BAPTIST HEALTH ORIENTATION

Our Mission:

The mission of Baptist Health is to improve the health and well-being of individuals, and to promote the sanctity and preservation of life, in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic.

We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice. Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.

Our Vision:

Baptist Health will be the preeminent healthcare provider in the communities we serve, the organization that people instinctively turn to for their healthcare needs. Baptist Health will offer a broad range of clinical services that are evidence-based and compassionately provided to assure patient safety, superior clinical outcomes and the highest levels of satisfaction with a patient- and family-centered focus. Baptist Health will be a national and international leader in healthcare innovation.

Our Values:

Our **people**, **compassion** for those we serve, **excellence** in all we do, **integrity and transparency** in all our actions and decisions, **belief** in our mission, and **stewardship** to manage resources to ensure the future ability to fulfill our mission.

Service Excellence Standards and Expectations

At Baptist Health, every employee is expected to follow the seven (7) core service standards:

1. Caring and Compassion
2. Teamwork
3. Privacy and Confidentiality
4. Effective Communication
5. Safety
6. Quality and Service Recovery
7. Cost Effectiveness

Providing exceptional service goes hand in hand with quality patient care. The service goal at Baptist Health is to provide consistently excellent care and service to patients, guests, co-workers, physicians and others.

The Way We Communicate Creates an Impression

It is not only what you say that is important but the ultimate message communicated through body language that makes words meaningful. When you respond with the right words at the right moment, you help build a trusting relationship.

Positive responses for everyday situations

When you see a visitor at any location:

May I take you to where you are going?

When in an elevator with visitors, step aside, and let them enter or exit first.

Be pleasant, smile, say hello.

Avoid negative conversations, personal conversations, or making comments about your job or patients, such as, "this has been a difficult day."

It's what you say-

- Be positive and communicate clearly
- Use the person's name
- Use an appropriate speed, tone, and volume

It's what you wear-

- Dress in appropriate, professional attire
- Appropriate ornaments and accessories
- Wear employee badge

It's what you do-

- Smile, use proper greetings
- Maintain good posture, eye contact and personal space
- Avoid odd mannerisms
- Use good etiquette

First Impressions occur within the first 60 seconds!

Risk Management is responsible for:

The identification of practices, systems, or processes that have the potential for putting patients and/or visitors at risk of injury.

- The elimination and/or reduction of risks that have the potential for causing injury.
- The implementation of the risk management program to accomplish the above.

Quick Links

- Down time Forms
- Online Incident Reporting Entry
- Online Training for Employees
- Online Training for Managers and Supervisors
- Risk Management/Patient Safety Website
- Code Evaluation Form
- Post Fall Huddle Form

Risk Management reporting responsibilities cover:

- Incident Reporting
- Serious Injuries / Code 15s
- Sentinel Events
- Wounds of Violence
- Allegations of Neglect or Abuse
- Allegations of Sexual Misconduct or Abuse
- Impaired Licensed Practitioner

Each entity has a Patient Safety Officer and Risk Managers
Proactive risk management = Patient Safety!

Risk Management Incident Reporting

An incident is an unanticipated occurrence, accident, or event that has the potential to result in injury, has caused injury, or is not consistent with the healthcare operation or an event not consistent with the routine care of a patient or routine processes of the entity whether or not injury occurred.

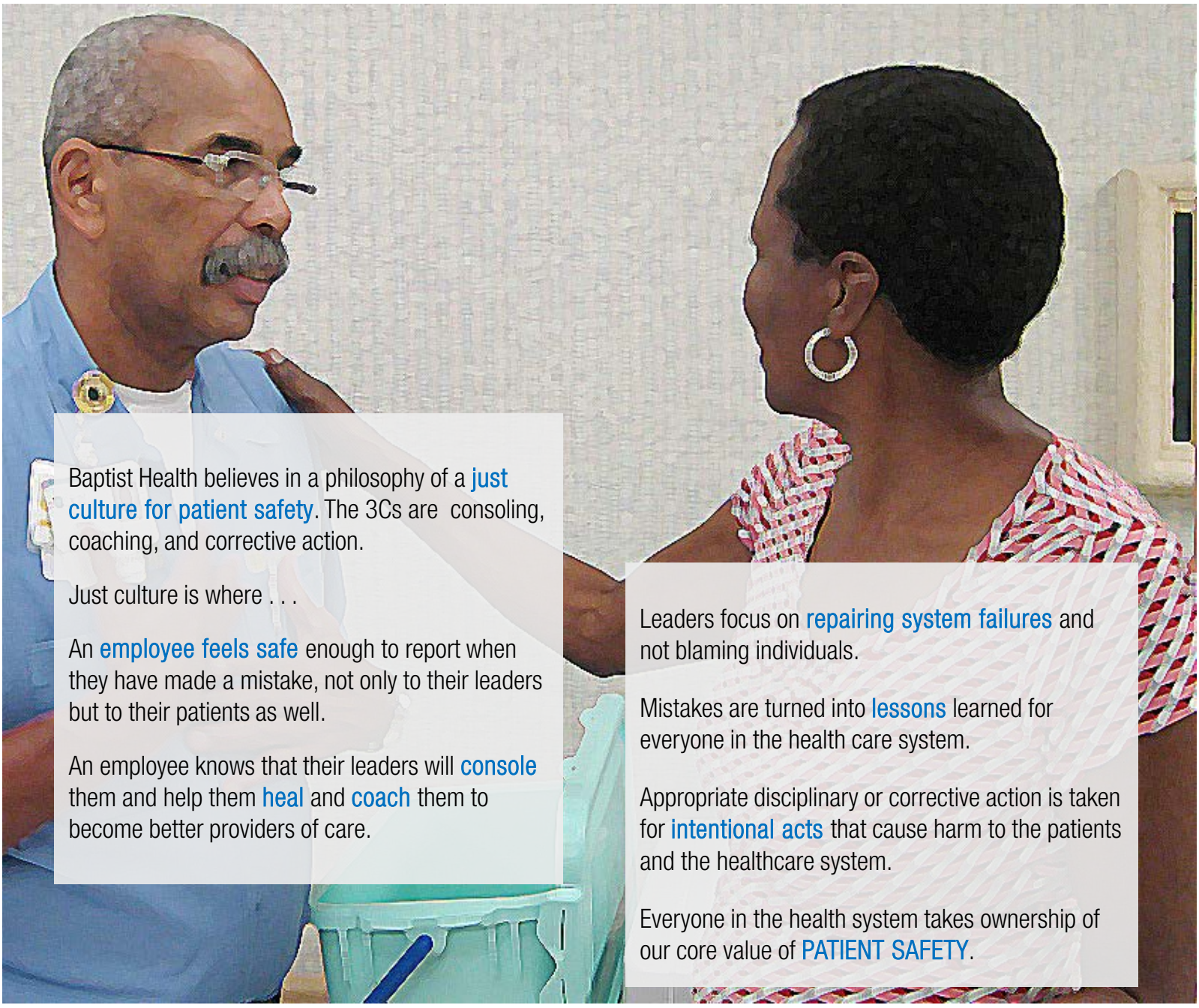
Each Baptist Health employee has the legal duty to report incidents to Risk Management within three (3) business days of becoming aware of such incidents. Incidents should be promptly reported using the online incident reporting system.

The employee discovering the incident is responsible for the completion of the online incident report. There should be no written reference of the incident report made in the patient's medical record.

The Baptist Health -1401 policy - Disclosure of Unanticipated Outcomes states the nursing supervisor or department manager must be contacted immediately so he or she notifies the patient's physician, the unit administrator, and Risk Management to coordinate a disclosure.

All Unplanned Returns to OR are reviewed for statutory reporting obligations as a Code 15 event – Surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed consent process.

Just Culture of Patient Safety



Baptist Health believes in a philosophy of a just culture for patient safety. The 3Cs are consoling, coaching, and corrective action.

Just culture is where . . .

An employee feels safe enough to report when they have made a mistake, not only to their leaders but to their patients as well.

An employee knows that their leaders will console them and help them heal and coach them to become better providers of care.

Leaders focus on repairing system failures and not blaming individuals.

Mistakes are turned into lessons learned for everyone in the health care system.

Appropriate disciplinary or corrective action is taken for intentional acts that cause harm to the patients and the healthcare system.

Everyone in the health system takes ownership of our core value of PATIENT SAFETY.

HIPAA Privacy and Confidentiality

The Role of the Baptist Health Privacy Office is to:

- Provide HIPAA Privacy Education to the Baptist Health workforce.
- Serve as a Patient Advocate to ensure patients are afforded their privacy rights under HIPAA.
- Serve as an Internal Resource within the organization and provide technical assistance to employees and leaders.
- Ensure there are processes in place to Safeguard Data, such as patient, employee, financial, and proprietary data.
- Audit and Monitor compliance with the Privacy Rule and state regulations.

The Privacy Office can be contacted via the HIPAA Privacy Hotline 786-596-8850
or by email Privacy@BaptistHealth.net

Maintaining a Culture of Privacy

At BHSF we are proud to have and to maintain a Culture of Privacy. Our patients TRUST Baptist Health and KNOW that we will take very good care of them and that during the process we will take very good care of their information.

The concepts we have reviewed should continue to be a part of your day-to-day job responsibilities.

Remember that all of these concepts really boil down to one simple concept . . . TRUST. Trust is what is placed in our hands every time we take care of a patient or when we perform a task that helps one of our colleagues take care of a patient. Ensuring that we safeguard health information reinforces that trusting relationship we have with our patients and their families.

At Baptist Health, we must all:

- Be aware and observant of our surroundings
- Not be fearful or hesitant to report anything suspicious
- Share responsibility for protecting our patients, organization, and community

Thank you for your support and the role you play to secure our patients' data. Your contributions play an important part in our commitment to protecting our patients' information.

Culture, Caring and Compassion

Culture consists of attitudes, beliefs, and values. Learning about culture helps patients receive great care, produces better co-worker relationships, and improves job performance.

- Self-awareness (self-reflection) on your personal values, bias, prejudices provide insight to become open-minded when dealing with cultures other than your own
- Learn as much as you can about the cultures of your patients
- Value the diversity around you
- Read literature on cultural diversity
- Treat everyone fairly



Cultural Variations Include the Following

- Religion
- Mental or physical abilities
- Heritage
- Acculturation
- Age
- Race
- Country of origin
- Native language
- Social class
- Gender

Population Specific Care

Competency in Education

Specific populations we serve include children, the elderly, and patients with a reduced ability to speak, understand, and/or read English.

These specific types of patient populations require us to use customized education and training techniques to enhance communication and to encourage these patients to become active participants in their own care.

General Principles for Educating and Training Specific Populations

- A good way to begin is by asking them to explain what they already know about their condition or illness, and use that knowledge as a base on which to build.
- Keep in mind that patients are the experts in their own lives, and they know better than their providers what they can do for themselves. It is not realistic to ask them to do more for themselves than they know they can. Make sure that the goals you and the patient set for dealing with their illnesses are realistic and practical.
- Check periodically to make sure that patients understand what is being explained to them.
- Have reasonable expectations for the role the patient can play in his or her own care.

Patients with a Reduced Ability to Speak, Understand, and/or Read English

If your patient is illiterate or speaks a foreign language, giving them written materials will only increase their confusion.

Asking someone who has reduced literacy whether they understand what you just gave them to read may make them too embarrassed to admit their difficulty.

Another issue is the problem experienced by clinicians for whom English is a second language. Another staff member in the unit should help them communicate more clearly.

Patients should be encouraged to say:

"I don't understand what you're saying, Doctor. Can you explain?"

Providing an adequate understanding of a patient's illness can often be invaluable in reducing a patient's fear and anxiety. The patients' understanding or their plan of care is instrumental in bringing about a more positive outcome for the patient.

As healthcare workers it is important to consider the patients' individual needs including their specific population when educating our patients.

Biomedical Waste

Definition:

Biomedical waste (BMW) is any solid or liquid waste that may represent a threat or infection to humans.

This includes non-liquid tissue, body parts, blood, blood products, body fluids from humans and other primates, and laboratory wastes that contain human disease causing agents and discarded sharps.

- All biomedical waste shall be discarded at the point of origin.
- Handle all BMW as potentially infectious using standard precautions.

Non-sharp biomedical waste items are discarded in red plastic bags and/or bins marked with the biohazard symbol on the outside.

Please refer to your site specific instructions for any additional labeling of bags and cardboard boxes.

Disposable needles, scalpels and other sharp items are discarded in puncture resistant containers.

Broken glassware that may be contaminated is not to be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs or forceps.

When red bags are full (*do not overfill), tie bag using a single knot and store waste for pickup in a restricted room.

Free fluids are not to be discarded in BMW bags.

If biomedical waste is accidentally placed in any container or bag other than a red bag and/or container, the entire content of that container must then be placed in the appropriate red bag and/or container and treated as biomedical waste (the image on the right demonstrates this problem).

All containers in which BMW is placed are labeled with the Biohazardous sign. This facilitates those responsible to assure proper segregation, storage, transport, and disposal.

Note: Employees who sign the manifest must have additional training.

Let's review the best practices to dispose of waste.

Inhalers and pressurized aerosols are discarded in the 3-gallon black jug with a red and white tracking label.

Silver Nitrate Sticks (oxidizers) are discarded in the 3-gallon black jug with a green and white tracking label.

All other medications are discarded in the **black bin** (except for narcotics). All pharmaceutical bins are labeled with a container start and end date, a phone number to call for pick up, and a phone number to call for emergency spills.

Free fluids are not to be discarded in the pharmaceutical waste bins. **Solidify any fluids** that contain **medication** with Isosourb before disposing in the appropriate bin.

All needles must be **discarded** in the sharps containers. Additional items include glass ampules, carpujects, syringes, vials, and IV bags containing controlled substances.

Narcotics are to be **double-witnessed** and discarded in sharps containers.

Blood bags must only be discarded in the red bio-hazardous waste bags and/or bins.

Surgical and Imaging areas and some of the non-hospital sites may use different bin models. Please follow your departmental procedures for proper disposal of medication waste.

Pharmaceutical Waste Disposal Program

Baptist Health has developed a comprehensive pharmaceutical waste disposal program to ensure that we are doing our part to preserve the environment.

Our commitment to the community involves minimizing the impact our facilities make on the ecosystem in South Florida such as our drinking water and landfills.

The Florida Department of Environmental Protection is the regulatory agency that conducts unannounced surveys of our practices. They have the authority to impose fines up to $71,264 per violation/per day. Remember, this program is federally mandated by the Environmental Protection Agency.

Helpful contacts by entity:

If you have any questions and are located at the hospitals, please contact your main pharmacy. For Baptist Outpatient Services locations, please contact your designated Infection Control Practitioner.

Note: *Please follow your entity's specific guidelines for disposal of waste.*

Know Your Emergency Codes

Hospital-Based Codes

It is critical to know all emergency codes and how to respond to them appropriately.

All hospitals and the Miami Cancer Institute (MCI) use the #7777 emergency code system

USE THESE FIRE SAFETY PROCEDURES
RACE is a four-step plan to use in the event of a fire.
PASS is the procedure for using a fire extinguisher.

Fire Safety Procedures					
	R	- Rescue	P	- Pull
	A	- Alarm	A	- Aim
	C	- Confine	S	- Squeeze
	E	- Extinguish/Evacuate	S	- Sweep

Employee Emergency Information Line: 1-866-HELPBH9 (435-7249)
Pin #BHSF (2473)

Baptist Health South Florida

Call #7777 for all emergency codes

HOSPITAL BASED CODES	
Code	**Emergency Code Definitions**
Blue	Cardiac Arrest
Rescue	Patient Clinical Deterioration
HELP	Patient or Family Requesting Immediate Medical Assistance
Pink	Neonatal Clinical Deterioration
Purple	Pediatric Clinical Deterioration
Stork	Missing Infant Under 28 Days Old
Adam	Missing Child Over 28 Days Old
Orange	Unattended Delivery
Red	Fire
Black	Bomb Threat
Green	Combative Person
Silver	Active Threat/Active Shooter
White	Hazardous Spill
9	Non-patient injury (inside building)
250	Non-patient injury (outside of building)
Delta	Internal/External Disaster

Note: At Mariners dialing #7777 connects automatically to the live PA system. Calmly and clearly announce the code and location three times.

FIRE SAFETY PROCEDURES
RACE Four-step plan to use in the event of a fire
PASS Procedure for using a fire extinguisher

R	- Rescue	P	- Pull
A	- Alarm	A	- Aim
C	- Confine	S	- Squeeze
E	- Extinguish/Evacuate	S	- Sweep

Employee Information Hotline: 1-866-HELPBH9 (435-7249)
PIN #BHSF (2473)

Baptist Health South Florida
NON-HOSPITAL-BASED

For all codes, dial 911, then the Security Command Center at 786-594-6911

Code	NON-HOSPITAL-BASED CODES	
Blue	Cardiac Arrest	
Rescue	Patient Clinical Deterioration	
Help	Patient or Family Requesting Immediate Medical Assistance	
Pink	Neonatal Clinical Deterioration	
Purple	Pediatric Clinical Deterioration	
Stork	Missing Infant Under 28 Days Old	
Adam	Missing Child Over 28 Days Old	
Orange	Unattended Delivery	
Red	Fire	
Black	Bomb Threat	
Green	Combative Person	
Silver	Active Threat/Active Shooter	
9	Non-patient Injury (inside building)	
250	Non-patient Injury (outside building)	
Delta	Internal/External Disaster	
Yellow	Utility Failure	
Gray	Severe Weather	786-594-6911
White	Hazardous Spill	

From these centers you will need to report an emergency first to 911, then call the **Security Hotline: 786-594-6911**.
The exceptions are hazardous spills and utility failures.

Non-Hospital-Based Codes

Emergency codes for our non-hospital sites:

Corporate, Baptist Outpatient Services, and Baptist Health Medical Group Centers

Review the following Emergency Codes

Know Your Emergency Codes

Code Blue – Cardiac Arrest
Signals an actual or potential cardiopulmonary arrest in an adult
A trained team of doctors, nurses, therapist, and others will report immediately to the location to assist the patient.

Code Rescue – Patient Clinical Deterioration
Signals serious patient clinical deterioration
A trained rapid response team (respiratory therapist, critical care nurse, and supervisor) will report immediately to the patient's location to evaluate clinical status and intervene as necessary to prevent further deterioration and/or medical crisis.

Code HELP
Patient or family-initiated call for immediate medical assistance
Signals patient or family-initiated call for immediate medical assistance
(At Mariners Hospital, patient dials 43911 to call Code Help)
Patient and families should be instructed on admission about this resource in the case of an emergency.
If this is your patient, report to patient room as quickly as possible.
A trained rapid response team will arrive at the patient's location. Assist as required.
Code HELP is utilized in all areas – except intensive care, emergency and out patient areas.

Code Pink - Neonatal Clinical Deterioration
Signals an actual or potential serious clinical deterioration in a newborn
Doctors and other trained personnel report immediately to the patient's location to evaluate patient status and intervene as necessary to prevent further deterioration and/or medical crisis.

Code Purple - Pediatric Clinical Deterioration
Signals an actual or potential serious clinical deterioration in a child
Doctors and other trained personnel will report immediately to the child's location to evaluate clinical status and intervene, as necessary, to prevent further deterioration and/or medical crisis.

Code Stork - Missing Infant Under 28 Days Old
Signals an infant under 28 days old is missing
Report physical description of individual (age, sex, ethnicity, and hair color) and give the location where the infant was last seen.
Personnel will attempt to retrieve the infant or prevent the abduction.

Code Adam - Missing Child Over 28 Days Old
Signals a child over 28 days old is missing
Report physical description of individual (age, sex, ethnicity, and hair color) and give the location where the child was last seen.
Personnel will attempt to retrieve the child or prevent the abduction.

Know Your Emergency Codes

Code Orange - Unattended Delivery

Signals impending childbirth without an obstetrician present

A trained team of nurses, doctors and other clinical specialists will report immediately to the location to assist woman in labor and with the care of the newborn.

Code Red - Fire

Signals a fire has been discovered at stated location and employees are to immediately initiate hospital fire safety procedures (R. A. C. E.)

Code Black - Bomb Threat

Signals the hospital has received a Bomb Threat

Search your immediate area and notify your Supervisor after your search, notify the PBX Operator.
If an item is found that looks unusual or does not belong in the area – DO NOT TOUCH or
MOVE THE OBJECT. Report it immediately.

Code Green - Combative Person

Signals a staff member needs assistance with a disruptive or combative person

Provide operator or security dispatcher with information in reference to the Code Green and the description of the individuals involved.
Security personnel and/or designated personnel (Code Green Team) will report quickly to the designated site. Assist as needed.

Code Silver - Active Threat/Active Shooter

Signals an active threat/active shooter on hospital premises

You must decide whether to run, hide, or fight if facing an active shooter. If you choose to hide, immediately take shelter in a room that can be secured.
For staff not in the affected area, check hallway and exterior rooms for patients, families, and staff.
Instruct anyone in hallway to enter secured room.
Do not respond to unfamiliar voices or commands until receiving confirmation that orders are coming from law enforcement officials.

There will never be an overhead announcement of Code Silver unless it is real. Respond to all Code Silver alerts without delay. The facility initiates Cease to Exist activities – doors are secured and barricaded, and employees hide and keep quiet.

Police will respond. When an ALL CLEAR is called, employees may resume normal business activities.

Know Your Emergency Codes

Code White - Hazardous Spill

Signals a hazardous material has been spilled or leaked
Recognize the hazard/threat
Avoid becoming contaminated by contacting the hazard or breathing its vapors
Isolate the hazard area. Move from the affected area unless you have a specific and required function to perform and have the appropriate Personal Protective Equipment. Close off the affected area and evacuate people if necessary.
Notify the appropriate support

Code 9 - Non-patient Injury Inside Building

Signals illness or injury to visitor or employee has occurred within the entity's building(s)
A trained response team reports to the location to assist.
Transport individual(s) to the Emergency Department if appropriate and assist in initiating incident report.

Code 250 - Non-patient Injury Outside Building

Signals illness or injury to a visitor or employee has occurred outside the entity's building(s)
A trained response team reports to the location to assist and determine the need for fire rescue or police.
Transport individual to the Emergency Department if appropriate and assist in initiating incident report.

Code Delta - Internal / External Disaster

Signals the hospital is putting its disaster plan into effect to meet its responsibilities for the care of emergency casualties. Nonhospital sites will close.
Staff members do not activate a Code Delta. This code is activated by the Incident Commander or designee.
Code Delta-Internal or Code Delta-External is announced to indicate type of disaster. When you hear this code, speak with your supervisor, and begin any assigned duties for disaster plan.

Code Gray – Severe Weather (nonhospital only)

Signals severe weather
This code may be upgraded to Code Delta if the site needs to close.
Staff members do not activate a Code Gray. This code is activated by the Incident Commander or designee.

Code Yellow – Utility Failure (nonhospital only)

Signals a utility failure such as loss of power, water, and/or communication
This code may be upgraded to Code Delta if the site needs to close.
Staff members do not activate a Code Yellow. This code is activated by the Incident Commander or designee.

NOTE: At Baptist Health, we rarely need to call Code Silver, Black, or Delta. However, we are committed to everyone's safety and providing the necessary training so we will be prepared. Explosives, knives or other dangerous weapons are prohibited on Baptist Health property.

Know Your Emergency Codes
Boca Raton Regional Hospital Codes

Dial 5555
Call the emergency operator

Code Blue
Cardiac arrest

Code Pink
Infant/child cardiac arrest

Code Red
Fire

Code Ice
Induced hypothermia

Code Orange
Hazardous spill

Dr. Rush
In-house patient or visitor injury requiring Back or Neck immobilization, or visitor/potential patient at entrance/hospital property needing immediate skilled medical assistance

Code Yellow
Internal/external disaster

Code Grey
Inpatient stroke alert

Code Indigo
Rapid response team

Code 24
Infant abduction

Condition Green
Missing patient

Active Shooter
Run, hide, fight

Code Assist
Security assistance, combative person

Code White
Hostage

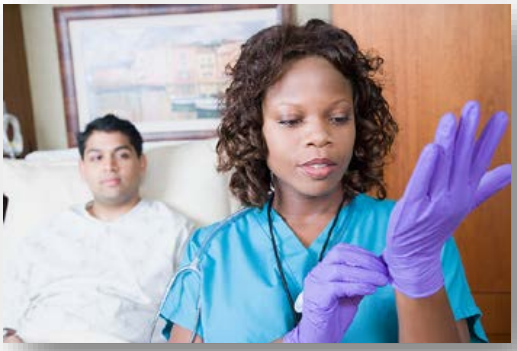
HOBS
Hospital operational bomb search

Two-Tiered Precautions for Infection Control

Baptist Health has adopted the Centers for Disease Control (CDC) Guidelines for Isolation Precautions. It is broken into two tiers, as follows:

Tier One . . .

known as Standard Precautions, applies to all patients. Gloves are to be worn when having direct contact with any patient's body substance (for example, blood, urine, feces, drainage, sputum) and hand hygiene is to be performed before and after patient contact and after removal of gloves.



Tier Two . . .

known as Transmission-Based Precautions, applies to patients infected with or suspected of having a communicable disease.

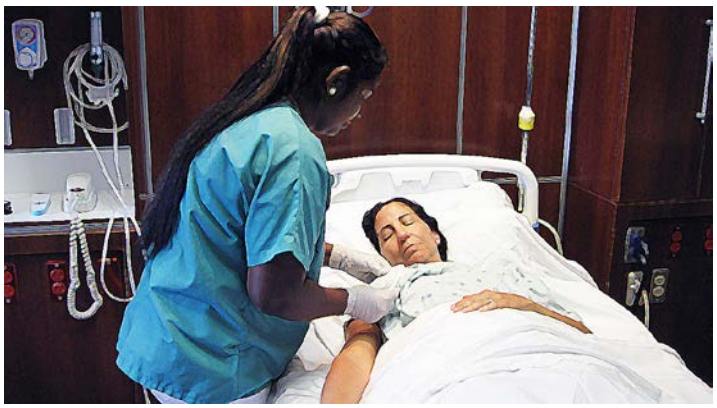
Refer to interdepartmental policy for assistance in completing the STOP sign that is placed on the door of the patient's room and front of the patient's chart. It instructs those entering what is needed to protect them from potential exposure.

Notes: Appendix A is a useful BHSF Intranet reference which can be found on the Infection Control homepage on the BHSF intranet. All employees including contract workers and nonclinical personnel (for example, IT, Engineering, etc.) should know how to follow the indications on the Stop Sign and be able to safely don and remove personal protective equipment (PPE).

Healthcare-associated Infection (HAI)

Sometimes, patients come to the hospital with infections. More often, patients do not have infections when they come to the hospital, but develop infections after being treated or admitted.

An infection is generally considered a healthcare-associated infection (HAI) if it appears after contact with the healthcare system.



In recent decades, the rate of HAI has increased. People coming to the hospital are sicker, which puts them at greater risk for infection. Also, antibiotic-resistant pathogens have become more common.

The costs of HAI are high - health, life, and money.

How do pathogens spread from person to person? The process is called the chain of infection.

To prevent the spread of pathogens, we must break a link in the chain of infection. The weakest link in the chain is the method of transmission. The most effective means of preventing the spread of pathogens is hand hygiene.

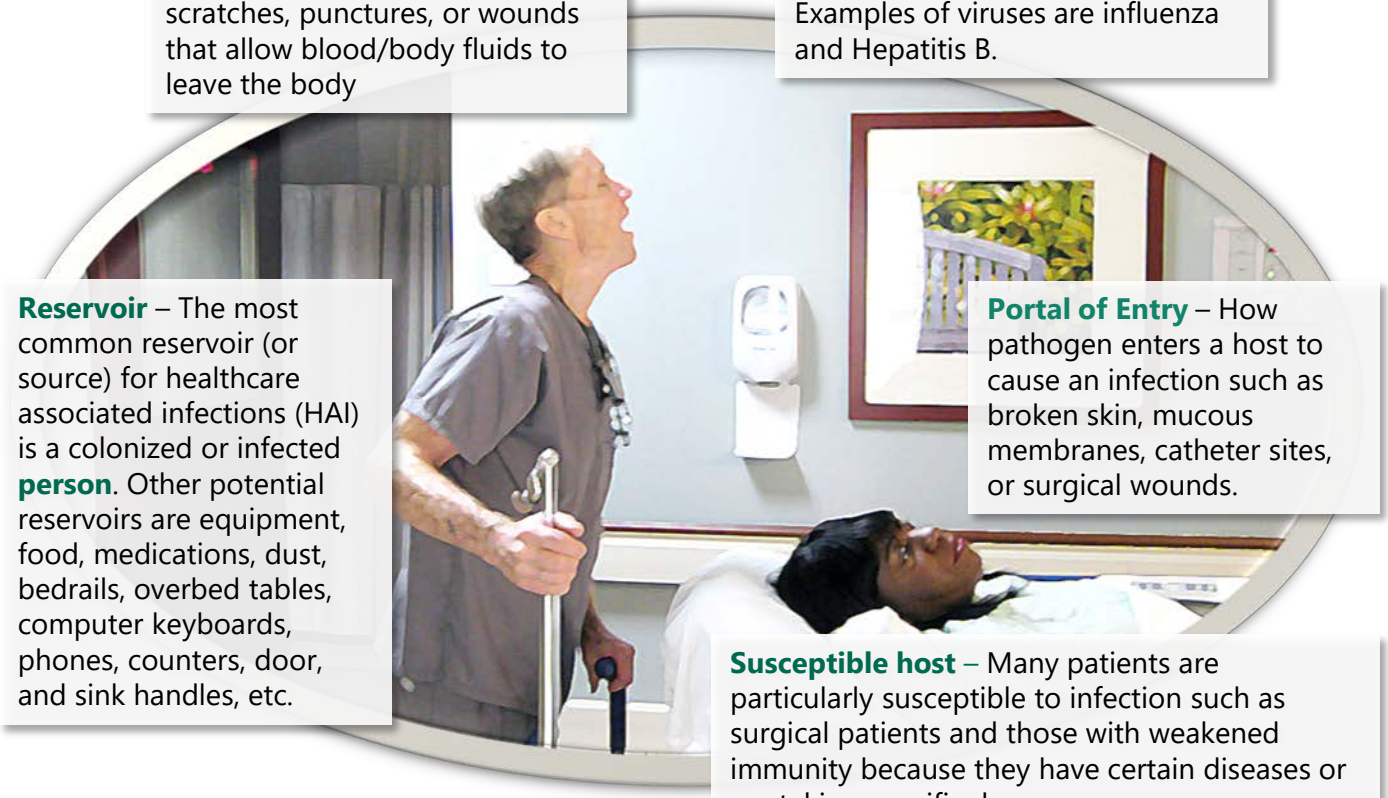
The Weakest Link in the Chain

To prevent the spread of pathogens, we must break a link in the chain of infection. The weakest link in the chain is the method of transmission. The most effective means of preventing the spread of pathogens is **hand hygiene**.

Within a patient care unit or department, **eating** is allowed only in the employee lounge and **drinking** in designated areas only.

Portal of Exit – Ways a pathogen leaves its reservoir such as from an infected person's mouth, through coughing or speaking, the nose through sneezing, cuts, scratches, punctures, or wounds that allow blood/body fluids to leave the body

Infectious Agent – Bacteria, viruses, and fungi may cause HAI. Examples of bacteria are Staphylococcus aureus, E. coli, C. Difficile, and Tuberculosis. Examples of viruses are influenza and Hepatitis B.



Reservoir – The most common reservoir (or source) for healthcare associated infections (HAI) is a colonized or infected **person**. Other potential reservoirs are equipment, food, medications, dust, bedrails, overbed tables, computer keyboards, phones, counters, door, and sink handles, etc.

Portal of Entry – How pathogen enters a host to cause an infection such as broken skin, mucous membranes, catheter sites, or surgical wounds.

Susceptible host – Many patients are particularly susceptible to infection such as surgical patients and those with weakened immunity because they have certain diseases or are taking specific drugs.

Method of transmission – How pathogen travels from person to person by direct skin-to-skin contact or indirect when infected person touches a surface that later a susceptible host touches and picks up pathogen.

There are three methods of transmission: **1) Droplet**. Respiratory droplets come from coughs, sneezes, or talking. These droplets can travel 3 to 6 feet through the air; **2) Airborne**. Airborne particles can travel a long distance and can remain suspended in the air; and **3) Contact**. Blood and other bodily fluids can transmit pathogens if they contact a susceptible host's broken skin or mucous membrane.

Summary for Identifying Infection/Infectious Diseases

The commonly encountered diseases/conditions which require "Isolation Precautions" in addition to "Standard Precautions" are listed on the table below. The table also provides the appropriate PPE to use for each type of isolation (Airborne, Droplet & Contact)

AIRBORNE (1-5 microns and suspended in air for days)	DROPLET (>3 microns and not suspended in air)	CONTACT
Mycobacterium TB, Measles, Varicella Although not considered common suspected novel viruses such as MERS**, H7N9 and H5N1 should also be placed on Airborne Precautions **also Contact Precautions	Bacterial Meningitis, Mumps, Rubella, Adenovirus, Diphtheria, Pertussis, Mycoplasma Pneumonia, Influenza, Respiratory Syncytial (RSV) Other viral respiratory pathogens	Clostridium (C. diff), Shigella, Hepatitis A (HAV) diarrhea, Rotavirus, VRE, Parainfluenza, Impetigo, Zoster, Scabies, Pediculosis, Multi drug resistant organisms (MDRO's) – refer to facility policy
• N-95 mask • Gloves • Hand hygiene When transporting place a surgical mask on the patient	• Surgical Mask (within 3 ft) • Gloves • Hand hygiene • When transporting place a surgical mask on the patient	• Gloves • Strict Hand washing • When transporting cover patient with a sheet Refer to MDRO policy for more information

If a disease such as Ebola or a new emerging virus occurs any additional precautions needed will be noted.

Know the Stop Signs

Stop signs posted on patient room doors inform employees and visitors about what specific transmission-based precautions are required to enter the room. Mini-STOP signs are placed on medical charts of patients requiring isolation.

The orange fluorescent triangle is placed on the stop sign for additional precautions for patients with diarrhea and/or C. difficile.

National Patient Safety Goals

Prevention of healthcare associated infections (HAI) including:

- Device associated infections (examples: CAUTI, CLABSI, VAP)
- HAI with MDROs (examples: MRSA, VRE, Carbapenem Resistant Enterobacteriaceae or CRE)
- Surgical site infections

. . . are part of the Joint Commission's National Patient Safety Goals.

Their ultimate goal is to improve patient safety and decrease or eliminate adverse outcomes associated with these infections.

Consistent use of the evidence-based measures for infection prevention included in this module will facilitate the creation of a safer care environment for our patients.

OSHA's Blood-Borne Pathogen Standard

The Occupational Safety and Health Administration (OSHA) requires healthcare institutions to have an Exposure Control Plan (ECP) to prevent transmission of blood-borne pathogens such as Human Immuno-Deficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV).

All employees and contract workers with direct patient contact are required to review it annually. Ask Supervisor for the location of your ECP.

As of 2017 the number of healthcare workers who acquire Hepatitis B occupationally continues to decline with increased use of the Hepatitis B vaccine. Unvaccinated individuals who are exposed to infected blood have a 6-30% risk of becoming infected. Timely appropriate post exposure follow-up can greatly reduce the risk in the unvaccinated.

Since the early 1980's a total of 208 (58 fully documented and 150 possible) U.S. healthcare workers have been reported to the Centers for Disease Control (CDC) as acquiring HIV through an occupational exposure. No confirmed case has been reported since 2002.

A specific occupational exposure (defined by OSHA as an exposure incident) occurs when an individual has parenteral (needle-stick, cut with scalpel, etc.) or specific eye, mouth, nose (inside) or non-intact skin contact with blood or other potentially infectious materials.

Blood-Borne Pathogens and Incubation Periods

HBV: Hepatitis B Virus

- The incubation period is 45-160 days with an average of 120 days.
- Clinical symptoms and signs include loss of appetite, tiredness, nausea, vomiting, abdominal pain, and jaundice (skin/eyes turn yellow). Skin rashes and joint pain can also occur. The urine is frequently dark and the stool light.

HIV: Human Immuno-Deficiency Virus

- Any febrile (fever) illness that occurs within 12 weeks after exposure, particularly characterized by a rash or swollen glands, should be reported for appropriate evaluation.
- Advancement to AIDS can take several years. Early recognition allows for appropriate treatment to delay advancement.

HCV: Hepatitis C Virus

- The risk of acquiring HCV occupationally is not as well defined as it is for HIV/HBV.
- Estimates indicate 2-10 percent risk if infected blood is introduced through a blood exposure, for example, a needle stick or splash. There is currently no vaccine to
- Incubation period ranges from 2 weeks to 6 months, commonly 6-9 weeks.
- Clinical signs and symptoms include loss of appetite, abdominal discomfort, nausea, and vomiting. Progression to jaundice is less frequent than with Hepatitis B.
- Initial infection can be asymptomatic (in more than 90% of cases) or mild with a high percentage (between 50-80%) developing chronic infection.

HIV: Human Immuno-Deficiency Virus

The human immuno-deficiency virus is the virus that causes acquired immune deficiency syndrome (AIDS). While currently there is no cure, treatment of HIV continues to improve, enhancing both the length and quality of life of individuals infected with the virus.

Transmission of HIV occurs when blood, semen, or vaginal secretions of a person infected with HIV enter the body of another person. Other body fluids such as peritoneal fluid can contain HIV.

Transmission can occur in work settings by being stuck or cut with infected needles or sharps, or exposure to blood and other potentially infected body fluids through splashes or spills on non-intact skin or mucous membranes (mouth, nose, eyes, etc.)

HIV transmission more frequently occurs in personal settings. This can occur through unprotected sex with an infected person, sharing HIV-infected needles while using drugs, tattooing, or body piercing. HIV-infected pregnant women can also transmit the virus to their children before birth, during birth and after birth through breast-feeding.

Symptoms of initial HIV infection can be much like the flu but are different in two ways. First, they last longer than a typical flu, sometimes weeks or months. Second, they are unexplained; no one else around has the symptoms or gets them.

Prevention & Treatment of Blood Exposures

Prevention of Blood Exposures

- Consistently use the appropriate Personal Protective Equipment (PPE) as indicated by procedure.
- Activate needle safety devices and discard used needles immediately after use in a puncture resistant container.
- Never RECAP needles.
- Sharps containers are exchanged when 3/4 full by departmental personnel. There are extra empty sharps containers available for exchanges.

Treatment of Blood Exposure

If you do have an injury:

1. Wash the affected area (if eyes are exposed flush for 5 minutes).
2. Perform first aid.
3. Report incident to your manager or supervisor within 1 - 2 hours maximum.
4. Report it to Employee Health or the ED if Employee Health is closed (or to an Urgent Care Center) for evaluation and treatment as indicated.

A stick does not automatically mean you've been exposed to something, but it is important to follow the post exposure protocol.

Needle stick injuries are tracked to determine trends and identify issues that may need to be addressed.

Tuberculosis Facts

Tuberculosis (TB) is an airborne disease transmitted through sneezing, coughing, and sharing contaminated air space.

Confirmation of infection due to an exposure to TB is made through the use of a **Tuberculin Skin Test (TST)**, such as a PPD or a Quantiferon blood that detects Latent TB Infection (LTBI).

Five to ten percent of these people will go on to develop the illness sometime in their life. The main purpose of diagnosing the latent stage is to consider medical treatment with INH for preventing active disease.

People can carry inactive TB, have no symptoms and not be infectious to others. A positive PPD may mean that you have been exposed to TB and are infected. It cannot detect whether or not the disease is active. If your PPD is positive or you have symptoms, a chest X-Ray is performed. **The chest X-Ray associated with symptoms will determine whether or not active TB is present.**

MRSA – The Facts

Methicillin-resistant Staph aureus referred to as MRSA is a strain of Staph aureus which has developed a resistance to the antibiotic Methicillin as well as several other antibiotics. MRSA is one of several **multi-drug resistant organisms (MDRO's)** seen in healthcare today. Please refer to your facilities MDRO Policy to learn more about the others.

Staphylococcus aureus, sensitive or resistant, is normal skin flora that colonizes everyone at one time or another. Nasal carriage is not uncommon. Both sensitive and resistant Staph aureus are people "germs." Many patients come into the hospital colonized with it. In a hospital setting both are most likely transmitted by contaminated hands or equipment.

Colonization is the presence of an organism without visible clinical symptoms.

Infection is the presence of an organism along with associated signs and symptoms of infection (fever, inflammation, may or may not be drainage).

If an infection occurs, **cultures** should be done to know what organism is the causative agent and to know what drug to use to treat the infection or determine if the right one is being given.

Patients do not routinely need to be isolated based solely on a positive MRSA culture. A patient's condition dictates whether isolation is needed or not, for example, a patient with copious drainage from a wound regardless of what the culture grows needs to be on **Contact Precautions**.

If information is needed regarding precautions for patients with any resistant organism, refer to transmission based isolation policies or your facility's Infection Control Practitioner (ICP).

Clostridium difficile

Clostridium difficile (C.difficile) is a **bacterium** that commonly causes antibiotic-associated **diarrhea**. The organism is acquired through ingestion and is shed in stool. Therefore, any surface, device, or material (commodes, bedrails) that becomes contaminated with stool may serve as a reservoir for the *C. difficile* spores.

Disease transmission may occur **via the hands** of healthcare personnel who have touched a contaminated surface or item and transport the spores via their hands or shared equipment to another room, which potentially can be acquired by another patient via their hands becoming contaminated. **The major route of exposure is via ingesting it; hence the importance of proper hand hygiene.**

C. difficile not only causes diarrhea but can lead to more serious intestinal conditions such as pseudomembranous colitis (PMC), toxic megacolon, perforations of the colon, sepsis, and in some cases, death.

The **symptoms of *C. difficile* disease** include watery diarrhea, fever, loss of appetite, nausea, and abdominal pain/tenderness. *C. difficile* can be detected in the stool of infected patients by using laboratory tests that are commonly available in most hospitals. The majority of *C. difficile* patients can be successfully treated with antibiotics.

Multi-Drug Resistant Organisms (MDRO)

Follow infection control policies for preventing the transmission of MDROs

- Methicillin-resistant Staph aureus (MRSA)
- Vancomycin-resistant Enterococci (VRE)
- Extended Spectrum Beta-lactamase resistant Enterobacteriaceae (ESBLs)
- Carbapenem-resistant Enterobacteriaceae (CRE) such as Klebsiella pneumonia (KPC) and Escherichia coli

Prevention Strategies

- Hand Hygiene
- Contact Precautions - as needed
- Appropriate use of antibiotics
- Visitors should be educated on how organism is transmitted and importance of following hand hygiene and indicated precautions

Antibiotic Resistance Awareness

The Centers for Disease Control and Prevention (CDC) identified that 20%–50% of all antibiotics prescribed in US acute care hospitals are either unnecessary or inappropriate and has led to resistance.

Antibiotic Resistance Can Travel the Globe

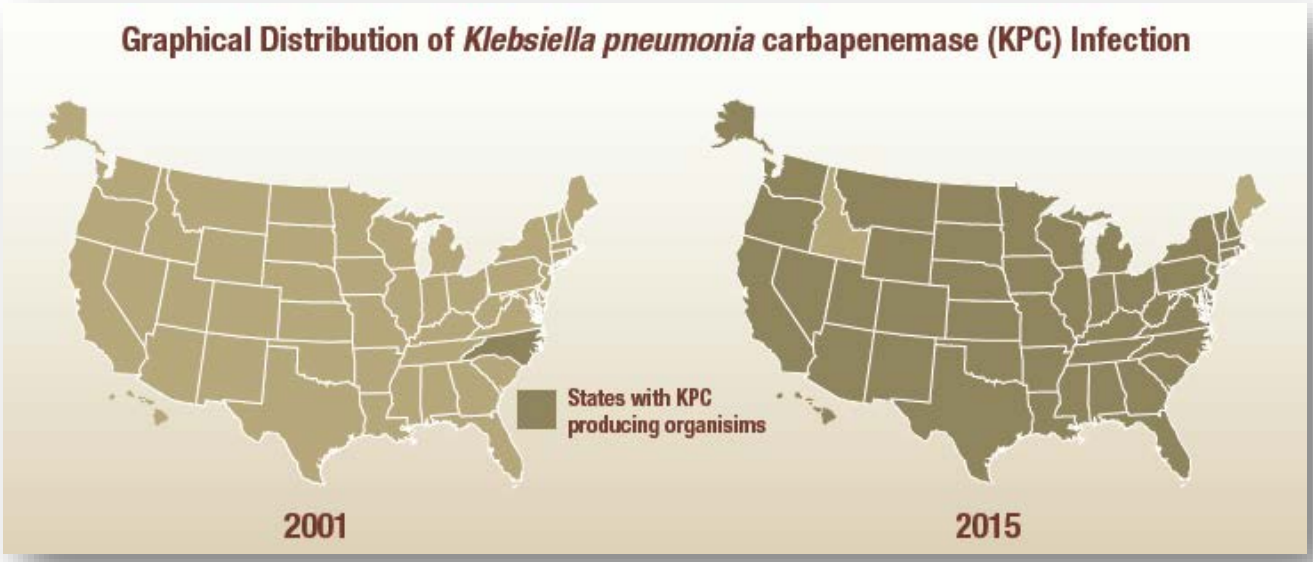
Often called superbugs, some bacteria are already resistant to most or all known antibiotics. One example is CRE, a family of germs that is resistant to our most powerful drugs of last-resort.

Klebsiella pneumoniae carbapenemase (KPC) infections, a type of CRE, were once seen in limited locations in the U.S. but are now found throughout the country.

Why We Must Act Now

The way we use antibiotics today or in one patient directly impacts how effective they will be tomorrow or in another patient; they are a shared resource.

- Antibiotic resistance is not just a problem for the person with the infection. Some resistant bacteria have the potential to spread to others when proper precautions are not taken.
- Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics.



Know the Stop Signs

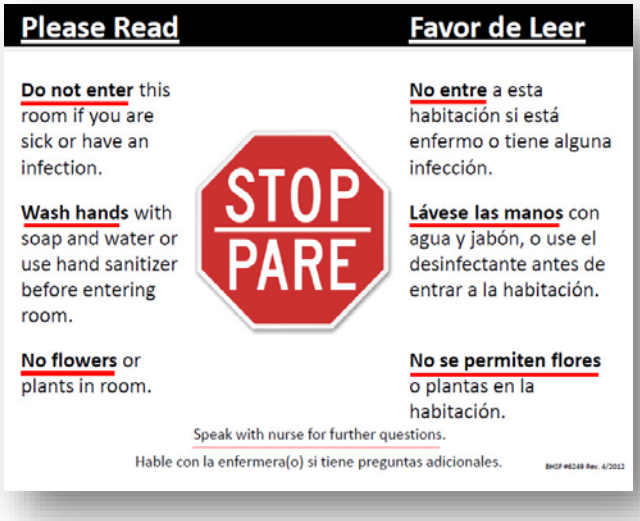
Stop signs posted on patient room doors inform employees and visitors about what specific transmission-based precautions are required to enter the room. Mini-STOP signs are placed on medical charts of patients requiring isolation.

Note that entities currently have different types of stop signs. The bottom right one will become the standard sometime in 2020.

Stop signs may also indicate combinations of precautions such as Contact/Airborne, Contact/Droplet, and others. Be sure to follow ALL precautions indicated.

The stop sign below indicates precautions for patients that have compromised immune systems and need additional protection from transmissions.

Such conditions requiring these precautions are those that decrease white blood count such as Neutropenia or Granulocytopenia.



Influenza Vaccination

The flu vaccine most commonly used is an attenuated vaccine (containing killed virus) that is given in the arm.

About 2 weeks after vaccination, antibodies develop in the body that provides protection against influenza virus infection.

Who should be vaccinated?

The flu vaccine is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.

As a healthcare worker it should be considered a professional responsibility which protects them and is also a part of patient safety responsibilities.

Annual vaccination is the best defense against influenza. For that reason, all Baptist Health employees are required to get the annual influenza vaccine as a condition of employment. Each year, they are required to get the vaccine by the date specified in the annual notification. Free flu vaccinations are offered through Employee Health Services.

Any employee who wishes to apply for an exemption must do so by the stated deadline in the notification. If granted, employee must wear a hospital-approved mask at all times upon entrance into or while working at any BHSF hospital or clinical facility during the influenza season.

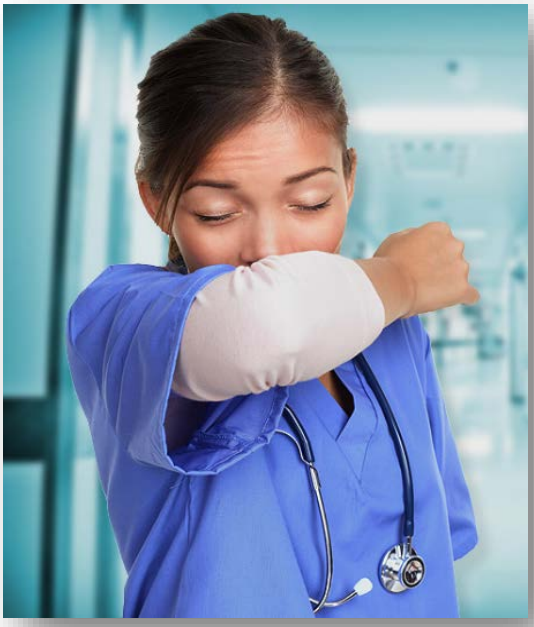
For further information please see your Employee Health nurse.

Cough Etiquette

Cough etiquette is part of Standard Precautions, which is included in the Center for Disease Control (CDC) guidelines.

These are good practices that apply to everybody and should be followed at all times to help prevent the spread of germs especially those that cause colds, the flu, etc.

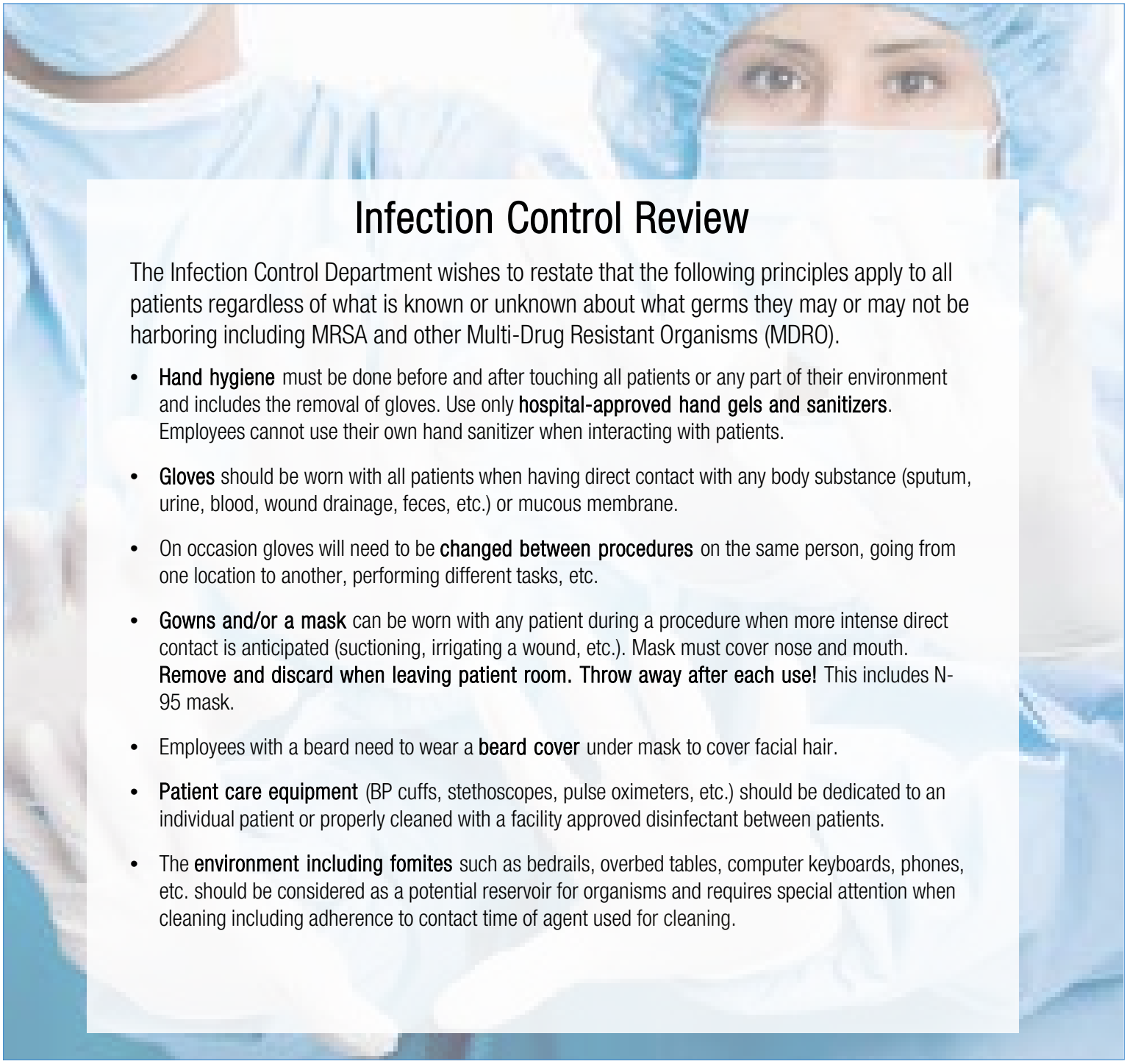
When **sneezing or coughing**, cover your nose and mouth with a tissue. Throw used tissues into a trash receptacle.



If hands are full or you do not have a tissue, cough or sneeze into your **upper arm sleeve**. If necessary, wear a mask to safeguard the health of others or yourself if caring for someone coughing. And most importantly, wash your hands with soap and water afterwards, or use an alcohol-based or antibacterial cleanser gel.

Employees, like visitors, should follow instructions on cough etiquette signs posted throughout BHSF facilities.

Remember: If you are worried about getting others sick, please DO NOT COME TO WORK!



Infection Control Review

The Infection Control Department wishes to restate that the following principles apply to all patients regardless of what is known or unknown about what germs they may or may not be harboring including MRSA and other Multi-Drug Resistant Organisms (MDRO).

- **Hand hygiene** must be done before and after touching all patients or any part of their environment and includes the removal of gloves. Use only **hospital-approved hand gels and sanitizers**. Employees cannot use their own hand sanitizer when interacting with patients.
- **Gloves** should be worn with all patients when having direct contact with any body substance (sputum, urine, blood, wound drainage, feces, etc.) or mucous membrane.
- On occasion gloves will need to be **changed between procedures** on the same person, going from one location to another, performing different tasks, etc.
- **Gowns and/or a mask** can be worn with any patient during a procedure when more intense direct contact is anticipated (suctioning, irrigating a wound, etc.). Mask must cover nose and mouth. **Remove and discard when leaving patient room. Throw away after each use!** This includes N-95 mask.
- Employees with a beard need to wear a **beard cover** under mask to cover facial hair.
- **Patient care equipment** (BP cuffs, stethoscopes, pulse oximeters, etc.) should be dedicated to an individual patient or properly cleaned with a facility approved disinfectant between patients.
- The **environment including fomites** such as bedrails, overbed tables, computer keyboards, phones, etc. should be considered as a potential reservoir for organisms and requires special attention when cleaning including adherence to contact time of agent used for cleaning.

Commitment to Excellence

Our commitment to excellence begins with our dedication to the highest ethical standards as reflected in our mission statement.

- It is our employees that help us to succeed in reaching our goals.
- The Code of Ethics provides general guidance to our employees regarding our ethical and legal business practices and behavior.
- Every employee is expected to be familiar with and follow the Code of Ethics.
- Ethics means following the moral values Baptist Health has adopted.
- Annual compliance training is required for all employees so that they remain aware of their responsibilities under the Corporate Compliance Program.

Baptist Health communicates our ethical standards and expectations in the Code of Ethics.

- The Code of Ethics is a written code of conduct that explains our commitment to the highest ethical and legal standards. It provides guidance about issues employees may face and gives an overview of some of the rules, regulations, policies and laws we must follow.
- On a periodic basis it is distributed to all employees, physicians, vendors and governing board members. On a daily basis it is available on the intranet - click on Corporate Compliance.
- It is also publicly available on the Baptist Health Internet website. From the main menu - click on About Us.
- In this context, compliance means following the rules, regulations, policies, and laws created by the government, insurance programs, and Baptist Health.

Your responsibilities under the Code of Ethics are:

- To make sure all your associations with patients and the community are honest
- To make sure that you follow the Code of Ethics and all Baptist standards and procedures
- To ask if you have any questions about the Code of Ethics and how it applies to you
- To report any legal or ethical issues that arise as you perform your job

Making Ethical Decisions

Sometimes the decisions you are asked to make may be difficult. The answer may not be clear-cut. When you are faced with a difficult decision ask yourself the following questions.

- Is there a law or regulation that governs the situation? (If there is, then the law should be followed at all times.)
- Is there a Baptist Health policy or procedure that applies to the situation?
- Would my action be consistent with Baptist Health's commitment to the highest ethical standards?
- How would my actions be seen by someone outside the organization?
- Would I feel comfortable explaining my actions to my friends and family?
- What would the most ethical person I know do?

There's No Excuse!

Don't make bad excuses to justify making a bad decision. Watch out for these excuses:

- All the other hospitals are doing it this way
- No one will ever know
- I don't have time to do it the right way
- We've always done it this way
- That policy isn't meant to apply to me
- After all I have given the organization, I deserve something in return

Social Media Policy

Baptist Health has a policy that provides guidelines for Baptist Health employees, employed physicians, contractors, vendors and volunteers ("users") regarding acceptable and prohibited uses of social media on the intranet or Internet during working and nonworking time, whether at work or at home or elsewhere. All external representations on behalf of Baptist Health must first be authorized, in writing, by the VP Marketing & Public Relations or her or his designee.

No Solicitation/No Distribution on Baptist Health Premises Policy

Baptist Health has a policy that provides guidelines for solicitation and distribution (including electronic communications) to avoid disruption of Baptist Health's operations and disturbance of patients. Solicitation and distribution of literature on Baptist Health property shall be permitted only in accordance with this policy. This policy applies to all Baptist Health employees, volunteers, contractors, visitors and guests.

Dress Code Policy

This policy establishes standards that form the foundation of acceptable dress code throughout Baptist Health. Establishes a standard for personal appearance and grooming that promotes cleanliness, safety and professionalism and the confidence of patients, guests and all others with whom we come in contact at work. Depending on their business needs, various entities, campuses and departments may have dress code policies that shall supplement this policy. Please check with your leader to see if there is a supplement you need to review.

Confidentiality

In your job you deal with confidential information every day. Not only is patient information confidential, business information is confidential, too.

Patient Information

Under HIPAA, we are required to take every precaution to protect the confidentiality of patient data. This means that you should:

- Access patient information only to the extent it is required in order to do your job.
- **Use only legitimate and authorized means** to collect patient information. If at all possible, obtain the information directly from the patient.
- Reveal patient information only if it is part of a legitimate patient care or business purpose.

Remember, there are **special laws covering the release of information** regarding a **patient's HIV status** or **participation in drug and alcohol treatment program**s.

Employees treated in our facilities are patients. Their information is protected and should only be accessed if it is part of your job duties.

Compliance Hotline

When you make a report to the hotline by calling or logging on, you will be **given a date to follow-up** on actions taken to investigate your report.

Keep in mind that if your report results in disciplinary action or involves other types of confidential information, you may not be given detailed information regarding actions that were taken. Human Resource related matters and actions are kept strictly confidential.

- Calls to the compliance hotline **cannot be traced to a phone number** - they are answered by an outside contractor.
- Reports placed through MyComplianceReport.com are **not traced to a user**. The same outside contractor that answers the telephone calls handles the website.

Anonymous reports can be made by calling the

Compliance Hotline 888-492-9329
or by logging onto
MyComplianceReport.com.

The access code is **BHS**.

Corporate Compliance Summary

Anonymous reports can be made by calling the Compliance Hotline 888-492-9329 or by logging onto MyComplianceReport.com.

The access code is BHS.

We expect our employees to:

- Conduct all their business transactions with the highest ethical standards.
- Be aware of the 5 Ws - Who, What, When, Where, and Why - of compliance.
- Be aware of the laws, rules, and regulations, that affect the healthcare industry and to take due care to adhere to those laws, rules, and regulations.

We expect our employees and management to report suspected violations of the Code of Ethics and to respond appropriately when a suspected violation is observed.

We expect that you will do the right thing!

Thank you for joining us at Baptist Health!


Baptist Health