Wear a gown or plastic apron when performing procedures during which splashing of body fluids on clothing may occur.

4. Wear a mask with shield, goggles or face shield to protect the mucous membranes of the mouth, eyes and nose during procedures where splashing of blood or body fluids may occur.

5. Change protective clothing (gowns, gloves, masks, etc.) between patients.

6. Do not recap, bend, break or cut needles.

7. Dispose of needles and sharps in rigid, puncture-proof containers. These containers should be located as close as possible to the area of use.
8. Always use safety devices whenever available. It is Orlando Health policy that failure to use safety devices when available will result in disciplinary action. These devices are made to protect you from unnecessary exposure or needle sticks.

9. Keep resuscitation bags, mouthpieces and airways available to minimize the need for mouth-to-mouth resuscitation.

10. If you have open wounds or weeping skin, avoid direct patient contact and the handling of equipment contaminated with blood or body fluids. It is also recommended that you wear gloves if you have open wounds or weeping skin.

11. All soiled linen should be considered contaminated and handled accordingly.

12. There is no need for isolation of patients with HIV infection (except Standard Precautions). Isolation should be used only if the patient has other associated conditions that require isolation, such as tuberculosis, meningitis, or scabies.

Careful and consistent use of Standard Precautions with all patients is the most important means of protection. Following Standard Precautions cannot be over-emphasized.

Corporate Infection Control policies give specific guidelines for compliance with the OSHA Bloodborne Pathogen Standard. Please refer to Patient Care policies titled “Bloodborne Pathogen Exposure Control Plan” and “Transmission Based Isolation Precautions” for detailed information.
**Transmission Based Precautions**

Some patients require additional precautions if they have a very infectious or drug resistant organism. These are called “Transmission Based Precautions” and are used in addition to Standard Precautions.

An isolation sign is posted on the patient’s door specifying which precautions are in effect. Do not enter an isolation room without first speaking to the nurse so that you will not expose yourself to an infectious organism. The nurse will instruct you on the protective equipment you will need. The isolation sign provides additional information about PPE.

Patients on Transmission Based Precautions are often transferred to different units, or sent to other departments for treatment or testing. ALWAYS notify the receiving unit/department of the patient’s isolation status before transfer. This allows them to have proper precautions in place when the patient arrives.

The Patient Care policy “Transmission-Based Isolation Precautions” contains an alphabetical listing of infectious diseases and the precautions or isolation category to be used. This policy also notes which diseases must be reported to the Infection Control Department.

When initiating isolation, the nurse must:

1. Correctly mark and place the isolation sign on the patient’s door. A copy is also placed in the front of the chart.
2. Enter the isolation category in the computerized medical record.

**Airborne Precautions**

Airborne Precautions are used for diseases like TB, chicken pox, measles, and small pox that are spread through the air. Airborne Precautions require a private room with negative pressure. Doors must remain closed and anyone entering the room must wear a special mask (N-95 respirator) to protect them from exposure. Patients on Airborne Precautions may not leave their room except for emergency medical procedures that cannot be performed in the patient room, and they must be masked while outside their room. When caring for these patients, remember not to remove your mask until after you have left the room. Team Members must be fit tested for the mask by Occupational Health and should self-fit check the mask each time it is used. Visitors must also wear the N-95 mask. They can do a fit check with instructions from nursing.

**Contact Precautions**

Patients with infections or conditions spread by direct or indirect contact are placed on Contact Precautions. Examples are drug resistant organisms like MRSA or VRE, scabies, lice, and C. difficile. A gown and gloves are required personal protective equipment (PPE). Be aware that surfaces in the room may be contaminated. Remove your PPE and dispose of in trash inside the room. Wash your hands before leaving room.
Droplet Precautions
Patients with diseases spread by inhalation of infected droplets are placed on Droplet Precautions. Examples are meningitis, mumps, whooping cough, and flu. You should wear gloves and a mask with a shield when caring for these patients. Remove your PPE and place in a garbage can near exit. Wash your hands prior to leaving the room.

Note that some conditions may require two types of precautions be used. For example, chicken pox is transmitted by both airborne and contact routes. In that case, both categories are marked on the isolation sign and appropriate precautions taken.

Neutropenic Precautions
Patients with weakened immune systems may be placed in neutropenic precautions, also called “protective isolation” or “reverse isolation.” These precautions are tailored to each patient and may include one or more of the following:

- restricting visitors with colds or symptoms of infection
- prohibiting fresh flowers or any standing water in the patient’s room
- eliminating fresh fruit or vegetables from the patient’s diet
- requiring visitors to mask and/or gown when in the room
- keeping the patient’s door closed

The physician will usually write specific orders, or there will be a unit specific policy outlining these types of precautions.

Keep Our Patients Safe - By practicing common sense Infection Control and developing good Infection Control habits, we can provide a safe environment for ourselves and our patients.

Tuberculosis
Tuberculosis (TB) is an infectious disease that has been documented as far back as the early Egyptian times. In the 1980's, tuberculosis seemed well under control in the United States, and the Centers for Disease Control (CDC) hoped that it would be totally eradicated by the turn of the century. However, since 1985, as we started seeing increases in the HIV-positive, homeless, and immigrant populations, we also began to see a rise in the number of TB cases.

*Mycobacterium tuberculosis* is the bacterium that causes TB. It is spread by airborne transmission; that is, when a person with active tuberculosis disease coughs, talks, laughs, sings or sneezes, tiny droplets that contain TB are sprayed into the immediate environment. These "droplet nuclei" may remain suspended in the air for several hours. Anyone exposed to a person with active TB for extended periods of time and who inhales these germs is at risk to develop TB infection.

Tuberculosis infection is not the same as tuberculosis disease. When a person is exposed to TB, the TB germ enters the lungs. In a healthy person, the body’s immune response safely “walls off” the germs which prevents them from multiplying and spreading. With TB infection, the person will test PPD positive but is not contagious. Over his/her lifetime, there is a 10% chance that the person will progress to TB disease. This usually occurs when the individual’s immune system is weakened, due to a disease such as AIDS or cancer or simply due to the aging process. The immune system can no
longer contain the germs, they begin to multiply, and then the patient develops signs and symptoms of TB and can transmit the TB disease to others.

Approximately 85% of TB strikes the lungs or pulmonary system; however, the germ is capable of spreading via the bloodstream to other parts of the body. The presence of TB in other organs or body sites does not require isolation. Only pulmonary TB is isolated.

The TB germ is very small, so small that it may pass right through the fibers of a regular mask. To enter the room of a known or suspected TB patient, you must wear a special mask, an N-95 mask. These masks have a tighter weave that offers better protection against the tiny TB germ and have been approved by OSHA for use by healthcare workers caring for TB patients. These masks come in different sizes and you must be “fit tested” to see which size mask you need. DO NOT enter an airborne isolation room if you have not been fit tested, and ALWAYS wear the correct size mask for maximum protection.

Remember to do a self-fit check whenever you put on an N-95. This is accomplished after the mask is put on. Breathe in and out through your mouth and see if the mask moves in and out with your breathing. Also, you should not feel cool air coming in around the sides of the mask. If you don’t get mask fluctuation or if you feel cool air (or both), readjust your mask. If that doesn’t help, try a different size. Remember that if you have gained or lost 10 pounds or had major facial changes you must be fit tested by Occupational Health. Facial hair (beards and mustaches) can also interfere with proper fitting. Team Members required to care for patients in airborne isolation cannot have beards.

**Screening**

Early detection and prompt isolation of TB patients is vital to prevent the spread of the disease to the staff and other patients.

All admissions are assessed for possible pulmonary TB. Patients receiving 5 or more points on the TB assessment (below) are isolated pending a chest x-ray and physician determination of the need for continued isolation.

- (3 points) Cough > 2 weeks
- (2 points) Fever, chills, or night sweats
- (2 points) Recent weight loss > 10 lbs
- (5 points) Bloody sputum
- (2 points) HIV positive
- (1 point) Homeless or in a shelter
- (5 points) Active TB (even if on meds)
- (2 points) Jailed in the past 2 years
- (2 points) Recent exposure to TB
- (1 point) Foreign born (Asia, E. Europe, Latin America, Africa)

Patients are isolated in a private, negative flow room. If such a room is not available, the patient may be masked and placed in a private room with the door closed until the physician has been consulted.

A physician will review the symptoms, risk factors, and chest x-ray and write an order to discharge or to continue isolation and proceed with TB work-up. An order for continued isolation requires immediate transfer to a private, negative flow room.
**Testing**

TB testing consists of:

- PPD skin test
- chest x-ray
- 3 sputum specimens for AFB (Acid Fast Bacteria) - early morning specimens collected on 3 consecutive days are preferred if length of stay permits

Patients with suspected TB must remain on Airborne Precautions until three consecutive sputum specimens test negative for AFB.

Patients with known TB must remain on Airborne Precautions until:

- they are on appropriate TB medications
- their clinical symptoms have improved
- three consecutive sputum specimens test smear negative for AFB

**Treatment**

TB patients are typically placed on four drugs for 6 to 12 months. It is important to complete the entire drug regimen. Failure to complete the full course of treatment can result in Multi Drug Resistant (MDR) TB. MDR-TB is tuberculosis that does not respond to treatment with at least two of the standard medications used to treat TB. Taking the prescribed medications for a short period of time and then stopping them simply "stuns" the germ and then allows it to grow stronger or "resistant" to medications. Once the bacteria develop resistance to a certain drug, the drug is no longer effective and the bacteria multiply. It is becoming more and more common for individuals to develop MDR-TB from direct exposure; that is, acquiring the resistant form of TB just as you would acquire TB itself...from inhaling air contaminated with resistant TB germs.

The Patient Care Policy “Tuberculosis Control” contains detailed information about TB screening, isolation, and treatment. Become familiar with and adhere to the policy to protect you and your patients from exposure to TB.
Hepatitis

Hepatitis is another infection that is common in healthcare organizations. There are currently many types of Hepatitis (A, B, C, D, and G). A, B, and C are the most common.

Hepatitis A
- Hepatitis A is transmitted by not washing hands after going to the bathroom (oral-fecal route)
- It is most often associated with contaminated food
- It can also be transmitted sexually
- Vaccine available

Hepatitis B
- Hepatitis B is transmitted through blood and sexual contact
- It can cause liver failure and liver cancer
- Vaccine available

Hepatitis C
- Hepatitis C is transmitted through blood and sexual contact.
- It can cause liver failure and liver cancer.
- No vaccine available

In general, there is no cure for Hepatitis. Treatment is based on symptoms and not all persons have symptoms. Hepatitis can produce flu-like symptoms such as:
- Fever
- Aches & pains
- Decreased appetite
- Nausea & Vomiting
- Dark urine
- Sore Throat
- Yellow Skin
- Fatigue

There are highly effective vaccines to prevent Hepatitis A and B. All healthcare workers who are at risk for exposure are offered these vaccines free of charge at Orlando Health. Contact Occupational Health if you have not been vaccinated and would like to be.

All healthcare workers whose job responsibilities include contact with blood or body fluids should be immunized against Hepatitis B. Immunization consists of three injections over a 6-month period, and it is recommended by the CDC and OSHA.
**HIV / AIDS**

**Why Do I Need To Learn About HIV/AIDS?**

Not knowing the facts about HIV has caused a lot of panic and fear. By learning about HIV, you can protect yourself and your family from becoming infected with the HIV virus. In addition, your job may involve taking care of patients with HIV/AIDS. Florida ranks third in the nation in the number of AIDS cases, so it is very likely you will see HIV/AIDS patients in your facility.

**What Is HIV/AIDS?**

HIV infection is a serious condition that weakens the body's immune system. A healthy immune system is what keeps people from getting sick. Human Immunodeficiency Virus (HIV) is a virus that damages the cells in the body that fight off infection and disease. As the virus destroys immune system cells, the body gradually becomes unable to protect itself against illness and infection.

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is the final stage of HIV infection when the immune system has been destroyed and can no longer fight infection or disease. Persons with AIDS usually die from these infections and diseases. So far, there is no vaccine or cure for the HIV virus. Education and safe behavior are our best weapons against the spread of the virus.

**What are the Stages of HIV Infection?**

There are three stages of HIV:

1. Acute HIV infection
2. Asymptomatic HIV infection (person has no symptoms)
3. Symptomatic HIV disease (AIDS)

Acute retroviral syndrome begins 2 to 6 weeks after exposure and usually lasts about one week. The person will feel like they have the flu and may have a skin rash.

Asymptomatic HIV disease (without symptoms) can last from 2 to 12 years. The person feels well and is most likely living a normal life. In this stage, the person is able to spread the virus, without even knowing he or she has it. The virus is not inactive during this stage. It is still reproducing and destroying the immune system.

Symptomatic HIV disease is the stage most people refer to as "full-blown" AIDS. In this stage, the person has very low helper T cells and can develop many different kinds of “opportunistic” infections, such as pneumocystis carinii pneumonia, fungal diseases (Candida albicans, aspergillus), herpes, CMV (cytomegalovirus), and TB.

**How is HIV Spread?**

The HIV virus is spread by people infected with the virus. The infected person does not have to be sick to pass on the virus. Many people have no symptoms for years but are able to pass the virus to others. However, research has shown that people who have AIDS or who have developed symptoms of HIV infection are more prone to spreading the virus than people who are asymptomatic.
There are three ways HIV is spread:

- Sexual intercourse with an infected person (this includes vaginal intercourse, anal intercourse and oral/genital sex)
- Contact with contaminated blood, blood products, needles or syringes (most common method is through sharing of needles during IV drug abuse), splash of blood or body fluid to non-intact skin or mucous membrane
- From an infected mother to her baby before, during or after birth (through breastfeeding)

HIV is not spread through casual contact or through the air. Research has shown that you cannot get the HIV virus by:

- sitting next to someone
- touching, shaking hands or from a social kiss
- eating in a restaurant
- using restrooms, telephones or water fountains
- donating blood
- being bitten by mosquitoes or other bugs
- swimming in public pools or hot tubs

The primary way healthcare workers are exposed to the HIV virus is through accidental needlesticks. Exposure can also occur through splashing of blood or body fluids into the eyes, nose, or mouth or onto non-intact skin.

The chances of getting the virus through contaminated blood transfusion has decreased since 1985 when blood banks began screening blood donors and testing donated blood for the presence of the virus.

People infected with the HIV virus may look healthy! A sex partner doesn't have to look sick to spread the virus. A person infected with HIV can spread it to others without even knowing it.

**What are the Signs and Symptoms of HIV Infection?**

Common symptoms include:

- unexplained persistent tiredness (fatigue)
- unexplained fever, night sweats, shaking, chills
- sudden and unexplained weight loss (more than 10 pounds)
- diarrhea that lasts several weeks
- a dry cough that will not go away
- purple or pink spots or bumps on or under the skin, inside the mouth or nose, or around the eyes
- white spots around or in the mouth

Many of these symptoms are the same for the flu and the common cold. The difference is in how severe the signs are and the length of time they last. HIV infection cannot be self-diagnosed. If you have any concerns about symptoms you may have, you should see your doctor.

**Confidentiality**

HIV test results are confidential. The law defines who has the right to know test results. Any hospital team member who is providing care to the patient or handles body fluids or tissues of the patient has a need to know. Anyone who is not directly taking care of the patient or handling body secretions or blood does not need to know.

The law is very clear who can be told HIV test results. They are:
• the person who is tested
• legal representative if the person is incapacitated
• legal representative if the person is deceased
• adoptive parents
• persons working in prisons
• adults responsible for foster care
• healthcare providers taking care of the person
• state agencies that have been appointed as guardian of the patient

How Is HIV Treated?

There is no known cure for HIV infection, although research continues with the hope of finding a cure. There is usually a long period of time between actual exposure to HIV and the appearance of symptoms. During this time, if the person knows they are infected, he or she can help delay or avoid the development of AIDS by:
• exercising
• eating a well-balanced diet
• avoiding drug abuse and alcohol
• seeking prompt medical attention

Antiviral drugs can be given to suppress HIV plasma RNA and increase CD-4 and T-cell counts. This improves clinical outcomes and delays progression to AIDS and death. Usually a combination of drugs is used. These drugs have many potential side effects and interactions with other drugs the patient may be taking, and patient compliance often becomes an issue.

It is important to stress good nutrition for persons infected with HIV. Weight loss and diarrhea are very common symptoms of HIV. Aching muscles and joints are also common symptoms, as well as extreme fatigue. Careful handling of muscles and joints, gentle exercise and regular rest periods can help.

It is also important to prevent and look for complications. Infection can be deadly for these patients. Strict aseptic techniques and hand washing are important.

Another important factor to keep in mind when caring for the HIV/AIDS patient is to create an atmosphere of acceptance and reassurance. Patients and families need emotional support while trying to face the fatal nature and stigma of the disease.

HIV/AIDS has become a major concern for Americans. Each of us is responsible for our own safety from this deadly disease. It is important to avoid risky behavior. Your survival is up to you.
Biohazardous Waste

Sharps

One of the most hazardous items in the hospital is the needle that has been used for injections, drawing blood or starting IVs. All sharps that are contaminated with body fluids are a danger to healthcare workers. Scalpel blades, glass slides, lancets, blood tubes, needles, and other sharp items (including items that have the potential to become sharp if broken) that have touched body fluids must be discarded in special sharps containers. Even clean, unused needles and blades should be placed in these containers to prevent injuries. Sharps containers are removed and replaced when they are 3/4 full to avoid overfilling and subsequent injury.

At Orlando Health where safety devices are available, their use is mandatory. Failure to use safety devices can initiate a written counseling. A list of current safety devices can be found in the Bloodborne Pathogens Exposure Control Plan in the Patient Care Policies. Orlando Health reviews current safety devices annually and whenever they are associated with increased injury.

Here are some guidelines for safe needle disposal:

- Always activate the safety device before disposal.
- Always place sharps in container immediately after use.
- Use the one-hand, one-step technique.
- Dispose of a sharp item by laying it flat in the tray.
- Do not try to drop a sharp vertically.
- Tray is counter balanced and sharp should drop into the box.
- Always look to assure sharp has dropped.
- If a sharp does not drop into the box, manually lift tray and make sure the sharp drops into the box.
- Never place hands into the tray and try to remove the sharp.
- Place only items that will fit into the container.
- Do not use the container for trocars, wires, etc.
- Do not place dressings, tape, tubing, etc., into the container.
- The container will automatically lock when full. Do not try to force open and put another sharp into container.
- Know where the key is on your unit in case you need to exchange a full, closed box for a new one.

Liquid Waste

Disposable suction canisters containing liquid waste (e.g. n/g tube drainage, chest tube drainage) are NOT emptied into toilets or hoppers because of the risk of splashing. Instead, they are sealed tightly and placed in special receptacles in the soiled utility room for disposal.

Solid Waste

All other biohazardous waste, excluding the liquid waste listed above, is placed in labeled red bags. The following items must be red bagged:

- human tissue
- laboratory waste containing human disease-causing agents
- absorbent material like bandages, sponges, or gauze that are saturated with blood or body fluids and drip if compressed
• any non-absorbent item that contains visible blood

Make sure that only biohazardous trash is placed in red bags; Orlando Health pays for disposal of biohazardous "red-bagged" trash by the pound!

If the outside of the red bag is contaminated or torn, it must be placed in a second red bag. Red bags are never to be put down the chute or handled in a rough manner. Know the pick-up site in your work location.

**Linen**

All soiled linen is treated as biohazardous and discarded in a covered linen hamper at the point of use. **Never discard linen in a red bag/container, even if it has blood on it!** Make sure sharps are removed from linen prior to disposal. Do not shake linen or carry it close to your body.

**Spills**

Any spills of body substances must be cleaned up promptly. Liquid spills are absorbed with paper towels; then, the area is cleaned with an approved hospital disinfectant. Personnel cleaning the spill wear gloves and other protective equipment as needed. If broken glass or other sharps are involved, these items are picked up using an instrument or brush and dust pan, never with the gloved hand. Be sure to dispose of the waste properly: saturated absorbent material in red bags, glass or other sharps in the sharps container. If the spill is large or involves splashes to walls, beds or equipment, cover as much of the spill as you can with towels and call Environmental Services.
Significant Exposures

A Significant Exposure is defined as a percutaneous (through the skin) exposure to blood or body fluid (usually a needlestick), a splash of blood or body fluid into a mucous membrane (eyes, nose or mouth), or contact with blood or body fluid to YOUR non-intact skin or a large exposure to intact skin. The most common cause of significant exposures at Orlando Health is splashes.

Using Standard Precautions is your best protection against exposure, but needlesticks and sharps injuries, as well as splashes to the face, may occur despite proper use of Standard Precautions. When such exposures occur, it is very important that you report the incident to your supervisor immediately and begin the post-exposure evaluation.

As soon as the exposure occurs, clean the affected area with soap and water or flush the affected mucous membranes with water. Call your immediate supervisor who will then notify the Administrative Supervisor. The Administrative Supervisor will bring you the Exposure Packet and will assist you in completing the reports.

It is very important that you see a qualified healthcare provider as soon as possible - preferably within the first two hours and no more than 24 hours following the incident. You will be instructed to report to Occupational Health (for injuries sustained on the main campus during daytime hours) or the Emergency Department (for injuries sustained off the main campus or after hours on the main campus) for evaluation.

Once you have been examined by a physician and have agreed to be tested for HIV, Hepatitis B, and Hepatitis C, the source patient's physician will approach him or her for permission to test for the same organisms. Under Florida law and OSHA regulations, if the source patient refuses testing and the laboratory already has blood on hold that has been voluntarily obtained, that blood may be tested for HIV even if the source patient does not consent. If the source patient refuses testing AND does not have blood on hold, blood for testing can be obtained by court order as defined by Florida law. To test without the source patient's consent, the healthcare worker who sustained the exposure must agree to his or her own HIV testing or be able to provide a record of negative HIV results completed within the last six months. If the healthcare worker refuses testing and cannot produce evidence of negative HIV test results, the healthcare provider’s Worker's Compensation rights may be waived. If the examining physician feels you should have treatment to prevent infection, the treatment must be started in a timely manner.
## Risk Management

Orlando Health’s Risk Management Department uses a “blame free” system. This means all errors and potential errors are reported and evaluated without blaming specific persons but evaluating the whole process.

Risk managers carefully investigate occurrences, patient complaints, and incident reports to look for ways to improve our systems and processes. Reporting errors and potential errors helps us to improve the quality of the processes that serve and protect our patients.

## Incident Reporting System

The Incident Report is automated on Affinity, a computerized system at Orlando Health. Any staff member who has computer access has the ability to fill out an Incident Report online. When the report is completed, it will be forwarded automatically to Risk Management.

The Incident Report is the most valuable piece of information Orlando Health has to address situations in a timely manner and to decide on actions to be taken for the prevention of similar incidents in the future. We do this by monitoring trends and evaluating the results of our actions.

Incident Reports are non-judgmental, factual reports of a situation and its consequences. Placing blame on a fellow team member or physician for a problem is not the proper use of an Incident Report. Just as important, an Incident Report is not an admission of negligence, but simply a record of the event.

The American Hospital Association defines an incident as “any happening not consistent with the routine operation of the hospital or the routine care of a particular patient. It may be an accident, or a situation which might result in an incident.”

The state of Florida legally defines an “adverse incident” as an event over which healthcare personnel could exercise control and is associated in whole or in part with medical intervention rather than the condition for which such intervention occurred and which results in an injury.

Florida Statute 395.0197 mandates that all licensed healthcare facilities have an internal Risk Management program whose function includes the development and implementation of an incident reporting system. Florida law also places a legal obligation on all healthcare providers, agents and team members of our healthcare facilities to report incidents to Risk Management within three business days of the event, or within twenty-four hours if any injury has occurred. These Incident Reports are considered privileged and confidential. No copies may be made of any Incident Report for any reason.

Orlando Health Policy and Procedures provide instruction for the completion of an Incident Report. Timely reporting is required by AHCA (Agency for Healthcare Administration) and is essential for the purpose of investigation. Biannual inspection of the program is performed by AHCA, whose focus is on the completeness and timeliness of Incident Reports.

Physicians and team members are encouraged to report any incident to Risk Management, regardless of whether there is an injury. The system is rendered ineffective when a claim is made or lawsuit filed, and there has been no Incident Report filed.
Who is Responsible for Initiating an Incident Report?

The answer is simple: We ALL are. Any team member or physician who discovers an incident is responsible for initiating an Incident Report.

When Should an Incident Report Be Completed?

1. Any unexpected incident—e.g., medication error, policy and procedure variance, pressure sores upon admission or acquired while in the hospital, falls (patient or visitor), injuries (patient or visitor).
2. Any unexpected complication—e.g., Code 90/45, unplanned transfer to higher level of care, unplanned return to surgery within twenty-four hours, unplanned procedure or surgery.
3. Safety violations—e.g., chemical spill, improper disposal of hazardous waste, improper utilization of equipment, smoking in non-designated areas.
4. Property damage—e.g., personal belongings, dental apparatus, and hospital vehicles.
5. Lost or missing articles—e.g., money (patient, visitor, and team member), eye wear, clothing, valuables.
6. Equipment failure—e.g., broken or malfunctioning.

In the event of a known injury, a telephone call must be made to Risk Management as soon as possible and followed up with an Incident Report within twenty-four hours.

Risk Managers are required, by Florida state law, to report “adverse incidents” to the Agency for Healthcare Administration (AHCA). These may or may not be considered “Sentinel Events.”

Adverse incidents include:
- Death
- Brain damage
- Spinal damage
- Permanent disfigurement
- Fracture of dislocation of bones or joints
- Performance of wrong-site surgery, wrong surgical procedure, or procedure to remove a foreign object remaining from a surgical procedure
- Any condition requiring medical attention that is not consistent with the routine management of the patient’s case or patient’s pre-existing physical condition
- Any condition requiring surgical intervention to correct or control
- Any condition resulting in transfer of the patient within or outside the facility to a unit providing a more acute level of care
- Any condition that extends the patient’s length of stay
- Any condition resulting in a limitation of neurological, physical, or sensory function that continues after discharge from the facility

Sentinel events include but are not limited to:
- Death
- Serious physical or psychological injury
- Infant abduction
- Blood transfusion reaction
- Rape
- Potential for adverse outcomes, even if they did not occur

Adverse incidents involving injury must be immediately called to Risk Management regardless of the day of the week or the time of day.

**Safe Medical Devices Act, 1990 (SMDA)**

The Safe Medical Devices Act (SMDA) is a federal law passed in 1990 requiring a hospital to report to the FDA and manufacturer within 10 working days, any device that may have contributed to the death, illness or injury of a patient.

If a piece of equipment malfunctions you should:

1. Stabilize the patient.
2. If a patient death, injury, or illness was cause by the equipment, place a STAT call to Risk Management and Biomedical Engineering. If no adverse affects, notify Biomedical Engineering.
3. Remove equipment from use and apply a yellow equipment tag.
4. Complete an incident report including the CE # and/or serial # of the equipment.
5. Biomedical Engineering will come get the equipment. Do NOT try to fix or alter the equipment in anyway since it may be needed as evidence.

We must ensure that our patients receive the highest level of safe care that we can provide. Part of that assurance is monitoring and reporting problems with our medical devices. If you have any questions regarding these procedures, call Risk Management or Biomedical Engineering. Please be aware that the fines and penalties of failure to follow this law are severe.

**Advance Directives**

As team members in a healthcare setting, it is vital to have a clear understanding of the major provisions of the Healthcare Advance Directives law. Listed below are some very basic definitions that you as a team member are expected to understand.

**Advance Directive** is a witnessed, written document or oral statement expressing the patient’s health care desires. This document may include, but is not limited to:
- the designation of a healthcare surrogate (designation of a person to make healthcare decisions if the patient is unable)
- a living will (a written document expressing a patient’s end of life healthcare decisions)

The **attending physician** is the primary physician who is responsible for the patient’s treatment.

**Adult** is any person 18 years of age or older.

**Incapacity** means the patient is physically or mentally unable to communicate a willful and informed healthcare decision as documented by the physician.
Life-prolonging procedure is any medical procedure, treatment, or intervention which:
- Utilizes mechanical or artificial means to sustain, restore, or substitute a spontaneous vital function; and
- When applied to a patient in a terminal, vegetative or end-stage condition would serve only to prolong the process of dying.

Surrogate is a competent adult, expressly designated by the patient to make healthcare decisions if the patient is incapacitated.

End-Stage Condition is an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

Persistent Vegetative State is a permanent and irreversible condition of unconsciousness in which there is the absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

Terminal Condition means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

The Risk Management Department can assist the nurse and physician in reviewing the patient’s living will and healthcare surrogate form. The forms are available through patient financial services, clinical social work, or spiritual care. Patients are offered the “Personal Choices” brochure on any inpatient or outpatient admission. If the patient chooses to fill out the forms during admission or brings a copy to the hospital, it is imperative to place it in the front of the medical record. The information must also be documented in the computerized medical record and becomes part of the patient’s plan of care. This is a requirement of the Federal and State laws, as well as the Joint Commission. It is also necessary that the physician be informed of the presence of these documents.

If a person has made a living will expressing his or her desires concerning life-prolonging procedures but has not designated a surrogate to execute his or her wishes concerning life-prolonging procedures, Risk Management, in consultation with the attending physician or his/her designee, can obtain consent from a person who is willing and competent to act as a healthcare proxy.

It is important that all healthcare personnel contact Risk Management before proceeding with the withholding or withdrawal of life support.

Sexual Misconduct

The State of Florida enacted legislation effective July 1, 1995, as a swift response to a much-publicized allegation of sexual misconduct by a hospital team member.

This law expands the statute for Internal Risk Management (395.0197), to require certain changes in the way the hospital staffs the Recovery Room. There is a stipulation that states any staff member of a licensed facility is prohibited to attending to a patient in the Recovery Room unless authorized and in the company of at least one other person, excepting these conditions:
- There is an emergency
- There is a live visual observation
There is electronic observation
There are other reasonable measures taken to ensure patient protection and privacy

This statute also requires certain responses of the Risk Manager in sexual abuse allegations. The Risk Manager:
- must investigate all allegations of sexual misconduct occurring on the premises
- must report every allegation of sexual misconduct to the administrator and the local police department
- must notify the family, if the patient is a minor, of the alleged sexual misconduct and of the investigation

All persons who witnessed or who possess actual knowledge of the act that is the basis of the allegation of the sexual abuse must notify:
- The Risk Management Department
- A hospital administrator

“Sexual Abuse” means acts of a sexual nature committed for the sexual gratification of anyone upon or in the presence of a vulnerable individual without the individual’s informed consent. Note: A minor cannot give consent. Sexual abuse does not include any act intended for a valid medical purpose or any act that may reasonably be construed to be a normal care-giving action.

The best way that you can protect yourself from a potential misunderstanding is to establish clear communication with your patients and their families about treatments performed, maintain a caring and professional relationship with patients and immediately address all patient concerns. This law is non-discriminatory as to the gender of the healthcare professional. This law applies to all who have patient contact.

Informed Consent Guidelines

In the State of Florida (Florida Statute 766.103), the only person in our hospital who can obtain informed consent is the physician. Any adult may witness the patient’s signature, but the physician must first:
1. Describe the procedure to be done in clear language
2. Review significant risks involved in the procedure
3. Describe the available alternatives and benefits

In addition, the person who signs a consent must be a competent adult or the patient’s legal representative. Minors can consent for pregnancy and pregnancy related conditions, when seeking testing and treatment of sexually transmitted diseases, and for care of their own children. There may be other instances when a minor may consent for treatment—contact Risk. A consent then becomes a permanent part of the medical record. Emergency care may be rendered without patient consent based on the theory of implied consent.

Further, the Good Samaritan Act (768.13) provides: “Any hospital licensed under Chapter 395, any team member of such a hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for which the patient enters the hospital through its emergency room or trauma center, shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to
provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences as to affect the life or health of another.”

If the patient is unable to consent and there is no one in the family available to give consent, documentation must be made in the medical record regarding attempts to reach the family or surrogate. If the situation is an emergency, the physician must document the emergency situation clearly and carefully either in the progress notes or, if desired, on the treatment consent form **under the signature line** where the patient normally signs. **It is not necessary or warranted for the physician to sign his or her name on the patient’s signatory blank.** The consent form is then placed in the usual place in the medical record.

**Reporting Patient Abuse or Neglect**

Florida statues state that it is the responsibility of all healthcare professionals to report any suspected abuse of a minor, elderly or disabled patient admitted to our facility.

If you are a licensed healthcare worker and you identify suspected abuse as outlined in the Patient Care policies, you must report it. Failure to do so may be probable cause for review by your licensure board!

1.) Any Orlando Health personnel or physician who has reasonable cause or who suspects abuse, neglect, or exploitation shall make a verbal report to the Department of Children and Families (DCF) Florida Abuse Hotline at 1-800-962-2873 (1-800-96-ABUSE). After contacting DCF, consult with the Arnold Palmer Hospital Child Protection Team (CPT) excluding substance-exposed infants.

2.) Any member of the medical staff or Orlando Health personnel involved in the admission, examination, care, or treatment of an adult patient who has reasonable cause or suspects abuse, neglect, or exploitation shall notify the attending physician, the Administrative Supervisor, and at APH the Clinical Social Work Department of the referral to the abuse registry.

3.) Document all calls in the medical record including date, time, and the name and ID number of the person accepting the referral at the DCF abuse hotline.

4.) Orlando Health personnel or physicians who suspect abuse, neglect, or exploitation will complete an incident report.

**Investigational Drugs**

At Orlando Health, the use of investigational drug products or devices within the institution is subject to the authority of the Institutional Review Board (IRB). This is a medical staff committee that has been charged with the responsibility of reviewing all new human research proposals and conducting periodic reviews on established projects. Membership on the IRB includes experienced researchers with expertise in a variety of disciplines, as well as representatives from non-scientific areas and the community at large. There is a representative from Risk Management who is a voting member.

Approval must be obtained from the IRB prior to the start of any research activity. Before any experimental or research drug or device can be used, please review the Policy and Procedure regarding experimental drugs.
**Patient Confidentiality**

Our patients come to us with expectations that a sacred trust exists between them and their caregiver. Florida Statute 381.026, entitled the Florida Patient’s Bill of Rights and Responsibilities, spells out clearly what our patients and their families are guaranteed while they are in our care. These rights and responsibilities are given to each patient on admission to any department as a part of the “Personal Choices” brochure, as required by this same statute.

The privacy and confidentiality portion of this statute has eight distinct sections that address the confidentiality rights of patients and cover, among others, the following:

- To interview the patient in surroundings designed to assure reasonable visual and auditory privacy as well as any discussions or consultations involving his/her case to be conducted discreetly.

- To have his/her medical record read only by individuals involved in his/her treatment or in the monitoring of its quality, and by other individuals only with his/her written authorization or that of a legally authorized representative.

- To request transfer to another room if another patient or visitor in the room is unreasonably disturbing him or her.

- To be placed in protective privacy when considered necessary for personal safety.

There are several corporate Patient Care Policies and Procedures that address patient confidentiality.

Policy and Procedure entitled “Patient Confidentiality” offers general information about who may answer requests for patient information, who may access the medical record, and how to handle requests from law enforcement and “No Publicity.” For example:

- The Health Information Management Department has its own policies and procedures for the care, custody and control of the medical records of our patients.

- There is a photo/video consent form (5961-8090P) and a Policy & Procedure for photography and video taping. This consent is to be used for any stills or videotaping. Refer to this photo policy before allowing any photography.

- A Patient Care policy addresses Inpatient Access to the Medical Record.

- Be aware that the routine Surgery Consent contains a paragraph that permits the taking and reproduction of photographs, and videotaping in the surgery suites.

Protecting patient confidentiality is consistent with Orlando Health’s Mission Statement: “to improve the health and quality of life of the individuals and communities we serve.”

Direct all media requests to Public Relations at extension 841-5129.

If you have any questions regarding patient confidentiality, call Risk Management at extension 841-5294 during regular business hours. After hours, go through the Administrative Supervisor to contact the on-call Risk Management person.
Rights of Patients

In 1992, the Florida Legislature enacted the Florida Patient’s Bill of Rights and Responsibilities (381.026). The intent of the law is to “promote the interest and well-being of the patients of healthcare providers and healthcare facilities and to promote better communication between the patient and the healthcare provider.

The law states that patients must understand procedures performed on them, available treatment alternatives, and the substantial risks involved in the prescribed treatment. Patients must also have a good understanding of their responsibilities toward healthcare providers and facilities. It is the intent of the legislature that this free flow of information between patient and provider will eliminate potential misunderstandings.

A brief overview of patient’s rights and responsibilities follows. A complete list is available from Risk Management as well as in the “Personal Choices” brochure (available in English or Spanish).

Patients have a right to:

1. Individual dignity, which includes certain rights to privacy, prompt and reasonable response to questions, and the right to retain and use personal clothing and possessions as space permits (with some exceptions).
2. Information about the provider facility, support services, interpreter, rules and regulations of the facility that apply to patient conduct, grievance procedure, and diagnosis (including treatment, risk and alternatives).
3. Financial information and disclosure which includes, upon request, necessary counseling of available financial resources for healthcare, whether the provider or facility accepts Medicare assignment, a reasonable estimate of charges (prior to provision of services), and a copy of an itemized bill with an explanation of charges.
4. Access to healthcare, which includes the right to medical treatment accommodations regardless of race, national origin, religion, and physical handicap or payment source.
5. Experimental research information, which includes the right to know if medical treatment is for purpose of experimental research. Consent must be obtained.

Patients have a responsibility for:

1. Providing the healthcare provider with complete information about present complaints, past medical history, unexpected changes in condition, and following the treatment plan.
2. Keeping appointments.
3. Their actions if they refuse treatment or do not follow the healthcare provider’s instructions.
4. Fulfilling financial obligations for healthcare as promptly as possible.
5. Following healthcare facility rules and regulations affecting patient care and conduct.
**Performance Improvement at Orlando Health**

The goal of Performance Improvement (PI) is to continuously improve the quality of patient care and services. This is accomplished by doing the following activities:

- Using our resources efficiently
- Following the safety guidelines in our work area
- Providing consistent quality care to all our patients
- Continuously improving the way we do our work
- Supporting doing things the best way possible
- Improving the way we provide service to our patients and guests

Performance Improvement is everyone’s responsibility at Orlando Health. All efforts must support the organization’s mission, vision and strategic goals. Opportunities for improvement may be identified through:

- Customer Satisfaction Surveys
- Team member feedback
- Physician feedback
- Tracking/trending of data (clinical and non-clinical)
- Focus studies
- Quality control trends
- Trends in Risk Management data

Orlando Health has an integrated quality framework, composed of four components of increasing intensity that occur simultaneously. The four components listed in increasing intensity are as follows:

**Maintenance Assessment:** These are measurements that confirm our compliance with regulations. There are two types, structural and competence. One example of a Structural Maintenance Assessment is a quality control check on refrigerators. An example of a Competency Maintenance Assessment is the performance assessment done twice a year to assess team member competency levels.

**Continuous Performance Improvement (CPI):** This is a method for continuously improving our work processes and the outcomes of our services. There are two CPI methods, rate-based indicators and outcome evaluations. Rate-based indicators show if a problem exists or a process has changed. This is a numerator/denominator measurement. Outcome evaluations analyze patient care processes and help us determine if a patient achieved the level of wellness expected.

**Time-Limited Activities:** These consist of Focus Studies and Research activities completed in a specified amount of time. They are used for rapid resolution of an identified problem, improvement of a specific work process, or implementation of a new process or idea.

**Sentinel Events:** These are process errors or unwanted outcomes that had or could have had serious negative effects on patients.
The Performance Improvement Process is continuous, having no beginning or end. Activities may start at any point in the process. The steps in the PI process are as follows:

**Step 1: Define the objectives.** PI initiatives must begin with clearly defined objectives.

**Step 2: Measure the Current Process or Outcome.** Knowledge about how the current process is critical to making recommendations on ways it can be improved. This is done through the collection of data to assess the current work process or outcome.

**Step 3: Assess Process Performance/Outcomes.** Data is analyzed to provide information to determine variations or to benchmark against other sources.

**Step 4: Improve.** To improve a process, the following steps must be taken: Define the improvements to be made; develop a plan to implement the changes; and implement the plan.

**Step 5: Measure and Assess Results.** Evaluate the effect of the changes to see if the improvements have achieved the desired results.
CTE and Service Excellence

Commitment to Excellence
Commitment to Excellence (CTE) is our cultural philosophy that guides the decisions we make and the ways we interact with and treat patients, guests, and fellow team members.

Our Mission
To improve the health and quality of life of the individuals and communities we serve.

Our Values

People
- We are committed to excellence in serving and supporting our patients, our physicians, our guests and fellow team members.
- We not only care for people, we care about them.
- We will do everything in our power to ensure that all people are treated with respect, dignity, kindness and compassion.
- We will listen intently to our customers and each other with open minds and with open hearts.
- We will make a positive difference in the lives of the people we serve.

Quality
- We will never compromise on quality.
- Our team will provide the highest quality of care and service in everything we do.
- We will take responsibility for conserving time, money and resources.
- We will be creative and versatile as a team in our solutions.

Community
- We are proud to serve the people of this community.
- We will never lose sight of the fact that we are a community-owned organization.
- We will demonstrate, in our words and actions, the highest level or commitment to each community we serve.
Commitment to Excellence – Standards of Behavior

Standards of Behavior, which define the expectations of each team member, have been established and are defined in the Commitment to Excellence policy. An agreement to practice the “Standards of Behavior” is signed by all new team members at the time of hire. Each team member will be evaluated on CTE behaviors at their performance review/coaching plan.

The Orlando Health mission is to “improve the health and quality of life of the individuals and communities we serve.” All team members are critical in helping to fulfill this mission.

Our new vision statement is “A trusted leader inspiring hope through the advancement of health.”

Our standards of behavior are important because they remind us of our responsibility to our customers, team, and the organization. Our standards of behavior can be remembered by the acronym I.N.S.P.I.R.E.

- Integrity
- Nurturing
- Safety
- Professionalism
- Innovation
- Respect
- Empowerment

Service Excellence

Service excellence is how we meet the needs of all our customers (our patients and guests, as well as our internal partners) through the creation of healing environments.

Service Motto

We are here to serve…when it matters most.

Service Philosophy Statement

We heal often, comfort always.
**Service Excellence – Dimensions of Care**

Patients tell us what is important to them. We exemplify a true caregiving spirit by practicing the eight Dimensions of Care.

**Emotional Support**

Fear and anxiety associated with illness can be as debilitating as the physical effects. Caregivers should pay particular attention to:

- Anxiety over physical status, treatment and prognosis
- Anxiety over the physical impact of the illness on themselves and their family
- Anxiety over the financial impact of illness

**Respect**

Patients have a need to be recognized and treated as individuals by hospital staff. They are concerned with their illnesses and conditions and want to be kept informed.

- An atmosphere respectful of the individual patient should focus on quality of life
- Involve the patient in medical decisions
- Provide the patient with dignity and respect a patient’s autonomy

**Physical Comfort**

The level of physical comfort has a huge impact on the patient experience. Three areas are particularly important to patients:

- Pain management
- Assistance with activities and daily living needs
- Hospital surroundings and environment

**Access**

Patients need to know how to access care when it is needed. The following areas are important to patients:

- Easy access to the location of hospitals, clinics, and physician offices
- Availability of transportation
- Ease of scheduling appointments
- Availability of appointments when needed
- Accessibility to specialists or specialty services when a referral is made
- Clear instructions provided on when and how to get referrals
Coordination of Care

Patients report feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings. There are three areas in which care coordination can reduce feelings of vulnerability:

- Coordination of clinical care
- Coordination of ancillary and support services
- Coordination of “front-line” patient care

Information, Communication and Education

Patients express fear that information is being withheld from them and staff is not being completely honest about their condition and prognosis. Based on patient interviews, hospitals can focus on three communication items to reduce those fears:

- Information on clinical status, progress and prognosis
- Information on processes of care
- Information to facilitate autonomy, self-care and health promotion

Involvement of Family and Friends

Patients continually consider the role of family and friends in their experience, and often express concern about the impact their illness has on family and friends. Family dimensions of patient centered care are:

- Providing accommodations for family and friends
- Involving family and close friends in decision making
- Supporting family members as care givers
- Recognizing the needs of family and friends

Transition and Continuity

Patients often express anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires staff to:

- Provide understandable, detailed information regarding medications, physical limitations, dietary needs, etc.
- Coordinate and plan ongoing treatment and services after discharge
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis