Completing this education module is required for all staff and students at Lee Health, with no exceptions for job title, reporting level, working hours, status, or location.

All New Employees must complete this module and successfully pass the online post-test prior to working independently.

Please be aware that once you begin working you must complete the New Employee Initial Education assignment of 5 E-Learning modules in Learn@Lee (if applicable) and additional topics may be necessary to meet your department/unit level education requirements.

See your supervisor or department educator for job-specific checklists, policies and procedures or other department –specific training or education.

Module & Post-Test Completion Process:
1) Read/Study the module until you feel prepared to complete the post-test.

2) Complete the Post-test. In order to successfully pass the test, you must correctly answer at least 17 of the 20 questions.

3) Upon completion, return the test pages to the Lee Health representative for grading. Be sure to review your answers and make corrections as necessary.

4) Keep a copy of the test for your records and provide the original to your supervisor/department representative for documentation in your employee file.
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Revised August 21, 2017

Mandatory Education (Non-LMS Version)
**SECTION ONE**

**Mission Statement**
Our mission is to be a trusted partner, empowering healthier lives through care and compassion.

**Vision Statement**
Our vision is to inspire hope and be a national leader for the advancement of health and healing.

We have introduced New Mission, Vision & Value statements to better reflect who Lee Health is today, and where we are headed.

This vision will guide us as we think about and prepare for serving our community’s needs well into the future.

This vision focuses our 5 strategic initiatives into three main areas:

1. How we deliver care
2. Who delivers care
3. With what resources.

**Strategic Initiatives**

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<tbody>
<tr>
<td><strong>Service, Safety and Quality</strong> –</td>
<td>We will give our patients safe care that is timely, evidence-based and patient-centered, and we will strive for zero safety events.</td>
</tr>
<tr>
<td><strong>Clinical Integration</strong> –</td>
<td>We will work with physicians and other health and community providers and human service organizations to provide the right care for the whole patient, when and where they need it, and make our communities healthier.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHO DELIVERS CARE</th>
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</thead>
<tbody>
<tr>
<td><strong>Aligned Multispecialty Group</strong> –</td>
<td>We will embrace our providers and give them the tools they need to provide the best care for our patients.</td>
</tr>
<tr>
<td><strong>Caring People</strong> –</td>
<td>We will take care of our people and create an environment that helps them grow professionally and succeed in caring for others.</td>
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<table>
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<tr>
<th>WITH WHAT RESOURCES</th>
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<tbody>
<tr>
<td><strong>Financially Viability</strong> –</td>
<td>We will generate the resources needed to fulfill our mission, now and into the future. We will use technology and Lean Management to ensure we are working smarter.</td>
</tr>
</tbody>
</table>
As employees, everything you do in your role should tie back to one or more of our five strategic initiatives. ISO-9001 guidelines help ensure that all staff understand how their role supports Lee Health goals.

Lee Health Values:
1. **Respect:** We respect you, your life and your healthcare choices. We respect one another as colleagues, caregivers and people.
2. **Excellence:** We strive for excellence in everything we do. We uphold the highest standards of quality and safety, deliver an exceptional experience to our patients and manage our resources responsibly.
3. **Compassion:** We care for your family like our own. We truly embody, “caring people, inspiring health.”
4. **Education:** We support education as a means to continuously improve ourselves and to empower healthier lifestyles throughout our community.

**SECTION TWO**

**Performance Improvement**
Performance Improvement is designed to provide ongoing review of processes and outcomes in all departments. Performance improvement reviews are organized and integrated into a comprehensive, interdisciplinary, system-wide program, with tracking and reporting of results with continual improvement as our goal.

**Our Performance Improvement Model**
Our Performance Improvement model is the **Plan, Do, Check, Act Cycle (PDCA).** It encompasses four required stages taking us from problem identification to problem resolution.

#1 **PLAN** – What is the problem? What is going wrong? What can be done to solve the problem? We **PLAN** for changes using:
- Customer/Supplier Mapping
- Flowcharting
- Pareto Analysis
- Brainstorming
- Nominal Group Technique
- Solution/Fault Free
- Evaluation Matrix
- Cause & Effect Diagrams

#2 **DO** – We put changes in place designed to improve problem/process on a small scale and test them using:
- Small Group Leadership Skills
- Experiment Design
- Conflict Resolution
- On-the-Job Trainings

#3 **CHECK** – We ask, “Have the changes we put in place achieved the desired results?” Are they working? Methods to check for improvement include:
- Data Check Sheets
- Graphical Analysis
- Control Charts
- Key Performance

#4 **ACT** – When the changes were successful, we implement changes on a larger scale to get the greatest benefit from the changes.
- Process Mapping
- Process Standardization
- Formal Training for Standard Processes
- Controlled Reference Information
If the above has not been successful, we go back to PLAN, and then reevaluate issue and change, continuing with the PDCA cycle.

Performance Improvement (PI) Teams
Lee Health Performance Improvement teams are chartered as opportunities for improvement are identified. PI team progress reports are given to appropriate committees. Performance improvement teams are registered in the KaiNexus data base that allows for staff and leaders to track the status of improvement projects and quantify the value of the improvements.

DNV GL Accreditation & ISO Certification
DNV-GL is our accreditation organization. Annually DNV-GL conducts surveys using the NAIHO standards to determine our compliance with Medicare’s hospital participation regulations. Passing accreditation surveys is a requirement for reimbursement from Medicare. The NIAHO standards are available on Intralee on the Quality and Standards webpage.

As part of the DNV-GL survey we are also surveyed for compliance with ISO-9001 standards. ISO-9001 is a quality management system that results in services being performed consistently, resulting in enhanced customer satisfaction and continual improvement. ISO-9001 includes requirements for Internal Quality Audits of key processes at Lee Health: including non-clinical, supportive and managerial functions. ISO-9001 requires findings from Internal Quality Audits to be addressed; which include Corrective Actions, Preventative Actions and Control of Non-Conforming Products. Pavisse is the new software system allowing for electronic notification of internal quality audit reports. The policies developed to support the ISO process are posted on IntraLee’s Policy and Procedure webpage under the Performance Improvement tab.

SECTION THREE

Documented Information
As part of ISO-9001, there is an important requirement called. “Documented Information.” The expectation is that all employees have access to the most current information available to do their jobs safely and effectively.

Examples of documents that must be controlled include: policies, medical record forms, pre-printed order sheets, work sheets, PI review forms; reference manuals; regulations and educational materials.

Examples of records that need to be controlled include completed invoices, monitoring logs, human resources files and patient records.

Ways to participate in control of documented information include:
• Checking the dates on forms before they are used to make sure it’s the latest version
• Not copying forms or stockpiling old versions of forms in drawers or lockers
• Using the electronic version of policies and procedures
• Throwing the policy out once used (if printed)
Using only the current reference books selected by your department
Retaining records per the retention schedules

**Payment Card Industry Data Security Standards**
Another regulation that focuses on protecting the privacy and integrity of data is the Payment Card Industry Data Security Standard. This standard is designed to ensure that all companies that process, store or transmit credit card information maintain it in a secure environment.

Payment Card Industry Data Security Standards were created by Visa, MasterCard, American Express, Discover and JCB to prevent fraud and create customer confidence when making credit card purchases. This is a mandatory compliance program that reviews the steps of accepting credit card payments including processing, transmitting and storing credit card data to maintain a secure environment.

The *PCI Policy, (S07 02 708)*, Payment Card Industry (PCI) Compliance, has been written to advise department managers of proper credit card data storage. The key requirements include:

- Full credit card account numbers, CVV Codes and expiration dates are NOT to be stored on a computer or Lee Health network. Limit to only the last four digits of the card.
- Credit card account numbers cannot be relayed via e-mail.
- Credit card receipts must abbreviate card numbers to the last four digits and completely abbreviate the expiration date.
- All paperwork containing credit card information must be secured in a locked area with limited access. Any paperwork no longer needed containing this information should be cross-shredded immediately.

All departments accepting credit cards regardless of transaction volume are required to follow PCI compliance. If the payment brand determines a company is noncompliant, fines ranging from $5,000 to $100,000 per month can be assessed to the company. The payment brand may also increase transaction fees or terminate the ability to accept credit cards. If you have any concerns relating to PCI compliance contact the Finance Department.

**HIPAA Regulations**
The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that requires Lee Health to safeguard patient data (known as Protected Health Information or PHI).

**PHI** (Protected Health Information) is defined as any information that can be used to identify a patient, whether living or deceased. It relates to the patient’s past, present or future mental health or condition including healthcare services provided and the payment of those services.

There are two main PHI categories

**Always considered PHI**

**Name**: Patient Name is always considered PHI since it identifies the patient.

**Names of relatives are also considered PHI.**
**Address:** Street address, e-mail addresses, Web URL, IP address and any other device identifiers are considered PHI - they are unique locations in either the real or virtual world.

**ID Numbers:** including account number; medical record number; social security number; health plan beneficiary number; telephone number; fax number; certificate or license number; vehicle identifiers & biometric identifiers (like finger print or voice print).

**Considered PHI if accompanied by other identifying pieces of information ---------**

**Date of Birth/Death:** Many people are born (or die) every day of the year, so this is only considered PHI if accompanied by other identifying information.

**Service Codes** are only considered PHI when they are linked to someone specific.

**Physical Characteristics:** Physical descriptions or other identifiers like age, gender, hair color, eye color or a photograph are considered PHI.

**Date of Service:** Many people receive services on any given day; when accompanied by other identifiers the date of birth or death may reveal PHI.

**Diagnosis Codes:** A patient’s afflictions are only considered PHI when they are linked to who has the specific problem.

**Confidential Information Platforms**
Sensitive information exists in a variety of formats such as: written or print media, electronic media or verbal (spoken or heard). Whether you are a patient, physician or staff member, confidential information impacts all of us in some form or another. We are responsible for protecting the privacy of sensitive information in ALL forms.

Treat confidential information with the utmost care as it should only be accessed, used or disclosed for legitimate business-related treatment, payment or health care operational purposes. If you access PHI without consent or without a job-related reason for doing so, you are violating HIPAA AND Lee Health policy.

**Disclosing PHI**
Lee Health’s goal is to ensure that patient information is protected. Security access is set up based on staff roles and audits are conducted on a regular basis to ensure that only staff that have a job purpose/duty are accessing PHI.

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<th>The information can be disclosed:</th>
</tr>
</thead>
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<td>• you have the patient’s written consent</td>
<td>• for medical treatment</td>
</tr>
<tr>
<td>• it is within your current job role</td>
<td>• for financial payment</td>
</tr>
<tr>
<td>• required by law to disclose the information.</td>
<td>• for business operations</td>
</tr>
<tr>
<td></td>
<td>• for public health reasons.</td>
</tr>
</tbody>
</table>

**Disclosure of Medical Information**
Authorization is required to release medical information. A physician can share information with a referring physician “patient in common” without authorization.
Emergency requests for medical information should be documented in the patient’s chart.

For additional information on Lee Health privacy practices, see *Notice of Privacy Practices for PHI Policy (S10 02 638)*.
HIPAA requires healthcare workers to use or share only the “minimum necessary” information to perform their job. Employees may not access themselves, family, friends, etc. without specific job purpose/duty.

**Before Accessing PHI Always Ask.**

“Do I need this information to perform my job duties?”

**PHI Breach**

A breach is an inappropriate or unauthorized use or disclosure of Protected Health Information (PHI). There are significant risks and costs associated with data breaches and may result in civil penalty (fine) or criminal penalty.

**Impacts of PHI Breaches**

Criminal penalties can be enforced against individuals, as well as organizations, that obtain or disclose PHI without authorization.

**Other Laws Regarding Privacy and Confidentiality**

**HITECH Act**

The HITECH Act makes privacy regulations stricter and it gives more power to federal and state authorities to enforce privacy and security protections for patient data. If there is a HITECH violation the Federal Government will be notified immediately if more than 500 individuals are affected. Violations, regardless of the number of individuals involved require annual notification. Breaches will be listed on the public Web site and patients must be individually notified. Civil and criminal penalties may apply to individuals or employees of a covered entity.

**OMNIBUS Rule**

The Omnibus Rule dramatically amended portions of the HIPAA Privacy and Security Rules published by the Department of Health and Human Services. The new rule further strengthened the privacy and security protections for health information established under HIPAA.

**Red Flag Rules**

The FTC created the Red Flag Rules to protect consumers from identity theft by requiring creditors to implement a formal identify theft program. Lee Health is a "creditor" that permits customers (including patients) to pay for products or services. Red flags are warnings that there may be an identity theft occurring. If you suspect a patient is not the person they claim to be, it is important that you notify the Lee Health Security Officer so the proper authorities can be notified.

**Privacy/Security Regulations Enforcement:**

- Enforcement of either Florida State Laws or Federal Privacy/Security regulations can be hefty, including but not limited to the loss of an individual’s professional licensure, significant cash fines, lawsuits or jail time.
• Employees are encouraged and required by policy to report violations/abuses of patient protected health information to their immediate supervisor, Human Resources, the Patient Information Privacy Officer, Lisa Whitacre or System Privacy Coordinator, Donna Brock.
• For details see HIPAA Patient Privacy Monitoring Process Policy (S10 02 376).

Consequences to Staff for a Breach of PHI
Lee Health takes potential breaches seriously and investigates each allegation. Each violation is assessed to determine the appropriate corrective action including written reminder, final warning and termination.

Employees who breach HIPAA laws and disclose PHI risk the loss of their professional license – AND their job. Refer to the Confidentiality Policy (S09 06 134) for more information.

<table>
<thead>
<tr>
<th>TYPE OF VIOLATION</th>
<th>EXAMPLE OF VIOLATION</th>
<th>RECOMMENDED ACTION</th>
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</thead>
</table>
| 1. Staff who unintentionally or carelessly accesses, reviews or reveals PHI or any other confidential information to self or others inside or outside the organization without a legitimate business reason and with no identified personal connection | a. Repeated accessing of a wrong patient while trying to locate a correct patient.  
b. Giving paperwork to a patient that belongs to another patient and discovered and returned prior to the patient leaving the facility with the information.  
c. Failure to follow guidelines for the use of fax, email or other methods of transmission or dissemination of PHI and / or any other confidential information (faxing to a wrong number that is a covered entity)  
d. Discussing patient information in a public setting.  
e. Placing confidential trash in a regular trash bin.  
f. Assigning an incorrect guarantor to a patient (not following guidelines for the proper selection of guarantors). | Counseling and/or Performance Improvement Plan (PIP) (with notification to the Privacy Office) |

Patient Information & Access:
• All patient medical records (paper or electronic) are confidential.
• Access to this information is for a job purpose/job duty by a person who is directly involved in the care or business operations of the patient.
• Being employed by Lee Health does not entitle an employee (clinical or not) to have access to patient information - even if that patient is a friend, family member or co-worker.
• It is unacceptable for any employee of Lee Health to access the medical records of a patient unless they are directly involved in the care of that patient.
• Unauthorized access to a patient’s medical record (paper or electronic) by any employee is unlawful and grounds for immediate termination.
• Lee Health has specific administrative and departmental policies and procedures about information protection. Ask your supervisor about any policies specific to your department.
• Be aware of non-care givers who might be in viewing range of confidential patient information such as monitors, printers or fax machines that may be attended or unattended.
• Patient records should not be left in areas accessible to non-care givers such as information left on countertops.
• Patient information discussions should only take place in appropriate work settings (not in elevators or cafeteria lines).

Camera Cell Phones:

• Employee use of cameras on cell phones is not permitted while on duty, because they pose a risk to patient privacy, the privacy and security of protected health information, proprietary organization information and the privacy of workforce members.

• Camera cell phones also pose a threat because of the ability to forward information by text, picture, voice or video message to many people. It’s easy to disguise the use, and the pictures/video can be posted to web sites. Refer to the Social Media Networking and Cellular Devices Policy (S09 06 831), Photography, Videotaping, Audiotaping & Other Multi-Media Imaging for Patient Care & Other Purposes Policy (S10 02 717).

Passwords & Workstations:

• Passwords and other security features that allow access to the computer system protect patient information. If you have password access to a Lee Health computer, never share passwords, or log in to the health information system using borrowed credentials.
• Don’t log on and let someone else use the system with your logon ID. You are responsible for all activities during each of your computer sessions.
• Keep all passwords confidential. Do not write your password down, post it, or keep it where others can find it.
• Change your password on a regular basis.
• Never leave your workstation unattended unless it has been locked or it is logged off. Refer to the Workstation Use and Security Policy (S10 06 944) and the Confidentiality Policy (S09 06 134).
• Change your password immediately, if you suspect it has been compromised.
• Make your password easy to remember, but don’t use personal information that someone could guess, e.g. telephone numbers, date of birth, names, etc.
• Passwords should be at least 5 – 7 characters long, alphanumeric and not include “LMHS”.

In Summary – Here are 10 Steps to Protecting Patient Privacy

1. View only what you need to know
2. Keep information away from prying eyes
3. Keep your username and password secure
4. Log off all electronic devices when access is no longer needed
5. Encrypt all PHI e-mail messages with "slee" in the subject line when sending to an email address outside of leehealth.org
6. Respect every patient’s privacy - be sure you have the patient’s permission to disclose
7. Avoid unintentional disclosure – e.g. public conversation, telephone, e-mail, mail or fax
8. Abide by all policies and procedures for safeguarding patient information
9. Promptly report suspected HIPAA violations to your supervisor
10. Utilize HIPAA Resources

HIPAA Help Line - 239 343-5247
Compliance Hotline - 877 807-LMHS (5647)
E-mail - hipaa@LeeHealth.org

Lisa Whitacre, Patient Information Privacy Officer.
Donna Brock, System Privacy Coordinator

HIPAA Web site on IntraLee

Compliance & Business Ethics

The Lee Health Compliance Program was developed to promote full and continued compliance with all federal, state and local laws and regulations including those related to participation in government health care programs and the Florida Code of Ethics.

The Compliance Program also promotes a commitment to ethical conduct and helps Lee Health prevent, detect and correct situations that can lead to liability or reputational harm.

The Lee Health Standards of Conduct establish expected behaviors while complying with appropriate ethical and regulatory standards, and are a part of the Compliance Program. Some of the major sections of the Standards of Conduct are described next.

Non-monetary Compensation to Physicians

The Compliance Department tracks instances when Lee Health provides anything of value to a physician or their immediate family member that they would use outside of the hospital. For example, a department might award a physician tickets to a sporting event.

This form of benefit is named non-monetary compensation (“NMC”). Lee Health complies with a federal regulation that sets a financial cap on NMC that a physician can receive each year. Lee Health leaders, including management, can report physician NMC using online software (www.healthendeavors.com) or contact the Compliance Department directly. All other staff should report instances of physician NMC to their immediate supervisor or the Compliance Department directly. The Finance Department and Compliance Department work together to correct any physician overpayment or other noncompliance related to NMC.

Fraud, Waste, and Abuse

One of the prime goals of the Compliance Department is to prevent, detect, and correct instances of fraud, waste, and abuse (“FWA”) in healthcare billing.

- Fraud means intentionally submitting a request for payment, or attempting to submit a request for payment, while intentionally deceiving or misrepresenting facts.
- Waste means overusing services or supplies that results in unnecessary costs to the health care system, including government insurance programs like Medicare and Medicaid.
- Abuse means performing services that are not consistent with sound business, financial, or medical practice that results in unnecessary costs or reduced quality of care.

Anyone at Lee Health who recognizes Fraud, Waste, and Abuse (FWA) can report their concern to their supervisor or directly to the Compliance Department, if more appropriate.
Coding and Billing Transactions
Care must be taken to properly code, bill, and collect only for services that are rendered and documented in the patient’s medical record. If you discover an error or suspected error in a claim, or in any billing system, promptly notify your supervisor or another appropriate manager. Employees may also report suspected coding or billing violations to the Compliance Department. Under no circumstances should a claim be submitted that is known or suspected to be inaccurate, fictitious or fraudulent.

Conflict of Interest or Commitment
A conflict of interest may occur if an employee’s and/ or immediate family members’ outside activities or personal interests influence or appear to influence their ability to make ethical decisions related to their employment with Lee Health. A conflict of interest may include using public employment for personal gain.

A conflict of commitment may occur when a Lee Health employee has obligated themselves to outside responsibilities, and that obligation prevents them from effectively performing their Lee Health job duties.

Employees are required to disclose potential conflicts of interests to their supervisor, manager, or director. If you question whether a situation or activity creates a conflict of interest, reach out to the Compliance Department for guidance. See Conflict of Interest policy (S23 00 139).

Copyrights
Copyright laws give legal protection to the author or owner of a product and give them exclusive rights to reproduce and distribute copies. Ask for permission from the author or owner of copyrighted works before you reproduce them. Examples of copyrighted items are: Web pages, photographs, printed articles from publications, CD’s, DVD’s, and computer software. The Lee Health logo and other marketing materials are protected by copyright and any use needs to be approved by the Lee Health Marketing department. See Copyright and Other Intellectual Property policy (S24 00 145).

Fundraising
Fundraising must be approved in advance by the Lee Health Foundation. Employees must receive approval from their supervisor for allowed activities identified in the Solicitation and Distribution in the Workplace policy (S09 06 835), and from Staff Activities in the Human Resources department to post notices on the centralized employee bulletin boards.

Gifts
Sometimes patients or patient’s family members want to express their appreciation for the good care they received by offering gifts. Gifts of merchandise (candy, baked goods, flowers, gift cards, etc) can be accepted up to a value of $25 per patient. Lee Health employees are encouraged to notify their supervisors when they receive a gift from a patient. Lee Health employees are not to solicit gifts from patients. Gifts of cash or gift cards can never be accepted. Cash should be donated to the Lee Health Foundation. See Solicitation or Acceptance of Gifts or Gratuities from patients and Vendors policy (S23 00 835).

Vendors might also offer gifts. Nominal gifts such as pens and note pads can be accepted. An occasional meal of modest value or sponsoring lunch for staff when a vendor plans to provide an educational presentation is acceptable. Merely dropping off food for staff, however, is not appropriate. Gifts over $100 in value should not be accepted from a vendor. Gifts should not be accepted when a vendor is attempting to influence a purchase with Lee Health.
Hotline
Individuals at Lee Health can report compliance questions or concerns using the Compliance Hotline. The Hotline is available 24/7, and any caller can choose to remain anonymous. Employees are encouraged to follow the chain of command first.

The Hotline phone number is 1-877-807-5647 and is available “24/7”.

Lee Health has a Whistle-Blower Protection from Reprisal Policy (S23 00 944) to protect employees, who in good faith, disclose wrongful or illegal acts. No adverse personnel action may be taken against an employee who makes a report in accordance with this policy. Should you have any questions regarding compliance, please contact the Compliance Office at 343-6432.

SECTION FOUR

The Purpose of Risk Management in Healthcare
Risks to patients, staff, and organizations are a real part of healthcare. Thus, it is necessary to have qualified Risk Managers to assess, develop, implement, and monitor risk management plans with the goal of preventing or minimizing risks.

Risk Management seeks to identify, reduce or eliminate actual and potential sources of risk, as well as to minimize damages.

For example: Risks may include: risk of injury to a patient or staff, or risk of financial damage to the organization due to property losses, legal actions or damage to the System’s reputation. You can assist by always providing competent patient care, working in a safe manner, using Error-Prevention Tools and demonstrating the Seven Caring Behaviors.

Caring behaviors, like good communication with patients and their families, increases the likelihood of compliance with treatment, good outcomes and a positive patient experience. It is important to encourage patients and family to tell us whenever they are concerned, upset or unhappy with their care. This feedback should be seen as a “gift” and accepted without defensiveness or annoyance and used as a basis for positive problem solving. Guest Services and Risk Management staff is available to help if needed.

Safety Report (formerly known as Incident Report)
Safety Reports are the primary communication link between you and the Risk Management team.

A Safety Report must be completed whenever an event occurs which causes (or could cause) harm to a patient or visitor.

At Lee Health we use the Safety Report to track patient allegations that they have been harmed by:
• Care they received
• Hazardous materials incidents
• Any issues that may need to be brought to the attention of the Risk Managers

Report any event that causes (or could cause) harm to a patient, or visitor.
   For example:
   o Medication Errors
   o Falls
- Complications or allergic reactions to tests or treatments
- Problems related to the administration of blood
- Equipment failure or misuse of equipment which causes (or could cause) injury
- Procedures performed without proper written consent
- Performance of the wrong surgery or procedure,
- Procedures performed on the wrong patient or body part
- Misdiagnosis which results in real or potential patient harm
- Negative patient outcomes which are unexpected, or unexplained
- Deaths associated with restraints or seclusion
- Whenever there are allegations or suspicions of sexual misconduct made against any member of the facility’s staff

For a detailed list, review the categories listed on the Safety Report forms or contact a Risk Manager.

**WHO should complete the Safety Report?**
The person who witnesses an event should initiate the Safety Report. If there was no witness, then the person with the most information should complete the report. If you need help completing a Safety Report, contact your supervisor or one of the Risk Managers.

**WHEN should the Safety Report be completed?**
The Safety Report should be completed as soon as possible after the event. This helps assure the event is remembered more accurately. The Safety Report MUST be completed before you leave your shift. Safety Reports must reach the Risk Manager within three days (72 hours).

For very serious events, you should make an immediate phone call to Risk Management, in addition to completing the report.

**HOW should the event be reported?**
Access IntraLee then go to:
Applications > System-Wide Applications > Incident Reporting /Patient Safety Reporting.

If you have any questions, online tutorials are available by clicking on the notebook icons following the three options available on this page. Select “Occurrence Reporting” to access the category specific forms.

Please remember all information should be complete and factual; do not use the Safety Report to blame, complain or retaliate against others.

Note: A NEW Patient Safety Reporting System has been introduced called “Pavisse.” It is accessed through IntraLee as well. Further education and updates will be forthcoming.

**WILL it remain confidential?**
Safety Reports should be considered extremely confidential documents. They should not be printed and should NEVER be placed in the medical record. You should not even indicate in the medical record that a Safety Report was completed.

Safety Reports should NEVER be photocopied. Anyone needing to view a Safety Report will need to coordinate access through Risk Management/Legal Services.
WHAT happens to Safety Reports and how are they used?
The Risk Managers receive and review all reports and conduct additional investigations, if necessary. The sole purpose of a Safety Report is to improve patient safety and quality of care.

Safety Reports are not used in a punitive manner; Lee Health supports a fair and just culture.

All events are entered into a database, so that they can be analyzed for trends and patterns to help identify problem areas so that they can be corrected.

Information from the risk management database supports performance improvement activities in order to prevent future occurrences throughout Lee Health.

Additionally, all Safety Reports are privileged, confidential and legally labeled as Patient Safety Work Product (“PSWP”). As with all PSWP’s, Safety Reports are collected, analyzed, stored and reported to the health system’s Patient Safety Organization (“PSO”) and are strictly limited in disclosure under federal law. Additional information about PSWP and the health system’s PSO is provided in the section under Patient Safety.

Serious Safety Events & Precursor Events
A serious safety event is an event that reaches the patient and causes moderate to severe harm or death when there was a deviation from the accepted performance standards.

Any of the following events are considered reportable if we could exercise control over it or it was associated with a medical intervention resulting in one of the following injuries:

- Death
- Brain or spinal cord injury Special Care Units
- Wrong surgical procedure
- Wrong site surgical procedure
- Surgery on the wrong patient
- Medically unnecessary surgery or one unrelated to patients diagnoses or medical condition
- Surgical repair of damage from planned surgical procedure where damage is not recognized as a risk during informed consent procedure completed to remove unplanned foreign object remaining from a surgery

A precursor event is a deviation from generally accepted performance standards that reached the patient and resulted in minimal harm or no detectable harm, but there was a significant risk of a serious adverse outcome.

Professional Liability
Most medical malpractice claims against healthcare professionals fall into one or more of the following categories.

All employees need to know and follow the Prevention Tips for Caregivers provided in the following Professional Liability Allegation Table.
<table>
<thead>
<tr>
<th>Most Frequent Allegations Of Malpractice</th>
<th>Prevention Tips For Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Failure To Ensure Patient Safety</strong></td>
<td>• Monitor patient in a timely manner</td>
</tr>
<tr>
<td></td>
<td>• Provide assistance for those patients who require it when they need to use the toilet, shower or with ambulation</td>
</tr>
<tr>
<td></td>
<td>• Keep bedrails raised for patients who are medicated or confused, when appropriate</td>
</tr>
<tr>
<td></td>
<td>• Use restraints appropriately</td>
</tr>
<tr>
<td></td>
<td>• Instruct patients and family on safe practices and document</td>
</tr>
<tr>
<td><strong>Improper Treatment Or Performance Of Treatment AND Failure To Follow System Procedure</strong></td>
<td>• Question treatments you believe are improper</td>
</tr>
<tr>
<td></td>
<td>• Use proper techniques when performing procedures</td>
</tr>
<tr>
<td></td>
<td>• Follow hospital procedures when performing treatments</td>
</tr>
<tr>
<td></td>
<td>• Seek consultation for treatments beyond your abilities</td>
</tr>
<tr>
<td></td>
<td>• Update your clinical skills through continuing education classes</td>
</tr>
<tr>
<td><strong>Failure To Monitor And Report</strong></td>
<td>• Follow physician’s orders regarding monitoring of patients</td>
</tr>
<tr>
<td></td>
<td>• Report any requested information or significant changes in a patient’s condition in a timely manner</td>
</tr>
<tr>
<td></td>
<td>• Perform appropriate and timely nursing assessments and reassessments according to policy</td>
</tr>
<tr>
<td><strong>Medication Errors And Reactions</strong></td>
<td>• Verify any questionable medication orders with prescriber or pharmacist</td>
</tr>
<tr>
<td></td>
<td>• Always follow the Five Rights of Medication Administration. Right patient, right drug, right dose, right route, right time</td>
</tr>
<tr>
<td></td>
<td>• Refer to Micromedex, Drug Information on IntraLee Pharmacy Department webpage, or current appropriately controlled printed reference for questions on medication indication, dosage, interactions, side effects and warnings.</td>
</tr>
<tr>
<td></td>
<td>• Call a Pharmacist for any questions/concerns with medication orders.</td>
</tr>
<tr>
<td></td>
<td>• Do not guess at illegible orders, call and verify with physician</td>
</tr>
<tr>
<td><strong>Failure to provide Accurate/Correct/Complete, Timely Documentation</strong></td>
<td>• Know and follow the System’s procedure in regards to documentation</td>
</tr>
<tr>
<td></td>
<td>• Make sure documentation is objective, complete, accurate, timely and legible</td>
</tr>
<tr>
<td></td>
<td>• Do not document ahead of time</td>
</tr>
<tr>
<td></td>
<td>• Document assessments, reassessments, changes in condition, complaints/concerns, responses to medications and/or treatments and physician notifications</td>
</tr>
<tr>
<td></td>
<td>• Follow system policy for making alterations in the medical record</td>
</tr>
</tbody>
</table>
Patient Rights and Responsibilities

Lee Health wants patients to be well informed, participate in their treatment decisions and communicate openly with doctors and the health care team. All patient-related customer practices will uphold a fundamental right to considerate care that includes personal dignity and respect for cultural, psychosocial and spiritual values. Patients and families have a right to be informed of their care responsibilities. Patients, and when appropriate, families have a right to be informed by their physician about outcomes of care, including unanticipated outcomes. All business-related customer practices will demonstrate integrity, honesty, fairness, timeliness and corporate responsibility.

For details see Patient Rights and Responsibilities Policy (S01 01 711).

A Culture of Patient Safety

Safety is the number one value of Lee Health. By consistently using the three safety behaviors and eight error-prevention tools listed below we can reduce errors and prevent harm to our patients.

Our Three Safety Behaviors:

1. **Safety First, Every Time**: We put safety first by putting our first efforts on safety precautions. When safety is involved, we pay more attention and we are more compliant.

2. **Work Well Together** – We are all equals in patient care and we help keep patients safe by working together as interactive collaborative teams.

3. **Better Every Day** – We improve patient care every day by owning our personal development, reporting events and problems, fixing problems as we go, and learning from others’ experience.

Our Eight Error-Prevention Tools:

2. Phonetic and Numerical Clarification
3. Three-way Repeat-Back and Read-Back
4. Questioning Attitude: ask clarifying questions and always question and confirm
5. Cross-monitoring: Be a good “Wingman”; maintain situational awareness
6. Speak up using C.U.S.: I’m Concerned; I’m Uncomfortable; please Stop. This is a safety issue!
7. Standardized Handoff Communication
8. Peer-Coaching and Peer-Feedback

Our LEE HEALTH Safety Absolute – **Red Rule**: Two Patient Identifiers

In order to avoid errors and harm caused by misidentification, it is a System-wide expectation that every Lee Health team member will match and verify 2 patient identifiers – every patient, every procedure, every time.
The reliable identifiers include:

- Patient’s **FULL Name**
- *Date of Birth (verbalize month, day and year)*
- Account/Epic CSN Number
- Medical Record Number
- Name & MR# in nursery

* Date of birth **may not** be used for NICU and for unknown trauma patients.

The most commonly used patient identifiers are the Patients **FULL name** and date of birth.

The practice of always using two patient identifiers to match and verify every patient’s identity every time is so important to the safe care of our patients that it has been elevated to the status of **Red**.

- “Red” designates the rule as a **safety absolute** with the highest priority for exact compliance.
- An act that has the highest level of risk or consequence to patient or employee safety if not performed **exactly as expected** each and every time.

**Remember: It ALWAYS Takes Two! (2 patient identifiers)**

**Patient Safety Evaluation System**

Lee Health participates in the voluntary program established by the Patient Safety Quality Improvement Act of 2005 (“PSQIA”). The goal of the program is to encourage the sharing of information relating to patient safety events in a privileged and confidential manner with the aim of improving patient safety and the quality of care at Lee Health. As part of the program, Lee Health is a provider member of a federally-listed Patient Safety Organization (“PSO”) with the Agency for Healthcare Research and Quality (“AHRQ”), a division of the Department of Health and Human Services (“HHS”). As a member of the PSO, Lee Health has established the Lee Health Patient Safety Evaluation System (“LPSES”), which creates, collects and analyzes Patient Safety Work Product (“PSWP”) for subsequent collection and storage to the PSO. PSWP includes, but is not limited to, any data, reports, records, memoranda, analysis, and oral and written statements which are assembled or developed by a provider for reporting to a PSO and reported to a PSO.

PSWP also includes any data and information developed by a PSO for the conduct of patient safety activities; and which could result in improved patient safety, health care quality, or health care outcomes; or which identify or constitute the deliberations or analysis of, or identify the fact of reporting pursuant to a patient safety evaluation system. All PSWP must be marked as PSWP and each department is responsible for labeling PSWP. Pursuant to the “PSQIA,” all PSWP is privileged, confidential and strictly limited in disclosure under federal law.

**Patient Experience**

It’s not enough to be safe and clinically competent, we each have a responsibility to create an environment where patients can feel confident and positive about their experience in our healthcare system; confident they will be included in decisions affecting their care; confident the environment is clean; confident they will be able to get help when they need it; confident that people truly care about their comfort and confident they will have the information they need to care for themselves when they are discharged.
1. **Keep Patients Safe**
   a. Be aware of current situation, pay attention, be responsive
   b. Invite participation from the team
   c. Ask questions for understanding through a two-way conversation
   d. Address all communications

2. **Connect With Others**
   a. Greet everyone with a warm welcome; friendly smile
   b. Introduce yourself and your role
   c. Use eye contact; be respectful, courteous, kind

3. **Communicate Effectively**
   a. Listen and speak with courtesy and concern
   b. Seek to understand and be understood
   c. Explain what you are doing and why (Care aloud)
   d. Use language that is easily understood

4. **Show Respect**
   a. Acknowledge feelings, concerns and inconveniences
   b. Safeguard confidentiality, privacy and dignity
   c. Embrace diversity; learn from each other’s ideas, perspectives and beliefs

5. **Be Responsive**
   a. Demonstrate a commitment to serve others
   b. Anticipate needs and respond quickly
   c. Follow through on commitments in a timely manner
   d. Offer a blameless apology when falling short of meeting expectations
   e. Ask, “How can I be of help to you?”; “What else can I do for you?”

6. **Promote Teamwork**
   a. Work as a team to find solutions and promote harmony. Support, encourage and show appreciation for all team members
   b. Demonstrate flexibility and adaptability
   c. Celebrate team members and teamwork

7. **Create Positive First Impressions**
   a. Be aware of your appearance, body language, surroundings and behaviors
   b. Dress to reflect a professional image; wear your name badge
   c. Keep your work area safe, clean and free of clutter
   d. Maintain a positive attitude; be approachable

### Section Five

**Populations Served**

Age, culture and spiritual beliefs are important elements in health care. The interwoven relationships between these elements impact how care is provided.

Populations Served refers to a staff members’ ability to meet the special needs of specific patient populations served characteristics such as:
• Age specific needs
• Cultural/Spiritual values
• Disease process or diagnosis
• Cognitive/communication impairment
• Functional status
• War years – since some traumas relate to different military conflicts

For each identified population, a set of competencies must be identified for each position. For example, a physical therapist working with stroke patients performs much different tasks than the dietician serving the same population.

Depending on your job responsibilities, you need to know that:
• These competencies effect your performance evaluation
• Supervisors are required to assess these competencies on an annual basis
• Job descriptions are a key component of competency assessment and should be updated at performance evaluation time, or when responsibilities change

Abuse, Neglect and Exploitation

Every employee has the obligation to look for, recognize and report suspected or actual abuse of patients. The abuse may be child abuse, elder abuse, intimate partner abuse (domestic violence) or abuse from an assault. The following conditions may alert you to a case of abuse:

• There is no reasonable or believable (or no) explanation for the injury
• There has been a delay in seeking medical treatment
• The patient has a previous history of injuries or the injuries are in different stages of healing
• The patient’s behavior changes or is inappropriate when in the presence of family or significant others
• Those accompanying the patient (e.g. family members, friends, caregivers) do not allow the patient to speak for himself or herself

If you suspect or have knowledge of abuse involving a patient, these steps will guide you through your reporting obligations and address safety for the patient. Lee Health assesses all known or suspected abuse cases with care and compassion. We believe victims of abuse need to know that it is not their fault the abuse occurred.

Guidelines for Staff Regarding Abuse, Neglect and Exploitation:

• All staff should be vigilant about the possibility that our patients may be victims of abuse, rape, sexual molestation, domestic violence, neglect or exploitation.
• Sometimes the reason a patient seeks healthcare is not connected to his/her experience with abuse or neglect.
• Any person who has reasonable cause to suspect abuse, neglect, or exploitation shall immediately report knowledge, or suspicion to the Central Abuse Registry and Tracking System for the State of Florida Hotline: 1-800-96-ABUSE (1-800-962-2873).
• If a nurse has first-hand information about abuse, or has witnessed the abuse themselves, the nurse must call in the report to the Central Abuse Registry.
• Staff may contact the Care Management department for assistance with reporting.
Abuse, Neglect and Exploitation Assessment Process
If the nurse notes abuse when a patient is admitted to the unit, the physician is notified and the Medical Social Worker is contacted. If the patient is elderly, mentally challenged or a minor, this information is then turned over to the Department of Children and Family Services. The Medical Social Worker will be available for information, support and follow up.

Legal Process
Patient’s rights should not be violated. It is the “adult patient’s decision,” in most instances, whether or not to press charges. If the decision is to press charges:
• Nursing assesses the problem and completes the initial screening process to obtain information and material that could be used as evidence.
• A Medical Social Worker will be contacted to assist the patient in contacting the police, the Abuse Counseling & Treatment (ACT) organization, or any other appropriate agency for assistance.

For more detailed information refer to the following policies:
• Identification and Reporting of Alleged or Suspected Abuse, Neglect or Exploitation of Vulnerable Adults (M02 01 402)
• Identification and Reporting of Alleged or Suspected Abuse, Neglect, Abandonment or Exploitation of a Child (M02 01 401)
• Identification and Reporting of Alleged or Suspected Human Trafficking (M02 01 405)

Diversity
Lee Health is committed to promoting an environment of inclusion where each person feels welcomed, valued and respected. By promoting and embracing diversity and cultural competence we draw on the diverse strengths of our employees and meet the diverse needs of the community we serve.

For Diversity resources, and Diversity and Cultural Competence training tailored to the needs your department visit our website on IntraLee/Departments/HR/Diversity or call 424-3806.

Discrimination, Harassment, Retaliation
In accordance with Lee Health Discrimination, Harassment and Retaliation Policy (S09 06 178) discrimination, harassment or retaliation of any individual on the basis of any protected category will not be tolerated. If you have observed, or if you believe you are the victim of discrimination, harassment or retaliation, speak to the harasser, and clearly request the offending behavior to stop. If the behavior does not stop, or if you are not comfortable speaking to the harasser, contact your leader, and/or Human Resources.

Disability Awareness
We are required by law to ensure that patients, visitors and guests with disabilities can fully and equally access services and facilities at Lee Health.
The **Americans with Disabilities Act (ADA)** is a Civil Rights Law. The purpose of this law is to ensure that patients, visitors and guests with disabilities can fully and equally access and enjoy the goods, services and facilities of healthcare system without being segregated. Title III of ADA prohibits the discrimination of an individual on the basis of a disability in any place of public accommodations – including hospitals and offices.

**Section 540 of the Rehabilitation Act** is a federal civil rights statute that prohibits discrimination and/or harassment on the basis of a disability. Federal law requires accommodation. Lee Health is obligated to provide reasonable accommodations to everyone who has a disability whether it is an employee, patient, visitor or guest. Any complaint related to a disability must be reported to and the grievance process followed. See **Patient Compliant/Grievance – Service Recovery Policy (S03 01 703)**

People who have vision, hearing or speech disabilities use different ways to communicate. Lee Health is required by law to communicate effectively with people who have disabilities.

- Effective communication with our patients is essential to providing care.
- When there are barriers to communication, such as hearing loss and failure to provide interpretation, health care suffers and both the patient and the healthcare provider are at risk.
- Protect our patients and become familiar with the resources Lee Health has to help effectively communicate with those who are deaf, hard of hearing, or have vision, speech, cognitive or other disabilities listed in the **Interpretation and Translation policy (S09 06 428)**.
- To obtain an ADA Compliance kit for the Deaf and hard of hearing hospital patients or special Patient Communication board contact the Administrative Supervisor or Guest Services Manager at your facility.

**What is a Disability?**

There are many types of disabilities. Major categories include:

- Behavioral health
- Physical disabilities
- Hearing loss
- Vision loss
- Any condition or chronic illness that limits major life activities or ability to care for oneself.

**General Disability Awareness Tips**

- Treat adults as adults
- Be patient, some people may react in different ways to emotionally charged topics
- Talk to the person, not the companion
- Ask the best way to communicate or assist
- Use your normal tone of voice
- Don’t make assumptions about what someone can or cannot do, or what they feel
- Be aware that people may have difficulty processing information or expressing emotions
- Never assume that the reason that someone has come to you is related to their disability, but always think about how their disability can impact the reason they have come
Language Interpreters
Lee Health offers language assistance service to its customers at no cost. According to federal and state laws, a qualified interpreter may not need to be provided “24/7”, but should be present in a reasonable amount of time and in all situations in which the information exchanged is lengthy or complex or requires interactive communication such as:

- Discussing a patient’s symptoms, medical condition, medical history
- Providing a diagnosis or prognosis
- Obtaining informed consent for treatment
- Discussing complex billing or insurance matters
- During discharge instructions
- In the ICU, for both understanding provider and/or expressing themselves
- Performing medical procedures
- Emergency Department, including triage
- Explaining medication
- Patient education and counseling
- Admitting to hospital from Emergency Department

Lee Health must “assure the competence of interpreters” by providing “qualified” and trained interpreters. Lee Health prohibits the use of family members, friends, children, or companions as interpreters. They are unreliable as interpreters because they tend to be too emotionally involved and usually lack medical training. In addition, using them raises confidentiality and HIPAA concerns.

A better option would be to explain that the family member or friend could be present for the conversation for which the interpreter is provided to reduce anxiety for patient and family.

Interpretation services at Lee Health are provided in the following ways:

1. **Staff Interpreters**
2. **Cyracom Telephonic Interpreter Service**
3. **Video Remote Interpreting (VRI)**
4. **Contracted Sign Language Interpreters**

Translated Documents
Lee Health provides various system-wide documents and communications in different languages. For a list of translated documents, contact Forms Management via IntraLee, or call 343-2687.

Service Animals
Every disabled person shall have the right to be accompanied by a service animal in Lee Health facilities, subject to infection control standards and other conditions and limitations established by law. See Service Animals Access to Lee Health Facilities Policy (S01 01 817).

A service animal is a dog (or in some cases a miniature horse) that is trained and performs work or tasks for the benefit of an individual with a disability. There must be a direct link between the task the service animal is trained to do and the individual’s disability.

Some examples of service dogs include:

- Balance dogs
- Seizure detection dogs
- Guide dogs
- Hearing dogs
- Autism service dogs
- Mobility dogs
A service dog MUST be allowed to accompany the individual with a disability it serves to any area of the office open to the general public, UNLESS:

- The owner refuses to answer questions about the dog
- The owner is not in control of the dog
- The admittance of the dog would be a direct alteration of the office’s services
- The admittance of the animal would be a direct threat to the safety, such as:
  - The risk of contagious disease (NOT allergies)
  - An aggressive, growling animal

Questions about Service Animals

**Questions you are allowed to ask:**
“Is your animal required because of a disability?”
“What work or tasks has your service dog been trained to do?”

**Questions you CANNOT ask:**
“Do you have a certification or documentation for your animal?”
“What is your disability?”
“Do you have vaccination history for the dog?”

SECTION SIX

INFECTION PREVENTION
If you have questions regarding Epidemiology/Infection Prevention, please contact an Infection Preventionist (“24/7”) by cell phone at (239) 223-9676.

Hand Hygiene
Hand hygiene is the single most important means of preventing the spread of infections to yourself or others. Hand washing, using either a system approved soap and running water or an alcohol hand gel, helps prevent the spread of infection. It is important that caregivers prompt each other to wash their hands if an opportunity has been missed, and patients or visitors should be empowered to remind their caregivers about hand hygiene as well. Clean hands save lives!

Alcohol Gel (hand sanitizer)
- Use a full pump of gel - as that is the determined optimal amount for proper Hand Hygiene
- Spread over hands
- Be sure to allow hands to dry completely. Don’t wipe on clothes.

Traditional Hand Washing
- Soap and warm water (proven to cause less irritation to the skin)
- Rub hands together with friction for a minimum of 15 seconds
- Rinse hands thoroughly to remove all the soap
- Gently pat hands to completely dry with paper towels
- Use paper towels to turn off the faucet and open the bathroom door
Wash your hands with soap and water if:

- Your hands are soiled
- Hands are visibly contaminated with blood, urine, feces, vomit, formula, sputum, food, etc
- Before and after eating
- After using the restroom
- When taking care of a patient with diarrhea or Clostridium difficile

Use alcohol gel (hand sanitizer):

- Before and after having contact with patients
- After removing gloves
- After touching equipment or furniture near the patient

Artificial Nails are NOT permitted for direct patient care givers and discouraged for all staff. This includes: extenders, overlays, wraps, acrylics, tips, tapes or other appliques. These products have been proven to harbor germs and are a danger to patients.

Keep natural nails less than ¼-inch long.
Nail polish may be worn but must be well maintained so that microorganisms do not get trapped on your hands.

Use Lee Health approved lotions for patients and employees, as other lotions can keep the gels and antimicrobial soap from being effective.

Hand hygiene must be performed exactly where you are delivering health care to patients. Before entering and when leaving a patient’s room is the standard. “Gel in – Gel out”

During health care delivery there are 5 moments when it is essential that you perform hand hygiene:

<table>
<thead>
<tr>
<th>Step</th>
<th>WHEN?</th>
<th>WHY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BEFORE TOUCHING A PATIENT</td>
<td>Clean your hands before touching a patient when approaching him or her</td>
</tr>
<tr>
<td>2</td>
<td>BEFORE CLEAN/ASEPTIC PROCEDURE</td>
<td>Clean your hands immediately before performing a clean/aseptic procedure</td>
</tr>
<tr>
<td>3</td>
<td>AFTER BODY FLUID EXPOSURE RISK</td>
<td>Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</td>
</tr>
<tr>
<td>4</td>
<td>AFTER TOUCHING A PATIENT</td>
<td>Clean your hands after touching a patient and his or her immediate surroundings when leaving</td>
</tr>
<tr>
<td>5</td>
<td>AFTER TOUCHING PATIENT SURROUNDINGS</td>
<td>Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving – even without touching the patient</td>
</tr>
</tbody>
</table>

Standard Precautions, Transmission Based Precautions, MDRO Precautions

Standard Precautions are infection control procedures used in the care of ALL patients to prevent contact with blood, mucous membranes or any infectious material.
It does not include sweat or tears. Standard Precautions practices include good hand hygiene, cough etiquette, wound coverage, and the use of appropriate personal protective equipment (PPE) for any contact with soiled or contaminated matter.

**A New Approach to Managing Patients with MRSA or VRE**
Scientific evidence shows transmission of these agents does not differ materially from most other bacterial pathogens and transmission prevention depends more on caregiver adherence to Standard Precautions protocols, including consistent hand hygiene. This supports the use of Standard Precautions in lieu of Contact Precautions for most patients colonized and/or infected with either of these pathogens.

In December of 2016, Lee Health implemented policy changes related to the use of Contact Precautions for patients with past and current infection or colonization with Methicillin Resistant Staphylococcus aureus (MRSA) or Vancomycin Resistant Enterococci (VRE).

**What you need to know about the changes:**

- Contact Precautions will no longer be used for patients known to be simply colonized or with a history of prior infection or colonization with MRSA or VRE.
- Personal Protective Equipment (PPE) such as gowns and gloves will still be used regardless of pathogen when caring for patients with open wounds, uncontained drainage, or saturated wound dressings as per Standard Precautions.
- With these changes, we **MUST** place renewed emphasis on Standard Precautions (used for all patients) which includes consistent hand hygiene and the appropriate use of PPE such as gloves or gowns.
- Proper disinfection of reusable patient care equipment is also imperative to prevent transmission of infectious agents. See *Cleaning of Patient Care Equipment Policy* (M11 00 122).

See [http://www.cdc.gov/handhygiene/providers/training/index.html](http://www.cdc.gov/handhygiene/providers/training/index.html) for additional resources on Standard Precautions and Hand Hygiene.

**Transmission-Based Precautions** are directed at controlling the pathways infectious agents travel from one person to the next. Refer to *Transmission Based Precautions Policy* (M11 00 887) and *High Level Contact Precautions Policy* (S11 00 370).

Refer to both of these policies to determine patient placement (private room/cohort) and duration of precautions or consult Epidemiology/Infection Prevention for clarification.

Transmission-Based Precautions will be clearly marked for your protection: A “STOP” sign should hang from the top of the door frame, in the middle, and should hang at eye level. When you see a stop sign at the room entrance, look for a “Contact,” “Airborne”, “Droplet” or purple “Contact” isolation sign and follow the directions on the sign. If there is no sign, or if you do not understand the directions on the sign, **do not enter the room.** Ask the nurse for help.
**Clostridium difficile (commonly known as C.difficile or C. diff)**

C. difficile is a spore-forming, anaerobic bacterium that can cause severe, even life-threatening GI tract infections and is responsible for as many as 453,000 infections and more than 29,000 deaths annually in the United States. The toxins produced by “C.difficile” cause the symptoms including: severe, watery diarrhea, nausea, abdominal pain/tenderness and even death. C. difficile spores are shed in the feces and are very durable in the environment. They are NOT killed by the usual hospital disinfectants or by alcohol hand hygiene gels and are easily transferred to patients mainly on the hands of healthcare personnel. Careful glove removal followed by meticulous hand hygiene using soap and water to mechanically remove the spores (rinsing them harmlessly down the drain) can break this chain of transmission.

**Which patients are at risk for C. difficile?**

All patients are at risk for contracting “C.diff,” but those receiving certain antibiotics and those 65 years and older are at greatest risk.

**Prevention of C. difficile infections:**

Lee Health has implemented “industry best practices” proven to lower “C. difficile” rates. These include: antibiotic stewardship, washing hands with soap and water, using bleach wipes for surface cleaning and equipment cleaning and deploying new technologies including ultraviolet light disinfection units.

We also use a **purple Contact Precautions sign** when “C.difficile” is known or suspected.

There has been a steady decline in the C.difficile infections rate since the recommendations were put into place but we need the support of all staff to follow the procedures in place to continue our success.
Influenza Prevention & Control

Influenza is a contagious respiratory disease that can become serious enough to require hospitalization, and in some instances, can cause death. Vaccination is the primary strategy to prevent infection, or development of illness from flu. Flu symptoms are similar to those caused by other respiratory illnesses, but when the influenza virus is present in a local area; symptoms like fever, muscle aches, and extreme tiredness usually mean the sufferer has the flu.

Employees suffering from these symptoms must not return to work until free of symptoms for 24 hours. This protects the patients and other staff members from exposure.

Flu is transmitted from person to person when an infected person coughs or sneezes. Infected persons can start spreading the virus for one to two days before they feel ill or have symptoms. Because of this we require influenza vaccination or a valid exemption for all physicians, staff, volunteers, students, or any Health Care Workers that enter our facilities and might come in contact with patients.

To be effective everyone must be vaccinated each year, as there are many flu viruses and each year’s vaccine is developed to target the viruses that are most likely to cause disease in the coming flu season. Getting the vaccine annually helps protect patients as well as the employee and his/her loved ones from an illness taken home from the work environment.

ALL Employees are required to get a flu vaccine or qualify for an exemption annually by the designated deadline.

Employees may apply for an exemption for medical reasons or for religious/strongly held personal beliefs or convictions. Refer to Influenza Immunization and Prevention Policy (S11 01 430) for more information.

Employee Health will affix a “Flu Proof” sticker to the ID badge of each employee receiving the flu vaccine.

Employees granted an exemption will receive an “I’m Covered” sticker for their ID badge indicating they are required to properly wear a surgical mask when within 6 feet of patients during flu season.

Compliance

- Employees who fail to comply will be placed on a 14 day unprotected personal leave, be given a Decision Making Leave (DML) and will not be eligible for a merit increase at their annual review.
• Employees who fail to comply by the end of the 14 day leave will have chosen to resign their position with Lee Health.
• Employees who have been granted an exemption, who do not comply with the masking requirement will be subject to corrective action policy.
• Leaders who fail to ensure compliance, including the masking requirement, are subject to corrective action.

Flu Control measures
• Implementation of Standard and Droplet Precautions for confirmed/suspected cases
• Active assessment for new illness cases – if they have symptoms that look like the flu
• Rapid administration of influenza antiviral medication for treatment and prevention during outbreaks
• Restriction of all visitors and personnel. Education for patient and family.
• If you cough/sneeze in your hands, or tissue, be sure to dispose of tissue properly and wash your hands.
• In public settings if symptoms are present, you may want to wear a mask or have others wear a mask to prevent transmission.

Tuberculosis
Tuberculosis (TB) is an infectious disease that usually affects the lungs. TB germs may be spread when a person who has the active disease coughs, sneezes, laughs, sings or even talks. The bacterium becomes airborne and is inhaled by a person nearby.

Symptoms of TB Include:
• Fever, night sweats
• Loss of appetite, weight loss
• Fatigue
• Chest pain
• Coughing up blood
• Cough which persists longer than 3 week

A PPD (skin) test is used to screen for TB. If the PPD is positive, further testing is done to determine whether the person has an inactive TB infection, or has active TB disease.

Measures to prevent patients with TB from spreading the infection:
• All patients who are suspected of having TB are placed in private, negative airflow rooms with the door closed.
• Patients with suspected or known TB, who must be transported, should wear a regular mask because they have not been fitted to an N-95 and an N-95 is not appropriate for their condition
• Workers caring for these patients must wear special respirators (N-95). They are fitted to conform to the face, so it is important for any health-care worker who has potential exposure to patients with TB be fitted with an N-95 respirator at the time of employment and re-fitted every year thereafter.
• Those who’ve had facial changes (facial hair growth, weight loss/ gain, or facial reconstructive surgery that may affect the fit) should contact Employee Health for an additional evaluation.
• PPD tests are conducted annually on all health care workers with direct patient contact and twice a year in high-risk areas.
Bloodborne Pathogens

Bloodborne pathogens are disease causing organisms present in blood and other body fluids. Transmission can happen as the result of a needle stick (used needle), getting blood on your skin if you have open cuts or sores, or a blood splatter to the eyes. Examples of these bloodborne pathogens are Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

Prevention Techniques

To reduce exposure to bloodborne pathogens, Lee Health has adopted many safe work practices and safety engineering controls. You can protect yourself by incorporating the Standard Precautions (addressed above) into your routine daily practice. Work practices such as wearing fluid-impervious gloves, and other PPE, sterilizing instruments, and washing hands are essential for preventing HIV transmission. Refer to the Standard Precautions Policy (S11 00 840) to provide direction for the prevention of exposure. Some engineering controls that help to protect include; sharps containers, safety needles, and needleless IV systems.

Other Safety Tips Include:

- Know where to locate personal protective equipment, how to use it, which PPE to use, (depends upon task, or risk of exposure and type of precautions) and how to dispose of it properly.
- Occupational exposure means contact with any infectious material to the skin, eye, mucus membrane, non-intact skin or parentally (needle stick). Report exposures promptly to your supervisor and report to Employee Health.
- For your safety do not eat, drink, apply cosmetics or handle contact lenses in patient care areas. Eating is only allowed in staff lounges or cafeteria and other designated areas.
- Use proper cleaning methods: All blood and body fluid spills are to be cleaned as soon as possible. Healthcare workers should wear the appropriate PPE and use Lee Health approved disinfectant according to manufacturer's direction.

Note: A blood and body fluid spill kit (check expiration date & follow instructions) may be used by departments who do not have access to Lee Health approved disinfectant wipes.

Sharps Safety

The use of needles, scalpels, and other sharp objects is common in the healthcare setting. Employees and others are put at risk for exposure to bloodborne pathogens if this equipment is not used and disposed of using safe-handling techniques.

A sharp is defined as an object capable of puncturing, lacerating or otherwise penetrating the skin.

If a needle stick occurs:

1. Wash area with soap and water
2. Report incident to supervisor
3. Fill out “Notice of Injury Form”
4. Report to Employee Health or Emergency Department for a confidential medical evaluation.

Employee Health will conduct follow-up and counseling.

NOTE – All needle sticks/blood exposures that occur at times when Employee Health is closed must initially go to the Emergency Department.
HIV/AIDS – Facts You Need to Know
Human Immunodeficiency Virus (HIV) is the name of the virus that causes Acquired Immune Deficiency Syndrome (AIDS). AIDS is diagnosed when a person has both a positive HIV test and either a T-cell count of less than 200 T-cells per cubic millimeter, or an AIDS-defining opportunistic infection.

HIV can be transmitted by:
- Any type of sexual contact (vaginal, anal or oral)
- Blood-to-blood contact, shooting drugs and sharing needles
- A woman to her baby either prenatally, or through breastfeeding

HIV can only live in the fluids of the human body such as:
- Blood, semen, vaginal secretions and breast milk

HIV cannot be transmitted through:
- Sweat, saliva, urine and tears
- Casual contact, kissing, hugging, shaking hands, using dishes/utensils used by someone with HIV
- Objects, insects or other animals

HIV Exposure
A person can be exposed to HIV and not become infected. However, an infection can occur from a single contact with an infected person. Once infected, a person is immediately contagious, and can pass on the HIV virus.

HIV Prevention:
- Abstinence or Mutual Monogamy
- Latex Condoms – (if used correctly, consistently and responsibly)
- Stop drug related needle sharing
- Take essential precautions for preventing HIV transmission such as wearing latex gloves, or synthetic latex gloves, sterilizing instruments, and hand washing.

Section Seven
The purpose of the Physical Environment program is to provide for the health and safety of patients, staff and visitors and to ensure that operations do not have an adverse impact on the environment in which we provide care.

Hazardous Materials
Employees need to be aware of and have a right to know about the hazardous chemicals stored or used in their work place.

Safety Data Sheets (SDS) can be obtained from the manufacturer or our online resource - MSDS Online, accessible from IntraLee home page under “LMHS Favorites” by clicking on MSDS and SDS.

Lee Health participates in the Globally Harmonized System (GHS) adopted by OSHA and health care accrediting agencies. This system incorporates the use of hazard-specific icons affixed to the SDS and container labels for easier recognition of a chemical or hazardous material’s potential dangers.

Employees should familiarize themselves with the materials found in their area by reading the label and SDS. Remember to always store, use, and dispose of all chemicals/materials properly and to affix a corresponding label to all secondary containers which displays the same information as the label on the original container.
Hazardous Material Waste
Hazardous waste is described as any chemical substance, or mixture in a gaseous, liquid or solid state, which poses a health hazard. Hazardous materials are grouped into three categories called “waste streams.” Physical (compressed gas, flammable, and explosives); Chemicals (carcinogen, toxic, poisonous, corrosive); and Infective (biomedical waste).

Proper Labeling
All hazardous material must be properly labeled at all times. With the exception of radioactive material, containers of hazardous or unknown substances without proper labels should be reported to Supply Chain Management for disposal.

Hazardous Material Waste Disposal
Hazardous material must be disposed of in accordance with local, state and federal regulations. It should not be discarded in the regular trash or poured down sinks or drains. Check the System and your department’s Policies & Procedures for proper disposal information.

Radioactive material, or material suspected to be radioactive, must be monitored at the location where it is found by nuclear medicine personnel. Nuclear medicine personnel are responsible for removal and/or disposal of radioactive material.

If there is a question, call the Nuclear Medicine Department. Patient care personnel should be aware that the urine of a patient that has had a nuclear medicine procedure within the last 48 hours may still show some small amount of radioactivity.

While the amount of radioactivity is minimal and poses no risk to personnel, it will set off radiation alarms at the county waste disposal facility if urine saturated chucks, pads, or diapers arrive there.
prior to final decay of the radioactivity. Therefore, if you have a urine soaked item from a patient that has had a nuclear medicine procedure within the past 48 hours that needs to be disposed, please contact the nuclear medicine department to have them survey the item for radioactivity and take appropriate action.

Chemotherapy waste must be put in the yellow bins and properly labeled.

Chemotherapy spills require immediate attention to prevent unnecessary contamination of the environment. Please refer to Cleanup of Cytotoxic Drug Spills Policy (M03 03 130) for proper clean-up procedure to minimize exposure to staff and patients. If it is safe to do so, clean up the spill according to policy, using an appropriate spill kit.

Biomedical Waste

The symbol shown to the right side of the page, when found on waste containers, refrigerators or freezers, indicates the content is “bio hazardous” which mean dangerous to living things. In the healthcare setting we also refer to it as biomedical waste.

Biomedical waste includes the following:

- Used, absorbent materials saturated with blood, blood products, regulated body fluids, or excretions or secretions contaminated with visible blood, and absorbent materials saturated with blood or blood products that have dried.
- Non-absorbent, disposable devices that have been contaminated with blood, regulated body fluids or secretions or excretions visibly contaminated with blood

NOT Regulated Body Fluids  (unless VISIBLY contaminated with blood)

- Feces  •  Saliva  •  Sweat  •  Urine  •  Vomit

Regulated Body Fluids

Regulated Body Fluids are those that have the potential to harbor blood borne pathogens including:

<table>
<thead>
<tr>
<th>Blood &amp; Blood Products</th>
<th>Human Tissue</th>
<th>Human Body Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Plasma</td>
<td>• Placentas</td>
<td>• Semen</td>
</tr>
<tr>
<td>• Platelets</td>
<td>• Pathological Specimens</td>
<td>• Cerebrospinal (found in the brain &amp; spine)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Synovial (found in joints)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Vaginal Secretions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lymph (found in the lymph system)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pleural (found in lungs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Amniotic Fluid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pericardial (found in heart membrane)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peritoneal (found in the abdomen)</td>
</tr>
</tbody>
</table>

Biomedical waste should be disposed of at the “point of origin” (patient room, or treatment room) in properly labeled “Red” bags or bins. Biomedical waste must be segregated, handled, labeled, transported, stored and treated in a manner that protects the health, safety and welfare of our patients, staff and environment. Please refer to Biomedical Waste Hazardous Material Management Plan Policy (S08 09 076).
Three Classifications of Biomedical Waste include: Sharps, Absorbent, and Non-absorbent.

**Sharps**
Sharps should be disposed of in a sharps container. This includes anything that could puncture or lacerate the skin such as:

- Empty Syringes (with & without a needle)
- Needles
- Scalpels
- Guide Wires
- Specimen Slides

- Broken Glass
- Razors
- Broken Rigid Plastic
- Other sharp instruments

**Absorbent**
Red Bags should be used for disposal of all medical waste considered “soft” items and not likely to puncture the outer bag. This includes items that can soak up fluid and must be SATURATED in order to be considered biomedical waste such as:

- PERI pads
- Gauze
- Chux (absorbent pads placed under a lying or sitting patient)
- Drapes
- Gowns, Gloves and other PPE that is saturated, caked or dried and flaking off blood or other regulated body fluids listed above

**Non- Absorbent**
Red Bags should be used for disposal of all medical waste considered “soft” items and not likely to puncture the outer bag. This includes items that cannot absorb blood or other regulated body fluids but have ANY AMOUNT of blood or regulated body fluids on them such as:

- Plastic
- Vinyl
- Latex
- Rubber glass instruments (gloves, tubing, IV bags, suction canisters, speculums etc)
- **IV Bags with blood products (plasma or platelets) go into Red Bags.**

**Other Key Points**
Never combine biomedical waste with other types of waste.
PPE must be worn when handling biomedical waste.
All biomedical waste will be stored out of traffic areas and accessible only to authorized personnel.

Universal Pharmaceutical Waste must never be disposed of in biomedical waste containers but rather placed in the black pharmaceutical waste bins. Please refer to Universal Pharmaceutical Waste policy (S08 09 908).

Compressed Gas Cylinder Guidelines
Oxygen gas cylinders (tanks) can pose safety hazards if not operated and transported properly. The contents of full gas cylinders are compressed to a pressure of 2200 pounds per square inch. That amount of pressure is capable of propelling the metal cylinder with explosive force if its integrity is breached due to being dropped or otherwise misused. It is essential all staff handling any compressed gas cylinders be trained and have documented competencies established prior to using cylinders without supervision.

![Image of sharps containers]
Follow these guidelines for safe cylinder use:

- Secure compressed gas cylinders in approved carts or stretcher brackets to prevent the tank from dropping, slipping or falling
- Make sure thumbscrew in cart is present and tightened.
- “E” Cylinders should never be carried by the built-in handle, except when moving the tanks from one storage area to another storage area or placing the tank into the cart or stretcher.
- Cylinders with regulators affixed are considered “on standby”.
- Full cylinders without regulators are considered “in storage” and can only be stored in approved locations.
- Compressed gas storage is limited to 300 cubic feet or 12"E" Cylinders stored in the corridor of each smoke compartment.
- Cylinders secured in patient rooms, mounted on gurneys, wheel chairs, crash carts, and other patient care equipment do not count towards the 300 cubic feet rule.
- When returning cylinders to identified locations for replacement, do not mix empty and full cylinders on the storage racks.
- Do not leave cylinders near stairwells, exits, behind doors or in corridors.
- NEVER leave a cylinder “free standing.” It must be secured in a cart or holder.

See your Supervisor for questions.

Radiation Safety Guidelines

Lee Health personnel and persons accompanying and/or assisting the patient receiving radiation should follow the physicians’, physicists’, and/or technologists’ instructions. They will instruct in the proper use of “radiation protection tools” of time, distance and shielding.

No person can be designated to routinely hold patients in position for radiographic procedures. The technologist will request non-technical staff and persons accompanying the patient to assist patients when mechanical-positioning devices will not work.

If assistance is needed to hold a patient in position for an x-ray, those assisting should use protective garments and position themselves in such a way that no part of the body is struck by the primary x-ray beam. The assisting persons should leave the exposure area when the patient no longer needs assistance.

To keep radiation exposure to a minimum, respect the yellow and purple or yellow and black, radiation/radioactive material signs posted prominently on doors and containers:

- CAUTION RADIATION AREA
- CAUTION HIGH RADIATION AREA
- CAUTION RADIOACTIVE MATERIALS
- CAUTION ‘AIRBORNE’ RADIOACTIVE MATERIALS

Entering these areas requires special permission. Check with authorized personnel before entering these posted areas.

Equipment marked with a “radioactive material” label may only be moved by nuclear medicine personnel, or by persons under their direct supervision. Fixed equipment containing radioactive material may only be relocated after the radiation safety officer has obtained approval. If a container labeled with a radioactive sign is left unattended in a hallway, the nuclear medicine department or the Radiation Safety Officer should be notified immediately. The Radiation Safety Officer for Lee Health is Sandra Paige at (770) 645-1440 or sandra.paige@ptcphysics.com.
MRI (Magnetic Resonance Imaging) Safety Guidelines

The MRI suite is an area where special precautions must be taken due to the strong magnetic field generated by equipment. The magnetic field is always on, even when a patient is not being scanned. All staff must be aware of particular safety guidelines when working in or near the MRI.

To prevent injury follow these guidelines:

• Never enter the MRI Scan Room unless a MRI staff member is present and gives permission after screening you to determine that it is safe for you to enter. This includes all personnel, i.e. housekeeping, security, emergency response personnel and medical staff.

• No ferrous objects (containing iron/metal) or electronic objects may enter the scan room.
  - Oxygen tanks
  - Crash carts
  - IV pumps
  - Regular stretchers
  - Monitors (unless specifically designed as MRI safe)
  - Stethoscopes, scissors, loose change in pockets
  - Cell phones, pagers, or two-way radios
  - Credit cards

NOTE: Even very large objects can be instantly pulled into the magnet injuring staff and patients in the process.

If a code is called, the code team members or the crash cart should not enter the scan room. The patient must be brought out to the holding area where resuscitation efforts will be implemented.

Medical Equipment

Medical equipment is a significant contributor to the quality of care. It is essential that the equipment is appropriate for the intended use; that staff (including licensed independent practitioners) be trained to use the equipment safely and effectively; and that the equipment is maintained appropriately by qualified individuals.

Before using medical equipment or devices, ensure that the following prerequisites have been met:

1. The medical equipment has a preventive maintenance “PM” label with a date that has NOT expired.
2. Medical equipment that does not have a scheduled PM is identified with a blue “NO PREVENTIVE MAINTENANCE REQUIRED” label.
3. The medical equipment does not have any evidence of physical damage.
4. The equipment appears to be performing its expected functions when initially powered on, or set up for use.

NOTE: If any one of these prerequisites is not met, the equipment should not be used.
Utility Systems
It is essential that all utilities are in proper working condition.

The following utilities are included:
1. Electrical – ensure critical patient equipment is plugged into RED receptacles as emergency generators provide power to these receptacles when the electricity fails.
2. Oxygen (O2), Medical Gas & Vacuum – do NOT try to rectify the situation if system goes down.
3. Heating, Ventilating & Air Conditioning
4. Plumbing
5. Pneumatic Tube Systems (if your location has one)
6. Communications

In the hospital setting, the Plant Operations (Plant Ops) department oversees the management and maintenance of utility systems. You should be familiar with back-up or emergency utility-related equipment services in the work area.

Work Environment and a Positive First Impression
Lee Health’s environment is designed and maintained to preserve the dignity of our patients, provide comfort, ensure privacy and facilitate medical treatment. This includes providing appropriate recreation and social interaction, comfortable indoor conditions and a clean, attractive and functional environment. Your participation and support in maintaining an appropriate environment is very important our patients and their families.

Emergency/Disaster Management
Lee Health has developed response plans for many possible disasters. All Emergency/Disaster policies/procedures are located on IntraLee at http://intranet1/policyprocedure/PPM_DisasterManual.asp.

Badge Backer – Safety Resource
One resource located with your employee ID badge is on the “badge backer” card (the card below the photo id badge).

Everyone has this information with their badge to reference during emergencies and as a helpful reminder during surveys.
Badge Backers were revised May 16, 2016.
Check the revision date in the bottom right corner of your card to see if you have the latest card.

*Note* students and some contractors utilize a “gold card” instead of the badge backer.
Overhead/Intercom Emergency Pages

Emergency overhead pages are used at the hospital locations to alert staff to potential emergency situations and to summon staffs who are responsible for responding to specific emergency situations. If you do not know what the color code means when announced overhead, refer to the Emergency Information on the badge backer. Students and some vendors continue to use the Gold Cards. Everyone is expected to have the Emergency Information Badge Backer or Gold Card with their badge to reference during emergencies and as a helpful reminder during surveys. If you need a new or replacement, please see your leader for assistance.

You may hear the following emergency codes called while you are working:

<table>
<thead>
<tr>
<th>Emergency Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Black</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiac / Respiratory Arrest</td>
</tr>
<tr>
<td>Code Brown</td>
<td>Severe Weather / Tornado Alert</td>
</tr>
<tr>
<td>Code Green</td>
<td>Mass Casualty Incident</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous Materials Incident</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Facility Lockdown</td>
</tr>
<tr>
<td>Manpower STAT</td>
<td>Additional Personnel Needed</td>
</tr>
<tr>
<td>Nurse STAT</td>
<td>Medical Emergency / Injury / AED</td>
</tr>
<tr>
<td>MET</td>
<td>Medical Emergency Team</td>
</tr>
</tbody>
</table>

Our number one priority remains the safety of our employees, patients, and visitors.

Based on recent recommendations of the Florida Hospital Association (FHA), Lee Health has adopted and is now using overhead plain language codes for four security alerts in our hospitals.

The use of plain language emergency codes will help to ensure transparency and patient and public safety in our facilities. People understand the information received without further extensive explanation, and know what actions are required based on the information received.

Listed below are the color codes previously used, and the newly adopted corresponding plain language alert to be announced:

1. **(Code White) Hostage Situation:**
   Overhead alert: “Attention - Attention + Description” (i.e., there is a hostage situation, Room 304, 3rd Floor North, Stay Away).

2. **(Code Pink) Child Abduction:**
   Overhead alert: “Attention – Attention + Description” (i.e. there is a newborn baby who has been abducted from the CCH 2nd Floor by a middle aged female wearing blue scrubs, carrying a green bag)
3. **(Code Gray) Warning Stay Away:**
   Overhead alert: “**Attention - Attention + Description**” *(i.e., there is a hazardous material spill (code orange) Dialysis Department, First Floor, CCH , Stay Away)*

4. **(Code Silver) Active Shooter:**
   Overhead alert: “**Attention – Attention + Description**” *(i.e., there is a life threatening situation in the lobby, white male with a gun, Take Cover)*

   *NOTE* While an Active Shooter situation is in effect there will be NO OTHER overhead pages or any other code or emergency calls made.

In each situation the overhead page will repeat the message 3 times. As updates are received, the overhead page will again repeat 3 times. If no updates are received, the announcement will continue every 5 minutes until cancelled by the Incident Commander.

Once cancelled the PBX Operator will make an announcement that the issue (insert emergency here) has been resolved – resume normal activity or that the issue (insert emergency here) has been cancelled.

| EMERGENCY CODES |
|-----------------|-----------------|------------------|
| New Code Name | Formerly Known As | Plain Language Announcement |
| Stay Away | Code Grey | Stay Away |
| Infant / Child Abduction | Code Pink | Infant / Child Abduction |
| Active Shooter Situation | Code Silver | Active Shooter Situation |
| Hostage Situation | Code White | Hostage Situation |

**Emergency Reporting Process**
To report an emergency from a Lee Health phone dial the following numbers:

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone #</th>
<th>What do you need to do and say?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Hospital Locations</td>
<td>444</td>
<td>• Dial the emergency number</td>
</tr>
<tr>
<td>Other Facilities</td>
<td>911</td>
<td>• State your name and job title</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• State the type of emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>State your exact location</strong></td>
</tr>
</tbody>
</table>

Do not hang up the phone until the Operator or Dispatcher tells you to do so.

**MIR 3 (Mass Notification System)** When the need arises this system can inform multiple groups of staff and physicians using email, text messaging and voice messages in real time.

Now is a great time to update your information in the Employee Self Service Program.

*Note* Make sure your cell phone number is listed in the Cell Phone number area – even if it is also listed as your Home Phone Number.

**Hurricane Safety**
It is important to find out from your supervisor what your role will be in a hurricane situation so that you can prepare appropriately.
Each department will review their department specific hurricane response plan annually prior to the beginning of Hurricane Season which runs from June 1st to November 30th each year.

Additional information can be located on IntraLee under system/hurricane or on our website www.LeeHealth.org or by referring to the Hurricane Response Plan Policy (S08 08 398)

Tornado / Severe Weather Safety
We will maintain a state of preparedness and capability to respond to threats from tornadoes.

Tornado Watch: Be Prepared! Tornadoes are possible in and near the watch area based on weather conditions. Review and discuss emergency plans and check supplies and your safe room. Be ready to act quickly if a warning is issued or you suspect a tornado is approaching. Acting early helps save lives.

Tornado Warning: Take Action! A tornado has been sighted or indicated by weather radar. There is imminent danger to life and property. Move to an interior room or the lowest floor of a sturdy building making sure to avoid windows.

Code Brown will be enacted when the area is under a “Tornado Warning Only.” Security or the Administrative Supervisor will direct the Operator to announce the following:

**Overhead alert:** “Attention - Attention – This is a Code Brown. We have been advised by the National Weather Service that a tornado is in the area. All employees will immediately take precautions to protect patients. Visitor’s and others are instructed to remain inside the building away from windows and glass doors until the “All Clear” is given.”

The page will be repeated 3 times.
A MIR3 message will be sent. All employees and volunteers will act promptly to help protect visitors and others by directing them to safe interior corridors away from windows, pull window blinds, etc and urge all to remain calm.

In the event a tornado strikes any facility – Lee Health will immediately activate the Hospital Incident Command System (HICS) and establish contact with Lee County Emergency Management advising them of this fact. The following will also take place:

- The MIR3 will be activated.
- The Operator will immediately announce “Warning – Stay Away” and provides the location of the unsafe area.
- Security and Plant Operations will immediately commence a search and recovery effort in coordination with local fire, law enforcement, and EMS personnel.
- Plant Operations will conduct a damage assessment and report information regarding the extent of damage, degree of impairment of our ability to function and any other details as required to Incident Commander.

If there is NO tornado strike and the tornado warning is cancelled – Security /Incident Commander will advise the Operator to announce the following:

**Overhead alert:** “Attention – Attention – The National Weather Service has announced the tornado warning has been cancelled.” The page will be repeated 3 times. A MIR3 message will be sent.
In the event a tornado strikes some other area of Lee County – we may receive notification from Lee County Emergency Management to immediately enact the Lee Health External Disaster Plan.

Upon receiving this notification, the Operator will immediately announce “Code Green (External Disaster).” See the Mass Casualty External Disaster Response Plan (S08 08 558) for details and department specific assignments.

**Fire Safety**

Lee Health has fire-response procedures that all staff must know and be prepared to implement in order to protect patients, themselves and property from fires.

In patient-care areas within a hospital location, it is preferable to “defend in place” by closing doors, unless the fire or smoke is directly threatening patients.

If evacuation is necessary, evacuate horizontally, staying on the same floor but proceeding past a set of fire doors in the corridor. If you must leave the floor, try to go vertically down a few floors using the stairways (not the elevators), but stay in the building.

In other locations evacuate the building and meet at the designated meeting place according to your department/location fire response plan.

**Fire Response Plan**

The basic fire response plan for our system utilizes the acronym RACE:

- **RESCUE:** Remove the endangered people from the involved area beyond doorways marked “Smoke partition.” Once a room is evacuated, signal the response team by placing a white cloth on the door handle or base of door.

- **ALARM:** Sound the alarm; “CODE RED,” the best method is use of the pull station. This activates the computer system, calls the fire department, telephone operator, smoke partition doors close and air conditioning in that area stops.

- **CONTAIN:** Contain the fire by closing the doors and windows and leave the area. If you cannot leave, place a wet cloth at the base of the door to conserve air and energy. Remember – smoke and heat rise!

- **EXTINGUISH/EVACUATE:** Extinguish the fire using a fire extinguisher if it is safe to do so. Or Evacuate as directed by Fire Dept. or Administration.
How to Use a Fire Extinguisher (PASS)

While holding the fire extinguisher upright:

<table>
<thead>
<tr>
<th>P</th>
<th>PULL</th>
<th>Pull the pin (located at handle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>AIM</td>
<td>Aim the nozzle at the base of fire</td>
</tr>
<tr>
<td>S</td>
<td>SQUEEZE</td>
<td>Squeeze handles together</td>
</tr>
<tr>
<td>S</td>
<td>SWEEP</td>
<td>Sweep from side to side</td>
</tr>
</tbody>
</table>

What can every Lee Health Team Member do to help with Fire Safety Management?

- Keep corridors free of obstructions.
- Never block exit doors, smoke doors or fire extinguisher cabinets.
- Store NOTHING in stairways.
- Report broken or malfunctioning Exit lights.
- Maintain at least 18 inches free space below all fire sprinkler heads.
- Know the location of fire-safety equipment in your work area.
- If you are not at the fire’s point of origin, continue to listen to overhead pages to obtain updates.

Safety

Safety Management strives to reduce hazards and prevent accidents and injuries. Lee Health Environmental Safety Officer is Rocky Rhoads (phone: 424-3536).

Every Lee Health team member plays an important part in Safety Management. Each employee is responsible for completing all required safety education, staying alert to hazards in their work area and correcting or reporting hazards to the proper people.

Work-Related Injuries

All employees injured on the job should report the injury to their supervisor as soon as possible, document the event on the “Notice of Injury/Illness” form # 5422 and report to Employee Health or the Emergency Room during off hours.

All Workers’ Compensation laws will be followed.

The employee may be required to submit to drug and alcohol testing see Drug Free Workplace Policy (S09 06 189).

Always report all safety related incidents according to the following:

<table>
<thead>
<tr>
<th>TYPE OF INCIDENT</th>
<th>REPORT TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee or Volunteer Injury</td>
<td>- Supervisor and Employee Health</td>
</tr>
<tr>
<td>Patient or Visitor Injury</td>
<td>- Supervisor and IntraLee Safety Report to Legal Services</td>
</tr>
<tr>
<td>Utility System Failure</td>
<td>- Plant Operations</td>
</tr>
<tr>
<td></td>
<td>- A utility conference will be paged</td>
</tr>
<tr>
<td><strong>TYPE OF INCIDENT</strong></td>
<td><strong>REPORT TO</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Medical Equipment Failure         | • Biomedical Engineering  
• Tag according to policy and remove equipment securing until pick up  
• Injuries notify Legal Services – Safety Report |
| Hazardous Materials Incident      | • Security  
• Safety Report to Legal Services  
• Exposures report to Employee Health for treatment (or Emergency Department if Employee Health is not open) |

**Security**

Personal security for oneself and one’s work environment is influenced by knowledge of surroundings and available resources.

All Lee Health employees and volunteers are required to wear a health system issued picture identification badge at all times while in any of the Lee Health facilities. Patients, visitors, clergy, students, vendors and others are required to have the appropriate identification as described in the “Identification of Employees, Patients, Others Policy” (S08 07 402).

It is the responsibility of all personnel to know who should be in their work area. All personnel have the right and responsibility to question any person regarding their identity and purpose for being on Lee Health property.

Any unauthorized or suspicious person or activity should be reported to Lee Health security immediately. If you work at a non-hospital location call 9-1-1 for assistance and then report the incident to Lee Health Security at 343-2350.

The Access Control to Sensitive Areas Policy (S08 07 007) identifies the following areas as sensitive and/or requiring limited or restricted access:

- Nursery & Pediatrics  
- Obstetrics  
- Special Care Units  
- Pharmacy  
- Emergency Department  
- All air handler, electrical, telephone closets  
- Patient property safe areas  
- Acute care rooms where inmate/patient are kept under guard by local enforcement  
- Any location where narcotics, money, or valuables are kept

**Violence in the Workplace**

Lee Health is committed to providing a safe environment for patients, employees and visitors.

Healthcare workers are 5 times more likely to experience violence in the workplace than other industries. Workplace violence can be any incident in which a co-worker, patient or visitor is verbally abused, threatened or physically assaulted by any other individual.
Workplace Violence includes:

- **Threats:** Expressing the intent to cause harm, including verbal threats, threatening body language, harassment, intimidation and written threats.

- **Physical Assaults:** Attacks ranging from slapping and beatings to rape, homicide, and use of weapons such as firearms, bombs or knives.

- **Muggings:** Aggravated assaults, usually conducted by surprise and with intent to rob.

Workplace Violence Risks and Warnings

- Transporting patients
- Long waits for service
- Working alone
- Working understaffed (especially during meal times & visiting hours)
- Overcrowded, uncomfortable waiting rooms

- Inadequate security
- Poorly lit halls, rooms, parking lots, etc
- Drug or alcohol abuse
- Access to firearms
- Potentially volatile patients (history of violence or certain mental illnesses)

For more information refer to the Workplace Personal Safety, Security, and Violence Prevention Policy (S09 06 99)

Warning Signs of Impending Violence

- Verbally expressed anger frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon
- Pacing or restlessness
- Clenched fists

If you experience or witness violence or disruptive behavior, take these steps:

### Nonphysical violence (threats, harassment, intimidation, disruptive behavior):

- Maintain calm
- Provide personal space
- Listen
- Find Assistance: Know your limits
- Contact Lee Health Security and a supervisor from hospital locations.
- Contact local law enforcement from non-hospital locations.

### Physical violence:

- Provide personal space
- Have an exit route
- Consider person’s state of mind
- Observe body language
- Remember your wingman
- Contact Lee Health Security and a supervisor from hospital locations.
- Contact local law enforcement from non-hospital locations.

**Active Shooter Situation**

What would you do if there was an active shooter in your vicinity?

Quickly determine the most reasonable way to protect your own life and remember: patients and visitors are likely to follow the lead of staff.
Follow these steps:

**RUN / ESCAPE** – If there is an accessible escape path, attempt to evacuate the premises

- Have an escape route and plan in mind
- Leave your belongings behind except cell phone (if you already have it with you)
- Help others escape, if possible
- Call 911 when you are safe

**HIDE** – If escape is not possible, find a place to hide where the shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter’s view
- Provide protection if shots are fired in your direction
  (for example, an office with a closed and locked door)
- Turn off lights
- Not trap you or restrict your options
- Blockade the door with heavy furniture
- Silence your cell phone

**FIGHT** – As a last resort, and only when your life is in imminent danger, you may choose to attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Yelling
- Throwing items and improvising weapons

- Committed to your actions and follow through

**When Law Enforcement Arrives:**

- Follow the instructions of police officers
- Drop any object
- Keep hands visible

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**Section Eight**

**Disruptive Behavior:**

Disruptive behavior by healthcare professionals is a threat to patient safety, quality of care and the patient experience. It also negatively affects staff morale and increases costs to our healthcare organization.

Disruptive behaviors can be open or subtle, and typically fall into 3 categories:

1. **Physical:** posture with hands on hips, rolling eyes, making faces, throwing up hands, shaking head, toe tapping, using technology inappropriately, etc.

2. **Verbal:** sighing, clipped abrupt speech, sarcasm, shouting, cursing, whispering, belittling or criticizing a colleague in front of others or using electronic communication or social media (including but not limited to: Facebook, Twitter, Snapchat, What Sapp, etc) to harass, demean or belittle others.

3. **Emotional:** talking behind a co-worker’s back, turning away, not being willing/available, not giving the information/cooperation needed, setting another up to fail, gossiping, isolating, silent treatment or excluding a team member from group activities, etc.
Dealing with Disruptive Behavior

Do not engage in disruptive behaviors yourself; instead, try to resolve the issue directly with the person displaying the disruptive behaviors. Often, work related complaints, concerns or similar issues are resolved more quickly by speaking directly with the involved co-worker or following the chain of command process.

Strategies to address disruptive behaviors include:

• Speak Up > “If you see it, you own it!” means that you must speak up and address the situation, even if the behavior is not directed toward you.
• Address the behavior to resolve conflict directly, in real time or as soon as possible after the behavior occurs. The goal is to reach an agreement so all parties can move forward with the expectation that the behavior or situation does not happen again.
• Work with your Chain of Command if you are unable to resolve the situation yourself.
• Keep detailed records if it becomes a pattern – include: date, who was involved, what was said or done and how you felt.
• Make a formal, written complaint to HR Employee Relations if your Chain of Command is unable to resolve the issue.

Leaders should hold staff accountable for professional behavior expectations and immediately seek to resolve the disruptive behaviors. Disruptive behaviors in or outside of work could affect patient care, the image and reputation of Lee Health and can be considered Gross Misconduct and grounds for corrective action up to and including termination.

Lee Health is committed to the safety and health of all patients and staff – physical, mental and emotional. By dealing effectively with disruptive behaviors, Lee Health strives to provide a healthy work environment.

Tobacco FREE LEE
Lee Health is tobacco free. All forms of tobacco, including cigarettes, E-cigs, vaping and smokeless tobacco like chewing tobacco or dip, are prohibited from use on Lee Health properties both owned and leased.

Drug Free Workplace
Lee Health is committed to providing quality health care and a safe environment for its patients and employees. We consider the use of alcohol or illegal drugs on the job to be an unsafe and counterproductive work practice.

Lee Health, Drug Free Workplace Policy (SO9 06 189) describes the System’s position opposing alcohol or illegal drugs in the workplace and provides procedures to carry out the policy. This policy applies to all employees, students, job applicants, physicians, Licensed Independent Physicians, independent contractors, travel personnel, and temporary personnel.

Lee Health conducts job applicant drug testing, reasonable suspicion drug or alcohol testing, follow-up drug or alcohol testing and post-accident drug and alcohol testing in accordance with Florida Statute § 440.101 et. seq.

The processes are designed to prevent employing individuals who use illegal drugs, or individuals who use legal drugs or alcohol with a potential for impaired, or unsafe job performance.
These processes include:

- **Job Applicant Testing** – of all job applicants who receive a conditional offer of employment
- **Reasonable Suspicion Testing** – a drug or alcohol test based on a belief that an individual covered by the policy is using or has used drugs or alcohol in violation of Lee Health’s policy
- **Follow up Testing** to ensure the health and safety of our patients and employees.
- **Post-accident Testing**

Because safety is very important, all employees, volunteers and students, have a responsibility to report suspected use of illegal drugs or the abuse of alcohol and may use the confidential reporting process.

**Recognizing & Reporting Impaired Individuals Covered by the Policy**

Impairment is defined as the condition of being unable to perform one’s professional duties and responsibilities in a reasonable manner and consistent with professional standards. Cognitive function, judgment, reaction time, and ability to handle stress are increasingly affected by impairment. As impairment progresses the potential for compromised patient care increases. Impairment may result from dependence or use of mind or mood altering substances; distorted thought processes resulting from mental illness or physical condition; or disruptive social tendencies.

**Signs That May Indicate Impairment**

Compiling a complete list is impossible. However, warning signs may include:

- Increased absenteeism which may be more pronounced following weekends, holidays or scheduled days off
- Subtle changes in behavior or appearance that may increase in severity over time
- Job performance or clinical documentation may deteriorate
- Mood swings or personality changes. The socially outgoing individual may become withdrawn; a usually quiet individual may become talkative and gregarious; a calm and agreeable person may become argumentative and agitated.
- The person may disproportionately overreact in response to situations that were handled appropriately in the past.

**Guidelines: When to report someone for “Reasonable Suspicion Drug Testing”**

1. Observable indications of potential drug use while at work, such as direct observation of drug use, physical symptoms, behaviors of being under the influence of a drug or the possession of drugs or drug paraphernalia.
2. Abnormal conduct or erratic behavior at work, or significant deterioration or reduction in work performance.
3. A report of drug use, provided by a reliable and credible source.
4. Evidence that an individual has tampered with a drug test during their employment at Lee Health.
5. If employee suffers a workplace injury and there is reasonable suspicion that the employee caused, or contributed to an accident.
6. Evidence that an employee has used, possessed, sold, solicited, diverted, or transferred drugs while working, or while on Lee Health premises, or operating a Lee Health vehicle, machinery or equipment.
How does the “Reasonable Suspicion Drug-Testing Process” work?

1. An observant employee reports reasonable suspicion information to his/her leader.
   
   The process is confidential.

2. The employee’s leader obtains concurrence of the need for testing from another higher supervisor level employee.

3. If the employee in question is a physician, the leader shall notify the Medical Director on-call who will contact the appropriate Medical Staff Officer and initiate any steps required under Medical Staff By-laws.

4. The leader reviews the Lee Health Drug Free Workplace Policy (S09 06 189) prior to interviewing the employee to be tested and proceeds as prescribed.

If you have “reason to suspect” substance abuse in your department or have questions about the details carefully review our Drug Free Workplace Policy (S09 06 189) which can be found in the Policy and Procedures Manual on IntraLee.

Restraints

Lee Health Restraints Policy (M03 01 768) defines restraints as any method of restricting a person’s freedom of movement, physical activity or normal access to his or her body. It is not specific to any treatment.

The Policy states:

• Preserve patient’s rights, dignity and safety during the use of restraints
• Discontinue the individual use of restraints, as soon as possible
• Educate staff to demonstrate competence in safe use of restraints
• Utilize time-limited orders for restraint

Restraining patients should be a last intervention. Alternatives to restraints must be attempted, except in emergency situations.

These alternatives could include, but are not limited to:

• changing the patient location
• leaving a light on in the room
• having a family member or friend stay with the patient

Staff involved in the use of restraints will be educated and trained on the policy, restraint safety and their role in the use of restraints in initial orientation and annually thereafter.

Staff Non-Participation Requests

Employees may exercise their right not to participate in certain aspects of patient care, or treatment, under certain circumstances while providing for the ongoing care and treatment of the patients. In order to exercise this right, the employee must notify the supervisor and/or director, in writing, of the decision not to participate in the care or treatment of a patient.

Refer to Managing Staff Request Not to Participate in Certain Aspects of Patient Care Policy (SO9 03 556).
Clinical Ethics, Rights, & Responsibilities
The clinical ethics structure at Lee Health consists of multidisciplinary Ethics Consultation Groups and the multidisciplinary Ethics Council.

An ethics consult group member is assigned to review the case and assess the dilemma. The review determines if an ethics meeting is convened for an emergency consultation.

Anyone can make a referral for an ethics consultation.

How to Access Ethics Consult
Call the Ethics Consult Request Line at 343-5049.

A consult request form may be obtained to identify the dilemma through IntraLee > Departments > Forms Management> Ethics> Form #2340.

At night, or on weekends, contact the nursing Administrative Supervisor for immediate requests.

Several policies address ethics, individual rights and responsibilities including:

- S01 01 709 - Patient Rights and Organization Ethics
- S01 01 711 - Patient Rights and Responsibilities
- S01 02 240 - Ethics Case Consultation
- S01 02 244 - Ethics Council and Ethics Consultation Groups Structure and Function

Patient End of Life – Dying With Dignity
Both Federal and Florida State laws provide for the individual’s right to make decisions regarding his or her medical treatment. Congress passed the Patient Self-determination Act in 1990, & “Advance Directives” are the means by which we recognize that right. Lee Health processes for assuring that the wishes of our patients are respected are described in Advance Directives Policy, (S0 01 010).

Advance Directive
This is a legal document, that tells caregivers, what treatment the patient wants (or does not want) to receive if they become unable to give instructions. The most common type of Advance Directive is a “Living Will” and designation of a “Health Care Surrogate.” If the patient has an advance directive, a copy of the document is placed in the patient’s medical record.

Living Will
This is a document that lets a patient explain in writing, which medical treatment a patient does or does not want to receive at the end of his or her life. It takes effect when the patient can no longer make his or her own decisions, and after the physicians caring for the patient determine that the patient is in a terminal condition or persistent vegetative state, or has an end stage condition. Once completed, living wills are valid indefinitely, but can be changed or cancelled at any time by the patient.

Health Care Surrogate
This Designation names the person the patient has selected to be his or her agent to make health care decisions if the patient is unable to do so. The surrogate can speak for the patient only after it has been determined that the patient is not able to voice his or her own wishes.
Organ Donation
Refer all patient expirations to Life Link in accordance with Federal regulation and the Lee Health Organ & Tissue Donation policy (MO3 01 683).

Do not discuss donation with patients or their families. Life Link/Lions are the designated requestors and must determine medical suitability and obtain medical examiner clearance before discussing organ, tissue, or eye donations with families.

Life Link
The Life Link Foundation is a non-profit community service organization dedicated to the recovery and transplantation of high quality organs and tissues for transplant.

The Foundation attempts to work sensitively, diligently, and compassionately with donor families to facilitate the donation of much needed organs and tissues for waiting patients.

Donation Referral Procedure
1. The primary nurse will call Life Link at 800-64-DONOR (36667) or 813-932-8808. This connects you with a 24-hour Donor Referral Line.

   The call should be made as soon as possible for either of the listed situations:
   - All patients after an individual has been placed on a ventilator due to severe brain injury,
   - All patients progressing toward, or have been declared brain dead, or for cardiac deaths call within one hour of time of death.

2. Be prepared to provide pertinent information to the Life Link operator including a family contact person’s name, phone number, where they can be reached immediately, if it is a Medical Examiner’s case and other identifying and case specific information.

3. A Life Link coordinator will return the initial call to review medical information and consult with the Medical Examiner to obtain clearance.

4. The Transplant Coordinator will access the Florida Donor Registry for donation related information.

5. If the decedent is medically suitable for donation, the option will be offered to the next-of-kin by the Life Link / Lions coordinator in accordance with Florida statutes. In case of brain death having “no known” next-of-kin does not rule out the possibility of organ donation. There are legal guidelines that can be followed.

6. Upon legal consent, the coordinator completes a consent form and obtains social/medical history from the legal next-of-kin.

7. When organ/tissue recoveries are performed at the hospital, a copy of the completed “Organ Donor Consent/Authorization Form” is filed in the patient’s medical record.