AdventHealth

MISSION STATEMENT

We are a family of professional caregivers motivated by Christian values to provide the highest quality physical, mental, emotional, and spiritual healthcare, while extending the healing love of Christ to all we serve.

These are our core values:

Christ-centered service *that demonstrates genuine compassion and respect*

Quality healthcare delivery *where patient safety and patient outcomes meet or exceed expectations*

Ethical action *that honors the sanctity of life, and that shows integrity, confidentiality, and faithful stewardship*

These are our clients, and their needs we seek to fill:

Patients, families and visitors: *offering compassionate, quality care, and open communication*

Employees: *offering respect, security, and the opportunity for all to grow into their potential*

Physicians: offering accurate skilled assistance, cooperation, and quality equipment

INFECTION CONTROL AND PREVENTION

Standard Precautions

Infection control is an extremely important function in the hospital setting. There must be an organized, defined method of preventing the spread of infection in the hospital. The system that AdventHealth uses is "Standard Precautions". Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation. It is based upon the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin and mucous membranes may contain transmissible infectious agents. The student takes the responsibility of protecting himself against any potential contact of these. The hospital provides all of the appropriate apparel: gloves, fluid resistant gowns, masks, goggles, face shields, etc. Standard Precautions are used on every patient every time in the hospital regardless of age, sex, race or social status; everyone is treated as potentially infectious. Two additions made to standard precautions: respiratory hygiene or cough etiquette and the wearing of a mask for staff members present during lumbar puncture procedures. Respiratory hygiene simply means that for patients with signs and symptoms of a respiratory infection droplet precautions will be followed until a definitive diagnosis is made.

In addition to Standard Precautions there are three specific types of Transmission Based Precautions or isolation, which require actions above and beyond that of regular Standard Precautions. These are:

Airborne Precautions, Droplet Precautions and Contact Precautions. The door to the patient's room must be closed at all times and an isolation sign be placed on the door to alert visitors and staff as to the necessary types of PPE required. Isolation manuals are available in each nursing unit detailing disease specific precautions.

Airborne precautions are in effect when a disease can be spread by air over long distances. Negative pressure rooms are available on each nursing unit. Patients who are on Airborne Precautions should be placed in these rooms. A special mask called an N-95 must be worn. As students are not fit tested, they may not care for these types of patients.

Droplet precautions are used when a pathogen can be transmitted through close respiratory or mucous membrane contact. A regular procedure/surgical mask must be worn. Some examples are flu, pertussis, rubella and meningitis.

Contact precautions are used for diseases that are spread via direct contact with skin, body fluid, blood or by indirect contact with contaminated objects in the patient's environment. Gloves and gowns should be worn when entering the patient's room. Some examples are: all multidrug-resistant organism (MRSA, VRE, ESBL etc.), c. difficile, most GI tract infections and lice or scabies.

Personal Protective Equipment (PPE)

Gloves: Gloves are worn when there is a potential for hand exposure to blood or body substances. Gloves must NEVER be worn from patient to patient. Gloves are found at the patient's bedside and in various areas.

Gowns: Gowns are worn whenever there is a potential for blood or body substances to soil clothing. All gowns when used as PPE must be fluid resistant. Gowns are stored in isolation carts and in clean supply rooms.

Face Shields/Masks: Masks are worn by employees when there is a potential for blood or body substance to splatter, spatter or splash on the face. Masks should fit snugly over the bridge of the nose.

PPE should be removed in the correct sequence: gloves first, then gowns (with minimal agitation) goggles and finally masks. If you have visible soilage on your gown, then gloves should be removed second.

Immediately perform hand washing after removal of PPE. PPE should not be worn outside of the patient room or area.

Hand Hygiene

Hand hygiene is THE number one way to prevent the spread of infection in the hospital. Hand hygiene may be performed with water and soap or the use of an alcohol hand antiseptic.

When using an alcohol hand antiseptic use the correct amount and rub hands together until the product dries.

It is essential that hand hygiene occur:

a. before touching the patient

b. before leaving the patient's room

c. after removing gloves

d. before eating

e. After performing any personal grooming or toiletry (sneezing, coughing, using restroom, brushing hair, etc.).

f. when hands are visibly soiled

No artificial nails are permitted.

Alcohol products may not be used when a patient has a C. difficile infection.

Cleaning/ Disinfection

Spills or splatters of blood on the floors or furniture are to be cleaned immediately with the hospital approved disinfectant.

Work surfaces including COWs, equipment and instruments should be cleaned as soon as possible after it is used and in between each patient use. Most equipment may be cleaned with the hospital approved disinfectant wipe; allow to remain wet the appropriate contact/dwell time.

If it is suspected that a work area will be contaminated with blood or body substances, the work area should be covered with a fluid resistant material.

Other measures:

Linens should be handled as little as possible and never shaken. Dirty linen is placed in a blue plastic bag. Dirty Chemo linen is placed in a yellow bag. It may be double-bagged if a tear or leak is present in the first bag. Gloves will be worn when handling soiled linens.

Sharps (needles, scalpels, broken glass) will be placed in a puncture resistant, closable, leak proof container and labeled with a Biohazard sign. Sharps containers will be replaced by Hospitality Services when ¾ full.

Needles should NOT be recapped. Place immediately in the sharps container.

Regular garbage (non-contaminated waste) should be discarded into clear plastic bags, NOT RED BAGS! Examples include: gloves, paper, plastic, cups, paper towels, packaging materials, pitchers, empty urinals etc.

Specimens collected from patients for diagnostic testing will be placed in a closeable, leak proof container and labeled. It should then be placed inside another closable, leak proof container for transport.

EMPLOYEE HEALTH

Required Immunizations. Students must show documented proof of 2 MMR vaccinations, positive titer for Measles, Mumps and Rubella or have documented immunity to the disease. Also, students must have documented immunity of varicella (chicken pox) or show proof of 2 vaccinations or a titer showing

immunity. A Tdap vaccine is also required. Students must show proof of a Hepatitis B vaccine series or a declination.

TB Skin Test A current TB skin test is required prior to students beginning a clinical rotation. If a student has had a positive TB skin test, a CXR that has been done within 3 months will be required

BLOOD BORNE PATHOGENS (BBP)

Healthcare facilities are high-risk areas for exposure to bloodborne pathogens, so protect yourself and remind others to do the same. There are three bloodborne pathogens of special concern in the healthcare setting.

Human immunodeficiency virus (HIV)

Hepatitis B virus (HBV)

Hepatitis C virus (HCV)

HIV

HIV attacks a person's immune system and causes it to break down. A number of people infected remain healthy for many years. An infected person becomes seriously ill when the immune system loses its ability to fight infections. Some people infected with HIV go on to develop AIDS.

Hepatitis B Virus (HBV)

Most people infected by HBV recover and clear the infection. However, each year people die from chronic liver disease and liver cancer linked to hepatitis B. About 30% of people infected with hepatitis B have no signs or symptoms. Symptoms include:

Jaundice (yellowing of the skin and eyes)

Fatigue

Abdominal pain

Loss of appetite

Nausea and vomiting

Fortunately, hepatitis B can be prevented by receiving the hepatitis B vaccine.

Hepatitis C Virus(HCV)

The hepatitis C virus causes serious liver disease and has symptoms similar to hepatitis B.

However, people who are chronically infected with hepatitis C may have no symptoms for up to 30 years. Unlike HBV, HCV has no preventative vaccine. Hepatitis C infections are on the rise and cause many more deaths than HBV.

How Bloodborne Diseases Spread

Bloodborne diseases/pathogens (BBP) are not as easy to contract as many other viruses. Unlike a cold or the flu, they are not spread through the air. You cannot get them from coughing, sneezing or causal contact. They are transmitted through contact with blood or Other Potentially Infectious Material (OPIM). Other OPIM includes: Semen and vaginal secretions

Any fluid or tissue containing visible blood

Cerebrospinal fluid (fluid that surrounds the brain and spine)

Synovial fluid (fluid in the joints)

Pleural fluid (fluid in the lungs)

Peritoneal fluid (fluid in the abdomen)

Pericardial fluid (fluid surrounding the heart)

Amniotic fluid (fluid around the baby in the womb of pregnant women) Saliva in dental procedures

Non-intact skin or organs from living or dead humans

How BBP are Transmitted

Through sex with an infected partner, when drug users share contaminated needles, tattoos, injuries involving needles, injuries involving other sharps such as scalpels, broken glass or anything that can pierce the skin. Aside from a puncture from a contaminated sharp, you can also be exposed to a BBP if blood or OPIM comes in contact with broken skin (open cuts, dermatitis, skin abrasions or acne) or

mucous membranes of your eyes, nose or mouth. Dried HBV can survive on environmental surfaces at room temperature for up to one week.

Exposure Control Plan

AdventHealth's Exposure Control Plan identifies which employees are covered by the OSHA Bloodborne Pathogens Standard. (You are covered by the standard if it is reasonably anticipated that you could be exposed to blood or OPIM as a result of performing your job). The Exposure Control Plan also describes the potential hazards of each job; details what measures will be taken to minimize your risk of exposure, explains what procedures to follow if there is an exposure incident and includes a method of identifying and evaluating safety devices such as safety sharps. The Exposure Control Plan can be found on the AdventHealth Arc under organizational policies. It is policy # 906.1.

How to Reduce Your Risk of a BBP Exposure

There are several important ways you can protect yourself from exposure. These include:

Standard precautions

Engineering controls

Safe work practices

Personal protective equipment (PPE)

Housekeeping

Electing to receive the hepatitis B vaccine

Standard Precautions

Many people carry bloodborne disease and have no visible signs or symptoms. They may not even know they are infected. This means one cannot always tell who has a bloodborne disease so Standard precautions should be used with every patient in all health care settings, regardless of suspected or confirmed presence of infectious diseases. Treat all blood and body fluids (except sweat), non-intact skin and mucous membranes as though infected with bloodborne or other pathogens as though infected with bloodborne pathogens.

Engineering Controls

Engineering controls are provided by AdventHealth. They are designed to isolate or remove hazards from the workplace. Some examples include autoclaves, sharps disposal containers, sharps with engineered sharps injury protections and needleless systems.

Safe Work Practices

Work practices are specific procedures you follow to reduce your exposure to blood or OPIM. Hand hygiene and sharps safety are some of the most important safe work practices to follow.

Hand Hygiene

The CDC's Hand Hygiene Guidelines help protect you from exposure. Hand hygiene is the single most important practice to reduce the transmission of infectious diseases in healthcare settings. Hand hygiene includes both handwashing and use of alcohol based hand sanitizers. When your hands are visibly soiled, wash them with soap and water.

Proper Handwashing Technique:

1) Wet hands

2) Apply recommended amount of soap

3) Rub vigorously for at least fifteen seconds over all surfaces of hands and fingers

4) Rinse thoroughly

5) Dry hands completely with a disposable towel

6) Use a dry towel to turn off faucet

Apply an approved hand lotion to your clean hands as often as needed to prevent skin breakdown. Keep nail tips shorter than one-quarter inch and never wear artificial nails.

Sharps Safety

According to the Occupational Safety and Health Administration (OSHA), more than half a million sharps related injuries occur each year. Studies show that sharps safety devices may significantly reduce your risk of injury during procedures such as joining IV lines, drawing blood, injecting medication and suturing during surgery. Contaminated sharps (needles, glass, etc) must be placed in a covered, puncture resistant, leak proof container that is red or has a biohazard symbol. Gordon Hospital's Exposure Control Plan details sharps safety rules you should follow. Use a safe needle device or needle-less system

When using sharps, always follow effective, safe handling techniques

Never break, bend or recap contaminated needles or sharps

Follow safe disposal guidelines

Be careful with all types of sharps

Report all sharps injuries to Employee Health or the House Supervisor

Other Safe Work Practices

Do not eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses where you are likely to be exposed to blood or OPIM. Never keep food and drink in places where blood or OPIM are present. Never mouth-pipette or mouth-suction blood or OPIM. Always minimize splashing, spraying and spattering when performing procedures involving blood or OPIM. Transport specimens of blood or OPIM in closed, leak-proof containers. Wear gloves and handle carefully. Before putting on gloves, make sure to cover or bandage any hand cuts since gloves can be torn or punctured. Do not let contaminated equipment touch your skin, mucous membranes, clothing other patients, visitors or items in the environment. Make sure reusable equipment is not used on another patient until it has been properly cleaned. Single-use items should be discarded appropriately.

Personal Protective Equipment (PPE)

Different tasks require different levels of personal protective equipment (PPE). You should wear only as much PPE as necessary. Your Exposure Control Plan outlines what PPE you need for each task. To follow Standard Precautions, you should wear PPE when you expect to touch blood, non-intact skin and mucous membranes. You must wear eye protection if you anticipate fluids could splash or spray into your eyes. PPE may include:

Gloves

Eye protection

Gowns

Mouthpieces

Lab coats

Resuscitation bags

Face shields

Pocket masks

Masks

Other ventilation devices

AdventHealth will provide you with the necessary PPE and train you how to use it. AdventHealth does not allow students to enter Respiratory Isolation rooms therefore students are not fit tested with N-95 mask.

Housekeeping

Good housekeeping protects you and your co-workers. Clean all blood and fluid spills according to AdventHealth policy. Keep work surfaces and protective coverings clean. Wear gloves to handle contaminated laundry and hold away from your clothing to prevent exposure to your clothing and skin. Place laundry in an appropriate container in the area where used. Deposit wet laundry in a leak resistant container. Do not reach into trash containers or push trash down with your hands or feet. Shake down waste in containers or remove trash bag and dispose. Dispose of blood and other regulated medical waste in appropriately labeled, closed, leak proof containers.

Signage

Fluorescent orange-red labels, red bags, red containers and warning signs are designed to warn you that the contents contain blood or OPIM. Use Standard Precautions whenever you handle these items.

What to Do If Exposed to BBP

1) Wash the exposed area with soap and water. Do not use caustic agents such as bleach.

2) If contaminated material gets in your eyes or mucous membranes, flush them with large amounts of water for at least 15 minutes.

If a student is exposed to blood or body substances either by a puncture wound, a break in the skin, splattering in the eyes or any other method, the student must immediately report the incident to the supervisor and to their school representative. As a courtesy, AdventHealth will test the source patient, if known, for a rapid HIV, Hepatitis B antigen, Hepatitis C antibody and an ALT. It is the responsibility of the student to follow up per school's contract agreement. The student may use their personal insurance or insurance the school has provided whichever is applicable per the school's contract. Per CDC guidelines, after a blood borne pathogen exposure the exposed individual should have baseline lab testing for an ALT, HIV antibody, Hepatitis B quantities antibody and a Hepatitis C antibody. The student should be seen by a professional qualified to give HIV counseling. At AdventHealth, our Emergency Department Physicians are HIV counselors After a Blood Borne Pathogen (BBP) exposure, the involved student should have surveillance labs at 6 weeks, 12 weeks, and 6 month intervals and report the results to the Employee Health Department. The Manager in the department where the incident occurred will submit a Risk master, (not employee injury) report to report the incident.

3) When the HIV status of the source is known, the employee will be sent to the Emergency Department for counseling and any necessary treatment.

4) Act quickly! Some infections need treatment started right away.

Treatment for Non- BBP Injuries that Occur During a Clinical Rotation Students should follow up with their personal physician and submit their personal insurance information or follow the school's contract.

Ill Students When students come to their clinical rotation sick it not only hurts them, it also hurts the patients and co-workers by potentially exposing others to whatever is making the student sick. A student should not come to their rotation if they have a temperature of 100.5 F or greater, rash, drainage from the eyes or skin, sore throat, diarrhea or nausea and vomiting or if they do not have immunity to chicken pox, mumps etc. and have been exposed. Students should notify the school and follow their school's policy regarding illnesses.

LIFE SAFETY CODES

The emergency phone number to call any code is 4444. This alerts the switchboard on a special phone that there is an emergency. When using the emergency number state:

1. Type of Code

2. Location

Repeat information at least once.

Code Red is the code for fire. The steps to take in the event of a fire are: RACE

R: Rescue people from the immediate area of the fire

A: Sound the Alarm – Call out "Code Red," pull the fire alarm. Notify the switchboard by dialing 4444.

C: Confine the fire – close all doors.

Close the door to the fire room and mark the door with an "X" made of tape or place fire tag on door. Fire tags are located with fire extinguishers.

E: extinguish the fire or evacuate the area if necessary.

Small fires may be extinguished using fire extinguishers or smother devices (i.e. blankets, sheets, and clothing). These devices reduce and/or eliminate the oxygen fueling the fire. If more than one or two people are required to extinguish the fire, let the fire department handle it.

Fire on a person must be extinguished immediately. Smother the fire using a blanket or sheet. Do not use a fire extinguisher. A barrier between the patient's face and the fire must be in place before the blanket or sheet is thrown over the fire. To do this:

1. Stand facing the same direction as the victim.

2. Hold one end of the material in your hand and slide it across the patient's upper chest until a barrier is formed, which reduces smoke and heat from entering the patient's lungs. The barrier is held secure by your arm pressing the material against the victim's chest.

3. Throw the rest of the material over the fire. If any air pockets are created, quickly tuck the material into chair arms or whatever is creating the pocket.

4. Brush the top of the material covering the fire away from the patient until the fire is out.

5. Carefully pull back one corner and inspect fire area. If the fire re-ignites, repeat the procedure.

The concept of fighting fires in a hospital is unique when compared to any other type of building in the United States: People are not automatically evacuated from the building when a fire is discovered. People are evacuated from the "fire compartment" into the adjacent compartment unless instructed by the fire marshal to do otherwise.

Although both "Horizontal" and "Vertical" evacuation is used to evacuate a compartment which contains smoke and/or fire, AdventHealth uses "Vertical" evacuation unless direct by the fire department. "Horizontal" evacuation involves moving patients between floors (up or down stairs). "Vertical" evacuation involves moving between compartments on the same floor.

Fire alarms are typically located close to the designated "EXIT" doors and will immediately notify the fire department of an emergency at the hospital.

When the fire alarm goes off, fire doors are automatically released. These closed doors, in conjunction with "fire walls," divide the hospital into "fire compartments." These compartments work in two ways: (1) they contain the fire into a single compartment and (2) they slow down or prevent the fire from entering another compartment. "Fire walls" and "Smoke walls" are rated for a minimum of 20 minutes' protection against smoke spread and up to 1-hour protection for fire spread. It is extremely important and required that you know where the "compartment" borders are for the "compartment" in which you work.

Additionally, it is important that you be able to make a reasonable judgment of any "compartment" boundary if you are in some other area of the hospital at the time of a fire.

It is also extremely important and required that you understand the different features of the fire alarm system and how it is activated.

1. Manual Pull Stations: Located at the exits from a "compartment." May additional be located at other locations within a compartment.

2. Automatic Smoke Detectors: Located throughout the hospital. Will detect the presence of smoke in the air and will automatically set off the Fire Alarm

3. Automatic Duct Detectors: These are Automatic Smoke Detectors that are located in the Air Conditioning Ducts to detect smoke in the air.

4. Automatic Flow Switches: These are automatic sensing devices that detect water flow in the

"Fire Suppression System" (Sprinklers) located throughout the hospital. When fire melts a "link" in a sprinkler head, water starts flowing from the sprinkler head and the "flow switch" detects this water flow and automatically sets off the fire alarm system.

Know where fire exits, fire doors, extinguishers and alarms are located in your work area. The most common type of extinguisher found in AdventHealth is the red ABC extinguisher. It can be used on all types of fires. Other types of extinguisher include CO, and BC, which can be used for electrical fires.

To use a fire extinguisher, do the following:

P – Pull the pin

A – Aim the nozzle at the base of the fire

S – Squeeze the handle

S – Sweep the base of the fire with the contents of the extinguisher

Location of fire extinguishers in your department _____.

*The Fire Plan is located on the internet under Plant Operations Policies

*See code poster for additional codes.

HAZARDOUS MATERIALS MANAGEMENT

OSHA's Hazard Communication Standard or "Right to Know: Law essentially states that every employee has the right to know about any hazardous materials they are working with and what to do in case of exposure. This is posted by the time clock in the glassed case across from the Materials Management Department.

Key words found on the label that indicate the material is hazardous: "Hazard," "Caution," "Warning" or

"Danger."

Potential health hazards have been identified in association with hazardous materials and can have acute and chronic effects. These are:

1. Carcinogens – have the potential to cause cancer

2. Sensitizers – cause an allergic reaction

3. Corrosives – destroy or change the surface of anything it touches, including human tissue

4. Irritants – cause irritation of skin or eyes on contact, but does not produce permanent damage

5. Toxin – poisonous if inhaled, swallowed or touched

Material Safety Data Sheet (MSDS)

Each hazardous material is required to have an MSDS for specific information on that chemical.

This includes product identification including the chemical and its common name, physical data, fire and explosive data, reactivity data, spill/leak procedures, health hazard data, first aid procedures and special protection information.

Basically, it is where you look for specific instruction on how to deal with a particular chemical spill.

Each department has MSDS's for the chemical used in that department. Master copies of all MSDS's hospital wide are kept in the Emergency Department and the Hazard Materials Management office in Engineering.

Labels

All hazardous materials are shipped with warning labels. These must NEVER be removed. If this happens accidentally, one must be replaced immediately and contain the following information:

First aid for accidental exposure

Fire – proper equipment needed

Action in the event of spills

Handling – protective equipment necessary

Storage precautions

Disposal of chemical and container

Hazardous materials leaving the hospital must be labeled with the product name, manufacturer (name and address) and appropriate hazard warning.

Some warning labels give a numerical rating from "0" – no hazard, up to "4" – Severe hazard.

Some words on a label identify the material as being hazardous. Exp. Hazard, Caution, Warning, Danger

Handling of Hazardous Materials Spills

Emergency Action:

1. Identify the chemical before attempting to clean up any spill/splash

2. Check the MSDS and follow directions according to the established procedures for cleaning up that particular chemical spill or leak.

3. Evacuate all personnel from the area if necessary.

4. If flames are present, follow the fire plan.

5. Insure adequate ventilation or wear acceptable mask.

6. Call Hazardous Waste Management Officer (Greg Long) if unsure of procedures for clean-up.

7. Avoid walking through the spill.

8. Have appropriate protective safety equipment available.

9. Complete "Incident Report" on spill or leak.

10. Report any major spills, splashes, leaks, burns, etc. from hazardous chemical substance to Hazardous Waste Management Officer. Blood spill kits are located in each department. Chemical spill kit is located in the Engineering Department.

Emergency First Aid for Hazardous Chemical Exposure

1. Chemicals in eyes

    a. Flush with water for 15 minutes

    b. Hold head so water runs from inner aspect of eye outwards

    c. Seek medical attention

2. Skin Contact

    a. Remove contaminated clothing

    b. Wash skin thoroughly with water

    c. If dry chemical, cover hand and brush it off before washing area

    d. Cover with cold compress initially, then a dry dressing

    e. Seek emergency medical attention as necessary

    f. Seek medical attention regardless of severity for:

        Chemical burns to face or genital areas

        Child less than 3 years' old

        Person with diabetes

        Chemical burn encircling a finger, toe, arm or leg

3.. Inhalation of vapors, gases, smoke or powered chemicals

    a. If victim is overcome by inhalation of chemicals, remove him from area

    b. Use respirator precautions when evacuating victim

    c. Being rescue breathing if necessary

d. Keep victim warm and at rest

e. Seek emergency medical attention.

ELECTRICAL SAFETY

Electricity is a vital support within the hospital. Almost all departments must have it to function effectively. Think about your position. What do you rely on that is powered by electricity?

There are two types of electricity, static and current. Both types have the potential to injure or kill patients. Those patients, who are very young or elderly, have electrolyte imbalances, acute or chronic medical conditions, I.V. connections, pacemakers or other devices, which penetrate the skin, are particularly at risk.

Static electricity is the type that pops when you touch a doorknob or makes your hair stand on end. Remember, this type of electricity can cause harm. The simple solution is to touch or ground yourself to a metal object before touching the patient.

Current electricity is the type that powers the hospital. Current electricity always begins with a source, usually the electrical outlet. This outlet provides the current that travels through a wire to the resistor. The resistor uses the current to power the device. Electrical shock may happen when a person becomes part of the circuit because, exposed tissue can carry the electrical impulse to vital organs in the body. When working with electrical equipment:

1. Inspect the floor for wetness

2. Dry your hands

3. Check equipment for hospital safety sticker

4. Use only the equipment in which you have been trained

5. Inspect cords for damage

6. Unplug by pulling the body of the plug – do not jerk plug out of outlet by the cord

7. Report even mild shocks

8. Tag any malfunctioning or damaged equipment and take it out of service! Do not use damaged or malfunctioning equipment!!!

9. Do not use multiple plug adapters. These can overload the outlet.

Medical Equipment

All hospitals are legally bound to report any malfunctioning medical devices that have caused or are suspected to have caused the patient harm, injury or death. The Safe Medical Device Act issued by the Food and Drug Administration (FDA) mandates this reporting.

If a patient is harmed in any way, enter information in Riskmaster, detailing the incident.

RADIATION SAFETY

As a healthcare worker, you know that radiation is an important tool for detecting and treating diseases. Yet radiation is very powerful and it's natural to have fears about working around it. Fortunately, you can greatly minimize your risk by understanding radiation and carefully following certain safety precautions. This handout discusses ionizing radiation, a form of energy that you cannot see, feel, smell or taste.

What are the risks?

In healthcare facilities, exposure to high levels of radiation on the job is highly unlikely. However, you may repeatedly be exposed to low-level radiation.

Some Facts:

The chance of being affected by radiation increases each time you are exposed.

Generally, the more radiation you are exposed to the greater the effect.

Some types of radiation are more damaging than others.

Generally, the larger the body area exposed, the greater the risk of overall damage.

The head, trunk and eye lenses are more easily damaged by radiation than the skin and extremities.

Exposure during pregnancy can harm your unborn child. If you become pregnant, inform your employer immediately to minimize the risk to your unborn child.

Minimizing Risks:

Radiation is one of the most highly regulated occupational fields. You are protected by many safeguards:
 Federal standards strictly limit on-the-job radiation exposure. Total body exposure for a radiation worker may not exceed 5 rem per year.

 Total body exposure for a non-radiation worker may not exceed 0.5 rem per year.

 Exposure during pregnancy should be limited to 0.5 rem or less to the fetus.

Total yearly exposures for most radiation workers fall far under regulated limits. No one knows if there is an absolutely harmless level of radiation, so any unnecessary exposure should be avoided. Always keep exposure As Low As Reasonably Achievable (ALARA).

Radiation Safety training is available through the Radiation Safety Officer. The Radiation Safety Officer (RSO) is responsible for all aspects of radiation safety in your workplace and should be available or on call at all times. (Contact Radiology Department for Radiation Safety Officer.)

Two basic forms of radiation are used in healthcare: external beam radiation and radioactive materials.

A beam of radiation from a source outside the patient's body travels through the body to create an image using various equipment, such as:

X-ray machines

CAT scanners

Mammography

Fluoroscopy

Radioactive materials are small amounts of radiation injected or ingested into a patient's body. The radiation source is from within the patient. This radiation is detected by a large camera to create an image. Computers help create images. Radioactive materials are used in nuclear medicine.

External Radiation Facts:

1. You will be exposed to radiation if you get in the path of the beam.

2. No radiation remains in the x-ray room when the machine is off. Patients do not become radioactive after an x-ray.

3. Stationary x-ray machines are usually well shielded so no radiation escapes from the x-ray room to surrounding areas.

4. Portable x-ray equipment, when operating, may pose a risk to anyone nearby or in adjacent rooms since x-rays can pass through normal walls and other dividers.

If you work around x-ray machines, follow this three-part formula to keep your personal exposure As Low As Reasonably Achievable (ALARA).

1. Time- minimize your time of exposure

2. Distance – maximize your distance from the radiation source

3. Shielding – utilize lead shielding to avoid direct exposure to radiation

GENERAL SAFETY

Historically, most of the on the job injuries occurring at AdventHealth involve using poor body mechanics. Back injuries are the most common for clinical and ancillary staff. Carpal Tunnel Syndrome is rapidly on the rise and affects employees who perform typing or use the computer frequently. Another area of great concern for both employees and patients is that of falls. To reduce the number of injuries from falls please:

1. Keep the hallways clear of equipment and cords

2. Do not stand on chairs

3. Avoid walking on wet floors

4. Give assistance to anyone who has difficulty walking or seeing.

5. Walk, do not run

Being able to recognize our patients who are at high risk for falls will help to greatly reduce the fall from happening. Those patients include, but are not limited to:

1. The elderly

2. The very young

3. Confused or disoriented patients

4. Sedated patients

5. Unconscious/comatose patients

6. Patients who have difficulty walking

To reduce the potential these patients have for falls, what can we do? (Refer to Falls Prevention Policy in Nursing Services policy manual).

1. Place all objects the patient might need within the patient's reach either on his over bed table or bedside table.

2. Instruct the patient on use of the call light and to call when assistance is needed.

3. Place call light within reach.

4. Activate bed alarms.

5. Keep floor clear of objects, which anyone might trip over.

6. Assist anyone who is having difficulty walking.

If a patient fall does occur, enter information in Riskmaster. If you or another employee should fall or is injured in any manner, the incident should be reported to the AHS Workers' Compensation number at 1866-359-3455 Monday – Friday, 8:30 a.m. – 3:30 p.m. EST. Employees may also call during evening or weekends. If any of the four intake lines are busy, the call will go to voicemail. The phone scripting will give directions for employees to follow. The AHS claims staff will call the employee back to take down pertinent information related to the injury. If the AHS claims staff doesn't call back, the employee is responsible for contacting them again. The claim has not been reported until the employee talks to an AHS claims staff member. The notification call must be completed within 24 hours of the injury/incident. This is very important, not only for Risk Management purposes, but for Workers' Compensation as well. If the injury occurs on the weekend or a holiday, employees must contact the AHS claims staff the next business day if they haven't received a call back.

Specific areas of the hospital are designated as "Sensitive Areas." These areas include:

1. Areas which stock a large amount of drugs – Pharmacy

2. Areas which pose a safety risk for untrained individuals – Boiler Room, Electrical Room, Nuclear Medicine Room, Biohazardous Waste Storage Building

3. Areas which pose a risk for the patients – Nursery

4. Areas which store confidential information – Medical Records

Areas which may store large amounts of money/valuables – Business Office

SECURITY

Hospital Security Officers are here 24 hours a day every day.

All employees are identified by an identification badge and it must be worn at all times; patients are identified by wristbands.

Security is accomplished by a system of locked doors and drawers/cabinets to control access. The most vital ingredient is personal recognition and the ability to identify when an individual is where they do not belong, has property that they should not have, or are doing something that they should not be doing. Without security personnel, the eye and ears of ALL EMPLOYEES/STAFF must be constantly alert to unusual events. Please report any suspicious activity to the House Supervisor.

Several areas of the hospital, such as machinery and electrical rooms, surgery, Emergency department, Pharmacy, Perinatal services, Nuclear medicine room, Medical records and the Business office are designated as "Sensitive." This designation implies that special access and other security measures are required. The Departments responsibility for the "Sensitive" areas are responsible for the creation of special access and other security programs for their areas AND for training all their employees and other employees requiring normal access into the areas on the special procedures/programs developed for their areas.

PERFORMANCE IMPROVEMENT

The AdventHealth Quality Management Director coordinates Core Measures, Infection Prevention, Patient Safety and Performance Improvement.

The "Quality" of an organization involves adherence to standards, patient satisfaction, and positive outcomes. Gordon Hospital is accredited by The Joint Commission and the Healthcare Facilities Accreditation Program – American Osteopathic Association (HFAP – AOA).

The Chief Medical Officer, Dr. Maxwell Parrott, chairs the Performance Improvement Committee, which meets the first Wednesday of each month.

The Performance Improvement Model at AdventHealth is Plan, Do, Check, Act (PDCA). Departments submit PI indicators on a quarterly cycle with the data being reported to the Performance Improvement Committee, Medical Executive Committee, and the Governing Board.

PI education is conducted monthly. Employees must attend an education class within their 90-day probationary period. Every employee is responsible for the quality of care/services rendered to our patients. During your unit orientation please ask to see the current Performance Indicators that your department is monitoring. If you have ideas or suggestions for improving a process, please share these ideas with your Supervisor/Director.

Core Measures

Core Measures involve Performance Indicators that have been established and endorsed by the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission, and involve evidence based practice for inpatient diagnoses such as Emergency Department Throughput, Immunizations, Sepsis, Stroke, Venous Thromboembolism. The Hospital Outpatient Measures involve the following populations: 1) Emergency Department – Acute Myocardial Infarction (AMI - transfers) and Chest Pain, Throughput, Pain Management for Long Bone Fractures and the Stroke population.

There are specific guidelines and processes to follow to ensure that the patient receives the right care at the right time. Data is collected and submitted on a quarterly basis to CMS and The Joint Commission. If you are involved in a clinical area with direct patient care involvement with any of the above diagnoses, please ask to see the current performance with the Core Measure indicators during your orientation to the unit.

Patient Safety

Patient Safety Officer – Sandra Webb

Safety Officer – Ernie Carringer

The Joint Commission National Patient Safety Goals are as follows:

Goal 1: Improve the accuracy of patient identification.

Use at least two patient identifiers when providing care, treatment and services.

Eliminate transfusion errors related to patient misidentification.

Goal 2: Improve the effectiveness of communication among caregivers.

Report critical results of tests and diagnostic procedures on a timely basis.

Goal 3: Improve the safety of using medications.

Label all medications, medication containers (for example, syringes, medicine cups, basins), and other solutions on and off the sterile field in peri-operative and other procedural settings.

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Maintain and communicate accurate patient medication information.

Goal 6: Reduce the harm associated with clinical alarm systems.

Improve the safety of clinical alarm systems.

Goal 7: Reduce the risk of health care-associated infections.

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

Implement evidence-based practices to prevent health care-associated infections due to Multidrug Resistant Organisms (MDRO) in acute care hospitals.

Implement evidence-based practices to prevent Central Line-Associated Blood Stream Infections (CLABSI).

Implement evidence-based practices for preventing Surgical Site Infections (SSI).

Implement evidence-based practices to prevent indwelling Catheter Associated Urinary Tract Infections (CAUTI).

Goal 15: The organization identifies safety risks inherent in its patient population.

The organization identifies patients at risk for suicide.

Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

UP Requirement #1: Conduct a pre-procedure verification process as described in the Universal Protocol.

UP Requirement #2: Mark the procedure site as described in the Universal Protocol.

UP Requirement #3: Perform a "time-out" immediately prior to starting the procedure as described in the Universal Protocol.

Patient Safety Plan – See attached policy

Abbreviations – See attached policy

Fall Prevention – See attached policy

FMEA

Failure Mode Effect Analysis (FMEA) – At a minimum conducted every 18 months.

Purpose: Identify and prevent system/product problems.

- Proactive solutions
- Conduct prior to an event (prospective)
- Prevent problems before they occur
- Asks "what if"
- Focus on entire process
- Unbiased
- Openness

Quality/Safety Concern Reporting

As a student, you have the right to address any concerns about safety or quality of care. The hospital will take no disciplinary or punitive actions against any individual that reports safety or quality of care concerns to The Joint Commission (i.e. employee, physician, or other individual who provides care, treatment or services).

If the concern cannot be resolved through the hospital, you are encouraged to contact The Joint

Commission Office of Quality Monitoring to report any concerns or to register complaints about a Joint Commission accredited health care organization. The Joint Commission Office of Quality Monitoring can be contacted @ 1-800-994-6610 or via e-mail at compliant@jointcommission.org.

RISK MANAGEMENT

The AdventHealth Risk Management Director coordinates Accreditation, Medical Staff Services, Patient Safety Organization, Peer Review and Risk Management.

Occurrence Reports

An occurrence involves any event or outcome that is not expected. The occurrence report can be completed via the web-based system, Risk Master, which can be accessed through the AdventHealth Intranet. When completing the occurrence report, state only the facts no opinions.

AdventHealth promotes a non-punitive atmosphere which includes the acceptance of anonymous reporting. The Department Director receives electronic notification via the Risk Master program with follow up to occur within a two-week timeframe. Occurrence report data is tracked/trended and reported to applicable committees.

Sentinel Event: A Sentinel Event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: Death, Permanent Harm or Severe Temporary Harm.

Immediately notify your Department Director and/or the House Supervisor of any Sentinel Event or Near Miss situation. The Director/House Supervisor will notify the Administrator on Call and Risk Management.

RCA

Root Cause Analysis (RCA)

- Reactive approach
- Retrospective review
- Asks "why"
- Focus on certain event
- Hindsight bias
- Fear – resistance (punitive)

Sentinel Event – See attached policy

Reporting Policy – See attached policy

Compliments/Complaints:

AdventHealth uses "SHARE" cards. These are posted throughout the hospital. Anyone can fill out a card.

Social Environment

Consistent with its Mission Statement, AdventHealth Gordon to establish a social environment that supports the needs and characteristics of the patient population.

To this end, all staff must strive to achieve and provide the highest levels of service that:

Ensures privacy to reflect sensitivity and respect for the patients.

Enhances an environment that fosters a positive self-image for the patient and preserves their self-dignity.

Provides adequate space for the service.

All hospital and medical staff are charged with the obligation and responsibility to constantly evaluate the four areas of the Social Environment for areas/opportunities for improvement. If unable to affect the positive change(s) themselves, all staff should make their suggestions know to the Director of Plant Operations who will ensure that the suggestion is given proper evaluation and dissemination.

Confidentiality The definition of confidentiality is defined as a patient's trust that personal health information will only be shared with individuals who need to know in order to provide the appropriate care for the patient.

Federal and State Statutes protect privileged information. Substance abuse, AIDS, HIV, other sexual diseases, spouse and child sexual abuse and mental disorders are all considered privileged information and require the patient's consent or a court order to be released.

The patient's name, admission and discharge dates, verification of hospitalization and general state of condition (fair, good, stable, etc.) may be released with the patient's consent. This information is considered non-confidential information. This information may not be released if the patient has requested that no information may be released from their files.

The patient owns the actual information in the medical record. The physical record is the property of AdventHealth. Outside of the hospital staff involved in the care of the patient, no one has a right to the medical record without the patient's authorization or a court order. Because the medical record is the property of the hospital, a medical record may not be removed from the premises of the hospital except under court order or subpoena.

Remember that an authorization to release the medical information must be obtained by the patient in writing. Handle medical records carefully and never leave them open for unauthorized personnel or for the public to see. Never discuss patient information in the elevator, cafeteria, bathrooms, grocery stores or other areas where someone can overhear your conversations. Make sure other individuals cannot hear telephone conversations. Never throw patient information in the trashcan. Always destroy by shredding or placing unneeded information in specific document destruction bins. As it becomes an ever-increasing responsibility to protect patient information, we must be the experts on the what, when, and how information must be protected. It is our responsibility as employees of Gordon Hospital to "keep the medical information safe."

Case Management Overview

Roles and Duties of Case Management

- Reviews all inpatient and observation admissions and continued stays for utilization compliance
- Uses High Risk stratification criteria to identify patients for further assessment of discharge needs.

• Develops discharge plan for all patients identified for high risk of discharge needs and patients referred for consultation

• Makes referrals for continuation of care after discharge

• Identifies therapeutic and social services available within the community

• Educates patients and family on options and alternatives for care

• Collaborates with other departments and professionals within the hospital environment for process improvement

• Facilitates and monitors Quality Improvement initiatives within the institution

Case Management accepts referrals from patients, patient representatives, staff, and physicians. Referrals are communicated through the order and consult entry application of Cerner.

Case Management staff are available onsite Monday through Friday 8am till 6pm. They are also present Saturday and Sunday 8am-5pm. The Case Manager on-call is available after hours, weekends and on holidays.

HUMAN RESOURCES ORIENTATION

Identification Badges are issued by the Human Resources Department and must be worn at all times while working. I.D. Badges must be worn close to the face, not waist level. I.D. Badges serve three purposes for students:

Identifies you as a student

Serves as emergency identification to police and fire authorities in the event of a disaster

Allow security access to different areas of the hospital

I.D. Badges must be turned in upon end of assignment with the hospital.

Dress Code

AdventHealth expects each student to maintain a neat, clean, professional appearance, which includes personal hygiene and clean, properly fitted clothing. Appropriate undergarments are to be worn as well as socks or hosiery. In addition, each department has its own dress code. Please refer to your specific department for the appropriate dress code.

Department _____

Dress Code: **All students will wear Khaki pants, white button up or polo shirt and tennis shoes.**

Smoking

AdventHealth is a smoke-free campus. Smoking anywhere on the grounds can lead to immediate termination. For questions, please refer to the Smoking policy.

Employee Benefits

Meal Discounts: When paying with cash, a 40% discount will be given for student meals. The cafeteria provides a choice of vegetarian as well as non-vegetarian meals. The cafeteria is open from 7:30 am – 9:00 am for Monday – Friday. Lunch is served from 11:00 am – 1:30 pm every day. Supper is from 5:15 pm to 6:15 pm every day. Breakfast is not served on weekends.

Direct Deposit: Retirement Plan:

Gift Shop Discounts:

All items in the gift shop excluding candy, gum, magazines, cards and beanie babies are 10% off the listed price.

The Whole Care Experience

All hospital staff, which includes employees, volunteers, students, physicians and medical staff, will be held accountable for following the AdventHealth basics:

1. All staff will know and be committed to the Mission and Vision of AdventHealth.

2. The Whole Care Experience principles will be known and practiced by all staff.

3. All patients, guests and staff will be treated with kindness, courtesy and respect starting with a greeting, a smile and a "happy to help" attitude and ending with a smile and a word or thanks for using AdventHealth.

4. All staff will participate in quality improvement within the hospital by doing their jobs to the best of their ability, being involved in quality improvement teams or sharing suggestions to improve quality care.

5. All staff will participate in a team-building concept by actively learning additional skills and being willing to help outside their "job responsibilities" to meet the needs of patients, guests and fellow staff.

6. All staff will be knowledgeable of general hospital information (i.e. available services and locations, etc.) to better assist our guests and fellow staff with questions or directions.

7. All staff will gladly "own" patient or guest concerns, complaints or problems and be empowered to assist in resolving those concerns, complaints or problems.

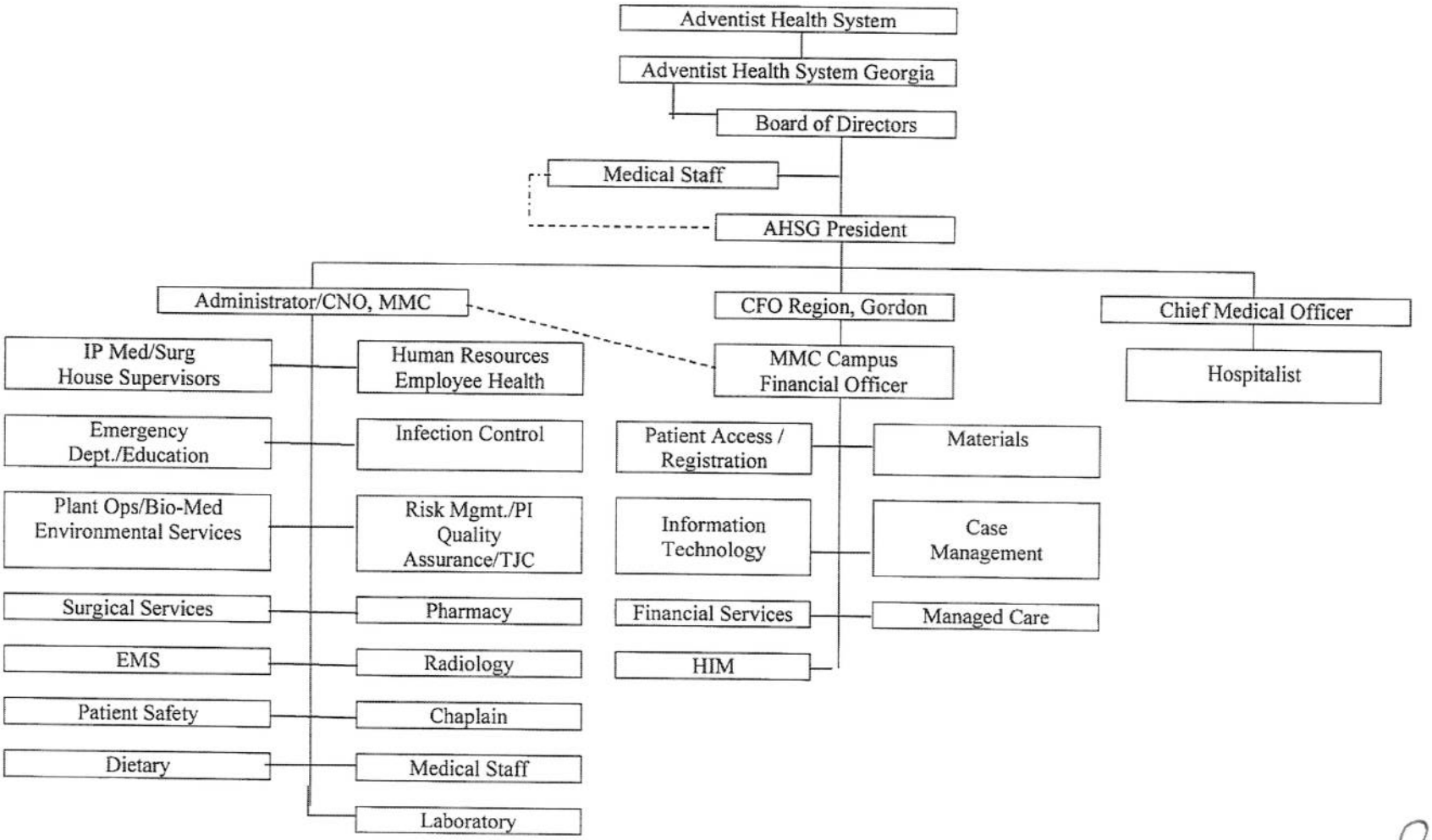
8. All staff are to advocate for AdventHealth by speaking positively and working to create an ever-improving environment through open communication with management regarding concerns.

9. The cleanliness and safety of the hospital plant will be the responsibility of all staff by knowing and following hospital safety procedures and risk management protocols.

10. All staff will work to exceed the expectations of our patients, guests and fellow staff, serving and ambassadors of a loving God whose compassion exceed the standards of all mankind.

MURRAY MEDICAL CENTER

Chart of Organization



Services provided by agreement with Gordon Hospital:

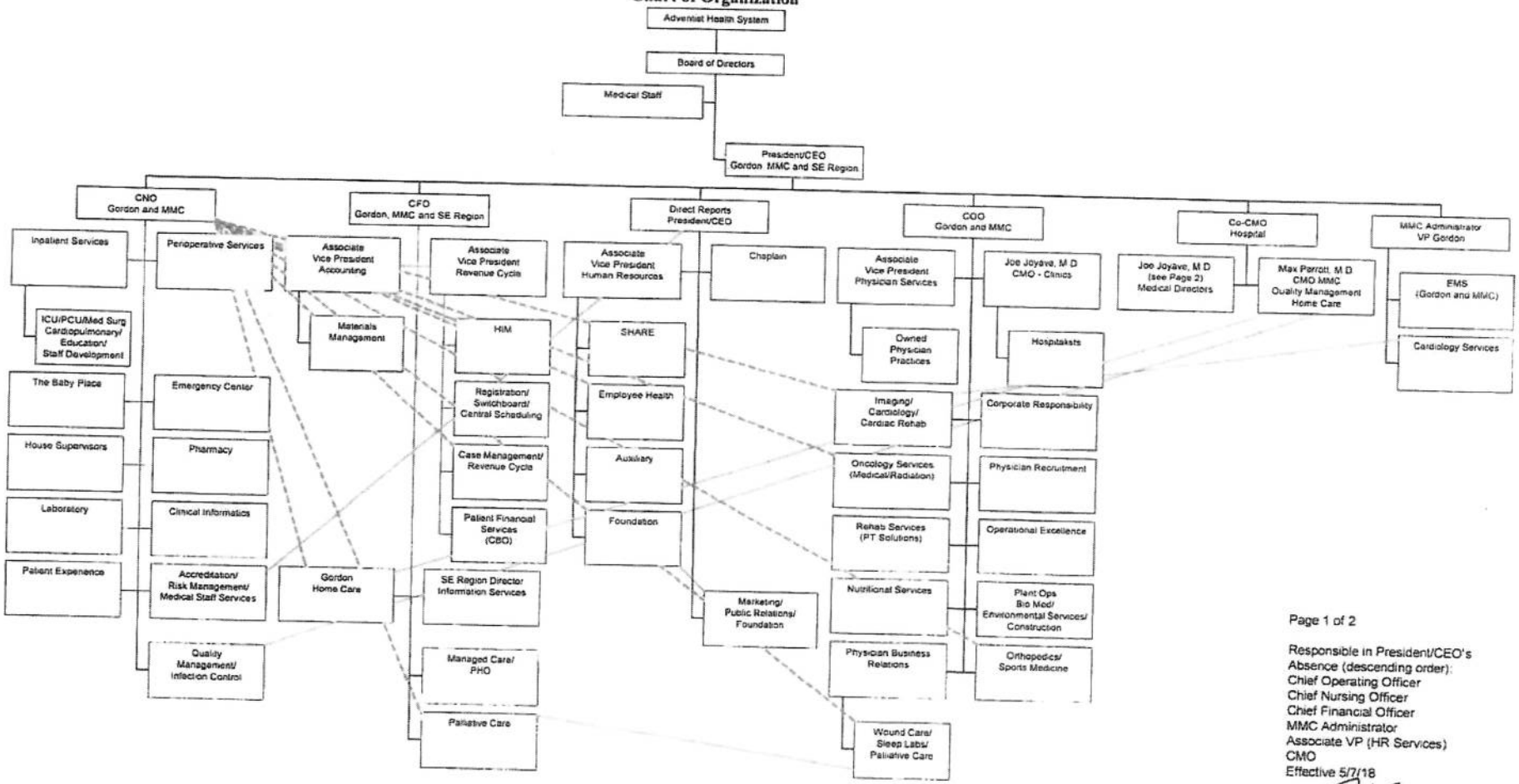
Biomedical Engineering, Environmental Services, Facilities, Financial Services, Human Resources, Information Technology, Pastoral Care, Patient Access, Quality Management, Risk Management Laboratory, Radiology, Employee Health, Case Management, Materials Management, Pharmacy and Dietary.

Karen Steel 1/6/16

Administrator Date

Gordon Hospital

Chart of Organization

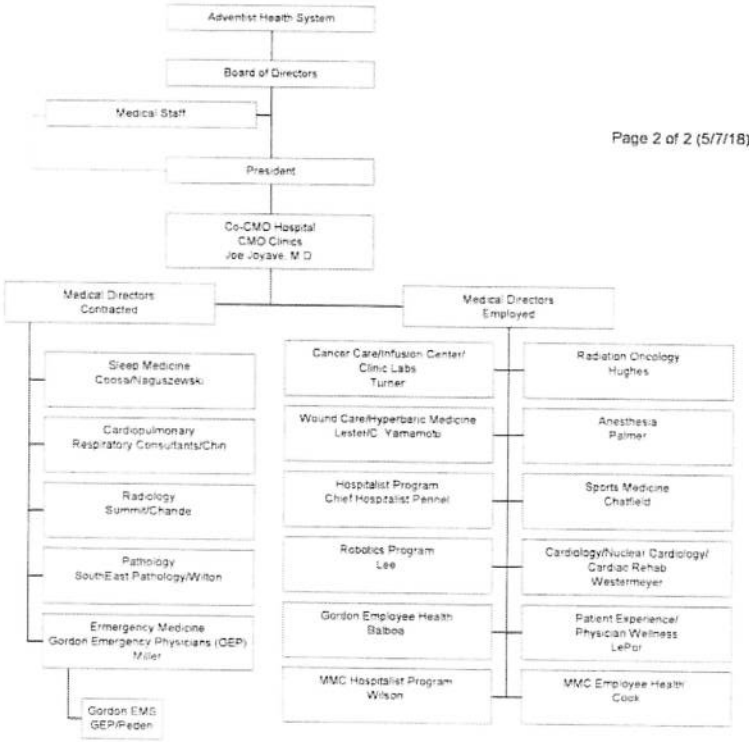


Responsible in President/CEO's Absence (descending order):
Chief Operating Officer
Chief Nursing Officer
Chief Financial Officer
MMC Administrator
Associate VP (HR Services)
CMO
Effective 5/7/18

5/15/18

President/CEO Date

Gordon Hospital
Chart of Organization



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Inclusive Diversity

Learning Objectives

01 Promote clear understanding of what diversity and inclusion comprise

02 Promote awareness of AdventHealth' s culture of diversity and inclusivity

03 Develop sensitivity and understanding of diversity and inclusion issues that go beyond the assumed categories

04 Understand unconscious bias

05 Gain familiarity with AdventHealth's Health Equity Promise regarding diverse patient communities

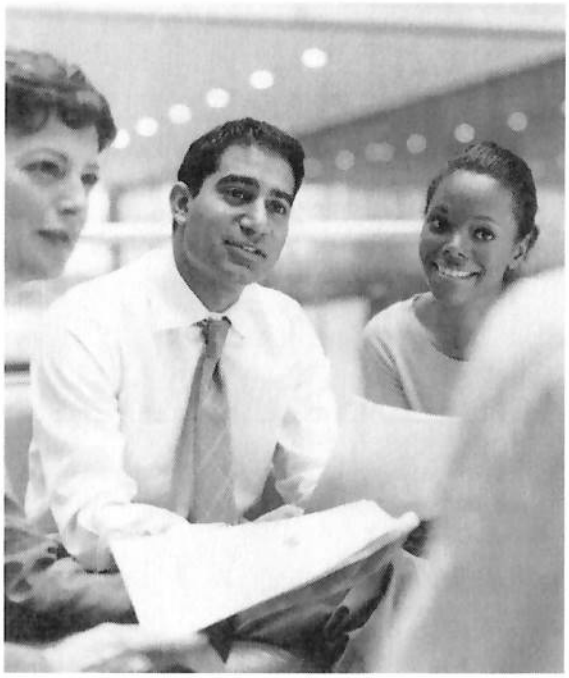
06 Understand my role in support of an inclusive culture for both patients and employees

3

ADVENTIST HEALTH SYSTEM

Culture of Diversity, Inclusion & Nondiscrimination

We value the diversity of our patients, employees, business colleagues and visitors, and treat them with kindness and respect regardless of their background, race, religion or culture.



Inclusive Diversity

4

Creating a Supportive Workplace Environment

When individuals feel that they cannot be themselves at work, they will not fully engage as part of the team or in assigned work. For example, a coworker may feel that sexual orientation or a hidden disability cannot be revealed due to fear of reprisals. This type of 'closed' environment can significantly impact an employee's involvement in the organization, potentially resulting in low staff morale, increased absenteeism, decreased productivity and retention difficulties.

Organizational leaders play an important role in setting the tone for the shift towards increased diversity and inclusiveness in an organization.

Open, effective communication and clear channels for feedback optimize the opportunity for discussion of issues related to inclusion and discrimination.

As employees, we have the responsibility to be inclusive of diverse populations both among our team members and the patients we serve.

Inclusive Diversity

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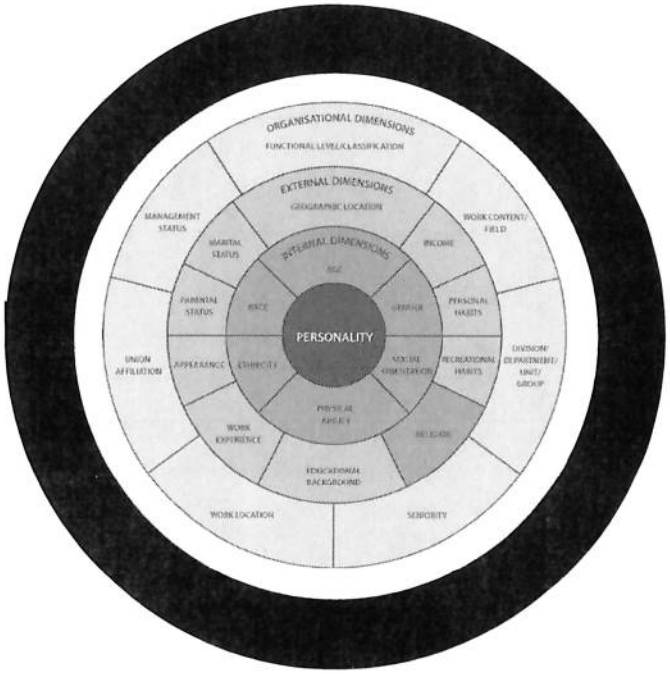
Inclusive Diversity

What Makes Each Person Unique

Each person is a blend of all 25 dimensions on the diversity wheel. The more alike two people are, the more answers they will have in common.



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Inclusive Diversity

Dimensions of Diversity

Personality

- ✓ Likes
- ✓ Dislikes
- ✓ Values
- ✓ Beliefs

Internal

- ✓ Traits such as race and gender that may cause you to make assumptions or base judgement on

External

- ✓ Controllable aspects of our life that may change over time
- ✓ Influences choice of work, friends, etc.

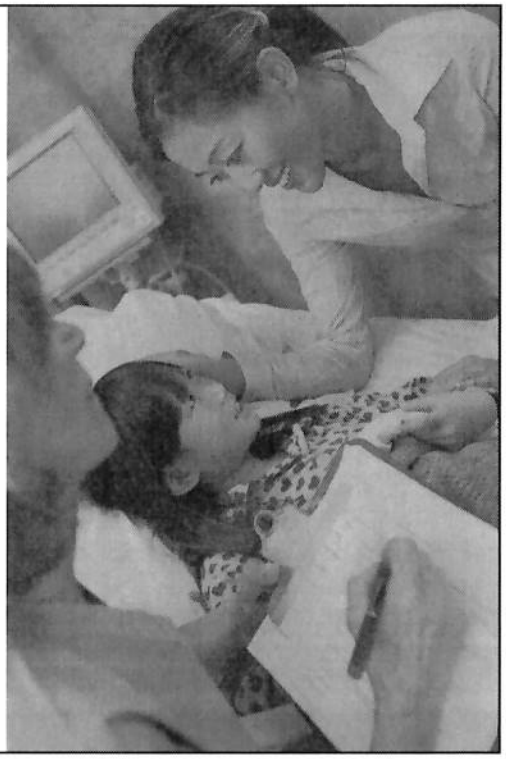
Org.

- ✓ Aspects of culture found at work

7

What are cultural influences?

- Culture is the shared values, traditions, norms, customs, arts, history, folklore, practices and institutions of a group of people
- Influences are like river currents that run through our lives and relationships:
  - Shape our perceptions and opinions
  - Influence how we interpret what we see and hear
- May have strong influence on a patient's and family's view of illness and healthcare



Inclusive Diversity

8

Consider

01

How are you similar to your team members, patients or customers?

02

How are you different than your coworkers, patients or customers?

03

How does this affect your understanding of your own and other peoples' cultural identities?

04

How does this affect how you may treat others and adapt your communication style?

Inclusive Diversity

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Inclusive Diversity

Consider: Appreciating Differences

01 Accept and appreciate difference among people rather than attempt to ignore, dismiss or correct them.

02 Foster a work environment in which coworkers understand one another and work together as a team

03 Avoid in-group/out-group attitudes and behaviors in which some team members are treated like insiders while others are treated like outsiders

04 Acknowledge the strengths and weaknesses of each individual

05 Appreciate the similarities as well as the differences among people

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Inclusive Diversity

What is Unconscious Bias?

- Everyone has it
- People use their individual frame of reference and filters based on their upbringing, experience and values to make decisions
- Affects who we choose to associate with

Consider:

If you have a goal of providing uncommon compassion to your patients or customers, what behaviors and words can you choose that will align your intent with the desired outcome?

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Inclusive Diversity

How to Avoid Stereotyping

Members of a cultural or gender group may have many of the same traits, but no one is exactly like the description of their cultural group. Interact with each person as an individual with their own unique identity and characteristics.

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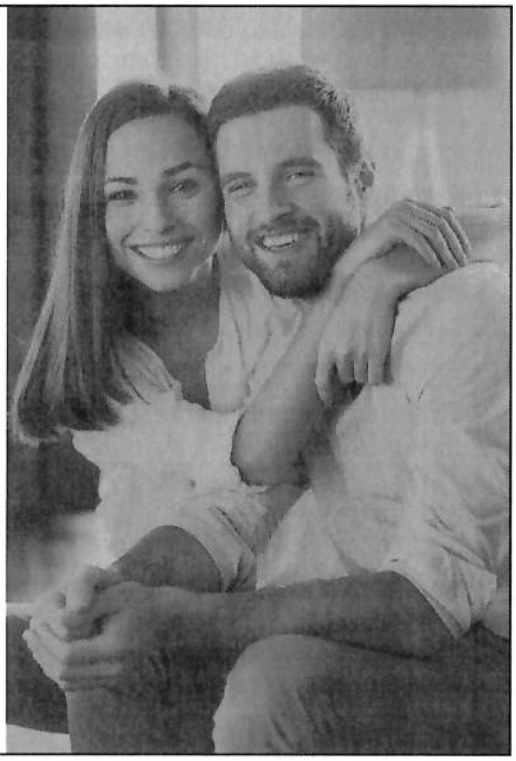
Inclusive Diversity

Sex, Gender Role and Gender Identity

- **Sex** – Biological or anatomical characteristics used to determine if a person is male, female or intersex.
- **Gender Role** – Differences between men and women as defined by culture. People, things and activities are characterized by different cultures as masculine or feminine.
- **Gender Identity** – A person's sense of their own gender.
- **Sexual Identity** – Includes heterosexual, lesbian, gay, bisexual and transgender (LGBT)

Consider:

How do you relate to someone who has a different sexual identity than you?



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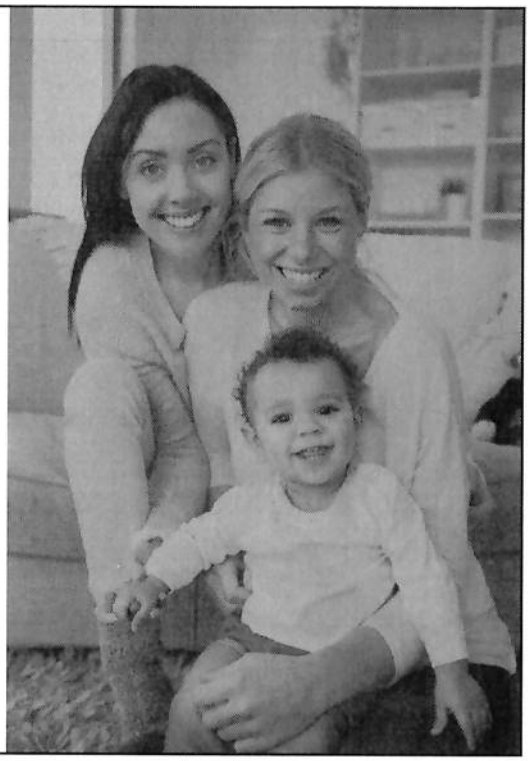
Inclusive Diversity

Understanding LGBT

- **Lesbian** – Women whose primary emotional, romantic, sexual or affectional attractions are to other women
- **Gay** – Men whose primary emotional, romantic, sexual or affectional attractions are to other men
- **Bisexual** – Men or women whose primary emotional, romantic, sexual or affectional attractions are to both women and men
- **Transgender** – A broad term that includes crossdressers, transsexuals, and people who live substantial portions of their lives as other than their birth gender
  - Gender identity and/or expression differ from conventional expectations for their physical birth sex
  - Can be heterosexual, lesbian, gay or bisexual



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Inclusive Diversity

Consider LGBT Workplace Inclusion

01 Everyone we encounter, whether team members or patients, should be provided treatment and support regardless of their hereditary, cultivated, assigned or self-assumed sexual identity.

02 Accept that everyone is different and unique; don't assume the sexual identity of others.

03 Use non gender specific terms such as inviting *partners* and *spouses* to social gatherings.

04 Never reveal an LGBT person's sexual orientation or gender identity without permission, just as you would not share other personal aspects with others

15

Provision of Care, Treatment and Services

Inclusive Diversity

Maintain a welcoming environment that is inclusive of LGBT patients

- ✓ Be aware of AHS nondiscrimination policy or patient bill of rights
- ✓ Waiting rooms and other common areas should reflect and be inclusive of LGBT patients and families
- ✓ Create or designate unisex or single-stall restrooms
- ✓ Ensure that visitation policies are implemented in a fair and nondiscriminatory manner
- ✓ Foster an environment that supports and natures all patients and families

Avoid assumptions about sexual orientation and gender identity

- ✓ Refrain from making assumptions based on appearance
- ✓ Be aware of misconceptions, biases, stereotypes and other communication barriers
- ✓ Recognize that self-identification and behaviors do not always align

Facilitate disclosure of sexual orientation and gender identity, but be aware that disclosure or "coming out" is an individual process

- ✓ Honor and respect the individual's decision and pacing in providing information
- ✓ Use neutral and inclusive language in interviews and when talking with patients
- ✓ Listen to and reflect patients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner

Provide information and guidance for the specific health concerns facing LGBT

- ✓ Become familiar with online and local resources available for LGBT
- ✓ Seek information and stay up-to-date on LGBT health topics. Be prepared with appropriate info and referrals.

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Understanding Transgender

Inclusive Diversity

- **Transgender** - Someone whose gender identity and /or expression differ from conventional expectations for their physical birth sex
  - Can be heterosexual, lesbian, gay or bisexual
- May choose to outwardly live in a traditional way, identifying with their birth anatomy
- May choose to have hormones and surgery to align with the anatomy of the sex they identify with
- May define their gender outside the construct of male/female
  - Having no gender
  - Being androgynous
  - Having elements of multiple genders
- May enjoy the outward manifestations of various gender roles and cross dress to varying extents

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Inclusive Diversity

Consider Transgender Workplace Inclusion

01 Everyone we encounter, whether team members or patients, should be provided treatment and support regardless of their sexual identity.

02 Welcome transgender team members, patients and customers.

03 Treat transgender individuals as you would want to be treated.

04 Always refer to a transgender person by the name and pronoun that corresponds with their gender identity.

05 If you are unsure about a person's gender identity or how they wish to be addressed, ask politely for clarification.

06 Remember to keep the focus on patient care rather than indulging in questions out of curiosity.

07 Never disclose a person's transgender status to anyone who doesn't explicitly need the information for care.

08 Assure that transgender individuals are provided access to locker rooms and restrooms corresponding to the gender with which they identify.

09 Remember transgendered people can be on a difficult journey. Offer acceptance and emotional support.

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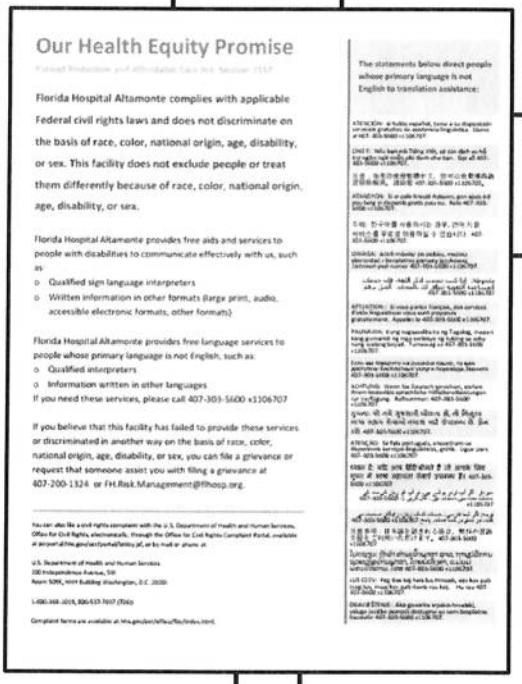
Inclusive Diversity



Our Health Equity Promise

Florida Hospital Altamonte complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Florida Hospital Altamonte provides free aids and services to people with disabilities to communicate effectively with us, such as

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Florida Hospital Altamonte provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 407-303-5600 x1106707

If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance or request that someone assist you with filing a grievance at 407-200-1324 or FH.Risk.Management@flhosp.org.

The statements below direct people whose primary language is not English to translation assistance:

ADVENTHEALTH

Health Equity Promise

"AdventHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex."

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Ideas for Embracing Diversity

01 Learn about the cultural backgrounds, lives and interests of team members and patients.

02 Take opportunities to interact with team members and patients to increase comfort levels.

03 When you're involved in planning activities, be open to team members' suggestions and ideas.

04 Be aware of culturally significant events and holy days outside of your own traditions, staying sensitive to these when scheduling important meetings.

05 Recognize and acknowledge special days and events such as International Day of Persons with Disabilities, International Day to End Racism, etc.

06 Acknowledge all faiths among your team members and patients.

Inclusive Diversity

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Consider Embracing Inclusion

Consider:

How do you emulate whole person care for your team members and patients?

01 Remember to be aware of your biases.

02 Be inclusive. Everyone brings a uniqueness to the workplace that makes it richer.

03 Deliver services to all with uncommon compassion.

04 Treat people in the way they wish to be treated.

05 Welcome ideas that are different from your own.

06 Understand the diversity elements that you personally bring to the organization.

07 Take time to learn about the different cultures, races, religions, and backgrounds represented by your team members, customers and patients.

Inclusive Diversity

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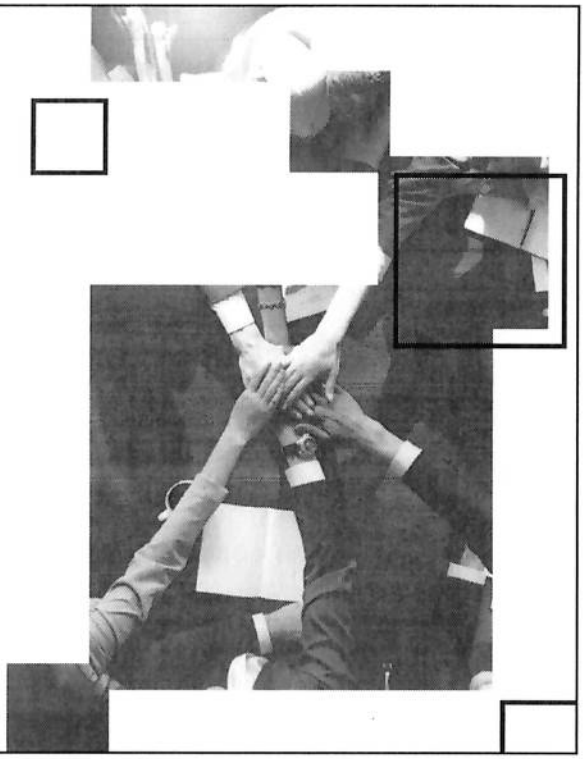
Summary

- **Diversity** – Range of differences in personality, race, ethnicity, gender, gender identify, sexual orientation, age, social class, physical ability or attributes, religious or ethical value systems, national origin and political beliefs.
- **Inclusion** - Inherent worth and dignity of all people are recognized; individuals are respected for their talents, beliefs, and backgrounds; creating a sense of belonging
- **Unconscious Bias** - When people use their individual frame of reference and filters based on their upbringing, experiences and values to make decisions
- **Sexual Identity** - Includes heterosexual, lesbian, gay, bisexual and transgender (LGBT)
- **Transgendered** - Someone whose gender identity and/or expression differ from conventional expectations for their physical birth sex
- **Four Dimensions of Diversity** - Personality, internal, external and organization
- **We value the diversity** and treat everyone with kindness and respect
- We have a **Health Equity Promise** that complies with applicable Federal civil rights laws and we do not discriminate on the basis of race, color, national origin, age, disability, or sex
- **You** can support an inclusive culture by understanding and respecting that everyone brings a uniqueness to the workplace



Inclusive Diversity

Blood Borne Pathogens (BBP)

Healthcare facilities are high-risk areas for exposure to bloodborne pathogens, so protect yourself and remind others to do the same. There are three bloodborne pathogens of special concern in the healthcare setting.

Human immunodeficiency virus (HIV)
Hepatitis B virus (HBV)
Hepatitis C virus (HCV)

HIV

HIV attacks a person's immune system and causes it to break down. A number of people infected remain healthy for many years. An infected person becomes seriously ill when the immune system loses its ability to fight infections. Some people infected with HIV go on to develop AIDS.

Hepatitis B Virus (HBV)

Most people infected by HBV recover and clear the infection. However, each year people die from chronic liver disease and liver cancer linked to hepatitis B. About 30% of people infected with hepatitis B have no signs or symptoms. Symptoms include:

Jaundice (yellowing of the skin and eyes)
Fatique
Abdominal pain
Loss of appetite
Nausea and vomiting

Fortunately, hepatitis B can be prevented by receiving the hepatitis B vaccine. The hepatitis B vaccine is given at no charge to any employee who works in an area at risk of contracting Hepatitis B on the job. It is a series of three injections in the deltoid muscle of the arm; it is safe and very effective at protecting you from getting Hepatitis B. Employees who do not elect to receive the Hepatitis B vaccine upon hire must sign a declination. If the employee decides at a later date they want the vaccine, they can contact Employee Health and receive the vaccine at that time.

Hepatitis C Virus (HCV)

The hepatitis C virus causes serious liver disease and has symptoms similar to hepatitis B. However, people who are chronically infected with hepatitis C may have no symptoms for up to

30 years. **Unlike HBV, HCV has no preventative vaccine.** Hepatitis C infections are on the rise and cause many more deaths than HBV.

How Bloodborne Diseases Spread

Bloodborne diseases/pathogens (BBP) are not as easy to contract as many other viruses. Unlike a cold or the flu, they are not spread through the air. You cannot get them from coughing, sneezing or causal contact. They are transmitted through contact with blood or Other Potentially Infectious Material (OPIM). Other OPIM includes:

Semen and vaginal secretions
Any fluid or tissue containing visible blood
Cerebrospinal fluid (fluid that surrounds the brain and spine)
Synovial fluid (fluid in the joints)
Pleural fluid (fluid in the lungs)
Peritoneal fluid (fluid in the abdomen)
Pericardial fluid (fluid surrounding the heart)
Amniotic fluid (fluid around the baby in the womb of pregnant women)
Saliva in dental procedures
Non-intact skin or organs from living or dead humans

How BBP are Transmitted

Through sex with an infected partner, when drug users share contaminated needles, tattoos, injuries involving needles, injuries involving other sharps such as scalpels, broken glass or anything that can pierce the skin. Aside from a puncture from a contaminated sharp, you can also be exposed to a BBP if blood or OPIM comes in contact with broken skin (open cuts, dermatitis, skin abrasions or acne) or mucous membranes of your eyes, nose or mouth. **Dried HBV can survive on environmental surfaces at room temperature for up to one week.**

Exposure Control Plan

Our Hospital's Exposure Control Plan identifies which employees are covered by the OSHA Bloodborne Pathogens Standard. (You are covered by the standard if it is reasonably anticipated that you could be exposed to blood or OPIM as a result of performing your job). The Exposure Control Plan also describes the potential hazards of each job; details what measures will be taken to minimize your risk of exposure, explains what procedures to follow if there is an exposure incident and includes a method of identifying and evaluating safety devices such as safety sharps. The Exposure Control Plan can be found on the Arc under organizational policies. It is policy # 906.1.

How to Reduce Your Risk of a BBP Exposure

There are several important ways you can protect yourself from exposure. These include:

Standard precautions
Engineering controls
Safe work practices
Personal protective equipment (PPE)
Housekeeping
Electing to receive the hepatitis B vaccine

Standard Precautions

Many people carry bloodborne disease and have no visible signs or symptoms. They may not even know they are infected. This means one cannot always tell who has a bloodborne disease so Standard Precautions should be used with every patient in all health care settings, regardless of suspected or confirmed presence of infectious diseases. Treat all blood and body fluids, except sweat, as though infected with bloodborne pathogens.

Engineering Controls

Engineering controls are provided by our hospital. They are designed to isolate or remove hazards from the workplace. Some examples include autoclaves, sharps disposal containers, sharps with engineered sharps injury protections and needleless systems.

Safe Work Practices

Work practices are specific procedures you follow to reduce your exposure to blood or OPIM. Hand hygiene and sharps safety are some of the most important safe work practices to follow.

Hand Hygiene

The CDC's Hand Hygiene Guidelines help protect you from exposure. Hand hygiene is the single most important practice to reduce the transmission of infectious diseases in healthcare settings. Hand hygiene includes both handwashing and use of alcohol based hand sanitizers. When your hands are visibly soiled, wash them with soap and water.

Proper Hand washing Technique:

1) Wet hands
2) Apply recommended amount of soap
3) Rub vigorously for at least 15 seconds over all surfaces of hands and fingers
4) Rinse thoroughly
5) Dry hands completely with a disposable towel
6) Use a dry towel to turn off faucet

Apply an approved hand lotion to your clean hands as often as needed to prevent skin breakdown. Keep nail tips shorter than one-quarter inch and never wear artificial nails.

Sharps Safety

According to the Occupational Safety and Health Administration (OSHA), more than half a million sharps related injuries occur each year. Studies show that sharps safety devices may significantly reduce your risk of injury during procedures such as joining IV lines, drawing blood, injecting medication and suturing during surgery. Contaminated sharps (needles, glass, etc) must be placed in a covered, puncture resistant, leak-proof container that is red or has a biohazard symbol. Your Exposure Control Plan details sharps safety rules you should follow.

Use a safe needle device or needle-less system
When using sharps, always follow effective, safe handling techniques
Never break, bend or recap contaminated needles or sharps
Follow safe disposal guidelines
Be careful with all types of sharps
Report all sharps injuries to Employee Health or the House Supervisor

Other Safe Work Practices

Do not eat, drink, smoke, apply cosmetics or lip balms or handle contact lenses where you are likely to be exposed to blood or OPIM. Never keep food and drink in places where blood or OPIM are present. Never mouth-pipette or mouth-suction blood or OPIM. Always minimize splashing, spraying and spattering when performing procedures involving blood or OPIM. Transport specimens of blood or OPIM in closed, leak-proof containers. Wear gloves and handle carefully. Before putting on gloves, make sure to cover or bandage any hand cuts since gloves can be torn or punctured. Do not let contaminated equipment touch your skin, mucous membranes, clothing other patients, visitors or items in the environment. Make sure reusable equipment is not used on another patient until it has been properly cleaned. Single-use items should be discarded appropriately.

Personal Protective Equipment (PPE)

Different tasks require different levels of personal protective equipment (PPE). You should wear only as much PPE as necessary. Your Exposure Control Plan outlines what PPE you need for each task. To follow Standard Precautions, you should wear PPE when you expect to touch blood, OPIM and contaminated surfaces. You must wear eye protection if fluids could splash or spray into your eyes. PPE may include:

Gloves	Eye protection
Gowns	Mouthpieces
Lab coats	Resuscitation bags
Face shields	Pocket masks
Masks	Other ventilation devices

AdventHealth will provide you with the necessary PPE and train you how to use it.

Housekeeping

Good housekeeping protects you and your co-workers. Clean all blood and fluid spills according to the AdventHealth policy. Keep work surfaces and protective coverings clean. Wear gloves to handle contaminated laundry and hold away from your clothing to prevent exposure to your clothing and skin. Place laundry in an appropriate container in the area where used. Deposit wet laundry in a leak resistant container. Do not reach into trash containers or push trash down with your hands or feet. Shake down waste in containers or remove trash bag and dispose. Dispose of blood and other regulated medical waste in appropriately labeled, closed, leak proof containers.

Signage

Fluorescent orange-red labels, red bags, red containers and warning signs are designed to warn you that the contents contain blood or OPIM. Use Standard Precautions whenever you handle these items.

What to Do If Exposed to BBP

1) Wash the exposed area with soap and water
2) Do not use caustic agents such as bleach
3) If contaminated material gets in your eyes or mucous membranes, flush them with large amounts of water for at least 15 minutes
4) Report the exposure to Employee Health or House Supervisor and go immediately to the Emergency Department so that post-exposure evaluation, counseling and any necessary treatment can begin
5) Act quickly! Some infections need treatment started right away

Blood Borne Pathogen Exposure Follow Up

A Blood Borne Pathogen Written Opinion will be performed within 15 days of an exposure. Surveillance will be offered for employee follow up at 6 weeks, 12 weeks and 6 months after the exposure. If employee declines surveillance, a declination for surveillance must be signed.

AdventHealth
Murray

Standardized Codes

All codes can be called by dialing 2001.

CODE BLUE Cardiac/Respiratory Arrest	**CODE BLUE PALS** Cardiac/Respiratory Arrest in Patients Less Than 9 Years Old	**CODE GRAY** Security Incident
CODE GRAY BRAVO Bomb Threat	**CODE RED** Fire	**CODE GREEN** All Clear/Resume Normal Operations
CODE PINK Baby Abduction or Attempted Baby Abduction	**CODE ORANGE** Hazardous Materials Release	**CODE BLACK** Active Shooter

CODE TRIAGE

Disaster Plan Activation

Standby, Activate and Stand Down will be used to designate to which level of Code Triage AdventHealth Murray is entering.

AdventHealth
Gordon

Standardized Codes

To initiate, call Extension 4444. Outlying buildings and physician offices should call 911.
All drills should be responded to as if they are real situations.

CODE BLUE Cardiac/Respiratory Arrest	**CODE BLUE PALS** Cardiac/Respiratory Arrest in Patients Less Than 8 Years Old	**CODE BLUE NRP** Cardiac/Respiratory Arrest in Newborn Patients
CODE GRAY Security Incident	**CODE GRAY BRAVO** Bomb Threat	**CODE RED** Fire
CODE GREEN All Clear/Resume Normal Operations	**CODE PINK** Baby Abduction or Attempted Baby Abduction	**CODE ORANGE** Hazardous Materials Release
CODE BLACK Active Shooter	**RAPID RESPONSE** Critical Decision-Making to Prevent Code Blue	**PEDIATRIC RAPID RESPONSE** Critical Decision-Making to Prevent Code Blue in Patients Less Than 16 Years Old

Standby, Activate and **Stand Down** will be used to designate to which level of Code Triage AdventHealth Gordon is entering.

Evacuation: Code Triage Evacuation

CODE TRIAGE

Disaster Plan Activation

Engineering: Code Triage Specific Service Lost (communications, generator, boiler, etc.)
Tornado Watch: Code Triage Standby Tornado Watch
Tornado Warning: Code Triage Activate Tornado Warning