

ACE

Annual Corporate Education

2017



INTRODUCTION & INSTRUCTIONS

The policy of Health Central Hospital is to ensure an annual education program is provided to all team members including students, agency, volunteers, licensed independent practitioners and voluntary staff. In keeping with this policy, Health Central hopes the educational material will promote understanding of safe practice standards. The Annual Corporate Education (ACE) contains information that will promote a safe and healthy working environment. ACE meets regulatory requirements which includes essential information on topics required either by law, external regulatory agencies (TJC- The Joint Commission, OSHA, CDC, etc.), or internal improvement projects.

Please read each section carefully. Finally, you must successfully complete the test questions with a minimum of 84%.

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MODULE A: SERVICE EXCELLENCE



Our Mission

Health Central's mission is to improve the health and quality of life of the individuals and communities we serve.

Our Values

People

- We are committed to excellence in serving and supporting our patients, our physicians, our guests and fellow team members.
- We not only care for people, we care about them.
- We will do everything in our power to ensure that all people are treated with respect, dignity, kindness and compassion.
- We will listen intently to our customers and each other with open minds and with open hearts.
- We will make a positive difference in the lives of the people we serve.

Quality

- We will never compromise on quality.
- Our team will provide the highest quality of care and service in everything we do.
- We will take responsibility for conserving time, money and resources.
- We will be creative and versatile as a team in our solutions.

Community

- We are proud to serve the people of this community.
- We will never lose sight of the fact that we are a community organization.
- We will demonstrate, in our words and actions, the highest level of commitment to the community we serve.

Our Vision

Health Central's vision is to be a trusted leader inspiring hope through the advancement of health.

Health Central Hospital Service Standards

"We Are People Caring for People"

C = Commit to quality

A = Attitude is the key

R = Realize I create a lasting impact

I = Improve the experience

N = Notice and anticipate needs

G = Greet/Welcome everyone



Service Standards	Description	Supporting Behaviors
C ommit to quality	Individualizing the Health Central Hospital experience by providing the highest quality healthcare and caring enough to understand the specific wants and needs of each patient, resident, family member, and team member.	- Assume positive intent - Be clear about what you are able to do and what you are not able to do - Make commitments and keep them - Respond to problems with a solution-focused rather than a blaming approach - Adopt an accepting view of others
A ttitude is key	Being personally prepared daily to represent Health Central Hospital with a professional look and a caring attitude.	- Recognize and appreciate the feelings of others - Never be too busy to care - Manage emotions appropriately - Apologize and express concern anytime an individual is not satisfied
R ealize I create a lasting impact	Creating a lasting impact that will leave everyone we come in contact with having the knowledge Health Central Hospital is all about “People Caring for People.”	- Treat everyone you encounter as if he/she is the most important person - Ensure hand-offs occur efficiently - Follow up with customer in a timely manner to ensure needs were met - Maintain organizational integrity by not discussing personal information or commenting negatively about Health Central or your job - Ensure privacy and confidentiality is maintained: they are rights not privileges
I mprove the experience	Taking a vigorous approach to improving the experience and resolving issues in a way that demonstrates a commitment to caring for people.	- Respect the culture and ethnicity of all customers - Take ownership: It does not matter if the concern is from your particular area or not - Provide effective and caring service recovery - Take care of concerns in an expeditious manner - Remember that a person’s perception is their reality
N otice and anticipate needs	Seeking to anticipate and understand patient, resident, family member, and team member needs; and then providing appropriate service in a caring way.	- Seek opportunities to be helpful and to assist customers before they ask - Escort individuals to other areas of the facility: Do not “point people in the right direction” - Look for clues and cues - Don’t use medical jargon or “code language” - Approach people before they approach you
G reet/Welcome everyone	Providing a warm and gracious greeting to everyone we come into contact with, thus creating a caring environment at Health Central Hospital.	- Welcome new team members to the team - Initiate contact - Introduce yourself, smile warmly - Ask “How may I help you?” - Display proper body language at all times - Make eye contact to personalize service - Answer telephones using your name and department



“What is best for the patient?”

Health Central Hospital focuses on patient centered care. Health care decisions are based on the patient’s best interest. The order of priority for decision making places the patient’s needs first, followed by the needs of the organization and finally the needs of the individual hospital service.



Service Excellence

Service excellence is providing the best possible experience for patients and family members. Health Central Hospital measures patient satisfaction by surveying customers after discharged. The content of the survey provides essential feedback and identifies opportunities for improvement. Health Central’s goal is to:

- Treat all patients with courtesy, compassion and respect
- Listen carefully
- Explain concepts in simple terms
- Communicate clearly about the plan of care
- Inform patients of any potential delays

The Health Central Way provides the Framework for Service Expectations

- Start every day with a positive attitude toward patients, their families and friends, co-workers, and physicians
- Over-communicate: Keep patients, families, co-workers and physicians informed
- Explain the “why” behind what you are doing
- Actively listen
- Make good eye contact and sit if possible
- Extend a friendly welcome
- Smile and greet others
- Personally escort guests to their destination
- Allow guests to enter or exit elevators first
- Choose an “owner’s attitude”: when faced with a problem “see it, own it, and solve it”
- This is your house, take care of it: suggest ways to improve care for our patients
- Always be “on stage”: refrain from personal conversations in elevators, cafeteria and nurses’ stations
- Make sure your badge is clearly visible at all times
- Show professionalism at all times
- Always show respect and compassion
- Be sensitive to the fears and frustrations of others
- Anticipate needs
- Create a lasting impact



AIDET Patient Communication

AIDET[®] is a communication framework for healthcare professionals to communicate with patients and each other in a way that decreases patient anxiety, increases patient compliance, and improves clinical outcomes. The acronym AIDET[®] stands for five communication behaviors:

A	Acknowledge:	Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room. <i>“Good morning, Mr. Smith”</i>
I	Introduce:	Introduce yourself with your name, skill set, professional certification, and experience. <i>“My name is Susan and I will be your nurse today.”</i>
D	Duration:	Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress. <i>“I am here to check on your IV and it should only take me a few minutes. You mentioned your IV site was sore during bedside shift report, so I am checking back to make certain everything is ok.”</i>
E	Explanation:	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button. <i>“Your IV site looks great. Is there anything else I can do for you while I am here?”</i>
T	Thank You:	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient. <i>“Thank you for your patience.”</i>

NOTE: Remember, people create a first impression within the first THREE seconds of meeting someone new.



HCAHPS

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is the first national, standardized, publicly reported patient survey of hospital care. HCAHPS scores will determine a portion of our Medicare reimbursement (pay for performance). Consumers may compare hospital scores by viewing www.hospitalcompare.hhs.gov.

Patient's Rights

A patient has the right to:

- Be treated with courtesy and respect, with appreciation of his or her individual dignity and with protection of his or her need for privacy regardless of race, color, national origin, religion, sex, sexual orientation, gender identity, socioeconomic status or disability
- Prompt and reasonable response to questions and requests
- Know who is providing medical services and who is responsible for his or her care
- Know what patient support services are available, including whether an interpreter is available if he or she does not speak English
- Know what rules and regulations apply to his or her conduct
- Be given by his or her healthcare provider: information concerning diagnosis, planned course of treatment, alternatives, risks and prognosis
- Refuse any treatment, except otherwise provided by law
- Be given, upon request, full information and counseling on the availability of known financial resources for his or her care
- Know, upon request (eligible Medicare patient) and in advance of treatment, whether the healthcare provider or healthcare facility accepts the Medicare assignment rate
- Receive a copy of a reasonably clear and understandable itemized bill and, upon request, have the charges explained
- Impartial access to medical treatment or accommodations regardless of race, national origin, religion, mental or physical handicap, sexual orientation, genetic orientation or source of payment
- Treatment for any emergency medical condition that will deteriorate from failure to provide treatment
- Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research
- Express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the healthcare provider or healthcare facility which served him or her to the appropriate state licensing agency



The patient's responsibilities include:

- Providing accurate and complete information related to present complaints, past illnesses, hospitalizations, and medications
- Reporting unexpected changes in condition to healthcare providers
- Reporting understanding of health care information and course of treatment
- Following the treatment plan recommended by healthcare providers
- Keeping appointments
- Considering treatment options
- Following healthcare facility rules and regulations affecting patient care and conduct

For a full text copy of the Florida Patient's Bill of Rights and Responsibilities, Please refer to page 6 of the Patient Guide.

Patients and/or family members, who are not happy with any services, have the right to file a complaint. The filing of a complaint will not impede access to services at Health Central Hospital.

Resources for filing a complaint are:

Health Central Hospital Patient Relations

10000 West Colonial Drive | Ocoee, Florida 34761
407.296.1817

Agency for Healthcare Administration Consumer Assistance Unit

2727 Mahan Drive/Building 1 | Tallahassee, Florida 32308
888.419.3456

Office of Quality Monitoring

Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard | Oakbrook Terrace, Illinois 60181
800.994.6610

Cultural Diversity

Culture is the beliefs, behavior, language, and entire way of life of a particular time or group of people. Cultural diversity is the quality of diverse or different cultures. The phrase cultural diversity can also refer to having different cultures respect each other's differences. Wherever there are humans living and working together, there is diversity. However, there may be more similarities than differences. Most cultures have:

- A perception about life, health and illness
- Some form of language communication
- Preferred cultural terms
- Family roles and relationships
- Birth and death rituals as well as end-of-life customs
- Spiritual/religious beliefs
- Individual dietary practices



Cultural Competency – Cultural competence is a set of behaviors and attitudes and a culture within the business or operation of a system that respects and takes into account the person's cultural background, cultural beliefs, and their values and incorporates it into the way health care is delivered to that individual. It is having an awareness of one's own cultural identity and views about differences, and the ability to learn and build on the varying cultural and community norms. Cultural competence in healthcare implies that the healthcare provider is aware, understands and attends to the total context of each patient situation.

Consider differences and similarities related to:

- Race/Ethnicity
- Socioeconomic status
- Gender
- Personality
- Sexual Orientation
- Age
- Religion
- Education
- Socialization behaviors – family, religion, interests, and etc.
- Physical characteristics
- Communication – verbal, non-verbal

Consider the significance of non-verbal communication:

- Facial expression – may give many messages, positive and negative
- Gestures – may be invasive, offensive or unpleasant
- Contact – some may not want to be touched by others
- Use of space – Avoid invading personal space
- Voice tone and volume – may mean anger, excitement or joy

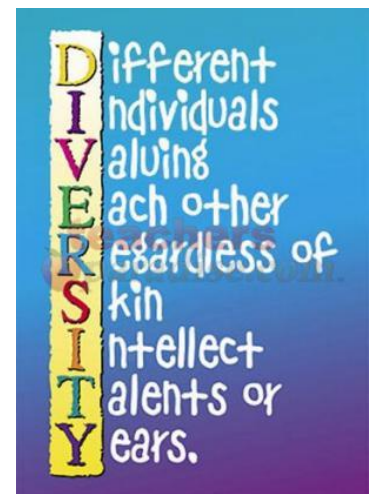
Cultural challenges affecting care:

- Communication barriers
- Diverse response to pain
- Religious beliefs and customs
- Family Dynamics
- Dietary practices
- Gender roles

It all comes down to respect

Respect for:

- Differences
- Values
- Beliefs
- Behaviors



LGBT (Lesbian, Gay, Bisexual and Transgender)

Background:

- Primary care for LGBT patients is in most ways exactly the same as primary care for other patients
- LGBT patients may face specific barriers to healthcare related to sexuality and gender identity
- In some cases, identity or behavior may influence specific health concerns

LGBT sensitivity

- Include chosen name and legal name as well as a blank space for gender on intake paperwork
- Establish an effective administrative policy for addressing discriminatory comments or behavior within your office or organization
- Remember to keep the focus on care rather than indulging your personal curiosities
- Keep in mind that a patient is not a training opportunity for other health care providers (Ask permission before bringing in a student, resident or colleague)
- It is inappropriate to ask the genital status of a transgender patient if it is unrelated to their care
- Never disclose a person's transgender or sexual orientation status to anyone who does not explicitly need the information

Team Communication and Collaboration

What Defines a Team?

A team is two or more people who interact dynamically, interdependently, and adaptively toward a common and valued goal, have specific roles or functions, and have a time-limited membership.

Communication is:

- The act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else
- The process by which information is exchanged between individuals, departments, or organizations

Communication Challenges

- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change



Collaboration

- Achieves a mutually satisfying solution resulting in the best outcome
 - Everyone wins: Patient Care Team (team members, the team, and the patient)
 - Includes commitment to a common mission
- Meet goals without compromising relationships

True collaboration is a process, not an event!

Mutual Support

Mutual support is the essence of teamwork. It protects team members from work overload and situations that may increase the risk of error.

Effective Team Members:

- Are better able to predict the needs of other team members
- Provide quality information and feedback
- Engage in higher level decision-making
- Manage conflict skillfully
- Understand their roles and responsibilities
- Reduce stress on the team as a whole through better performance

Achieve a mutual goal through interdependent and adaptive actions.



MODULE B: SAFETY / ENVIRONMENT OF CARE

Safety Management

Health Central Hospital provides a safe environment for patients, visitors and employees by employing security officers who are focused on creating a safe and secured environment.

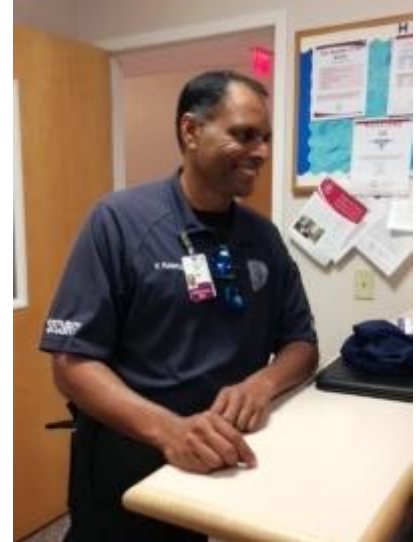
Contacting Security

- For any identified emergency, dial extension **33**.
- Security can also be reached directly at extension **1715** for non-urgent matters.

Notifying Security

Security personnel should be notified for the following reasons:

- Potentially dangerous or criminal behavior
- Missing or damaged property of patients, guests, or the hospital
- Suspicious activities
- Suspicious packages found anywhere on campus
- Anyone needing a security escort



Team Member's Role in Hospital Security

- Secure all doors and windows in the work area
- Computers and other technology must be kept secured and behind locked doors when not in use
- Report faulty locks and lighting outages to engineering immediately
- Leave valuables such as jewelry, cash and credit cards at home
- Encourage patients to send valuables home with relatives
- Never prop open facility doors
- Safeguard hospital keys
- Challenge unfamiliar personnel in your department, especially if they ignore you, act suspicious, or attempt to remove equipment
- Lock your vehicle and keep all valuables (especially phones) out of sight
- Obey posted speed limits and watch out for pedestrians when driving around campus
- When in doubt, call security
- Weapons are not permitted in Health Central except for those carried by Law Enforcement Officers

Suspicious Packages

If you see objects (backpacks, packages, envelopes, etc.) that are hidden, contain batteries, wires, or an object emitting a suspicious cloud, mist or odor, **DO NOT move, touch, or open suspicious packages. Notify security immediately.**



Identification Badge

- The primary purpose of the identification badge is to identify personnel authorized to be at Health Central Hospital. This includes team members, volunteers, students and vendors.
- The ID badge also provides access to specific work areas.
- The identification badge must be visible at all times while on Health Central Hospital's campus.

Hospital Emergency Codes

Health Central utilizes specific emergency codes which are broadcasted hospital wide to alert all team members. A reference of the emergency codes is conveniently located on the back of team member's ID badge. Should an emergency exist, dial extension 33; state your name, location and code. If uncertain of the code, provide a description of the emergency.



The following table contains Health Central Hospital's emergency codes:

Code Black	Bomb Threat
Code Red	Fire
Code Yellow	Lockdown- no one is allowed to enter or leave the building
Code White	Hostage Situation- remain in depts. away from hostage site
Code Purple	ER Saturation- Critical patient overload in Emergency Dept.
Code Brown	Severe Weather in immediate area
Code Echo	Patient elopement-patient with diminished capacity has eloped from the facility
Code Pink	Infant/Child Abduction
Code Orange	Hazmat/Bioterrorism- Chemical Spill- ETO Leak
Code Gray	Violence/Security Alert
Code Green	Internal Disaster

Code Blue 90 Code Blue 45	Adult Cardiac/Respiratory Arrest Pediatric & Neonatal Cardiac/Respiratory Arrest (defined as age <18 years)
Code Silver	Active Shooter
Code Apgar	Imminent Newborn Delivery outside of the L&D area
Person Down	A Non-Patient (visitor or team member) on hospital property (includes MOB offices and parking lots) that is not able to ambulate due to an acute onset of an illness or injury.
Emergency Intake Plan	Mass Casualty/Disaster- External Disaster used for the activation of the external disaster plan.

Emergency Management

General Guidelines in Emergency Management

- Team members should be familiar with the emergency management procedures including code activation
- Should an event occur, follow instructions provided by the hospital, department, or service-line as applicable
- Team members should also be familiar with the Hospital's Incident Command System (HICS)

Mass Casualty Preparedness

Disasters may occur inside or outside the hospital. However, they may result in a rapid influx of casualties to the emergency department (mass casualties). A mass casualty incident is any incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties. Involved patients are rapidly triaged, treated and transported to surrounding hospitals. In the event where a hospital's resources are overwhelmed, it may necessary to discharge all fit patients, dedicate more resources to the emergency department, and to expand the capacity of other units. Internal (inside the hospital) disasters endangering patients may warrant the evacuation of these patients to a safe zone.



Health Central Hospital incorporates Emergency Response Teams and Preparedness Programs to care for people requiring emergency services in all situations. A major disaster may require the assistance of all team members. In preparation for a potential disaster:

- Take time to locate and read *The Emergency Preparedness Manual* (Disaster Manual) under the policy section on HCNet, and/or
- Contact the *Emergency Management Committee* if you have any questions about preparedness

General Information in a Disaster:

- Team members must report to their respective department during a disaster and sign in. The *Disaster Plan* located in individual departments may contain specific roles and responsibilities for team members
- Make certain to reassure patients
- Never use elevators unless instructed to do so
- Use the appropriate level of PPE (Personal Protective Equipment)

Active Shooter- Code Silver

In the event of active shooter:

- Evacuate the area or barricade yourself in a safe place
- Dial 33 or 911, report what you heard/saw, and be specific
- Remain in a safe place until you can safely evacuate, or await for police/security
- RUN-HIDE-FIGHT

Medical Equipment Management

The medical equipment at Health Central is maintained by the Biomedical Engineering Department. Each piece of medical equipment is labeled with the date of inspection and the date due for re-inspection. Policies related to medical equipment are located in the Safety Manual section on HCNNet.

Electrical Safety

Electrical safety measures include the following:

- **All** electrical equipment must be grounded (3-prong plug) or be double insulated and UL-approved
- Remove plug from outlet by the plug, not by the cord
- Perform visual inspection of electrical equipment, cord, plug, and before each use
- Visually check wall outlets to assure good condition
- Do not stack anything on or behind electrical equipment
- Do not rest equipment on power cords
- Use only equipment that has been inspected and labeled by the Engineering or Biomedical Departments
- Engineering must inspect and approve personal equipment brought into the facility
- Never place fluids on or near electrical equipment

Prohibited electrical equipment:

- Portable electric heaters (space heaters)
- Electric blankets
- Toaster ovens
- Televisions (other than hospital-provided)
- Multiple cheater receptacle adapters
- Extension cords
- Equipment and devices deemed unsafe by the Safety Officer or Health Central Engineering



Fire Prevention – The Key to Fire Safety

Fire prevention is a responsibility of all team members. The goal is to take precautions to prevent potentially harmful fires, and be aware of possible fire hazards.

	Health Central Hospital campus is tobacco-free. A tobacco-free campus means that all designated smoking areas are eliminated and the use of all tobacco products is prohibited in all facilities at Health Central Hospital. This includes all parking areas.
	Use microwave to warm food or drinks (not cooking). Monitor the microwave when in use. Never leave a microwave unattended.
	Do not interfere with the normal operation of the fire doors. The use of wedges or other items to prop doors open is prohibited. Hallway doors may be kept open only with the proper electrical magnetic device connected to the facility's fire alarm system.
	Be sure all non-clinical electric appliances have a green Engineering Safety inspection sticker.

Fires may cause injury, death and/or property damage. Health Central Hospital Facilities department has instituted systems to identify and suppress fires when they occur. These include smoke detectors, sprinkler systems, smoke compartments, fire extinguishers, pull-stations and alarm systems. In the event of a fire, please remain calm. Panic poses the greatest danger in any fire situation. Also, avoid using the word “fire”—refer to the situation as “Code Red.”

Guidelines for Fire Response – R.A.C.E.

Team members should remember the pneumonic, RACE during a fire (Rescue, Alert, Contain Extinguish).

<u>Rescue</u>	Remove guests, visitors, patients, co-workers and yourself from immediate area of the fire/smoke. If necessary relocate patients: first HORIZONTAL, to the nearest corridor separated by fire doors unaffected by smoke; then, if appropriate, VERTICAL, using the nearest stairwell without smoke (Go at least 2 floors beneath the fire).	
<u>Alert</u>	Call out “CODE RED” to alert nearby team members to assist. Know the location of your closest fire pull station and pull it to activate the hospital fire system. After pulling fire pull box, call the emergency operator, number 33 (for hospital buildings) or 911 (for non-hospital buildings) to report the Code Red.	
<u>Contain</u>	Close all doors in the affected area.	
<u>Extinguish</u> (In hospital facility)	If safe to do so, extinguish the fire by using <u>PASS</u> (Pull, Aim, Squeeze, Sweep) from a safe distance and always leave yourself a way to escape. NEVER turn your back on a fire.	

Extinguishing a Fire

Different types of fire extinguishers are designed to fight different classes of fire. The three most common types of fire extinguishers: are water, carbon dioxide and dry chemical. Team members should know how to operate and the location of the nearest fire extinguisher. Only use an extinguisher when it is safe.

			
ABC extinguisher: Most commonly seen at Health Central Hospital- safe to use on combustibles, flammable or electrical fires.	CO2 extinguisher: These use CO2 to extinguish the fire and are used in surgical suites as they leave no residue.	MRI Safe extinguisher: This is a non-ferrous ABC extinguisher, which is safe in MRI.	K-extinguisher: These are specifically found in commercial kitchens and are designed for grease fires.

How to Use a Fire Extinguisher

Use the pneumonic P.A.S.S. when using a fire extinguisher.

PULL	Pull the pin located near the handle	
AIM	Aim the nozzle at the base of the fire	
SQUEEZE	Squeeze the handle	
SWEEP	Sweep from side to side	

Hazardous Materials and Waste Management

Hazardous material safety policies have been established to provide guidelines for the safe use, storage and disposal of hazardous materials used in the work environment. Team members are responsible for knowing how to use, store and dispose of hazardous materials.

Hazardous Material

Hazardous material is a biological, chemical, or radioactive material (ionizing radiation) that is a health hazard to personnel or the environment.

Types of Hazardous Materials

Many chemicals are used at Health Central Hospital in both patient-care and support areas.

Some chemicals are harmless, others are:

- Corrosive (burn on contact)
- Explosive
- Flammable (catches fire easily)
- Radioactive
- Reactive (burns, explodes, or releases toxic fumes when exposed to another element such as a chemical, air, or water)
- Toxic (causes physical illness or death)

Hazardous materials come in all forms: Solids, Liquids and Gases.

Some examples include:

- Cleaning agents, such as: floor polishes, lye, bleach, window cleaner
- Oils, paint thinner, welding gases, portable torches, solder, resin, and fuel
- Radioactive isotopes, x-rays, film-processing chemicals, anesthetic gases, other gases under pressure, disinfectants and drugs
- Raw chemicals such as alcohol, ether, acids, alkalis, formalin, paraffin, xylene and mercury

Recognizing Hazards

Health Central Hospital is required by Florida law to notify and advise team members of the hazards contained in the materials in their work areas. The SDS identifies a chemical, why it is hazardous and how to safely work with it. It also provides disposal instructions. Team members, who witness a spill or gas release should first take appropriate safety precautions, isolate the area and call a Code Orange. Refer to the SDS.

Health Hazard 	Flammables 	Oxidizers 
Irritant 	Gases Under Pressure 	Explosives 
Corrosives 	Environmental Toxicity 	Acute Toxicity 

Safety Data Sheets (SDS)

Information about a specific chemical can be located on HCNet home page then in “Applications” box click on the “SDS Online” link.

- SDS was designed to help team members understand the proper ways to use, handle and safely store chemicals in respective work areas.
- SDS provides information regarding the health hazards associated with the use of chemicals, emergency procedures for spills, fire, and administering first aid.

Some of the major sections in Safety Data Sheets are:

- Chemical identification
- Physical data
- Health hazard data
- Spill or leak procedures
- Hazardous ingredients
- Fire and explosion data
- Reactivity data
- Special protection information

Each department has a manual containing a list of chemicals for the department as well as access to the SDS online reference.

SDS on HCNet is updated on a regular basis. If the computer system is down, call 1-888-362-2007 for product SDS information. If an emergency occurs with a chemical, call Chemtrec @ 1-800-424-9300 for additional information. Chemtrec is available 24 hours.



Reading Labels

Product labels and package inserts contain much of the information needed for the safe use and disposal of hazardous materials. Remember to read labels carefully before using hazardous materials. If a container has no label or the label is unreadable, notify your supervisor and the Safety Department Haz-Mat Specialist immediately. Do not attempt to use or discard any product that has no label or an unreadable label.

Physical Effects of Hazardous Materials

Hazardous materials can cause serious and long-term health problems if not handled properly. Physical harm caused by hazardous materials is usually the result of careless handling. Acute effects usually happen fast. Chronic effects happen over a period of time from long term exposure.

There are four routes of entry that a chemical may enter the human body. They are:

- Eyes and mucous membranes (it enters through a puncture, cut or a splash)
- Inhalation (we breathe it in)
- Absorption through the skin (it passes through the skin, eyes or other membranes)
- Ingestion (we eat or drink it)

Tips for Safe Handling of Hazardous Materials

- Follow the recommended safety precautions
- Use appropriate PPE for protection:
 - Gloves
 - Lab coat or apron to protect skin and clothes
 - Face shields and goggles to protect eyes and mucous membranes
- Do not mix chemicals
- Do not store chemicals in an unmarked container
- Store hazardous materials properly
- Do not store incompatible materials on the same shelf
- Dispose materials properly (Refer to SDS for complete instructions)
- Always adhere to posted warning signs in the areas

NOTE: For additional information, please refer to the Safety Manual on HCNet.

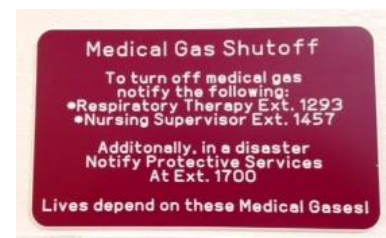


KEEP RED BAG WASTE SEPARATE FROM CLEAR BAG WASTE

TYPE OF CONTAINER	TYPE OF WASTE
RED BAGS 	- All items with dried/liquid blood/body fluids - Used blood bags - IV tubing with visible blood - Dressings, 2X2s, band aids, gauze, cotton balls - Foleys/specimens with blood/urine - NG Canisters/tubing - Pathological tissue, body parts - Infectious material - Blood and Body Fluids
CLEAR BAGS 	- Isolation trash - Items contaminated with urine or fecal matter - Food and food related items - Paper
SHARPS 	- Any item which can puncture skin: needles, scalpel blades, surgical staples, etc. - Any sharp with pharmaceutical still in it must go in the pharmaceutical container
LINEN 	- All linen goes in a blue linen bag even if saturated with blood and/or body fluid

Environment of Care – Oxygen/Medical Gas Safety

- Never alter an adapter.
- Always double check gas labels and color coding on outlets and flow meters. The color code for oxygen is green.
- A licensed healthcare professional will connect the patient's oxygen set-up to the portable oxygen cylinder and adjust the appropriate flow rate.
- When connecting the oxygen set-up to the portable tank, verify the tank pressure level and liter flow.
- Check the duration of flow chart. Do not use the tank if there is less than 30 minutes of oxygen remaining in the cylinder.
- A full E cylinder is required to transport any patient on a high flow device (Example: non-rebreather mask.)
- **Never leave cylinders freestanding or leaning against a wall.** Always secure cylinders in a cart or rack.
- Always use both hands when handling cylinders.
- Never drag a cylinder across the floor.
- **Only** Respiratory, Nursing Supervisor and Protective Services can turn off medical gases, such as oxygen, at the main department control panel.



Radiation Protection

Radiation can be harmful if proper precautions are not followed. At Health Central Hospital safety measures are implemented to reduce radiation exposure for team members. There are policies and procedures for handling radiation based on the **ALARA** (As Low as Reasonably Achievable) principle. Most radiology equipment only poses a danger when the machine is in use. Rooms containing this type of equipment have signs above the door to alert team members.

If the sign is lit (example to the right), stay out!



If the sign is not lit (example to the right), knock and ask if it is okay to enter.



Radiation exposure is possible in radiology, nuclear medicine, cardiac catheterization lab, surgery, oncology, nursing units, outpatient surgery, and endoscopy.

There are three basic practices that apply to radiation safety:

1. Limit your **time** near radioactive sources
2. Increase **distance** between yourself and the source of radiation
3. **Shielding**, such as in lead aprons/gloves/walls

MRI- Magnetic Safety

Magnetic Resonance Imaging (MRI) is a specialized diagnostic test. The MRI equipment uses very powerful magnets that produce strong magnetic fields. The magnetic field of the MRI is always on, even if the machine is not in use.

Items brought into the MRI room may cause serious injury or death. If an object has a magnetic attraction, it can be drawn into the magnetic field. Patients may also contain internal devices that may cause a health hazard. Therefore it **is critical for nurses to complete an MRI screening form** prior to an MRI.



Examples of items to avoid in an MRI room include:

- Personal items: cell phones, pagers, ID badges, pens, watches, jewelry
- Patient care equipment: oxygen tanks, wheelchairs, stretchers
- Other equipment: mops, buckets, floor buffers
- Credit cards
- Any clothing with a metallic component
- Metallic hair objects
- Body Piercing

Entering the 5-G perimeter (identified by the MRI tech) for any purpose is contraindicated for those (patients, staff members etc.) who rely on electric, magnetic or mechanical devices such as:

- Cardiac pacemakers/orthopedic devices

- Neurostimulators
- Infusion pumps

What can be taken into an MRI room safely? Items that are MRI SAFE and are non-ferrous include:

- Items indicated as MRI safe
- Brass
- Aluminum
- Plastic

What to do in case of a patient emergency?

- The first and most important step is to safely remove the patient from the MRI suite. It is the responsibility of the MRI staff to remove the patient from the scanner and bring them to a safe area for emergency treatment. The MRI table is removable and the technologist will safely relocate the patient.
- No codes or other emergencies will be initiated in the MRI room due to the inability to quickly and carefully screen the responding team and their medical equipment.
- In case of a Code Red, fire extinguishers brought into the MRI room must be labeled as “MRI Safe.”
- In the event of a fire in or near the MRI suite, designated MRI personnel will determine what or who can safely enter the MRI room.

Fall Precautions

- **All** patients will be assessed for fall risk upon admission, every 12 hours, and whenever a change in condition warrants.
- Fall precautions will be implemented for those patients who score a **3** or more points on the Fall Risk Screening Criteria tool.
- Patients identified as “at risk” at any time during hospitalization will remain on the Fall Precaution Protocol until reassessment by the patient’s nurse or physician.

Fall Precautions Protocol

- To increase staff awareness, patients identified as a fall risk will have a green arm band placed on their wrist as a visual indicator.
- Keep the bed in its lowest position, placing call bell and any frequently used items close to the patient.
- Utilize bed and chair alarms, as appropriate.
- Perform consistent purposeful hourly rounding by nursing staff to assess the patient’s pain, need to use the restroom, position, and proximity of personal belongings (4 Ps).
- Educate the family and visitors how to assist the patient who is at a high risk for falls by providing them with the “Fall Precautions Information for Patient and Families.” (Prints with admission packet located in FormFast.)
- Prior to leaving the patient room, ALWAYS ask “Is there anything I can do for you? I have the time to do it”



Alarm Safety

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. Because of the many alarms heard by the caregiver, they can become desensitized or develop alarm fatigued. Alarm fatigue is sensory overload when health care providers are exposed to an excessive number of alarms. For this reason Health Central Hospital will monitor only those patients with clinical indications for monitoring. How can we improve alarm safety?

- **Clinical alarms will be maintained in the ON position**
- **Alarms should be sufficiently audible to hear outside the patient's room**
- **Alarm parameters should be adjusted to meet the individual needs of the patient.**
- **No alarms will be ignored**
- **Change the electrocardiogram electrodes daily in order to minimize unnecessary alarms.**

Alarms have been categorized into one of three risk groups:

- 1. High Risk Alarms– Could lead to death if unattended (example: Ventilator Alarm, Telemetry Alarm, etc)**
- 2. Medium Risk Alarms – Could lead to unintended outcomes if unattended (example: feeding pump alarms, CPM alarms, bed alarms, etc)**
- 3. Low Risk Alarms – Little patient risk if unattended (example: Acudose, SCD pump alarms, blanket warmer alarms, etc)**

If multiple alarms are sounding simultaneously, the nurse should prioritize response based on the level of alarm risk. For example, the nurse would respond to a ventilator alarm before an SCD pump alarm. Recognizing that patients may be compromised if clinical alarm signals are not properly managed is one of Health Central's patient safety priorities.



Policy & Procedure

POLICY: Alarm Safety and Management

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Attachment A – Health Central Alarm Clinical Significance Categories

Categorization of Clinical Significance of Alarms based upon the American Association of Critical Care Nurses (AACN) and the American Association of Medical Instrumentation (AAMI)

Alarm Definitions:

- High Risk – Could result in death if unattended
- Medium Risk – Could lead to unintended outcomes if unattended
- Low Risk – Little risk if unattended

	CCU	ICC	ED	M/S	OB/LD	NSY	Surg	Cath Lab	Dialysis
Bedside Monitor	H	H	H		H	H	H	H	
Telemetry/ Central Monitor		H	H	H					
Ventilator	H	H	H			H	H	H	
BiPap/CPAP	H	H	H	H			H	H	
Anesthesia Mindray							H		
IABP	H							H	
Defibrillator	H	H	H	H	H	H	H	H	
IV Pump	H	H	H	M	H	H	H	H	
Gaymar Hypo/Hyperthermia	M	M	M	M	M		M		
Arctic Sun	M		M					M	
Bair Paw Blanket Warmer	L	L	L	L	L		L		
Bone Freezer							M		
CPM	M	M		M			M		
Dialysis									H
Feeding Pump	M	M		M		M			
Fetal Monitor					H				
Fluid Warmers	M		M				M		
Humidifier	L			L					
Infant Warmer						H			
Portable NIBP (if Dinamap)		H	H	H	H		H		
Reverse Osmosis Unit									H
SCD	L	L	L	L	L	L	L	L	L
SPO2	H	H	H	H	H	H	H	H	H
Acudose Machines	L	L	L	L	L	L	L	L	
Bed/Chair Alarms	M	M	M	M	M				



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Policy & Procedure

POLICY: Alarm Safety and Management

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	CCU	ICC	ED	M/S	OB/LD	NSY	Surg	Cath Lab	Dialysis
Nurse Call	H	M	M	M	M				
CRRT	H								
Bathroom Emergency	M	M	M	M	M				
Bed Unplug	M	M	M	M	M				
PCA	L	L	L	L	L				
Locked Unit Alarm	L			M (TMU)	M	M			

REFERENCES:

- American Association of Critical Care Nurses (AACN) (2015). Alarm management. Retrieved from <http://www.aacn.org>
- Health Central Hospital, Nursing Policy, *Equipment Failure – Emergency Clinical Interventions*
- Health Central Hospital, Nursing Policy, *Telemetry Monitoring*
- The Joint Commission. (2015). *Hospital accreditation standards: NPSG. 06.01.01*. Oakbrook Terrace, IL: Joint Commission Resources
- The Joint Commission. *Alarm system safety*. R³ Report. Issue 3, December 11, 2013.



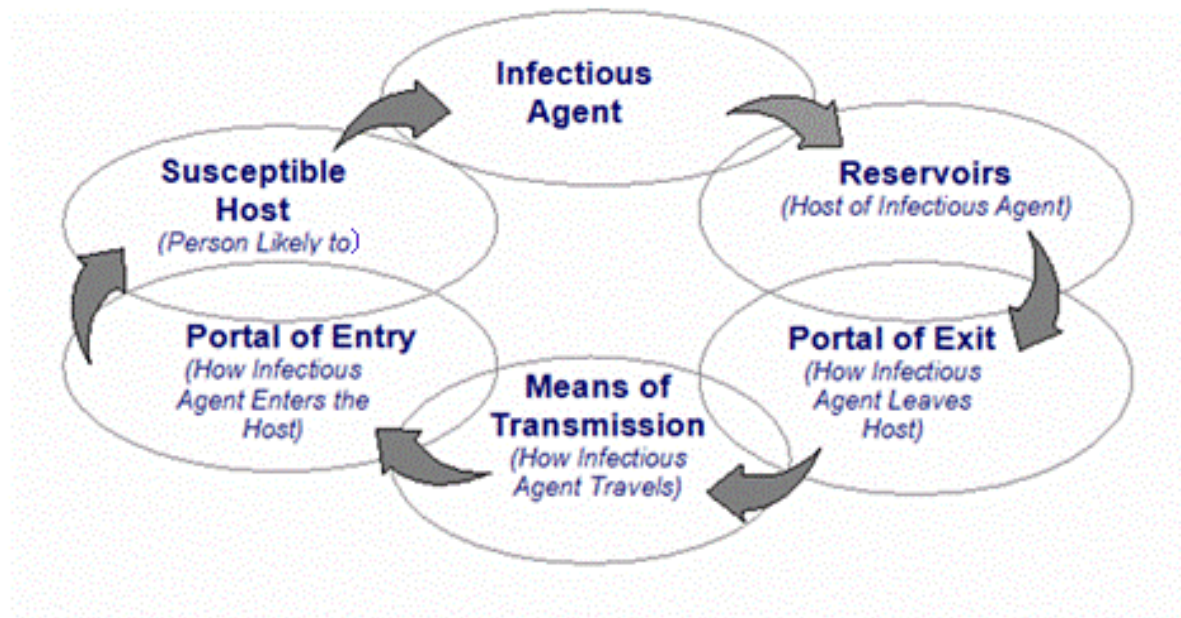
MODULE C: INFECTION CONTROL / EMPLOYEE HEALTH

The Chain of Infection

Hospital acquired infections, also known as nosocomial infections, are infections obtained while in the hospital. One-third of nosocomial infections are considered preventable. The CDC estimates 2 million people in the United States are infected annually by hospital-acquired infections, resulting in 20,000 deaths. The most common nosocomial infections are of the urinary tract, surgical site and various pneumonias. The goal in Infection Control is to break just ONE of the links in the chain of infection.

How Do We Break the Chain?

Breaking the chain of infection is not difficult, but it does require constant attention. Hand hygiene, use of Standard and Transmission Based Precautions, and segregation of biohazard waste are important elements in preventing the spread of infection in the hospital. Infection Control in the health care settings is a top priority. A large and growing body of evidence demonstrates that infections cause significant harm to patients while adding major costs to health care. **The Joint Commission** has designated infection control as one of its National Patient Safety Goals. The **Centers for Medicare & Medicaid Services** has developed several quality improvement measures focusing on infection control and require selected infections to be reported to the **National Healthcare Safety Network**.

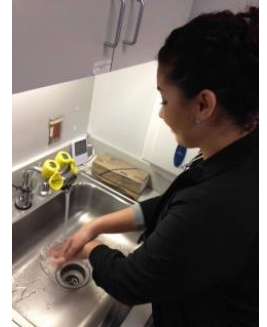


Hand Hygiene

Handwashing frequently is called the single most important measure to reduce the risks of transmitting skin microorganisms from one person to another or from one site to another on the same patient. The goal of hand hygiene is to eliminate the transient flora with a careful and proper performance of hand washing, using different kinds of soap, (normal and antiseptic), and alcohol-based gels. Hand hygiene should be habitual, something ones does consistently. Hand washing is simple, cheap and effective!

Hand Hygiene in the healthcare setting

Per policy, do not wear artificial nails, gels, and/or wraps while providing direct patient care or handling supplies.



Hand Hygiene Procedures

- Alcohol-based hand scrub is very effective and can be used if hands are not visibly soiled. It is used before and after entering patient's rooms. Alcohol-based hand scrub devices are located in patient room areas and throughout the hospital.
- Jewelry should not be worn as it can harbor bacteria. Studies show that wearing just one ring increases bacteria on the hand by 50 percent.
- Hands that are visibly dirty, soiled or after caring for a patient with C. difficile, should be thoroughly washed with soap and water.

Hand Hygiene – A National Patient Safety Goal

The Centers for Disease Control and Prevention (CDC) supports hand hygiene as the **SINGLE** most **EFFECTIVE** way to **PREVENT** the spread of infections in hospitals

ALWAYS CLEAN YOUR HANDS WHEN ENTERING/LEAVING A PATIENT'S ROOM
AND

- Before direct patient contact
- Before/after contact with patient's environment
- Before/after performing invasive procedures
- After contact with patient's intact skin or body fluids
- After removing gloves
- After moving from contaminated to clean body site

How to Wash Hands with Soap and Water

- Wet hands
- Apply soap and lather
- Briskly rub hands together for 15-20 seconds - including fingers and nails
- Rinse thoroughly with warm water
- Dry completely with paper towel
- Turn off water with paper towel



How to Wash Hands with Alcohol-Based Antiseptic

- Dispense product into palm of hand
- Briskly rub hands together over ALL surfaces for 15-20 seconds
- Rub until dry



Healthcare Associated Infections (HAI)

- Healthcare Associated Infection is an infection a patient develops after they have been in the hospital.
- Using good hand washing technique is important in protecting patients from HAI infections.
- HAI results in increased morbidity, mortality and healthcare costs.
- Examples include: Urinary Tract Infections- UTI's (CAUTI is Catheter Associated Urinary Tract Infection), Central Line Infections (CLABSI is Central Line Associated Blood Stream Infection), Pneumonias (VAP is Ventilator Associated Pneumonia), Bacteremias/Sepsis, Surgical Site Infections (SSI), Methicillin-Resistant Staphylococcus Aureus (MRSA), and Vancomycin Resistant Enterococcus (VRE.)
- Surgical Site Infections (SSI's) are the most common Healthcare-Associated Infection, accounting for 31% of all HAI's among hospitalized patients. Despite advances in infection prevention practices, SSI remains a substantial cause of morbidity and mortality among hospitalized patients. The first line of defense is hand washing. Hands should be washed before and after dressing changes and any contact with the surgical site.

Modes of Transmission- CDC Precaution System

There are two categories of isolation procedures, Standard Precautions and Transmission-Based Precautions.

Standard Precautions

Standard precautions are meant to reduce the risk of transmission of bloodborne and other pathogens from both recognized and unrecognized sources. Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. Standard precautions should be applied when caring for all patients.

The purpose of Standard Precautions is:

- To protect team members from exposure to potentially infected body fluids or tissue.
- Standard Precautions are ways to place a protective barrier between you and blood/body fluids.

Follow Standard Precautions if there is potential for exposure of:

- Blood
- Body fluids (e.g. cerebrospinal, pleural, amniotic, peritoneal, pericardial and other "fluids")
- Secretions and excretions (e.g. sputum, urine, stool, wound drainage, etc.)
- Non-intact skin (e.g. burns, rashes, wounds, ulcers, etc.)
- Mucous membranes
- Surfaces or items that might be contaminated with any of the above

Standard Precautions include the following:

- Wash hands before and after each patient contact, immediately after removing gloves and immediately after exposure to blood or body fluids



- Wear gloves when:
 - In contact with blood, body fluids, broken skin or mucous membranes
 - Handling items or surfaces contaminated with blood or body fluids
 - Performing procedures such as venipuncture, dressings changes, or potential exposure to blood or body fluids
- Wear a gown to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions
- Wear a mask with a shield, goggles or face shield to protect the mucous membranes of the eyes and nose during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions
- Change protective clothing (gowns, gloves, masks, etc.) between patients
- Do not recap, bend, break or cut needles
- Dispose of needles and sharps in rigid, puncture-proof containers. These containers should be located as close as possible to the procedure area.
- Always use safety devices whenever available
- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient
- Use resuscitation bags, mouthpieces and avoid mouth-to-mouth resuscitation
- All soiled linen should be considered contaminated and handled accordingly
- There is no need to isolate patients with HIV infection (use Standard Precautions)
- Isolation should be used only if the patient has other associated conditions that require isolation, such as tuberculosis, meningitis or scabies

Transmission-Based Precautions

There are three types of transmission based precautions. Signs will be posted on the patient's door to alert team members of the type of precaution needed before entering the room.

1) **Contact precautions**

For patients known or suspected infection or colonized with microorganisms transmitted by direct or indirect contact.

There are 2 different contact precaution signs:

- **The first is a Green Contact precaution sign to indicate an infection that is spread by direct contact (Examples: wound and skin infections caused by MRSA)**
- **The second contact precaution sign is a large green and red sign: Contact Precautions: Highly Contagious Infection sign to indicate specifically a *C. Difficile* (C-Diff) infection.**



2) Droplet precautions

Droplets can be generated from the source person during coughing, sneezing, talking and during the performance of certain procedures such as suctioning or bronchoscopy. Contamination from large droplets may occur when in close proximity of the patient (within 3 feet.).

- **A yellow sign will be posted on the patient's door for droplet precautions**



3) Airborne precautions

Airborne precautions are required to protect against airborne transmission of infectious agents. The smaller airborne droplets are generated when talking, coughing, or sneezing and during procedures involving the respiratory tract such as suctioning, intubation or bronchoscopy.

- Diseases requiring airborne precautions include, but are not limited to: Measles, Severe Acute Respiratory Syndrome (SARS), Varicella (chickenpox), and *Mycobacterium tuberculosis (TB)*.
- Patients on airborne precautions will be placed in an isolation room with negative airflow ventilation.
 - The door of the airborne isolation room must remain closed at all times.
 - Team members must wear and be properly fit tested with an N95 respirator.
 - **A BLUE sign will be posted on the patient's door for airborne precautions.**



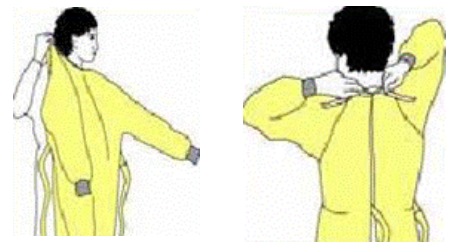
Personal Protective Equipment

Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to a variety of hazards. OSHA regulations and Health Central Hospital require team members to follow safe work practice by using personal protective equipment when applicable.

Donning PPE

Donning a Gown

- The gown should fully cover the torso from neck to knees, arms to end of wrist, and wrap around the back.
- The gown should be fastened in the back at neck area and waist.



Donning a Mask or Respirator

- Secure ties or elastic band at middle of head and neck.
- Fit flexible band to nose bridge.
- Fit snug to face and below chin.
- When a patient is in droplet or airborne isolation they must wear a yellow isolation mask if they must leave their room.
- The yellow isolation mask is used by staff in contact (as indicated) and droplet isolation.
- N-95 (Blue) mask is used by staff when entering an airborne isolation room. Team members must be fit tested prior to using the N-95 mask. Do not enter a patient's room without a proper fitted N-95 mask.
- Fit-testing N-95 – is performed annually on the team member's birth month.



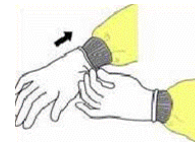
Eye Shields/Goggles/Face Shield

- Personal eyeglasses and contact lenses are *not* considered adequate eye protection.
- Wear approved goggles with facemasks, or face shield to protect the mouth, nose and eyes.



Gloves

- Non-sterile gloves may be use in isolation rooms.
- Select appropriate glove size.
- Be sure to extend gloves to cover wrist of isolation gown.



Shoe Covers

- Shoe covers may be worn to protect footwear from blood or body fluids.
- Shoe covers should NOT be worn outside of the procedural areas or isolation rooms.



Removing PPE

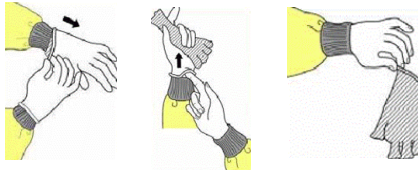
Remove PPE at doorway before leaving the patient's room or in the anteroom (except respirators which should be removed after exiting the room.)

Shoe Covers

- Shoe covers should be removed with GLOVED hands and discarded in the appropriate trash.

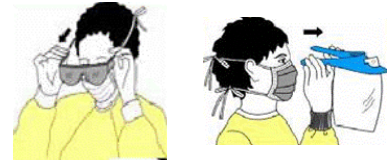
Removal of Gloves

- The outside layers of the gloves are contaminated therefore, grasp outside of glove with opposite gloved hand and peel off.
- Hold removed glove in glove hand.
- Slide ungloved fingers under the remaining glove at the wrist, peel off and discard.



Removal of Eye Shields/Goggles/Face Shields

- The outside of eye shields/goggles and face shield are contaminated therefore, avoid touching the front of the goggles or face shield.
- Remove by handling the head band or ear pieces and discard.
- After removing, immediately place in designated receptacle.



Removing a Gown

- Unfasten neck, then waist ties.
- Remove in such a way to prevent contamination of clothing or skin.
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand.
- Turn contaminated outside surface toward the inside.
- Roll or fold away from body into a bundle and discard into waste or linen receptacle.



Removing a Mask or Respirator

- The front section of a mask or respirator is contaminated - DO NOT TOUCH.
- Grasp ONLY bottom then top ties or elastics and remove.
- Discard in waste container.



Proper Use of Gloves

- Gloves must be removed before exiting a patient's room to prevent cross contamination.
- Do not wear the same pair of gloves for the care of more than one patient.
- Perform hand hygiene before donning and immediately after removing gloves.
- When transporting patients in isolation the staff should clean the head of bed or wheelchair handles with Sani-wipes Plus, then remove gloves and wash hands before transporting.
- Remember don't wear gloves in public areas: No gloves are to be worn out of direct patient care areas (except for environmental services personnel.)

MDRO

MDRO (Multi Drug Resistant Organisms) are defined as microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents. Once the organism becomes drug resistant, it will remain resistant and more difficult to treat.

Examples of well-known MDRO's are: MRSA (Methicillin Resistant Staph Aureus) and VRE (Vancomycin Resistant Enterococcus). Emerging new Multi Drug Resistant Organisms are ESBL (Extended Spectrum Beta Lactamase) and KPC (Klebsiella Pneumonia Carbapenem) producing organisms. These organisms produce enzymes that break down certain antibiotics and render them ineffective.

Successful control of MDRO's can be achieved by using a variety of strategies:

- Hand hygiene
- Use of contact precautions
- Active Surveillance Cultures (ASC)
- Education
- Enhanced environmental cleaning
- Improvements in communication about patients with MDRO's within and between healthcare facilities

How do we manage them at Health Central?

- Document MDRO patients in the computer system under "Clinical Alerts."
- Place MDRO patients in isolation rooms on admission or as soon as the organism is identified.
- Follow STRICT isolation precautions.

Clostridium Difficile

Clostridium difficile (*C. difficile*) is a type of bacteria that lives in many people's intestines. For these folks, *C. diff.* is part of the normal balance of bacteria. It's also present in the environment, such as in the soil, water and in animal feces. Most people never experience any problems with *C. diff.* But, if something throws off the balance, as in prolonged use of antibiotics, *C. diff.* may begin to grow out of control. The bacteria start to release toxins that attack the lining of the intestines. This is what leads to the following symptoms of *C. diff.* infection:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Abdominal pain or tenderness

C. diff. can live in the environment for 5 months. The following precautions must be taken:

- Use Contact Precautions because it is a Highly Contagious Infection
- DO NOT USE alcohol hand sanitizer
- Must clean hands with SOAP and WATER

Must clean contaminated room and equipment with bleach



Tuberculosis

Tuberculosis or TB is a common and often deadly infectious disease caused by various strains of mycobacteria, usually *Mycobacterium tuberculosis*. TB usually attacks the lungs but can also affect other parts of the body. It is spread through the air, when people who have the disease cough, sneeze or spit. Most infections in humans result in an asymptomatic, latent infection and about one in ten latent infections eventually progresses to the active disease.

Symptoms of TB:

- Bloody sputum
- Cough greater than 2 weeks
- Fever
- Night sweats
- Weight loss (unexplained)
- Chest pain



Risk Factors:

- Immunocompromised (HIV, cancer, dialysis, etc)
- Jailed in last 2 years
- Homeless/shelter
- Lived in US less than 5 years
- History of TB and not treated correctly

TB Screening:

Patients who score 5 or above on the TB screen, are considered high risk for TB. These patients must be provided with a mask and placed in airborne isolation. Additionally, please contact the Nursing Supervisor, physician and Infection Control Nurse.

Transmission:

Patients with active TB may expel very small infectious droplets (0.5 to 5 microns in diameter) through their mouth by coughing, sneezing, spitting or simply speaking. A single sneeze may release up to 40,000 droplets.



Isolation Precautions: Airborne

- Patients with airborne precautions must be placed in a private room with monitored negative air pressure.
- **KEEP THE DOOR CLOSED AT ALL TIMES.** All negative pressure rooms are monitored with sensors located on the wall outside the door: Green means the air changes are being maintained; red means the air changes are not working properly and will alarm. If the alarm is heard, contact Engineering immediately.
- Respiratory precautions—wear an N95 respirator mask for **KNOWN** or **SUSPECTED** TB positive patients.
- Limit the movement/transport of patients. During transport, place **SURGICAL** mask on the patient.

Discontinuation of Isolation:

- Physician may discontinue airborne isolation after 3 negative AFB (Acid Fast Bacillus) tests or the diagnosis of TB has been excluded.
- Consult the infection control nurse prior to removing patients from isolation.

Antibiotic Stewardship Program (ASP)

In recognition of the urgent need to improve antibiotic use in hospitals, the CDC recommends that all acute care hospitals develop an Antibiotic Stewardship Program. Some of the goals of the Antibiotic Stewardship Program include:

- Achieve optimal clinical outcomes for patients
- Decrease antibiotic related illnesses such as *C-diff*
- Decrease risk of adverse effects
- Decrease cost to both the patient and the healthcare system

The Antibiotic Stewardship Committee is a multidisciplinary team that consists of representation from the infectious disease physicians, pharmacy, laboratory, information technology, education and leadership. Antimicrobial stewardship refers to coordinated interventions designed to improve and measure the appropriate use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, route of administration, frequency, indication and duration of therapy and reduce adverse events associated with antimicrobial use. ASP educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring antimicrobial resistance and antimicrobial stewardship practices. This education occurs upon hire, granting of initial privileges and periodically thereafter (based on need).

How can the nursing staff help achieve these patient safety goals?

1. When obtaining telephone orders for antibiotics, please make sure the order includes the indication and intended duration of the antibiotic. This information is required by CMS.
2. Patients and their families must be instructed on the appropriate use of antimicrobial medications during their hospital stay. This education should also be included in the patient's individualized connected care folder.



Bloodborne Pathogens

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV).



Hepatitis

Hepatitis is an inflammation of the liver. The condition can be self-limiting or can progress to fibrosis (scarring), cirrhosis or liver cancer. Hepatitis viruses are the most common cause of hepatitis in the world but other infections, toxic substances (e.g. alcohol, certain drugs), and autoimmune diseases can also cause hepatitis.

- **Hepatitis B:**

1. Is transmitted through activities that involve percutaneous (i.e. puncture through the skin) or mucosal contact with infectious blood or body fluids
2. Can survive at least 7 days outside body
3. Incubation period is 6 weeks to 6 months
4. Symptoms are like mild flu (but some people who are infected will not have any symptoms) and can include fever, fatigue, loss of appetite, nausea, dark urine
5. A vaccine is available for HBV which is delivered in a series of 3 shots; available at no cost to Health Central employees; and recommended for all team members whose job description may include activities that would expose them to blood or body fluids

- **Hepatitis C:**

1. Transmitted through large or repeated percutaneous (i.e. passage through the skin) exposures to infectious blood, (i.e. needlestick injuries) and through blood transfusion
2. Transmission has occurred in health care settings when injection equipment, i.e. syringes, has been shared between patients
3. Can cause inflammation of the liver which may cause liver disease and is the most common chronic bloodborne infection
4. Incubation period is 4 to 12 weeks
5. Symptoms are like mild flu, (i.e. fever, fatigue, dark urine, clay-colored stool)
6. NO VACCINE is available for Hepatitis C at this time

Human Immunodeficiency Virus (HIV)

HIV weakens a person's immune system by destroying important cells that fight disease and infection.

1. Eventually the infected person will develop Acquired Immunodeficiency Syndrome (AIDS.)
2. It is transmitted from one person to another by sharing needles and syringes; needlesticks; contact between broken skin, wounds or mucous membranes; sexual intercourse, and blood transfusions.
3. The symptoms are flu-like (but many people with the HIV virus show no symptoms for 10 years). These are: fever, enlarged lymph nodes, sore throat and rash. (Since these are symptoms of other illnesses, only an HIV test can identify disease.)
4. Incubation period for acute infection can be 2 to 4 weeks.
5. HIV does not survive long outside the body and it cannot reproduce.
6. There are NO vaccinations or cure for HIV/AIDS.

What can be done to control exposures to bloodborne pathogens?

- Implement team member protection measures: use of PPE, team member training, offer hepatitis B vaccination, use bio hazard signs and labels and safe use of medical devices (i.e. needleless device, shielded needle devices, etc.)
- Develop exposure control plan:
 1. For team member exposure see table below.
 2. Complete "Employee Injury Form" (includes signature of supervisor)
 - a. Go to Employee Health immediately during business hours (bring name of source patient if known.)
 - b. After hours, contact the Administrative Nursing Supervisor immediately.

OCCURRENCE	IMMEDIATE ACTION	WHO TO NOTIFY	DOCUMENTATION	VISIT TO Employee Health /ED
Needle stick or sharp object injury	Wash the area thoroughly with soap and water.	Employee Health OR Administrative Nursing Supervisor after hours	Employee Injury Form	Within 30 minutes of the incident
Blood/body fluid spills or splashes on non-intact skin	Wash hands thoroughly with soap and water.	Employee Health OR Administrative Nursing Supervisor after hours	Employee Injury Form	Within 30 minutes of the incident
Blood/body fluid spills or splashes in your eyes	Flush eyes with large amounts of water. DO NOT use soap or other chemicals.	Employee Health OR Administrative Nursing Supervisor after hours	Employee Injury Form	Within 30 minutes of the incident
Blood/body fluid spills or splashes into mouth or onto mucous membranes	Rinse immediately with a large amount of water.	Employee Health OR Administrative Nursing Supervisor after hours	Employee Injury Form	Within 30 minutes of the incident



Employee Health Services

Monitoring Employee Health

- Team members on work restrictions should notify Employee Health and provide a copy of the stated restrictions.
- Team member absent for 3 days or more must have a doctor's release to return to work. A copy of the form should be forwarded Employee Health.

Employee Health Safety

Please make an appointment for immunizations

Immunizations offered include:

- Hepatitis B
- MMR (measles, mumps and rubella)
- Tetanus
- T-dap (tetanus, diphtheria and pertussis)
- Influenza



TB Screening and Testing

TST (Tuberculin Skin Test)

- The purpose of the TST test is to identify team members infected with Mycobacterium Tuberculosis (TB.)
- TST tests are also provided for team members exposed to TB infected patients.

SCREENING

- Currently, all team members are being screened annually by completing a TB Annual Questionnaire or a Tuberculosis Symptom Screening Questionnaire during their birth month.

QUANTIFERON

- Quantiferon blood tests are being given only to all new hires to screen for TB.

In addition, Employee Health is available to discuss practices that effect the work environment and activities. Employee Health's goal is to provide an ergonomically safe environment for all team members.

Exposure and/or Injury

Please complete an Employee Injury Form if injured or exposed to an infectious patient.

Report an exposure or injury if:

- Exposed to a patient with a contagious disease
- Exposed to blood borne pathogens through a splash or needle stick. (Report immediately to your supervisor so treatment can be initiated immediately)
- Injured at work: Report the injury as soon as possible



To complete an Injury Report:

- Team members must complete all items on the Injury Report highlighted in YELLOW (Failure to report the injury immediately can result in lack of compensation for the injury at a later date)
- Directors/supervisors must complete all items highlighted in GRAY

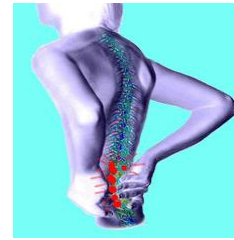
Points to remember:

- Incomplete Injury Reports may delay treatment and compensation
- If no treatment is required, **complete and forward all copies to Employee Health**
- If treatment is required, **take completed form with all copies to Employee Health for treatment authorization and RX card**

Body Mechanics

Basic rules for proper body mechanics

1. Size up your load: Use two-person lift techniques unless emergency necessitates a one-person lift.
2. Keep the load lifted close to you in order to maintain “line of balance.”
3. Keep footing firm with wide support for better balance and ability to pivot.
4. Avoid twisting by keeping shoulders in line with hips/pelvis.
5. Bend your hips and knees to allow large muscles to work and distribute the load through many joints.
6. Check equipment locks to make sure the moving device will not move.
7. Maintain normal spinal curves to avoid back strain.



MODULE D: CORPORATE COMPLIANCE/RISK MANAGEMENT/ PATIENT SAFETY / JOINT COMMISSION

Corporate Compliance

The purpose of Corporate Compliance is to:

- Aid all team members in complying with the complex rules and regulations governing healthcare
- Provide a system for identifying and correcting any actual or perceived violation of the rules and regulations pertaining to the Code of Conduct, HIPAA, Compliance Program, and/or other policies and procedures



How to Report

- Report the issue directly to your Director/Supervisor/Manager or
- Report the issue internally to Corporate Integrity at extension 1842 or
- Call the confidential Compliance Hotline at 1-888-464-6747. (You can remain anonymous.)

Code of Conduct

- Health Central establishes policies and procedures for team members to ensure the highest ethical standards are in accordance with laws, rules and regulations
- The code of conduct can be found in Health Central Hospital intranet (HCNet) and the Employee Handbook.
- Examples of violations:
 - False billing of insurance
 - Accepting gifts of more than nominal value
 - Breach of patient confidentiality
 - Failure to report violation in the Code of Conduct

Impaired Healthcare Worker

The illegal diversion of pharmaceutical drugs in a health care facility should be a major concern of the entire staff. Drug diversion involves the diversion of drugs from legal and medical necessary uses towards uses that are illegal and typically not medically authorized or necessary. The most common drug diverted in healthcare facilities is opioids. When drugs are being diverted by health care professionals, the care, comfort, and even lives of patients are jeopardized. Seldom do these drugs reach the street for sale. Instead, health care professionals use these drugs while working in the health care facility. In addition to the patient care issues, it creates enormous legal liability for the facility.

Prompt, competent action is essential when prescription drugs are being diverted in the health care facility. This not only protects patients, but requires the health professional to deal with their drug problem before it's too late. This hopefully then leads the addicted health care professional into treatment and rehabilitation.



The following list contains potential behaviors of a substance abuse co-worker:

- Sloppy and uncaring work practice
- Paying extra attention to who is receiving medication and offering to medicate other nurse's patients
- Spending more time than normal in the medication dispensing area
- Socially withdrawn
- Increased irritability
- Frequent absenteeism (alcohol abuse)
- Coming in on days off or volunteering for extra shift

Any identified problem should be immediately reported to supervisory staff and Human Resources.

HIPAA (Health Insurance Portability & Accountability Act of 1996)

- Team members **MUST** identify patients by at least two identifiers (name and date of birth).
- Computer monitors displaying patient information should not be visible to the public.
- Team members must have access to protected health information (PHI) when they are actively involved in the patient's care.
- PHI should only be disposed in the shredding boxes.
- Conversations that may identify patients must not occur in public areas, and/or home.

Passwords

- Never share your password.
- Passwords should never be posted for public view.
- If an issue arises with your password, contact the Help Desk at x1050 immediately.

Risk Management- Variance Reporting

Variance

- A variance is any occurrence/incident that is not consistent with routine operations/care of patients or visitors.
- Variance Reports must be received by Risk Management within 72 hours.
- Risk Manager Contacts are – Lynn Knott @ extension 1836, Haresh Ramjas @ extension 1842 or Lynette Werts @ extension 1642 (Health Central Park).
- All errors or potential errors are evaluated by carefully investigating processes that may have led to the error. The goal is to implement processes that will eliminate errors.
- Variance reports are located in Form Fast and can be printed with or without patient's demographics.
- Please be sure to complete all parts of the variance report.



When completing a variance:

- Provide and document the facts only, no opinions
- Do not write in the patient's chart that a variance report has been completed
- Do not make copies of the Variance Report
- Do not leave any part of the Variance Report blank

Who is responsible for initiating a Variance Report?

- The answer is simple: **ALL TEAM MEMBERS.**
- Any team member or physician who discovers an incident should complete a Variance Report.

When should a Variance Report be completed?

- Any unexpected incident—e.g., medication error, policy and procedure variance, pressure sores upon admission or acquired while in the hospital, falls (patient or visitor), injuries (patient or visitor)
- Any unexpected complication—e.g., code blue 90/45, unplanned transfer to higher level of care, unplanned return to surgery unplanned procedure or surgery
- Safety violations—e.g., chemical spill, improper disposal of hazardous waste, improper utilization of equipment, smoking on hospital property
- Property damage—e.g., personal belongings, dental apparatus, hospital vehicles.
- Lost or missing articles—e.g., money (patient, visitor, and team members), eye wear, clothing, dentures, valuables
- Equipment failure—e.g., broken or malfunctioning, whether it causes or does not cause an injury to the patient

In the event of a known injury, contact Risk Management as soon as possible and complete a Variance Report within 24 hours

Risk Management uses The Joint Commission's term "**sentinel event**" to identify occurrences that require **immediate** action. Some examples are:

- Surgery on the wrong patient or body part
- Patient suicide
- Unanticipated patient death
- Major loss of function
- Permanent disfigurement
- Brain damage
- Fracture of bones

When in doubt, fill out the Variance Report. Florida Statute 395.0197 mandates that all licensed healthcare facilities have an internal risk management program whose function includes the development and implementation of an event reporting system. Florida law also places a legal obligation on all health care providers, agents and team members of our healthcare facilities to report events to the risk manager within three business days of the event, or within twenty-four hours if an injury occurred. These Variance Reports are considered privileged and confidential.

Timely reporting is required by AHCA (Agency for Healthcare Administration) and is essential for the purpose of investigation. An inspection of the program is performed by AHCA, whose focus includes the completeness and timeliness of Variance Reports.



Patients and family members are informed of harmful events by designated team members. The Physician, Risk Manager or Administrator will meet with the patient and/or the patient's representative to disclose (share) and discuss the event. Health Central complies with all laws and regulations including reporting incidents to appropriate agencies (AHCA, The Joint Commission).

Advance Directives

Definitions:

1. **Advance Directive**- is a witnessed written document or oral statement designating how a patient wants their healthcare delivered in the event the patient is not mentally or physically able to make decisions. The two types of patient initiated Advance Directives are:
 - a. **Living Will**- This document is created and signed by the patient stating the type of medical care he/she desires in the event he/she is unable to make medical decisions.
 - b. **Healthcare Surrogate**- This document is completed and signed by a patient authorizing another person (such as husband, wife, son, daughter, or close friend) to make medical decisions on behalf of the patient.
2. **Healthcare Proxy**- An individual is appointed by Health Central to make decisions for patients incapable of decision making. This occurs when a Living Will or Healthcare Surrogate document does not exist or when the existing documented surrogate is unavailable, unwilling to act, or incompetent.

Team members may discuss the benefits of an Advance Directive. These documents are an important part of advanced planning for all patients, not just those approaching the end of life. The risk manager can assist the nurse and physician in reviewing the patient's living will and healthcare surrogate forms.

Code Status: DNR (Do Not Resuscitate)/AND (Allow Natural Death)

Patients have the right to participate in planning and making medical decisions, including the right to accept or refuse any medical interventions for Cardiopulmonary Arrest. A "No Code" or "DNR" means that no resuscitative efforts will be attempted in the event of a cardiopulmonary arrest.

The following forms are available in Form Fast to facilitate documentation of various aspects of a Code Status:

- Advanced Directives Acknowledgement
- Designation of Healthcare Surrogate
- Healthcare Proxy Designation and Acceptance Certificate
- Patient Preferences Orders for Life Sustaining Treatment Form [formerly known as Declaration for Allowing a Natural Death (Do not Resuscitate)]
- Attending Physicians Certification for Withdrawal of Life Support
- Consulting/Specialist Physician's Certification for Withdrawal of Life Support



If the physician does not specify a Code Status on admission, the patient will be considered a “Full Code” until or unless written otherwise.

Code Status deferral for invasive/surgical procedures

A “DNR” status order remains in effect at all times and is not a contraindication to invasive procedures or surgical intervention. A physician may not withhold or threaten to withhold any beneficial treatment because of a DNR particularly if the patient desires the treatment.

Florida Emergency Medical Services Do Not Resuscitate Order (EMS DNRO)

- The EMS DNRO is a Florida Department of Health form and is a valid out-patient physician’s order having been signed by the patient and/or Surrogate as well as the patient’s physician following the appropriate discussions of the patient’s health care preferences. It is a legal-size form **on yellow paper**.
- The order is honored by hospital’s emergency departments, nursing homes, assisted living facilities, home health agencies, hospice facilitates, adult family-care, and Emergency Medical Services personnel.
- EMS personnel should bring the DNR document when transporting these patients. The patient may also have a wallet size copy of the order and/or a Medic-Alert bracelet or necklace specifying “Do Not Resuscitate”.
- If a patient is admitted to a hospital, the EMS DNR Order validates the writing of an in-patient **“DNR” physician’s order**.

Informed Consent Guidelines

Obtaining Informed Consent:

According to the State of Florida (Florida Statute 766.103), the only person who can obtain informed consent is a physician. Any adult may witness the patient’s signature, but the physician must first:

- Describe the procedure in clear language
- Review significant risks involved in the procedure
- Describe the available alternatives and benefits

Signing of Consent

- A patient who is a mentally competent adult or the patient’s legal representative can sign the consent for treatment.
- Minors can consent for pregnancy and pregnancy related conditions, when seeking testing and treatment of sexually transmitted diseases, and when seeking care for their existing children.

Implied Consent

Emergency care may be rendered without patient consent based on the theory of implied consent. The Good Samaritan Act (768.13) states: Any hospital licensed under Chapter 395, any employee of such a hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for which the patient enters the



hospital through its emergency room or trauma center, shall not be held liable for any civil damages as a result of such medical care or treatment unless such damages result from providing, or failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences as to affect the life or health of another.

Documentation must include attempts to reach the family and/or surrogate if the patient is unable to consent or in the absence of family. In a life threatening emergency when consent cannot be obtained, the physician must document the emergency circumstance either in the progress notes or in the treatment consent form **under the signature line** where the patient normally signs. **It is not necessary for the physician to sign his or her name on the patient's signature line.** The consent form is then placed in its usual location in the medical record.

Promoting a Culture of Patient Safety

Medical errors may occur because of the following:

- Fatigue and exhaustion degrade performance making mistakes more likely.
- Inattention and distraction when multiple events are occurring divert attention from the task at hand.
- Incomplete medication labeling or confusing equipment instructions.
- Similar looking medications, similar sounding medications may cause errors.
- Communication gaps (lack of communication, misinterpretation, using words that have several meanings) contribute to errors.
- Certain working conditions such as loud noises, poor lighting may contribute mistakes.
- Lack of knowledge and training may contribute to medical errors.



Consider these Process Changes to Improve Patient Care Safety

- Simplify - Reduce the number of process steps.
- Standardize – Promote evidence based standards of care including standard hand-off reports.
- Reduce reliance on memory - Design processes with automatic prompts.
- Checklist - Develop evidence based tools to ensure complete/accurate actions.
- Eliminate look alike and sound alike medications - Eliminate similar labels that can increase the risk of choosing the wrong item.
- Education – Continuously educate staff in patient safety and process improvement.
- Increase communication and feedback - Use feedback to modify or correct error-prone identification and solutions.
- Teamwork - Use teams, content experts, and multiple perspectives in problem identification and solutions.
- Environmental adjustments - Identify factors in the environment that may contribute to errors.
- Adjust work schedules: Identify factors in schedules that may contribute to errors.

Reporting to The Joint Commission (TJC)

- Concerns about safety or quality may be reported to the Joint Commission by any individual. No disciplinary or punitive action will be taken against a team member, physician or care provider who reports safety or quality concerns to the Joint Commission. The Office of Quality Monitoring, Joint Commission can be accessed via 800-994-6610.

The Joint Commission 2016 National Patient Safety Goals (NPSGs)

Goal	Standard	Health Central Hospital's Policy
Goal #1 - Improve the accuracy of patient identification	Use at least two patient identifiers (neither to be the patient's room number) when providing care, treatment or services	- Two identifiers are used before administering medications, treatments, blood products, etc. - The patient is asked their name and date of birth. It is then verified against the medical record or patient arm band
	Eliminate transfusion errors related to patient misidentification	- Patient identifiers are used prior to a blood transfusion by two RN (independently identification). - This information is documented on the transfusion tag
Goal #2 - Improve the effectiveness of communication among caregivers.	Measure, assess and, if needed, take action to improve the timeliness of reporting, and the timeliness of receipt of critical results by the responsible licensed caregiver	Use the Critical Value yellow sticker to document all values including expected critical values
Goal #3 - Improve the safety of using medications	Label all medications, medication containers (for example: syringes, medicine cups, basins), or other solutions when removed from their original containers	The label must include: - Name - Strength - Dosage, including diluents & volume when not apparent from the container
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy	Health Central Hospital Pharmacists monitor patients on anticoagulation therapy. Detailed patient education is essential and may reduce the possibility of harm.
	Record and report up-to-date medication information during handoff reports. Compare existing medications to new medication orders and make sure the patient understands how to take their home medications. Explain the importance of maintaining and providing an up-to-date list of medications during	Care providers reconcile medication orders from admission through discharge for the in-patient and prior to procedural medication administration for the out-patient



	physician appointments.	
Goal #6 – Alarm Management	Leaders establish alarm safety as a hospital priority and identify the most important alarm systems to manage based on internal situations. They also establish policies and procedures for managing identified alarms.	• Health Central Hospital has an alarm management task force which analyzes whether specific alarms are contributing to alarm noise and fatigue, and reviewing published best practices and guidelines. • Health Central has an alarm management nursing policy that outlines the management of clinical alarms that affect patient safety to maximize safe alarm management.
Goal #7- Reduce the risk of health care-associated infections	Comply with current Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) hand hygiene guidelines	Health Central Hospital follows the CDC hygiene guidelines: • Hands will be cleaned when entering and leaving a patient’s room • Artificial nails, extenders, fingernail wraps, or other fingernail applications are not allowed
	Implement evidence-based practices to prevent: • Health care-associated infections due to multidrug-resistant organisms • Central line-associated bloodstream infections • Surgical site infections • Indwelling catheter-associated urinary tract infections	Health Central Hospital takes many actions to prevent infectious disease, including: • Hand hygiene • Standard precautions • Cleaning of equipment and patient rooms • Using personal protective equipment • Maintaining safe injection practices, lumbar puncture and central line insertion procedures • Following transmission based precautions
Goal #15 - The organization identifies safety risks inherent in its patient population	The organization identifies patients at risk for suicide	• A suicide risk assessment tool is completed during every patient admission • The patient’s physician will be notified if the assessment identifies that the patient is at risk for suicide
UNIVERSAL PROTOCOL-	Conduct a pre-procedure verification process	• A time out is required for all invasive procedures requiring a patient’s signed consent, except blood transfusions

focuses on safety for all invasive procedures which expose patients to more than minimal risk	Mark the procedure site	• All patients who undergo an invasive or surgical procedure involving laterality, multiple structures, or multiple levels must have their surgical site marked • The site is marked with a single use skin marking pen. Ink must remain visible after the skin prep. • The licensed independent practitioner performing the procedure will mark the site before the patient enters the procedure/operating room • The person marking the site will use his/her initials for the mark
	A time-out is performed immediately prior to starting a procedure	A Time Out is conducted by the surgical team immediately before starting the procedure to conduct a final assessment of the correct: • Patient • Positioning • Site • Procedure • All relevant documents, related information and equipment.

Abuse and Neglect

Reporting Patient Abuse or Neglect

Florida statues states health care professionals must report any suspected abuse of a minor, elderly or disabled patient. Additionally, Risk Management must be notified for any cases of abuse or suspected abuse.

- Any Health Central Hospital personnel or physician who has reasonable cause or who suspects abuse, neglect, or exploitation must contact the Department of Children and Families (DCF) Florida Abuse Hotline at 1-800-962-2873 (1-800-96-ABUSE)
- Any member of the medical staff or Health Central Hospital personnel involved in the admission, examination, care or treatment of an adult patient who has reasonable cause or suspects abuse, neglect or exploitation shall notify the attending physician, Case Manager on call, and the Administrative Supervisor.
- Document all calls in the medical record including date, time and the name and ID number of the person accepting the referral at the DCF abuse hotline.

Recognizing Child and Elder Abuse (Adapted from USA.gov)

Child and elder abuse is a serious problem that affects people from all walks of life. One of the most important ways to protect victims from abuse is by reporting these cases.

Child Abuse

Children who are victims of physical or emotional abuse often display mental and social developmental problems. In most cases, the abuse comes from their own parents or caretakers. Below are some of the signs of abuse:

- Physical abuse: A child who suffers from physical abuse might have bruises, burn marks, fractures and scars. They are often fearful of adults or certain people.



- Sexual abuse: Victims of sexual abuse are forced to have sexual relations or engage in inappropriate physical contact with adults. One sign of sexual abuse is feeling uncomfortable when changing clothes.
- Emotional abuse: Children who experience emotional abuse are often victims of private or public humiliation and neglect. A child who is a victim may display sudden changes in behavior and act violently.
- Neglect: Children who are physically neglected may present with poor hygiene and/or are malnourished.

Elder Abuse

Elder abuse can occur in the victim's home or at places like assisted living facilities. People who commit elderly abuse are typically people who know or take care of the victims. There are several types of abuse. However, all forms of abuse may have a profound negative impact on a person's physical and mental health.

- Physical abuse: As with child abuse, elders who suffer from physical abuse also might show bruises or other signs of physical injury. They may act fearful or look intimidated.
- Sexual abuse: Elders who suffer from sexual abuse might become withdrawn.
- Emotional abuse: This occurs when the victim is humiliated and treated with disrespect. The victim may feel useless or inferior and may suffer from depression.
- Neglect: Elders may show signs of physical neglect when caretakers fail to help them with their personal hygiene, food, clothing and/or medication administration.
- Financial abuse: Elders may be victims of financial fraud. One example is when the caretaker procures the elderly's retirement or Social Security checks.

Patients with Special Needs

Joint Commission Patient-Centered Communication Standards

- Patient safety is dependent on effective communication between patients and their providers.
- Patients with limited English proficiency are more likely to experience adverse events than English speaking patients.

Patients with special needs could include but are not limited to:

- Hearing impairment
- Visual problems
- Speech problems
- Need for language interpretation
- Mobility needs



Definitions:

- **Deaf Person:** A person with very little or no functional hearing
- **Hard of Hearing Person:** A person with hearing loss where there may be enough residual hearing that an auditory device, such as a hearing aid or FM system, provides adequate assistance to process speech

- **Language Line phone:** A dual handset telephone used to contact the Language Line interpreter service
- **Limited English Proficiency Person (LEP):** People with limited ability to speak, read, write, or understand English
- **Qualified Interpreter:** A person who has received formal interpretation training to assist communication between two or more people speaking different languages, (or in sign language)
- **Translation:** the change of a written document or speech from one language to another
- **TTY:** Telephone typewriter, teletypewriter or text phone
- **Visually Impaired Person:** A person with visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special educational instruction and related services may be needed

Limited English Proficiency, Hearing Impaired and Deaf Patients

A Stratus Video Remote Interpreter is available for limited English proficiency, deaf and hearing impaired patients:

- The device can be obtained from the Nursing Supervisor, Emergency or Maternal Child's department
- The Video Remote Interpreter has 17 languages
- All Remote Interpreters have privacy screens and digital whiteboards that will display in writing what is said.
- The speaker phone system should be used at all times to minimize the spread of infection.

STRATUS VIDEO iPad USERGUIDE

Thank you for using **Stratus Video Interpreting**
Here are a few simple steps to follow in order to connect with a live video remote interpreter.

				
Locate Stratus Video on your homescreen.	Make sure you have a wireless signal. Enter the username and password and click "Remember me".	Press the appropriate button to connect to an interpreter.	You will see a brief "hold" screen until the next available interpreter.	Upon call connection, an interpreter appears on screen.

Tips for a successful VideoPhone call

- ★ Speak directly to the patient, not the interpreter. They will interpret everything that is said or signed. Everything the interpreter hears will be interpreted.
- ★ Use the self-view screen to ensure the interpreter can see you and the patient clearly; they may briefly ask you to adjust your screen.
- ★ In order to ensure accuracy, make sure you and the patient are not backlit by another window or another light source.
- ★ If appropriate, ask the interpreter to verify medication/information in the digital white board.

	Hang Up 	Mute 	Video Privacy 	Self-view On/Off 	Video privacy will block the video feed to the interpreter in the event that a patient requires privacy. When video privacy is on, the interpreter will see a privacy notice on their screen and the patient will still be able to see and hear.	
Screen control button. Tap anywhere on screen to view.	Key Pad 				The self-view window may be moved to any location on the screen. Additionally, the self-view may be hidden at any time Using self-view on/off.	Screen views for Privacy & Self-View.

Stratus Video - 600 Cleveland St Suite 1000 Clearwater, FL 33755 - 855.663.1231 - www.stratusvideo.com



- The blue telephone from CyraCom, Seafoam green telephone from Language Line services, and the separate iPad for hearing impaired and deaf patients are still be available
- A certified sign language interpreting service for the deaf and an interpreter can be requested 24 hours 7 days a week
- American Sign Language Service is located on HCNet under services then Interpretteam section
- Call in a sign language interpreter at 407-518-7900

Patients with Limited English Proficiency:

- Patient safety is dependent on effective communication between patients and their providers
- Patients with limited English proficiency are more likely to experience adverse events than English speaking patients
- Used the Stratus Video Remote Interpreter iPad or contact the (Language Line Services) at 1-800-523-1786 (available 24 hours 7 days a week)

Procedure:

- Qualified interpreters (by phone, video remote or in-person) will be offered to every patient who needs communication support
- If adult family members or friends are comfortable and understand the **non-clinical** information to be interpreted, they may provide that interpretation, however **Clinical information IS ALWAYS COMMUNICATED** through a qualified interpreter (by phone, video remote or in-person)
- Qualified Interpreter services may be needed for:
 - Gathering information on a patient's history and health issue
 - Obtaining consent or permission for treatment
 - Informing a patient of their rights
 - Explaining living wills/health care surrogate information
 - Giving and/or explaining a diagnosis
 - Giving discharge instructions
 - Explaining medication instructions
 - Explaining medical procedures
 - Explaining billing and insurance issues

Patients who are visually impaired:

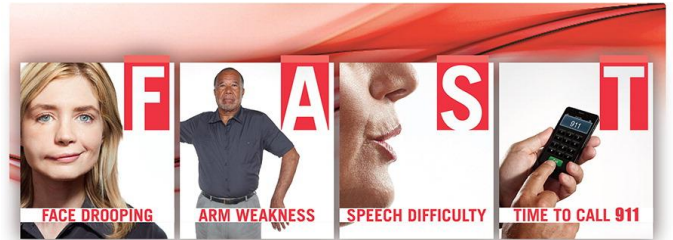
- Please note whether they read Braille or if they require any other type of assistance such as transportation to another area of the hospital.
- The patient guide is available to visually impaired patients though a tape recording that can be obtained through the Nursing Supervisor's office at extension 1457.



Health Central Hospital is a Joint Commission Accredited **Primary Stroke Center** *Time is Brain!*

Sudden Stroke Symptoms:

- EVERY MINUTE COUNTS! Remembering the last time the patient felt normal is CRITICAL!
- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination
- Sudden, severe headache with no known cause
- HEADACHE (Tell the rapid response nurse if the patient describes the headache as “the worst headache I’ve ever had in my life”)



Health Central Hospital is an accredited Chest Pain Center

Warning Signs of a Heart Attack:

- ANGINA: A feeling of tightness, pressure, or pain that appears with exertion or stress and disappears with rest (Usually felt in the chest, throat, upper abdomen, or arms)
- SHORTNESS OF BREATH: Difficulty breathing, whether you’re exerting yourself, at rest, or asleep
- EDEMA: Swelling of your ankles, usually at the end of the day
- PALPITATIONS: Forceful, rapid, or irregular heartbeat
- FATIGUE: Decreased ability to exercise, tiring easily
- FAINTING: Sudden loss of consciousness or lightheadedness

If your patient experiences any of these symptoms call the Rapid Response Team at extension 33.



Rapid Response Team (RRT)

What is the rapid response team?

The rapid response team is an initiative by Health Central that was launched several years ago as part of the “Saving 1 Million Lives” campaign. It is designed to provide early assessment, recognition and intervention in any patient and to provide assistance when needed. The main goal is to get the right care to the right patient, at the right time to prevent further deterioration and complications.

When should I call the RRT?

The nurse can call if they just feel worried about a patient’s condition, even if they don’t know what is causing it or what to do. A nurse will never be penalized in any way for making a call.

Who can call the RRT?

Anyone can activate the RRT if they are worried about a patient. Family members can also activate the RRT whenever they are worried about their loved one because family members often know their loved one the best!

How do I activate the RRT?

If the patient’s situation does not meet the criteria of a Code Blue 90/45, but is emergent, dial “33” and tell the operator that you need the RRT and your location. The operator will announce the call overhead and page the RRT team. If the patient’s situation is not emergent, dial “6565” to reach the RRT nurse. They will respond as soon as possible. Meanwhile, if appropriate, notify the attending physician and gather important information that will help the RRT in making clinical decisions.

Who is on the RRT?

In an emergent ‘33’ call, the RRT responders include a critical care nurse and respiratory therapist. After the call, the RRT nurse and Respiratory Therapist will come and evaluate the patient and determine if the patient needs further assistance. The critical care Intensivist will provide medical backup to the team in an emergency and communicate with the patient’s managing physician.

In the non-emergent ‘6565’ rounding proactive RRT, the responder is the RRT nurse who can educate, troubleshoot, and support the nurse.

What is the role of the staff nurse when calling the RRT?

If you are the nurse assigned to that patient, you will be asked to stay and work with the RRT members and assist the team by providing information and helping with their care when possible. One of the goals is to provide education and build clinical knowledge skills for responding to bedside emergencies.



Criteria for Rapid Response Team (RRT) Calls:

Acute and sudden changes in vital signs:

- Heart rate < 45 or > 130 beats per minute or any heart rate > 160 beats per minute
- Blood pressure – systolic BP < 90 or > 180 mmHg; diastolic BP > 110 mmHg
- Respiratory rate < 8 or > 22 breaths per minute
- New onset chest pain
- Positive severe sepsis screen
- High risk IV meds (diltiazem, amiodarone, dobutamine)
- New Zoll Life vest

Acute and Changing Respiratory Status

- SaO₂ < 88% over a 5 minute period that isn't improved with coughing and deep breathing
- New onset shortness of breath
- Having to continually increase O₂ administration
- Bipap/non-rebreather
- Abnormal ABG
- New tracheostomy patients and new admits with tracheostomies

Acute Neurological Changes

- New onset of facial droop
- Sudden onset of a severe headache
- Difficulty speaking or changes in speech
- Sudden loss of movement of the face, arm, or leg
- Changes in level of consciousness: difficulty waking, lethargy, coma
- Sudden changes in behavior: agitation > 5 minutes, suicidal attempts, acute anxiety, confusion
- Seizures

Other General Reasons

- Worried about the patient but not sure what the problem is
- Uncontrolled bleeding
- Color changes (pale, dusky, gray, blue) in a patient or extremity
- Decreasing urine output < 50mL in 4 hours or 100mL in 8 hours
- Any patient on an insulin pump
- Any patient on the protocol for alcohol withdrawal
- Any patient requiring drug reversal agents
- Unable to reach the patient's physician when a critical situation exists
- Patient evaluation by Intensivist
- Waiting for transfer to a higher level of care and the monitoring and treatment of the patient are beyond the scope of the clinical area practice and knowledge level

Comments

- This is a general guideline for situations that are common reasons to call for help from the RRT.
- The nurse should also initiate contact to the patient's managing physician after launching a call.



Person Down

Person Down is a non-patient (visitor or team member) on hospital property (includes MOB offices and parking lots) that is not able to ambulate due to an acute onset of an illness or injury.

Designated response team:

- Protective Services Officer
- ED nurse
- ED paramedic
- Administrative supervisor or designee

If office personnel or a team member discovers a victim, follow these guidelines:

- **Inside the building:** Notify the hospital Switchboard Operator of the office number or location of the person down by:
 - Dialing “33” if a direct hospital line is available and call “Person Down” or
 - Dialing 407-296-1000 if a direct hospital line is not available and call “Person Down”
- **Outside the building on hospital property:** Call “911” to report the “Person down” emergency in addition to notifying the Switchboard Operator by dialing “33” from the nearest hospital phone

Switchboard operator: announces “Person Down” overhead with office number & location

Office personnel or other BLS-trained bystanders: Team members should institute basic first aid and/or BLS care, as needed, until the response team arrives.

Designated response team: These team members will respond to the location with appropriate resuscitative equipment and emergently transport the patient to the Emergency Department for definitive treatment.

Stand-alone Care Units on campus, such as the Surgery Center, have other policies governing event management of code blue and other medical emergencies.

End-of-Life

Unique Needs of a Dying Patient and Their Loved Ones

End-of-life care includes supportive and palliative care provided during the final phases of life. Each patient experiences and interprets the dying process differently according to their personal, cultural, religious, spiritual beliefs, values, and preferences. Team members should:



- Address patient communication needs. Arrange for language services/interpretation, per policy, if needed.
- Monitor changes in the patient’s communication status.
- Involve the patient’s surrogate decision-maker and family. Allow ongoing opportunities for questions.
- Address patient mobility needs. Be aware of fall risks.
- Identify cultural, religious, or spiritual beliefs and practices that may promote comfort. Consult a professional chaplain, whenever possible. The Chaplain can complete a

spiritual assessment and may have screening questions to identify religious practices, relaxation techniques, and other coping resources.

- Make sure patient has access to his or her chosen support person to provide emotional support, give comfort, and help alleviate fear.
- Staff should respect the patient's needs and approach the following issues with sensitivity: advance directives, organ and tissue donation, sedation, who is in the room at death, removing and disposing of tubes and needles, washing the body, and moving the body after death.

Organ and Tissue Donation-TransLife

- National policies govern the sharing of organs in the United States to ensure all patients are treated fair and with equal access to transplantation.
- Federal Law requires hospitals to notify their local organ procurement organization of every death and every imminent death so appropriate evaluations can be performed.
- TransLife is responsible for recovery, preservation and distribution of donated organs.
- Call TransLife in the event of a death or imminent death at their 24-hour number (800) 458-7570.
- Only a TransLife coordinator or “hospital trained requestor” may approach a family to request donation.



ACE Annual Corporate Education 2017 Examination



Module A

1. What is Health Central Mission's Statement?

- a. To improve the health and quality of life of the individuals and communities we serve
- b. To ensure that all patients are provided with quality compassionate care.
- c. To promote health and wellness within our community
- d. Orlando Health / Health Central works hard to care for patients and to serve the community

We are "People Caring for People!" Match the Service Standards below with their description.

- | | |
|---|--|
| 2. ____ C ommit to quality | A. Individualizing the Health Central Hospital experience by providing the highest quality healthcare and caring enough to understand the specific wants and needs of each patient, resident, family member, and team member |
| 3. ____ A ttitude is key | B. Creating a lasting impact that will leave everyone we come in contact with the knowledge that Health Central Hospital is all about "People Caring for People" |
| 4. ____ R ealize I create a lasting impact | C. Seeking to anticipate and understand patient, resident, family member, and team member needs; and then providing appropriate service in a caring way |
| 5. ____ I mprove the experience | D. Providing a warm and gracious greeting to everyone we come into contact with, thus creating a caring environment at Health Central Hospital |
| 6. ____ N otice and anticipate needs | E. Taking a vigorous approach to improving the experience and resolving issues in a way that demonstrates a commitment to caring for people |
| 7. ____ G reet/Welcome everyone | F. Being personally prepared daily to represent Health Central Hospital with a professional look and a caring attitude |



8. What are the 5 fundamental steps of AIDET?
 - A. Acknowledge, Investigate, Decipher, Encourage, Transition
 - B. Acceptance, Introduce, Duration, Engage, Thank You
 - C. Acknowledge, Introduce, Duration, Explanation, Thank You
 - D. Allow, Implement, Diversity, Encourage, Transfer
9. An example of improper patient Acknowledgement in AIDET includes:
 - A. Asking permission to enter the room
 - B. Putting patients at ease whenever possible
 - C. Failing to acknowledge the patient by his/her name (i.e. Mr. Smith)
 - D. Showing a positive attitude
10. Properly Thanking (AIDET) patients include:
 - A. Providing patients with their hospital bills
 - B. Letting patients know that you've enjoyed working with them
 - C. Discussing patients' medical records in open public areas
 - D. Washing your hands
11. When you manage up yourself, you can include all of the following except:
 - A. Your marital status
 - B. Your years of experience
 - C. Your job title
 - D. Your certification
12. One positive result of AIDET is:
 - A. Increased patient anxiety
 - B. Increased patient satisfaction
 - C. Decreased patient compliance
 - D. Decreased clinical outcomes



Module B

13. To call any “Code” or “Person Down” within Health Central Hospital dial:

- A. 22
- B. 33
- C. 911
- D. 0

Match the following:

14. Code Red_____

15. Code Pink_____

16. Code Orange_____

17. Code Gray_____

18. Code Blue 90____

19. Code Silver_____

20. Person Down_____

21. Code Blue 45_____

22. Code Echo_____

23. Code Purple_____

24. Code Yellow_____

A. Infant/Child Abduction

B. Adult Cardiac/Respiratory Arrest

C. Fire

D. Active Shooter

E. A Non-Patient (visitor or employee) on hospital property (includes MOB offices and parking lots) that is not able to ambulate or move due to an acute onset of an illness or injury.

F. Pediatric & Neonate Cardiac/Respiratory Arrest

G. Violence/Security Alert

H. Patient Elopement

I. ER Saturation

J. Lockdown

K. Hazmat/Bioterrorism/Chemical Spill/ETO Leak

25. If you witness an active shooter event, what do you do?

- A. Evacuate the area or barricade yourself in a safe place.
- B. Dial 33 or 911, report what you heard/saw, be specific .
- C. Remain in a safe place until you can safely evacuate, or await police/security.
- D. RUN – HIDE - FIGHT
- E. All of the above

26. In the hospital building, R.A.C.E. stands for:

- A. Rescue, alarm, conceal, evacuate
- B. Rescue, alert, contain, extinguish
- C. Rescue, alert, confine, evacuate
- D. Remove, activate, conceal, evacuate

27. To use a fire extinguisher correctly, the P.A.S.S. procedure is used. P.A.S.S stands for:

- A. Pass, Aim, Squeeze, Slide
- B. Pull, Alarm, Secure, Sweep
- C. Pull, Aim, Squeeze, Sweep
- D. Push, Alarm, Squeeze, Secure



28. The SDS (Safety Data Sheet) can be found on HCNet and identifies:
- A. A chemical and how to properly use it.
 - B. Why chemicals are hazardous and how to safely work with them.
 - C. How to handle and dispose of chemicals.
 - D. First aid measures for chemicals.
 - E. All of the above
29. Which of the following should NOT be put in a Clear bag trash?
- A. Isolation Trash
 - B. Paper
 - C. Food/food related items
 - D. Items with small amounts of blood or body fluid
30. Who can turn off medical gases, such as oxygen at the main department control panel?
- A. Respiratory
 - B. Nursing Supervisor
 - C. Protective Services
 - D. All of the above
31. You are asked to take an item to the MRI suite. Before entering the suite, you must:
- A. Knock and say why you are there, then enter
 - B. Remove your watch and ID badge, then enter
 - C. Wait for the MRI machine to stop running, then enter
 - D. Be screened by the MRI technologist before you enter
32. Patients identified as a fall risk will have what color of arm band around their wrist.
- A. Green
 - B. Pink
 - C. Orange
 - D. Black
33. One of Health Central processes to reduced unnecessary alarms is to change patient's electrocardiogram electrodes daily.
- A. True
 - B. False
34. A high risk alarm should be attended immediately as it could lead to patient death if left unattended.
- A. True
 - B. False



Module C

35. Someone in your area was cut and bleeding on the floor. You must clean up the small amount of blood. Which of the following steps of Standard Precautions will you use to protect yourself from contact?
- A. Use a paper towel to clean up the blood and wash your hands afterwards.
 - B. Wear gloves and use an approved disinfectant and clean up the blood. Wash your hands after removing the gloves.
 - C. Use an approved disinfectant to clean up the blood. You don't need to wear gloves because it is a small amount. Wash your hands afterwards.
 - D. Let the blood dry and contact someone else to clean up the blood.
36. It is Health Central Hospital Policy to wash your hands or use alcohol rub when entering and exiting patient rooms.
- A. True
 - B. False
37. When should you wear gloves?
- A. Only during surgery
 - B. If there is any risk of coming in contact with any body substance
 - C. While transporting an isolation patient in the hall
 - D. Only if the patient has an infection.
38. If a patient has tested positive for Influenza (FLU), what type of transmission based precautions should they be placed on?
- A. Contact precautions
 - B. Droplet precautions
 - C. Airborne precautions
 - D. No precautions necessary
39. Airborne precautions require a fitted N95 respirator to be worn at all times while in the patient room. If you are not familiar with the N95 respirator, which of the following steps should be taken?
- A. Put the respirator on making sure to cover your mouth and nose.
 - B. Wear a different mask.
 - C. Ask the patient to wear a respirator.
 - D. Do not enter the room. Contact the nurse for assistance. You need to complete respirator training and fit testing.



40. How do we manage MDRO's (Multi-Drug Resistant Organisms) at Health Central Hospital?

- A. Identify the patients with MDRO's in the computer system under "Clinical Alerts."
- B. Place patient in Isolation on admission with a history or as soon as the organism is identified.
- C. Follow STRICT isolation precautions.
- D. All of the above

41. Which of the following are TRUE about Clostridium Difficile patients?

- A. Must clean hands with soap and water when entering and exiting room. Do not use alcohol hand sanitizer.
- B. Must clean contaminated room and equipment with solution of bleach and water.
- C. Place on Isolation using the "Contact Precaution: Highly Contagious Infection Sign."
- D. All of the above

42. Which statement is FALSE about proper body mechanics?

- A. Keep work close to you.
- B. Lean over keeping your feet together to pick up an object.
- C. Avoid twisting by keeping shoulders in line with hips/pelvis.
- D. Bend knees and hips, not back, when reaching down.

Please match the bloodborne pathogens (Hepatitis B, Hepatitis C, HIV) with the following facts:

- | | |
|---|---------------------|
| 43. ___ A vaccine is available. | A. Hepatitis B |
| 44. ___ Transmitted through contaminated blood. | B. Hepatitis C |
| 45. ___ Does not survive long outside the body. | C. HIV |
| 46. ___ Incubation period is 4-12 weeks. | D. All of the above |

47. When obtaining telephone orders for antibiotics, nurses should make sure the order includes the dose, indication and the intended duration of the antibiotic.

- A. True
- B. False



Module D

48. Posting patient information on social networking sites such as Facebook or Twitter is not permitted, even if you do not use the patient's name.
- A. True
 - B. False
49. When Risk Management reviews an event, the main goal is to:
- A. Identify the person involved and discipline immediately.
 - B. Review the whole process surrounding the event so it can be prevented in the future.
 - C. Prevent a lawsuit.
 - D. Review the whole process surrounding the event so anyone involved can be disciplined.
50. When should a Variance Report be completed?
- A. Any unexpected incident (Med error, pressure sores, falls/injuries)
 - B. Any unexpected complication (Code Blue, unplanned transfer to higher level of care, unplanned procedure or surgery)
 - C. Safety violations (chemical spill, improper utilization of equipment, smoking on hospital property)
 - D. Lost or missing articles (money, eye wear, dentures)
 - E. All of the above
51. When completing a Variance Report, keep these points in mind:
- A. Provide the facts only
 - B. No opinions, accusations or admissions of guilt.
 - C. Do not make copies of the Variance Reports
 - D. Fill out the Variance Report completely and use N/A when appropriate
 - E. All of the above
52. Regarding Patient Safety, medical errors continue to rise throughout the nation. Research has revealed that people make some of the mistakes for the following reasons:
- A. Fatigue, Exhaustion, and Distractions
 - B. Work conditions (loud noises, poor lighting, slippery surfaces)
 - C. Lack of knowledge and training
 - D. Communication gaps
 - E. All of the above

