Staff Mandatory Education Course 2019

Module & Post-Test Completion Process:

1. Completing this module is required for all staff working at Lee Health and satisfies the Mandatory Education requirement for this calendar year.

2. Staff should complete the module and post-test as instructed by their Lee Health representative.

2. Read/Study the module until you feel prepared to complete the post-test.
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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.

Lee Health’s Mission, Vision & Values reflect who Lee Health is today, and where we are headed.

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.

Promise
We promise to listen and communicate effectively, embrace empathy, act with compassion and continually improve care – creating a safe, comforting and healing environment for our patients, their families and each other.

I CARE

Connect with Compassion
Make genuine connections with our patients, their families and each other.

Acknowledge with Empathy
Acknowledge others and anticipate their needs.

Respond with Respect
Respect all persons.

End with Excellence
Go above and beyond in closing every interaction.

Lee Health has a strategy for achieving our vision through these four priorities.
SECTION TWO

Performance Improvement
Performance Improvement is designed to provide an ongoing review of processes and outcomes in all departments with continual improvement as our goal. Please share your observations and suggestions to help us continually improve.

Our Performance Improvement model is the Plan, Do, Check, Act Cycle (PDCA).
The four stages take us from problem identification to problem resolution.
1. PLAN: What is the problem? What can be done to solve the problem?
2. DO: Put changes in place to improve processes on a small scale -then test.
3. CHECK: Ask, “Have the changes we put in place achieved the desired results?”
4. ACT: When changes are successful, implement on a larger scale to get the greatest benefit.

DNV-GL Accreditation & ISO Certification
Lee Health participates in an annual DNV-GL accreditation survey to determine our compliance with Medicare’s regulations. Passing an accreditation survey helps ensure we provide safe, quality care and is a requirement for reimbursement from Medicare.

Documented Information
ISO-9001 is a quality management system to ensure that services are being performed consistently. The expectation is that all employees must have access to the most current information available to do their jobs safely and effectively. This is done through document control.

Ways to participate in control of documented information include:
- Use materials provided to you by your supervisor.
- Do not copy or stockpile forms. The copies you make and store may become outdated.

Payment Card Industry Data Security Standards
This standard is designed to ensure that all companies that process, store or transmit credit card information maintain it in a secure environment. 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 should be cross-shredded immediately.

Fines ranging from $5,000 to $100,000 per month can be assessed to a company for noncompliance.

Health Insurance Portability & Accountability Act (HIPAA)
HIPAA is a federal law that protects the privacy of patients and all information about them. It gives patients the right to have their information kept private and secure. Violating these laws may result in civil and criminal penalties and result in termination. All Lee Health entities must comply with the HIPAA rules.
Protected Health Information (PHI)
Defined as any information that can be used to identify a patient. It relates to the patient’s past, present or future health condition including healthcare services provided and the payment for those services.
Sensitive information exists in various forms:
1. Written
2. Spoken/Heard
3. Electronic
We are all responsible for protecting the privacy of sensitive information in ALL forms. If you access PHI without consent or without a job-related reason, you are violating HIPAA and Lee Health policy.

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. Never leave your workstation unattended unless it has been locked or it is logged off.
   Change your password immediately if you suspect it has been compromised.
5. Respect every patient’s privacy; do not disclose information without the patient’s permission.
6. Avoid unintentional disclosure. Patient information discussions should only take place in appropriate work settings (not in elevators or cafeteria lines, e-mails, telephone conversations.)
7. Promptly report suspected HIPAA violations to your schools instructor.
8. Abide by all policies and procedures for safeguarding patient information.

Utilize HIPAA Resources:
Lisa Whitacre, System Information Privacy Officer or
Donna Brock, System Privacy Coordinator
239-343-6434

HIPAA Help Line 239-343-5247
Compliance Hotline 877-807-5647
Email: Hipaa@leehealth.org

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.

Patient Information & Access:
- All patient medical records (paper or electronic) are confidential.
- Access to this information is on a need-to-know basis by a person who is directly involved in the care of the patient.
- Being a student or employed by Lee Health does not entitle access to patient information even if that patient is a friend, family member or co-worker.
- Unauthorized access to a patient’s medical records (paper or electronic) by any employee/volunteer/student is unlawful and grounds for immediate termination.
- Patient records should not be left in areas accessible to non-care givers.

Camera Cell Phones
Use of cameras or cell phones pose a threat to patient and workforce privacy, as well as the privacy and security of protected health information; their use is not permitted while on duty.
Compliance Guidelines
The Lee Health’s 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 healthcare programs and the Florida Code of Ethics.

Standards of Conduct
Lee Health’s Standards of Conduct establish expected behaviors and are a part of the Compliance Program. Some of the major sections of the Standards of Conduct are described below.

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. Gifts of cash or cash gift cards can never be accepted. Cash should be donated to the Lee Health Foundation or your hospital auxiliary.

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 the office staff when a vendor plans to provide an educational presentation would be acceptable. Merely dropping off food for the office staff, however, is not appropriate. Gifts over $100 in value should not be accepted from a vendor.

Conflict of Interest
A conflict of interest may occur if an employee/volunteer/student outside activities or personal interests influence or appear to influence their ability to make ethical decisions related to their employment with Lee Health. Employees/volunteers/students are required to disclose potential conflicts of interests to their school’s instructor. If you question whether a situation or activity creates a conflict of interest, reach out to the Compliance Department for guidance.

Copyrights
Copyright laws give legal protection to the author or owner of a product and give them exclusive right 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: printed works, CD’s, DVD’s, and computer software.

Public Record Inquiries
Because Lee Health is a public entity, we are subject to Florida Public Record laws. Keep in mind that the documents you create as an employee/volunteer could be released to the public.

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 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.
SECTION THREE

Risk
Staff should perform only duties within their assigned job description. Licensed professional (retired or active) may not perform licensed functions as a student or volunteer.

The Purpose of Risk Management in Healthcare
Risks to patients, staff, and organizations are a real part of healthcare. 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 compassionate, caring behaviors.

Caring behaviors, such as good communication with patients and their families, increase 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 are available to help if needed.

Lee Health’s Caring Behaviors

1. **Keep Patients Safe**
   a. Give patients your full attention, be responsive to their needs. Get assistance from team members as needed.
   b. Ask questions for understanding through a two-way conversation.

2. **Connect With Others**
   a. Greet everyone with a warm welcome friendly smile, make eye contact
   b. Introduce yourself and your role.

3. **Communicate Effectively**
   a. Listen and speak with courtesy and concern. Offer a blameless apology when falling short of meeting expectations.
   b. Explain what you are doing and why (Care aloud).

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

5. **Be Responsive**
   a. Anticipate needs and follow through on commitments in a timely manner.
   b. Ask, “How can I be of help to you?”; “What else can I do for you?”

6. **Promote Teamwork**
   a. Support, encourage and show appreciation for all team members.
   b. Demonstrate flexibility and adaptability, offering your assistance when able.

7. **Create Positive First Impressions**
   a. Dress to reflect a professional image, be aware of your body language.
   b. Keep your work area safe, clean and free of clutter.
   c. Maintain a positive attitude; be approachable, respectful, courteous and kind.
A Culture of Patient Safety – By consistently using the safety behaviors and error prevention tools listed below, we can reduce errors and prevent harm to our patients.

Our Error Prevention Tools
1. Questioning Attitude: ask clarifying questions and always question and confirm.
3. Speak up - C.U.S.: I’m Concerned; I’m Uncomfortable; Please Stop. This is a safety issue!

Our Three Safety Behaviors
1. Safety First, Every Time.
2. Work Well Together.
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.

Prevention Tips for Caregivers
- Respond to patients in a timely manner. Watch for call lights.
- Get staff assistance for patients who require help for toileting, a shower or ambulation.
- If patient’s bedrails are raised keep them raised. (this may be done for patient safety; for those patients who are medicated or confused).
- Report any significant changes in a patient’s condition in a timely manner.

Safety Absolute
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 (patient verbalizes 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 patient’s 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)
Safety 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. For example:

- Falls
- Equipment failure which causes (or could cause) injury

**WHEN should the Safety Report be completed?**

Please contact your supervisor immediately. The Safety Report should be completed as soon as possible after the event and before you leave your shift. Safety Reports must reach the Risk Manager within three days (72 hours).

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

**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. Events are analyzed for trends and patterns to help identify problem areas so that they can be corrected.

**Notice of Injury**

A Notice of Injury form must be completed if staff or an employee is injured. These forms can be filled out in the Employee Health Office or the Emergency Department during off hours. Once the completed document is received it is sent to Workers’ Compensation for review and follow-up.

**SECTION FOUR**

**Populations Served**

Age, culture and spiritual beliefs are important elements in healthcare. The interwoven relationships between these elements impact how care is provided. Populations Served Competency refers to staff’s ability to meet the special needs of specific patient populations such as:

- Age specific needs
- Cultural/Spiritual values
- Gender
- Economic background
- Education
- Cognitive/communication impairment

Population served competency assessment is a requirement for every Lee Health employee who regularly interacts with patients or whose judgment, based on population served consideration, may impact patient safety, communication or outcomes.

**Abuse, Neglect and Exploitation**

Every employee, volunteer and students 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.
• 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).**

• Staff may contact the Care Management department for assistance with reporting.

**Diversity**

By promoting and embracing diversity and cultural competence, we draw on the diversity of our volunteers and employees and meet the diverse needs of the community we serve. For Diversity Resources and Diversity and Cultural Responsiveness training tailored to the needs of your department, visit our website on IntraLee/Departments/DiverseLee [Diversity/Language Services] or call 239-424-3806.

**Discrimination, Harassment, Retaliation**

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**

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.

**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, healthcare 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. Talk with your supervisor for assistance.

• 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?** Any condition or chronic illness that limits major life activities or ability to care for oneself. Major categories include:

- Behavioral health
- Physical disabilities
- Hearing loss
- Vision loss
- Speech impairment
- Learning disabilities
- Intellectual and cognitive disabilities
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 them for 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.

Patient Care Civil Rights
Section 1557 is the non-discrimination provision of the Affordable Care Act [ACA]. The law prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, gender identity, age or disability in certain health programs or activities.

If a patient feels that they have been discriminated against, please have them contact Guest Services at their location. In addition, the patient can also call the Diversity office hotline at 844-616-0437 to submit a complaint.

Patient Discriminatory Bias
Any patient request or demand based on race, color, national origin, religion, sex, sexual orientation, gender identity, age or disability is an unlawful discriminatory bias. Accepting, consenting or complying with a patient’s discriminatory request violates federal law.

Examples of discriminatory biases include:
  • Allowing a patient to refuse care from a nurse or doctor based on his/her race.
  • Allowing a patient to refuse access to his/her room to individual hospital employees based on their skin color or perceived race.
  • Allowing a patient to refuse care from a nurse or doctor based on his/her speaking voice or accent or the nurse or doctor’s perceived religion.

If you experience direct discriminatory bias from a patient, or a patient requests that you comply with a demand that appears to be based on discriminatory reasons, you should alert your supervisor and contact Lee Health’s Diversity and Patient Care Civil Rights department.

Language Interpreters
Lee Health offers language assistance service to its customers at no cost. According to federal and state laws, a qualified interpreter should be present (in a reasonable amount of time) in all situations in which the information exchanged is lengthy or complex or requires interactive communication.

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. Contact Forms Management at 239-343-2687.
Service Animals
Every disabled person has 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. Contact your supervisor/instructor or security with questions or concerns.

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 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 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 animal would be a direct threat to the safety, such as:
  - The risk of contagious disease (NOT allergies)
  - An aggressive, growling animal

Questions you are permitted 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?"

Patient Rights & Responsibilities
Lee Health wants patients to be well informed, participate in their treatment decisions and communicate openly with doctors and the healthcare 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.

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, and “Advance Directives” are the means by which we recognize that right.

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 “Healthcare 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 canceled at any time by the patient.

Healthcare Surrogate – This designation names the person the patient has selected to be his or her agent to make healthcare 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
The LifeLink 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 desperately needed organs and tissues for waiting patients.

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

SECTION FIVE

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.
- Rub hands together, covering all surfaces of the hands and fingers.
- Be sure to allow hands to dry completely. Don’t wipe on clothes.

Traditional Handwashing
- 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.

Use alcohol gel (hand sanitizer):
- Before and after having contact with patients.
- Before putting on and after removing gloves.
- After touching equipment or furniture near the patient.
Artificial Nails are NOT permitted for direct patient caregivers and is discouraged. 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:

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<thead>
<tr>
<th>1</th>
<th>BEFORE TOUCHING A PATIENT</th>
<th>When? Why?</th>
<th>Clean your hands before touching a patient when approaching him or her to protect the patient against harmful germs carried on your hands.</th>
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<tr>
<td>2</td>
<td>BEFORE CLEAN/ASEPTIC PROCEDURE</td>
<td>When? Why?</td>
<td>Clean your hands immediately before performing a clean/aseptic procedure to protect the patient against harmful germs, including the patient’s own germs, entering his or her body.</td>
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<td>3</td>
<td>AFTER BODY FLUID EXPOSURE RISK</td>
<td>When? Why?</td>
<td>Clean your hands immediately after an exposure risk to body fluids (and after glove removal) to protect yourself and the healthcare environment from harmful patient germs.</td>
</tr>
<tr>
<td>4</td>
<td>AFTER TOUCHING A PATIENT</td>
<td>When? Why?</td>
<td>Clean your hands after touching a patient and his or her immediate surroundings when leaving to protect yourself and the healthcare environment from harmful patient germs.</td>
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<tr>
<td>5</td>
<td>AFTER TOUCHING PATIENT SURROUNDINGS</td>
<td>When? Why?</td>
<td>Clean your hands after touching any object or furniture in the patient’s immediate surroundings, when leaving – even without touching the patient to protect yourself and the healthcare environment from harmful patient germ.</td>
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Standard & Transmission Based 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. Standard Precaution practices include good hand hygiene, cough etiquette, and use of appropriate personal protective equipment.

Transmission-Based Precautions are directed at controlling the pathways infectious agents travel from one person to the next. 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, do not enter the room. Do not transport these patients. Ask the nurse for help.
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, volunteers and students 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 healthcare 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 and staff 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.
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.

**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 weeks

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 will wear a regular mask during the time they are out of their room.
- Workers caring for these patients must wear special respirators (N-95). They are fitted to the face. (Students do not assist with patients under transmission-based precautions.)
- PPD tests are conducted annually on all healthcare 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).

**Bloodborne Pathogens Safety Tips:**

- Know where to locate personal protective (PPE) 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. Students/volunteers do not assist with care of patients where PPE is needed.
- Occupational exposure means contact with any infectious material to the skin, eye, mucous 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.
Sharps Safety
The use of needles, scalpels, and other sharp objects is common in the healthcare setting. Employees, students and others are put at risk for exposure to blood borne 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 your school instructor
3. Fill out “Notice of Injury Form”
4. Report to Emergency Department for a confidential medical evaluation.

NOTE – All needle sticks/blood exposures that occur must go to the Emergency Department.

SECTION SIX

Hazardous Materials
Employees and staff need to be aware of 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 “Lee Health 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.

Staff 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 display the same information as the label on the original container.
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. **Non-employees do not handle hazardous material waste.**

Biomedical Waste
The symbol shown to the right, when found on waste containers, refrigerators or freezers, indicates the content is “bio hazardous” which means 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.

**Body Fluids NOT Regulated** (unless **VISIBLY** contaminated with blood):

- Feces
- Saliva
- Sweat
- Urine
- Vomit
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 2000 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.

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.
- 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.
- 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.

Radiation Safety Guidelines

To protect yourself from radiation exposure, respect the yellow and purple or yellow and black, radiation/radioactive material signs posted prominently on doors and containers. Entering these areas requires special permission. Check with authorized personnel before entering these posted areas.

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 an 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.
**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.

**Emergency/Disaster Management**

**Safety Resource**

One resource located with your employee ID badge is on the “badge backer” card (the card behind the photo ID badge). This information can always be used as a 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 ensure you have the latest card.
Overhead/Intercom Emergency Pages

Emergency overhead pages are used at the hospital locations to alert staff to potential emergency situations and to summon staff 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.

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

<table>
<thead>
<tr>
<th>Code Black</th>
<th>Bomb Threat</th>
</tr>
</thead>
<tbody>
<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 4 Plain Language Overhead Alerts:

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

2. **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. **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. **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 canceled by the Incident Commander. When the alert is canceled the PBX Operator will make an announcement that the issue has been resolved or that the issue has been canceled.
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>
</tr>
</thead>
<tbody>
<tr>
<td>All Hospital Locations</td>
<td>444</td>
</tr>
<tr>
<td>Other Facilities</td>
<td>911</td>
</tr>
</tbody>
</table>

What do you need to do and say?
- Dial the emergency number
- State your name and job title
- State the type of emergency
- State your exact location

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

Hurricane Safety

Tornado / Severe Weather Safety
We will maintain preparedness/capability to respond to threats from tornadoes or severe weather.

- **Tornado Watch: Be Prepared!** Tornadoes are possible in and near the watch area based on weather conditions. Be ready to act quickly if a warning is issued.

- **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.”**

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. Visitors 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.

All employees and students 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 Operator will immediately announce “Warning – Stay Away” and provide 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 canceled.” The page will be repeated 3 times.

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 your supervisor or the Mass Casualty External Disaster Response Plan (S08 08 558) for details and department specific assignments. (All policies are located on Intralee).

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:

<table>
<thead>
<tr>
<th>R</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESCUE:</td>
<td>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.</td>
</tr>
<tr>
<td>A</td>
<td>L</td>
</tr>
<tr>
<td>ALARM:</td>
<td>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.</td>
</tr>
<tr>
<td>C</td>
<td>E</td>
</tr>
<tr>
<td>CONTAIN:</td>
<td>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!</td>
</tr>
<tr>
<td>E</td>
<td>X</td>
</tr>
<tr>
<td>EXTINGUISH/EVACUATE:</td>
<td>Extinguish the fire using a fire extinguisher if it is safe to do so. Or Evacuate as directed by Fire Dept. or Administration.</td>
</tr>
</tbody>
</table>
How to Use a Fire Extinguisher (PASS)

While holding the fire extinguisher upright:

| P | PULL | Pull the pin (located at handle) |
| A | AIM | Aim the nozzle at the base of fire |
| S | SQUEEZE | Squeeze handles together |
| S | SWEEP | Sweep from side to side |

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 Unit Supervisor as soon as possible, document the event on the “Notice of Injury/Illness” form # 5422 and report to the Emergency Room.

All Workers’ Compensation laws will be followed.
The employees 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>• Lee Health representative</td>
</tr>
<tr>
<td>Patient or Visitor Injury</td>
<td>• Lee Health representative or thier designee.</td>
</tr>
<tr>
<td>Medical Equipment Failure</td>
<td>• Lee Health representative or their designee.</td>
</tr>
</tbody>
</table>
Security
Personal security for oneself and one’s work environment is influenced by knowledge of surroundings and available resources.

All Lee Health employees, volunteers and staff 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, vendors and others are required to have appropriate identification.

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 (known as Public Safety) immediately. If you work at a non-hospital location call 9-1-1 for assistance and then report the incident to Lee Health Public Safety at 239-343-2350.

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.

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:

<table>
<thead>
<tr>
<th>Nonphysical violence (threats, harassment, intimidation, disruptive behavior):</th>
<th>Physical violence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maintain calm</td>
<td>• Provide personal space</td>
</tr>
<tr>
<td>• Provide personal space</td>
<td>• Have an exit route</td>
</tr>
<tr>
<td>• Listen</td>
<td>• Consider person’s state of mind</td>
</tr>
<tr>
<td>• Find Assistance: Know your limits</td>
<td>• Observe body language</td>
</tr>
<tr>
<td>• Contact Lee Health Public Safety and a supervisor from hospital locations.</td>
<td>• Remember your wingman</td>
</tr>
<tr>
<td>• Contact local law enforcement from non-hospital locations.</td>
<td>• Contact Lee Health Public Safety and a Supervisor from hospital locations.</td>
</tr>
<tr>
<td></td>
<td>• Contact local law enforcement from non-hospital locations.</td>
</tr>
</tbody>
</table>
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 and volunteers.

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.

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.
- Throwing items and improvising weapons.
- Yelling
- Committing to your actions and following through.

When Law Enforcement Arrives:

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

**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.

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.

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.

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.

The End!
CONGRATULATIONS!