AdventHealth

Ocala

Student Orientation

Packet

2019

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Orientation Acknowledgement and Security Access Form

Confidentiality:
I understand and agree that in my clinical/observation experience as a student at AdventHealth, I shall hold all information, medical and otherwise in confidence (be it verbal, written, and /or electronic "Confidential Information") I understand that Confidential Information may include a patient's name or other identifying information and any medical or financial information about that patient.
No photos are to be taken in the clinical setting as well as no posting to social media.
I understand that any violation of the Confidential Information may result in punitive action including, but not limited to, exclusion from the clinical/observation experience at AdventHealth.

Liability and Responsibility:
I am aware that there are potential risks associated with hospital based educational experiences and agree to release AdventHealth from liability for any injury or illness acquired during my experience.
I agree to be financially responsible for any emergency medical care or treatment (uncovered by my school insurance) rendered by AdventHealth and members of its Medical Staff while at the Hospital for non-employee, educational experiences and agree to pay Hospital/physician charges in accordance with the regular rates and terms of the Hospital/physician that it usually and customarily charges for listed patient services.

Orientation:
This is also to certify that I have received BASIC ORIENTATION in the following:

Orientation Activity	Initial
General Orientation Module	
Patient Experience Module	
Submitted all Required Documentation	

Student ☐ Instructor ☐

Name: _____ Phone_____
       Last   First   MI

Address: _____

_____

Email: _____

Last 4 of SS# _____ DOB: _____ Gender Male ☐ Female ☐
        (required to obtain computer access)

School: _____ Instructor: _____

Program Type: _____ Semester/Qtr: _____ Hours a day: _____

Schedule: Days of week (ex: M-F, Tu & Th, etc.) _____

OPID/LOGIN(current/previous) _____

Rotation Start Date _____ Rotation End Date: _____ Grad Date: _____

Assigned Area/Department _____ Assigned CI/Preceptor_____

Employed at AH campus: Yes ☐ (which one) _____ No ☐

Signature: _____ Date: _____

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STUDENT CONFIDENTIALITY AGREEMENT

NAME:

LAST	FIRST	MIDDLE INITIAL

I understand that I may be exposed to a variety of clinical, financial, and other types of information generated in the course of business. To assure the integrity of the data, and to protect it from loss, alteration, destruction, or tampering by unauthorized individuals, I agree to the following:

1. I understand that I will refrain from releasing information (via verbal, copy, fax, download, or the original record) to individuals/groups who are not authorized to receive this information. This includes refraining from reading the record of, or participating in discussion of, any case with coworkers, friends, families, or other associates without a legitimate need to know and/or proper authorization.
2. I understand that passwords for information systems, and access to information systems which I may be granted, are strictly confidential, unique to me, and will not be shared with others. I understand that any computer access codes are equal to my handwritten legal signature.
3. I understand that these access codes have been granted to me under a privileged "right to know" and I will limit my access only to the information pertinent to the care of the patient or within the scope of my responsibilities.
4. If I suspect or have knowledge of someone else using my password or user information I will report this immediately to the Information Services Support Center.
5. All employees/students shall use software only in accordance with its license agreement. Unless otherwise provided in the license, any duplication of copyrighted software, except for backup and archival purposes, is a violation of the law. I understand that unauthorized duplication of copyrighted software violates the law and is contrary to the organization's standards of conduct. Any person illegally copying software is subject to appropriate discipline by this organization, and can be subject to civil and criminal penalties including fines and imprisonment. No employee/student shall give software to outsiders including clients, customers, or other unauthorized personnel. All software and company computers used by the organization will be properly purchased through appropriate procedures. Any employee/student who determines that there may be a misuse of software within the company shall notify their department manager or Information Services immediately.
6. I have read, understand, and agree to the Information Security Sanctions Policy (CW IS SEC 23).
7. Professionalism should be utilized in all email communication, as in any written business communication. Any email which violates the Hospital's Rules of Conduct or Confidentiality Agreement is prohibited, including but not limited to abusive, profane, derogatory or offensive language, and confidential information.
8. I understand that this document will be retained on file and that any violation of this policy and/or release of any confidential information to which I am exposed in the course of my activities may result in limitation or termination of access to these systems, change in ID or password assignment, and/or disciplinary action according to hospital policy and/or Medical Staff Rules and Regulations, including termination and potential liability.

SIGNATURE	DATE

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PRIVATE PROVIDER DISCLOSURE 2019-2020

Please Answer All Questions

☐ Employee
☐ Volunteer
☐ Student
☐ Licensed Independent Practitioners - Physician, ARNP, PA
☐ Contract
☐ Agency
☐ Other

Department/Unit: _____

Program: _____

School: _____

Do you provide direct patient care?   ☐ Yes   ☐ No

I certify that I received the influenza vaccine at_____on
(date)_____/_____/_____. I have also attached documentation of that
vaccine, including lot number and administering facility to this form.

Name (***Please Print***): _____

Signature:_____**Date:** _____

PLEASE RETURN THIS FORM
October through March

Adventist Health System

Information Services – Corporate Data Security   **Company-Wide**
Information Security Sanction Policy   **CW IS SEC 23**

Purpose	Adventist Health System (AHS), will apply, as part of its efforts to protect the confidentiality of patient information, promote compliance with its information security policies, state and federal regulations, appropriate sanctions against workforce members who fail to comply with AHS information security policies, procedures, standards and requirements.
Scope	This policy applies to all Adventist Health System workforce members, and information assets.
Definitions	**<u>Workforce Member</u>** includes AHS employees, volunteers (board members, community representatives), trainees (students), contractors and other persons whose conduct, in the performance of work for AHS, is under the direct control of AHS, whether or not they are paid by AHS. ***Employee User***: Staff members that are paid by AHS through the payroll system including administrative, business, clinical, and information systems personnel and are provided access to AHS information assets. ***Medical Staff User***: All non-employed physicians that are credentialed by AHS Medical Staff Office and are provided access to AHS information assets. ***Contingent User***: Any individual or organization that has an active contractual relationship with AHS or is defined as a healthcare provider with whom AHS has a contractual professional services relationship and are provided access to AHS information assets. The contingent user group includes, but is not limited to, approved volunteers, students, and authorized physician office staff. ***Third party User***: Any individual who is not an employee, medical staff or contingent user and with whom AHS may or may not have a contractual agreement or obligation, but through the normal course of business operations AHS may deem it appropriate to provide access to AHS information assets. The third party user group includes, but is not limited to, regulatory inspectors, accreditation surveyors, utilization reviewers, contractors and vendor support personnel.

Policy	AHS will appropriately discipline workforce members for violations of security policy or procedure to a degree appropriate for the gravity of the violation.
	It is beyond the purview of this policy to assign specific sanctions for specific violations. However, AHS Human Resources and Medical Staff management should consider the following guidelines when determining appropriate sanctions for a given incident.
	Sanctions include, but are not limited to, re-training, verbal and written warnings, revocations of privileges, termination of contract, pursuit of license/registration denial/revocation and/or dismissal from employment. Once a breach is verified management should consider:
	• the nature and gravity of the breach and its impact on business;
	• whether or not this is a first or repeat offense;
	• whether or not the violator was properly trained
	• relevant legislation; and business contracts
	• whether or not the workforce member has cooperated with federal, state, or AHS investigators. Failure to cooperate by any member can and in itself be cause for disciplinary action.
	In making their determination of disciplinary action.
	AHS Human Resources, Corporate Responsibility, Medical Staff and Administration will refer to the information below for additional guidance when determining appropriate sanctions for security violations.
	Security Violation Categories
	Category 1: actions which violate federal or state law, including but not limited to;
	• Improper disclosure of an individual's protected health information

Adventist Health System
Information Services – Corporate Data Security   Company-Wide
Information Security Sanction Policy   CW IS SEC 23

- Improper disclosure of personal information which violates federal/state privacy or identity theft protection law

- Using AHS information system resources to threaten, harass, or intimidate others

- Using AHS information system resources to engage in illegal activities

- Using AHS information system resources without authorization to electronically scan, probe, attempt unauthorized access or disable either AHS or non-AHS systems

Category 2: actions which violate AHS policies and/or standards, but may not otherwise violate federal or state law including but not limited to;

- Improper or excessive use of AHS resources for non-business purposes such as excessive use of email or internet access for personal use

- Unauthorized attempts to bypass AHS Data Security controls such as anti-virus, web filters, firewalls, etc.

- Inappropriate sharing of credentials such as passwords and identification/access cards

- Inappropriate viewing, displaying or storing of materials (images, video, audio, etc.) that is not in keeping with the standards of AHS but does not otherwise violate federal or state law directly or creates a hostile or threatening work environment

<u>**Security Sanction Guidelines**</u>

Category 1 Sanction Guidelines
Workforce members who violate federal and/or state law may be subject to criminal investigation, prosecution or civil monetary penalties in additional to internal AHS sanctions.

AHS Corporate Data Security will investigate any security incident or violation in this category. To the extent possible, AHS Corporate Data Security will mitigate any negative effects related to the incident. Any and/or all of the individuals involved may have their privileges revoked pending completion of the investigation. Incidents in this category may require notification to appropriate law

enforcement agencies, government regulatory agencies, and affected individuals.

All Category 1 violations will be reported to the Regional Corporate Responsibility Officer (RCRO).

The RCRO will immediately notify local hospital administration, human resources, risk management and the AHS Corporate Data Security Office.   The RCRO will document the incident via the AHS Corporate Data Security Incident Reporting Form.

If, the need for an investigation arises the individual's supervisor will be notified within 24 hours and if through the investigation, it is determined that an individual has committed a violation in this category, he/she should expect that internal sanction will be substantial and may likely result in complete revocation of privileges and/or termination of employment.   AHS will fully cooperate with any criminal investigation or prosecution efforts as required.

After completion of the investigation, the RCRO, Human Resources, Administration, and the Corporate Data Security Officer will determine the appropriate sanction based on the individual's intent, expected knowledge concerning their actions, the resulting negative effect of the act and directions received from federal or state agencies.

If the incident involves medical staff the RCRO will also engage the appropriate local medical staff committee for review of appropriate disciplinary actions.
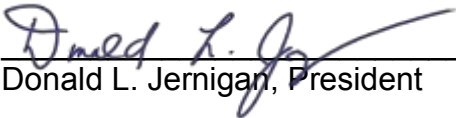
Category 2 Sanction Guidelines

Workforce members who violate AHS Information System Security Policies and/or Standards will be subject to internal AHS sanctions.

AHS Corporate Data Security will investigate any security incident or violation in this category.   To the extent possible, AHS Corporate Data Security will mitigate any negative effects related to the incident.   Any and/or all of the individuals involved may have their privileges revoked pending completion of the investigation.

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	Incidents in this category may require notification to government regulatory agencies and/or affected individuals. **All Category 2 violations will be reported to the Regional Corporate Responsibility Officer (RCRO).** The RCRO will immediately notify the AHS Corporate Data Security Office. The RCRO will document the incident via the AHS Corporate Data Security Incident Reporting Form. If, through investigation, it is determined that an individual has committed a violation in this category, he/she should expect that internal sanction(s) will be applied consistent with the facts of the incident. After completion of the investigation, the RCRO, Human Resources, and the Corporate Data Security Officer will determine the appropriate sanction based on the individual's intent, expected knowledge concerning their actions, the resulting negative effect of the act and direction received from federal or state agencies. If the incident involves medical staff the RCRO will also engage the appropriate local medical staff committee for review of appropriate disciplinary actions. The RCRO, Human Resources, and the Corporate Data Security Office will maintain a list employees involved in security incidents with the resulting outcome from the investigation.
References	HIPAA Security Rule: Health Insurance Reform: Security Standards, February 20, 2003, 68 FR 8334.
Approved By	_____ Donald L. Jernigan, President
Approval Date:	Date Origination Date: October 12, 2007

Adventist Health System
Information Services – Corporate Data Security   **Company-Wide**
Information Security Sanction Policy   **CW IS SEC 23**

	Revision Date: December 2, 2010, September 3, 2015, June 7, 2016
	Reviewed and affirmed: September 15, 2015

Student Requirements

Immunization Requirements for AHO

Tuberculosis (TB)

PPD current within one year (12) months of student activity in the facility. A negative TB skin test or, in the event of a positive TB skin test, a chest x-ray report stating no evidence of TB disease within the past 3 years; OR provide evidence of no TB disease per negative result of interferon-gamma release assay blood test (T-Spot or Quantiferon Gold).

Hepatitis

A completed series of Hepatitis-B vaccine, having begun the series, or informed refusal of the vaccine.

Varicella

Evidence of Varicella vaccine or titer advising status

Flu

Influenza vaccine for current influenza season (October 1 – March 31)

Other Immunizations

Documentation of active or passive immunity to Measles, Mumps, Rubella, Rubeola, Student to provide "Declination Form" if refusing immunizations except TB.

NOTE

Titers – please note that we do need either evidence of immunity via titers for Measles, Mumps, Rubella or history of two vaccinations. If the titer is negative the student does have the option to decline vaccination but we need to know status. Same will apply for Varicella unless there is evidence of vaccination or the exact date of medical diagnosis..

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Substance Screen Requirements

- Substance screening should be dated within 12 months of student activity in the facility. The screen is to be a minimum of a nine (9) panel screen to include the following:

  - Amphetamines,
  - Barbiturates
  - Benzodiazepines
  - Cocaine
  - Fentanyl
  - Marijuana
  - Meperidine
  - Methadone
  - Opiates
  - Oxcodones
  - Phencyclidine (PCP)
  - Propoxphene

-

  NOTE: Any screening report that reflects any medication/drug that is not prescribed by a physician to the named student is an automatic termination of clinical rotation for the student at AdventHealth Ocala.

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Background Screen Requirements

- Students and Faculty - Background reports should be dated within 12 months of rotation and should include:
  - Criminal

    All cities, counties, and states in which the student/faculty has resided in and in which the student/faculty has worked at any time in the past 10 years.
  - OIG (Office of Inspector General)
  - License or Certification

- Note: School to notify facility of any questionable activity that may appear on a student background check. Facility will review each individual on a case by case basis to determine.

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Insurance

Students

- Professional Liability Coverage Verification –
  Coverage in the amount of $1 million per occurrence / $3 million aggregate of the occurrence type of coverage

Faculty

- Worker's Compensation
  If school is government entity, School shall maintain the government version of such insurance

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Other

Physical Examination

- Academic Institution will provide a letter advising student has had a physical examination and is current on all immunizations prior to student activities in the facility. The physical examination shall include general physical exam, utilizing history (mobility, motor skills, hearing, visual and tactile abilities).

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Student Orientation

Welcome to AdventHealth Ocala

Contact Information for Students

AdventHealth Ocala
1500 S.W. 1st Avenue
Ocala, FL 34471
www.adventhealth.com

Thressa Maier

Education Coordinator

Thressa.Maier@AdventHealth.com
 352-671-2263/Fax 352-402-5197

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Orientation Instructions

- In addition to the orientation presentation, please read the information below and complete required documentation:

  - *Orientation Acknowledgement* and *Security Access Form*

  - *Student Confidentiality Form*

  - Requirements as noted under "Student Requirements" Section

  - *Flu Provider Disclosure Form* (during flu season October-March)

  - *Information Security Sanctions Policy* (CW IS SEC 23)

  - Parkingmap (review only)

-
    All student required documentation is to be submitted 2 weeks prior to clnical start date.

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Clinical Appearance / Identification

- You must wear your school-issued identification badge at all times

- Lanyards are not permitted in patient care areas.

- Employees of AdventHealth will wear a student badge while in the clinical setting; you may not wear your employee ID badge in the clinical setting.

- The way you dress either adds to or detracts from your professional image and sends a message about how you see yourself and how you want to be perceived by others. Like all nurses, clinicians, students or hospital personnel, you must be seen as professional, intelligent, trustworthy, and competent.

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Dress Code

Employees and Students are expected to be neat, clean and appropriately attired as follows:

- Tattoos must be covered at all times. Long-sleeve undershirts or arm sleeves can be worn under scrubs as long as professional look is maintained and scrub color is identifiable.
- Clothes must be clean and fit properly; they should not be wrinkled or have holes / tears.
- Pants should be hemmed and should not drag or touch the floor.
- Athletic gear (e.g., hoodies, T-shirts, jogging outfits, jerseys, yoga pants), denim, short skirts, tight fitting or unprofessional clothing may **not** be worn when on duty.
- Open toe or peep-toe shoes are not permitted
- Clean, professional appearing athletic shoes may be worn as part of approved uniform
- School approved / required uniforms must be worn while completing clinicals.

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Dress Code (cont'd)

HAIR
- Bright colors and unnatural hair color is not permitted (i.e., purple, blue, neon, or any rainbow colors).
- Hair must be secured and not touch patients or interfere with job performance (some departments may require that hair nets or caps be worn).
- Facial hair must be trimmed and neatly maintained. Adornments/rubber bands in beards are not permitted. Some departments may require that hair nets over beards be worn.

PIERCINGS
- If it does not present a safety hazard, conservative jewelry, presenting a professional image, may be worn.
- Visible body piercing(s) are prohibited.
- Gauges are **not** permitted. Earring size must fit within the natural earlobe. If skin dangles from gauge removal, earlobe(s) need to be taped back.
- Facial piercings are not permitted. jewelry worn in nose, lip, and/or eyebrow piercings must be removed while on duty.

FINGERNAILS
- Clean and professional-looking nails must be maintained.
- Maximum length no greater than ¼ inch.
- Acrylics, artificial nails/nail extenders, and silk overlays are not permitted.

The Facility reserves the right to determine what presents as neat, clean and appropriate attire, including if an item may be a safety hazard and/or is unprofessional.

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Parking Instructions

Parking Garage - The 5th floor of the parking garage is designated for student/instructor parking. You   will need to display your parking sheet on the dash of your vehicle.

 The parking garage entrance gate is open from 6:00am – 8:00am so you will not need an AdventHealth Ocala badge to get into the garage. The gates are also open between 6:00p – 8:00p; again, no badge required to exit as the gate automatically opens.

Anyone parking after 8:00 am must park in overflow parking located on the grass lot beside the Sun Bank. Many are using this space now and you may continue to park there as long as there is availability.

Reminder – open bed trucks should **NOT** park near the chain link helipad landing area. This is dangerous to not only the helicopter and transport but also the vehicle.

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Parking Map

Entrance into the Facility
from Parking Garage

Upon parking in the garage students/instructors may follow the sidewalk across the street and up to the 2 North entrance (at the back of the hospital). This is the employee entrance.

Students/Instructors MUST use their school identification badge for entry.

At the door you will need to "push the button for operator" to be buzzed into the building. There is a camera above the door and you will be asked to provide/show your identification badge before entering.

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Mission and Vision

No Pass Zone

Corporate Compliance

Mission and Vision

Mission

- Extending the Healing Ministry of Christ

Vision

- We have the capacity and resources to become an organization that is widely respected as a customer-focused organization that engages individuals in their health by delivering Christ-centered, wholistic, best practice care across a connected, comprehensive continuum of services. With Christ as our example, AdventHealth cares for and nurtures people: our employees, our communities, our healthcare professionals, and those who trust us for care and healing.

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No Pass Zone

As an AdventHealth Employee/Student you are expected to respond to patient call lights – this is the **"No Pass Zone!"**

ALL employees/students are considered "care team members". It is the expectation that no matter where you work or what your job title may be, *as a care team member*, you must answer call lights.

All non-clinical and clinical staff can help meet our patients' needs.
You are not expected to do something outside your job description or responsibilities.

If you are comfortable obtaining an item they need (extra blanket, tissues, etc.), please feel free to do so. This will also assist the staff on the floor. If not, please call a staff member.

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Corporate Compliance

Compass Point
- Program for doing business with integrity, honesty, and fairness

Compliance Officer
- Responsible for program oversight

Corporate Compliance Department
- Employee issues concerning non-compliance with Local, State or Federal Regulations:

   (407) 975-1402 or (888) 92-Guide

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The Patient Experience

At

AdventHealth Ocala

Introduction

AdventHealth Ocala welcomes the privilege to provide a well-rounded learning experience for you and your fellow students during your rotation here.

We know that you will leave your rotation with a greater understanding of your clinical responsibilities in patient care.

This module is designed to help you also understanding some of the key behaviors you will need to follow to provide an exceptional experience for our patients as you are providing quality clinical care.

Goals for this Module

- Understand how to define "Patient Experience" within AdventHealth System.

- Gain an understanding of the patient's perspective and perception of care.

- Understand how "Patient Experience" is measured and why it is critically important in health care today.

- Understand the key services behaviors that are expected of all nursing staff within AdventHealth to drive a positive experience for our patients.

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What is Patient Experience?

PATIENT EXPERIENCE

Treating the patient as you would the person whom you love the most.

AdvenHealth defines Patient Experience in simple, easy terms. Imagine it was your father, mother, brother or sister in the bed. ALWAYS treat every patient the same way you would want to treat that loved one.

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Our Patients

When patients come to the hospital they are afraid, perhaps in pain, uncertain and anxious. Research shows that most feel lonely, alienated and bored during their stay, and then abandoned and unprepared to go home. At AdventHealth, we combat these feelings by:

Building Trust – Telling the patient who we are and what our role is in their care.

Creating Belonging – Partnering with the patient and always telling them what we are doing to care for them.

Delivering Hope – Helping them understand the "why" of what we are doing and how it can help them have the most positive outcome possible.

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Compassion and Empathy

Approach every encounter with compassion and empathy. It is no longer enough to just provide the correct medical treatment.

Above all, patient's judge their care by **how we treat them as individuals** – not by the clinical care they receive.

Our patient's appreciate the care they receive from students and often comment on how much they appreciate the attention they receive.

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What is the Whole Care Experience

"The Whole Care Experience" is an interactive immersion into AdventHealth's common cultural framework and service standards. It puts the learner and their colleagues at the center of the conversation, bringing your experiences and perspective to the forefront of who we are as a system and how we care for the patient's and visitors we interact with every day.

Mission

Extending the Healing Ministry of Christ

OUR PURPOSE

Vision

**Wholistic
Exceptional
Connected
Affordable
Viable**

OUR DIRECTION

Values

**Quality & Service Excellence
Community Wellbeing
High Ethical Standards
Stewardship
Inclusiveness**

OUR BELIEFS

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Service Standards — Every Person, Every Time

Keep Me Safe
- I make safety my number one priority.
- I protect privacy and confidentiality.
- I keep my environment clean.
- I follow the dress code and wear my badge correctly.

Love Me
- I treat others with uncommon compassion.
- I nurture whole-person care through CREATION Health.
- I treat others with fairness and respect.
- I listen and communicate effectively using iCARE.

Own It
- I am positive and aim to exceed all expectations.
- I follow through on commitments.
- I use discretion with personal devices.
- I recover service and restore trust using ACT.

Make It Easy
- I help guests to their destination.
- I speak highly of others to provide connected care.
- I collaborate to create solutions, not excuses.
- I innovate and continually seek ways to improve our work.

AdventHealth Ocala

iCARE

Inpatient Experience Standards

Patient Experience

- Patient's don't always recognize the care you provide. Remember, they are afraid, anxious, in pain, and most likely didn't go to nursing school or med school.

- The goal of our Patient Experience strategies is to help patient's recognize the good care more easily.

- To be effective, these strategies must be carried out consistently by all members of the care team – and that includes **YOU**!

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i **INTRODUCE |** Say your name, role and purpose.

"Hello Mr./Ms._____. It's _____, your nurse here to do an Hourly Visit."

C **CONNECT |** Engage patient in a personal and meaningful way before clinical care.

"What is the **Most Important Thing** I can do for you today?"

"How are you feeling right now?"

"You seem to really like that TV show. I watch it too!"

A **ANTICIPATE |** Proactively meet patient needs by assessing the 5P's integrated with clinical care.

Pain: "Your medicine _____ is available at _____, 45 minutes from now. I really want to make sure you are **comfortable**."

"Can you explain to me some other things you do at home to **treat** pain?" "What is your current pain level on a scale of 0-10?" "What is your pain treatment goal for us to work towards?" "At what level would you reach for medicine at home?"

Potty: "I want to keep you **safe**. Please let me **help** you to the **bathroom** while I'm here."

Position: "May I help reposition you to make you more **comfortable**?" "It's been about two hours since we last repositioned you. We want to **protect** your skin and keep you comfortable, so let's reposition you."

Periphery: "I will make sure your room is **clean** and **quiet** for you to **rest**." (Ensure call bell is within reach and offer suggestions for rest: earplugs, dim lights, extra blanket/ pillow)

Parting: "What may I help you with before I go?" (offer suggestions: water, personal items, update on care plan).

"I will be back in **about an hour to visit** with you."

R **REINFORCE |** Speak highly of other team members, give updates on the plan of care, perform teach-back, and narrate your care out loud always (COLA).

"I promised to keep you updated when we went over your **care plan** this morning. Since that time, _____ (state doctor's name) has ordered a chest x-ray because of your cough. Your doctor is very caring and thorough. We will visit you **together** to explain your results when they come back."

"I want to make sure I explained your new **medicine information** clearly. Can you tell me what this medicine is used for and a possible **side effect**?"

"The **My Care Folder** has a place to write down any questions you may have for your doctor. Your doctor and I will visit you together to answer your questions and explain things clearly to you."

"**CREATION Health** includes 8 principles to help us live happier and healthier lives. Which principle is important to you?"

"I will keep your communication board updated throughout the day with your **pain treatment** plan including your pain medicine and when you are able to have (name the medicine) to treat your pain."

E **EXTEND |** Ensure needs are met before parting for the hour.

"I'll be back in **about an hour** to visit with you and make sure your needs are met. Is there anything I can do for you before I go or something that I can bring back to you when I return?"

"It's around _____-o'clock now and I'll be back around _____-o'clock to visit you."

"It was a pleasure getting to know you. I leave you in very caring and capable hands."

iCARE
Every Person, Every Time

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ACT

Service Recovery

ACT

If a patient or family member is upset....

A – **Acknowledge/Apologize** : Acknowledge the issue or concern and apologize: "I'm sorry that happened"

C – **Correct** : Explain how you will fix the situation, follow up with the resolution.

T – **Thank** : Thank the person for their feedback and the opportunity to make things better.

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Hour Rounding Visits

Hourly Visit

Pain: Partner with patient to determine a **pain treatment** goal, identifying medicine and/or alternative ways to treat pain.

Potty: Offer **help to bathroom** proactively or check patient's brief or bed linens.

Position: Reposition/turn patient in bed as appropriate to **protect skin** and for **comfort**. Provide or adjust pillows. Offer to help patient to the chair if appropriate.

Periphery: Narrate that you are ensuring the room is **clean** and **safe**. Place **call light** within patient reach in case of emergent concern.

Parting: Explain to the patient what time you will return for another Hourly Visit. Update the **Hourly Visit Clock**.

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Bedside Handover

Bedside Handover

Provide an Hourly Visit within the 0600 or 1800 hour to treat pain, offer bathroom and ensure patient is comfortable; this minimizes interruptions during report with oncoming nurse. {Love Me}

Introduce and **speak highly** of oncoming caregiver. {Make it Easy}

Invite the patient to participate and give input during the handover. Ask permission to share informaiton in front of visitors. {Love Me}

Explain that you will be using the computer during handover to reference the electronic health record (EHR). {Own It}

Give report using SBAR: {Keep Me Safe}

Situation: Patient name, birthdate, allergies, code status, admit status, diagnosis, admitting symptoms
Background: Pertinent history, labs/tests (pending or planned), therapies or new medications, precautions, consults, diet/activity orders
Assessment: Pain level, pain goal, pain treatments (medicines and alternative measures), vital signs with oxygen delivery and telemetry reading, review of body systems, surgical sites, tubes, drains, glycemic monitoring, diagnostic studies or procedures/surgeries in future
Recommendations: Review the pending items in the EHR, suggest consults by ancillary support services, consents needing signed, additional pain treatment measures needed, teaching needs (*ask patient*), transition planning (*ask patient*)

Safety Checklist

- ✔ Verify patient name/date of birth and allergies are correct on patient's wristband with EHR
- ✔ Ensure upcoming tests/treatments/consults mentioned in report are ordered in EHR. Clarify with provider if there is a discrepancy
- ✔ Make sure appropriate interventions for precautions are done (bed alarm- fall risk, padded side rails- seizure, etc.)
- ✔ Visually assess new surgical sites, lines, tubes and drains
- ✔ Observe patient rhythm on cardiac monitor if applicable
- ✔ If pending surgery or procedure, check consent forms

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Initial/Sit Visit

Initial/Sit Visit

Update the **communication board** with **pain treatment plan** (level, goal, pain medicine/alternative treatment, next dose available). {Make it Easy}

Sit to explain the **plan of care** and answer patient questions about what to expect for the day. {Love Me}

Ask the patient: **"What's the Most Important Thing I can do for you today?"** (Write response on the communication board). {Love Me}

Orient the patient to the **My Care Folder** as a tool to organize information throughout hospital stay and for transition home. {Make it Easy}

Discuss a **CREATION Health** principle daily that helps us feel whole. {Love Me}

Tell the patient your commitment to visit hourly to help with their needs and keep them safe. {Own It}

Assess 5P's: **Pain, Potty, Position, Periphery, Parting**.
{Keep Me Safe}

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In Review

- The work we do at AdventHealth Ocala is sacred work and we are compelled to not just deliver the best possible clinical outcome, but do so in an environment and manner that illustrates our commitment to extending the healing ministry of Christ to every patient, every time.

- For out patients to have the best perception of the care they receive, we must follow evidence-based best practices around communication and patient-centered care at all times.

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Risk Management

Risk Master

- Florida law requires all health care facilities to have a risk management program in place.
- AdventHealath Ocala Incident Reporting System
    Risk Master is the on-line incident reporting system used by all employees and students.
        After notifying the patient's nurse, the student, <u>under the direction of that nurse,</u> will complete the *Risk Master* report.

    - Report any injuries or incidents immediately to your clinical instructor and the Organizational Development & Education Department

    - Reporting is non-punitive meaning no punishment will result as a result of reporting an incident.

Sexual Misconduct

- Sexual Misconduct
    - Notify your instructor/charge nurse immediately if:
        A patient makes allegations of sexual misconduct
        You feel you are being harassed

    - Risk Management and Administration will handle the issue once notified by the manager/supervisor.

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Abuse and Neglect

- Abuse and Neglect
  - Harm or threatened harm to a person's physical or mental health or welfare is considered abuse and/or neglect.
  - Signs
    - Suspicious or unexplained cuts, scrapes, burn marks, or bruises
    - Old broken bones noted on x-ray
    - Failure to thrive and/or obvious fear of touch
    - Fatal injury
    - Sexual abuse
    - Social withdrawal or depression
    - Not acting the right age
    - Suicide ideation or attempt

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Sexual Misconduct, Abuse and Neglect

- Florida law requires reporting of suspected abuse or neglect of children, elderly, or disabled adult.

- Reports directed to the Central Abuse Registry and Tracking System at 1-800-96-ABUSE (1-800-962-2873).

- The reporting person may choose to remain anonymous.

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HIPPA Privacy and Security Rules

- Health Insurance Portability and Accountability Act of 1996 [HIPAA]
  - Federal Law designed to protect Information known as Protected Health Information (PHI)
- Health Information Technology for Economic and Clinical Health [HITECH Act]
  - January 2013, the Department of Health and Human Services implemented HITECH's statutory amendments to HIPAA
- There are two primary HIPAA rules, as amended by HITECH:
  - Section 1: The HIPAA Privacy Rule
  - Section 2: The HIPAA Security Rule

HIPPA and Patient's Rights

- The patient has the right to:

  - Participate in his/her plan of care, and to request or refuse treatment
  - Make decisions regarding his/her care and the right to create advance directives
  - Personal privacy and care in a safe setting
  - Confidentiality of his/her record
  - Access record information in a reasonable time frame
  - Be free from all forms of abuse or harassment
  - Be free from both physical restraints and drugs that are used as a restraint

- Part of your responsibility as a student is to REPORT to your clinical instructor and the Education Department any privacy or security breaches involving PHI.
- Do NOT print or email any patient information.
- Log off computer screens when not in use.

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PHI Defined

- Any information that can be used to identify a patient (whether living or deceased) that relates to the patient's past, present, or future physical or mental health or condition, including healthcare services provided and payment for those services.

- Students may access PHI only when necessary to perform their

  clinical related duties.

- Please note: MINIMUM NECESSARY [45 CFR 164.502(b), 164.514(d)]- This standard means that the MINIMUM amount of information to perform the duties of the job should only be accessed.

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DON'T DO IT!

- Remember ALL information is entitled to the same protection and must be kept private! It is the law.
- **Never**
  - …look at PHI "just out of curiosity" (no harm intended, want to send a "get well card") OR seeking info on a "High Profile Person" (Board members, employees, etc.)
- **Never**
  - …access information regarding a close friend or family thinking that you are just trying to help
- **Never**
  - …access PHI for intent to use the information for personal advantage or financial gain (ex. selling of patient demographics to a firm soliciting for legal services) OR to gain retribution (ex. scorned spouse, etc.)

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Grievances and Complaints

- Use chain of command and notify clinical instructor and clinical leader on the unit.

- Both Joint Commission and AHCA have reporting hotlines you can access via internet.

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Risk Management

- **Help create a safe environment!**

- Ways to avoid risky situations:
    - Know your scope of practice and hospital policies.
    - Do not take short-cuts.
    - Draw attention to frayed wires, spilled liquids, or safety hazards.
    - Check electrical equipment for the approval safety sticker.

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EMTALA

If an individual is presented to an emergency department and a request is made by the patient, or in his/her behalf, for examination or treatment of an emergency medical condition, the hospital must provide for an appropriate medical screening examination of that condition, without delay or interference, to the extent of that hospital's emergency department capability, without consideration of the patient's ability to pay for the care.

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Employee Health

Employee Health

- AdventHealth Ocala is a drug and alcohol free environment.

- All campuses are **smoke-free.**

- Influenza vaccines are required for all students and employees
  - Protect your patients, your loved ones and yourself with vaccinations
  - Each year more than 80,000 people die from influenza and related complications
  - A consent or declination form must be completed

- ** If declining vaccine, you must have a prior approved declination form and wear a mask in **ALL** areas during flu season October – March.

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Employee Health

- TB is a disease caused by bacteria called Mycobacterium **tuberculosis**. The bacteria usually attack the lungs, but they can also damage other parts of the body. TB spreads through the air when a person with TB of the lungs or throat coughs, sneezes, or talks.

- Tuberculosis (TB) Screening and Fit Testing
  - APPD/Chest X-ray is required.
  - Students may not enter airborne precaution rooms.

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Employee Health

In the case of a needle stick (clean or contaminated SHARPS) or related blood exposure injuries:

- Perform immediate first aid: wash skin with soap and water and rinse the mucous membranes with water.

- Immediately notify your clinical instructor and the unit's clinical leader.

- An injury report must be completed in *Risk Master.*

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Employee Health

- Body Mechanics - basic steps to correct lifting:
  - Bend at the hips and knees
  - Create a wide base of support by spreading your feet apart (at least shoulder width)
  - Keep your back straight and body positioned over the base of support
  - Keep items close to your body, creating less stress on your lower back
  - Keep your path clear
  - Ask for help; don't try to be superman/woman

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Employee Health

- Tips for good body mechanics include:
  - Keep head and shoulders up as lifting motion begins
  - Tighten stomach muscles as lifting begins
  - Lift with legs and stand up in a smooth, even motion
  - Move the feet if a direction change is necessary
  - Communicate before and during the lift if more than one person is involved

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Patient Safety

Patient Safety

- Patient safety efforts
  - National Patient Safety Goals (NPSG) – Safety interventions by The Joint Commission to prevent errors in patient care

- Some NPSGs include:
  - Speak Up – Encourage patients to "Speak Up" with any questions about their care or safety
  - Prevent infections with appropriate hand hygiene / washing hands

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Patient Safety

- Fall Prevention

  - Inpatients
    - Make sure all items such as the call bell, tissues, water, etc. are in reach
    - Provide skid-free socks for patients when out of bed
    - Bed in low position, wheels locked
    - Bed/chair alarms
    - Make sure the area is safe – no clutter, spills, tripping hazards
    - Always ensure there is an employee with you for safe patient transfers
    - Stay with patients who might fall and call for help, if needed
  - Outpatients
    - Help outpatients who may be at risk for falling by transporting them in wheel chairs or accompanying them to their destination.

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Patient Safety

- If you have a safety or quality concern:
    - Talk to your clinical instructor and the unit's clinical leader
    - Call Organizational Development & Education with any questions

Reporting safety and quality concerns is an critical step towards improving care.

  AdventHealth Ocala correct problems.

- If concerns are not resolved, you may contact The Joint Commission [TJC] at 1- 800-994-6610.
- There will be no retaliatory discipline for reporting concerns to

  the organization or TJC.

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Performance Improvement

Performance Improvement

- The purpose of performance improvement (PI) is to improve service and the quality of care provided to all customers (patients, family, physicians, co-workers, or any visitor).

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Performance Improvement

- Why PI?

  - To support the values and mission of AdventHealth Ocala

  - Sustain an ongoing effort by all individuals to continuously improve process and care and minimize errors

  - Improve patient outcomes

  - Improve patient satisfaction

Performance Improvement

- Consistently improving:
  Quality – publicly reported clinical measures, evidence-based care, patient satisfaction

  Service – community service (Heart Walk, Relay for Life, Community Education, etc.), new services, other community outreach initiatives

  People – diversity, staff satisfaction, benefits

  Finance – wise use of our resources / stewardship

  Department Specific – each department works to improve a service or product within their department that contributes to the organization's goals and mission

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Infection Control

Infection Control

- For an infection to spread, a germ must be carried to someone who cannot fight the infection and as a result will become ill.
- Germs spread by:
  - Touching
  - Breathing in droplets or particles in the air
  - Eating or drinking
  - Mosquitoes, flies, rats, etc....

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Hand Hygiene

The CDC estimates that 2 million Healthcare Associated Infections (HAI) occur every year and approximately 100,000 people will die from that infection.

Improved hand hygiene reduces HAI rates and SAVES LIVES.

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Hand Hygiene

- When should you wash your hands?
  - When entering or leaving a patient's room (before and after contact with patient and/or patient's equipment or environment)
  - Before putting on and after removing gloves
  - Before handling an invasive device (such as IV tubing or Urine catheter)
  - After contact with body fluids, excretions, mucus membranes, non-intact skin or wound dressings
  - After sneezing or coughing
  - Before handling food or medications
  - Whenever visibly soiled

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Hand Hygiene

- Wet hands with warm water.
- Apply soap to all hand surfaces.
- Rub hands vigorously for 15-20 seconds, making a lather.
- Be sure to wash between fingers and under nails!
- Rinse hands under running water with fingers pointing down.
- Dry hands thoroughly with paper towel.
- Turn faucet off with dry paper towel (to avoid contaminating your clean hands).

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Hand Hygiene

When not visibly soiled, alcohol-based hand hygiene may be used instead of soap and water.

Apply 1.5 - 3 ml (1 to 2 squirts) of the product to the palm of hand.

Covering all surfaces, rub hands together until they are completely dry and the product is absorbed.

- **Do not use alcohol-based hand rubs** when caring for patients with Clostridium difficile (C-diff) diarrhea/infection. Use soap & water instead.

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Infection Control

- Students must use Personal Protective Equipment (PPE) when Required. PPE includes:

  - Gloves
  - Aprons
  - Masks
  - Gowns
  - Caps
  - Resuscitation Devices
  - Protective Eye Wear
  - Shoe Covers
  - Lab Coats
  - Face Shields

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Infection Control

Personal Protective Equipment (PPE)

- Gloves
    - Most commonly used form of PPE
    - Keep blood-borne germs off hands
    - Latex and vinyl used for medical or lab procedures
    - Heavy-duty utility gloves may be used for housekeeping duties

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Infection Control

- PPE- Application order:
  - Gown, Mask & Gloves
- PPE- Removal order:
  - Dirty to Clean
  - Gloves, Face shield or Goggles, Gown, Mask
- Always wash hands before & after PPE
- Discard PPE in appropriate container / room
- **DO NOT** wear PPE in hallways (including gloves)

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Infection Control

- Universal/Standard Precautions

  - Health care workers must treat all human blood and body fluids as if it were infected with a blood-borne disease.

  - We must act like all patients are infected with a blood-borne germ and take steps to protect ourselves from Infection using appropriate PPE's.

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Infection Control

Blood Borne Pathogens (Germs) and Diseases

- Sickness carried in the blood (Bloodborne Pathogens):
  - Hepatitis B, Hepatitis C, Hepatitis D (not as common), Syphilis, Malaria, Human Immunodeficiency Virus (HIV), and other hemorrhagic fevers such as Ebola Virus

  - Blood and other bodily fluids containing blood of person infected with these diseases carry the germs which can be spread to others.

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Infection Control

Bloodborne Pathogens

Causes of spread (exposure)

- Accidental injury with a sharp contaminated object (needles, scalpels, broken glass etc...)
- Contaminated body fluids that get into open cuts, nicks or abrasions, dermatitis, acne lesions, or mucous membranes of the mouth, eyes or nose
- Indirect spread happens when you touch a contaminated surface and then touch your mouth, eyes, nose or open skin
- Hepatitis B Virus (HBV) can live on surfaces, at room temperature, for weeks
- Surfaces may be dirty even if you can't see blood or fluids on them

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Infection Control

People at Risk for Bloodborne Diseases

- Healthcare workers and students caring for patients with bloodborne diseases
- People who have unprotected sex with a bloodborne pathogen-infected person
- IV drug users
- Newborns of mothers with bloodborne diseases

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Infection Control

Clostridium difficile (C. diff)

- Causes 15-25% of the antibiotic associated diarrhea
- C. diff is shed in feces
- C. diff spores can be transported from one patient to the next on the hands of healthcare workers and students
- All healthcare workers, students and visitors must wear gown and gloves while caring for the patient
- Soap and water must be used after caring for a patient with C. diff as alcohol based hand gels are not effective
- Patient should be placed on contact precautions as soon as C. diff is suspected

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Infection Control

Multi-Drug Resistant Organisms (MDROs)

- MDROs are the "SUPER BUGS" that cause infections that common antibiotics can't kill!
- MDROs are Resistance to multiple drugs/antibiotics
- Here are just a few:
  - MRSA (Methicillin Resistant Staph Aureus)
  - VRE (Vancomycin-Resistant Enterococcus)
  - C-diff (Clostridium Difficile)
  - CRE (Carbapenem Resistance)

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Infection Control

MDROs are spread from:

- The patient: MDROs on their skin, body fluids or sputum

- The healthcare workers and students that do not wash hands.

- Hospital equipment that is contaminated with MDROs and NOT CLEANED, i.e.: chairs, IV-poles, bedrails
- Isolating MDROs
  - Patients with known or suspected MDROs must be placed on isolation.

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Isolation Signs – Infection Control

CONTACT PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN POR CONTACTO

STOP **ALTO**

- Perform hand hygiene before entering and before leaving the room.

- Wear gloves and gown.

- Use dedicated or single-use disposable equipment. If not available, shared equipment must be cleaned and disinfected between patients.

- Remove and dispose of gloves and gown before leaving the room.

- Perform hand hygiene.

FAMILIES AND GUESTS
FAMILIAS Y VISITANTES

- See nurse about precautions before entering

- Clean hands upon entering and exiting room
- Wear a gown and gloves while in the room and remove before exiting room

- Consulte a la enfermera acerca de las precauciones antes de entrar

- Lavarse las manos al entrar y al salir de la habitación

- Utilizar bata y guantes en la habitación y quitárselos antes de salir de la habitación

TRANSPORTING A PATIENT

- Notify personnel at the destination.
- Contain and cover any open/draining lesions/wounds with clean dry dressings.
- Place a clean gown on the patient.
- Disinfect any equipment traveling with the patient (bed/stretcher, IV pumps/poles, monitors, etc.).
- Cover patient with clean sheet.
- Personnel must remove PPE & perform Hand Hygiene BEFORE exiting the patient room.
- Transport personnel should NOT wear PPE during transport.
- Don PPE at the transport destination for patient contact.

THIS SIGN SHOULD BE REMOVED ONLY BY EVS AFTER CLEANING

STOP ENTERIC CONTACT PRECAUTIONS ALTO

PRECAUCIONES DE TRANSMISIÓN ENTÉRICA

- Perform hand hygiene before entering the room.

- Wear gloves and gown.

- Use dedicated or single-use disposable equipment. If not available, shared equipment must be cleaned and disinfected between patients.

- Remove and dispose of gloves and gown before leaving the room.

- Wash hands with SOAP & WATER for at least 15 seconds before leaving the room.

FAMILIES AND GUESTS
FAMILIAS Y VISITANTES

- See nurse about precautions before entering

- Clean hands upon entering and wash hands with soap and water upon exiting room

- Wear a gown and gloves while in the room and remove before exiting room

- Consulte a la enfermera acerca de las precauciones antes de entrar

- Lavarse las manos al entrar y lavarse las manos con jabón y agua al salir de la habitación

- Utilizar bata y guantes en la habitación y quitárselos antes de salir de la habitación

TRANSPORTING A PATIENT

- Notify personnel at the destination.
- Contain and cover any open/draining lesions/wounds with clean dry dressings.
- Place a clean gown on the patient.
- Disinfect any equipment traveling with the patient (bed/stretcher, IV pumps/poles, monitors, etc.), using BLEACH disinfectant.
- Cover patient with clean sheet.
- Personnel must remove PPE & wash hands with SOAP & WATER BEFORE exiting the patient room.
- Transport personnel should NOT wear PPE during transport.
- Don PPE at the transport destination for patient contact.

THIS SIGN SHOULD BE REMOVED ONLY BY EVS AFTER CLEANING

STOP DROPLET PRECAUTIONS ALTO

PRECAUCIONES DE TRANSMISIÓN POR GOTAS

- Perform hand hygiene before entering and before leaving the room.

- Wear a surgical mask and gown.

- Use dedicated or single-use disposable equipment. If not available, shared equipment must be cleaned and disinfected between patients.

- Remove and dispose of surgical mask before leaving the room.

- Perform hand hygiene.

FAMILIES AND GUESTS
FAMILIAS Y VISITANTES

- See nurse about precautions before entering
- Clean hands upon entering and exiting room
- Wear a surgical mask and gown while in the room and remove upon exiting

- Consulte a la enfermera acerca de las precauciones antes de entrar
- Lavarse las manos al entrar y al salir de la habitación
- Use una máscara quirúrgica y una bata mientras esté en la habitación y quítese al salir

TRANSPORTING A PATIENT

- Notify personnel at the destination.
- Place a surgical mask on the patient if tolerated.
- Disinfect any equipment traveling with the patient (bed/stretcher, IV pumps/poles, monitors, etc.).
- Personnel must remove surgical mask or other PPE & perform Hand Hygiene BEFORE exiting the patient room.
- Transport personnel should NOT wear surgical mask and gown during transport.
- Don surgical mask and gown at the transport destination for patient contact.

THIS SIGN SHOULD BE REMOVED ONLY BY EVS AFTER CLEANING

STOP | ALTO

AIRBORNE PRECAUTIONS

PRECAUCIONES DE TRANSMISIÓN AÉREA

KEEP DOOR CLOSED

Mantener la puerta cerrada

- Perform hand hygiene before entering and before leaving the room.
- Wear N95 disposable respirator mask or PAPR.
- Use dedicated or single-use disposable equipment. If not available, shared equipment must be cleaned and disinfected between patients.
- Remove N95 respirator mask & dispose of **OUTSIDE THE ROOM.**
- Or if using PAPR, remove **OUTSIDE THE ROOM**, and disinfect with hospital approved disinfectant.
- Perform hand hygiene.

THIS SIGN SHOULD BE REMOVED ONLY BY EVS AFTER CLEANING

FAMILIES AND GUESTS
FAMILIAS Y VISITANTES

- See nurse about precautions before entering
- Clean hands upon entering and exiting room
- Wear a surgical mask while in the room and remove upon exiting

- Consulte a la enfermera acerca de las precauciones antes de entrar
- Lavarse las manos al entrar y al salir de la habitación.
- Utilizar mascarilla quirúrgica y quitársela después de salir de la habitación

TRANSPORTING A PATIENT

- Notify personnel at the destination.
- Place a surgical mask on the patient if tolerated.
- Disinfect any equipment traveling with the patient (bed/stretcher, IV pumps/poles, monitors, etc.).
- Personnel must remove PPE (except the N95 respirator mask) & perform Hand Hygiene BEFORE exiting the patient room.
- Remove N95 respirator mask AFTER exiting the room.
- Transport personnel should NOT wear N95 respirator mask or PAPR during transport.
- Don n95 respirator mask or PAPR at the transport destination before removing patient's mask.

STOP / ALTO

PROTECTIVE PRECAUTIONS
PRECAUCIONES DE PROTECCIÓN

NO ONE WITH AN INFECTION MAY ENTER
NO LIVE PLANTS OR FLOWERS

- Perform hand hygiene before entering and when leaving the room.

- Wear a surgical mask.

- Use dedicated or single-use disposable equipment. If not available, shared equipment must be cleaned and disinfected between patients.

- Perform hand hygiene.

FAMILIES AND GUESTS
FAMILIAS Y VISITANTES

- See nurse about precautions before entering
- Clean hands upon entering and exiting room
- Wear a surgical mask while in the room and remove upon exiting

- Consulte a la enfermera acerca de las precauciones antes de entrar
- Lavarse las manos al entrar y al salir de la habitación
- Utilizar mascarilla quirúrgica y quitársela después de salir de la habitación

TRANSPORTING A PATIENT

- Place a surgical mask on the patient.

THIS SIGN SHOULD BE REMOVED ONLY BY EVS AFTER CLEANING

Hazardous Materials and Waste

Hazardous Materials and Waste

- Handling Hazardous Waste
    - Regulated medical waste, such as absorbent materials with blood, body fluids, or excretions
    - Must be transported separately.

  - Non-hazardous
    - Most other soiled waste including paper and food

  - OSHA
    - Defines regulated waste as items contaminated with blood or bodily fluid

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Hazardous Materials and Waste

- Handling Biohazardous Waste
  - Place all **SHARPS** (needles) in puncture-proof container and never overfill.
- The **SHARPS** container on the right should not be used and is considered FULL.

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Stericycle
Rx Waste Compliance Service

RX WASTE STREAM MANAGEMENT • LQG

NOT LABELED / IDENTIFIED	← LABELED / IDENTIFIED HAZARDOUS BY PHARMACY →		← NOT LABELED / OTHER WASTE STREAMS →		

CONTAINER

SORT CODE	NO CODE	BKC, PBKC, BLACK CONTAINER	ALL SP CODES	NO CODE	NO CODE	EMPTY ITEMS
WASTE CLASS	NON-HAZARDOUS Rx WASTE	HAZARDOUS Rx WASTE	INCOMPATIBLE Rx WASTE (SEND TO PHARMACY)	MAINTENANCE IV SOLUTIONS	SHARPS/ INFECTIOUS WASTE	EMPTY/TRACE VIALS AND IV BAGS (EXCEPT FOR THOSE WITH A PBKC CODE)

DESCRIPTION AND EXAMPLES OF WASTE

NON-HAZARDOUS Rx WASTE

Medication left in a vial, IV, pill –
All Rx waste without a waste code defaults to the blue container unless it is in a syringe or ampoule. Any waste with the potential to leak must be placed in a recloseable bag. It is not permitted by the U.S. Department of Transportation (DOT) to transport free fluids.

Examples of Non-Hazardous Waste:
- Antibiotics
- Tylenol
- Aspirin
- Full or partial IV's with Rx medication instilled. (Keep tubing attached and place in recloseable bag.)
- Lotions, Creams and Ointments must be capped or placed in a recloseable bag.
- Meds soaked in Sponges or paper towels (no blood) should be placed in a recloseable bag
- Pills & Tablets
- Full or partial Vials

HAZARDOUS Rx WASTE

Medication left that is hazardous –
- Allergenic
- Antiseptics
- Nicotine Gums & Lozenges
- Alcohol based medicinal liquids
- Coumadin/Warfarin
- Transdermal patches
- Unidentified medications
- Full or partial IV's or vials with insulin or other hazardous drug waste codes

2 Gallon Hazardous Sharps Container
Syringes, ampoules or sharps with residual medication (bulk) that:
 – is with or without a needle
 – has not come into direct contact (IM)
 – is not a controlled substance

PBKC waste code
Capture full, partial and empty packaging for P-Listed Rx Waste, examples:
 – Nicotine / Nicotrol
 – Coumadin / Warfarin

INCOMPATIBLE Rx WASTE (SEND TO PHARMACY)

These wastes are sent to pharmacy in recloseable bags for proper disposal:
SP, SPO, SPC, SPLP

Incompatible Rx wastes require segregation to meet US DOT, safety & disposal facility requirements.

Examples of Incompatible Rx Waste:
- Aerosols
 – Inhalers
- Corrosives (examples)
 – Glacial Acetic Acid
 – Sodium Hydroxide
- Oxidizers (examples)
 – Potassium Permanganate
 – Unused Silver Nitrate

DISPOSE IN RECLOSABLE BAG AND USE HOSPITAL DEFINED PROCEDURE FOR RETURNING TO PHARMACY.

MAINTENANCE IV SOLUTIONS

Items that can be disposed of and poured down the drain.

Examples of Maintenance IV Solutions:
- Potassium Chloride
- Potassium Phosphate
- Sodium Phosphate
- Calcium
- Sodium Bicarbonate
- Dextrose
- Saline

NO IV SOLUTIONS WITH Rx MEDICATIONS INSTILLED CAN BE DISPOSED OF DOWN THE DRAIN OR SEWER SYSTEM.

SHARPS/ INFECTIOUS WASTE

Examples of Sharps/Infectious Waste:
- Needles
- Empty Syringes
- Empty Ampoules
- Saline / Syringe
- Blood / Syringe

NO MEDICATIONS

EMPTY/TRACE VIALS AND IV BAGS

NOTE: For empty/trace containers of P-Listed Rx Waste (PBKC waste code), see Hazardous Rx Waste.

Dispose of empty/trace containers per hospital policy.
- Empty Vials
- Empty IV Bags
- Empty IV Tubing

In most states and counties it is permissible to dispose of empty containers (IV bags, tubing and vials) in the regular trash.

Empty syringes and ampoules place in red sharps container.

NOT PERMITTED

NO BLOOD PRODUCTS OR INFECTIOUS WASTE, SYRINGES OR AMPOULES NO CONTROLLED SUBSTANCES NO SHARPS	NO BLOOD PRODUCTS OR INFECTIOUS WASTE SYRINGES OR AMPOULES IN 8 GAL NO CONTROLLED SUBSTANCES	NO CONTROLLED SUBSTANCES NO SHARPS	NO CONTROLLED SUBSTANCES NO SHARPS	NO CONTROLLED SUBSTANCES	NO CONTROLLED SUBSTANCES NO SHARPS

PROTECTING PEOPLE. REDUCING RISK.™

FOR QUESTIONS, CALL (877) WASTE11
927-8311

PRACTICE Greenhealth MEMBER

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Hazardous Materials and Waste

- Handling Biohazardous Waste
  - Wear appropriate PPE (gloves, gown, goggles)
  - Never hold waste bag close to your body
  - Use spill kit for small spills
  - Contact department director, Environmental Services, or Facilities for large spills
- Safety Data Sheets (SDS) formally known as Material Safety Data Sheet (MSDS)
  - Contains the name of a chemical, manufacturer, hazardous ingredients, health hazards, first aid procedures, spill/leak information and PPE required
  - SDS information is available on AdventHealth Connect

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Emergency Preparedness

Emergency Code Cardex

- **CODE WHITE (Hostage Alert)**
- **CODE SILVER (Shooter Alert)**
- **CODE YELLOW (Lockdown of Facility)**
- **CODE ABC (Neonatal Code for Obstetrical Service)**
- **CODE BLUE (Cardiopulmonary Arrest)**
- **CODE BROWN (Severe Weather Alert)**
- **CODE GRAY (Personnel assistance needed)**
- **CODE BLACK (Bomb Threat)**
- **CODE ORANGE (Hazardous Material Spill)**
- **CODE PINK (Infant / Child abduction)**
- **CODE RED (Fire)**
- **CODE GREEN (Disaster)**
- **CODE ECHO (Baker Act Elopement)**

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Emergency Preparedness

If you have an emergency, here is what to do
Pick up the phone and dial:

7112

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Fire Safety

Code Red

- Code Red
  - Indicates a fire within the building
  - First person to witness must shout "Code Red" and give location
    - This will inform your co-workers that you are entering room and to start implementing RACE procedures
  - Know the location of the following:
    - Nearest fire extinguisher
    - Nearest fire alarm pull station
    - Evacuation route
    - Fire doors (create safe fire zones)
      - Defines smoke compartments in your area
      - Prevents smoke from spreading for 2 hours

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Fire Safety

Student needs to be aware of the acronym **RACE**

R = Rescue

- Remove everyone in immediate danger

A = Alarm

- Pull the nearest Fire Alarm Box and dial the appropriate emergency number

C = Call / Contain

- Close the door and isolate the fire
- Clear Hallways of equipment

E = Extinguish / Evacuate

- With proper fire extinguisher, fight the fire if you will not be in danger
- Evacuate – the rest of area if fire is still burning   and there is no or little smoke in the hallway

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Fire Safety

- Operation of a Fire Extinguisher is **PASS**
  - **P** = Pull out the safety pin from the extinguisher
  - **A** = Aim the nozzle at the base of the fire (stand about 8-10 feet away)
  - **S** = Squeeze the handle
  - **S** = Sweep the nozzle from side to side

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Fire Safety

- Maintenance of a Safe Facility
    - Keep the following clear at all times:
        - Emergency exits
        - Fire-fighting equipment
- Fire alarm pull stations
    - Never use door wedges to keep doors open.
    - Keep doors closed, unless controlled electromagnetically.

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Security

Security

- Students assist Security by:
  - Wearing an ID badge while on hospital property
  - Being aware of unknown people without badges
  - Reporting all incidents large or small
  - Safeguarding all assigned keys, passwords, and access codes
    - Do not share your password with ANYONE.
  - Knowing emergency codes and specific responsibilities
  - Leaving all valuables at home
- Students will **NOT** take any photos in the clinical setting. No cellphones in clinical areas.
- Students will **NOT** make any posting about the clinical setting to social media.

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Response for Utility & System Failure

- Emergency power
  - Red Outlets are backed-up by the hospital generator
  - Plug all critical equipment into these red outlets
- Stuck in elevator
  - Stay calm
  - Use the phone or emergency alarm for assistance

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Thank You!

- Thankyou for completing this orientation.

- We are excited to have you complete your clinical rotation at AdventHealth Ocala.

- Please make sure to complete the required paperwork and submit ittoyour program instructor 2 weeks prior to start date of scheduled rotation.

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