

**NORTH FLORIDA REGIONAL MEDICAL CENTER  
STUDENT ORIENTATION LEARNING PACKET**



Dear Student/Instructor,

The Quality and Educational Services Department would like to welcome you to North Florida Regional Medical Center. To familiarize you with the hospital, we have designed this orientation packet that includes information pertinent to you while practicing here. We hope you find these guidelines helpful during your clinical rotation.

1. North Florida Regional Medical Center, a subsidiary of HCA, is a 266-bed medical & surgical acute care referral center. An 18 bed Labor and Delivery unit and Women's Center was added to the main building in 1990. The Emergency Department was renovated to a new 23-bed unit in 1999.
2. The Patient Care Coordinator (PCC) has hospital-wide administrative responsibility primarily during evening, night and weekend hours. The PCC can be contacted at extension 4536 or beeper 316-8017.
3. Parking is permitted only in areas designated for employees. Students should park at the back of the employee lots. Students are not to park in either parking garage or in any area designated for patients or visitors.
4. All students are expected to be familiar with the hospital's policies and safety rules with regard to Fire Safety Plan, Disaster Plan, and other emergency plans. An Environment of Care manual is kept on each unit for your review.
5. An Occurrence report is to be completed in the event of any unusual occurrence that needs further explanation or clarification. It is especially important to document injuries that you may sustain on the pink (non-employee) occurrence report and report them to the Charge Nurse, Clinical Coordinator or PCC. Please bear in mind that injuries you sustain while working at NFRMC are NOT covered by NFRMC but by your school. You are responsible for reporting ALL occurrences involving you to both NFRMC and to your school.
6. Meals and breaks can be taken either in the building or outside of the building. Our cafeteria is available for student use for their meals during operating hours. In either case, a thorough report is to be given to the team leader prior to leaving the unit.
7. Personal telephone calls are to be kept to an absolute minimum and be limited to calls of an emergency or urgent nature. If your family needs to contact you have them contact your school. Your school can then locate your instructor and inform them of your need to call your family.
8. The dress code of the students will be in accordance with the requirements of the institution.
9. All students' clinical experience whether they are graduate or undergraduate

level is to be coordinated through the Quality and Educational Services Department. A list of clinical objectives and students' names is to be provided to the Quality and Educational Services Department prior to the students' first clinical day.

10. A Faculty member must always be readily available to the students while practicing at NFRMC.
11. The use of tobacco is discouraged as an unnecessary health hazard. NFRMC maintains a NO SMOKING policy for all areas inside NFRMC. Students may not smoke where patients and visitors smoke. The designated smoking area is between the Women's Center entrance and the Surgery Center entrance.

# STUDENT ORIENTATION

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# PURPOSE AND OBJECTIVES

The purpose of this Student orientation packet is to acquaint students at North Florida Regional Medical Center (NFRMC) with quality improvement, risk management, hazards in the environment, emergency preparedness (disaster, fire, bomb, severe weather, hostage, and total power disruption), security, back safety and body mechanics, infection control, occupational health, information management, biomedical waste, patient rights and ethics program.

At the completion of Student Orientation Packet, the participant will be able to:

1. Define the Quality Improvement program at NFRMC.
2. List and describe the FOCUS-PDCA steps.
3. Cite the primary purpose and examples of the risk management program.
4. Discuss the law that requires employers to inform employees of toxic substances in the workplace and provide training on safe handling.
5. Define R A C E and P A S S.
6. Describe the procedure that is used when a bomb threat is received.
7. Define biomedical waste and how it should be handled.
8. List two general lifting procedures that promote good body mechanics.
9. Define Universal/Standard Precautions.
10. List one new safety device which protects staff from exposure to sharps.
11. Describe what the student should do if exposed to blood or body fluids.
12. Explain when Employee and Non-employee occurrence reports should be completed, to whom they should be given, and how soon after the occurrence they should be turned in.
13. Identify the owner of the medical record.
14. State who can authorize release of information.
15. List two patient rights.
16. Describe the process for requesting review of an issue by the Ethics Committee.

## INFECTION CONTROL

The Infection Control program is intended to prevent the acquisition and transmission of infections and infectious diseases within the hospital. Policies and procedures have been established based on guidelines from the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). These guidelines describe specific behaviors that are intended to protect both employees and patients from contracting or transmitting communicable diseases. The Infection Control program applies to ALL employees. **The Infection Control Policy Manual is located in the MOX library under “Infection Control Policies.” Ask the staff person who you are working with to access it if you have a question about a policy.**

### UNIVERSAL/STANDARD PRECAUTIONS

The single most important approach to prevention of infection of the healthcare worker and transmission of disease to patients is Universal or Standard Precautions.

Universal/Standard Precautions:

Applies to **all** North Florida Regional Medical Center patients.

Considers **all** blood or body fluid to be infectious.

All staff is required to use Personal Protective Equipment (PPE) when direct contact with blood or body fluids is expected or anticipated.

### **HAND WASHING The KEY to Infection Control:**

Strict hand washing after patient care. The use of gloves does NOT eliminate the need for hand washing. Wash your hands upon removing gloves!

The CDC has issued new guidelines for handwashing. The most important new item is that alcohol-based waterless handwash is considered just as effective as using soap and water to clean hands (if there is no visible soil).

### **PPEs (Personal Protective Equipment)**

**MASKS:** (Refer to Infection Control Policy # 170)

Routine Isolation Masks are used to prevent splashing of blood or body fluids to the face.

**Note:** *Goggles or a face shield will be worn in addition to the isolation mask.*

**GOWNS:** (Refer to Infection Control Policy # 170.)

Gowns are used to protect staff's clothing and skin from contact with blood or body fluids. All disposable gowns must be discarded when torn or contaminated with blood or body fluids.

**Note:** *Some areas utilize reusable gowns or lab coats. These must be changed when contaminated with blood or body fluids. Remember: Only fluid resistant or fluid proof gowns and lab coats are considered PPE. ALL other gowns or lab coats are NOT considered protective equipment, as they do not prevent “soak through” of blood or*

body fluids.

**GLOVES:** (Refer to Infection Control Policy # 170)

Gloves are used to prevent the hands from being exposed to blood or body fluids. Gloves do **not** take the place of hand washing. **Never** wear gloves outside of the patient's room except when transporting lab specimens, contaminated equipment or patients. **Always** wash hands after removing gloves.

**GOGGLES:** (Refer to Infection Control Policy # 170)

Goggles/Face Shields are used to prevent splashing of blood or body fluids to the eyes. Remember, if a mask is necessary (except TB isolation) the goggles or face shield is *required* for the healthcare worker. These are single employee use only. *Never* share goggles or face shields. Goggles can be reusable but will be disinfected if contaminated with blood or body fluids.

**BIOMEDICAL WASTE:** (Refer to Infection Control Policy # 155)

All trash is considered hazardous to the healthcare worker. Bio-medical waste is red-bagged only if dripping or saturated with blood or body fluids. Red bag trash is NEVER PLACED IN THE TRASH CHUTE. Sharps containers are to be closed when three-quarters full. All syringes should be discarded in sharps containers.

**REUSABLE EQUIPMENT:**

All equipment utilized on a patient is considered contaminated whether or not blood or other body fluid is visible on the equipment. Sterilized equipment will be rinsed of gross debris, placed in protective container or bag and sent to Decontamination for further processing. Non-sterile equipment will be wiped down with a North Florida Regional Medical Center's approved disinfectant (see Infection Control Policy # 120).

**DISPOSABLE EQUIPMENT:**

All disposable equipment is considered contaminated once it has been utilized on the patient. This is handled as routine trash or red bag if dripping or saturated with blood or body fluids.

**Remember:** Disposable equipment is *never* reused or resterilized without prior permission from the Infection Control Committee. This includes items expired but never used on a patient. There are some items approved to be reprocessed by the Infection Control Committee, including SCD sleeves. Check with your supervisor about the process if you have questions.

**LINEN:**

All linen is considered contaminated once it has been placed in a patient's room. Linen will be placed in a blue plastic linen bag. This bag, once filled, will be tied off and placed in the linen chute or appropriate container. Never sort used linen at North Florida Regional Medical Center. Never place loose linen in the linen chute.

### **ROOM CLEANING:**

All North Florida Regional Medical Center rooms are cleaned with an approved disinfectant daily and upon patient discharge. *No special room cleaning procedure is required for any patient or diagnosis.*

### **PATIENT TRANSPORT:**

Staff will wear gloves while transporting patients within North Florida Regional Medical Center. This gives immediate protection in the event of a potential blood or body fluid exposure incident. Example: Dislodged IV catheter, vomiting, etc.

### **LAB SPECIMENS:**

All specimens are placed in appropriate containers with lids secured. Place containers in biohazard labeled **lab** bag then seal and send to lab. *Never* place lab requisition in with the specimen.

**BLOOD/BODY FLUID SPILLS:** Spills are the responsibility of *all* staff.

1. Immediately spray with disinfectant.
2. Put on gloves and place paper towels over the spill.
3. Re-spray disinfectant on the paper towels.
4. Wipe area and discard.
5. Re-spray and wipe the area.
6. If spill is on the carpet, re-spray, cover with paper towels, and call Environmental Services.

**Note:** It is not appropriate to leave a spill unattended and call Environmental Services for clean up.

### **VISITORS:**

Visitors will be encouraged to limit visitation hours from 7:00am-9:00pm seven days a week. Children under the age of 12 are discouraged from visiting patients in semi-private rooms unless permission is granted by the nurse manager, charge nurse or PCC. See Administrative Manual Policy 900-2.825 for specialty unit visiting policies.

### **WORK RESTRICTIONS:**

*Please remember that patients do NOT need to be exposed to your diseases/illnesses.* Due to the nature of your work, please keep in mind that we do have work restrictions for our staff. Please review and be aware of any required work restrictions for staff that protects patients, visitors, and co-workers. Refer to Policy #260 in Infection Control for the complete list of diseases which requires restriction from the work environment and for how long.

### **Needlestick Prevention Act**

The Needlestick Prevention Act became law in November 1999. OSHA began enforcement in July 2001. The Act requires the use of any protective device available to ensure reduction/elimination of risk of injury by sharps to health care workers. The emphasis is on use of passive devices that protect the health care worker **without** activation. An example is the B Braun IV catheter, which is automatically shielded upon

removal of the stylet. The Act also requires ongoing evaluations of new products as they become available, which would replace a non-protected device. This will require ongoing trending of all sharps injuries to identify the “where and how” injuries are occurring at NFRMC. These areas will require changes to products or policies as incidents occur. The Act further requires identification of all non-protected sharps for replacement with protective devices and identification of new protective devices for evaluation by staff, Safety Committee, and Infection Control. The Employee Safety Committee has staff representation.

### **OSHA Bloodborne Pathogen Standard**

This standard became effective in October 1999 with resulting changes in NFRMC policy to expand the list of diseases covered under the standard Bloodborne Pathogens.

This term applied to multiple diseases/pathogens that include, but are not limited to, HIV, Hepatitis B, Hepatitis C, Non-A Non-B Hepatitis, Delta Hepatitis, HIV/AIDS, Syphilis, HTLV-1, Malaria, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections, Relapsing Fever, Creutzfeldt-Jakob disease, and Viral Hemorrhagic Fever.

Compliance directive changed to include a mandate for use of safety devices within the health care facilities and tracking and trending of all blood/body fluid exposures. The institution must show what is done to reduce future incidents.

While change is difficult for everyone, failure to comply with this new law and the OSHA standards results in fines levied against NFRMC. These changes will benefit the staff by providing protection from exposure to blood/body fluids and sharps injuries.

### **TB (TUBERCULOSIS)**

#### **What is TB?**

TB, or tuberculosis, is a disease caused by bacteria called *Mycobacterium tuberculosis*.

The bacteria can attack any part of your body, but usually attacks the lungs. TB disease was once the leading cause of death in the United States.

In the 1940s, scientists discovered the first of several drugs now used to treat TB. As a result, TB slowly began to disappear in the United States. But TB has come back. Between 1985 and 1992, the number of TB cases increased. The country became complacent about TB and funding of TB programs was decreased. However, with increased funding and attention to the TB problem, we have had a steady decline in the number of persons with TB. But TB is still a problem; more than 16,000 cases were reported in 2000 in the United States.

People who are infected with latent TB do not feel sick, do not have any symptoms, and cannot spread TB. But they may develop TB disease at some time in the future.

People with TB disease can be treated and cured if they seek medical help. Even better, people who have latent TB infection but are not yet sick can take medicine so that they will never develop TB disease.

#### **How is TB spread?**

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

When a person breathes in TB bacteria, the bacteria can settle in the lungs and begin to grow. From there they can move through the blood to other parts of the body such as the kidney, spine, and brain. TB in the lungs or throat can be infectious. This means that the bacteria can be spread to other people. TB in other parts of the body, such as the kidney or spine, is usually not infectious.

People with TB disease are most likely to spread it to people they spend time with every day. This includes family members, friends and coworkers.

### **What is latent TB infection?**

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection.

People with latent TB infection

- have no symptoms
- don't feel sick
- can't spread TB to others
- usually have a positive skin test reaction
- can develop TB disease later in life if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active and cause TB disease.

### **What is TB disease?**

TB bacteria become active if the immune system can't stop them from growing. The active bacteria begin to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick later, when their immune system becomes weak for some reason. Babies and young children often have weak immune systems. People infected with HIV, the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, too, especially people with any of these conditions:

- substance abuse
- diabetes mellitus
- silicosis
- cancer of the head or neck
- leukemia or Hodgkin's disease
- severe kidney disease
- low body weight
- certain medical treatments (such as corticosteroid treatment or organ transplants)

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause:

- a bad cough that lasts longer than 2 weeks
- pain in the chest
- coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are:

- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

<b>Difference Between Latent TB Infection and TB Disease</b>	
<b>Latent TB Infection</b>	<b>TB Disease</b>
<ul style="list-style-type: none"> <li>• Have no symptoms</li> <li>• Do not feel sick</li> <li>• Cannot spread TB to others</li> <li>• Usually have a positive skin test</li> <li>• Chest x-ray and sputum test normal</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms include               <ul style="list-style-type: none"> <li>• a bad cough that lasts longer than 2 weeks</li> <li>• pain in the chest</li> <li>• coughing up blood or sputum</li> <li>• weakness or fatigue</li> <li>• weight loss</li> <li>• no appetite</li> <li>• chills</li> <li>• fever</li> <li>• sweating at night</li> </ul> </li> <li>• May spread TB to others</li> <li>• Usually have a positive skin test</li> <li>• May have abnormal chest x-ray, and/or positive sputum smear or culture</li> </ul>

**What is important to know as a healthcare worker?**

- ◆ Remember to “think TB” and place patients in a negative airflow room if it is suspected that they have TB.
- ◆ If placing a patient in a negative airflow room, remember to notify Plant Ops to check the room to make sure the airflow is working correctly.  
Do not enter the negative airflow room unless you have been “fit-tested” for the TB mask.

**Rooms with Negative Airflow**

Rooms with negative airflow are:

604, 606, PCU-5, PCU-6, LDRP #340, CCU-6 #6, CCU-6 #7, Endo #3, ED Exam Rooms 10 and 11.

## **HIV/ AIDS**

Human Immunodeficiency Virus (HIV): The organism recognized as the causative agent of Acquired Immunodeficiency Syndrome (AIDS). AIDS is defined as the most severe form of a continuum of illnesses associated with HIV infection.

### **HIV Interaction in the Human Immune System:**

AIDS results from a viral (HIV) infection of the helper "T" cell position of the immune system. The immune system plays a very important role in fighting infections. Under normal conditions the immune system prevents and fights disease by identifying and destroying infectious agents such as bacteria and viruses and cancer cells.

HIV infected individuals may live without signs of AIDS for years especially if they are receiving treatment. HIV damages the immune system. The body loses the ability to fight illnesses and they become susceptible to unusual infections and malignancies. A person is diagnosed with AIDS when they are ill with one or more of the diseases that the Center for Disease Control and Prevention (CDC) defines as associated with AIDS.

### **Difference Between HIV and AIDS**

A positive HIV test result does not mean that an individual has a diagnosis of AIDS. A positive HIV test result does mean that an individual has been exposed to HIV and that antibodies are beginning to develop against it. A positive HIV test result and a progressive depletion of the immune system and positive development of one or more diseases is defined by the CDC as an AIDS diagnosis. Again, HIV infection means exposure to the virus; AIDS is diagnosed when an individual has one or more infectious diseases as defined by the CDC as a diagnosis for AIDS.

Remember, in order to have a diagnosis of AIDS, an individual must have a positive test result and one or more opportunistic diseases as defined by the CDC.

### **Symptoms of HIV Infection**

The symptoms of HIV infection are related to the virus's progressive destruction of the immune system. The infections obtained include bacterial, viral, fungal and parasitic. When HIV invades the body within weeks of being infected, most people feel like they have the flu. The immune system will attempt to fight back. An individual with HIV infection may look and feel fine but the HIV is damaging the immune system.

Eventually as HIV infection progresses other signs may present including:

- swollen lymph glands in the neck, underarm or groin area
- recurrent fever
- night sweats
- weight loss
- decreased appetite
- diarrhea
- white spots in the mouth

- fatigue
- rashes
- yeast infections

**Modes of Transmission:**

Transmission of HIV occurs from the blood or sexual fluids of an HIV-infected individual to the blood, mucous membranes, or areas of non-intact skin of a non-infected individual. Common examples of exposure to HIV include:

- unprotected sexual intercourse (anal, vaginal or oral sex)
- sharing of contaminated needles/needle stick
- between a mother who has HIV and her baby before, during birth or while breastfeeding.

HIV may also be spread through donated blood or blood products. This is unlikely now because all donors are carefully screened and all donors' blood is tested before being used. In a hospital setting, HIV transmission may occur primarily through blood-to-blood contact, or contaminated sharps after accidental exposure.

How HIV is *not* transmitted

Sitting next to someone, shaking hands, sharing food, kissing, touching, sneezing, mosquito bites, eating utensils, phones, swimming pools, and toilet seats. It is safe to have casual contact with people who have HIV or AIDS.

**Prevention of HIV Transmission**

<b>RISK</b>	<b>PREVENTIVE MEASURES</b>
Receipt of blood or blood containing products	Factor VII-Heat-treated Blood products-Tested
Transplants	Transplants-Tested
Sex	Abstinence Condoms No exchange of body fluids
IVDU: IV Drug Use	NO IVDU No sharing of works (needles) Clean works between uses
Mother to Child	AZT during pregnancy & newborn NO breastfeeding
Percutaneous Exposure	Use of Safety Devices and Engineering Controls Policy & Procedure Compliance
Contact with blood or blood-containing fluids	Universal Precautions

with non intact skin or mucous membranes

Use of Protective Personnel Equipment

### **HIV Testing**

After exposure to HIV, the body will develop HIV antibodies. An individual tests positive for HIV when laboratory tests detect HIV antibodies. These usually occur 6 weeks to 6 months after exposure and therefore will test positive to laboratory tests.

### **Basic Health Care Worker Precautions**

All blood and other body fluids should be considered potentially infectious and the healthcare worker should use Standard Isolation Precautions. These precautions involve placing barriers between the health care worker and the blood and/or body fluid.

Standard Precautions must be used with all precautions and with all blood and/or body fluid. Always wash hands before and after treatment with any patient. Use care in the use and disposal of needles and other sharp instruments. No recapping of needles will take place. Needles should be disposed of immediately. Guidelines for disinfecting and sterilization of reusable devices used in invasive procedures must be followed. A used, not properly disposed of sharp can be a lethal weapon. It is everyone's job to properly handle and dispose of sharps immediately.

### **UNIVERSAL/STANDARD PRECAUTIONS**

- Applies to ALL persons
- Considers ALL blood or blood containing body fluids infectious
- Requires staff to use Personal Protective Equipment when contact with body fluids containing blood or blood is anticipated
- Handwashing--Between patients, procedures, and immediately after any blood or body fluid exposure
- PPE:
  - Masks: Prevent splashing of body fluids to the face
  - Goggles: Prevent splashing of body fluids to the eyes--Should be worn anytime a mask is utilized
  - Gowns: Protection of clothing which results in skin protection from body fluids
  - Gloves: Protection of hands-DOES NOT REPLACE HANDWASHING
- All equipment, linen, etc. is handled as if infectious after contact with any patient

### **FLORIDA LAW**

Tests Results: Release of preliminary results may be indicated if:

- Disclosure will benefit patient
- Treatment based on ELISA
  - Pregnancy--EX: AZT therapy for newborn
  - HIV Symptomatic
  - Exposure-Start Chemo prophylaxis immediately

Exceptions to Informed Consent

- Clinical progress of previously diagnosed patient
- Conversion from significant exposure

Confidentiality

- Programs of developmentally disabled persons--Notification of facility handling or caring for person
- HIV results of mother can be documented in the child's medical record
- Requires medical examiner to report results of positive HIV noted upon autopsy-Previously not allowed due to no signed "Informed Consent"

#### Safety Devices Act for Health Care Workers

- Legislation pending to require all employers to utilize available safety devices which will ensure the protection of the Health Care Worker with regard to blood or body fluid exposures
- Examples are Protected IV Catheters, Needleless IV Systems, Self-retracting IM needle/syringe systems, Retractable Phlebotomy Systems

#### Partner Notification

- HIV positive patients are required to notify sexual partners - Health Department counselors are available to assist in this process.
- Spouse must be notified-This can be done by the physician
- The patient must be:
  - Informed of the required notification process
  - Allowed to complete notification process
  - EXCEPTION: If partner is known to be pregnant notification should be completed immediately due to availability of treatment options to prevent transmission of HIV to unborn child.
  - NOTE: This process is "tricky" due to confidentiality issues, protection of partners, protection of any children within the family unit, etc. Health Department officials should be contacted and involved to prevent any delays that may place others at risk or delay treatment.

Revisions to AIDS Act to: 1. *Level of public knowledge has increase.* 2. *New & improved treatments.* 3. *HIV testing technology improved.* 4. *Encourage testing*

- Drug Assistance/Health Insurance Assistance Funding increased

#### HIV Testing Requirements

- Streamlines provisions
- Deletes pretest counseling-Need consent but full counseling not required
- Add to informed consent-Required reporting, Name test sites
- Revised posttest counseling requirements to also include Partner notification and Transmission mode
- Exemption: E.D., LDRPs-Department of Health can do posttest counseling by request from the E.D. or LDRP.
- Info to persons w/negative tests-High risk individuals should receive face to face counseling and test results.
- Info to persons w/negative tests-NOT high risk individual-Notification of test results can be done via phone.
- Info to persons w/positive tests-MUST receive test results and face to face counseling along with referral for further follow-up and care.

#### Pregnancy

- Testing must be offered to ALL pregnant women.
- Physician/Clinic is required to document that HIV testing was offered to patient.
- Hospitals are required to offer HIV testing to women admitted for delivery - **NOTE:** If prenatal records from physician or clinic are available with testing documentation repeat testing is not required.

#### Testing for significant exposure additions

- Authorized if source expires.
- Court Order.
  - Source refuses.
  - No blood available.

#### Penalties

- Breach of confidentiality upgraded from 1st degree misdemeanor to 3rd degree felony.
- Unlawful acts defined as behavior that can result in the transmission of HIV-- Multiple violations-1st degree felony.
  - Involves person “hopping” from one sexual or drug sharing partner to another.
  - Does not include spouse.

#### Overall Treatment Goals for HIV

- Suppression of the replication of HIV: If viral replication could be prevented AIDS would never occur.
- Prevention of opportunistic infections: These diseases are the major cause of HIV morbidity and mortality. However, many of these illnesses can be prevented by immunization, prophylactic antibiotics and in some situations avoidance of the causative factors.
- Treatment of opportunistic infections
- Maintenance of nutrition
- Maintenance of psychosocial well being.

#### Basics: Hepatitis B (HBV)

##### *What is Hepatitis B?*

Hepatitis B is an inflammatory liver disease caused by the hepatitis B virus (HBV) that results in liver cell damage. This damage can lead to scarring of the liver (cirrhosis) and increased risk of liver cancer in some people. About 80,000 Americans were newly infected with HBV in 1999.

HBV is 100 times more infectious than HIV, the virus that can cause AIDS.

- Hepatitis B vaccine can provide immunity in over 95% of young healthy adults.
- An estimated 350 million people are infected globally with HBV.
- Approximately 1 million die each year from complications from HBV.
- 70% of new cases occur among people between the ages of 15-39.
- Every year 5,000 Americans die from cirrhosis and 1,000 from liver cancer due to HBV infections.
- 22,000 pregnant women in the U.S. are infected with HBV and can transmit it to

their newborns.

- HBV can live on a dry surface for at least 7 days.

### *Who is at Risk?*

One out of every 20 people in the U.S. will become infected with HBV sometime during their lives. Your risk is higher if you:

- Have sex with someone infected with HBV.
- Have sex with more than one partner.
- Are a man and have sex with a man.
- Live in the same house with someone who has chronic HBV infection.
- Have a job that involves contact with human blood.
- Inject illegal substances/drugs.
- Have hemophilia.
- Travel to areas where HBV is common (this includes all countries except northern and western Europe, Japan, Australia, New Zealand, and North America except Mexico).

### *How does it spread?*

HBV is found in blood, seminal fluid and vaginal secretions. The risk of transmission is increased in these situations:

- Sexual contact with an infected person.
- Living in the same household with an infected individual.
- Contact with infected blood or seminal fluid and contaminated needles, including tattoo/body-piercing instruments.
- HBV-infected mother to her newborn at time of delivery (prenatal blood tests for HBV should always be done if there is a suspicion of HBV).

### *Preventing HBV Infection - Things you can do:*

- Get the HBV vaccination!
- Practice safe sex (use latex condoms).
- Don't share anything that could have an infected person's blood on it, i.e. toothbrushes, razors, nail clippers, and body piercing instruments.
- Don't share drug needles, cocaine straws or any drug paraphernalia.
- Cover all sores and rashes and do not touch them.
- Clean up any blood spills with a 10% solution of household bleach. Infected persons should not pre-chew food for babies.
- If exposed to hepatitis B, get an HBIG (hepatitis B immune globulin) injection within 14 days following exposure.

. Here's who should be vaccinated without fail:

- All individuals living in the same household with a chronically infected individual.
- All newborns and children up to the age of 19.
- Those who are in positions where they are exposed to blood at work, through drug use, or who have multiple sex partners.
- Individuals with hepatitis C and other chronic liver diseases.

Vaccination provides protection for more than 15 years, and possibly a lifetime. HBV booster shots are not recommended.

## **Basics: Hepatitis C (HCV)**

### *What Is Hepatitis C?*

Hepatitis C virus (HCV) causes inflammation of the liver. A national U. S. survey found that 1.8 percent of Americans – about 3.9 million – have been infected with HCV, of whom most - about 2.7 million – are chronically infected with HCV, with many showing no signs or symptoms. The good news is that, in 1995, a reliable antibody test for HCV was finally implemented nationwide.

- About 41, 000 new cases occurred in 1998 with 15-25% recovering spontaneously. Hepatitis C is a slow-progressing disease that may take 10-40 years to cause serious liver damage in some people.
- 3% of the world's population is infected with HCV, or approximately 170 million people.
- 90% of HCV patients who are in need of treatment today cannot afford it.
- 80% of affected people can become chronically infected and risk serious long-term clinical disease including cirrhosis and liver cancer.

### *Who is at risk?*

Since about four million Americans are infected with HCV and most don't know it, you should have a blood test for hepatitis C - whether you feel sick or not. About one in ten people infected with HCV have had no identifiable exposure to HCV. That said, here are several obvious risk factors:

- Intravenous (IV) drug users – even IV use in the distant past.
- Those with multiple sex partners or sex with partners who have other sexually transmitted diseases.
- Those with tattoos or body piercing done with unsterile instruments. Anyone who has had a blood transfusion prior to 1992 or clotting factors produced before 1987.
- Hemodialysis (diabetes) patients.
- The potential for transmission from an HCV-infected mother to her newborn appears to be about 5%.

### *How does it spread?*

- Injection drug use is the primary risk for HCV infection. Injection drug use accounts for about 60% of all new cases of hepatitis C and is a major risk factor for infection with hepatitis B virus. Among frequent drug users, 50-80% are infected by HCV within the first 12 months of beginning injecting.
- Straws shared in snorting drugs are also a potential source of infection of HCV. The hepatitis C virus is found mainly in blood.
- HCV is not spread through kissing or casual contact.
- In relationships where there is one steady partner, sexual transmission is low (under 5%). Transmission is estimated to be about 15% among those who have multiple sex partners or where there is a history of sexually transmitted diseases.
- Using razors, needles, toothbrushes, nail files, a barber's scissors, tattooing

equipment, and body piercing or acupuncture needles may transmit HCV if these items are contaminated by blood of an infected person.

- Healthcare workers have a 2% risk of acquiring HCV after a needle stick contaminated with HCV-positive blood.
- There is no evidence indicating that HCV is transmitted through breast milk.
- The current transmission rate through blood transfusions is estimated at less than 1 per 1,000,000 units transfused.

### *Preventing HCV Infection*

- There is NO vaccine to prevent HCV. Vaccines for Hepatitis A and B do not provide immunity against hepatitis C. There are various genotypes of HCV and the virus undergoes mutations making it difficult to develop a vaccine.
- Avoid handling anything that may have the blood of an infected person on it, such as razors, scissors, and toothbrushes, nail clippers or files, tampons or sanitary napkins, etc. Detergent and a 10% solution of household bleach is believed to kill the virus.
- Don't share drug needles, cocaine straws or any drug paraphernalia.
- Practice safe sex (use latex condoms).
- Notify your physician and dentist that you have hepatitis.
- Get vaccinated against hepatitis A and B.

Those infected with hepatitis C should not drink alcohol, as it accelerates the liver damage.

### **BACK SAFETY**

- As the frequency of back injuries increases, the severity also increases.
- Poor physical conditioning and poor posture are precursors to low back pain.
- Back disorders are seldom caused by a single injury or incident. Small injuries can add up to a major problem. Almost all back problems are the result of months/years of poor posture, faulty body mechanics, stressful living and working habits, poor flexibility and general decline in physical fitness.
- 8 out of 10 people will have significant back disorders in their lifetime.
- Seven million people are off work because of back problems at any one time.
- Most back disorders can be prevented and recurrences can be held to a minimum by teaching people about the factors that contribute to them. Some of these factors are: mechanical strain related to unequal positions and movements, correct sitting, standing, bending/lifting and proper treatment to help: decrease strain, resting posture, body mechanics, relaxation, acute management, exercise and stabilization.



- Common causes of back pain include poor posture, bad body mechanics, trauma, decreased flexibility and overall fitness, and congenital problems.
- Treatment for acute back pain is rest, correct positioning and appropriate exercise.

## PROPER BODY MECHANICS

**Sitting:** Your back, buttocks and shoulders should be supported by the back of the chair. Your feet should be flat on the floor or resting on a footstool. Try to keep one or both knees lower than your hips.

**Lifting:** Place one foot forward and lower yourself slowly to the other knee. The front foot, which is flat on the floor, will be used for lifting. The rear foot, flexed at the toes, will push and act as a balance. Bring the object to be lifted close to your body. Rise, using your leg muscles to avoid back strain. Keep your head up.

**Carrying:** Carry heavy objects with both hands. Keep the load close to your body and try not to carry heavy objects higher than your waist.

**Reaching:** Stand facing the object you want to reach and as close as possible. If it is above your head, test the weight of object before lifting. If the object is heavy, consider using a footstool or ladder before moving.

**Standing:** Keep feet approximately parallel with weight distributed evenly. Keep your knees straight, but not locked. Keep your head erect, your back straight and shoulders level, letting your arms hang loosely at your sides.

**Sleeping:** Sleep on a firm mattress. If you sleep on your back, put a pillow under your knees, If you sleep on your side, keep your legs bent at the knees and at the hips. If possible, avoid sleeping on your stomach. If you must sleep on your stomach, place a pillow under your abdomen.

## PRINCIPLES OF BODY MECHANICS IN REST AND ACTIVITY

1. The broader the base of support and the lower the center of gravity, the greater the stability of an object.
2. Moving an object on a level surface requires less effort than moving one on an inclined surface, due to the pull of gravity.
3. Moving an object by rolling, turning or pivoting requires less effort than lifting the object, since momentum and leverage are used to an advantage.
4. When lifting or lowering an object, face the direction of the movement, thereby



avoiding twisting the spine during the activity. Move your feet in the direction of movement.

5. Adjust the working level for an activity to that point where there is the least strain on the back, arms, and legs.
6. When moving an object, have a secure grip and firm footing, a straight back, bend at the hips and knees, with one foot in front of the other, dividing the load between the arms and the legs.
7. The use of mechanical devices, rather than manual lifting, conserves energy and reduces the possibility of injury

# SAFETY AND EMERGENCY PREPAREDNESS

## Environment of Care

### DISASTER PLAN

The Disaster Plan is used for internal or external disaster situations. The plan provides for (1) evacuation of inpatients and personnel; (2) protection and continued care of inpatients; and (3) receipt, treatment and care of disaster casualties.

**Disaster Classification Codes:** To communicate the number of victims anticipated, the disaster will be identified internally by a code classification as follows:

**Code 1:** Ten patients or less. The normal Emergency Room plan is in effect with additional personnel assigned as needed. Existing Emergency Room procedures will be followed.

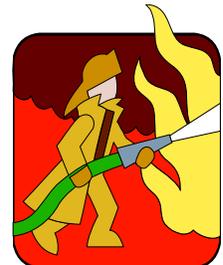
**Code 2:** Eleven to twenty casualties. Utilization of Emergency Room area and adjacent areas as needed. Additional personnel and physicians called as directed by the Director of ED/Outpatient Services. Existing Emergency Room procedures are still in effect.

**Code 3:** Twenty-one or more casualties. Implementation of all or part of the Disaster Plan as deemed necessary by the CEO or his or her representative.

**Code Orange:** Code Orange will be used to designate a Hazardous Material and or Bioterrorism event. In this event, employees will take immediate action to protect the hospital environment, decontaminate casualties and initiate emergency triage and treatment. The code orange plan is located in the E.O.C. manual.

### FIRE PLAN

It is the prevailing duty of every employee to investigate when the odor of smoke is noticed or if smoke is seen. When this happens, the employee should notify a supervisor, manager, security, plant operations, or the operator IMMEDIATELY. If the smell of smoke persists, and you can not locate the source, activate the fire alarm system.



If you discover a fire, you should immediately:

- |                  |   |
|------------------|---|
| <b>R</b> Rescue  | Rescue Patients                               |
| <b>A</b> Alarm   | Activate Alarm                                |
| <b>C</b> Confine | Confine the Fire, Close All Doors and Windows |

**E Extinguish:** Extinguish the Fire if Possible

When a fire occurs in the main hospital facility, the operator will announce "**CODE RED**" followed by the location. When this occurs you should ensure that all doors and windows in your work area are closed. Hallways, exit doors, fire extinguishers, fire alarm boxes, and elevators should be free of obstructions. You should also follow your departmental procedures when this occurs.

If it is necessary to use a fire extinguisher, the following will help you remember how to operate it:

- P Pull** Pull the Pin
- A Aim** Aim low—At the base of the Fire
- S Squeeze** Squeeze the handle
- S Sweep** Sweep side to side



### SEVERE WEATHER

Severe weather in the form of hurricanes, tornadoes, windstorms, and/or electrical storms may pose a serious threat to patients, employees and visitors at the hospital.

A weather **watch** indicates the possibility of a threat to the surrounding area. The National Weather Service issues this when conditions are favorable for severe weather to develop. All personnel should continue normal hospital activity.

A weather **warning** indicates severe weather conditions are considered imminent. The National Weather Service issues this when severe weather has been sighted in the area. Hospital staff should be prepared to take action as directed by hospital administration.

### CHILD PROTECTION

It is important to reduce the likelihood that an infant or child will be abducted from the hospital. The child protection procedures are intended to guide staff on how to prevent infant abductions. If an abduction should happen, procedures have been developed to prevent the infant from being removed from the hospital.

IN THE EVENT OF AN ABDUCTION, THE FOLLOWING STEPS WILL BE STARTED:

1. Notify PBX operator immediately; PBX will then announce "**Code ABC**".
2. PBX should contact CEO/designee, Security and the PCC immediately.

3. Each department will assign personnel to secure exits in the immediate area.
4. Plant Operations staff will secure all hospital exits.
5. The National Center for Missing and Exploited Children will be notified by GPD.
6. The Director of Public Relations will contact the local media and provide them with information about the abduction.

### BOMB THREAT

Upon receiving a bomb threat, the receiving person should initiate the following steps:

1. Call or have a co-worker call the CEO/designee or PCC.
2. Keep the caller on the line as long as possible.
3. Ask questions and take notes to learn as much as possible about the caller.
4. Identify any distinctive noises heard over the telephone.
5. Try to identify the caller's sex, age, accent, etc.
6. Fill in the Bomb Threat Checklist.

When appropriate the PBX operator will announce a "**CODE Y**" is now in effect. Security will be notified through the PBX operator. Administration and Security will determine if the need for a bomb search is necessary.

Upon announcement that a "Code Y" is in effect, employees will immediately initiate a bomb search as follows:

1. Be on the alert for any suspicious package or device. **DO NOT TOUCH ANY SUSPICIOUS ITEM.**
2. Immediately notify the Control Center (Administrative Conference Room) of any suspicious item located.
3. Notify your department manager/designee of situation and keep all people out of the area.
4. If the area turns up all clear after the search, notify the Control Center by courier.

### TOTAL POWER DISRUPTION

It is important to maintain continuity of quality care and the continued operation of all necessary hospital areas when there is a complete power disruption. Emergency power

is supplied to a limited number of circuits throughout the hospital. This power is supplied by an emergency generator. THE EMERGENCY GENERATOR TAKES NO MORE THAN TEN SECONDS TO START UP AND PRODUCE POWER. This ensures that there is minimal disruption to operations. The electrical outlets attached to these circuits have a red faceplate or a faceplate with a small light on it. Additionally, selected ceiling lights are attached to the emergency circuits. It will be necessary to obtain flashlights with spare batteries from Central Supply. There will be one elevator in operation while on emergency power. Staff is encouraged to use the stairways when not transporting patients. When a power disruption occurs, it is important to ensure that electrical patient care equipment that is being used on or for a patient be connected to an emergency circuit.

#### ALTERNATE COMMUNICATION

If a disruption to communication occurs, such as a failure of the telephone system, it is important to have a way to continue communication. This includes both communication in the hospital and communication with the outside. When there is a complete disruption of the telephone service, the following procedures shall be initiated: The PCC shall instruct the PBX operator to announce "The Alternate Communication Plan is now in effect". 2-way radios and cellular telephones will be utilized in the patient care areas until communication is restored.

#### SECURITY

All staff has the responsibility to take an active role in the security program. This serves to enhance the security of our patients, visitors, and staff. One especially important way that security is maintained is by appropriate identification devices. Employees are required to wear their hospital identification badge on their outer garment above the waist. Patients will have identification bracelets. Students are required to wear their school-issued identification at all times.

#### SMOKING

Smoking poses a serious danger within the hospital environment. Due to the vulnerability of our patients, all potential fire hazards must be minimized.

Smoking is prohibited within all buildings and attachments to buildings at all facilities that are part of the organization. A designated smoking area is available outside between the Women's Center and the Surgery Center.



*“What do I do if I am the first person finding someone who needs medical help, for example: difficulty breathing, chest pain, bleeding, or unconscious?”*

IF you are the person finding someone in need of medical help, Call '4890' in the hospital and **'911'** outside of hospital. In the Women's Center physician office area, dial **'911'**. All others dial **'4890'**.

This is the EMERGENCY CODE for Cardiopulmonary Arrest, dial '4890' on the nearest phone.

Let the operator know what is going on and where to send help.  
This will bring emergency help to you.



## QUALITY IMPROVEMENT ORGANIZATION MISSION, VISION, AND VALUES

At NFRMC, opportunities to improve care are addressed through the peer review process. The Medical Staff identifies and resolves problems in patient care through the Surgical Quality Committee and Medical Quality Committee. Referrals are forwarded to the Quality & Educational Services Department by the Risk Manager, Nursing, Pharmacy, Medical Staff and any ancillary department involved to assure that care is appropriate and that procedures are performed with the highest level of quality care.

### MISSION STATEMENT

"We are committed to providing integrated health care services that meet or exceed the needs and expectations of those we serve."

### NFRMC VISION

*Caring people  
Outstanding Service  
Unmatched value*

### CORE VALUES

*North Florida Regional Medical Center values shape our organizational culture and guide our interactions with patients and their families, physicians, fellow employees, payers, and the communities we serve.*

### NFRMC VALUES ARE:

- To establish **trust** and **open communication** at every level of the organization and within the community.
- To strive for the highest personal **integrity** and **honesty**.
- To work cooperatively through **teamwork**.
- To constantly improve **quality of service** to exceed customer needs and expectations.
- To expect **excellence**.
- To serve **effectively, efficiently** and **consistently**.
- To exhibit **respect, courtesy** and **compassion**.
- To take **initiative**.
- To welcome **change**.

- To be committed to ***personal development***.
- To demonstrate a sense of ***pride*** and ***ownership***.
- To maintain a *safe* environment

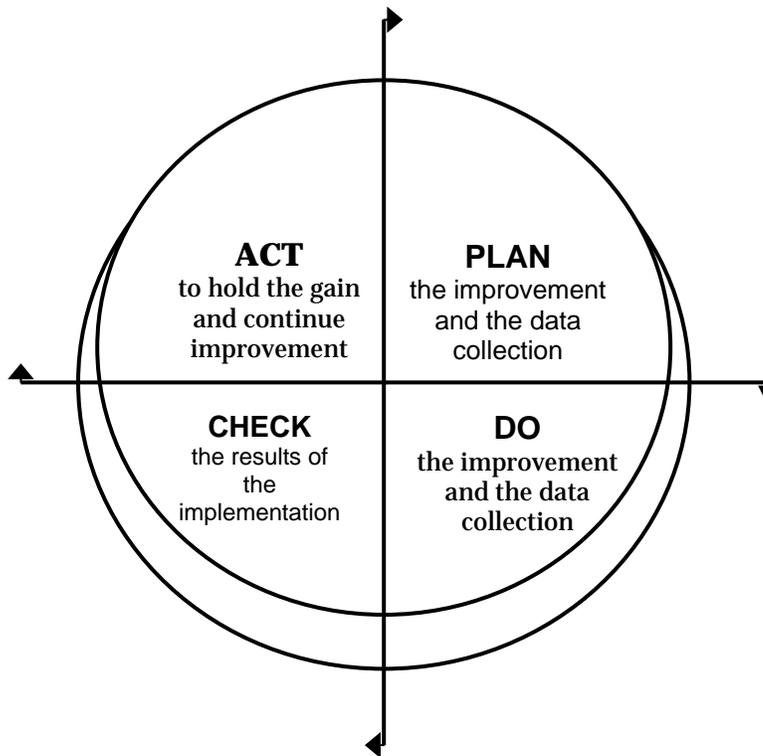
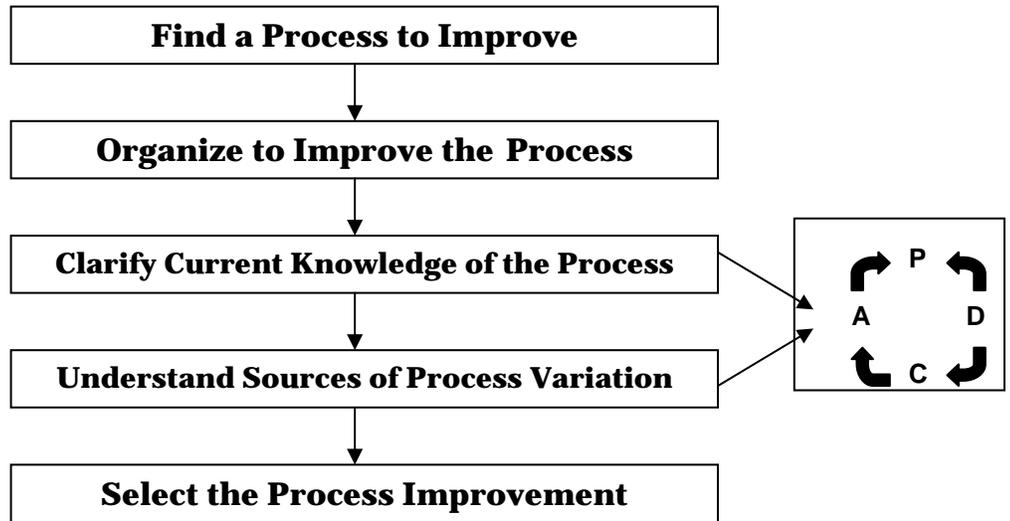
## PROCESS FOR IMPROVEMENT FOCUS-PDCA

FOCUS-PDCA is a systematic method for improving processes.

Through FOCUS-PDCA, knowledge of how a process is currently performing to meet customer needs and expectations is used to plan and test process changes. The purpose of these process changes is to improve the product or service from the customer's viewpoint.

Though it is often a process improvement team that uses FOCUS-PDCA, it is also a useful method for individuals working alone to use to improve a process.

FOCUS-PDCA is an extension of the Plan, Do, Check, Act (PDCA) cycle sometimes called the Deming or Shewhart cycle. Simply put, PDCA is the scientific method.



## HAZARD COMMUNICATION

The purpose of the hazard communications program is to ensure that all chemicals produced or used at North Florida Regional Medical Center are evaluated for known hazards. Information about these hazards will be given to the employees who may use, handle, or otherwise come in contact with these chemicals.

The objective is to develop a uniform, comprehensive system of providing information about hazardous materials to employees. The goals are:

- to reduce the health and physical hazards of known or potentially hazardous chemicals and materials in the work place
- to identify hazardous substances in the facility
- to promote the safe use of known or potentially hazardous chemicals and materials by the employees.

## FLORIDA'S RIGHT TO KNOW LAW

The Florida Right To Know Law imposes on employers an obligation to inform their employee of the toxic substances to which they are exposed in the workplace, and to provide training in safe handling practices and emergency procedures. It also requires notification to local fire departments of the location and characteristics of all toxic substances regularly found in the workplace.

Under the law, a toxic substance is any chemical substance or mixture in a gaseous, liquid, or solid state. Further, such substance or mixture should:

1. appear on the Florida Substance List
2. be manufactured, produced, used, applied, or stored in the workplace
3. cause a significant risk to safety or health during, or is a proximate result of, any customary or reasonable foreseeable handling or use.

Every container of hazardous chemicals is labeled by the manufacturer. *Any other container (e.g., container other than original) also must contain an appropriate label.* The actual format will differ from company to company, but the labels must contain similar types of information that make it easy to find out at a glance about the chemical's hazards. The basic steps that can taken to protect against those risks should be clear. The label should have the following information:

- words or symbols to tell the name of the chemicals
- the name, address and emergency phone number of the company that made or imported the chemical,
- the physical hazards
- if it is reactive or radioactive
- any important storing or handling instructions
- the health hazards
- the basic protective clothing, equipment, and procedures that are recommended when working with this chemical.

## MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets, or MSDS, are contained in yellow binders at the various employee workstations throughout the hospital. MSDS sheets are accessed by finding the appropriate chemical safety information in those respective binders. The Material Safety Data Sheet (MSDS) is a basic hazard communication tool that gives details on chemical and physical dangers, safety procedures and emergency response techniques. The MSDS covers:

1. Chemical Identification- This part of the MSDS lists the chemical manufacturer's name, address and emergency telephone number, the chemical name, trade name, and chemical formula.
2. Hazardous Ingredients - This part includes the substance's hazardous components. It also gives the amounts or concentrations that a worker may safely be exposed to during a normal workday.
3. Physical Data - This part includes boiling point, vapor pressure, vapor density, melting point, evaporation rate, water solubility, appearance and odor under normal conditions.
4. Fire and Explosion Data - This part includes fire and explosion information such as the chemical's flash point. It also contains information about special fire fighting procedures and any unusual fire and explosion hazards.
5. Health Hazards Data - This part includes the health effects of being overexposed to the chemical. The chemical may have immediate or long-term effects or may be a carcinogen. *This part also includes the emergency and first aid procedures for exposure and tells when to seek medical attention.*
6. Reactivity Data - This part includes information that will help to understand if the chemical will react with other chemicals or conditions. It lists whether the chemical is stable or unstable. It also includes chemicals or substances that may be incompatible with it.
7. Spill or Leak Procedures - This part has information about what to do if the substance spills or leaks. It includes the types of cleanup and protective equipment required for cleaning up spills and leaks. It also has information about proper disposal methods.
8. Special Protection Information - This part lists the type of protective equipment needed (e.g., respirator, gloves, eye protection, protective clothing, ventilation) to handle the chemical safely.
9. Special Precautions - This part describes any special precautions that must be taken when handling or storing the chemical. It also lists any health or safety information

that has not been mentioned in another section.  
DISPOSAL OF OTHER TYPES OF WASTE

Listed below are the definitions of commonly used terms and the agency that uses that definition.

Hazardous Waste - All patient care waste contaminated with blood or body fluids is classified as hazardous to the healthcare worker (OSHA).

Infectious waste - Liquid or solid waste that contains pathogens in adequate numbers and of sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste (EPA and Florida Administrative code). Examples:

1. Microbiological wastes including cultures and stocks of etiologic agents containing microbes that, owing to their species, type, virulence, or concentration, are known to cause disease in humans. These shall include culture dishes and devices used to transfer and mix microbiological material.
2. Pathological wastes including human tissues and organs, amputated limbs and other body parts, fetuses, placentas, and similar items from surgery, delivery, or autopsy procedures.
3. Materials which are dripping or soaked to capacity with blood or body fluids. (Example: Saturated dressing materials, hemovacs, or other canisters not emptied.)
4. Sharps including needles, syringes, scalpel blades, Pasteur pipettes, specimen slides, cover slips, glass petri dishes and broken glass potentially contaminated with infectious material.

## HANDLING OF WASTE

*The law requires* that any organization that generates waste of any kind follow certain procedures. The procedures include *the separation of biomedical waste from other solid waste*. The biomedical waste must be packaged and sealed onsite. Further, it requires that sharps be separated from all other waste. If the biomedical waste is mixed with hazardous waste, it is treated as hazardous waste. If solid waste becomes mixed with biomedical waste, it should be treated as biomedical waste. Please remember that sharps **MUST** be discarded in leak resistant, rigid, and puncture-resistant containers. Biomedical waste must be clearly labeled as such. Remember that you should wear proper personal protective equipment when handling biomedical waste and biomedical waste containers.

1. All staff shall wear gloves when handling waste generated in any patient care area.
2. All contaminated sharps shall be discarded into rigid, puncture resistant sharps containers which are clearly marked with the BIOHAZARD symbol. They shall not be bent, slipped or recapped. Containers shall be closed when they are 3/4 full. Full sharps containers shall be placed in the rigid biohazard waste transport containers available in the utility areas.

EXCEPTION: Recapping using recapping device or "scoop" method is allowed for:

- Titration of medications.
- Transport of blood to lab areas for testing such as ABGs.
- Transport of medication from point of prep to patient. This applies to injectable medication ONLY. All other medications shall be given via cannula through needleless IV system.

3. North Florida Regional Medical Center facilities utilize a color-coded system to ensure proper disposition of all SOLID waste:

A. RED BIOHAZARD BAGS: All waste defined by EPA and Florida as infectious shall be placed in red bags at point of origin. These bags shall be tied off and placed in the rigid biohazard labeled containers, which are located in all patient care areas.

NOTE: NEVER PLACE BIOHAZARD BAGS IN TRASH CHUTE!!

B. CHEMOTHERAPY:

All chemotherapy waste is disposed of in yellow containers at point of origin.

C. CLEAR BAGS:

All trash not included as infectious or chemotherapy.

NOTE: Remember that according to EPA and Florida Code, trash can be placed in routine waste system if not specifically defined as infectious. Example: Cotton ball with a spot of blood, sanitary napkins, dressings not saturated/soaked to capacity.

4. ALL LIQUID WASTE:

All liquid waste such as urine, sputum, wound drainage in collection systems shall be disposed of in the sanitary sewer system.

5. TRANSPORT/STORAGE OF WASTE:

All manifests, reports, and record keeping shall be completed in accordance with all Federal and State statutes.

A. BIOHAZARD/RED BAG:

Collection Containers shall be removed when full to the locked Biohazard Area by Environmental Services. (A clean Biohazard Container is left by Environmental Services).

B. CHEMOTHERAPY WASTE:

Chemotherapy waste is to be placed in the yellow containers, sealed, and transported/handled as Biohazard Waste.

C. ROUTINE WASTE:

Removed and discarded via collection containers or trash chute. This is collected in the trash units stored on the back dock.

<b>EXAMPLES OF WASTE SEPARATION</b>	
<b><i>BIOHAZARD WASTE - - RED BAG</i></b>	<b><i>ROUTINE WASTE - - CLEAR BAG</i></b>
Sharps containers	Paper - includes paper wrappers on trays
All cultures and stocks in Microbiology	PPE not saturated with blood or body fluids
Items soaked to capacity with blood or body fluids	Isolation waste NOT saturated with blood or body fluids
Items dripping with blood or body fluids	Sanitary napkins
Containers holding free-flowing blood or body fluids	Diapers
Blood bags	
Pathology waste	

## **RISK MANAGEMENT PROGRAM**

### **KEY COMPONENTS**

- Safety is the goal of the Risk Management program.
- Florida Law defines Risk Management as the identification, investigation, analysis and evaluation of risk as well as correcting, reducing or eliminating that risk.
- The Risk Department identifies patterns or trends in an attempt to make improvements, i.e. falls, medication errors, other injuries, etc.
- Documentation is critical maintaining a record of our care and treatment of patients and to defend our care when faced with litigation.
- A compassionate, caring attitude is the key to patient satisfaction and to preventing litigation.
- In nursing as with all other clinical areas, thorough initial assessment and re-assessment is central to the documentation process. If the patient's condition has changed (respirations increased and blood pressure decreased), please notify the doctor and document when you called, for example, "1900 called Dr. X". Then document the doctor's response such as "2000 Dr. X who is covering for Dr. Y

returned my call. I told him of increased respirations and decreased blood pressure. No new orders".

- Chain of command is important to remember when any professional does not respond adequately for the situation in your judgment. For example, "PCC called and House Doctor saw patient at 2030 re: patient's worsening condition."
- Be a patient advocate. Notify your supervisor, manager, PCC or Risk Management with concerns.
- Your documentation represents a legal document. Do not change the medical record. When a mistake is made simply draw a thin line through the error and initial. Then proceed with documentation. Never write over numbers of any kind when a mistake is made. Use same technique and write correct number off to the side.
- **Document when an error has occurred i.e. Demerol given instead of morphine – or when a patient falls.... and call the doctor and family. This is important for potential litigation.** The medical record needs to be an honest reflection of the patient's care and treatment here.
- Call the Risk Manager at 333-4109 with any concerns or PCC on off hours.
- For serious, complicated or difficult patient complaints please contact the Risk Manager.

## OCCURRENCE REPORTS

One of the most important and effective tools of the Risk Management program is the occurrence report (now called Notifications in the Meditech system). When completed properly, it is an effective means of communication between the staff and Risk Manager. It is important that you take the time to understand what is considered an occurrence, when a notification should be completed, and to whom it should be referred. An occurrence report should be initiated by an employee for:

- any occurrence not consistent with the routine operation of the hospital
- any clinically adverse outcome not consistent with appropriate medical care by any hospital employee or physician; i.e. surgery on wrong site, unexpected return to surgery, medication errors, patient falls, etc.
- occurrences that deviate from hospital policy
- situations that could disrupt hospital function
- situations that may damage the hospital's image, including accidents with or without injury, and violence or the threat of violence.

It should be completed by the employee most directly involved with the incident, (e.g., the employee observing a fall, the employee who performs the action involved in an incident).

All occurrences MUST be reported to your Department Supervisor or Manager. However, if your supervisor is unavailable, please refer the notification to your manager or supervisor electronically. The Risk Manager is automatically notified by the Meditech system – there is no need to refer the notification to the Risk Manager. The notification should be completed **within 24 hours** of the incident. For serious adverse events page the Risk Manager or PCC on off hours who will arrange for faxing a 24-hour report to the State Agency for Health Care Administration as required by law. The Risk Manager is required to review and sign-off all other reports **within 72 hours or sooner**. The following information should be entered in the appropriate place:

1. Patient name, address, telephone number, reason for hospitalization.
2. Clear concise description of incident including date, location and time.
3. Whether a physician was contacted and statement of physician's recommendations.
4. Witnesses and locating information.
5. Name, signature and date position of person completing the form.

**COMPUTER SUBMISSION OF OCCURRENCE REPORTS HAS BEGIN IN JANUARY 2003. DIRECTIONS FOR COMPLETING THE NOTIFICATION TYPES IS IN THE MOX LIBRARY UNDER “HELP WITH OCCURRENCE REPORTS”. USE THE PAPER TOOLS ONLY FOR MEDITECH DOWNTIME. WHEN MEDITECH IS BACK UP THE NOTIFICATION MUST BE ENTERED INTO THE SYSTEM.**

For employee injuries, use the tan *Employee Occurrence Report*.

1. Refer to policies and procedures in Human Resources manual for action to be taken.

For visitor incidents:

1. Employee who witnesses incident or if unwitnessed is the first employee to be told of the incident or first employee to discover the incident should fill out an occurrence report.
2. The visitor *DOES NOT* have to be seen in the emergency room and should not be told that the Hospital will pay for it. Call the Risk Manager for assistance or the PCC on off-hours.

Remember the Following

1. ***ALL OCCURRENCE REPORTS ARE CONFIDENTIAL - DO NOT COPY.***
2. ***DO NOT DOCUMENT IN THE PATIENT'S CHART THE FACT THAT AN OCCURRENCE REPORT WAS COMPLETED OR FILED***
3. ***BE SURE TO DATE, TIME AND SIGN ALL REPORTS FOR ALL OCCURRENCE REPORTS, DOCUMENT FACTS ONLY, NOT OPINIONS OR FEELINGS.***
4. ***DO NOT REFER TO OCCURRENCE REPORTS IN PATIENT'S MEDICAL RECORDS.***

## **5. DO NOT MAKE A COMMITMENT AS TO THE HOSPITAL'S RESPONSIBILITY FOR THE INCIDENT OR BILLS INCURRED FOR TREATMENT**

### **DEFECTIVE EQUIPMENT**

Defective equipment, especially electrical or electronic equipment, has the potential for injuring people who use the equipment or on whom it is used. Thus, care must be taken to identify equipment that is not working and remove it from any area where it may be mistakenly used. In addition, it should be tagged clearly and in such a way that is clearly visible to indicate that it is not to be used. Once this is done, a work order should be sent to either Biomedical Engineering or Engineering to notify them to repair the equipment. **If someone should be injured or become ill from using or the use of any equipment, all supplies or materials that are connected to the machine, should stay in place on machine and be saved for examination.** Finally, a *pink Occurrence Report* should be completed. Notify the Risk Manager and Bio-Engineering Department anytime a serious patient injury occurs.

### **HOSPITAL MEDICAL RECORD**

The medical record is owned by the hospital. However, patients should have ready access to the information when requested. This does NOT mean patients should be handed the medical record. Rather, if information is requested, find the information and provide it or ask a supervisor, PCC or Risk Manager to assist with showing the patient the portion of the medical record they desire without ever handing them the legal document for which we must insure accuracy and control. Copies of the medical record should not be given to a patient even upon written request until the medical record is completed. Refer the patient to Health Information Management for obtaining copies after discharge. For disputes or concerns regarding requests for the medical record, please contact Risk Management. Refer the patient to the physician for explanations of medical care being provided. **Do not however, hesitate in giving the patient specific information i.e. lab results etc. upon their request.**

**REMEMBER THAT CONFIDENTIALITY OF THE MEDICAL RECORD IS YOUR RESPONSIBILITY.** Only access medical records for patients for whom you personally are involved. **DO NOT ACCESS YOUR OWN MEDICAL RECORD THROUGH MEDITECH.** You must go through the same process as all patients through HIM.

### **WHAT YOU CAN DO TO REDUCE THE RISK OF LAWSUITS:**

- Document thoroughly your assessment, reassessment and notify the doctor when there is a clinical change.
- Do not change the medical record (Florida law considers it fraud). When an error occurs, simply place one thin black line through the area and initial.
- Know your hospital's and your department's policies and procedures. They become

the standard by which your professional performance is judged.

- Evaluate when a patient is a fall risk and initiate fall risk procedures-call family at the time of the fall-even if in the nighttime.
- Treat all patients and their families with kindness and respect. It is the most often used reason why people initiate a lawsuit- lack of respect.
- Explain to patients what to expect when performing clinical procedures.
- Document any adverse reactions to treatment or testing procedures and notify the doctor.

## **WORKPLACE VIOLENCE**

It is the intent of NFRMC to provide a working environment as free from the threat of violence as is reasonably possible. NFRMC promotes a standard of zero tolerance for violence in the workplace. This includes verbal or physical threats, harassment and violence that occur in all NFRMC facilities.

- Staff members should be alert to their surroundings at all times and be aware of potential problems as they develop.
- If there is danger of violence, the Crisis Prevention Code Response, "**Code: 777**" should be activated through the NFRMC operator. Immediate danger, i.e. patient with a gun-call **911**.
- The staff member involved in the incident will immediately report the incident to the supervisor and complete the appropriate Occurrence Report and reporting process.
- If an employee knows of a personal threat that may occur at work, information should be given to your Department Manager, Human Resources Director or Risk Manager to assist in providing a safe environment for you and your co-workers

## **PATIENT RIGHTS**

The following are examples of patient rights employees are encouraged to promote:

- Impartial access to medically indicated treatment or accommodations regardless of race, creed, sex, age, national origin, handicap or source of payment.
- Recognize and provide each patient with personal dignity.
- Provide privacy and confidentiality.
- Compliance with OSHA and other Federal and State regulations.

- Informed consent.
- Advanced Directives.
- Right to refuse treatment. Document and notify the doctor.
- Patient and family education and involvement with treatment decisions.
- Right to have appropriate pain management.
- Explanation of bill for services rendered.
- Information on hospital rules and regulations.

## **ADVANCE DIRECTIVES**

There are two types of Advance Directives:

1. Instruction Directives: Often called a Living Will, specifies actions the person would want caretakers to take should patient become incompetent and no longer able to speak for themselves.
2. Proxy Directives: Designate a third party to act as a decision-maker in the event that the person becomes incompetent; referred to as designation of a surrogate. An example is the Durable Power of Attorney, which gives financial control to the designated decision-maker for the patient.

*Where do patients receive information regarding Advance directives?*

1. Packet is given to patients or their family by the Admitting Department.
2. Admitting nurse.

*What should be documented?*

1. On the Nursing Admission Assessment, check whether the patient has an Advance Directive or not.
2. Write in the type, (e.g., living will, Durable Power of Attorney).
3. Whether or not a copy is on the chart.
4. If the patient would like more information, check the appropriate box.
5. If there is a change in the Advance Directive information after admission, be sure to document that change (e.g., withdrawal of living will, addition of living will).

*Are Advanced Directives retrieved and used from one admission to the next?*

1. Yes,
2. If you know a patient has one from a previous admission, you should discuss this with the patient. Ask if there have been any changes. Then secure the old Living Will from a previous admission or ask for a copy for the current admission. This ensures that we have the most up-to-date version.

*What do you do if the patient is incompetent or is incapacitated?*

1. Hospitals are required to provide the information to whomever the law recognizes as the patient's surrogate if the patient is incompetent.
2. If the patient is temporarily incapacitated, the information should be provided the patient is again capable of making decisions.

## **VALUABLES**

1. The hospital does not accept responsibility for valuables the patient chooses to keep in possession while hospitalized.
2. Responsibilities of hospital staff:
  - Inform patients or family of policy.
  - Educate patient about reasons for not keeping valuables in the room.
  - Encourage patient to send valuables home with their family.
  - Valuables that cannot be sent home should be deposited in the hospital safe.
3. Procedure for depositing valuables:
  - Obtain valuables storage envelope from security.
  - Collect valuables upon admission or at bedside.
  - Call security and count money with security as a witness.
  - List all contents to be placed in the envelope.
  - Attach receipt of envelope to inside cover of medical record.
  - Give envelope to security for delivery to safe.
  - At time of discharge, valuables can be obtained with receipt.

## **ABUSE and NEGLECT**

We have an obligation to assess and report- "possible" cases of abuse and /or neglect and to contact case management to investigate or report. Please see Administrative policy 900- 1.315, Abuse: Care of Suspected Domestic Violence, Child Abuse Victim, Battered Spouse, or Exploitation of Aged or Disabled other Adult.

## **ETHICS**

For ethical issues regarding the conduct of staff, refer to the Ethical Code of Conduct document.

When caring for patients, there are times when the choice of what care to provide and how to provide it is not always clear. Patients and their families may also need some assistance with decision making. Careful thought will sometimes lead to the proper course of action. At other times, it is necessary to get help in making decisions. Often you can discuss the situation with your Supervisor, Manager, Risk Manager, PCC, or Administrator on call. At other times, it is necessary to seek further help. The Medical Staff bylaws outlines a procedure to follow when a conflict of rights occurs. In addition, the Ethics Committee, a consulting body only, can be called on to lend a hand. Members of the committee include representatives of the Medical Staff, Administration, hospital employees and the community. This Committee is strictly advisory and

functions as a resource for physicians and staff. Some guidelines include:

- When a resolution fails or the situation calls for an opinion on a hospital-wide basis by general topic, then a request can be made of the Committee or its representative to assist at the time. Contact the Risk Manager by pager or telephone for any requests that need immediate response.
- Forms are available to Supervisors to complete and forward to the Risk Manager for screening. If no other avenue is more appropriate, the Risk Manager will place the item on the next meeting Ethics Committee meeting agenda for consideration.
- When an emergency presents itself and an official opinion is needed immediately, a subcommittee of the Ethics Committee may meet to provide advice or recommendations to the physician, staff or patient/family member. These are non-binding.

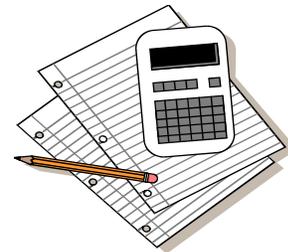
## HEALTH INFORMATION MANAGEMENT

North Florida Regional Medical Center provides confidentiality and security for all forms of information. This includes determining the appropriate levels of security and confidentiality required for each type of information, as well as retrieving information in a timely manner that does not compromise the security of the information.

### PATIENT MEDICAL RECORDS

#### Ownership:

The medical record is the property of the hospital, which has the right to its possession and custody. It is kept for the benefit of the patient, health care providers involved in the treatment of the patient and the hospital. As the physical ownership of the medical record rests with the hospital, the hospital in turn respects the patient's right to privacy as concerns the confidential nature of the information contained therein and protects the patient from unauthorized release.



#### Authorization for Release of Information:

Authorization for release of information is the patient's waiver that keeps his/her medical record confidential. A written authorization properly signed and dated by the patient, patient's guardian, curator or personal representative, or anyone designated by such person in writing is required prior to the release of information from a medical record. The authorization must:

1. Be addressed to the hospital.
2. Contain the name of the person or company to whom the information is to be released.
3. Be dated on or following the date of treatment.
4. Be signed by the patient, or as outlined below.
5. Contain the patient's name, date of birth and social security number.
6. Contain the statement: "I authorize the release of information regarding medical, surgical, psychiatric treatment, drug and/or alcohol treatment, eating disorders and ARC/AIDS/HIV test results and/or information. I understand that this release is revocable only in writing and will remain in force for ninety days. I release North Florida Regional Medical Center from any and all costs liability or damages resulting directly or indirectly from release of my medical records."
7. State the period of time the authorization is valid.
8. State the date(s) of treatment that is/are to be released.
9. Delineate which portions of the record are to be released.

In the case of a minor or legally incompetent person, the authorization must be signed by a parent, guardian or legal representative. An authorization signed by the next of kin or by the administrator or executor of the decedent's estate is necessary in the case of a deceased person. In case of a patient's inability to sign the release because of a physical or mental disability, it is necessary for the patient's designee to authorize release of the record.

## CONFIDENTIALITY OF INFORMATION

It is the responsibility of ALL employees to maintain the confidentiality of records. This is especially important with regard to patient records but also includes information about other employees. Confidentiality may be breached in several ways. CPCS (Meditech) should be used appropriately; that is, to access information only as necessary to provide patient care.

**Verbal Information:** When discussing a patient, it is very important to be aware of who is nearby that may overhear the conversation. Loudly discussing a patient or calling out information to others seriously compromises confidentiality. Often staff discusses patients in elevators, hallways, the cafeteria, and nurses stations without realizing that others may hear them. In addition, staff routinely receives telephone calls from individuals that are seeking information about patients or staff. Please remember that information should NOT be released to anyone whom you can not *positively* identify. It is also important to refrain from telling family members, friends, and acquaintances about people you know that you see who are patients.

**Written Information:** Only those involved in the care of a patient are authorized to have information about the patients. You should NOT read a patient or staff record unless you are directly involved in the care of that individual. It is the responsibility of each employee to safeguard information. If you see someone reading a patient's record and you are unsure whether that person is authorized to do so, you should either confront

that person or tell your supervisor immediately.

**Electronic Information:** As with written information, electronic information should be confidential. Safeguarding it includes preventing unauthorized access to computer systems. You should NEVER reveal your access codes (passwords) to anyone. Asking another employee for his or her access codes is prohibited. After using a computer, you should always sign off before you leave visual range of that computer. Do not access your own medical records electronically. As with paper records, electronic records must only be accessed when needed to perform your duties. Audits are done on a monthly basis to ensure appropriate access.



Each of us has a moral and ethical responsibility to protect the confidentiality of information. It enhances the quality of care. In addition, obtaining, attempting to obtain or revealing confidential information when you are not authorized is a violation of hospital policy. In some cases, it may be a violation of Federal and State Laws. Such violation may result in disciplinary action, which may include oral and written warnings, or termination. The employee may also be open to civil and criminal prosecution in the courts.

## EXAMPLES of APPROPRIATE ACCESS and INAPPROPRIATE ACCESS

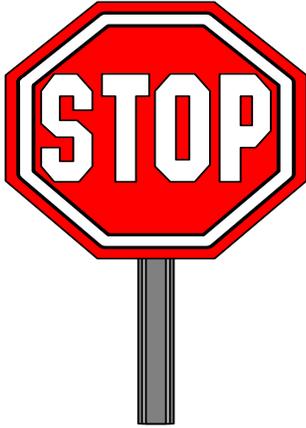
The most prevalent violation of Appropriate Access policies is the employee viewing



their own record. Please

### APPROPRIATE ACCESS:

- Users must only access/view information that they have a legitimate “need to know”, regardless of the extent of access provided.
- Maintain assigned passwords that allow access to computer systems and equipment in strictest confidence and not disclose a password with anyone, at any time, for any reason.
- Always log off your terminal when leaving the area.
- User will collect, dispose, process, view, maintain and store patients’ clinical and financial information in an honest, ethical and confidential manner.



### **INAPPROPRIATE ACCESS:**

- Viewing your friend or neighbor's information when you are not providing their patient care.
- Viewing a relative's information...**INCLUDING SPOUSE** for whom you are not providing care.
- Looking at another employee's information...even if they request you to do so.
- Viewing your own information or asking a co-worker to view your information ...*you can gain access to your records via hard copy in Medical Records.*
- Using CPCS to looking up a co-workers room number.
- Letting someone use your password.

### HIPAA

HIPAA comes from the title **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996. The privacy section of HIPAA will go into effect on January 1, 2003. Vinnie Johnson is NFRMC's Facility Privacy Officer.

The HIPAA regulations do not set restrictions on faxing or mailing health information. They **do** require us to safeguard information in any way possible. A patient's diagnosis, the Company's marketing strategy and computer network configurations are all considered confidential information. The Confidentiality and Security Agreement states that you will not disclose or discuss any confidential information even after completion of your clinical experience with HCA.

HCA colleagues must not disclose confidential information that violates the privacy rights of our patients. No HCA colleague, affiliated physician, or other healthcare partner has a right to any information other than that necessary to perform his or her job.

Records generated and received by the Company are the property of the Company. No employee, by virtue of his or her position, has any personal or property right to such records. A patient may add an amendment to any accessible record for as long as the record is maintained by the facility. The request for amendment should be made in writing to the facility.

HIPAA regulations do not prevent medical records from being maintained t the patient's bedside or outside the patient's room; however, they do encourage reasonable safeguards be put in place to protect the patient's information from inappropriate uses or disclosures.

## STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of North Florida Regional Medical Center ("Hospital"), the undersigned and his/her heirs, successors and assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the Program operated by Santa Fe Community College ("School") at Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

## CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable Federal law and the Agreement between Santa Fe Community College and North Florida Regional Medical Center, to keep confidential any information regarding Hospital patients, as well as all confidential information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital.

## ACKNOWLEDGEMENT OF ORIENTATION PACKET

I have received and read the NFRMC Student Orientation packet.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Program Participant Signature

**Santa Fe Community College – EMS Programs**

School/Program (Please print)

\_\_\_\_\_  
Witness

THIS FORM MUST BE TURNED IN TO QUALITY & EDUCATION SERVICES BY THE FIRST DAY OF STUDENT ROTATION.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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