2015 Orientation
Students & Contract Workers
Welcome to the Memorial Healthcare System! We hope that you have a successful and rewarding experience with us. MHS recognizes the importance in partnering with local schools and businesses to provide quality care to the patients and families we serve today, and those we hope to serve in the future.

The purpose of this guide is to assure that all students and contract workers affiliating at Memorial Healthcare System facilities have general knowledge of the key priorities of the organization, including knowledge of risk prevention, safety and security information. Keeping our patients, employees, and those affiliating with us safe and well informed is very important to us.

This guide is a summary of key points provided in our standard practices, policies, and procedures. Your clinical instructor or preceptor may highlight areas they believe you need to focus on, and may also provide you with additional information specific to the area to which you will be assigned. They may also either formally or informally quiz you on the contents of this guide, to assure that you are aware of items that are of special importance to you and those you will be serving in your tenure with us.

In addition to your clinical instructor or preceptor, and the departmental manager, All MHS hospitals have a Director of Education that can be contacted for any additional questions you may have.

- Joe DiMaggio Children’s Hospital – (954)265-0464
- Memorial Healthcare System – (954)276-5280
- Memorial Hospital Miramar – (954)538-4725
- Memorial Hospital Pembroke – (954)883-7477
- Memorial Hospital West – (954)844-7504
- Memorial Regional Hospital – (954)265-5960
- Memorial Regional Hospital South – (954)518-5661

**NOTE** – all students and contractors are required to sign the “Confidentiality Agreement and Acknowledgement of Receipt” on page 62. The form is to be given to the person who orients you.

**Table of Contents by Category**

- **Organizational Priorities** ................................................................. 3
- **Patient Safety** .............................................................................. 10
- **Risk Prevention** ........................................................................ 222
- **Infection Control** ...................................................................... 277
- **The Environment of Care Life Safety, Codes and Hazardous Materials** ................................................................. 37
- **Your Safety** .................................................................................. 49
- **The Corporate Compliance Program & the Code of Conduct** ................................................................. 51
- **The Health Information Portability and Accountability Act (HIPAA)** ................................................................. 54
- **Confidentiality, Emergency Policy, Acknowledgement Form** ............................................................................ 60
Organizational Priorities

For more than 50 years, MHS has been a leader in providing high quality healthcare services to South Florida residents. This achievement is based on our philosophy of excellence in patient care and community service. The MHS philosophy is stated in the organization's mission, vision, priorities, and core values. These statements represent what MHS stands for. They form the basis for expectations of employee performance in the service of patients, their families, and all of our customers. In order to provide the best in-patient care and customer service, each employee of MHS is encouraged to understand the meaning of the mission and vision statements, the core values, and the organizational priorities, known as the "Seven Pillars of Excellence."

Mission Statement – WHY does MHS exist?
Memorial Healthcare System provides safe, quality, cost-effective, patient and family-centered care regardless of one’s ability to pay, with the goal of improving the health of the community it serves.

Vision Statement – What Memorial Healthcare System strives to achieve
Through more integrated relationships with physicians, Memorial Healthcare System will deliver patient and family-centric care in a highly efficient manner with exceptional quality and safety outcomes for the benefit of the residents of the South Broward Hospital District.

Seven Pillars of Excellence

Service Vision Statement
Memorial Healthcare System is where deeper caring creates smarter healthcare. Deeper Caring: Is at the core of who we are and what we do. Smarter Healthcare: Defines an employee and physician base that promises to always give their best.

Our Credo:
We are more than 13,000* people who share a singular goal: To deliver patient- and family-centered care in a way that far exceeds any expectations of quality, service and safety. United in extraordinary compassion, we are facing and creating a dramatically different healthcare future with optimism and vision. We are Memorial Healthcare System and we’re known for the unequaled level of care we provide everyone in our community. Here, every day brings countless opportunities to be better professionals and better people because knowing more and caring more are part of our DNA. They are at the heart of everything that makes The Memorial Experience transformative in the lives of everyone who crosses our threshold. We believe that dignity returns to its giver, that compassion rewards its provider and that high standards serve best as the platform for exceptional care. Memorial Healthcare System is where deeper caring creates smarter healthcare.

Standards of Behavior
WE ARE the providers of care & the supporters of patients and families. We demonstrate on a daily basis our commitment to service excellence. As partners in healing, we are committed to the highest standards of professional & ethical conduct. To this end, all Memorial Healthcare System leadership, employees, volunteers, students, contract workers & medical staff are expected to be:

RESPECTFUL
Respect all individuals and treat them with dignity and compassion.
- Show patience / allow necessary time
- Use AIDET – Acknowledge, Introduce, establish a Duration, provide an Explanation, and say Thank you
- Escort visitors and patients to their destination*
- Place electronic communication devices on vibrate mode

Respect the expertise that everyone brings to Memorial Healthcare System.
- Welcome new colleagues
- Listen respectfully to others
Respect the individuality, privacy and dignity of everyone.
- Knock before entering
- Maintain and protect patients’ dignity, modesty, and confidentiality
- Use elevator etiquette; allow patients and visitors to enter and leave first
- Keep all interactions professional and positive
- Use telephone etiquette by answering professionally and within three rings*
- Refrain from criticizing others or MHS in front of patients and visitors

Respect the diversity of all individuals.
- Be empathetic / show concern
- Honor patient’s definition of family
- Welcome family members
- Honor patient’s preference regarding family involvement in their healthcare
- Honor patient’s cultural and religious beliefs

TEAM PLAYERS
Teamwork is a key component in providing safe care and providing a positive work environment.
- Work collaboratively with others
- Take initiative; be accountable for your results
- Meeting our patients’ and families’ needs is everyone’s responsibility
- Value opinions of others
- Be receptive to constructive feedback
- Cooperate with others by offering assistance

Teamwork ensures the continuity of service excellence across all areas of Memorial Healthcare System.
- Promote collaboration
- Speak well of each other, “manage up”
- Support a culture of solutions rather than one of excuses, blame, or avoidance

PROFESSIONAL
Professional behavior shows others that we care about their well being and safety.
- Maintain required competencies, licensure and credentials
- Uphold MHS Code of Conduct, Behavioral Expectations, Medical Staff By-laws and Rules & Regulations
- Protect patients’ and employees’ confidentiality
- Recognize and respond appropriately to all safety codes
- Support a safe, secure, accident-free environment
- Refrain from using electronic communication or recreational devices for personal use in work area*

Professional appearance conveys confidence in our abilities.
- Take pride in your overall appearance
- Take pride in your workplace and help keep work area clean by picking up litter and cleaning spills promptly*
- Always wear badge visibly at lapel level on right side
- Comply with department and MHS dress code policies and standards*

Professional attitude is characterized by continuously striving to exceed the expectations of others.
- Meet attendance expectation*
- Use equipment, supplies and time efficiently
- Foster collaboration with all team members
- Attend and participate in meetings as required and be punctual

GOOD COMMUNICATORS
Communicate to better advocate the needs of others.
- Listen carefully to patients’ and families’ concerns
- Encourage patients and families to provide information to facilitate decision making
- Avoid use of medical or clinical jargon when possible
- Offer assistance to ensure understanding and facilitate learning
- Keep patients and families informed
- Coordinate and integrate care and services for the patients at hand-offs to minimize inconvenience and maximize safety

Communicate with others to ensure that you have all the information needed to provide the best care, timely responses and a clear understanding.
- Share knowledge in a collegial manner
- Acknowledge and respond to all messages promptly and professionally
- Communicate concerns and suggestions in an open and honest manner
- Take immediate action for service recovery*
- “See it, say it, fix it.” If you see a problem, speak up and make sure the problem is fixed
Patient and Family-Centered Care

Q: What is Patient and Family-Centered health care (PFCC)?
A: PFCC is an approach to health care that redefines the relationship between patient, their families, and healthcare providers as a partnership that benefits everyone. It is based on the understanding that family members play a vital role in ensuring the health and well-being of patients of all ages. Along with the patients themselves, they are our partners on the health care team.

Q: What are the core principles of PFCC?
A: The core principles of PFCC are:
1. People are treated with respect and dignity.
2. Health care providers communicate and share complete and unbiased information with patients and families in ways that support them and are useful.
3. Patients and family members build on their strengths by participating in experiences that enhance control and independence.
4. Collaboration among patients, family members, and providers occurs in policy and program development and professional education and facility design, as well as in the delivery of care.

Q: What is MHS doing to implement the PFCC model?
A: Our administrators support the implementation of PFCC throughout our healthcare system. PFCC is part of the mission of MHS. Each of our hospitals, as well as South Broward Community Health Services and the Memorial Cancer Institute, has created Patient-Family Advisory Councils to help us. Patient and family Advisors work with staff to recommend patient and family-centered policies, education, and support systems. They help us understand how to best involve patients and families in safety, quality improvement projects, facilities design, and a variety of other practices and services.

Q: What is meant by the word “family”?
A: In a PFCC environment, the definition of “family”, as well as how much the family will be involved in care and decision making, is controlled by the patient. In adult healthcare settings, the patient is the primary decision-maker and may designate and involve “family” according to their preferences. In pediatrics, the family generally defines who will be involved in the child’s care.

MHS recognizes that the term "Family" has many meanings, and includes not only bonds created by marriage and common ancestry, but also bonds created by close friendships, commitments, shared households, shared child rearing responsibilities, and romantic attachments. All are honored without discrimination on the basis of gender identity, gender expression or sexual orientation.

Q: How does PFCC relate to our Safety pillar?
A: PFCC is safer care. National accrediting and policy agencies have adopted “patient-centeredness” as a key to improving safety in hospitals.

Patients and their families participate in patient safety because:

- Patients and their family members are knowledgeable, especially in terms of the patient’s medical history, typical reactions to medications and treatments. They have important background information that may supplement the medical history.

- Family members often know when something is “not right” based on their intimate knowledge of the patient. They can be the “first responders” when a status change occurs, and family members can be additional eyes and ears for the medical/nursing staff.

- Family members are often the caregivers after discharge. The more they are involved during hospitalization and are given preparation to care for the patient at home, the more they can assist in the patient’s safe recovery.

Q: What can staff do to support patients and families as partners?
A: There are many avenues for staff to become “Care Partners” with patients & their families. Here are just a few:

- Always think about how you would want to be treated if you were a patient, or a family member of a patient. Remember the key phrase
“Cared About, not just Cared For.”

- Recognize patients and families as important members of the health care team with knowledge that healthcare professionals need.
- Support patients’ desires to involve those whom they define as their families in their health care experiences, in ways that they prefer.
- Facilitate family presence during the health care experience, recognizing how important it is for patients and their families to be near one another during a hospitalization.
- Acknowledge what the patient or family has observed, listen to their concerns, and take them seriously.
- Encourage and support patient and family involvement in care planning and decision-making (remember the phrase “Nothing about me, without me.”)

Culturally Competent Care

What is CULTURE? Most of us think of it as “ethnicity” – the country a person comes from, their race, or national origin. But it is much more complex than that. “Culture” refers to the values, beliefs, and practices that are important to a given group of people who identify with one another. Broadly defined, “culture” includes all aspects of diversity – religious, gender, age, special needs, sexual orientation, gender identity and/or expression, as well as ethnic diversity.

At MHS, we know that we provide better, safer, more effective health care when we learn more about and understand “cultural perspective,” and become more sensitive to the needs of patients from different cultures. This is because the cultural identity of an individual contributes to their understanding of their illness and diagnosis, their compliance with the treatment plan, and their relationship to clinicians and other healthcare workers.

At MHS, we also believe that all staff are ethically obligated to provide care that meets the needs and the expectations of all of our patients and their families, in terms that support, respect, and value their cultural perspectives.

For example, if a person values “family,” then it will be important to them that we have the family involved in their comfort, their decision-making, and their plan of care. In some cultures, it is common practice to have family present during any phase of illness. For others, the cultural practice is that all medical information should be told to a specific member of the family, and not to the patient.

Even the idea of “family” may be defined very differently, depending upon a patient’s cultural values. For some patients, “family” may refer to an extended network of relatives; for others, the family unit is confined to the immediate spouse, parents, and children. For still other patients, “family” may refer to individuals who are not related to them by blood or marriage, such as, their significant partner who is of the opposite sex or of the same sex or just a good friend. Our sensitivity to and understanding of these varieties of cultural values, beliefs, and practices will help us to provide “culturally competent” care to patients and their families.

Effective communication is essential for patients and families regarding their healthcare. However, if the patient/family does not speak English or has limited English speaking (LES) skills barriers can occur in the engagement process. MHS provides our staff with resources to better dialogue with patients/families who have LES. At MHS we either provide a trained bilingual employee interpreter and/or use the over-the-phone interpreting service to bridge that gap. During calendar year 2013 MHS accessed the over-the-phone interpreting service for 60 different languages. This demonstrates the diversity of our community, plus it includes traditions, health beliefs, cultural norms, Ethnic foods, religion and many other concepts and customs that are unique to that patient/family. If the person cannot hear and uses sign language as healthcare providers we need to facilitate the conversation with an onsite American Sign Language interpreter or use the video interpreting system.

That’s why a key skill for cultural sensitivity is our ability to ask questions that help us learn what is important to the patients and families we serve. It is always easier to learn about a patient’s values, beliefs, and practices through good assessment, than it is to have to undo mistakes caused by our unquestioned assumptions or ignorance. We must take the time to listen, observe, and learn more about our patient’s cultural perspectives.
In addition to assessing patients in terms of their cultural beliefs about health and healthcare, providing “culturally competent” care also means that we must:

- Obtain interpreters (or translators, for written communications) to assist us in communicating in the patient’s preferred language, when needed;
- Develop culturally sensitive treatment plans;
- Conduct culturally sensitive physical exams, tests, and procedures; and
- Provide culturally sensitive community resources and outreach services.

By the year 2050, it is projected that 54% of the total population of the United States will be from cultures with differing values, beliefs and practices from those of “mainstream” America. The impact on healthcare is obvious. In order for us to provide the safest, most effective, quality care and service for patients, we must take the time to listen, observe, and ask questions. It is important that as we partner with our patients and families during their hospital/healthcare journey that respectful communication is essential to providing culturally competent and safe care.

**Conflict of Conscience**

MHS respects the cultural and religious beliefs and values of its staff, as well. If you believe you cannot participate in an aspect of care because of cultural or religious beliefs or values, bring it to your immediate supervisor’s attention. Your supervisor will review your request as soon as possible and will attempt to relieve you from these duties. The impact on patient care and safety and any staffing requirements will play a part in your supervisor’s decision.

**Patients with Special Needs**

MHS is committed to assisting and empowering patients with special needs and providing the patient with the appropriate accommodations. A dedicated department provides consultation, literature and referrals to support groups and community organizations for patients facing mental, sensory and physical challenges. The department also assists physicians and hospital staff involved with inpatient care, and coordinates a variety of programs and activities.

The System Coordinator, Special Needs Services, MHS oversees these efforts and acts as an advocate for special needs patients and their families. For more information, contact: Tonya Fox Shaw, RN, BSN, MBA/HA 954-276-5293 (Office)

**Identifying Barriers**

The South Broward Hospital District Special Needs Advisory Council includes individuals with disabilities, parents with children with special needs, healthcare leaders and community organizations. This committee assists in identifying barriers that may interfere with access into the healthcare system. Staff can also help identify barriers for individuals with special needs. If you see, experience, or are involved with a situation that may be a barrier, contact the System Coordinator, Special Needs Services, MHS or the American with Disabilities Act (ADA) Coordinator:

Ken Resmini, ADA (American Disabilities Act) Coordinator, Memorial Healthcare System, 954-265-1866

Sensitivity, respect, dignity, and communication are critical to understanding, teaching the patient, and assisting the patient to reach their maximum ability. Guidelines are available to help staff care for patients with Hearing Loss, Visual Impairments, Mobility Impairments, Speech Impairments and Developmental Disabilities. The System Coordinator, Special Needs Services, MHS is available to assist and guide with the care if you are uncomfortable or the patient/family are asking for items or resources that you are not familiar. Remember that the patient and family are our best teachers. Include them and ask them what is important.

**Communicating with Patients/Families who are Deaf or Hard of Hearing & Use American Sign Language**

Communicating effectively when patients have special needs is a critical SAFETY issue. Failing to communicate appropriately with patients who are deaf or hard of hearing or who have other communication challenges, can lead to incorrect diagnoses, incorrect medical histories and a misunderstanding of symptoms and medications.

Under Title III of the American Disabilities Act, our organization is required by law to provide Sign Language Interpreters. More importantly, it’s the
right thing to do. Even when family members or friends are present and interpreting for the patient who is deaf, we still need to ask if they would like to have the services of a Sign Language Interpreter provided by the MHS. **There is no fee or charge to the patient or family for MHS to provide an American Sign Language (ASL) interpreter.** An ASL interpreter will be contacted to assist you to effectively communicate with the patient and family. We also need to offer the services of a Sign Language Interpreter if the patient’s family member is deaf.

Not all people who are deaf communicate using ASL, and while some deaf individuals are excellent lip readers, only about 30 percent of the conversation is captured during lip reading. Other individuals may depend totally upon writing notes because they do not know ASL, or have their own “home” sign language. **Always ask the patient how they prefer to communicate, and make every effort to accommodate their needs.**

Qualified ASL interpreters are available. MHS provides ASL interpreters, in person, and/or through the video interpreting system.

If you have any problems obtaining a Sign Language Interpreter, contact the nursing supervisor at your facility or the System Coordinator, Special Needs Services, MHS at 954-276-5293.

**When should we provide a Sign Language Interpreter?**

- Obtaining a patient’s medical history, informed consents or permission for treatment
- When explaining the diagnosis of an illness or trauma
- During explanation of medical procedures or diagnostic workups (endoscopy, x-ray, etc.)
- During any medical procedure, treatment or surgery
- Explanation of medications
- Spiritual support/emotional counseling
- During a physician’s visit
- Discharge planning
- Educational programs
- Blood donations
- Explanation of billing/insurance issues

<table>
<thead>
<tr>
<th>When the patient has a special need/disability we need ask if they need any accommodations, such as, a special call system or telephone. It is important that we partner with the patient and family to include them in their medical care and treatment.</th>
</tr>
</thead>
</table>

Please refer to the MHS Special Needs Resource Manual for additional resources and support.

**Providing Medical Education to Patients and Families Who Do Not Speak English**

It is imperative that we provide patients and their families with their medical information in a language they can understand to promote patient safety. This is mandated by law and regulatory agencies. MHS has a Standard Practice that guides our processes. Below is an overview of how we can best educate and inform our non-English speaking patients and families:

1. The “Preferred Language” is the language that the patient prefers to receive their medical information, not necessarily their common or at home language. If the patient chooses a language other than English as their preferred language, all detailed medical information and education must be given in that language. This information appears in the banner for easy visualization for all. There is also an assessment in Epic for learning barriers and needs where you can find this information. These 2 areas should match…if not, take ownership and have the information corrected so everyone knows what language we must use.
2. Caregivers can communicate medical information with patients if they are fluent in languages other than English without the use of an interpreter.
I. For example, a physician who speaks Spanish fluently does not need to use an interpreter to communicate to the patient who prefers their medical information in Spanish; this physician can sign a consent form as the person who provided the information.

II. Another example of an acceptable practice would be a nurse who speaks Russian who performs an admission assessment for another nurse who does not speak Russian. WHAT CANNOT occur is that this Russian speaking nurse cannot “interpret” for the English speaking nurse unless they are a trained interpreter. Interpreting is a 3 way conversation, it is not one to one communication.

3. You can use any bilingual person to interpret for activities of daily living; this includes any staff member or the family.

4. The language line should be used when medical information needs to be given to a patient that prefers another language and there is no appropriate employee available who is fluent in the patient’s language or there is not an educated interpreter available. Any bilingual employee can attend a 3 hour class to become an “educated interpreter”.

5. If printed information is available in the needed language, provide this.

6. If printed information is not available in the needed language, use the English version but document that an interpreter was used.
   Consents are being revised to include a box to check when an interpreter was used.

7. For emergencies, you can use any method to get the necessary communication completed.

Service Animals

Service animals are working animals, not pets. The Department of Justice has defined service animals as a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability. However, under certain circumstances a miniature horse may be used as a service animal. Service animals are individually trained to perform tasks for the benefit of people with disabilities, such as, but not limited to:

- Guiding individuals who are visually impaired;
- Alerting individuals with hearing impairments;
- Alerting or protecting an individual who has a seizure disorder;
- Pulling a wheelchair; fetching dropped items, providing minimal protection or rescue work;
- Performing other special tasks including, without limitation, animals that are trained to stop a person from repetitive movements, such as people with autism.

Service animals are protected under the Americans with Disabilities Act (ADA). The ADA does not mandate that the service animals be identified with certification papers, a harness or special collars or other forms of identification. When an animal is on any of the campuses at MHS we may only ask the following two questions:

1. Is this a service animal?
2. What tasks does your animal do for you?

We CANNOT ask about the person’s disability and we CANNOT ask the animal to demonstrate the tasks.

A partner/handler is a person with a service animal. A person with a disability is called a “partner”. A person without the disability is called a “handler”. It is the responsibility of the partner/handler or designated caregiver assumes total and complete responsibility for the care, welfare, and safety of the service animal while the animal is on MHS property. This includes, but not limited to, their service animal’s needs for food, water, exercise, elimination and cleanup. In the event the partner/handler is a patient and they do not have a designated caregiver, family or friend to assist with the service animal, hospital staff or volunteers may provide customer service and assist the patient with responsibilities of care. If an employee has a fear of or is allergic to animals, arrangements will be made with the employee’s supervisor to make alternative provisions. All staff will wash their hands after contact with the service animal. The service animal will be able to accompany the individual with a disability to all areas of the hospital where patients/visitors/employees are normally allowed to go. A partner/handler of a service animal may be asked to provide alternative
care methods when the partner/handler needs to enter a restricted area. Exclusion of the service animal will be based on a medical determination that its presence may pose a significant risk or the service provided by MHS would be fundamentally altered. MHS will not under any circumstances refuse services to the partner/handler of the service animal but reserves the right to request a service animal be removed if the animal’s behavior poses a direct threat to the health or safety of other or interferes with the normal operating procedures for the hospital in accordance of the ADA. See Standard Practice for Service Animals.

In the event that the partner/handler of the service animal is a patient and it is known that the patient has an infectious disease, the Infection Control Practitioner will be consulted. If a determination is made that the service animal poses a significant health concern for animal to human transmission of an infectious disease, the MHS reserves the right to request the service animal be removed from hospital premises. The System Coordinator, Special Needs Services, MHS will be informed of any issues concerning service animals and complaints from any handler or a service animal regarding his/her experience (see Standard Practice for Service Animals).

**Bariatric Sensitivity**

Bariatrics is a branch of medicine that deals with prevention, control and treatment of obesity. Obesity is generally defined as having an excessive amount of body fat, the end result of an imbalance between food eaten and energy expended, but the underlying causes may be more complex relating to genetic, hormonal and other influences.

Obese individuals have an increased risk of developing diabetes, high blood pressure, heart disease, stroke and other illnesses. They may also suffer psychologically and socially as well (stigma/stereotypes).

When caring for the obese patient:

- Always treat the patient with dignity and respect.
- Provide privacy at all times.
- Use respectful language when discussing the patient’s weight.
- Focus on behavioral and lifestyle changes rather than emphasizing the need to lose weight (most overweight patients are trying desperately to lose weight).
- Provide appropriate size equipment such as beds, wheelchairs and lifts used for transfer purposes.
- Provide appropriately sized clothing such as gowns to maintain the privacy and prevent embarrassment.
- Provide any other special needs services that the patient may need.

**MHS Culture of Safety**

A “culture of safety” is one in which all health care personnel understand that safety is everyone’s responsibility. At MHS, our first Pillar of Excellence is Safety. We believe that all staff, regardless of their job within MHS, is accountable for maintaining their knowledge, competence, and practices relating to the safety of our patients and their families, our staff, and our facilities. Safety in health care is more than just “being careful.” It involves understanding how our systems of care work so we can reduce the chances for mistakes to occur. All of us at Memorial Healthcare System must become “safety experts” working to create and maintain a safe, learning environment where mistakes and near misses are reported, examined, and corrected so they don’t happen again.

A safe environment includes:

- Creating a Learning Culture
  It is a culture that is eager to understand risk at both the individual and organizational level. We can see risk by observing the design of systems in which we work, our behaviors, and the behaviors of those around us. We must be willing to learn from our mistakes and to share this learning in a manner that supports system design and continued safe choices.
Creating an Open, Fair and Just Culture
To create a learning environment, organizations must move away from an overly punitive reaction to events and errors. We must ask the erring provider to report the event so that others may not be denied the learning opportunity.

Designing Safe Systems
We must design healthcare delivery systems that anticipate human error, capture errors before they become critical, and permit recovery when errors do reach the patient.

Managing Behavior Choices
A strong safety culture puts a premium on critical decision making skills and asks every healthcare provider to continuously evaluate the risks inherent in the choices they make.

If you believe an incident, error, or near miss has occurred the incident must be reported to the supervisor of the department.

Remember! Take action to reduce the chances of adverse events: Recognize and report near misses, adverse drug events, and other adverse occurrences.

At Memorial Healthcare System, we believe safety is everyone’s responsibility!

Rule of 3 for Patient Safety
Please pay very careful attention anytime you are about to give a medication, in any form – pills / tablets, vials, syringes, etc., and you appear to need to give the patient more than 3!

Multidose Vial Safety

- Multi-dose vials must have a manufacturer label that designates it as multiple dose.
- Use multi-dose vials ONLY when absolutely necessary.
- Always disinfect the rubber septum with 70% isopropyl alcohol and use a clean needle and syringe.
- Once opened, a multi-dose vial must be dated with an expiration date of 28 days, i.e., Exp. 8/1/14
- Discard any vial if you have reason to believe it has been contaminated.
- Single dose vials can only be used once. (One patient for one single procedure.)

2015 National Patient Safety Goals (NPSG)
GOAL: Improve the accuracy of patient identification.
- We use 2 identifiers when performing procedures, treatment, taking specimens and giving medication. We use the patient Medical Record Number and the patient name on the ID bracelet and compare this to another document such as physician order or consent. We also ask the patient, “What is your name?” Prior to the patient having an ID bracelet, we use the name and the date of birth,
► We label all specimens at the bedside in presence of the patient/family.
► We use bar code scanning for routine medication administration, blood transfusions and lab specimens.
► We use two person verification processes when administering blood, and only qualified individuals administer blood.

GOAL: Improve the effectiveness of communication among caregivers.
► We evaluate the timeliness of reporting the critical results of tests and diagnostic procedures.
► We have a policy for managing critical results of diagnostic procedures which is physician to physician communication.
► We use standardized hand-offs for shift/caregiver change, transfers and discharge.

GOAL: Improve the safety of using medications & reduce harm associated with anticoagulant therapy.
► We require all medications in peri-operative and other procedural settings both on and off the sterile field to be labeled if not immediately administered. The label must include the medication name, strength, quantity, diluents and volume if not apparent from the container, expiration date when not used in 24 hours and expiration time if this occurs in less than 24 hours.
► We have a policy for sound-a-like and look-a-like medications and a policy for high alert medications.
► We have an anticoagulant therapy program.
► We have a standardized heparin protocol.
► Patients/families are educated on side effects of anticoagulants and how to manage themselves safely after discharge.
► Nurses ensure on admission, with the involvement of the patient/family that medications the patient was taking at home are documented and discussed with the physician to determine if they should be continued while in the hospital.
► Outpatient visits also include obtaining a list of the patient’s medications and if any changes are made, a new complete list is then provided to the patient.
► The complete list of medications is also provided to the patient on discharge from the facility with documented patient and family education. Patients and families are also reminded to discard old lists.

GOAL: Reduce the risk of health care-associated infections and implement evidence based practice to prevent healthcare associated infections.
► We comply with the CDC recommendations to have 70% Ethyl Alcohol hand cleaner available in all patient care areas, and follow standard precautions for hand hygiene, personal protective equipment, and other aspects of infection control. Caregivers for Patients with C.difficile should always “wash the germs down the drain” and not use the 70% Ethyl Alcohol cleaner due to its inability to kill C.difficile spores.
► We have a process to address multidrug resistant organisms.
► We initiate contact precautions for patient with MRSA, VRE and C.difficile.
► We have a process to screen high risk patients for MRSA.
► We have implemented central line, Foley catheter and ventilator care bundles to reduce hospital acquired infections.
► We educate patients and families on how to prevent infections.
► We use evidence based care to prevent infections.
► We have implemented the evidence based Surgical Care Infection Prevention (SCIP) measures to prevent infections.
► We educate our patients on hospital acquired infection prevention including hand and respiratory hygiene.

GOAL: The organization identifies safety risks inherent in its patient population.
► Patients being treated for emotional or behavioral disorders screened for suicide risk and further professional psychiatric treatment is obtained.
► Patients at risk for suicide upon discharge are provided suicide prevention resources and information.

GOAL: Meet the expectations of the Universal Protocol for preventing wrong site surgery.
► We perform a pause for the cause (time out) prior to invasive procedures.
► We utilize a standardized check list for pre-procedure verification.
► We mark any site that involves laterality. The person performing the procedure marks the site.
► Consent forms have been adjusted to a 5th grade reading level.
► We compare the physician order for the procedure with the consent, relevant radiologic tests, and schedules.
► We have implemented a safety process called Crew Resource Management in departments that perform procedures.

GOAL: Implement evidence based practices to prevent catheter associated urinary tract infections (CAUTI).
► We limit the use urinary catheters and reduce the length of insertion time to reduce the opportunity for germs to grow.
► We secure catheters to prevent pulling and irritation which can lead to infection.
► We insert catheters using sterile technique.
► We monitor catheter infection rates and take action to improve.

GOAL: Improve the safety of clinical alarm systems.
► We have established that alarm safety as a priority in our organization.
► We have teams working to define needed improvements in alarm safety and associated strategies that will be implemented.
Anticoagulant Medicines

Anticoagulant medicines reduce the ability of the blood to clot (coagulation means clotting). This is necessary if the blood clots too much, as blood clots can block blood vessels and lead to conditions such as a stroke or a heart attack. The two most common anticoagulant medicines are heparin and Warfarin (Coumadin). When the body is wounded, either inside or on the skin, blood can leak into the internal organs or out of the body. To prevent this, the blood forms clots that create a seal over the wound. When the blood needs to clot, a series of complex processes takes place which causes the blood to become sticky. The blood then starts to clot at the site of the bleeding, which prevents further bleeding. If one or more parts of the process fail to work, the blood can clot too much or not enough. If the blood doesn't clot enough, there's a risk of excessive bleeding (hemorrhaging). If it clots too much, then blood clots can form where they aren't needed and block blood vessels. Anticoagulants can reduce the ability of the blood to clot so that unnecessary blood clots are not formed. There are several uses for anticoagulant medicines but they are most commonly prescribed for people who have had a condition caused by blood clots or are at risk of developing one. These conditions include: deep vein thrombosis (DVT), pulmonary embolism, atrial fibrillation, high or moderate risk of stroke. There are several side effects of anticoagulant medicines, including excessive bleeding that can lead to severe bruising, blood in your urine or coughing up blood. It is very important to prevent falls as a blow to the head could cause bleeding in the brain and possibly death. Falls or bleeding should be reported to the physician right away. Anticoagulant medicine can also interact with other types of medicine, which can cause it to stop working. Patients on anticoagulation medications should have lab work to monitor the effectiveness of the drug and help manage dosing to ensure a therapeutic range.

Patients and families should be educated on the factors that increase the chances of harmful reactions:

- Taking several prescription and over-the-counter drugs simultaneously;
- Drinking alcoholic beverages in excess;
- Taking certain medications such as Warfarin with grapefruit juice;
- Taking over-the-counter medications containing aspirin.
- Increasing consumption of Vitamin K, found in green leafy vegetables, broccoli, scallions and herbs.

Patient Identification

The Standard Practice for Patient Identification states that upon presentation to the Emergency Department or Hospital Registration area, ALL PATIENTS (inpatient and outpatient) will receive an identification bracelet with the following information:

- Medical Record #, CSN # (contact serial number)
- Last Name & First Name
- Physician, Sex and Age, Date of Birth
- Status

Some patients may have more than one MHS bracelet depending on the individual situation. Identification bracelets are color-coded:

<table>
<thead>
<tr>
<th>Description</th>
<th>Color of ID Bracelet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td>Red</td>
</tr>
<tr>
<td>Mother/Baby</td>
<td>Blue or pink</td>
</tr>
<tr>
<td>Latex Sensitivity</td>
<td>Orange</td>
</tr>
</tbody>
</table>

The MHS employee placing the bracelet should verify the accuracy of the information before applying the bracelet to the patient’s wrist. If the bracelet is removed at any time during the patient’s stay, the employee removing the bracelet must replace it immediately before any treatment is
administered.

Patient identification must be verified prior to rendering any treatment or service. Additionally, employees at Memorial Healthcare System are responsible to verify patient identification and intended procedure for all operative and other procedures that expose patients to more than minimal risk, including procedures done in settings other than the operating room such as a special procedures unit, endoscopy unit, radiation therapy, or interventional radiology suite and the bedside.

**Patient Identification must be verified (whether you know the person or not) when rendering:**

- Any kind of service
- Taking any kind of test
- Performing any procedure
- Drawing blood
- Collecting specimens
- Transporting patients inside or outside of the hospital
- Preparing for and performing any inpatient or outpatient procedure, whether diagnostic or invasive
- Administering medication
- Delivering Food Trays

**Organ Donation**

**Call Life Alliance Organ Recovery Agency, within one hour, of any of the following clinical triggers being met:**

- GCS equal to or less than 5 and ventilator dependent
- Brain death testing to be initiated
- Prior to withdrawal of life-sustaining therapies (family discussions=early referral)
- Upon any death

**Life Alliance Recovery Agency 1-800-255-GIVE (4483)**

**Patient Safety: Medical Identity Theft Prevention Program**

Medical Identity Theft is a crime that targets the health care industry. It occurs when someone uses the identity of another person, without consent, to obtain medical products or services. Medical ID Theft can have a dire:

- Financial impact when the victim is billed for services not received and when the victim’s personal credit can be damaged or ruined
- Medical impact when adding false information to victim’s record can lead to false diagnoses & unsafe or deadly care
- Psychological consequences that may inflict severe stress and emotional harm on the victim

New duties are spelled out under the federal law called the “Red Flag” rule. A Red Flag is a suspicious activity that may indicate the presence of medical identity theft. We have a duty to try to detect “red flags” and respond:

- By investigating
- By doing our best to prevent medical identity theft, and
- By lessening its harmful effects when it does occur;

Consider possible “red flags”, for example, in Patient Registration.

- A patient attempts to register, but his or her appearance is different from the photo ID, or
- The ID documents appear to be altered or forged, or a patient’s medical history is inconsistent with a physical examination or with a medical history as reported by the patient, or
- Unusual discrepancies are detected during the medical history and physical (H&P) exam. Records show substantial discrepancies in age,
race, or other physical descriptions and Radiology, lab, or other test results, such as blood typing, produce significant discrepancies from prior tests; or

- In a financial counseling setting, a patient receives a bill for a medical product or service that the patient denies receiving.

The MHS response is to follow up, try to resolve discrepancies and always observe EMTALA (Emergency Medical Treatment and Active Labor Act) care requirements, in an emergency room setting.

If the discrepancy cannot be resolved, seek help by contacting your supervisor and by reading the MHS “Identity Theft Prevention Program” Standard Practice available on the Intranet. Additional resources may include:

- Security
- Patient Registration
- Financial Counseling
- Health Information Mgt.
- Compliance
- Legal / Risk Mgt.

Remember that most of our patients are honest, law-abiding citizens. We can and should trust them. But we should also remain alert to the possibility of medical identity theft.

**Documentation**

As part of our safety initiative, MHS has adopted Standards of Documentation. The standards include specific requirements for legibility, approved abbreviations, telephone and verbal orders, and other ordering and documentation practices. Legibility is a key issue in patient safety, and handwritten documentation is subject to specific requirements, and is monitored through concurrent and retrospective chart review. All handwritten documentation must be clear, legible, and recorded in black ink, dated and timed. Electronic documentation and order management are the preferred mechanism for documentation. If any order is not legible or clear, there must be written evidence that the order was confirmed with the ordering physician before it is carried out. MHS has a list of Common Abbreviations. Telephone orders and critical test results must be given to a properly authorized person and must be written down and read back. Verbal orders are discouraged except in emergencies.

**Do Not Use Abbreviations**

Memorial Healthcare System has developed an evidenced based list based on Joint Commission and the Dangerous Abbreviation list distributed by the Institute for Safe Medicine Practices (ISMP). The following abbreviations should not be utilized in any handwritten patient specific communication, not just orders.

1. U
2. IU
3. QD
4. QOD
5. MS, MSO4
6. MgSO4
7. Trailing zeros
8. Lack of leading zeros

Whenever any prohibited abbreviation has been used in an order and the order is not clear, a physician must be contacted to receive clarification prior to carrying out the order.

The Do Not Use Abbreviation List applies to all handwritten and electronic clinical documentation, including all types of orders, progress notes, consultation reports, and operative reports.
Elopement Alert

Did you see the patient in the green gown?

An Elopement Alert is called overhead when a confused and disoriented patient has left their assigned nursing unit. Their condition puts them at risk of harm in the event they wander out of the hospital undetected and potentially get hit by a car, fail to be maintained on critical medications, fall, etc.

One of the initiatives that we have put in place to prevent this from happening is placing these patients that we have identified of being confused in a bright or neon green gown so all of our staff can assist in keeping these patients safe. The goal for staff is to stop the person and identify that they are an elopement risk and either return the patient to their respective nursing unit or follow the patient while a fellow employee contacts the Security Department who would respond and intercede.

What is the green gown for? Our patients that are an Elopement Risk, possibly suffering from a memory disorder, suffering a head injury, and our Baker Act patients on the medical floors are placed in bright green gowns to identify them for their own safety. The gowns are a solid green, similar to the picture here.

What should I do if I see someone in a green gown? If you see a patient in a green gown not in their assigned room, you should try to speak to the patient and identify who they are and where they belong. If they allow you, check their patient wrist band to identify them and their location. Personally take that patient back to their respective unit, notifying the supervisor where you found the patient. If the patient doesn’t respond, gets angry or continues walking/running, then follow the patient from a safe distance and either use your portable telephone to dial 61 stating Elopement Alert or continue to follow the patient and have a fellow employee dial 61 stating Elopement Alert. Never lose sight of the patient until the Security Department respond and intercede. It is everyone’s role to keep all of our patients safe and be alert to elopement risks.

What else can we do to create and maintain a safe environment?

Patient Identification: Key Words at Key Times

► Check ID bracelet and multiple ID bracelets, every time, in any interaction with a patient. Check for the patient name (“What is your name?”), the name on the bracelet, and the Medical Record Number.

► Key words for safety: “Hello, I’m ____. Can you tell me your name please? I will be (tell what you are doing for patient). Before I do, for your safety, may I check your armband please?” Make it part of your routine interaction with patients every time!

Listen to the patient

► Patients may have information you need.

► Welcome patient questions; it is another way to prevent errors.

► Keep the patient in the loop; informed patients and families are your best ally.

Work as a Team

Providing optimal healthcare is always an interdisciplinary team effort. None of us can do it alone. Regardless of our specific job responsibilities, each of us has skills and abilities that contribute to the overall care of the patients and their families. Teamwork involves respect for one another, which in turn leads to effective, open communication, and information sharing. It also involves a problem-solving approach, being willing to take responsibility for one’s own errors and to provide feedback and coaching to other team members so that everyone can learn. Teamwork is a major contributor to a safe care environment.
Include patients and families as members of the healthcare team. Through open, ongoing communication and education with patients and their families, we can improve both safety and outcomes. Including patients and families to the degree they are comfortable, teaching them to observe, question, and safely assist in the patient’s care, are strategies that are encouraged in the MHS Patient Safety Plan.

**Pause for the Cause (Time Out)**

Immediately prior to the start of a procedure/surgery, time is allowed for “Pause for the Cause”. The nurse responsible for the patient verbally confirms with the surgeon/physician and with all personnel participating in the procedure, which may include, but is not limited to: surgeon/physician, anesthesia provider, technologist, other RN’s students, and any other assisting personnel as needed the following information:

- Patients identification
- Intended procedure
- Correct side/site
- Administration of antibiotics
- Position and availability of correct implants
- Any special equipment
- Verify Allergies

The surgeon/physician shall not make any incision or perform any surgery or procedure prior to performing the above confirmation. Any discrepancy from the above procedure requires re-verification of the patient site and procedure by the physician/surgeon.

**Rescue Alert/Rapid Response**

**Rapid Response Criteria: “I am Concerned about my Patient”**

The Rescue Alert is a mechanism to insure quick intervention in situations where changes in clinical condition are commonly associated with poor outcomes. The Rapid Response Team (R.R.T.) consists of Nurses and Respiratory Therapists who address immediate emergent medical needs thus reducing further deterioration of the patient. While nurses are empowered to call with any concern about their patient, guidelines for calling a Rescue Alert are as follows:

- Heart rate less than 50 or greater than 120 beats per minute
- Systolic blood pressure dropping or below 90 mm Hg
- Respiratory rate less than 12 or greater than 24 respirations per minute
- Oxygen saturation falls below 90%
- Patient requires greater than 50% supplemental oxygen
- Change in the patient’s level of consciousness
- Seizure or agitation
- Urine output fall to less than 100 ml for the last 4 hours
- Significant or uncontrolled bleeding
- Chest pain or an increased intensity in pain not controlled with prescribed treatment or an unexplained change in quality or location of pain

**Help Alert**

- Patients and families are educated to dial 88 if a noticeable change in the patient occurs and the healthcare team is not addressing their concern to their satisfaction. The operator receiving the phone call deploys either the rapid response team or an administrative representative.
Stroke Alert/ Recognizing a Stroke Emergency

How you can help facilitate care during a Stroke?

The Facts about STROKE
► 4th leading cause of death in U. S
► 1.2 million Americans suffer new or recurrent stroke each year
► 750,000 ischemic/hemorrhagic strokes
► 500,000 TIA’s or mini strokes
► #1 leading cause of serious long term disability-4.5 million survivors
► ~Every 3 ½ minutes a person dies of stroke
► If blood supply is restored or blockage opened quickly, damage can be minimized or prevented
► “Time is Brain”

Risk Factors (Non-Modifiable)
► Age- with each decade that we live our stroke risk increases by 10%
► Gender- males are at higher risk than females
► More females die of stroke
► Race- African Americans are at higher stroke death risk than Caucasians.
► Prior Stroke
► Family history

Risk Factors (Modifiable)
► High Blood Pressure
► Diabetes
► Lipids/Cholesterol
► Cigarette Smoking
► Heart Disease
► Atrial Fibrillation
► Carotid Stenosis
► Transient Ischemic Attacks

If You Suspect a Stroke:
► Call 61 the Hospital Operator
► say “stroke alert”
► Give patient name and location
► This will alert the Stroke Team
► If non-patient do the same: call 61 to initiate stroke alert
► Give location of the stroke victim
► Call 911 if off campus
► Minimize brain damage during a Stroke with early identification and treatment for all of our patients, visitors, physicians and staff.

Follow Procedures
Safety research shows that “error” is usually a “chain of events” where procedures and protocols aren’t followed, communication is incomplete, and assumptions are made. MHS has standard procedures and protocols in place that are designed to minimize the chances of adverse events and errors occurring. These include procedures relating to infection control, sharps disposal, labeling specimens, and using abbreviations.

Take action to reduce risks and learn from mistakes
► Report any incidents, near misses, and potential adverse events immediately.
► Prevent errors before they happen. Look for and communicate opportunities to build in checks and balances, fail safes, and better communication practices.
Become involved in process improvement initiatives like Failure Mode Effects Analysis, Root Cause Analysis, and department and unit performance improvement projects.

**Note:** The Joint Commission has an unannounced survey process. Any Individual who provides care, treatment and services can report concerns about safety or the quality of care to the Joint Commission without retaliatory action from the hospital. Without fear of reprisal, you can contact the Joint Commission to address unresolved issues by calling 1-800-994-6610 and are encouraged to do so.

**Quality Care and Patient Safety Council**

Each Memorial Healthcare System hospital has a Quality Care and Patient Safety Council with responsibility for oversight for Patient Safety at each Hospital.

**Legalities of Abuse and Neglect**

In compliance with Florida Statutes (Chapter 415), Memorial Healthcare System has in place a Standard Practice to protect persons who, because of age or disability, may need protective services due to alleged or suspected abuse. To improve the health status of the community we serve, each of us must be aware of the possibility that some individuals seeking our care may be victims of abuse. For persons in domestic violence situations, support, guidance, and education about community services, needs to be provided. Other persons may need us to provide immediate safety and to access more comprehensive protective services through the abuse hotline.

**MHS Standard Practice, Reporting Requirements: Abuse, Neglect, Domestic Violence, Sexual Misconduct, Domestic Violence, Gunshot and other Life Threatening Wounds** states, "All hospital personnel have the legal duty to alert the proper authorities when a minor or vulnerable adult patient is identified as a victim of alleged or suspected neglect or abuse including sexual abuse and domestic violence. There are also reporting requirements for gunshot wounds and sexual misconduct. " Report any concerns to the department leader.

A vulnerable adult means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, long term physical or developmental disability or dysfunction, or brain damage or the infirmities of aging. Florida Law provides definitions for physical, sexual, emotional abuse and neglect/abandonment and exploitation that must be considered in making a decision to report concerns about abuse or neglect. The definitions differ depending on whether the victim is a child or a vulnerable adult.

All healthcare workers have an obligation to report suspected abuse, neglect, or exploitation of children, minors and vulnerable adults to the proper authorities. However, after April 14, 2003, when the Health Insurance Portability and Accountability Act (HIPAA) went into effect, certain additional considerations apply to cases involving adults. These involve disclosure of medical information to the Department of Children and Family Service or to law enforcement officers. Such disclosure has specific requirements, including whether or not the patient has the capacity to agree to the disclosure, and must be based on a reasonable belief by the healthcare staff that disclosure is necessary to prevent serious harm to the patient or other potential victims. **Note:** At Memorial Regional Hospital only, the social worker or Emergency Department patient relations representative will assume the responsibility of reporting these cases to the proper agencies. In the absence of these personnel, the clinical manager/control nurse or designee will be responsible.

The following information must be obtained and documented on the patient’s medical record:

- Patient name, address, race, sex, age, as well as next of kin, guardian, caregiver
- Physical description to better identify the patient
- Nature and extent of alleged abuse or neglect
- Extent of injuries
- Identity of alleged abuser/neglecter, if known
The name of the healthcare staff member making the report must be called immediately to one of the following agencies:

- Statewide Abuse Registry or local Department of Children and Family Service (DCF)/Agency for Health Care Administration - Child Abuse/Adult Abuse Developmentally Disabled: 1-800-96-ABUSE (available 24 hours a day)
- Sexual Assault Treatment Center 761-RAPE/765-4124
- The local police department where the MHS facility is located, or the police department where the alleged assault/incident took place, depending upon individual circumstances

**Note:** A competent adult victim has the right to refuse police notification except in cases of gunshot or life-threatening wounds (see below).

### Report of Medical Treatment of Gunshot Wounds

Any physician, nurse or employee of any hospital or nursing home, who knowingly treats a person suffering from a gunshot wound or life threatening injury indicating an act of violence, or receiving a request for such treatment, is required to report the situation to the Broward County Sheriff's Department, as described in Florida statutes.

### Domestic Violence

The MHS Standard Practice specifies procedures to be followed in domestic violence cases. Reporting is only mandatory if the patient is a minor, vulnerable adult, or has suffered from a gunshot wound or life-threatening injury indicating violence. Any individual, who states they are a victim of domestic violence and requests intervention and does not need treatment, should be referred to one of the community agencies or resources. The police department will be notified and will escort the victim to a designated center, unless the victim is a competent adult and refuses to have the police notified.

### Sexual Assault Patients

Hospital staff may arrange to provide appropriate medical attention and treatment of sexual assault victims, and may encourage the victim to notify law enforcement. They should also be referred to the Sexual Assault Treatment Center. If the victim is a competent adult and requests that the police department not be notified, their wishes must be respected.

### Sexual Assault

Included in the hospital’s Standard Practice is a rare but possible occurrence, sexual assault of a patient within the healthcare system. Addressing concerns in a professional, supportive manner is critical. Abusers are most often family members. In child abuse cases, a parent is the abuser in 80% of the cases, and family members commit two-thirds of elder abuse. In spite of the emotional and physical pain, the victim may be ambivalent about reporting the maltreatment. Social isolation plays a key role in most types of abuse, which is one of the reasons that health and social service workers discover many of cases. The most frequently reported type of abuse is neglect, which may include failure to provide adequate food, shelter or supervision that a prudent person would consider essential for health and well being. Physical abuse may be apparent or discovered through physical examinations. Some abusers are careful to prevent facial injuries, which may be an obvious sign of battering. Victims also may also conceal their injuries with clothing. The elderly often fear placement outside their homes or disruption of family relationships. Emotional abuse may involve intimidation and threats of harm or neglect. Mishandling property or funds are common manifestations of exploitation.
### Some Criteria for Identifying Possible Abuse:

<table>
<thead>
<tr>
<th>Type</th>
<th>Children</th>
<th>Vulnerable Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
<td>• Unexplained bruise/ welts/ burns</td>
<td>• Central injuries</td>
</tr>
<tr>
<td></td>
<td>• Unexplained lacerations or abrasions to mouth/ lips/ eyes</td>
<td>• Spiral fractures</td>
</tr>
<tr>
<td></td>
<td>• Frightened of parents</td>
<td>• Injuries during pregnancy</td>
</tr>
<tr>
<td></td>
<td>• Withdrawed</td>
<td>• Multiple injuries in various stages of healing</td>
</tr>
<tr>
<td></td>
<td>• Afraid to go home</td>
<td></td>
</tr>
<tr>
<td><strong>Neglect</strong></td>
<td>• Consistent hunger; begging for food</td>
<td>• Unexplained delay in seeking treatment</td>
</tr>
<tr>
<td></td>
<td>• Inappropriate dress</td>
<td>• Unexplained compliance to treatment regimes</td>
</tr>
<tr>
<td></td>
<td>• Unattended medical problems</td>
<td></td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>• Lags in physical development</td>
<td>• Chronic anxiety/depression</td>
</tr>
<tr>
<td></td>
<td>• Failure to thrive</td>
<td>• Suicide attempts</td>
</tr>
<tr>
<td></td>
<td>• Sleep disorders</td>
<td></td>
</tr>
<tr>
<td><strong>Sexual</strong></td>
<td>• Difficulty in walking or sitting</td>
<td>• Embarrassment injuries, especially on chest, lower torso, buttocks or genitalia</td>
</tr>
<tr>
<td></td>
<td>• Torn or bloody underclothing</td>
<td>• Caregiver answers for patient or refuses to let patient be interviewed alone</td>
</tr>
<tr>
<td></td>
<td>• Bruises/bleeding in external genitalia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Venereal diseases in pre-teens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pregnancy</td>
<td></td>
</tr>
<tr>
<td><strong>Exploitation</strong></td>
<td>• Sexually provocative</td>
<td>• Forced isolation</td>
</tr>
<tr>
<td></td>
<td>• Alcohol/substance abuse</td>
<td>• Telling stories that differ greatly from family caregiver</td>
</tr>
</tbody>
</table>

Additionally, any allegations, even if not substantiated, of sexual misconduct by a healthcare provider, or any allegation of sexual assault, occurring within MHS facilities should be reported immediately to the Risk Manager, the Administrator of the facility, and documented on an Incident Report.

### Seclusion and Restraints

The Memorial Healthcare System is committed to prevent, reduce and strives to eliminate the use of seclusion and restraints, while providing a safe environment for patients and staff. It is our belief that seclusion or restraints (S/R) should always be considered a “last resort” and should only be used in situations where a patient is in imminent danger of physically harming self or others and when less restrictive measures have been tried and failed. The goal of the organization is to be restraint-free.

Physical Restraint is any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his/her arms, legs, body or head freely. Chemical Restraint is a medication used to restrict the patient’s freedom of movement that is not a standard part of treatment for their medical or psychiatric condition. Use of a chemical restraint may only be used when less restrictive and alternative methods have been found to be ineffective.

Seclusion is an intervention that may be used only for the management of violent or self-destructive behavior that jeopardizes the immediate physical
safety of the patient, staff, members or others. Seclusion is not just confining a behavioral patient to an area, but also involuntarily confining him/her alone in a room or area where he/she is physically prevented from leaving. Confinement on a locked unit where the patient is with others does not constitute seclusion. **SECLUSION ONLY WILL TAKE PLACE AT MEMORIAL REGIONAL HOSPITAL/JOE DIMAGGIO in the Emergency Department or in the Behavioral Health Units.**

Physical Holding- the use of force in order to physically examine performs a test upon. Or medicate a patient against their will. As with other restraints, must have a physician’s order prior to the application of the restraint (use of force). Restraint is permissible in Memorial Healthcare facilities only under limited circumstances, when used as part of a procedure and only with a physician’s order.

**Exclusions:**

The following are NOT considered a restraint under MHS policy:

Any mechanism usually and customarily employed during medical, diagnostic, or surgical procedures/treatments that are a regular and usual part of such procedures/treatments; e.g., IV board, above the knee strap for surgery.

Adaptive support in response to assessed patient need (e.g. leg brace, back brace);

Protective devices which are intended to prevent harm (e.g. helmets, transfer/gait belts);

Forensic or correctional restriction, when applied by law enforcement officials, and used for security purposes; however, the hospital is still responsible for an appropriate patient assessment and the provision of safe, appropriate care to the patient;

Side rails when a patient is on a stretcher, or to prevent the patient from falling out of bed. (Side rails used to restrict the patient’s freedom to exit the bed are considered a restraint.)

A drug or medication that is standard treatment and dosage for a patient’s clinical condition or is intended to improve a patient’s level of functioning so that they can more actively participate in their treatment plan; and

When a patient is placed on seizure precautions and all side rails are padded and raised.

Mittens without the use of ties

Therapeutic holding (for less than 15 minutes) while comforting of children

There are many creative and individualized alternatives to restraints. Support staff as well as direct caregivers can be helpful in educating the public about reasons for restraints and methods of reducing the need for this intervention.

Professional caregivers took on the challenge of reducing restraints and began assessing the many factors that can lead to restraints, such as:

- Inadequate pain management
- Medication response/interaction
- Need for increased oxygen
- Fluid or electrolyte imbalances
- Alcohol/drug withdrawal
- Alteration in glucose levels
- Communication barriers
- Elimination needs
- Confusion/Disorientation

**Risk Prevention**

Hospital Risk Management programs and processes exist to reduce or eliminate incidents that might lead to injury or illness to anyone in our MHS facilities. The Risk Management Department for MHS is part of the Legal Department. Among its functions are to assist in the development and implementation of policies and procedures, review and oversight of incident reporting, assure confidentiality, and promote positive “PR” with patients
The Risk Management process is used to identify opportunities to improve patient safety; to investigate incidents and already-filed claims in order to develop plans to prevent similar occurrences; and to comply with Joint Commission and state requirements.

A key aspect of the Risk Management process is the Incident Report.

An incident is defined as “any deviation from the routine operation of the hospital, including, injury, hazard, unexpected complication or adverse result, or near-miss, allegation of sexual misconduct, or a death while in or related to seclusion or restraints.” The incident report is prepared for the Risk Manager used to review and monitor incidents occurring within the MHS facilities, to identify potential hazards, alert to potential claims and is required by Florida law. Due to regulations, incident reports must be received in the Risk Management Department within 48 hours of when the incident occurs.

By identifying potential hazards so that they can be addressed and eliminated, risk management procedures also attempt to protect the organization from liability and costly litigation.

Common areas of litigation include:

- Failure to provide a safe environment
- Failure to provide appropriate care
- Failure to report changes in patient status
- Failure to follow hospital procedures

Poor communication between the patient, family, and caregivers is the major factor contributing both to medical errors and to the initiation of lawsuits. Additional factors leading to the initiation of a lawsuit include consumers’ unrealistic expectations of treatment and of their health care providers and public perception that the healthcare delivery system is, by nature, impersonal.

Every employee of MHS works with the Risk Management Department. Often, staff members with the most patient contact are in the best position to identify and prevent risks before injury or financial loss occurs.

**Incident Reporting**

- Complete an incident report and submit within 48 hours or less to Risk Management. A computerized incident reporting form is used unless not electronically accessible, in which case a paper forms is used. Notify the Risk Manager immediately by telephone of any serious incidents. Serious incidents include adverse occurrences that are potential Sentinel Events.
- Address facts in the report, including who, what, when, where and how/why. It is important to note the patient's perception of the incident. Always ask the patient what happened and document the response.
- Notify the attending physician if a patient incident occurs. If the attending physician is not present, the Rapid Response Team may be called to assess the patient as needed, in which case the attending physician must still be notified and advised of the details of the incident, and to determine whether additional treatment is indicated.
- Include the facts of the incident in the medical record as it pertains to the patient's care; however, do not mention within the record the fact that an incident report was filed.
- Incident reports are not part of the medical record. NO copies or reproductions of incident reports should be made.

**Confidentiality**

A patient's right of privacy and confidentiality is protected by law. No one, including spouses, friends, or attorneys, is permitted to review the patient's medical record without prior written authorization, except as required by law (court order or subpoena) or other regulation.

- Only information that is pertinent to a patient's treatment may be disclosed to other practitioners.
- Only authorized hospital personnel have access to medical records. All requests for medical information must be referred to the Health
Information Management department.

- All employees are required to sign a confidentiality statement upon employment.

To decrease the risk of uninvolved persons overhearing or seeing confidential patient information:

- Confine discussion of patient care information to the patient care areas
- Keep computer ID/passwords confidential. Unauthorized use of ID/passwords may be subject to disciplinary action.
- Exit computer programs and log off before leaving the workstation.

Falls

Falls are a serious patient safety problem & may contribute to serious patient injury. Every patient who needs assistance of any kind is at risk for falls. MHS has adopted several fall prevention strategies including but not limited to:

- Appropriate assessment for fall risk factors & effective communication among the multidisciplinary team.
- A quick response to the call light to check on the patient’s need. Hourly rounding – frequent rounding by appropriate staff anticipating the patient’s needs using the 4Ps. Offer toileting assistance (Potty), change patient’s position (Position), addressing pain control needs (Pain) & placing patient’s personal possession including the call light within reach (Possession).
- Patient & family participation – educate & encourage family or significant other to participate in our fall prevention strategies.
- Bed & chair alarms – keep the alarms ON whenever the patient is in the bed or chair.
- Safety grip – installed in the bathrooms & hallway to assist patient.
- Non skid sock.
- Clutter free environment.
- Continual fall assessment to determine changing risk of all & heightened interventions.
- Close observation -- near station, family member or safety observer to stay with the patient.
- Absorbent towels & caution signs located in key areas of the facilities to use for immediate clean up of minor spills.
- Diversion strategies.

Documentation

The medical record is the legal documented account of what transpired during the patient's hospitalization. It has multiple purposes:

- It is used by caregivers to communicate findings about the patient to other caregivers;
- It serves as a record of care rendered for insurance reimbursement purposes;
- It serves as a record of care for quality improvement and peer review purposes;
- It serves as a record of care for potential legal purposes, should a medical malpractice claim be made.

For these reasons, the patient’s care must be noted in a clear, legible, concise, and objective manner.

- If an error is made, the error must be appropriately noted, with one single line drawn through the error, along with the word “error” and the documenter's initials. The error should never be completely obliterated, written over the original entry, or “white out.” Care must also be taken not to include inappropriate information in the medical record.

- Examples of inappropriate Medical Record documentation include:
  - Unit or personnel issues, i.e. staffing problems (these should be reported to your manager).
  - Professional disputes that might reflect personality clashes (vs. legitimate concerns about the pt's care).
  - Information documented for the purpose of making excuses for lack of patient care, such as, “Unable to render treatment due to attending a meeting.” (This entry would not relieve the caregiver of responsibility. Problems concerning staff coverage for patient care should be addressed with your manager.)
Disclosure
As a part of our safety initiative, patients will be informed regarding outcomes of care, including unanticipated outcomes. The goal of Memorial Healthcare System is to make the patient and family aware of any unanticipated outcomes as soon as possible in the interest of the overall well being of the patient. The physician, in conjunction with appropriate members of the hospital leadership, will inform the patient and family of the issue and the plan of care.

Equipment
The Safe Medical Devices Act, in an effort to monitor incidents involving equipment, requires all healthcare personnel to follow up on problems or incidents involving equipment promptly. If a piece of equipment does not function properly:

- Take it out of service immediately and generate a work order for its repair.
- If the item has been involved in an incident causing serious illness or injury to anyone in our facility, the equipment and equipment packaging should be isolated and saved for Risk Management to examine.
- Fill out an incident report.
- Report the incident immediately to Risk Management. Risk Management staff will evaluate the incident for reporting to the FDA and manufacturer.

Consent Issues
The Risk Management Department frequently deals with consent issues. The most important aspect of the process of obtaining consent is that the consenting party be assessed as being awake, alert, and oriented, and capable of understanding that to which he is consenting.

- On occasion, a patient can be alert and well oriented, but physically unable to sign consent (either due to illiteracy or to physical limitations). A document called a "Certificate of Attestation," allows the patient to make his "mark," on the form, in the presence of witnesses. The patient then places this same mark on any consents needed for procedures, to document his consent.
- In the event the pt's condition is so limited that, although he is alert and oriented, he is physically unable to make his mark, his consent can be verbalized to the hospital staff, two of whom will document his agreement in the medical record.
- Speech limitations do not automatically prevent a patient from consenting to a procedure. For the patient who is awake and alert but unable to physically speak, consent may be obtained in writing.
- If a patient lacks the capacity to make his or her own decisions regarding health care, the patient's attending physician and one other physician should document this finding in the medical record.
- After the patient's lack of capacity to consent has been documented by two physicians, consent should be obtained by the highest-ranking individual who is available and willing. Refer to Health Surrogate Form for hierarchy.

Legal Issues
The combined Risk Management/Legal Department handles hospital-related legal issues for MHS.

- Any attorneys attempting to discuss details of a patient's care with staff members will be referred to the Risk Management Department.
- Do not discuss details of a case with any attorney unless directed to do so by the Risk Management Department, as this could constitute a violation of confidentiality, if done inappropriately.
- If you receive a subpoena, or are contacted by an attorney, notify the MHS Risk Management Department for further direction. Also notify your manager, so that scheduling accommodations can be made for you to appear as directed by the subpoena.
- If you are subpoenaed to appear due to involvement with a case related to care rendered during your employment with MHS, you will be paid for the time spent during your appearance. Record the time and submit it to your supervisor for reimbursement.

Contact the MHS Legal Department for further specifics regarding legal issues.
**Advance Directives**

Risk Management also handles concerns related to Advance Directives. Advance Directives are written instructions given by the patient to outline his wishes for healthcare, in the event that the patient becomes unable to make those decisions for himself. Two examples of advance directives are living wills, and designation of a healthcare surrogate.

- All patients receive patient literature upon admission, which includes the Patient's Bill of Rights and information on Advanced Directives. Copies of the Patient's Bill of Rights are posted throughout the hospital.
- MHS healthcare providers are required by law to question patients upon admission as to whether they have initiated any advance directives concerning their healthcare.
- Staff must also offer patients additional information about advance directives, if the patients so desire.
- If a patient has initiated an advance directive prior to his hospitalization, a copy of the paperwork should be placed on the patient's chart so that all staff will be readily aware of the directive.

If a patient has initiated a Living Will, this does not automatically mean that a Do Not Resuscitate (D.N.R.) order should be requested from the physician. A Living Will is simply a set of instructions made by the patient to document his wishes, in the event that a terminal condition develops. If the patient does not have a terminal condition, the wishes outlined in the Living Will are not set into motion.

The "Designation of Healthcare Surrogate" form allows the patient to designate a trusted individual to make healthcare decisions for him in the event that the patient is not able to do so. The decisions of the designated surrogate then would take precedence over those of other family members. If the patient remains alert and oriented throughout his hospitalization, however, the patient continues to make his own decisions. The surrogate does not become involved in the decision making process until such time as the patient is incapable of decision-making on his own.

**Sentinel Events**

Joint Commission has defined a sentinel event as incidents involving death or serious physical or psychological injury, including a healthcare acquired infection, or a process variation in which a recurrence would carry a significant chance of a serious adverse outcome. Serious injury specifically includes loss of limb or function. Examples of sentinel events that are subject to review by Joint Commission include any incident meeting the following criteria.

The event, including, without limitation, a healthcare acquired infection, has resulted in an unanticipated death or major permanent loss of function OR one of the following:

- Suicide of a patient either while an in-patient or within 72 hours of discharge
- Infant abduction or discharge to wrong family
- Rape (by another patient or staff)
- Hemolytic transfusion reaction
- The abduction from MHS premises of any individual receiving care, treatment or services
- Surgery on the wrong patient or wrong body part
- The unintentional retention of a foreign object, i.e., sponge, instrument, in a postoperative or post invasive procedure patient
- Hyperbilirubinemia (bilirubin>30mg/deciliter)
- Prolonged fluoroscopy with cumulative dose > 1500 rads to a single field or any delivery of radiotherapy to the wrong region or > 25% above the planned radiotherapy dose

**When you identify a potential Sentinel Event:**

- Report this immediately to your supervisor for reporting to the Risk Manager, and for any immediate follow-up that may be necessary.
- Fill out an incident report per the Incident Report procedure The Hospital's Risk Manager or designee will then initiate an immediate investigation to gather pertinent information regarding the event and to evaluate what additional action will be indicated.
- Participate, if asked, in a Root Cause Analysis team to evaluate the factors that may have contributed to the Sentinel Event. The team
focus is to identify processes in the system that could be changed to prevent a recurrence of the incident.

**Sentinel Events and Worker Fatigue**

There are many studies that show that health care worker fatigue increases errors and adverse events. The Joint Commission produced a Sentinel Event Alert to make hospitals aware of this correlation.

Fatigue resulting from an inadequate amount of sleep or insufficient quality of sleep over an extended period can lead to a number of problems, including:

- lapses in attention and inability to stay focused
- reduced motivation
- compromised problem solving
- confusion
- irritability
- memory lapses
- impaired communication
- slowed or faulty information processing and judgment
- diminished reaction time
- indifference and loss of empathy

What can you do to prevent worker fatigue?

Get an adequate amount of sleep each night; know that alcohol and caffeine do affect sleep

Take your breaks for needed rest for the mind and the body

Work as a cohesive team when work hours become extended due to emergency situations

**Infection Control**

It is essential that employees and physicians play an active role in the Infection Control Program. There are many ways in which employees can participate in the prevention of infections. It is the policy that Standard Precautions and Transmission-based Precautions are used on all patients.

**Note:** Isolation precautions are initiated per hospital policy and do not require a written order from the physician. Patients suspected of having a communicable disease should be placed in the appropriate isolation.

**Standard Precautions**

“Standard Precautions” means that all blood and bloody body fluids are handled as potentially infectious, with the exception of sweat, and that employees wear personal protective equipment that is dictated by the task being performed, regardless of the patient’s diagnosis.

**Transmission Based Precautions**

In addition to Standard Precautions, certain diseases require the use of Transmission Based Precautions, as follows:

- **Airborne:** The airborne precautions are designated by a BRIGHT PINK sign at all MHS Hospital Facilities. A RED STOP SIGN is also present on the sign

Used for several diseases including:

- Tuberculosis
- Disseminated Herpes Zoster
Measles (Rubella)  
Chickenpox (Varicella) - this disease also requires Contact Precautions  
Smallpox - this disease also requires Contact Precautions  
Monkeypox – this disease also requires Contact Precautions  
SARS – this disease also requires Contact Precautions and protective eyewear

Upon entering this isolation room, the healthcare worker must use a HEPA-Particulate respirator (N-95) if the patient has or is suspected to have Tuberculosis, Varicella (chickenpox) or measles. Students are not fit tested for N-95 mask and therefore should NOT be assigned to patients on Airborne Precautions. Other personal protective wear is required as specified in Standard Precautions. If the patient must leave the room, they should wear a 5 micron mask.

Transmission Based Precautions

**Contact:** The contact precautions are designated by a **BRIGHT GREEN** with red stop sign at all MHS Hospital Facilities. 

Used for several diseases which include:

- Adenovirus
- Congenital rubella
- Conjunctivitis
- Any uncontrolled draining wound
- Ebola and Viral hemorrhagic fevers
- Impetigo
- Multi-drug resistant organisms
- Parainfluenza virus
- Lice and scabies
- RSV (Respiratory Syncytial Virus)
- Chickenpox (Varicella) - this disease also requires Airborne Precautions
- Smallpox - this disease also requires Airborne Precautions
- Monkeypox – this disease also requires Airborne Precautions
- SARS – this disease also requires Airborne Precautions and protective eyewear

Upon entering this isolation room, the healthcare worker must wear gown and gloves. The surgical mask should be used by healthcare workers when within 3 feet of patients who have MRSA in a respiratory site. (Note: A 5-micron mask may be needed as per Standard Precautions for certain procedures).

**DROPLET PRECAUTIONS**  The droplet precautions are designated by an orange sign with the red stop sign at all MHS Hospitals

Used for several diseases including:

- Adenovirus
- Diphtheria
- German Measles (Rubella)
- Influenza
- Meningitis
- Mumps
- Pertussis
- Pneumonic Plague
- Certain types of Pneumonia
Upon entering this Isolation room, the healthcare worker must use a 5-micron mask. Other personal protective wear is required as specified in Standard Precautions.

**GI Precautions:** GI precautions is indicated by a brown sign with the red stop sign. This precaution has been added to our current list of isolation precaution signs. This precaution will be used solely for *Clostridium difficile* patients. It is unique in that it requires workers to use soap and water handwashing only – no alcohol hand sanitizers after patient contact or contact with the surfaces in the room.

Used for disease listed below:

- *Clostridium difficile*

---

**Prevention of Healthcare Acquired Infections**

The prevention of healthcare acquired infections is one of the most important functions of healthcare workers. These infections increase both the morbidity and mortality of our patients and result nationally in medical errors linked to 44,000 to 98,000 events per year.

As part of the prevention effort each employee of MHS will be educated in the nature of these infections and prevention measures that have been shown to reduce the frequency of these events. Patients are to be educated on HAI using tools from EPIC that may be printed out for the patient on Hand/Respiratory Hygiene, Surgical Site Infections, Central Line Associated Bloodstream Infections, Catheter related Urinary Tract Infections, Ventilator Associated Pneumonia and a variety of Multi-Drug Resistant Organisms (MDRO) such as MRSA and VRE.

**Surgical Site Infections**

Surgical wound infections account for 22 percent of all healthcare acquired infections reported in the United States. The Centers for Disease Control and Prevention produced guidelines to prevent surgical site infections in 1999. These guidelines suggested measures including:

1. Identify and treat all remote infections prior to elective surgical procedures
2. Use clippers for hair removal immediately prior to the procedure
3. Adequately control serum blood glucose levels in all diabetic patients and particularly decrease the incidence of hyperglycemia perioperatively
4. Use an appropriate antiseptic agent for skin preparation
5. Administer a prophylactic antimicrobial agent only when indicated, and select it based on its efficacy against the most common pathogens causing SSI for a specific operation and published recommendations [SCIP Guidelines]

These and other recommendations were put into place at MHS facilities to prevent the incidence of postoperative surgical site infections. The SCIP initiatives followed these guidelines and follow specific procedures to assure the correct prophylaxis is given within one hour of incision and that no more than two postoperative prophylactic doses are administered.

**All MHS patients who will undergo surgical procedures will receive information on:**

- Prevention of Surgical Site Infections
- Signs and symptoms of Surgical Site Infection
- How to care for their postoperative wound
- Hand Hygiene
Central Line Associated Bloodstream Infections (CLABSI)

Bloodstream infections that are directly associated with an invasive central line are ranked by the CDC as causing 14 percent of healthcare associated infections. Evidence based recommendations from the Centers for Disease Control and Prevention (CDC) and most recently from the Institute for Healthcare Improvement (the Central Line Bundle) was put into place and are monitored by healthcare providers and physicians alike. Mini-root causes are done in some areas to identify what the exact cause of each central line associated bloodstream infection is found to be. The bundle components include:

1. Hand Hygiene prior to insertion of the central line and before accessing the line.
2. Maximum barrier precautions upon insertion (sterile gown, mask, hair cover, gloves and large drape to protect the line during insertion).
3. Chlorhexidine skin antisepsis prior to insertion.
4. Optimal catheter site selection, with Subclavian vein as the preferred site for non-tunneled catheters.
5. Daily review of line necessity with prompt removal of unnecessary lines.

In addition to the elements of the bundle outlined above, a 15 second scrub of the IV hub with either alcohol or chlorhexidine/alcohol must be performed prior to any access of an IV catheter.

All MHS patients who will have central lines inserted will receive education and information on:
- Prevention of CLABSI Infections
- Recognition of signs and symptoms of CLABSI
- Hand Hygiene
- Care and Maintenance of the central line

Ventilator Associated Pneumonia (VAP)

Ventilator associated pneumonias are ranked by the CDC as causing approximately 15 percent of all healthcare acquired infections. The primary risk factor for the development of healthcare associated bacterial pneumonia is endotracheal intubation and mechanical ventilation. Everyone who interacts with the patient on mechanical ventilation from the Physician and nurse to the respiratory therapists is participating in the use of the VAP bundle recommended by the Institute for Healthcare Improvement’s campaign and the guidelines from the CDC. These bundle elements include:

1. Elevation of the head of bed at all times
2. Daily “sedation vacations” and assessment of readiness to extubate  (This includes decreasing the sedation for a period of time each day and assessing the patient to see if they are ready for extubation)
3. Peptic Ulcer Disease prophylaxis
4. Deep Venous Thrombosis prophylaxis

All MHS patients who will be intubated and mechanically ventilated will receive education and information on:
- Recognition of VAP
- Prevention of VAP
- Hand Hygiene

Catheter Associated Urinary Catheter Infections

The number one healthcare acquired infection remains the catheter associated urinary tract infection and it accounts for 40 percent of all infections affecting over 600,000 patients each year. Most of these infections, 66% to 86%, follow instrumentation of the urinary tract, mainly urinary
catheterization. Although not all catheter-associated urinary tract infections can be prevented, it is believed that a large number could be avoided by the proper management of the indwelling catheter. Measures to reduce the incidence of these infections include:

1. Limiting the use of indwelling urinary catheters
2. Aseptic technique during the insertion
3. Maintain a closed urinary drainage system
4. Maintain an unobstructed flow of urine to the drainage bag
5. Obtain urinary specimens without breaking the system, aseptically swabbing catheter port and placing specimen in sterile container
6. Hand hygiene before and after contact with the urinary catheter
7. Daily assessment for need for the indwelling catheter

All MHS patients who will have indwelling urinary catheters inserted will receive education and information on:

- Signs and symptoms and recognition of catheter associated urinary tract infections
- Prevention of catheter associated urinary tract infections
- Hand Hygiene

Resistant Microorganisms

**MDRO definition** For epidemiologic purposes, MDROs are defined as microorganisms, pre-dominantly bacteria, that are resistant to one or more classes of antimicrobial agents. In most instances, MDRO infections have clinical manifestations that are similar to infections caused by susceptible pathogens. However, options for treating patients with these infections are often extremely limited. Treatment options are limited in some of the organisms listed.

**MDRO Examples:**

- Methicillin Resistant Staph Aureus (MRSA)
- Vancomycin Resistant Enterococci (VRE)
- Extended Spectrum Beta Lactamase (ESBLs) such as E.coli
- Acinetobacter baumanii (ACB)
- Carbapenem Resistant Enterobacteriacae (CRE)

There is ample epidemiologic evidence to suggest that MDROs are carried from one person to another via the hands of Healthcare providers. Hands are easily contaminated during the process of care-giving or from contact with environmental surfaces in close proximity to the patient. Hand hygiene continues to be the most important step in the prevention of infections and MDROs.

New strains of MRSA called Community Acquired (CA-MRSA) have been increasingly seen across the United States. These new CA-MRSAs cause a variety of infections with the majority being skin and soft tissue infections (boils, abscesses and cellulites of the skin). Some have been linked to school transmission through sports activities but other infections have been seen in prisoners, homeless persons and healthy individuals with no risk factors. Again hand hygiene and general hygiene are key in the prevention of these infections.

**Prevention of Infections.** Preventing infections will reduce the burden of MDROs in Healthcare settings. Best practices include optimal management of vascular and urinary catheters, prevention of lower respiratory tract infection in intubated patients, accurate diagnosis of infectious etiologies, and judicious antimicrobial selection and utilization.

**Control Interventions**

The various types of interventions used to control or eradicate MDROs may be grouped into seven categories. These include administrative support, judicious use of antimicrobials, surveillance (routine and enhanced), Standard and Contact Precautions, environmental measures, education and
decolonization. These interventions provide the basis for the recommendations for control of MDROs in healthcare settings that follow this review. In the studies reviewed, these interventions were applied in various combinations and degrees of intensity, with differences in outcome.

1. Administrative support
2. Education of healthcare workers, patients and family on MDRO’s, how they are transmitted, how they can be prevented and controlled, how to manage the environment in the hospital and at home, and how they can be treated.
3. Cautious use of antimicrobial agents
4. MDRO surveillance
   a. Separation of MDRO from standard clinical culture surveillance
   b. MDRO infection rates by unit
   c. Molecular typing of MDRO isolates
   d. Screening of asymptomatic carriers of MDROs
5. Infection Control Precautions
   a. Isolation
   b. Cohorting - placing two patients with like organisms together
6. Environmental measures
   a. Enhanced environmental cleaning of isolation rooms
7. Decolonization

**MHS MRSA Screening Program**

Memorial Healthcare System has established a MRSA screening program across the healthcare system in inpatient settings.

*This MRSA screening consists of:*

- Screening of high risk patients admitted to the hospitals (all critical care admissions and transfers, patients previously identified as having MRSA infection or colonization, patients from long term care or other congregate settings, patients with skin and soft tissue infections, patients undergoing certain elective orthopedic, neurological and cardiac procedures.
- Nasal swabs (both nares) will be obtained at the time of admission, transfer to ICU or for preoperative patients several days prior to surgery.
- All patients who are screened at the time of admission will be placed on contact precautions when positive test report is received, until they are **decolonized**, they are **discharged** or they have completed their decolonization therapy (7 days) and are **rescreened as MRSA negative** on day 9.
- Documented education of patient and their family regarding how MRSA screening is done, what is MRSA, how it is transmitted, how it can be prevented, and how it can be treated.

**OSHA Exposure Control Plan**

The Memorial Healthcare System has an individualized Exposure Control Plan for each facility which gives specific information regarding management of bloodborne pathogens

**Bloodborne pathogens** are infectious materials in blood that can cause disease in humans, including Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV).

**Hepatitis B** is caused by a virus that attacks the liver. It can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. HBV is spread when blood from an infected person enters the body of a person who is not infected. Symptoms occur about 12 weeks after exposure to the virus and include yellow skin, yellowing of the whites of your eyes, tiredness, and loss of appetite, nausea, abdominal discomfort,
dark urine, clay-colored bowel movements and joint pain. HBV can survive outside the body at least 7 days and still be capable of causing infection. **Hepatitis B Vaccine** is offered in a series of three injections which are given free of charge to employees through the Employee Health Department. The first vaccine is given and then followed with another shot at 1 month and 6 months. If the vaccine is declined, it may be taken at any time that the employee decides to accept. This vaccine is very safe for infants, children and adults.

**Hepatitis C** is a liver disease caused by the Hepatitis C virus, found in the blood of persons who have this disease. It is spread by contact with the blood of an infected person. Symptoms include nausea, abdominal pain, dark urine, fatigue, loss of appetite and yellow skin, yellowing of the whites of your eyes. Many infected people have no signs or symptoms of disease. There is currently no vaccine for HCV. Long term consequences include chronic liver disease, cirrhosis and liver cancer. Hepatitis C is the leading indication for liver transplants. It is possible to find HCV within 1-2 weeks after being infected with the virus. Studies show that HCV may survive on environmental surfaces at room temperature for at least 16 hours, but no longer than 4 days.

**Human Immunodeficiency Virus (HIV)** is a virus that kills your body’s “CD4” cells. These cells, also known as T-helper cells help your body fight off infection and disease. HIV can be passed from person to person if someone with HIV infection has sex with or shares drug injection needles from another person. For healthcare workers, exposures occur through needle sticks or cuts from other sharp instruments contaminated with an infected patient’s blood. Most exposures do not result in infections. The risk of contracting HIV from one of these injuries must include the type of exposure, the amount of blood involved in the exposure and the amount of virus in the patient’s blood at the time of exposure. The average risks of HIV infection after a needle stick or cut exposure to HIV infected blood is about 1 in 300.

Many people experience no symptoms of this infection for many years. Some of the symptoms may include: rapid weight loss; dry cough; recurring fever or profuse night sweats; profound and unexplained fatigue; swollen lymph glands in the armpits, groin, or neck; diarrhea that lasts for more than a week; white spots or unusual blemishes on the tongue, in the mouth, or in the throat; pneumonia; red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids; memory loss, depression, and other neurological disorders.

**HOW TO KNOW WHEN YOU MAY BE AT RISK FROM BLOODBORNE PATHOGENS**

In all the tasks that are done as a healthcare provider, you should use common sense in when to apply and use your personal protective equipment to protect you. A list is provided in the Exposure Control Plan. There is also a document that discusses the risks by job category. Those workers listed as Category I may have frequent exposure to blood and bloody body fluids in the course of their work. Some of those tasks are outlined for you in the plan. Workers in Category II may also be exposed and there is an explanation of the tasks that may potentially place workers at risk for exposure. Following Standard and Transmission Based precautions and careful use of work practice and engineering controls will decrease the risk of exposure to these pathogens.

**Personal Protection**

The use of personal protection against blood borne pathogens and other transmissible diseases is required at MHS facilities. Personal protection includes hand washing, hand antisepsis, and wearing certain protective garb in the process of caring for patients when performing specific tasks. **Gloves** are kept in each patient care area for easy access to healthcare workers. Gloves must fit and are provided in a variety of sizes. **Protective Gowns** are provided for selected isolations (contact) and for use during exposure/splash prone procedures. There are several types depending upon the nature of use. Sterile gowns are also available for specific procedures. **Surgical Masks** are provided for use during procedures and for selected isolation precautions (droplet and contact). These masks come in different sizes and have either elastic ear loops or tied on strings to secure the mask to the employee’s face. When worn, the mask should cover the employee’s nose and mouth. Masks are disposable and single patient use. MHS also provides surgical masks with face shields that provide protection again inadvertent splash during a procedure, protecting the employee’s eyes, nose and mouth.
**N-95 HEPA Particulate Respirators** are provided for use in Airborne Isolation precaution rooms. Employees are fit tested and trained to wear these respirators at the time of their employee physical, annually and also as needed should their facial shape change due to weight gain, loss or dental work.

**Goggles and Eye Shields** are provided to protect employees during splash prone procedures or as needed. Goggles are disposable and single use only. Eye shields may be attached to a surgical mask or similar to a welders type mask that sits on the top of the head and covers from hairline down past the jaw.

**Hand washing**

Hand washing is the most important measure to control the spread of infection. The appropriate steps are:

- Turn on running water and adjust temperature
- Wet hands and apply foam soap from dispenser at the sink.
- Rub hands together vigorously for at least 15 seconds, paying attention to the areas between the fingers, the fingers, backs and palms of the hands and wrist area.
- Rinse hands thoroughly under running water, keeping tips of fingers down.
- Dry hands with paper towel thoroughly to prevent skin breakdown.
- Turn off water faucet with a paper towel.

Hands should be washed before and after all contact with patients, before and after eating, after exposure to blood or body fluids, after contact with contaminated material occurs, after toileting and after sneezing or coughing.

**Hand Antisepsis**

Hand antisepsis is the term for high level cleaning of the hands with an alcohol hand foam or gel. A product is available in all patient care areas for use by Healthcare workers. The foam or gel should be applied without water and rubbed into all surfaces of hands (palms, backs, between fingers and around nail beds). This foam/gel may be used before and after patient contact but does not eliminate the need for hand washing. Hand washing with soap and water must be done whenever organic material (blood or body fluids) has come in contact with the worker's skin.

**REMEMBER! Hand Hygiene is the best way to reduce the risk of Healthcare Acquired Infections!**

**Linens**

All linens used at the hospital are collected in impermeable plastic bags for transportation to the laundry. Once placed into these impervious plastic bags all linen is considered contaminated.

- Never look through soiled linen for lost items.
- If an your uniform or clothes get contaminated with blood and/or bloody body fluids, you should immediately notify your instructor/supervisor. You will be assisted in obtaining a set of clean hospital scrubs; remove the contaminated garments, wash any area of skin that was contaminated and put on the clean scrubs.
- The contaminated garments should be placed into a plastic bag and taken to the linen room. Refer to your instructor/supervisor for further instructions.

**Body Fluids Spill Cleanup Procedure**

If you have a spill of blood or bloody body fluids:

- Put on personal protective equipment suited to the task of cleanup.
- Remove any sharp biomedical waste (broken glass or plastic) using mechanical means to prevent contact with the skin. Discard this in a sharps container.
Then apply the hospital-approved germicidal to the spill area and allowing liquid to air dry...  
Use a dry paper towel or cloth to wipe up the spill, discarding the towel or cloth into a red bag.  
Once again apply the germicidal agent onto the area of the spill and allow it to air dry.  
Remove personal protective equipment and wash hands with soap and water.

Blood borne Pathogen and Tuberculosis Standards
The Occupational Safety & Health Administration (OSHA) has a standard that was developed to protect the healthcare worker. The Blood borne Pathogen Standard addresses the potential exposure of healthcare workers to blood and body fluids in the work environment. Blood borne pathogens are Hepatitis B, C and Human Immunodeficiency Virus (HIV).

Tuberculosis
There currently is no TB Standard from OSHA. At Memorial Healthcare System we follow the guidelines for tuberculosis set forth by the Centers for Disease Control and Prevention. Tuberculosis is an infectious disease caused by Mycobacterium tuberculosis. It is transmitted by coughing and sneezing through aerosolization of droplet nuclei (small particles). Healthcare workers can inhale these small particles and become infected. It is essential then that patients are screened for history and symptoms and placed into appropriately exhausted negative airflow rooms if tuberculosis is suspected or diagnosed. Patients will remain in these exhausted negative airflow rooms until they have taken appropriate medication for 10-14 days, their sputum is negative in three consecutive specimens, they show clinical improvement and their chest x-ray improves.

Persons at Risk for Tuberculosis
- IV Drug and substance abusers
- Close contacts of persons with Infectious Tuberculosis
- The elderly
- Persons with HIV or other immunocompromised condition
- Persons recently immigrated from countries where tuberculosis is endemic
- Persons from correctional or long term care facilities

Signs and Symptoms of Tuberculosis
Listed are the typical signs and symptoms of disease:
- Weight loss and loss of appetite
- Night sweats
- Evening temperature elevations
- Chills
- Fatigue
- Coughing up blood or hemoptysis

Screening of Patients
Some patients will have tuberculosis skin tests as ordered by their physicians to determine if they have been exposed to tuberculosis. The results of this test should be documented in the patient’s record and discussed with the physician. Some patients are also screened on admission to determine if they have any of the signs and symptoms that would indicate the likelihood of tuberculosis disease. If the physician determines that the patient has a positive chest x-ray and symptoms, the patient will begin therapy with one to four anti-tuberculosis medications as recommended by CDC.
Environmental (Bed Bugs)

Over the last few years Bed Bugs are a growing problem across the United States in hotels, buildings, homes and yes even hospitals can see these pests come in on belongings or clothing. Bed bugs are reddish-brown in color, wingless, ranging from 1mm to 7mm (roughly the size of Lincoln's head on a penny and can live for several months to over a year without a blood meal.

Bed bug infestations usually occur around or near the areas where people sleep. They hide in the daytime in mattresses, box springs, bed frames, headboards, dressers, tables, cracks, behind wallpaper and even in the wheels of a bed. They tend to live within 8 feet of a human host where they get their blood meal.

Bed bugs do not spread disease. They feed solely on the blood of humans and animals. Bites can lead to itching which can lead to excessive scratching and secondary skin infections but allergic reactions may require medical attention. Female bed bugs lay about 5 eggs per day and hatch in about 4-12 days into nymphs which must take a blood meal before their next stage. Adults live 6-12 months and may survive long periods without eating.

Memorial Healthcare System has provided education for our Environmental and Nursing personnel to inform them about the problem and enable them to identify the pests on patient belongings when patients are in the hospital. Our contracted pest control companies have a process to control and eliminate the pests once they are identified in patient or facility area.

CREUTZFELD-JAKOB DISEASE - (CJD, Mad Cow Disease)

There are several diseases caused by protein materials called prions. Over the last few years MHS has seen more of these cases and generally across the United States more cases are being identified. Most of the patients come to the hospital with altered mental status, confusion, difficulty walking and speaking.

A variety of tests are then done to determine the nature of their illness. Some ways to identify this disease include EEG (Electroencephalgraphy) studies, MRI and a lumbar puncture with analysis of the spinal fluid. It is important that advanced invasive procedures (surgery and endoscopy) should be postponed whenever possible until the first three tests mentioned are done and this disease is ruled out.

Tissue from the brain and spinal cord are considered high risk body materials that require special handling of invasive instruments, protection of the surrounding environment and special cleaning and decontamination. Prion Disease patients do not require special isolation; only Standard Precautions for non-invasive treatment. Specimens should be labeled as CJD/Possible Prion Disease. If a patient is admitted with the diagnosis of CJD or Prion Disease the Infection Control Practitioners should be notified immediately. Information on restricting surgical and endoscopic procedures should be shared during tour reports and huddles. If an invasive procedure is planned the nursing supervisor and Infection Control Practitioner should be notified ahead of time.
The Environment of Care
Life Safety, Codes and Hazardous Materials

Safety of patients and employees is a primary concern within the Memorial Healthcare System. Understanding safety codes, what to do in cases of fire or disaster, and how to handle potentially hazardous materials are critical to your safety and the safety of the patients in your care.

MHS facilities have safety management plans to ensure that our facilities are free of hazards and the risk of injuries is reduced. Each facility also maintains a Hospital Safety Committee, which includes representatives from various departments, who monitor the operational aspects of the Safety Management program, provide safety tours, and conduct fire drills. Each hospital’s Safety Officers direct the Safety Management Programs and committees:

Ibrahim Nagib, Memorial Hospital Miramar
Russell Schilling, Memorial Hospital Pembroke
Luis Rodriguez, Memorial Hospital West
Rick Henninger, Memorial Regional Hospital and JDCH
Memorial Regional Hospital South

Safety begins with you! Safety is everyone’s responsibility.

You are required to report any unsafe practice or condition you may observe. Report safety issues, concerns or reports of unsafe practices or conditions directly to the Hospital Safety Officer in your organization.

Fire (Life Safety) Procedure

Within the Memorial Healthcare System, the Code word for FIRE is “RED ALERT”. Memorial Healthcare System implements the RACE procedures for all fire emergencies. RACE is an acronym describing a four-step plan to be followed in the event of a fire. Each letter represents a step or a procedure to follow.

R=Rescue

- Remove all persons (patients, visitors, staff) from the immediate area of danger by evacuating horizontally (on the same floor) to a safe location in an adjacent smoke compartment (designated by closed corridor doors) away from the affected area.
- If the fire or smoke is out of control, evacuate vertically to a floor below. Exit the building at the ground floor if directed to do so by the hospital Administrator or the Fire Department.

A=Alarm

- Activate the fire alarm by finding the closest fire alarm pull station.
- Pull the handle on the fire alarm pull station. This will activate the hospital alarm system.
- In addition to pulling the pull station, dial 61 the hospital’s emergency operator, to verbally report the exact location of the “RED ALERT”.
- If the area is an off-site facility or in a parking area, then dial 911.

C=Confine

- Close ALL doors, and do not re-open doors until the All-Clear signal is given. Clear the corridor of all items that may impede evacuation.

E=Extinguish or Evacuate

- Extinguish small fires if safe to do so. Otherwise evacuate the affected area.
- Elevators should never be used during a “RED ALERT” unless authorized by the Fire Department.
**Fire Extinguishers**

There are four main types of fire extinguishers available within Memorial Healthcare System facilities. These four types are:

- **B-C or CO2 Fire Extinguisher**: a carbon dioxide extinguisher, usually a red container with a horn nozzle; used to extinguish electrical and some chemical fires.

- **AB-C Fire Extinguisher**: also typically found in a red container, with a small hose and/or nozzle. This extinguisher may be used on any type of fire. ABC fire extinguishers are the most common type provided throughout the Memorial Healthcare System.

- **K Fire Extinguisher**: foam extinguisher is recommended for use on grease or oil fires found ONLY in the kitchen.

- **Halon Fire Extinguisher**: an agent that smothers the fire by eliminating the oxygen by dispersion. This extinguisher is located next to or within computer rooms.

**Fire Extinguisher Operation**

Fire extinguishers may operate differently. Operating instructions for your extinguisher are on the nameplate. The acronym to remember for the correct use of a fire extinguisher is PASS. Each letter in PASS corresponds to an appropriate step in the operation of a fire extinguisher.

- **P** - Pull the pin, which is located on the handle of the extinguisher. The pin is held in place with a tie wrap and must be broken and removed in order to be able to depress the handle.

- **A** - Aim the nozzle of the extinguisher at the base of fire.

- **S** - Squeeze the trigger or handle of the fire extinguisher. This will release the extinguishing agent, which is under pressure.

- **S** - Sweep the nozzle from side to side at the base of the fire.

Fire alarm pull stations are placed at all fire exits and exit stairwells. Fire drills are conducted a minimum of once per shift per quarter per year for every patient care facility in the Memorial Healthcare System.

**For specific employee assignments and departmental evacuation plans, refer to your Departmental Safety and/or Emergency Preparedness Manual.**

**Emergency Codes**

In all cases, you should know what your department-specific responsibilities are. Refer to your departmental Safety and/or Emergency Preparedness manual for details.

**Red Alert**

A fire that occurs in the hospital, on hospital property or in any MHS facility is called a Red Alert. If you see smoke, report it as a fire. If you smell something burning, but do not observe any smoke, call the Facilities Management Department immediately. All MHS facilities are Tobacco Free Campuses. If you see someone smoking, courteously tell the individual that smoking is not allowed, ask them to extinguish the cigarette, and direct them off campus.

**Pink Alert**

Possible infant/child abduction is a Pink Alert. The employee's responsibility during a pink alert is to be observant of any suspicious individuals. These may include persons who have been walking in and out of patient rooms, persons carrying large bags or anyone in an area where they should not be. Station yourself at the stairwell, exit, or elevator nearest your work area. If a suspicious individual is spotted during a PINK ALERT, call Security at your facility immediately.

**Blue Alert**

Cardiac arrest or any other medical emergency is a Blue Alert. Dial 61 and report the location. There are BLUE ALERT teams that respond to these situations. Once the team is on site it is important that everyone else avoids the area.

**Green Alert**
A Green Alert is an internal or external disaster involving many casualties or an emergency situation that interrupts normal operations. All MHS employees have defined roles in a GREEN ALERT. Do not become spectators in the emergency room or the affected area; stay away unless otherwise directed to be there.

**Black Alert**

Bomb threat is a Black Alert. If someone calls in a bomb threat, try to keep the caller on the phone & get specific information. Listen for background noises to help pinpoint where the call may be coming from. Have someone else dial 61 for Security. Know the closest exit for evacuation; never use an elevator during a BLACK ALERT. Before leaving an area, check to see that nothing unusual has been left that could be an explosive. You know your work area best, & you are the best person to determine if there is anything unusual in the vicinity. Should you find anything suspicious, call Security immediately.

**Gray Alert**

A Gray Alert is a physical altercation or disturbance where the likelihood of violence is imminent, such as a combative patient or visitor. Do not interfere and put yourself at risk of injury. Dial 61 and report GRAY ALERT, your location, and the description of the person(s) creating the disturbance. The hospitals have GRAY ALERT teams that include Security and personnel who are trained for the proper response.

**Armed Intruder Alert**

An armed intruder is any person or persons who display a weapon in a threatening manner to employees, physicians, volunteer, contractors, patients and visitors at any MHS facility. If you are a witness to an armed threat, dial 9-911 immediately to report emergency, detail location, description of the suspect, type of weapon, and number of potential victims. Then dial 61 to contact Security. The PBX operator will overhead page “Intruder Stay Away” with the reported location. Do not approach the announced location. Remain in place until the “All Clear” is announced. If you are the affected staff, clear the area of people and if safe to do so, flee or seek immediate shelter behind locked doors. Lock and barricade the door with heavy furniture, turn off lights & hide from intruder’s view. Remain silent, silence cell phones & other electronic device. If confronted by the intruder, take aggressive action. On Law Enforcement arrival, remain calm, avoid making quick movements, pointing, or screaming. Raise hands and spread fingers and follow Officer’s instructions.

**Purple Alert**

Adult or pediatric emergency rooms are nearing capacity is a Purple Alert. Staff should expedite all ER requests for service, especially in terms of locating and preparing rooms for admissions, discharging patients when appropriate, transporting patients, and re-assigning personnel to assist the ER in the orderly movement of admissions.

**Rescue Alert/Rapid Response**

Any person may initiate a call to the Rescue Alert Team when a Critical Care professional is needed. The goal of the Rescue Alert is to rescue patients by providing early and rapid intervention in order to promote better outcomes such as: reduced cardiac and/or respiratory arrests in the hospital; timely transfers to a higher level of care or critical care; reduced patient intubations, and reduced number of hospital deaths, etc. When anyone in the hospital (i.e., nurses, hospital staff personnel, volunteers, visitors, etc.) is concerned about the condition of a patient, provider will call 61 (in-house) to initiate a Rescue Alert. The operator will notify the team by announcing “Rescue Alert” and the department.

**Elopement Alert**

An Elopement Alert is called overhead when a pt has left their assigned nursing unit. Leaving unattended places the pt at risk of harm in the event they wander out of the hospital undetected & potentially get hit by a car, fail to be maintained on critical medications, fall, etc. One of the initiatives that we have put in place to prevent this from happening is placing these pts that we have identified of being confused in a bright or neon green gown so all of our staff can assist in keeping these pts safe. The goal for staff is to stop the person & identify that they are an elopement risk & either return the pt to their respective nursing unit or follow the pt while a fellow employee dial 61 for Elopement Alert and have Security respond &
intercede. When anyone in the hospital is concerned about the condition of a patient, they are encouraged to call 61 (in-house).

**Electrical Safety**

All equipment must be inspected and tagged before being used. If any cord-connected appliance, such as electric shavers, VCRs, or TVs is brought in by patients or their families, the item must be inspected by Facilities Management prior to use.

- Only approved extension cords may be temporarily used. Ask Facilities Management to obtain an appropriate extension cord, which will only be approved for emergencies.
- Take any equipment that malfunctions, has a broken plug, overheats or smokes “out of service” immediately. Place a sign on the equipment indicating that it is broken so that another employee does not attempt to use it. Place a work order or contact Facilities Management to inspect and repair.
- **Electrical outlets with a red cover are the appropriate outlets to use if there is a loss of power.** These outlets are hooked up to the emergency generator and will receive power in the event of a main power outage. Red covers on light switches indicate that the lighting controlled by that switch is also on emergency power. If you do not have a red light switch in your area have a flashlight available.

**Radiation Safety**

The hospital is committed to ALARA principles regarding Radiation Safety for all patients, staff, and visitors. This means keeping radiation exposure "as low as reasonably achievable."

Time, Distance and Shielding prevent unnecessary exposure to radiation. Spend only the needed time in the radiation area, keep your distance from the source of radiation and use proper shielding when radiation equipment is being used. To do this, routine testing and evaluation of equipment, procedures, personnel monitoring and continuing education are critical.

- ALWAYS observe radiation warning signs.
- Enter areas employing radioactive sources only for authorized and necessary purposes.
- **DO NOT attempt to clean up spills on floors and counter tops labeled “Caution: Radioactive Materials.”** These may be radioactive and require special clean-up procedures.

**Contact the Radiation Safety Officer at your facility with any questions or concerns.**

Those involved with Radiation need to attend an annual refresher course on Radiation Safety.

**Hazard Communication Standards**

“Exposure to hazardous chemicals is one of the most serious threats facing American workers today. Revising OSHA’s Hazard Communication Standard will improve the quality of hazard information, making it safer for workers to do their jobs and easier for employers to stay competitive” (US Secretary of Labor – Hilda Solis).

- The U.S. Department of Labor’s OSHA has revised the Hazard Communication Standard with the United Nation’s Globally Harmonized System (GHS) classification of Chemicals.
- The original Hazard Communication Standard (HCS -1983) was commonly referred to as the “Employee Right to Know”, the new standard now provides for the “Employee Right to Understand”.
- This change provides for a common, coherent standardized approach to classifying chemicals and communicating chemical hazard
information on labels and safety data sheets.

- Improves the quality and consist of hazard information in the work place.
- Improves safety for workers by providing easily understandable information on the appropriate handling and safe use of hazardous chemicals.
- Reduces trade barriers for American businesses,
- Facilitates training
- Helps address literacy/language problems

**Terminology**

- HCS – Hazard Communication Standard
- GHS – Globally Harmonized System
- Hazard Classification – provides specific criteria for classification of health, physical hazards and classification of mixtures.
- Labels – Chemical manufacturers & importers are required to provide labels with specific information.
- SDS – Safety Data Sheets - will have a 16-section format (replaces MSDS).

**Standardization of Labels**

- Manufacturers will be required to include the following information on labels:
  - Product identifier (such as the name of the chemical and code number)
  - Pictogram (standardized pictures)
  - Signal word (such as “danger/warning”)
  - Hazard statement (S) such as “may cause damage to kidneys”
  - Precautionary statement (s) such as measures that should be taken to prevent adverse effects from exposure to the chemical
  - Name, address and telephone number of the manufacturer.

**Management and Disposal of Pharmaceutical Waste Policy**

Memorial Healthcare System will manage pharmaceutical waste in accordance with 62-730.186, F.A.C. Universal Pharmaceutical Waste (UPW) rule. All partially used and non-returnable hazardous pharmaceutical drugs will be collected and disposed of as Universal Pharmaceutical Waste (UPW) in accordance with Florida Department of Environmental Protection Agency (FDEP) and U.S. Department of Transportation (DOT). This UPW will be removed from the facility by a contracted licensed transporter.

**Waste Containers**

- **Black Waste Container** - designated for all partially used and non-returnable pharmaceutical drugs with the exception of:
  - Chemotherapy/cytotoxic drugs,
  - Controlled substances - All controlled substances will be wasted following hospital policy and procedure. (See Pyxis Policy).
  - Plain IV and electrolyte solutions should be drained down the sink. The empty bag & tubing should be discarded as solid waste or regular trash.
- **White Waste Container** - Designated for chemotherapy and cytotoxic waste. For the purpose of this policy Bulk Chemotherapy Waste, will be handled and disposed of in accordance with the following policies: “Safe Handling of Chemotherapy, Biotherapy and Hazardous Drugs”, Memorial Healthcare System Standard of Practice “Disposal of Chemotherapy (Cytotoxic) Waste and Memorial Healthcare System Hazardous Material Communication Program.
- **Yellow Waste Container** – Trace chemotherapy waste.
- **Red Biohazard Waste Container**
  - Narcotics should be squirted into container and empty sharps discarded
  - Other non hazardous medication may be disposed of in the red container.
  - Empty Glass Vials or Ampoules
- **Solid Waste – Clear Bag Waste**
  - Empty IV bags and tubing
  - Empty tablet/capsule packaging
c. Empty containers

Note - Narcotic waste should be disposed of in the following manner:
2. IV bag waste - cut the tubing or bag and let it drain into the waste basket or sharps container and dispose of IV bag in regular trash
3. IV push waste - squirt into waste basket, red or black container; dispose of empty syringe in sharp container.
4. Oral waste - dissolve in water and pour into waste basket, red or black container.

Procedure - Disposal of Pharmaceutical Waste

► Black Waste Container

► Place only appropriately defined pharmaceutical waste in containers

► Pharmaceutical waste or left over drug, excluding the exceptions above will be disposed of in a Black Waste Container labeled as “Universal Pharmaceutical Waste” (UPW).
  ► Opened, partial or whole tablets, or capsules
  ► Opened, partial inhalants, ophthalmic, otic, rectal, vaginal, and topical preparations
  ► Partial drug vials or syringes containing medication
  ► Partial IV bags that meet the classification of hazardous waste - Clamp before placing in container
  ► Incompatible pharmaceuticals that are partially used should be returned to pharmacy and segregated from all other wastes.

Examples of incompatible pharmaceuticals are:
  ► Oxidizers (silver nitrate sticks)
  ► Aerosols (ex inhalers)
  ► Corrosive Pharmaceuticals (pH less than 2 or greater than 12.5)

Universal Pharmaceutical Waste Labels: All black waste containers must be labeled with the following
  ► UPW sticker (provided by Hazardous Waste Removal vendor)
  ► The Facility’s name
  ► The date the first waste was placed into the container.
  ► Listing of hazardous waste codes

Removal of Waste: the container will be removed when the container is three-quarters (3/4) full, or a time period of 180 days has transpired, whichever comes first. The Pharmaceutical waste is placed in a designated accumulation area for removal by a licensed hazardous waste removal vendor.

Responsible parties: It will be the responsibility of Nursing, Pharmacy, Environmental Services/Contracted Cleaning Services and the Facilities Management Departments’ personnel to follow the guidelines established in this policy for proper disposal of hazardous pharmaceutical waste.

Handling Chemotherapy Waste Materials

All chemotherapy waste materials are hazardous and are handled differently than other trash. All chemotherapy waste materials are disposed of in specially-marked impervious containers labeled “chemotherapy waste.”

If chemotherapy or other hazardous drugs have spilled, alert your supervisor immediately. Clean up of spills and breakage should be done immediately by a properly protected individual trained in the appropriate procedure, wearing protective apparel (gown, double surgical latex gloves, and splash goggles). Follow the appropriate facility-specific procedure for cleanup and disposal of contaminated material. In conjunction with the supervisor, complete an incident report according to the facility's procedures.

In the event that a spill contaminates gloves or gown, or directly contacts skin or eyes, immediately:

► Remove gloves and/or gown.
► Wash the affected area immediately with soap (not germicidal cleanser) and water, and rinse thoroughly. For eye exposure, flush the affected eye with water or isotonic eyewash for at least five minutes.
► Obtain immediate medical attention.
► Complete an Occurrence Incident Report.
► Notify the supervisor/instructor
Biomedical Waste

Biomedical waste is defined as any solid or liquid waste which may present a threat of infection to humans, including non-liquid tissue, body parts, blood, blood products and body fluids from humans and other primates; laboratory and veterinary waste which contain human disease-causing agents; and discarded sharps.

The management and disposal of biomedical waste is regulated by the State of Florida under Chapter 64E of the Florida Administrative Code, which requires labeling of all bags and sharps containers with the name and address of the facility generating the waste; sealed packaging of waste until treatment; and the use of the international biological symbol identifying biomedical waste on any containers for holding or transfer of wastes.

It is important to know that any trash or waste that is mixed with biomedical waste must be managed as biomedical waste. According to Memorial Healthcare System policies, all waste that is generated in patient care areas — with the exception of radioactive waste and hazardous waste — shall be handled and disposed of as biomedical waste.

Always wear gloves when handling biomedical waste and always try to minimize the handling of biomedical waste.
Any trash or waste that is mixed with biomedical waste must be managed as biomedical waste.

► All biomedical waste must be disposed of in impermeable red plastic bags that are tightly secured according to each facility’s Biomedical Waste Management policy.
► Do not overfill any red biomedical waste bag.
► All red bags must be disposed of in red trash carts located in the soiled utility rooms. Do not place red bags on the floor.

Storage and Containment
► Storage of biomedical waste shall not exceed 30 days
► Indoor storage areas shall have restricted access
► Outdoor storage areas shall be marked with biological hazard symbol
► Packages of biomedical waste shall remain sealed until treatment
► All packages shall be visibly identifiable with the international hazard symbol

Treatment
► Biomedical waste shall be treated by steam, incineration, or an alternative treatment process which may include chemical, gas, dry heat, or microwave shredding

Transporting of biomedical Waste
► Biomedical waste must be properly segregated, packaged and labeled
► The transporting agency shall provide a receipt of pick up
► The transporting agency shall not allow waste to leak into the environment
► Transport vehicles shall be visibly identified with the business name, registration number, a 24 hour telephone number and placards showing the phase and the international biological hazard symbol
► Biomedical waste shall be transported to a treatment facility within 24 hours of the emergency
► Before returning, the vehicle must be decontaminated.

Sharps

All sharps containers in Memorial Healthcare System facilities are used as biomedical waste disposal containers for needles and other contaminated sharps.

► These containers must be disposed of when the contents reach the Fill Line.
► Before disposing of a sharps container in the red trash cart, be sure to close and secure the sharps container lid.
Caution! Sharps container lids are not leak proof; therefore, always hold a sharps container upright when handling it and be sure to wear latex gloves.

**Spills**

All surfaces that are contaminated with blood and/or body fluid spills or leaked biomedical waste must be decontaminated as part of the cleaning process.

Be sure to wear gloves when cleaning up a contaminated spill.

Eye protection is also recommended when cleaning up a spill.

Use only the hospital-approved germicidal agent to decontaminate a spill. Do not fill a spray bottle with a bleach solution.

After a spill is decontaminated, the liquid is cleaned up and the cleaning items are properly disposed of, the decontaminated surfaces must be cleaned using established cleaning procedures.

All biomedical waste and sharps containers disposed of at Memorial Healthcare System are destroyed by the incineration process on site at Memorial Regional Hospital. If the incinerator is “out of service”, the facilities contract biomedical waste disposal with a licensed biomedical waste disposal company.

**Utility Systems**

Utility systems provide various utilities throughout the hospital. Electricity, air conditioning, water, sanitary sewage, piped medical gases (O2, Medical Air, and Vacuum/suction), the tube system, the elevators and communication systems), are all examples of utility systems.

Some utilities like electricity, air conditioning, and water provide for basic needs of a building and its occupants. Other utilities such as piped medical gases, the tube system, and nurse call systems, provide for specific functions to support patient care. Fire sprinkler systems and fire alarm systems also help provide for a safe hospital environment.

It is important for employees to know the basic operation of the various utility systems in their work area.

Be familiar with utility system alarms where provided, and utility system failure plans for your work area or department.

Be familiar with utility system components such as medical gas shut off valves. However, only the senior clinical person in an area can shut off medical gas valves when it is necessary, as in a fire emergency.

For information on specific utilities and utility failure procedures, refer to your departmental Safety and/or Emergency Preparedness Manual.
Emergency Telephones

If an internal telephone system loss should occur, each facility has dedicated telephones called “Essex” for use, which are located in most departments. Employees are encouraged to familiarize themselves with the location of these telephones in their departments. The emergency code extension will also be different. If internal telephones fail, including the “Essex” telephones, you may need to use, cell phones and in-house two-way radios to maintain internal and external communication.

Equipment Management

In order to provide quality patient care with the least amount of risk possible, the Facilities Management Department has developed an Equipment Management Program. All equipment (clinical or non-clinical) must be inspected by the Facilities Management Department prior to its initial use. "Equipment" is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of patients, which could pose a physical and/or clinical risk to a patient and/or operator during use.

All personnel who operate monitor or maintain clinical equipment must be trained to do so safely.

- Personnel are required to be familiar with the clinical equipment inspection stickers affixed to each piece of equipment.
- All equipment should have the facility's inspection sticker on it that indicates the equipment was inspected, the equipment passed the electrical safety test and how frequently the equipment is tested. Heat generating equipment is inspected annually.

Any equipment that overheats or smokes should be taken out of service and inspected/repairs by Biomed/Plant Operations/Facilities Management.

If a piece of equipment is broken report it to your supervisor/instructor

Clinical Equipment

In order to provide quality patient care with the least amount of risk possible, the Facilities Management Department has developed a Clinical Equipment Management Program.

- Clinical equipment is defined as all equipment, fixed or portable, that is used for the diagnosis, treatment, monitoring or care of pts, & which could pose a physical &/or clinical risk to a patient and/or operator during use.
- All equipment (clinical or non-clinical) must be inspected by the Facilities Management Dept prior to its initial use.
- All equipment should have an MHS or hospital specific inspection sticker on it that indicates the equipment was inspected; the equipment passed the electrical safety test and how frequently the equipment is tested.
- Clinical equipment is to be cleaned with hospital approved low level disinfectants/liquids/wipes per manufacturer’s guidelines. Sterilization is to follow AORN standards and high level disinfection is to be done per manufacturer’s guidelines.

BE INFORMED  BE ALERT  BE SAFE

Magnetic Resonance Imaging (MRI) Safety

Magnetic Resonance Imaging (MRI) works with a powerful magnetic force that is never shut down. This magnet pulls any metal object to it, very rapidly and with extreme force. Therefore, anyone working with or transporting patients to an MRI unit must observe important safeguards. Remember that even if the Radiology Department is closed, the magnet is always on. The safety threat exists 24 hours a day.

Never enter the MRI room without stopping first. Assess whether you or the patient have any metal object in, on, or around you. This includes metal objects like oxygen tanks, metal buckets, pens, paper clips, IV poles, or metal implants. Talk to the MRI Technician about how to safely enter the room.
Compressed Gas Safety

Compressed gas cylinders should be handled only by those familiar with the hazards and who are trained in proper handling techniques. Cylinders containing compressed gasses are heavy and awkward to move. Improper handling can result in sprains, strains, or more severe injuries. Other hazards, such as fire, explosion, chemical burns, poisoning, and cold burns could occur if gasses accidentally escape from the cylinder due to mishandling.

- Never drag or slide cylinders, even for short distances.
- Never attempt to catch a falling cylinder.
- Never tamper with pressure relief devices, or refill compressed gas cylinders. This is to be done only by qualified producers of compressed gases.
- Never remove any product labels.

Remember: Do not handle compressed gas cylinders unless you have been trained to do so!

| Safety of patients and employees is everyone’s concern. Understanding safety codes, what to do in cases of fire or disaster, and how to handle potentially hazardous materials is knowledge that is critical to your safety and the safety of the patients in your care. |

Drug Free Workplace

The Memorial Healthcare System is a drug free workplace. We do not encourage, condone or allow the use of illegal or legal substances in the workplace that pose a hazard or threat to employees, patients or staff.

Employee Health screens every potential employee for drug use during their pre-employment, and will screen current employees if probable cause exists.

Currently, national statistics about the prevalence of alcohol and drug dependence for healthcare workers show that it is similar to the general population. That is, between 5 and 8 of every hundred healthcare professionals are dependent on some type of mood altering substance.

Seasonal Influenza

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year. MHS has implemented a mandatory influenza directive. Individuals, who declined the flu vaccine for personal or medical reasons, will be required to wear a mask while in clinical areas during the flu season (October 1 to March 31)

People who have the flu often feel some or all of these symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (very tired)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

*It’s important to note that not everyone with flu will have a fever.

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the
mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.

You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5-7 days after becoming sick. Some people, especially children and people with weakened immune systems, might be able to infect others for an even longer time. If you have the flu and fever you should remain home until you are without fever for 24 hours without the use of a fever reducing medication.

**Sharp Injuries**

*Stop Unnecessary Needle Sticks…..Needles, glass, blades, scissors……*

For every sharps injury, there is a risk of infection and illness, potentially very serious illness, for the healthcare worker who gets hurt. Memorial Healthcare System is committed to being a Sharp-Safe System. Ninety percent of our sharps; needles-IV, IM, SQ, and blood collection devices, have safety components to prevent needlestick/sharp injuries; our goal is to reach 100%. However, what’s the biggest safety device against sharps injuries?

YOU!

It’s everyone’s responsibility to prevent sharps/needlestick injuries, regardless of the job you do or the area you work in. Clinical and non-clinical staff has been needlessly injured in sharps injuries.

ALL staff should:

- Report any unsafe devices.
- Report any unsafe practices.
- Always LOOK before picking up linen, and shake the linen out.
- Dispose of all sharps in the sharps container. DO NOT leave sharp items/needles ANYWHERE.
- Check the area/room before leaving to be sure all sharp items have been properly accounted for and disposed of.

If you use needles or sharps items in your job:

- Never recap, bend, or break a needle. Engage the safety mechanism before moving after giving an injection or using a sharp instrument.
- Dispose of sharps in the approved sharps container.
- Dispose of containers when they are two-thirds full or at the “fill line”.
- Before disposing of a sharps container in the red trash cart, be sure to close and secure the sharps container lid.
- Use caution! Sharps container lids are not leak proof; therefore, always hold a sharps container upright when handling it and be sure to wear gloves.

**Body Mechanics - Safe Patient Handling and Lifting**

Body mechanics refers to the use of one’s body to produce motion that is safe, energy conserving and efficient and allow the person to maintain balance and control. . Back and upper extremity injuries among healthcare workers can be among the most debilitating. The majority of these injuries come from patient transfer and repositioning tasks. It’s critical that healthcare staff use good patient assessment, body mechanics, teamwork and lifting equipment during hospital-related duties. Attention to body mechanics will help you handle your work-related tasks safely, and could keep you from having pain and possible long-term disability of a chronic back or repetitive motion injury.

**Basic Lifting Techniques**

No matter what you’re lifting, always follow these basic principles:

- Determine whether an object can safely be lifted by pushing gently with your foot. If it cannot be pushed with the foot you will not be able to
safely lift it. In those instances, the object should be pushed or pulled with assistance for maximum safety. Mechanical devices such as handcarts or patient lifts are available for safety’s sake. Don’t hesitate to use them.

- Position yourself close to the object you are going to lift
- Place your feet hip- or shoulder-width apart
- Widen your base of support and position your feet according to the direction of the movement you will use to perform the activity.
- Bend your hips and knees while keeping your back straight. Tighten your abdominal muscles as you try to lift. Avoid twisting your back.
- Hold the object close to you (if possible, hold close to your pelvis, which keeps the object close to your center of gravity)
- Stand straight up, using your leg muscles to lift.
- Always ask for assistance when needed

### Patient Transfers

Moving or transferring patients involves critical thinking as well as physical skill and use of proper lifting equipment!

### Assess the Patient

Safe patient transfers and repositioning start with a thorough assessment of the patient's ability to assist the caregiver in the movement or transfer.

- Review such things as dependence/independence; weight-bearing capability; upper and lower extremity strength.
- Also assess the patient's ability to comprehend instructions and cooperate with the caregiver at the movement.
- Patient height, weight, and body shape are also important to consider if a patient cannot reposition or transfer him or herself independently.
- Special circumstances (e.g. wounds, contractures, presence of tubes) are also factors that must be taken into account.

### Assess the Area and Equipment

- Check to be sure that the patient is accessible for lifting with good body mechanics. If not, you may need to get help to reposition the bed, chair, etc.

### Decide if Assistance is needed

To ensure both the patient's and the caregiver's safety, think ahead!

- Does the patient need moderate or full assistance to perform a task or move safely?
- What type of equipment or assistive device is needed to perform each task safely?
- How many caregivers are needed to complete each task safely?

### Request Help

When it comes to safe patient handling and lifting, teamwork is everything! Don't hesitate to ask for help. Discussing these issues ahead of time in report and staff meetings is beneficial. Manual patient lifting should not be done when equipment is available.

### During the Repositioning Activity

- **Communicate the plan of action to the patient and co-workers** to ensure that the transfer will be smooth and without sudden unexpected moves.
- **ALWAYS inform the patient** of your intent to get them out of bed and into a wheelchair or onto a stretcher. Let the patient know what is going on so they regain some control over their care and progress. They may even be able to assist you.
- Position equipment and furniture effectively and remove obstacles. **Always remember to transfer a patient to their strong side.**
Ensure good footing for the staff and patient.
Maintain eye contact and communication with the patient: be alert for trouble signs.
Document for other staff: record any problems in the patient's chart so that other shifts will know how to cope with difficult transfers; note the need for special equipment, such as a lift.

You can reduce the risk of work-related injury by making sound patient assessments, working together, and maintaining competency in safe patient-handling techniques and equipment operations.

Improve & Maintain Your Fitness Levels
Maintaining a healthy back requires more than just good posture and proper body mechanics. Proper diet, exercise and stress relief all play an important role. Back injuries may be caused by weak abdominal muscles and tight lower extremity muscles. Exercises to strengthen the abdominal muscles and stretch tight hamstrings are very important for the general well-being of the back. Back exercises should include abdominal crunches—a modified sit-up where only the shoulder blades come off the floor. Stretching exercises either in a sitting or standing position can relieve muscle tension and tightness. Remember to breathe properly when performing exercises so less energy is expended.

When you Work at a Desk
Good posture allows our backs to maintain proper alignment. This alignment enables our muscles to work efficiently and aids in the prevention of injury.

The key word with postural alignment is “neutral”; the neck shoulders and pelvis should be kept neutral, in a line with each other.

- When sitting, maintain both feet flat on the floor to reduce back stress. A lumbar support or towel roll will maintain the lumbar curve.
- When standing for a period of time, having one foot on a step, at least 3 inches but ideally 5-7 inches high will reduce back stress.
- Sitting for 30-60 minutes in one position may cause low back or cervical neck pain. To relieve this, stand up and stretch your back and neck forward, then backward, then from side to side.
- When doing a task that requires repetitive motion, maintain proper posture, change your position and shift your weight frequently. If strain begins to occur, then stop and do another task.

Your Safety
Safety is very important to the Memorial Healthcare System and is everyone’s responsibility. We believe our approach to safety is a good one, but we need your cooperation to have a fully successful and effective program. We urge you to be safety conscious, to be responsible for your own safety and the safety of others.

Ensure that you are trained properly. If you have any questions concerning the job you are given or equipment to use, please make sure they are answered before you perform the task.

Report any unsafe conditions to your supervisor or manager. If you are unsure about a potential unsafe condition, check with your supervisor or manager immediately.

Report any “near miss” events — those that did not result in an injury, but might have.

Follow all safety rules and regulations of your department and of your facility. Perform your job safely!

Please advise your instructor/supervisor of any medical condition or non-work related injury that may affect or prevent you from performing your job safely.
Workplace Violence

Workplace Violence is: threatening actions or words or harmful actions or words, directed to another person or words or actions that result in another person having a reasonable belief that they are, or some other person is, in danger or may be harmed. Harm includes emotional harm.

Such actions include:

• Verbal or physical harassment
• Verbal or physical threats (This includes a threat by someone to harm himself or herself.)
• Any other behavior that causes others to feel unsafe (e.g. bullying, sexual harassment)
• Damage to property

Such actions will subject employees to disciplinary action, up to and including discharge. MHS will cooperate with law enforcement officials to seek the arrest and conviction of anyone who commits unlawful violent acts within MHS Facilities. Possession/use, or threat of use, of a weapon, including firearms (with exception of law enforcement officers), is not permitted at work, or on hospital or other MHS facility campus. All MHS employees must immediately report any threats or acts of Workplace Violence (as defined above) occurring on MHS premises to their Department Leader, Director of Human Resources or Director of Security at their respective facility.

Immediate Threat - If the threat is immediate and present, any employee with information about it should contact Security or the Police. A prompt report must be made to an employee’s immediate supervisor and the Director of Security (or their designee for the respective MHS facility) when the employee becomes aware of:

• A previously unreported Workplace Violence incident that has occurred in the past,
• A threat or possible act of Workplace Violence at some future nonspecific time, as opposed to a present and more immediate threat
• In most cases, the report can be done via a twenty-four hour Security Operations Center

Any report of Workplace Violence can be made through the Threat of Violence (TOV) Hotline which operates on a 24 hour basis. Any employee can also use the hotline to request assistance. The TOV hotline number is (954)-265-5855. After the hotline takes the call, the hotline operator will immediately notify the Director of Security for that MHS facility and the Administrator on call. Hotline callers should report as much information as possible, including but not limited to the following:

• Name of the person making the threat
• What was said
• Name of person(s) at whom the threat was directed and contact information
• Name(s) of others who also may have heard the threat, number of individual(s), and contact information
• When and where it occurred
• Observations of the circumstances surrounding threat
• Whether or not there are prior incidents, police reports, or restraining orders complete an incident report when appropriate
• Supporting information/documentation such as a copy of a restraining order or police case number from a prior incident involving the same individual
The Corporate Compliance Program & the Code of Conduct

MHS is committed to conducting its business lawfully and ethically. It is critically important that all of its employees perform their duties in accordance with legal and ethical standards. Healthcare fraud and abuse is one of the top law enforcement priorities for the federal government. Many federal and state laws and regulations govern healthcare organizations and the staff who work in them. MHS exercises due diligence in attempting to deter, detect and correct improper conduct by its employees or managers, but also promotes a culture within the organization that encourages self-monitoring, detection and resolution of problems.

To help MHS employees, managers and the South Broward Hospital District Board of Commissioners identify and prevent improper conduct; MHS has established a Code of Conduct. MHS also maintains a Compliance Officer and staff to serve as contacts for employees to report any potential violations of laws, regulations or violations of the Corporate Compliance Program, and to investigate and take corrective action, when necessary.

Code of Conduct

The Code of Conduct establishes the general policies and procedures all MHS employees must follow as a condition of employment. Every employee is required to understand and comply fully with both the rules and approval procedures established by the Code of Conduct, regardless of their rank or types of duties. Any employee in noncompliance of this policy any provision of this Code of Conduct may be subject to disciplinary action, up to and including discharge from employment.


All MHS employees must immediately and directly report any actual or perceived violation of this Code of Conduct to the Compliance Office.

Fraud and Abuse Issues

Federal and state laws prohibit MHS and its employees from offering payments or items of value to induce that customer or potential customer to purchase services from or to refer a patient to the system. In addition, there are laws that prohibit the filing of false claims. As these are highly complex areas of the law, employees must take special care in this area, and promptly refer any questions to the Compliance Office, or to legal counsel.

Examples of the types of actions that could violate the federal and Florida False Claims Acts and other federal false billing laws include:

1. Filing a claim for services that were not rendered at all or were not rendered as described on the claim form;
2. Filing a claim for services that were rendered, but were medically unnecessary;
3. Submitting a claim containing information you know to be false; or
4. Misusing Social Security or Medicare symbols, emblems or names in marketing.

Internal and compliance audits are conducted by the Compliance Office on a regular basis and involve an examination of: i) actions that MHS has taken to comply with all applicable state and Federal statutes and regulatory requirements; ii) actions taken to comply with all corporate policies and procedures to detect areas of concern; and iii) business conduct that is likely to result in potential legal risk.

MHS expects that each and every one of our employees, as well as other interested parties, should be able to communicate their concerns freely to
the Compliance Office. MHS will treat any such report confidentially to the maximum extent consistent with the fair and rigorous enforcement of the Corporate Compliance Program. In addition, to further encourage reporting, MHS has set up a compliance hotline (954-265-5855; Línea en Español: 1-800-297-8592) to which employees can report issues anonymously. Issues reported through this method must contain enough information for MHS to conduct a thorough investigation of the alleged issues. It is MHS’s express policy that no adverse action or retribution will be taken by MHS against any employee due to the good faith reporting of a suspected violation or irregularity. This reporting mechanism is described in more detail in the Corporate Compliance Policy on Reporting of Potential Issues or Areas of Noncompliance Policy.

Advance Directives and Patient Rights
Employees shall comply with all MHS policies, procedures, and federal and state laws and regulations governing advance directives and patients' rights.

Refraining from Substance Abuse
It is MHS policy to provide employees and customers with a working environment that is free of the issues associated with the use and abuse of controlled substances and the abuse of alcohol. The consumption, possession, sale or purchase of alcohol on MHS properties is prohibited with the exception of events approved in advance by management in approved conference, meeting or recreational facilities. MHS also prohibits the use of alcohol by anyone either directly before or during the workday whether in connection with business or on personal time. If anyone is found to be in violation of this policy, management will determine the appropriate disciplinary action, which may include termination of work or clinical assignment. MHS complies with, and expects everyone to comply with, these Federal regulations regarding conduct in the workplace.

Sexual Harassment
Title VII of the Civil Rights Act of 1964, as amended in 1986, prohibits unwelcome and unwanted acts of a sexual nature, which are pervasive and are either harmful to an employee’s health, or create adverse working conditions which affect their ability to do their job. Sexual harassment can be classified in two ways. The first, “Quid Pro Quo,” (literally “this for that”) refers to actions threatening dismissal or promising promotion if sexual favors are granted. In the second classification are actions that create a perception of a “Hostile Workplace.” These include physical contact, obscene gestures, obscene or sexual jokes, generalities that lump women or other groups together and denigrate them, insulting remarks or foul language, terms of endearment, questionable compliments, or unwanted advances.

Copyright Laws
Copyright is legal protection that gives the owner of a work the exclusive right to reproduce it, distribute copies, prepare derivative works, and, in the case of an artistic work, perform or display it publicly. Thus, copyright law protects the author’s method of expressing his/her ideas. It is unlawful to copy, distribute, perform or display the work of another unless permission is granted by the owner of the copyright.

Americans with Disabilities Act
Federal laws prohibit entities from discriminating against qualified individuals with disabilities in regard to job application procedures, hiring, advancement, discharge, employee compensation, job training, and other terms, conditions, and privileges of employment. Disabled individuals may be those with a physical/mental impairment, which substantially limits major life activities. Memorial Healthcare System, as a political subdivision of the State of Florida, is required by the ADA to give people with disabilities an equal opportunity to benefit from all of our programs, services, and activities. We are required to follow specific architectural standards in the new construction and alteration of our buildings. We must relocate.
programs or otherwise provide access in inaccessible older buildings, and communicate effectively with people who have hearing, vision, or speech disabilities. We are required to make reasonable modifications to policies, practices, and procedures where necessary to avoid discrimination, unless we can demonstrate that doing so would fundamentally alter the nature of the service, program, or activity being provided. Memorial Healthcare System is committed to assisting and empowering patients, their family members, visitors and other customers with special needs. A dedicated department provides consultation, literature and referrals to support groups and community organizations for patients facing mental and physical challenges. The department also assists physicians and hospital staff involved in patient care, and coordinates a variety of programs and activities, such as the Family Resource Fair and Fun Day for Children with Special Needs, the Spinal Cord Connections Group, and a Special Needs Advisory Committee.

If you have questions regarding patient or family member with special needs contact:

Tonya Fox Shaw, Coordinator of Special Needs, Beeper: (954) 230-4335;
Ken Resmini, ADA Coordinator, (954) 265-5008.

American Sign Language Interpreters

Laura House, MHS ASL Interpreter, 954-230-4624 (Pager)
CODA Link, 954-423-6893
Accommodating Ideas, 305-788-9310

If a patient or family member needs a sign language interpreter, please refer to the guidelines for obtaining an American Sign Language Interpreter. The guidelines are located on the MHS Intranet and in the Special Needs Resource Manual/Binder.

EMTALA
(Patient Anti-Dumping)

Federal and state laws require MHS to provide treatment to all individuals who have an emergency medical condition. MHS employees may not delay the treatment or the provision of an appropriate medical screening in order to inquire about the individual's method of payment or insurance coverage. Individuals may only be transferred from MHS to another facility in limited circumstances after the individual has been stabilized.

Safeguarding Restricted Information

It is MHS policy to control closely the dissemination of MHS restricted information. While employed at MHS, an employee must strictly safeguard information from access by unauthorized personnel. Upon termination of employment, an individual may not copy, take or retain any documents containing the restricted information. The prohibition against disclosing MHS restricted information extends beyond the period of employment as long as the information is not in the public domain. An individual's agreement to continue to protect the confidentiality of such information after the term of employment ends is considered an important part of that person's obligations to MHS.

Confidential Information

Everyone must safeguard all confidential information as required by law. In particular, everyone must protect the confidentiality of all patient records and the information contained in such records. Everyone have an obligation to respect and protect the confidential nature of records regarding drug abuse, alcoholism or alcohol abuse, HIV status or other personal information of other coworker or students.
Patient Privacy and Security

Since April 2003, patients have had significant new rights to understand and control how their health information is used or disclosed by health care providers, whether electronically, on paper, or orally. The Health Insurance Portability & Accountability Act (HIPAA) requires providers and health plans to greatly increase their programs and methods to insure the privacy of patient medical information.

Among many other provisions of the law, HIPAA requires that healthcare organizations:

- Give patients control over their own health information
- Limit access to private health information to a need to know basis
- Provide boundaries on medical record use and release
- Ensure the security of personal health information
- Establish accountability for medical records use and release

Other Laws & Regulations

The Compliance Office is responsible for ensuring compliance with all laws and regulations, whether federal, state or local in nature. The issues identified above are but a small example of the investigations conducted by the department.

REMEMBER...

Corporate Compliance is everyone’s responsibility!

All MHS Employees Should:

- Participate in the program
- Keep your eyes & ears open
- Keep all your actions ethical and moral
- Voice your concerns to your supervisors
- Call the Compliance Hotline: (954) 985-5855

No adverse action of any kind will be taken against anyone who reports in good faith a suspected violation or irregularity by others.

The Health Information Portability and Accountability Act (HIPAA)
Protecting Patients’ Privacy and Confidentiality

What is HIPAA?

The HIPAA Privacy Rule is a Federal Law that went into effect on April 14, 2003. The law protects the confidentiality of our patients’ protected health information, or PHI. Protection of patient privacy and confidentiality is also required by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on the Accreditation of Healthcare Organizations. Healthcare has a tradition of privacy. People have kept patient information private as far back as the 4th century BC with the Hippocratic Oath. However, with the advanced communications technologies in use today, safeguarding the privacy of patient information is more of a challenge. The HIPAA Privacy Rule reflects these new concerns. The HIPAA law is complex. Protecting patients’ healthcare information involves two considerations: Privacy and Security. There are differences between the two that
you should know. “Privacy” is concerned with the disclosure of information about a patient to the patient directly, or to those to whom we reasonably believe the information can be disclosed if it is consistent with good health care professional practices. “Security” is concerned with the processes, procedures, and technologies that we use to make sure that the people viewing or changing the information are really the ones who are authorized to do so. The following is a summary of the key points all staff of the Memorial Healthcare System should know, regardless of where you work or what your position is. For more information, please consult with your supervisor or department leader.

For additional information about HIPAA or Protected Health Information, review the MHS HIPAA CENTRAL website. You can also access additional information about HIPAA or Protected Health Information on the MHS Intranet: click on “HIPAA Central” in the Document Center, then “MHS Privacy Program Standard Practice.”

What information is protected?

All patients (including celebrities and our own employees) have the right to privacy, and this extends to their personal health information, referred to in the HIPAA Privacy Rule as “Protected Health Information,” or PHI.

What types of information is protected?

- Paper records
- Computerized information
- Oral communication

What are examples of PHI?

- Face sheets
- Records of exam/evaluation
- Test results
- Treatment and appointment information
- Patient bills
- Photographs
- Paper records
- Computerized patient records and information

Releasing Patient’s Protected Health Information (PHI)

What information can be released only with the patient's approval?

As a general rule, Medical Records can only be released to outside parties with the patient's approval, or if there is a law requiring release. And, as a general rule, this information can be released to outside parties only by the Health Information Management Department (Medical Records), or in some cases, the Records Custodian of each department.

What information can be released without the patient's approval?

Patient information can be released, to the minimum extent necessary, without the permission of the patient to...

- Law Enforcement: In cases involving Gunshot wounds, Crimes on the MHS premises, or Child abuse investigations. In other cases, it requires a search warrant, subpoena, or patient permission.
- Florida Bureau of Vital Statistics (births and deaths)
- Medical Examiner
- Florida Agency for Healthcare Administration
- Florida Department of Children and Families
- For Infectious Diseases reporting
Patient information can be released without the permission of the patient when required by court order or subpoena. Even with a subpoena or court order, the proper HIPAA certification may be needed. All such requests should be referred to the Records Custodians in the Health Information Management Department, or to the Legal Department. However, a subpoena is not enough to release SHARE Program Records, Psychiatric records, records of substance abuse (drugs or alcohol) or HIV test results.

Who are the Records Custodians?
Each department or unit that maintains PHI has a "records custodian" to approve access to PHI, for purposes other than routine treatment, payment or operations purposes. Records Custodians may include department leaders and supervisors, unit secretaries, or other persons designated by department leaders.

What are the Authorization Requirements?
A written authorization, signed by the patient or legal representative, must be obtained for any release of information except when the release is required by law, or when the information is used for the routine purpose of treatment, payment, or operations. For example, we are permitted to share our patients' PHI with other providers such as physicians to treat the patient, or we may submit PHI to insurance companies to obtain payment, all without patient authorization.

If you are requested to release patient's Protected Health Information (PHI), take the following steps:

- Determine the purpose of the request
- Verify the identity of the person seeking the information:
  - Request to see badge
  - Use call back to verify telephone number
  - Take reasonable steps and use reasonable judgment
  - When in doubt, consult your Supervisor, Privacy Officers, Health Information Management (Medical Records) or the Legal Department

What about releasing Patient's Protected Health Information (PHI) verbally in discussions with friends and family?
When the patient is present and has the capacity to make his or her decisions, we may disclose PHI to friends and families, if one of the following conditions is met:

- We obtain the oral agreement of the patient or legal representative;
- We provide the patient with an opportunity to object to the disclosure, and the patient does not object;
- We infer from the circumstances that the patient does not object to the disclosure. For example, when a friend has brought the patient to the emergency room for treatment.

When the patient is not present, or when the patient is incapacitated due to an emergency, it's okay to make the disclosure if our decision is consistent with good health care professional practices. For example, when a patient is brought to the emergency room, we may inform relatives and others involved in the patient's care that the patient has suffered a heart attack and we may provide updates on the patient's progress and prognosis when the patient is unable to make decisions about such disclosures.

Whatever information we disclose to the patient's friends or families should be directly relevant to that person's involvement. For example, a neighbor picking up a patient can be told that the patient is unsteady on his feet; however, the neighbor should not be told that a tumor was removed.

If the patient does not object, the following information can be released as part of the hospital's "Facility Directory":

- Patient's name
How is Protected Health Information handled for Minors?

If a patient is a minor (under 18 years of age), the patient’s parents or guardian may receive or direct use and disclosure of PHI on behalf of the patient, except for "Emancipated Minors."

Emancipated Minors

Children who have been released from the control of parents or guardians, and may control their own PHI, in the same manner as an adult:

- Anyone who is not yet 18 years old but is legally married or who is a parent.
- Anyone who is not yet 18 years old, but has been legally married and is now divorced, or a widow or widower.
- Anyone who is not yet 18 years old but is maintaining his or her own residence and is self-supporting. A reasonable effort to contact parents must be made.
- Anyone who is not yet 18 years old, and is pregnant.

Minors Who Are Not Emancipated

Any minor (under 18 years of age) may without parents’ consent, approval, or notification have the right, in the same manner as an adult, to protect their health information for the voluntary treatment of:

- Alcohol or drug abuse
- Testing and treatment for sexually transmitted disease

Patients Have the Right To

- Receive a Privacy Notice - (Summary of the MHS Privacy Program)
- Inspect and/or receive a copy of their medical and billing records
- Request an amendment to their PHI:
  - Medical records may be altered only through the addition of information, which specifies the time and date the information is added
  - Existing records will not be removed, destroyed, or altered in a manner that makes the original entry unreadable
- Receive a history of releases of their PHI to outside parties for non-routine purposes (Disclosure Accounting)
- Request further restrictions on how their PHI is used and disclosed by MHS
- Complain about MHS privacy practices
- Request confidential communications. (For example, a patient may request bills for lab services be sent to an address other than their own). MHS will attempt to accommodate such requests without asking why.

Privacy Guidelines Do’s and Don’ts

Written information

Do…

- Make sure that staff is present when visitors enter areas with sensitive information
- Keep patient records and charts in a secure place, face down
- Pick up and file confidential papers as soon as possible from fax machines, copiers, mail boxes, conference room tables, and other publicly accessible locations
- Discard confidential papers in locked disposal containers for shredding
Verbal Discussions

Do…
▶ Discuss patient information where others cannot hear you, whenever possible
▶ Speak to patients in private areas, if possible
▶ Dictate patient’s information where others cannot overhear
▶ Speak softly over the phone and limit the use of the patient’s name
▶ When leaving a message with someone other than the patient or on an answer machine, state only that you are calling from your Memorial facility and that the person should call you at a specified telephone number. Example script: "This is Betty Smith at Memorial Regional Hospital. Please call me at …"

Computer Information

Do…
▶ Keep your passwords secret
▶ Access only the information you need to do your job
▶ Log off when finished
▶ Position equipment so that unauthorized persons won’t see it. This applies to work stations, computers (desk and lap top), copiers and printers.

Do Not…

Look at information to satisfy your personal curiosity. Looking at prohibited information is a violation even if you don’t tell anyone else.

Sanctions and Penalties

Anyone who fails to comply with MHS policies and procedures are subject to discipline up to and including termination of work or clinical assignment.

Federal Penalties:
▶ Civil penalties, with fines ranging from $100 to $25,000 (imposed on MHS)
▶ Criminal penalties, with fines up to $250,000, plus 10 years imprisonment (imposed on individuals who disclose PHI for malice or for personal gain)

How to Handle a Privacy Complaint

Direct all complaints about privacy issues to the Privacy Officer at the appropriate facility. Contact your instructor/supervisor for additional information.

Remember …

Let’s keep patient information private!

Computerized Information Security

You must be especially careful about PASSWORDS and LOGGING OFF a computer when you are not using it.

When is it appropriate for me to share my password?

It is NEVER appropriate to share your password. Your login and password typically has access to the Electronic Protected Health Information of many patients. If someone else knows your password, then YOU are responsible for everything they do using YOUR password. This means that if they do something illegal, then YOU are the one who may be subject to severe monetary and criminal penalties.

Do I always have to log off the computer?

YES. Use reasonable judgment whenever you step away from the computer. If you will be away from the keyboard for more than a few seconds, you
should either:

- Log off of the computer (if it is a desktop computer) that you will not be returning to.
- If the computer is a shared workstation (like a nurses station), lock the Single Sign on (SSO) Toolbar
- Lock the computer until you return.

**Should I ever let someone else use the computer while I am logged on?**

**NO.** It is very important to not allow unauthorized people to use your computer when you are logged in. You are responsible for anything that happens while you are logged in. Even another employee or doctor can do something wrong using your account and you may be the one responsible because you were the one logged in.

If someone wants to use your computer, you have the right and the responsibility to take the time to log off of a computer or log out of a program before someone else uses that computer. If that person does not have their own login, let them know that they must contact their supervisor to get their own login. If that person is a doctor then they must contact the Medical staffing department.

**What is a ‘good’ password?**

A good password, also called a “strong” password, is one that is easy for you to remember but hard for someone else to guess. Remember that passwords must be memorized and cannot be written down, stored in a device such as a computer or PDA, or on any messaging system such as email or voicemail. We ask you not to write your password down in order to protect your information and the information that you have access to from unauthorized users.

**Always Use Hard to Guess Passwords**

- Don’t use obvious passwords like “password,” “cat,” or obvious character sequences on the qwerty keyboard like “asdfg” and “12345”. In addition do not include any personal information ie your name, initials, ID# etc.
- Create complex passwords by including different letter cases, numbers, and even punctuation.
- Try to use different passwords for different websites and computers. So if one gets hacked, your other accounts aren’t compromised.

**May I ever bring in software from home (like computer games, tools, or other applications)?**

**NO.** It is everyone’s responsibility to only use software authorized by the information technology department on Memorial Healthcare System computers. Protecting our computer systems from computer viruses and other malicious kinds of activity is a critical part of keeping healthcare information secure.

If you bring games or other software from home, you could, without knowing it, introduce a computer virus that could infect the entire healthcare system. Such a virus could damage, erase, or corrupt critical patient information, cause damage or destruction to our computer systems, and cause MHS to have to replace the very expensive and critical information systems that we rely on to provide health care to our communities.

Similarly, it is not acceptable for you to download unauthorized programs from the Internet, if you believe you need to download a program, contact the Information Technology Helpdesk before doing so for assistance in obtaining the software that you need.

**Other Important Things to Know**

- Do not write your password down, attach it to your ID Badge, or leave it in your work area, however well hidden you think it may be.
- Instead of writing down your password, write a hint that will help you remember it.
- Never send patient identifiable data, passwords, credit card numbers, etc. via e-mail unless it has been secured by an MHS approved method. (Such as using encryption or password protecting, a Word document or a ZIP files before sending).
- **Never** open attachments from an unknown or suspicious source. Computer Viruses are commonly spread through e-mail and instant messaging attachments.
CONFIDENTIALITY: 2015

Patient care services provided by Memorial Healthcare System are privileged and confidential under the law, as is other information used by the hospital in its operations. Where there is any question as to the privileged or confidential nature of any information, or the right of any party to obtain information, the Memorial Healthcare System legal department should be consulted.

I recognize that the unauthorized access and/or disclosure of information by me may violate state and federal laws, and that unauthorized access and/or release of information may result in legal action being taken against me.

STUDENT EMERGENCY MEDICAL CARE POLICY

Memorial Healthcare System shall provide emergency outpatient treatment in accordance with federal and State of Florida law. The hospital shall not bear the cost of the emergency outpatient treatment or any follow-up care or hospitalization and the cost of all of the foregoing shall be borne by the student.

In the event of exposure to communicable disease/splash/needle stick:
1. Student must immediately notify supervising instructor.
2. Student should go to the Emergency Department (ED) for immediate treatment and instructions as appropriate.
3. Emergency department will notify Infection Control; if any follow-up is required, student will be notified by Infection Control.
4. Student must notify school representative of any emergency situation and follow any school policy as set forth.
5. Student is responsible for bearing the cost of treatment and should refer to their personal health insurance plan for information on coverage.

ACKNOWLEDGMENT OF RECEIPT:
I hereby acknowledge that I have received a copy of the Memorial Healthcare System Student/Contractor orientation packet. I also acknowledge that I have read the information therein and understand the responsibilities that are requested of me including the above instructions while engaged in my duties at Memorial Healthcare System.

__________________________________________________________
PRINT NAME     SIGNATURE    DATE

SCHOOL____________________PROGRAM_________________STUDENT ID______________