New Employee Orientation

Infection Control and Prevention
2019

Authored By:

Sandra Webb BSN RN CIC CPHQ

▶ http://health.gov/hai/trainings/partnering-to-heal/index.html

Infection Control Purpose

The purpose of Infection Control has historically been to reduce the risk of spreading germs and infections among patients, visitors, associates and volunteers. Now we are moving toward PREVENTING infections before they arise.

▶ Infection control measures are put into place, guided by the recommendations of the CDC, OSHA, CMS and other regulatory bodies.

Infection Control Functions

▶ Develop, Implement and Review Infection Control Policies

▶ Surveillance

▶ Follow-up on infectious/communicable diseases as required to State Health Agency

▶ Resource Person

▶ Education

▶ Assist with regulatory compliance

Infectious Disease Process

▶ Causative agent (pathogen)
▶ Reservoir
▶ Portal of exit
▶ Mode of transmission
▶ Portal of entry
▶ Susceptible host

Standard Precautions

Used for <u>EVERY PATIENT</u>, EVERY DAY, and <u>EVERY TIME</u> there is any contact with the patient or the potential for exposure to blood/body fluid, secretions, excretions, mucous membranes, skin wounds, wound drainage or broken skin.

When should hand hygiene be used?

- ▶ When hands are visibly dirty or soiled, wash hands with soap and water.
- ▶ Before patient contact.
- ▶ Before donning gloves for invasive procedures.
- ▶ Before eating.
- ▶ After contact with non-intact skin, blood & B/F, inanimate objects in the patient's environment, using the restroom,& after removing gloves.

Recommended Hand Hygiene Techniques

Alcohol-based hand rubs:

- ▶ Apply to the palm of one hand, rub hands together covering all surfaces until dry.
- ▶ These are effective against MDROs.
- ▶ Do *not* use when hands are visibly soiled or if patient has C. difficile.

Recommended Hand Hygiene Techniques

- Wet hands with water, apply soap, rub hands together strongly for at least 15 seconds; cover all surfaces of the hands and fingers.
- Rinse hands with warm water and dry with paper towel.
- Use paper towel to turn off faucet.

Fingernail Policy

- Based upon 2002 CDC recommendations artificial nails are not to be worn by direct care givers or anyone who prepares items for patient use.
- Natural nails should be well groomed and < ¼ inch in length.
- If nail polish is worn, it must be in good repair.

Types of PPE used in Standard Precautions

Gloves

Gowns

Masks and Eyewear

Leg & shoe covers

Safety Devices

Ventilation Devices

Respiratory Hygiene/Cough Etiquette

Another important element in Standard Precautions is:

► Place visual alerts at all points of entry and common waiting areas. Have masks, tissues and alcohol rubs available.

► When examining a patient with fever and respiratory symptoms healthcare personnel should observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions.

Cover your Cough

Clean Hands

Management of Blood & Body Fluid Spills

- Use Gloves and other PPE as needed
- Clean Gross Soiling Immediately
- Disinfect Area
- Blood Spill Kits are available for large spillage
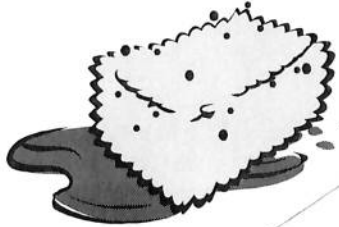
Sanitation/Disinfection

High Touch Surfaces

Bed rails/ controls, over- bed table, IV pole, IV pump, telephone, call light, sink, light switch, door knobs, toilet handle...

Sanitation/ disinfection

- All used patient care equipment should be considered potentially infectious.
- Patient care equipment must be properly cleaned between patients and single use items discarded.
- COWs should be cleaned each shift.

Sanitation/Disinfection

- Sani Wipes: use one towel to pre-clean and then a second towel to disinfect
- Allow to remain wet for the appropriate contact time
- Discard each wipe before moving on to the next item
- Tagged before storing.

Transmission Based Precautions

Used for pts with either suspected or confirmed transmissible infections or diseases and in addition to Standard Precautions.

Three types:

1. *Contact*
2. *Droplet*
3. *Airborne*

CAUTION

Contact Isolation

⊙ Infections/diseases that are spread via direct contact with skin, body fluid, blood, or by indirect contact with contaminated objects in the environment.

⊙ Gloves and Gowns should be worn when entering the room.

- Some examples are: all Multidrug-resistant organisms (MDROs), most GI tract infections, scabies .....&

Methicillin Resistant Staph Aureus (MRSA)

Staphylococcus aureus, often referred to simply as "staph", is a bacteria. Occasionally, staph can get into the body and cause an infection. This infection can be minor, such as boils, or serious such as blood infections (sepsis) or pneumonia.

Some of these bacteria have developed resistance to Methicillin and can no longer be killed by this antibiotic. These resistant bacteria are called MRSA.

Photo Credit: Gregory Moran, M.D.

Vancomycin Resistant Enterococci (VRE)

Enterococci are bacteria that are normally found in human intestines, the female genital tract, and are often found in the environment.

Infections caused by enterococcci are most often treated with an antibiotic called Vancomycin. However, in some instances enterococci have become resistant to this drug and are called Vancomycin-resistant enterococci (VRE).

Clostridium Difficile

▶ Clostridium Difficile is a spore forming bacillus of the intestines that is responsible for the development of antibiotic-associated diarrhea and colitis.

▶ No alcohol hand rubs!!!
▶ Place sign over alcohol foam dispenser.
▶ Place yellow isolation sign on door.

Clostridium difficile
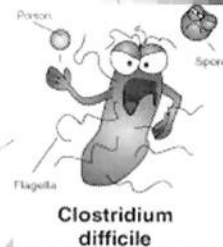
ESBL positive gram negative bacteria

▶ Extended-spectrum beta-lactamase

▶ Enzyme produced by certain bacteria making them resistant to Penicillin, Carbapenems and 3rd generation Cephalosporins

▶ These antibiotics have a common element in their molecular structure: a 4 atom ring known as beta-lactam

▶ Usually seen with E. Coli and Klebsiella

Carbapenem-resistant Enterobacteriacea -CRE

- Enterbacteriace are a large family of gram negatives, normal part of the human digestive system.
- Developed high levels of resistance to most antibiotics.
- High mortality~ 50%
- Transfer their antibiotic fighting ability to other kinds of germs.

Droplet Precautions

- Infectious organisms come into direct contact with another person's eyes, mouth or nasal passage when an infected person coughs or sneezes.
- Large droplets.
- A regular procedure mask should be worn when entering the room.
- Some examples: flu, pertussis, rubella......

Meningitis

▶ Meningitis is a clinical syndrome in whic the meninges become inflamed. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ.

▶ Must be in Droplet Isolation for 24 hours after start of appropriate antibiotic.

▶ Droplet precautions for all until patients until known if viral or bacterial.

Airborne Infection Isolation

Patients have an infection that is spread by pathogens that are suspended in the air. A special mask (n-95) must be worn.

Patient must be placed in a negative pressure airborne isolation room. Plant Operations to be notified; House Supervisor on weekends.
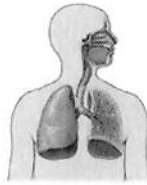
▶ Some examples: measles, chicken pox, disseminated shingles &.....

Tuberculosis

TB is caused by mycobacterium tuberculosis.

Classic signs/symptoms are: coughing that continues for more than 3 weeks, coughing up blood, weight loss, night sweats, fatigue, SOB & chest pain.

Isolation Sign

◉Housekeeping will remove when patient is d/c or transferred.

STOP CONTACT PRECAUTIONS

Staff, family & other visitors to follow precautions

Clean hands with soap and water or alcohol hand sanitizer upon entering room, after glove removal and before leaving room.

Wear gown and gloves when entering the room. Remove prior to exit.

Use dedicated patient care equipment.
Disinfect any shared equipment.

Antibiotic Stewardship

Facing the End of the Antibiotic Era

- No new types of antibiotics developed in over 10 years
- More toxic antibiotics being used to treat common infections
- Must treat antibiotics as precious and finite resource

ANTIBIOTIC DEVELOPMENT IS DWINDLING

Antibiotic Stewardship

Nom, nom, nom...
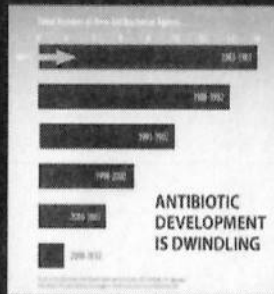
- Antimicrobial resistance is one of our most serious health threats. Only 5 new ABY were approved from 2003-2012.

- When first-line and then second-line antibiotic treatment options are limited by resistance or are unavailable, we are forced to use antibiotics that may be more toxic, more expensive and less effective

- Patients should be instructed to complete all antibiotic therapy as ordered by their physician.

How Resistance Happens and Spreads

▶ The use of antibiotics is the single most important factor leading to antibiotic resistance around the world.

▶ Simply using antibiotics creates resistance.

▶ These drugs should only be used to manage infections.

PARTNERS IN ANTIBIOTIC RESISTANCE
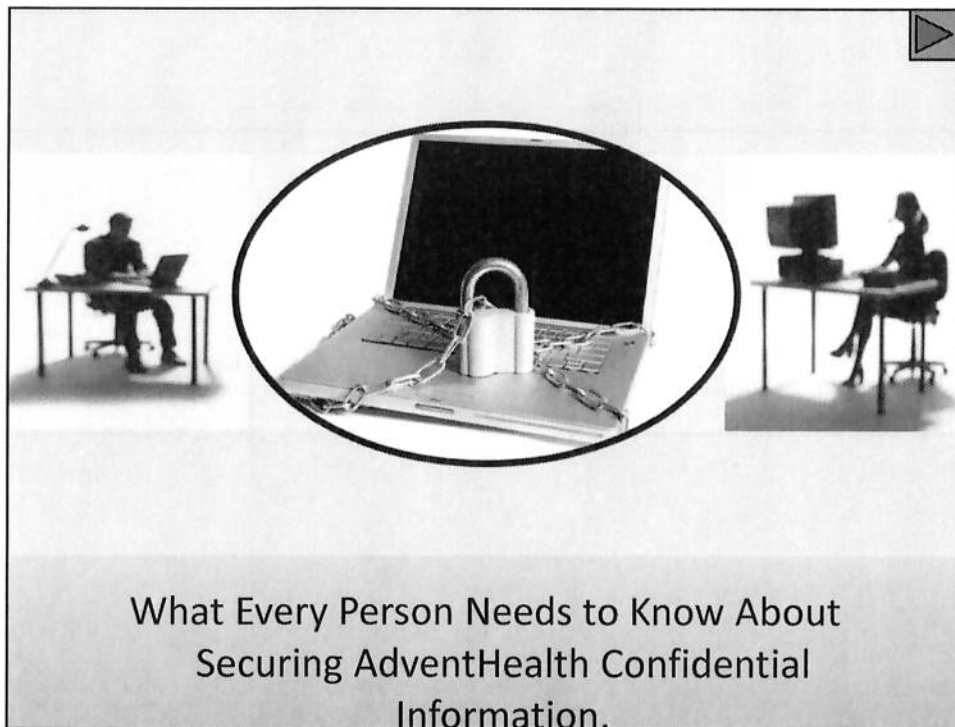
Disease Specific Isolation

For other disease specific information please look in the Isolation Manual under tab D.

Isolation Manual

Questions?

Infection Control can be reached at Ext 2124. My normal hours are M-Fr 8-4:30.

What Every Person Needs to Know About Securing AdventHealth Confidential Information.

WELCOME

- Welcome to AdventHealth's "What Every person needs to know about securing AdventHealth confidential information" training course.
- Thank you for taking the time to complete this exercise.
- The purpose of this course is to educate everyone on activities that can help protect the organization's confidential information at all times

Objectives

Build a general awareness of information security

Understand what you need to do everyday to help secure AdventHealth **confidential** information

Obtain a basic knowledge of security best practices that impact you

Gain your commitment to follow these practices
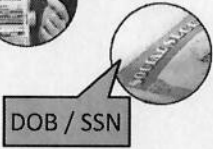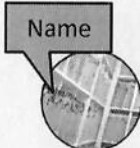
We hope that after the completion of this course you will have the skills necessary to meet the objectives listed here and be committed to doing what you can to help protect the organization's confidential patient and business information.

What is confidential information?

Definition → Any information owned or managed by any AdventHealth entity which is not publicly available

Examples → All patient and employee related personal information

Name

Address

DOB / SSN

Confidential Information

Users IDs and Passwords   Financial information

Census Reports

CONFIDENTIAL INFORMATION

- Each person should make themselves aware of the information they require in the performance of their job and ensure they understand how this information should be securely handled and communicated.

- If you have any questions regarding how information should be handled please contact your office supervisor or AdventHealth Corporate Responsibility Officer– Erin Chapman 706-602-7800-2325 or email @ erin.chapman@ahss.org.

Why does this matter to me?
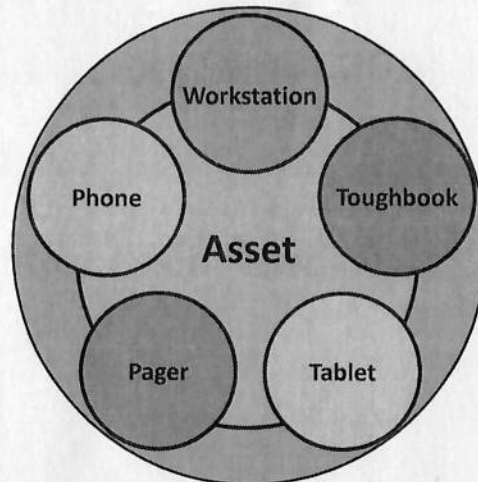
The information you access every day to do your job is an asset of the organization the same as your workstations, tough book, tablet, pager or phone is an asset

Moral and Ethical Obligation

Information is a corporate asset

Personal information has a $$$ value

The organization can be held legally and financially liable for losses

Every person has a responsibility to protect the assets of the patient and organization

Every person can be held personally liable if they are negligent in the care of someone's personal information

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6
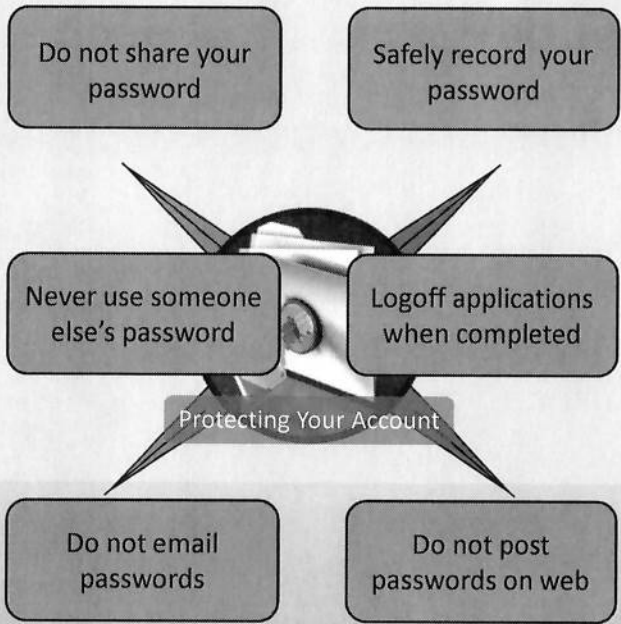
Practice Good Habits Daily

How can you create a secure working environment?

6

Practice
Good
Habits
Daily

- I will protect my password
- I will keep a secure work area
- I will protect patient information everywhere
- I will promptly report any security violations

Habit #1
Protect
Your
Password

Do not share your password

Safely record your password

Never use someone else's password

Logoff applications when completed

Protecting Your Account

Do not email passwords

Do not post passwords on web

Habit #1
Protect
Your
Password

The first rule of protecting your password is DO NOT SHARE YOUR PASSWORD. Allowing someone to use your login id and password is the same as them forging your signature on a legal document.

It is the user's responsibility to ensure that passwords are not recorded in a place where someone else could find them. This means no sticky notes on the monitor or under the keyboard.

You should never use someone else's password. This includes walking up to a workstation and using an application that is still logged in under another user's login id and password. If you find an application logged on you should exit the application and login properly using your login id and password before proceeding.

After completing your activities you should always logoff the applications before walking away from the computer
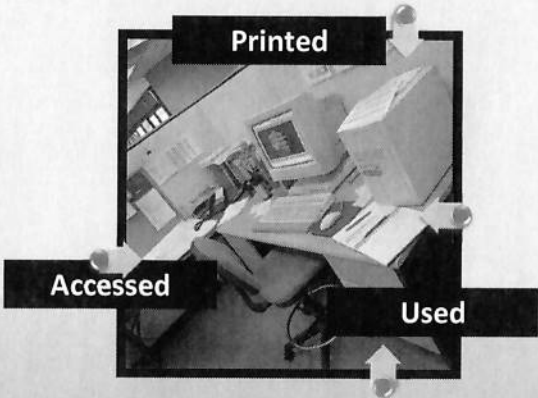
And lastly, do not email your passwords or post your passwords on any website.

If there is ever a question don't hesitate to contact your immediate supervisor.

Physically
Protecting Assets

Printed

Accessed

Used

Habit #2
Keep a
Secure
Work Area

Physically Protect Assets

- The first step to securing the AdventHealth organization's confidential information is to ensure that the physical locations where the information is accessed, printed, and used are secure.

- Never leave confidential documents laying on desks or countertops in open areas. Remember… not every person authorized to be in your work area has a "need-to-know". So be sure to secure confidential documents by placing them in a locked desk drawer or cabinet. Even if the documents are in a locked office they should be placed in a locked desk drawer or cabinet before leaving for the day.

- Documents should be removed from printers, copiers and fax machines as quickly as possible to avoid unintentional disclosures. Generally these devices are located in semi-public or public areas and are used by multiple individuals.

Be aware of others overhearing / eavesdropping

Audience has a need to know information
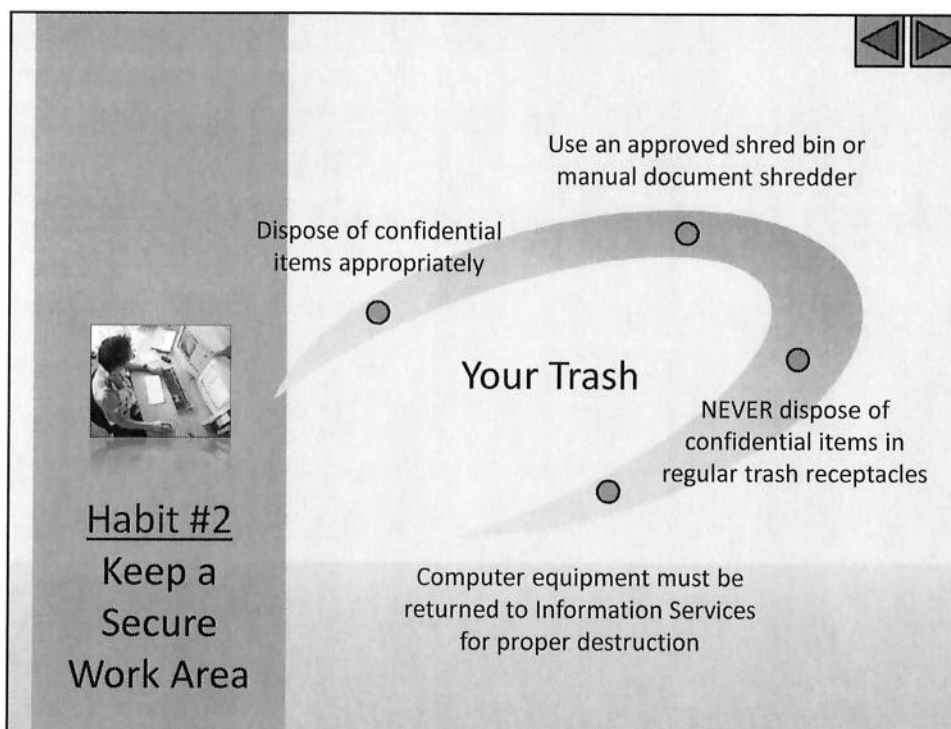
Collaborating

Use a semi-public or private area

Appropriately secure or dispose of materials

Habit #2
Keep a
Secure
Work Area

Office Staff	Vendors	Family
Physicians	Patients	Members

Collaboration

- Collaboration is a part of everyone's work life today. YOU collaborate with Hospital Employee, office staff, physicians, vendors, patients, and family members hundreds of times a day in order to complete the tasks YOU are assigned.

- As you are collaborating keep the following things in mind:
  - Ensure that audience you are collaborating with has a need to know the information you are communicating and be aware of other individuals around you who may be able to overhear or eavesdrop on your conversations.
  - When necessary move the conversation from a public to a semi-public or private area.
  - If you have used materials during the conversation ensure that all materials are properly secured or disposed of. Never leave paperwork or other meeting materials in conference rooms or meeting areas.

Use an approved shred bin or manual document shredder

Dispose of confidential items appropriately

Your Trash

NEVER dispose of confidential items in regular trash receptacles

Habit #2
Keep a
Secure
Work Area

Computer equipment must be returned to Information Services for proper destruction

Shredding

Working Away from the Office
- Protect all information as you would at the office
- If using a public computer, always LOGOFF properly and close the web browser
- Be sure to take all paper documents with you and dispose of them
- Be conscious of eaves droppers
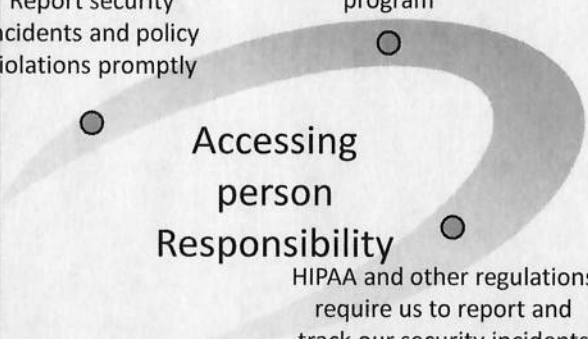
Appearing in public
- Review publications, seminars & presentations
- Provide the minimum necessary
- Be wary of social engineering attempts

Habit #3
Protect Our Information Everywhere

Report security incidents and policy violations promptly

Reporting incidents allows us to be proactive and continuously improve our program
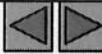
Accessing person Responsibility

HIPAA and other regulations require us to report and track our security incidents

- Lost/Stolen device such as a laptop or blackberry
- People using another person's credentials
- File cabinet was broken into
- Inappropriate disposing of confidential information

Habit #4
Report Security Violations

Reporting an Incident

- #1 report to Immediate Office Supervisor
- AdventHealth Corporate Responsibility Officer –Erin Chapman 706-602-7800-2325
- Compliance Hotline: 1-888-92 GUIDE

Practice Good Habits Daily

- Follow the 6 Habits everyday
- Remind others to protect our information assets
- Be familiar with the organizations information security policies
- Ask if you are not sure
- Report anything that seems unusual
- I understand that violations of policy, inappropriate use or intentional disclosure of protected information may result in disciplinary action

2019 Quality Management

SANDRA WEBB BSN RN CIC CPHQ

Quality Department

Major functions included:

- Infection Prevention
- Performance Improvement
- Patient Safety (Leap Frog, FMEA)
- Core Measures
- Policy Management
- CMS Quality Programs (pubic reporting)
- Accreditation

Performance Improvement

GET YOUR DATA HERE!

Performance Improvement

► Data is collected, aggregated and analyzed

► Used to drive decision-making

► Focus is on processes/systems NOT people

► Continually evaluate outcomes

► Data flow: PIC, MEC, Board

➤ Be aware of what PI indicators are being followed in your unit

  • Data is updated and posted quarterly at the unit level

Model: PDCA – Plan Do Check Act

- Plan- Who, what, when were
- Do- document problems, begin collecting data
- Study- analyzes the data/ what you learned
- Act- based on what you learned adapt or abandon

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act: Implement the changes in the real work setting.

Plan: Develop an action plan based on the three questions above.

Study: Make refinements to the plan as needed.

Do: Take actions to test the plan.

PATIENT SAFETY

SAFETY FIRST
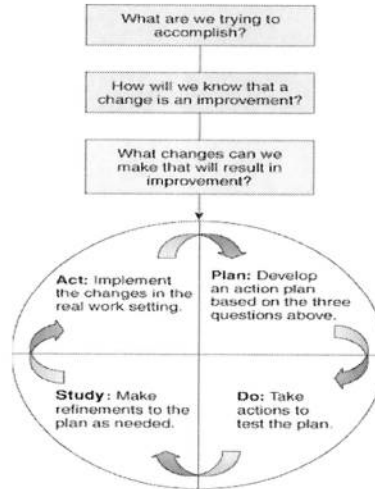
Patient Safety Science

- Occurrence Reporting
- Good Catch
- Senior Leadership Rounding
- Citizenship Policy
- Teamwork Tools
  - Huddles
  - Debriefs
  - Standardized Communication- SBAR
- FMEA
- Annual Culture of Safety Survey
- HCAPHS
- PAC
- Tracers (proactive)

National Patient Safety Goals
What is the purpose?
To Improve patient safety. The goals focus on problems in healthcare Safety and how to solve them.

- Goal 1: Improve the accuracy of patient identification.
  - Use at least two patient identifiers , for example, patient's name and birthdate
  - Make sure that the correct patient gets the correct blood transfusion
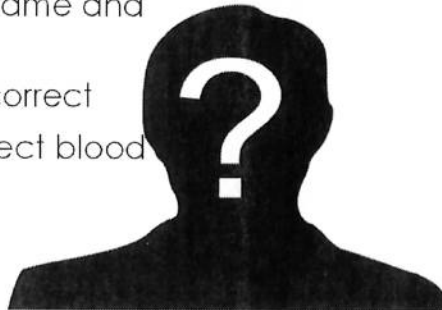
Goal 2- Communication

Improve staff communication
  ▶ Get important test results to the right staff person on time

Goal 3- Medication Safety

▶ Improve the safety of using medications.
  ▶ Labeling Medications
  ▶ Reducing Harm from Anticoagulation Therapy
  ▶ Reconciling Medication Information

Goal 6:
Use alarms safely

▶ Make improvements to ensure that alarms on Medical equipment are heard and responded to on time

Goal 7:
Healthcare Associated Infections

▶ Reduce the risk of healthcare associated infections.
  ▶ Meeting Hand Hygiene Guidelines
  ▶ Preventing MDROs
  ▶ Preventing Central Line-Associated BSI
  ▶ Preventing Surgical Site Infections
  ▶ Preventing Catheter Associated -UTI

Goal 15: Suicide Awareness

▶The organization identifies and screens for safety risks in its patient population.
  ▶Identify patients at risk for suicide.

SUICIDE AWARENESS

Prevent mistakes in Surgery

▶ Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body

▶ Mark the correct site

▶ Pause before the surgery to make sure that a mistake is not being made

Accreditation

State

CMS

Joint Commission

HFAP

Our hospital complies with all rules and regulations of these regulatory agencies in order to maintain accreditation.

Tracers

- ▶ To help our staff know what rules and regulations are required to meet in their department, we use a tool called a Tracer.
- ▶ This tool is a proactive approach to help staff be prepared and comfortable with any survey.
- ▶ Members of the Quality Department round on various units and perform.
- ▶ Results are forwarded back to the Director/ Manager.

Pay For Performance

PfP

Inpatient VBP

HRRP (Readmissions)

HAC Reduction Program
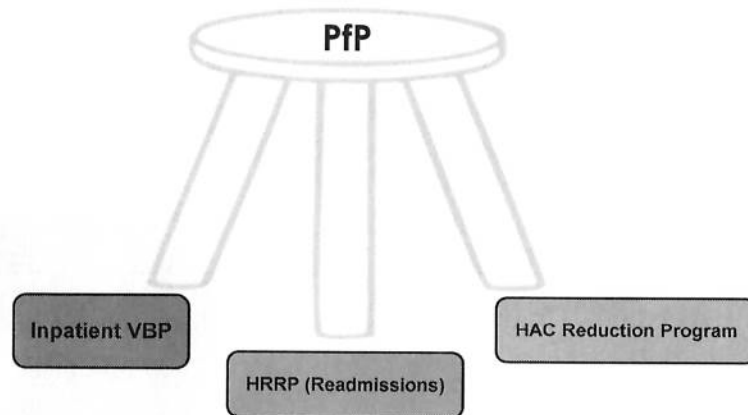
Quality/ Safety Concern Reporting

The hospital notifies the public it serves about how to contact hospital management or The Joint Commission to report concerns about patient safety and quality of care.

- ▶ Internet
- ▶ Guest Directory (Admission Booklet)
- ▶ Signage throughout the hospital

Quality/Safety Concern Reporting

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.

▶ Quality/Safety Concerns can be reported to the Office of Quality Monitoring at The Joint Commission by employees, physicians, or other individuals who provides care, treatment, or services by calling (800) 994-6640 or via e-mail at complaint@jointcommission.org

Quality Management

Questions?

▶ Please call Sandra Webb

at extension 2123

AdventHealth

Risk Management

Debbie Luffman Risk Management

Why do we need a risk program?

- To Identify potential risks and reduce Harm to Patients, Visitors and Staff
- Have a proactive non punitive culture

An example of this is our " Good Catch " Program

A "Good Catch" is the recognition of an event **that could have been harmful to a patient or**

a staff member **but was prevented**. For example; A medication is ordered that the patient has a known allergy to and a nurse clarifies with the patient and the medication is not given preventing an allergic reaction.

An employee notices a spill in the floor and notifies EVS; thus preventing a fall.

You can nominate someone for a good catch using electronic submission (Go to ARC-Departments-P-T- Quality and Performance Improvement-Good Catch nomination form) or fill out a paper tool in the nomination boxes by 4 of the timeclocks (mob, dock, wound care, radiology and cafeteria)

This is a positive program that helps prevent harm to patients which is the number one goal of our Risk Program.

Other Proactive approaches we have is our Corporate Risk Alerts. These alerts are events within our system that we use to educate our staff and review or revise policies. The ultimate goal is to have every member of our healthcare team be part of a culture to identify and reduce harm to our Clients.

What is Healthcare Risk Management

An organized effort to:
- **Identify**
- **Evaluate**
- **Reduce** *RISK to*
  - patients
  - visitors
  - employees
- **Protect assets of the hospital(s)**
- **Components of Risk Management**

Competency
Patient Rights
Standards of Care
Maintaining Confidentiality

Risk Management Process

Traditional vs. Enterprise Risk Management

Area	TRM	ERM
Focus	Reactive	Pro Active
Outcome	Asset Preservations	Value Creation
Breadth / Depth	Department / Silos	Organization-Wide
Activities	Risk Mitigation	Risk Prevention
Engagement	Practitioner / Staff	Top Down, Bottom Up / Board / C-Suite

Risk Manager Role

▶ Risk Manager Role / Responsibilities:

- Analysis / Trending of facility data (this allows us to be proactive in preventing future events)
- Reducing risks at a facility level
- Compliance with Regulatory entities
- Education
- Disseminating Risk Data
  - Facility Leaders / Stakeholders
  - Board of Directors
- Claim administration

Risk Manager Rounding

- Daily rounding
  - Tool for risk identification
  - Builds trust across the organization
- Develop a schedule
  - Prioritize visits to high risk / high volume units
  - Include non-clinical areas
  - Senior Leader Rounding
  - ▶
  - ▶

Voluntary Event Reporting

What is an incident?
- Any event occurring outside the normal routine activity of the hospital, any event or outcome that is not expected

What is an incident report?
- A confidential report sharing details of an event with the Risk Manager: Debbie Luffman

Who should complete an incident report?
- Any staff who witnesses, discovers, or becomes aware of an event has the duty to report it

Why does the hospital require incident reports?
- Many states require that licensed healthcare facilities have a system in place for reporting events
- Many states require that a process exists to track, trend, and minimize risk related to events reported

EMR:

RiskMaster™ and Cerner are connected!

When you discover an issue that you would like to report to the Risk Manager, simply *"click"* on the RiskMaster™ link within Powerchart.
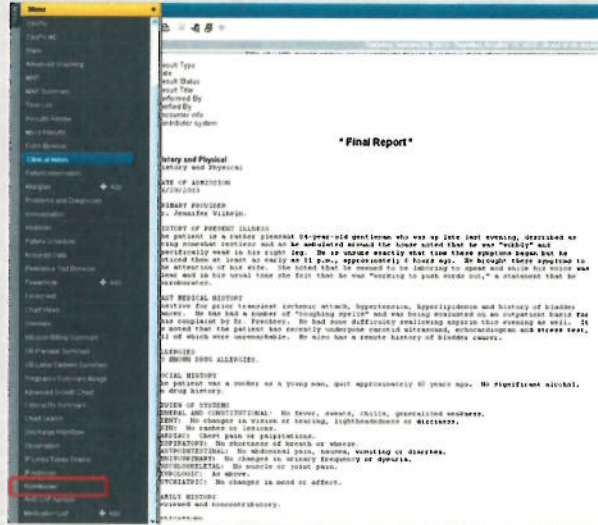
Risk Management vs. Quality Management

Risk – Effective management of potential opportunities AND management of actual adverse events

Quality – Measurement of a product (healthcare) – ensures the care is safe, effective, efficient, equitable, and patient-centered

> It takes twenty years to build a reputation and five minutes to ruin it."
>
> "Building a genuine culture of *'doing the right thing'* can help off-set risks"
>
> Warren Buffett

Common Allegations Against Healthcare Professionals

- Failure to recognize signs and symptoms
- Failure to monitor and/or report
- Failure to timely diagnose and treat _or_ improper treatment
- Medication errors and/or reactions
- Failure to prevent falls
- Failure to follow policy and/or procedure
- Breach of confidentiality
- Restraints
- Informed consent

Risk Management Summary

- Healthcare risk management is charged with the protection and preservation of organizational assets

- The best way to accomplish this task is to deliver **quality patient care** in an environment that is **safe, equitable, and efficient**

- Pro-active Risk Mitigation can and will meet the challenges of the changing environment we experience in healthcare.

Remember: Everyone is a Risk Manager!

CODE RED

◎

AdventHealth

Gordon & Murray:
Fire Procedures

IN THE EVENT OF FIRE: PASS

If you use a fire extinguisher on a small fire, remember to PASS in order to use the fire extinguisher properly:

P – Pull the pin.

A – Aim at the base of the flame.

S – Squeeze the handle.

S – Sweep from side to side.

IF YOU DISCOVER A FIRE IN YOUR AREA
AdventHealth Gordon's Procedure

R – Rescue anyone in the room while calling out "Code Red" (your location) for assistance.

    Note: Close the door to the fire room and any other doors in the room.

A - Activate the fire alarm and call the switchboard at ext. 4444. Give the exact location and nature of fire. This can be done by anyone hearing the "Code Red" called out.

C - Contain the fire by closing all remaining doors and windows in the fire zone.

E - Evacuate (into adjacent smoke compartment) as directed by person in charge. Extinguish fire only if safe to do so.

AdventHealth
Gordon

IF YOU DISCOVER A FIRE IN YOUR AREA
AdventHealth Murray's Procedure

R – Rescue anyone in the room while calling out "Code Red" (your location) for assistance.

    Note: Close the door to the fire room and any other doors in the room.

A - Activate the fire alarm and call the switchboard at ext. 2001. Give the exact location and nature of fire. This can be done by anyone hearing the "Code Red" called out.

C - Contain the fire by closing all remaining doors and windows in the fire zone.

E - Evacuate (into adjacent smoke compartment) as directed by person in charge. Extinguish fire only if safe to do so.

AdventHealth
Murray

IF YOU DISCOVER A FIRE IN YOUR AREA (Cont)

If the fire is small and you know you can put it out quickly, do so using available sources (bed spread, blanket, sheet, pillow, fire extinguisher, etc) otherwise, do not attempt to extinguish the fire. Shut the door and leave it closed. Do not re-open door!

Evacuation of the room's occupant (s) and confinement of the fire shall be the top priorities.

Oxygen shut-down will be the responsibility of the Cardiopulmonary staff in all areas except the Wound Care Center. The Hyperbaric staff or Plant Operations staff (after hours) will be responsible for shut-down in the Wound Care Center.

Mark the door with an **orange** tag to indicate the fire room should not be re-entered. Tags for this purpose are stored with the fire extinguishers. If the fire room has been evacuated, additionally mark the room with a yellow tag, tape or marker, to indicate an evacuated room.

RESPONSE TO THE ALARM

DEPARTMENTAL STAFF RESPONSE:

Gordon:

All departments send one staff member to the fire area if possible. All other staff members should remain within or report back to their department.

Murray:

If possible, all departments send one staff member to the ED Lobby/Registration to form a pool employees that can respond to the fire if necessary. All other staff members should remain within or report back to their department.

RESPONSE TO THE ALARM

PLANT OPERATIONS / SECURITY:

Gordon: Meet the fire department and inform them of the entry door that will bring them directly into the fire area without going against the patient evacuation flow, if possible.

Murray: Meet the fire department at the Emergency Room Registration desk and inform them of the entry door that will bring them directly into the fire area without going against the patient evacuation flow, if possible.
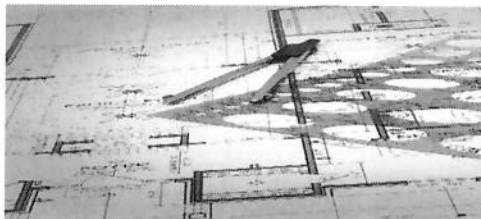

DEFEND IN PLACE CONCEPT

AdventHealth Gordon and Murray's building design allows occupants to be protected without evacuation, outside the building.

This is accomplished by several methods:

1. Fully sprinklered building.
2. Smoke compartments are designed to provide protection from smoke horizontally.

EXTENDED EVACUATION

First stage of evacuation will be horizontally past the fire/smoke doors, into the next smoke compartment.

Non patient departments will evacuate to the departments designated evacuation site.

Special note: Second floor tower patient rooms evacuation procedure. If a vertical evacuation of the floor is necessary, use the stairwell/exit farthest from the fire.

The full building evacuation plan is included in the hospital's Emergency Operation Plan.

EXTENDED EVACUATION IN PATIENT CARE AREAS

Evacuation of remaining rooms in the smoke compartment should take place at the decision of the charge person within the affected area.

All patients must have been removed from the corridor and all room doors closed. Evacuation should ONLY take place if:

1. The fire has not been extinguished
   AND
2. There is little or no smoke in the corridor

IF DIRECTED TO EVACUATE BY THE CHARGE PERSON:
The staff will begin evacuating the rooms on both sides of the fire room first, followed by the room across from the fire room. This will be followed by the remaining rooms in the compartment.

EXTENDED EVACUATION IN PATIENT CARE AREAS (Cont)

The patients will be moved to the opposite side of the smoke/fire barrier doors, per the individual department evacuation plan.
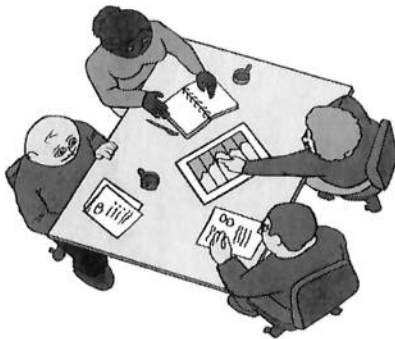
A head count of staff and patients should be taken and reported to the charge nurse.

DEPARTMENT FIRE PLANS

Each department has a specific plan and should be reviewed by each staff member annually.

All new employees should be given a copy of the plan by the department director as part of their new hire orientation.

GENERAL FIRE SAFETY

- Doors with door closers should not be propped open.

- Smoke and fire doors may only be propped open by using a mag "door held open device" that is part of the fire alarm system. The door mags will release and close the doors during a fire alarm.

- All exit corridors must be 8ft wide with no items storied in corridors.

- Isolation carts, crash carts and patient lift equipment are the only items that are approved to be in corridors. If stored in the hallway, they must all be stored on the same side of the hallway, leaving at least 5 feet of corridor clearance. Any other item is considered storage if left unattached for 20 minutes or longer.

- Medical gas shutoffs and electrical panels must have three foot of clearance in front of them

- Report any fire/smoke door that is not operating properly to the Plant Operations department.

- Portable space heaters are not allowed to be used in any patient care area.
  - -Note: Nurses stations are defined as patient care areas.

GENERAL FIRE SAFETY (Cont)

- All storage shall be a minimum of 18" below the ceiling unless storage is on perimeter wall. Storage on perimeter walls may extend to ceiling, as long as it remains 18" away from sprinkler head.

- Microwave ovens, coffee makers, etc. must plug directly into an outlet. No extension cords are allowed.

ADVENTHEALTH GORDON / MURRAY ARE "TOBACCO FREE"

Never ignore a person(s) smoking on campus. This activity could easily cause a fire. Ask the person to extinguish his or her cigarette.

Remember - Any type of tobacco product is prohibited on campus.

"No, I'm not here to attack you. I've been sent by the other animals to inform you that this is a non-smoking forest."

THE END

AdventHealth

Dear New Advent Employee,

    You may well be an answer to prayer! We have been praying for just the right person to come and work here. With our willingness and God's blessing, AdventHealth can fulfill Christ's mission to heal the whole person — physically, spiritually, emotionally, and mentally! Christ cared for people that completely when He walked Israel's dusty paths, and that's still His mission in us and through us for others! As you let Him use your skills and personality, this will be the best place you've ever been employed, for you won't just be working a job but serving in ministry for the Lord!   *Welcome!*

Below is a sampling of Pastoral Care services.

Ministry to Patients & Families	Ministry to Employees	Ministry to the Community
An average of more than 1,350 room-to-room visits by the Chaplain & trained Volunteer Chaplains each month	Free pastoral counseling (a caring ear with Bible principles & promises)	Community-wide Christian Concert
All-time availability of emergency spiritual & grief support by experienced ministers	Prayer Circle for all employee & patient requests	Art & scripture in corridors reminding all that Christ works here
A Christian television channel with spiritual & health programming	Weekday Staff Devotions with prayer, story, song, scripture, & meditation	Pastoral Counseling to those who request or are referred by physicians
Garden of Hope prayer garden	Prayers for guidance are offered at all departmental, leadership, & administrative meetings	Monthly Grief Recovery group at the Harris Radiation Center
Encouraging literature, art, & scripture in each patient room	Chapel of Hope, Warner Meditation Room, Garden of Hope	Community pastors are Chaplains On-Call for spiritual care from many faiths
Advance Directives (Living Will & Power of Attorney for Health Care) counseling as requested	One-2-One employee assistance fund for financial emergencies	Chaplain speaks for community events as requested
A Sabbath rest environment (all essential services but no non-essential secular business, Friday evening thru Saturday evening)	Opportunity to utilize skills on an overseas medical mission trip to a primitive area	"Body & Soul" radio spots focusing on whole person health on WLOJ-FM Christian radio & over 70 stations of the Life Talk radio network
Hymns and spiritual songs sung in the halls by church and school groups	Week of Spiritual Emphasis	BREATHE FREE stop-smoking group
Spiritual Enrichment Bible lessons	Spiritual Ambassadors ministry opportunity	Health & spiritual literature in waiting areas