Education Guide

At Lee Health, one of our four core values is Education.

We support education to continuously improve ourselves, develop an effective workforce, and empower healthier lifestyles throughout our community.

In order to provide a safe and exceptional experience for our patients and our staff, it is vital that every employee keep current with the latest safety standards and education.

This education guide helps meet regulatory training required for all employees and staff. It contains information on a variety of Lee Health regulatory and/or safety policies and procedures and other topics important to your work.

LEE HEALTH

For questions regarding the content or completion of this module, please contact Leadership & Organizational Development.

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 has a strategy for achieving our Vision through our Strategic Priorities and our Strategic Enablers:
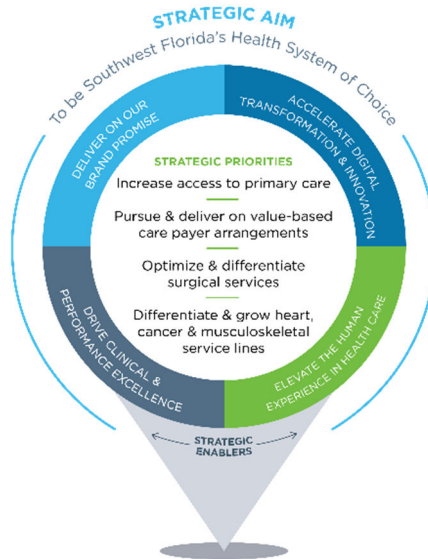
Your Role in Lee Health's Mission and Vision

We will generate the resources needed to fulfill our Mission, now and in the future.

We will use ISO 9001-2015 Quality System Certification Guidelines to help ensure that all staff understand how their role supports Lee Health goals.

Lee Health Values

1. **Respect:**   We foster an environment of integrity and transparency.
   We show respect for you and your choices and one another as colleagues and people.

2. **Excellence:**   We strive for excellence in everything we do.
   We uphold the highest standards of safety and quality, deliver an exceptional experience.

3. **Compassion:** We care for you and your loved ones like our own. We cultivate a safe, comforting and healing environment in every interaction.

4. **Education:**   We encourage individual and organizational learning as a means to promote healthier lifestyles and improve our delivery of care.

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

ExceptionalLee is our collective commitment to personal and organizational excellence, and to achieving our Vision of inspiring hope and advancing health and healing.

It is not a program or initiative – it is a standard of excellence, rooted in timeless principles, conveyed in a promise and lived out by every member of the Lee Health family. ExceptionalLee is about being more – for our patients, their families and each other.

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.

SECTION TWO

Performance Improvement

Performance Improvement is designed to provide an ongoing review of processes and outcomes in all departments.

Performance Improvement reviews are organized and integrated into a comprehensive, interdisciplinary, system-wide program tracking and reporting results. Continuous improvement is our goal.
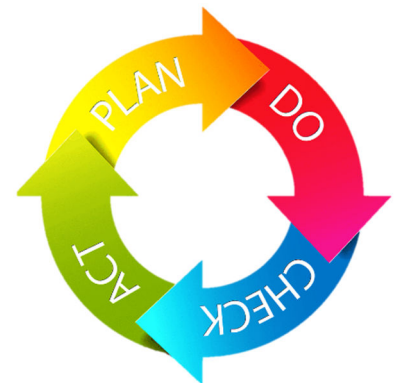
Our Performance Improvement Model

Our Performance Improvement model is the **PDCA - Plan, Do, Check, Act Cycle.**

The PDCA Cycle can be applied to all processes and to the Quality Management System as a whole. The PDCA cycle can be briefly described as follows:

1. PLAN	Establish the objectives of the system and its processes, and the resources needed to deliver results in accordance with customers' requirements and the organization's policies and identify and address risks and opportunities.
2. DO	Implement what was planned.
3. CHECK	Monitor and (where applicable) measure processes and the resulting products and services against policies, objectives, requirements and planned activities, and report the results.
4. ACT	Take actions to improve performance as necessary. For continuous improvement, return to improve process that did not measure up to policies, objectives, requirements and planned activities, as needed.

Performance Improvement (PI) Teams

Lee Health PI teams are chartered as complex opportunities for improvement are identified. PI team progress reports are given to appropriate committees at the department, facility and system levels.

DNV Accreditation & ISO Certification

DNV is our accreditation organization. Each year, DNV conducts surveys using its NIAHO standards to determine our compliance with CMS's Conditions of Participation (COP). Passing accreditation surveys is a requirement for reimbursement for Medicare. The NIAHO standards are available on VirtuaLee under Departments > Accreditation and Quality Assurance > DNV

As part of the DNV survey, we are also evaluated for compliance with ISO 9001: 2015 standards.

ISO 9001:2015 includes requirements for a Quality Management System (QMS) that documents processes, procedures, and responsibilities for achieving quality policy and objectives. It is the framework for ensuring that every time a process is performed, the same methods, steps, skills and controls are used and applied. The policies developed to support the ISO process are posted on VirtuaLee's Policy and Procedure webpage under Chapter 6: *Improving Organizational Performance Improvement tab*.

Control of Documented Information

As part of ISO 9001: 2015, there is requirement called "Documented Information," which addresses the importance of controlling documented information.

The expectation is that all employees have access to the most current information available in order to work safely and effectively.

Examples of documents that must be controlled include policies, procedures, manufacturers 'instructions for use (IFUs), forms, reference manuals, regulations and educational materials.

Methods for the control of documented information include:

- Check the dates on forms before they are used to make sure it's the most recent version
- Refrain from copying forms or stockpiling old versions of forms in drawers or lockers
- Use the electronic version of policies and procedures
- Discard a printed policy once used
- Use only current reference books or electronic references selected by your department
- Retain records based on their unique retention schedules

SECTION THREE

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 are mandated by credit card companies and developed and managed by the PCI Securities Council 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 **Payment Card Industry (PCI) Compliance Policy (S07 02 708)**, 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, fax or voicemail
- 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
- For phone transactions, the card number will be keyed directly into the credit card terminal and the card number and CCV code will not be written or recorded

All departments accepting credit cards (regardless of transaction volume) are required to follow PCI compliance. If the payment brand determines a company is noncompliant, the potential liabilities are legal costs, settlements, judgments, fines and penalties. The payment brand may also increase transaction fees or terminate the ability to accept credit cards. If you have any concerns related 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.

Always Considered PHI:	
Name	Patient Name is always considered PHI since it identifies the patient.
Name of Relatives	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 the 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 fingerprint or voice print).

PHI Examples: Medical records, problem logs, photographs, videotapes and billing records.

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 the individual 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 patient 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 may be violating HIPAA AND Lee Health policy.**

FairWarning

Fair Warning is a software tool that proactively reviews systems that contain PHI and associated accesses such as: a co-worker snooping, neighbor snooping, household snooping and accessing your own records (to name a few examples).

Imprivata FairWarning

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.

You may NOT access or disclose information unless:

- you have the patient's written consent
- it is within your current job role
- required by law to disclose the information

The information CAN be disclosed:

- for medical treatment
- for financial payment
- for business operations
- for public health reasons

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)**.

Employees may **not access their own** PHI or the PHI of **their family, friends, etc. without specific job purpose/duty**. **Having access to their MyChart does not allow for accessing their information in EPIC.**

HIPAA requires healthcare workers to access, use or share only the "**minimum necessary**" information to **perform their job**. Share information based on the task or information requested and not more just because you have it.

Before accessing PHI always ask,

"Do I need this information to perform my job duties?"

When leaving messages, leave only:

- Lee Health
- Date and time of appointment
- **NOT** condition or diagnosis information

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 they may result in civil penalties (fines) or criminal penalties.

We are required to notify patients if there was a breach as well as the Office of Civil Rights, OCR. The patient, if requested, is able to learn the identity of the person who breached their information.

Impacts of PHI Breaches

Breaches could put Lee Health and yourself at risk for fines as well as cause reputational and financial harm as criminal penalties can be enforced against individuals as well as organizations that obtain or disclose PHI without authorization.

CIVIL Penalties

$50,000 up to $1.5 million per calendar year for violations that are not corrected.

CRIMINAL Penalties

$50,000 up to $250,000 in fines and up to 10 years in prison for violations.

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 or the Compliance Department.

- 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.

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 against Lee Health policy for any employee to access any information or medical records of a patient unless it is related to a current job need or 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.

- **Ensure that the patient is receiving only their information and not additional pages that belong to another patient.**

- 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).

- Access of patient lists, Unit Census, ED Track Board, etc., should be based on a job need and as well as the information on those lists. Do no hover over columns of information unless you need to do so for your job.

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.

Refer to the following:

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).

Workstations

- Do not logon and let someone else use the system with your logon ID or badge. You are responsible for all activities during each of your computer sessions.

- Never leave your workstation unattended unless it has been locked or it is logged off. Refer to: **Workstation Use and Security Policy (S10 06 944) and Confidentiality Policy (S09 06 134)**.

Data Privacy and Security

Passwords and other security features that allow access to the computer system protect patient, employee and other Lee Health 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.

- Keep all passwords confidential. Do not write your password down, post it, or keep it where others can find it. Keeping a spreadsheet, Notepad document, Word document or even a sheet of paper with all your passwords can be an easy way for those with bad intentions to compromise your corporate or personal identity if the documentation is obtained.

- Be cautious of websites that ask for your network log in and/or password.

- Contact Info System Help Desk at 343-7900 if you think your password may have been compromised.

- Use two-factor authentication when available, especially for accounts with sensitive information including your email or bank accounts. It is estimated that 99% of threats to passwords can be stopped using multi-factor authentication (MFA).

NOTE- Two factor authentication is an additional layer of authentication beyond just a username and password. It involves something you know (like your password) plus something you have with you (like your smartphone) to prevent someone from logging in as you if they only know your password. Lee Health utilizes DUO for multifactor authentication.

Two-factor authentication enhances the security of your account by using a secondary device to verify your accounts. This prevents anyone but you from accessing your account, even if they know your password. Go to VirtuaLee Cybersecurity page under Information Systems to find out more.

Unknown or unexpected Multi factor authentication prompts should NOT be approved and should be reported to the IS Help Desk at (239) 343-7900.

Create a Strong Password

Knowing how to create a "strong password" (one that cannot easily be guessed) is one way to help keep your information secure.

Passwords or phrases should be at least 8 characters long and contain letters, numbers, special characters and/or spaces. Make your password easy to remember, but do not use personal information that someone could guess such as: telephone numbers, birthdates, family names or pets.

Passwords should NOT contain:

- Common words in the dictionary

- Name of family members

- Personal identifiers (birthdays, phone numbers, etc.)

- Your network username

- Days of the week (Monday, Tuesday, etc.)

- Months of the year (January, February, etc.)

- Repetitive or sequential characters (Example: Password1111 or Password12345)

Use a passphrase instead of a password.

Passphrases can be very strong, yet easy to remember. Think of it as a sentence.

Tip: You can use a variation of a line from your favorite song, movie quote, or saying.

- Strong Password Example   !thR1ft$H0p*   (mix capitals, numbers and symbols)
- Passphrase Example   0@R without! U   (@ instead of a, zero instead of o)

Below are some examples of weak and strong passwords:

- Weak   Million2   Strong   d0nt juST stand!th3re
- Weak   July2021   Strong   *iT$ 5 oclk sumwhere*

Passwords should be unique

Do not use previously created passwords or make only minor or incremental changes (like change the number at the end of the password to increase by one number).

Do not use the same password for different systems such as your Lee Health network account, personal banking account, social media, shopping, etc.

The average person has over 100 personal accounts that require a password.

How can you remember them all without using the same password for everything or having to go through the password reset process each time?

Simply storing your passwords in a word document, spreadsheet, phone or notebook allow for an easier way for someone to gain unauthorized access to your password data.

Using a password manager product is helpful in securely creating and storing unique passwords for all personal accounts and passwords.

> 75% of workers re-use their password everywhere – at home and at work.
>
> The average email address is associated with 130 online accounts.
>
> 86% of accounts use passwords already leaked in other data breaches.

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Using a password manager product is helpful in securely creating and storing unique passwords for all personal accounts and passwords.

Phishing

Phishing is when an email appears to be from a reputable source to lure individuals into revealing sensitive data such as passwords, usernames, credit card details, etc.

Ransomware is software used to block access to a computer system until a sum of money is paid.

Malware is software used to disrupt, damage or gain unauthorized access to a computer system.

Phishing is the #1 delivery method for ransomware and other malware.

90% of cyberattacks use a combination of phishing and hacking.

30% of phishing emails get opened and they are commonly received from a known contact or associate.

In 2023, 725 healthcare data breaches were reported to the Office for Civil Rights (OCR) with over 133 million records exposed.

Lee Health is not immune to cyber-attacks and phishing. Our employees are phishing targets due to the massive amount of data we collect, manage and store in our systems.

Lee Health receives 8 MILLION emails per month on average.

We have security systems in place to intercept phishing and other dangerous messages.

Unfortunately, some still manage to get through and can cause serious problems, so we need you to be on the lookout for potential phishing emails.

Clues to Identify Phishing Emails

- Look at the sender's address. Is it unknown or unexpected? Suspicious emails can come from a known contact or organization if their account has been hacked.

- Does the message contain the following statement box?

> **CAUTION - EXTERNAL EMAIL**
> DO NOT click on links or open attachments unless you know the content is safe.
> Report any suspicious messages using the Report Phish button

- It is becoming more common to receive phishing emails from known companies or acquaintances. Be suspicious if you receive an unexpected email with an unknown file or weblink that leads to a login page.

- Avoid clicking on any unexpected links in an email message. (HINT- The link destination will be displayed in brackets next to any email links. Always be suspicious of odd web domains that are in the link (not .com, .net, .org or .edu)

- Do not reply to emails soliciting personal information

- Key indicators of phishing emails include:
  - Unknown sender or odd domain
  - External sender (yellow banner)
  - Unknown or unfamiliar website links

Report Phish

- Unknown file attachments
- Unexpected login pages on websites
- Sense of urgency or made to think it is critical to take action

Report suspected phishing emails (even if you are unsure) using the Report Phish button in Outlook or forward the email to phishing@leehealth.org.

Emails will be reviewed by the Info Systems Security team and a response will be sent back once a determination is made.

Here are some examples of actual phishing emails that were received at Lee Health:

New Examples Shown Below

From: noreply <noreply@micrasoft-office365.com>
Sent: Tuesday, February 13, 2024 2:40 PM
To:
Subject: File "Your license renewal.pdf" Has Been Shared With You

CAUTION - EXTERNAL EMAIL
DO NOT click on links or open attachments unless you know the content is safe.
Report any suspicious messages using the Report Phish button

A file was shared with you

Here's the document that was shared with you.

License Renewal.pdf

This link will work for anyone.

Open [login.micrasoft-office365.com]
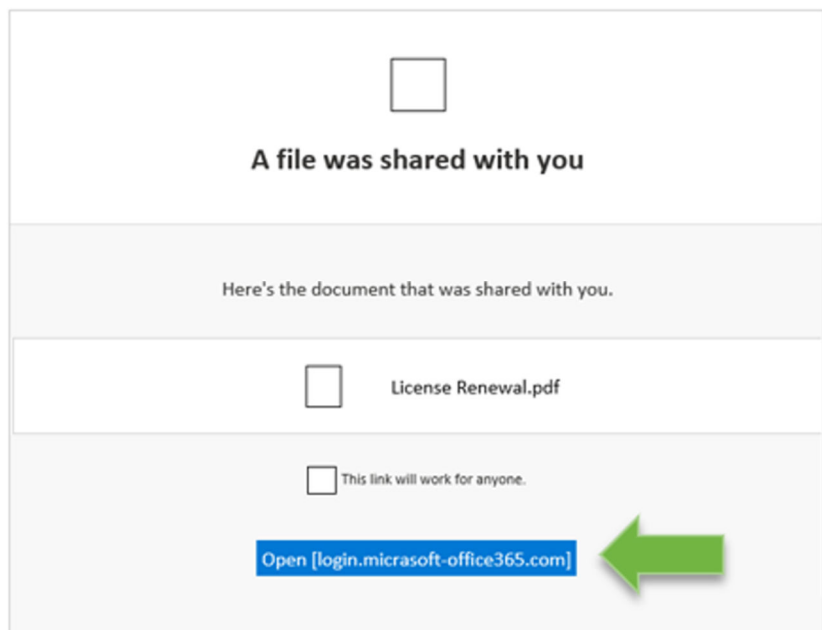
Privacy Statement [login.micrasoft-office365.com]

Mon 4/4/2022 12:32 PM

D Do.Not.Reply <status@123sitestats.com>

Notification= 49

To

You forwarded this message on 4/5/2022 8:17 AM.

Office 365

leehealth.org Admin

The password for ▮▮▮▮▮@leehealth.org is due to expire today

Use the below button to keep current credentials

Keep Same Password [8fh.0msf.bowergsm.com.tr]

All rights reserved (c) 2022

From: Shelly Wells <shelly@entwurf-laden.de>
Sent: Tuesday, August 8, 2023 9:38 AM
To: ▮▮▮▮▮
Subject: Confidential Document

Please kindly review the document i just uploaded for you on Google secured drive.

PDF [tramenelucia.grnail.world]

Regards

--

Shelly A. Wells | Legal Specialist
Tramene Lucia & Co.
1320 Quincy Street, Suite 200
Boston, MA 02102

Office: 703.337.0066 [tramenelucia.grnail.world]
shelly@firstfedtrust.com [tramenelucia.grnail.world]
www.firstfedtrust.com [tramenelucia.grnail.world]

Action Req: Re-Authentication Outdated Today

Leehealth AuthSupport Portal <info@math.ucla.edu>
To

This message was sent with High importance.

Reply | Reply All | Forward | ...
Tue 11/14/2023 10:03 AM

CAUTION - EXTERNAL EMAIL
DO NOT click on links or open attachments unless you know the content is safe.
Report any suspicious messages using the Report Phish button

Microsoft

Microsoft 365 sign-in for multi-factor authentication

Dear

• The multi-factor authentication for _____ is set to expire today .
• Login to Microsoft Office portal through the secure barcode below to reauthenticate your MFA using your smartphone camera so you can stay connected to Microsoft 365 apps, secured account and other services.

Contact Microsoft help desk if you have any questions.

This email was sent from an unmonitored mailbox.

Phishing Websites

It is common for scammers to set up fake websites in an attempt to obtain your network credentials.

Official Lee Health websites begins with https:// and end in leememorial.org or leehealth.org.

Sharks

As a "shark," you are an individual who did not fall for any simulated phishing attacks and promptly reported them to the security team. Your actions are a testament to your commitment to keeping our organization's data and systems secure.

How to be a **Shark**:

- Do not click on any links within any phishing simulation emails for the previous year.

- Report each phishing simulation by using the "Report Phish" button on the Outlook Home tab or by forwarding the phishing email to phishing@LeeHealth.org for the previous year.

Working Remotely

Security Essentials
Working remotely and on the web

Keep Private Data Private

Avoid illegal content

Don't download pirated files like "pre-release" movies and music or "cracked" software. These often contain malware.

Limit your social footprint

Be selective about what you post and who you connect with on social media.

Watch out for pop-ups

Don't interact with unexpected pop-up windows and ads.

They can install malware and viruses.

Think before you click

Watch out for suspicious emails and social media posts. Be cautious of shortened URLs.

Use Technical and Physical Safeguards

Enable security features

Activate firewalls, anti-virus, and wireless encryption. Password-protect all personal and business devices and systems.

Use secure sharing channels

Avoid taking sensitive files outside the office. If you must access confidential data remotely, use a secure server or other IT-approved channel.

Connect via VPN

Whenever possible, use a VPN when accessing business-sensitive data and systems.

Maintain separation

Do not allow children, family, or friends to use business devices for personal activities.

In Summary – Here are 11 Steps to Protecting Patient and Data Privacy

1. View only what you need to know; the minimum necessary
2. Keep information away from prying eyes
3. Keep your username and password secure (including your ID badge and number)
4. Log off all electronic devices when access is no longer needed
5. Encrypt all PHI e-mail to email address' outside of leehealth.org using "slee" in subject line
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. Don't take the bait for phishing/ransomware
11. If you see something, say something – notify the IS Helpdesk or the Compliance Department

HIPAA Help Line - 239 343-5247
Compliance Hotline - 877 807-LMHS (5647)
Email - hipaa@LeeHealth.org
HIPAA Web site on VirtuaLee
Lisa Whitacre, Patient Information Privacy Officer
Brian Zegers, Information Security Officer

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.

Our 24/7 Compliance Hotline
Look for the *Green Circle*

1-877-807-5647
(LMHS)

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.

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 Department at 343-8604.

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 refers to a false action that is used to gain something of value such as**: intentionally submitting a request for payment, or attempting to submit a request for payment, while intentionally deceiving or misrepresenting facts.
  - **A more specific example would be** billing for items or services that were not needed or medically necessary.

- **Waste is the misuse of services or supplies such as**: overusing services or supplies that results in unnecessary costs to the health care system, including government insurance programs like Medicare and Medicaid.
  - **A more specific example would be** providing treatment that is inconsistent with the diagnosis.

- **Abuse refers to overused or unneeded services or supplies such as**: performing services that are not consistent with sound business, financial, or medical practice that results in unnecessary costs or reduced quality of care.
  - **More specific examples would be**
    - Falsifying information in the medical record.
    - Ordering tests or prescriptions that the patient does not need.
    - Offering or paying a "kickback" in exchange for a referral for medical services or equipment.

Anyone at Lee Health who recognizes Fraud, Waste, and Abuse (FWA) **is obligated** to report their concern to their supervisor or directly to the Compliance Department.

Conflict of Interest

A conflict of interest may occur if an employee's and/or an immediate family member 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.

It 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, contact the Compliance Department for guidance. See **Conflict of Interest Policy (S23 00 139)**.

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**. Instead, they 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.

SECTION FOUR

Patient Safety Reports

A Patient Safety Event file must be submitted whenever an event occurs which causes (or could cause) harm to a patient.

For example:

- Medication Errors

- Falls

- Delays in Care

- Errors related to provided and/ or ordered treatments

- Red Rule violations

- 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

For a detailed list, review the categories available in the SafeLee Portal or contact the Patient Safety & Quality Improvement Department.

WHO should complete the Patient Safety Report?

The person who witnesses an event should initiate the Patient Safety Event file. If there was no witness, then the person with the most information should submit the file. If you need help completing a Patient Safety Event form, contact your supervisor or the Safety & Quality Improvement Department.

WHEN should the Patient Safety Report be completed?

The Patient Safety Event file should be submitted as soon as possible after the event. This helps assure the event is remembered accurately and any potential safety hazards can be reduced (mitigated). The Patient Safety Event file MUST be submitted before you leave your shift.

HOW should the event be reported?

Access VirtuaLee then go to: **Apps > SafeLee Portal**

If you have any questions, online tutorials and tip sheets are available on the SafeLee Webpage, under the "Resources" tab, as well as directly in the SafeLee Portal, by clicking the "Help" button.

SafeLee Patient Safety Hotline

Report potential Serious Safety Events using the **SafeLee Patient Safety Hotline 343-SAFE (7233).**

The hotline:

- Helps streamline the reporting process
- Allows callers to remain anonymous
- Enables callers and the Patient Safety & Quality Improvement team to discuss the deviation from standardized care in more detail
- Provides the chance for more support and education

**Please remember all information should be complete, factual, and impersonal.
Do not use the Patient Safety Reporting System to blame, complain, or retaliate against others.**

Will it remain confidential?

Patient Safety Event files are 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 Patient Safety Event file was completed.

WHAT happens to Patient Safety Event files and how are they used?

The Patient Safety & Quality Improvement team receive and review Patient Safety Event files and conduct additional investigations, if necessary. The sole purpose of a Patient Safety Reporting System is to improve patient safety and quality of care.

Is there a difference between an Adverse Incident and a Serious Safety Event?

Not all serious safety events are adverse incidents, and an adverse incident may not always be a serious safety event. Serious safety events look at accepted practices and determine whether or not there was a deviation from the practice, and if it cause serious temporary or permanent harm. Adverse incidents are classified by the Florida Law guidelines as described in the Risk Management Section.

Safety Event Classification

A Serious Safety Event – Reaches the patient and results in moderate to severe harm or death.

Precursor Safety Event – Reaches the patient and results in minimal harm or no detectable harm.

Near Miss Event – A deviation from generally accepted performance standards that is caught before it reaches the patient by either detection, a barrier, or by chance.

Some Near Misses may qualify as Good Catches

- Good Catch: Error that is caught before it reaches the patient that is not part of daily staff member job function.

See **Management of Serious, Precursor and Near Miss Patient Safety Events Policy (S25 00 623) and Patient Safety Plan Policy (S25 00 712)**

Patient Safety Event files should not be used in a punitive manner.

Lee Health supports a fair and just culture.

All events are analyzed for trends and patterns to help identify opportunities for improvement so that an action plan can be developed, and harm can be prevented.

Information supports performance improvement activities in order to prevent future occurrences throughout Lee Health.

Additionally, all Patient Safety Reports are privileged, confidential and legally labeled as Patient Safety Work Product (PSWP). As with all PSWP's, Patient Safety Reports are collected, analyzed, stored and reported to the Health System's Patient Safety Organization (PSO) and cannot be disclosed under federal law. Additional information about PSWP and the Health System's PSO is provided within this Education Guide, in the section under Patient Safety Evaluation System.

A Fair and Just Culture of Safety

An organization strengthens its safety culture when it acknowledges at-risk behaviors and errors in a non-punitive way. The Fair and Just Culture of Safety at Lee Health aligns with our focus on being ExceptionalLee and Living Our Promise.

We must all commit to communicating effectively regarding safety concerns, being empathetic and compassionate when a mistake is made, and continually improving the care that we provide in order to reach our goal of Zero Harm.

SafeLee Error-Prevention Tools

At Lee Health, we exercise safe behaviors every day by using SafeLee Error-Prevention Tools.

These **NINE** tools are used to prevent errors from occurring and prevent harm from reaching our patients and/or teammates:

1. **S.T.A.R. (Stop, Think, Act, Review)**
2. Phonetic and Numerical Clarification
3. Clarifying Questions
4. Question and Confirm
5. C.U.S.: I'm Concerned; I'm Uncomfortable; Stop!
6. Stop the Line
7. Three-Way Repeat Back
8. SBAR
9. Cross-Monitoring

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 two patient identifiers.

The importance of this practice makes it a Red Rule, signifying its importance over the other rules.

Every Patient > Every Procedure > Every Time.

The reliable patient identifiers include:

- Patient's **FULL** Name
  - (To maintain sensitivity to our diverse patient population and enhance their experience, a patient's preferred name MAY be utilized as ONE of TWO required identifiers under the Red Rule.
    Blood transfusions are the only time a preferred name CANNOT be used as a patient identifier.)
- Date of Birth (verbalize month, day, and year)
  - (Date of birth may not be used for Inpatient Neonates and for "Unknown" patients.)
- Account/ CSN Number
- Medical Record Number
- Name & Medical Record Number in nursery

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

Red Rule

The practice of verifying the patient's identity is crucial to the safe care of our patients. When it is not applied there is very high risk that negative outcomes may result.

As a RED Rule, ALL employees and staff are expected to follow the correct patient identification process at all times. We have identified the following twelve instances that require staff to apply the Red Rule – match and verify two patient identifiers:

1. Medication, IV Fluid and Nutrition Administration
2. Breast Milk Labeling
3. Breast Milk Administration
4. Prior to Placement and Removal of a Patient on Telemetry
5. Blood Draws which includes Labeling Blood
6. Blood Product Administration
7. Prior to Any Procedure Performed at the Bedside
8. Prior to Any Diagnostic Study
9. Prior to Any Invasive / Surgical Procedure Performed

10. Prior to Transporting a Patient from One Location to Another

11. When Retrieving Information / Reports from Any Health Record (electronic or paper)

12. When Entering Information into a Health Record (electronic or paper)

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, storage and analysis by the PSO. PSWP includes, but is not limited to, any data, reports, records, memoranda, analysis, and oral and written statements 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 and having a process for submitting labeled PSWP to the PSO. Pursuant to the PSQIA, all PSWP is privileged, confidential and strictly limited in disclosure under federal law.

SECTION FIVE

Risk Management

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.

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, 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 and used as a basis for positive problem solving. Guest Services and Risk Management staff are available to help if needed.

What is an Adverse Incident under Florida law?

An event which health care personnel could exercise control over and is associated in whole or in part with medical intervention, (rather than the condition for which such intervention occurred), AND results in one of the following injuries or events listed below is considered an Adverse Incident.

1. Death

2. Brain or spinal damage

3. Permanent disfigurement

4. Fracture or dislocation of bones or joints

5. A resulting limitation of neurological, physical, or sensory function which continues after discharge from the facility

6. Any condition that required specialized medical attention or surgical intervention resulting from nonemergency medical intervention, other than an emergency medical condition, to which the patient has not given his or her informed consent

7. Any condition that required the transfer of the patient, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the patient's condition prior to the adverse incident

8. The performance of a surgical procedure on the wrong patient

9. The performance of a wrong surgical procedure

10. The performance of a wrong-site surgical procedure

11. The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition

12. The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed consent process

13. The performance of a procedure to remove unplanned foreign objects remaining from a surgical procedure

Adverse Incident Reporting

If you witness an event or have information relating to an event, which may qualify as an Adverse Incident, you should immediately contact Risk Management before you leave your shift. If you need assistance, please contact your supervisor, or Risk Management.

If the incident meets criteria as an Adverse Incident, the person who has knowledge of the incident will work with the Risk Management Department in order to ensure an Adverse Incident Report form is completed within three business days.

WHAT happens to Adverse Incident Reports and how are they used?

Adverse Incident Reports are referred to Risk Management for further review and analysis. Additionally, Lee Health will file required reports, such as Code 15s or Annual Reports, with the State and analyze adverse incidents for trends and patterns as to time, place or person to help

identify problem areas so that they can be corrected. All Patient Safety Reports are sent to Lee Health's PSO for collection, storage and analysis.

Sexual Abuse Prevention and Reporting

To protect patients from sexual abuse and provide for reporting of sexual misconduct in accordance with Florida law, immediately report any allegation or suspicion of sexual misconduct made against any member of the facility's staff to the Risk Management Department and the Lee Health Public Safety Department.

If after regular business hours (Monday – Friday 8am to 5pm), contact the operator to page the Risk Manager on call.

Refer to the **Sexual Abuse Prevention and Reporting: Risk Management Policy (S24 01 819)**.

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.

PROFESSIONAL LIABILITY ALLEGATION TABLE	
Most Frequent Allegations Of Malpractice	**Prevention Tips for Caregivers**
Failure to Monitor and Report	• Follow physician's orders regarding monitoring of patients • Report any requested information or significant changes in a patient's condition in a timely manner • Perform appropriate and timely nursing assessments and reassessments according to policy
Failure to Ensure Patient Safety	• Monitor patient in a timely manner • Provide assistance for those patients who require it when they need to use the toilet, shower or with ambulation • Keep bedrails raised for patients who are medicated or confused, when appropriate • Use restraints appropriately • Instruct patients and family on safe practices and documentation
Improper Treatment or Performance of Treatment AND Failure to Follow System Procedure	• Question treatments you believe are improper • Use proper techniques when performing procedures • Follow hospital procedures when performing treatments • Seek consultation for treatments beyond your abilities

	• Update your clinical skills through continuing education classes
Medication Errors and Reactions	• Verify any questionable medication orders with prescriber or pharmacist • Always follow the Five Rights of Medication Administration: Right patient, Right drug, Right dose, Right route, Right time • Refer to Micromedex, Drug Information on VirtuaLee Pharmacy Department webpage, or current appropriately controlled printed reference for questions on medication indication, dosage, interactions, side effects and warnings • Call a Pharmacist for any questions/concerns with medication orders
Failure to Provide Accurate/ Correct/Complete/Timely Documentation	• Know and follow the System's procedure in regard to documentation • Make sure documentation is objective, complete, accurate, timely and legible • Do not document ahead of time • Document assessments, reassessments, changes in condition, complaints/concerns, responses to medications and/or treatments and physician notifications • Follow system policy for making alterations in the medical record

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.

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)**.

The Emergency Medical Treatment and Labor Act (EMTALA)

EMTALA is a federal law created in 1985 to ensure access to quality healthcare for everyone. The law was put into place to ensure patient access to emergency medical care and to prevent the practice of dumping, in which uninsured patients were transferred solely for financial reasons.

EMTALA requires anyone who presents anywhere on the hospital's property seeking a medical examination and treatment MUST be given an appropriate medical screening exam and stabilization.

An individual can make the request themselves or can have the request made on their behalf by another person.

"Anyone" means any individual who comes to our hospital – adults, children, psychiatric patients, women in labor, etc. Even if your facility lacks a particular specialty (such as pediatrics, OB, etc.) you may not turn a patient away from the Emergency Department (ED).

EMTALA is easy to violate, and stiff fines can be levied when a violation occurs. It is important for you to understand EMTALA and to help us ensure we do not violate the law.

If a patient presents somewhere other than the ED, your responsibilities include the following:

- Get help if needed
- Assist the patient to the ED. Simply giving directions is **NOT** sufficient.
- Call a NURSE STAT if the patient cannot be moved. The responding team will treat and move the patient to the ED for the medical screening to occur and transfer if necessary

If an individual is seeking care for a medical condition on hospital property, never say or do anything that would encourage them to leave the hospital property to seek care somewhere else.

Never tell the person they might have a long wait and they can go to a walk-in clinic for faster treatment.

Even when you know the emergency department is very busy, you should never tell the person to go somewhere else to seek faster care.

Sometimes individuals will ask how long the wait is and under those circumstances, you can respond to the question, but please make sure to encourage the person to stay and be seen in the emergency department.

An individual may decide they do not want to wait and that is acceptable as long as **they** make the decision on their own.

Risk Management is available 24/7, if after regular business hours (Monday – Friday 8am to 5pm). Contact the operator to page the Risk Manager on call.

SECTION SIX

Population Served

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

Population specific staff competency means possessing the knowledge, skills, ability and behaviors essential for providing care to specific patient populations.

It 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
- Gender
- Economic background
- Education
- Cognitive/communication
- Impairment

For example, staff members who are competent with population needs would know that obtaining a blood sample from a small child or frail elderly person would require a different type of needle and tubing from that used to obtain a blood sample from a middle-aged adult.

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

Depending on your job responsibilities, you need to know that:

- These competencies effect your performance evaluation

- They are assessed on an annual basis

- Job descriptions are also 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 Policy (M02 01 402)**
- **Identification and Reporting of Alleged or Suspected Abuse, Neglect, Abandonment or Exploitation of a Child Policy (M02 01 401)**
- **Identification and Reporting of Alleged or Suspected Human Trafficking Policy (M02 01 405)**

Equity, Inclusion & Belonging

At Lee Health, we strive to be Southwest Florida's health system of choice for our team members, patients, and communities. We are dedicated to providing a positive work environment of inclusion and belonging; where every individual that walks through our doors is welcomed, valued and treated with respect and dignity. This helps us live our mission of being a trusted partner empowering healthier lives through care and compassion.

For equity, Inclusion and Belonging needs and resources, visit our website on VirtuaLee/Departments/EquityandInclusion or call (239) 343-6389.

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, Corporate Compliance at (239) 343-8600 or Employee Relations (HR) at (239) 343-1555.

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.

See **Responding to Discriminatory Requests from Patients and Patient Families Policy (S01 01 788).**

Patient Care Civil Rights

Section 1557 is the nondiscrimination 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. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

Any complaint related to, or alleging discrimination must be reported **and the grievance process followed**.

See **Patient Compliant/Grievance – Service Recovery Policy (S03 01 703)**

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

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.

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 **Language Services Policy (S03 00 200)**.

> 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

- Speech impairment
- Learning disabilities
- Intellectual and cognitive disabilities
- Any condition or chronic illness that limits major life activities or the 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 Services

Lee Health offers language service to its customers at no cost. According to federal and state laws, a live 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. A Lee Health approved video or telephonic interpretation device (red phone) should be utilized in circumstances where no live qualified interpreter is available.

Examples of situations that require interpretation services include:

- 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 **discourages** the use of family members, friends, or companions as interpreters. They often do not possess sufficient skills to intepret effectively in a medical setting or in the context of a stressful healthcare environment. In addition, using them as interpreters can raise potential concerns under the Health Insurance Portability and Accountability Act (HIPAA.) Regardless of the patient/companion preference, Lee Health may not rely on a minor child to interpret or facilitate communication except in an emergency involving an imminent threat to the safety or welfare of an individual or the public when there is no interpreter available.

A better option is 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.

Lee Health provides the following modes of Live Interpretation, and they should be used in the following order:

1. Staff Interpreters
2. Video Remote Interpreting devices using orange tablet devices
3. Over-the-Phone Interpreting using dual handset red phones
4. Qualified Dual Role Interpreter
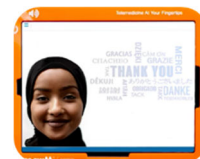
Translated Documents

Lee Health provides various system-wide documents and communications in different languages. For a list of translated documents, contact Forms Management via VirtuaLee.

Translation services are available to meet departmental needs. Documents can be translated into Spanish, Haitian Creole, French, German, English, Adapted English (5th grade reading level) and much more. Additional information and instructions on how to submit a translation request are located on the Language Services VirtuaLee webpage.

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**) or 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 SEVEN

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!**

Hand hygiene compliance by unit and discipline is monitored system-wide in various ways including infection prevention audits, secret shoppers and more. Real time feedback is provided when appropriate. Hand hygiene compliance is shared with leadership monthly.

Alcohol Gel (hand sanitizer)

The CDC recommends using alcohol-based hand rub (ABHR) with 60-95% alcohol in healthcare settings to inactivate SARS-CoV-2 (Corona virus) and other pathogens.

- 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

- Continue rubbing until hands are completely dry - 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 **20 seconds**
- Rinse hands thoroughly to remove all the soap
- Gently pat hands to completely dry with paper towels
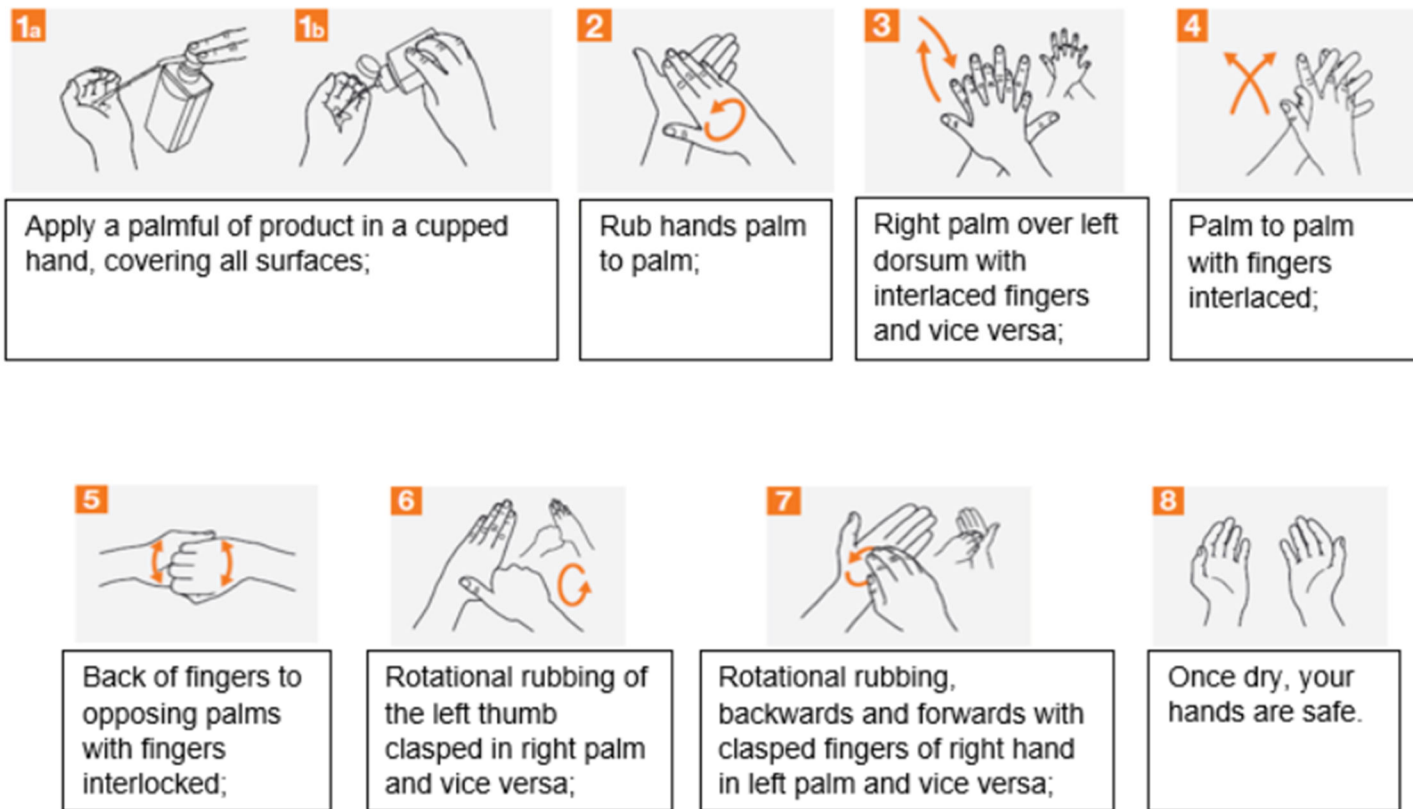- Use paper towels to turn off the faucet and open the bathroom door

Wash your hands with soap and water if:	Use alcohol gel (hand sanitizer):
- 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 or on contact plus precautions	- Before and after having contact with patients **Before putting on and after removing gloves** - After touching equipment or furniture near the patient

Handwashing Steps

1a Apply a palmful of product in a cupped hand, covering all surfaces;

1b

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

5 Back of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of the left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

Refer to **Hand Hygiene Policy (M11 00 356).**

Artificial Nails are NOT permitted for direct patient caregivers and those who touch items that patients touch. 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 are not 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 healthcare 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:

1	**BEFORE TOUCHING A PATIENT**	**WHEN?**	Clean your hands before touching a patient when approaching him or her
		WHY?	To protect the patient against harmful germs carried on your hands
2	**BEFORE CLEAN / A SEPTIC PROCEDURE**	**WHEN?**	Clean your hands immediately before performing a clean/aseptic procedure
		WHY?	To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3	**AFTER BODY FLUID EXPOSURE RISK**	**WHEN?**	Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
		WHY?	To protect yourself and the health-care environment from harmful patient germs
4	**AFTER TOUCHING A PATIENT**	**WHEN?**	Clean your hands after touching a patient and his or her immediate surroundings when leaving
		WHY?	To protect yourself and the health-care environment from harmful patient germs
5	**AFTER TOUCHING PATIENT SURROUNDINGS**	**WHEN?**	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even without touching the patient
		WHY?	To protect yourself and the health-care environment from harmful patient germs

Standard Precautions, Transmission-Based Precautions & Multi Drug Resistant Organism (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.

Standard Precautions should be used when evaluating all patients as well.

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.

During the pandemic, we use eye protection for **all patient encounters**.

Remove PPE after each patient encounter.

Refer to **Standard Precautions Policy (S11 00 840).**

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) acts as a barrier between infectious materials and your skin, mouth, nose or eyes.

When to use PPE:

Before exiting a patient's room (not on Airborne Precautions):

- Remove gown and gloves and discard in room in an appropriate container (bin)
- Perform hand hygiene after discarding PPE

When exiting a patient's room on Airborne precautions:

- Remove gown and gloves inside the room and perform hand hygiene
- Remove N95 outside the room and perform hand hygiene

At this time in Lee Health:

- The N95 respirator may be left on when caring for patients who require airborne precautions and have like conditions such as Covid-19
- The N95 respirator must be discarded after removal and hands washed

Effective use of PPE includes:

Careful Donning (putting on) and doffing (taking off) of PPE provides protection and prevents accidental contamination for you, your co-workers and your patients

Pandemic Changes

The COVID-19 Pandemic has changed some of our usual practices based on availability of supplies.

Our practices have changed throughout the Pandemic over the last two years from **"Crisis Capacity"** to **"Conventional Capacity."**
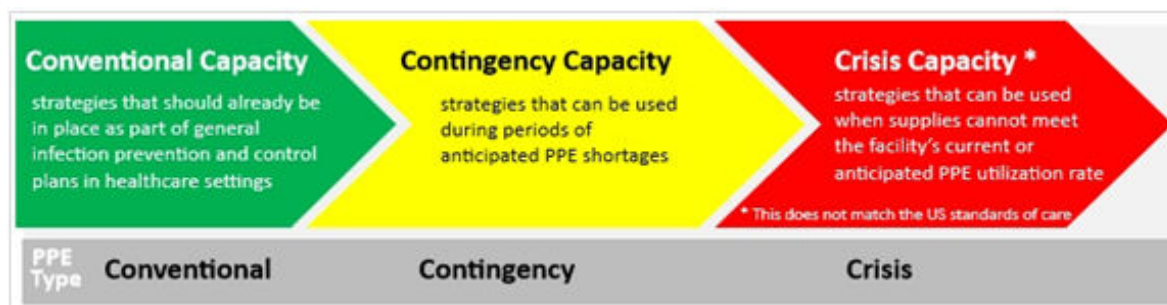
Where are we at Lee Health?

Lee Health is currently in conventional capacity use of PPE, as we are not anticipating PPE shortages.

Examples of Contingency Capacity

Extending use of N95 respirators is a contingency capacity measure.

Extended use refers to the practice of wearing the same N95 respirator for repeated close contact meetings with several different patients who have like illness, without removing the respirator between patient meetings.

N95 Respirators

If practicing extended use of a N95 mask keep in mind:

- If the mask should become moist or soiled it should be replaced
- Mask that does not retain a fit should be discarded and replaced with a new mask
- If the N95 is taken off for any reason it should be discarded
- Mask should not be extended beyond a shift

Managing Patients with MRSA

Scientific evidence shows transmission of these agents does not differ materially from most other bacterial pathogens. Transmission prevention depends more on caregiver adherence to Standard Precautions protocols, including consistent hand hygiene than the type of pathogen.

This supports the use of Standard Precautions instead of Contact Precautions for most patients colonized and/or infected with this germ.

What you need to know:

- Contact Precautions are NOT used for patients known to be simply colonized or with a history of prior infection or colonization with MRSA.
- Personal Protective Equipment (PPE) such as gowns and gloves ARE used regardless of pathogen when caring for patients with open wounds, uncontained drainage, or saturated wound dressings as per Standard Precautions.
- We MUST place continued 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 for additional resources on Standard Precautions and Hand Hygiene.

Transmission-Based Precautions

Some patients require additional precautions, and those precautions are based on a suspected or confirmed diagnosis.

Transmission-based Precautions is the implementation of additional precautions for the prevention of transmission beyond Standard Precautions when certain pathogens, diseases, or clinical diseases demonstrate a need for additional infection control measures they are directed at controlling the pathways infectious agents travel from one person to the next.

Refer to **Transmission Based Precautions Policy (S11 00 887) and High-Level Disinfection Policy (M11 00 373)**.

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

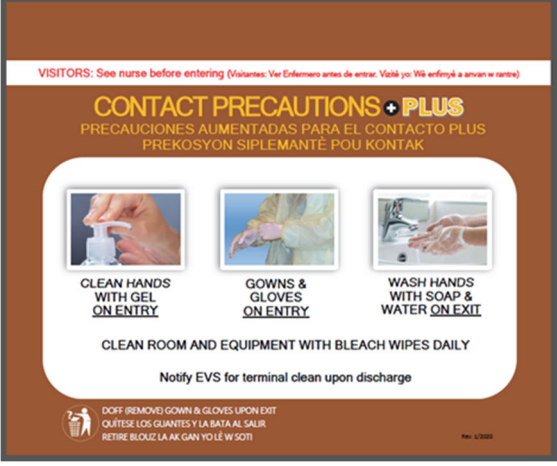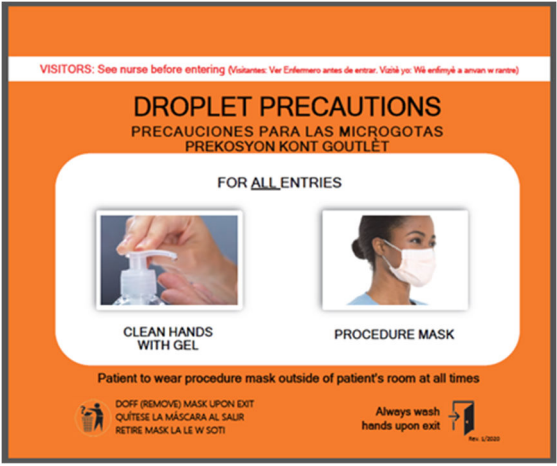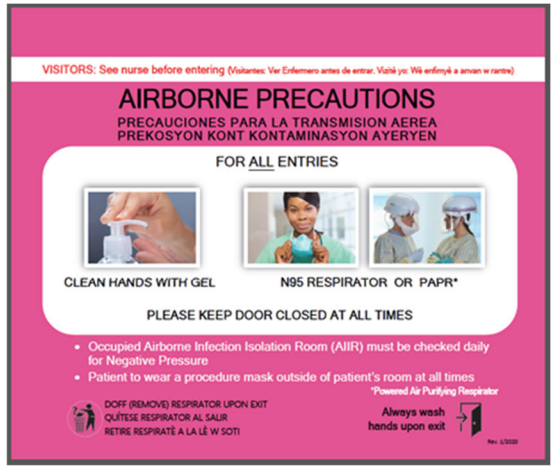Transmission-Based Precautions will be clearly marked for your protection:

- A hospital-approved Isolation Precautions sign will be placed in the designated location near the entrance of the patient's door as well as a STOP sign in a prominent position on or near the patient's doorframe to alert anyone entering the room.

- When you see a stop sign at the room entrance, look for a *Contact*, *Contact Plus*, *Airborne*, or *Droplet* 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.
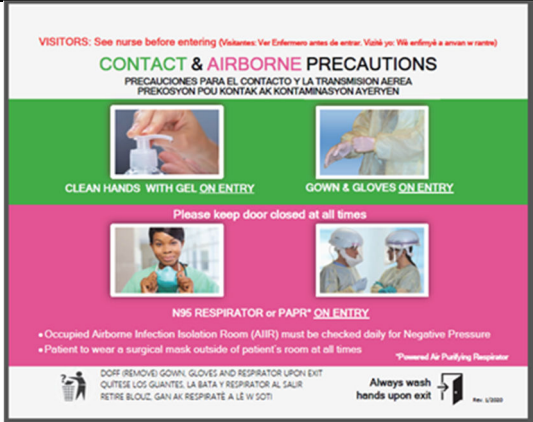
ISOLATION PRECAUTIONS			
Use Standard Precautions for all patients, all body fluids, all the time, and in addition to A – Airborne; C – Contact; D – Droplet as indicated below:			
Type of Precautions:	**Essential PPE for Staff Inside Patient Room:**	**Preparation for Transport:**	**Patient Transport Outside Patient Room:**
Contact/Contact Plus	Gown, Gloves	• Instruct/ assist patient with performing hand hygiene & putting on clean gown prior to transport or leaving room for ambulation • Any open wounds or ostomy sites to be covered well & any drainage contained • Transporter to place orange tag on transport device to identify patient on Isolation Precautions	• Transporter to have extra PPE available if needed during or at end of transport • No PPE to be worn by Transporter unless contact with blood or body fluids is anticipated • Transporter to disinfect transport device after use • Transporter to put on PPE when re-entering patient's room

| Droplet | Regular Procedure Mask | • Patient to perform hand hygiene prior to transport

• Patient to put on a clean patient gown

• Patient to wear regular Procedure mask when outside room. Make sure the mask is put on correctly

• Transporter to place orange tag on transport device to identify patient on Isolation Precautions | • Transporter to have extra PPE available if needed during or at end of transport

• No regular procedure mask needed by Transporter until re-entering patient's room

• Patient's regular procedure mask may be removed after returning to patient room

• Transporter to disinfect transport device after use |
| Airborne | N95 Respirator | • Patient to perform hand hygiene prior to transport

• Patient to wear regular procedure mask. Never use N95 respirator on patient when outside room

• Transporter to place orange tag on transport device to identify patient on Isolation Precautions | • Transporter to put on N95 respirator prior to re-entering patient room

• Patient's regular procedure mask may be removed after returning to patient room

• Transporter to disinfect transport device after use |

STOP CHECK WITH NURSE BEFORE ENTERING	**Transmission–Based Precautions** **Dedicated Equipment when Possible**	STOP CHECK WITH NURSE BEFORE ENTERING
Modes of Transmission	**Signage**	

Modes of Transmission	Signage	
Modes of Transmission Contact – body surface to body surface and contact with the environment **When Used** Patients with certain Multi-Drug Resistant Organisms, open wounds and certain skin conditions (scabies) and certain respiratory illnesses	**Contact Precautions** **Precautionary Measures** Wear gown and gloves Add mask if needed	VISITORS: See nurse before entering (Visitantes: Ver Enfermera antes de entrar. Vizitè yo: Wè enfimyè a avan w antre) **CONTACT PRECAUTIONS** PRECAUCIONES PARA EL CONTACTO PREKOSYON POU KONTAK FOR ALL ENTRIES CLEAN HANDS WITH GEL GOWN & GLOVES DOFF (REMOVE) GOWN & GLOVES UPON EXIT QUÍTESE LOS GUANTES Y LA BATA AL SALIR RETIRE BLOUZ LA AK GAN YO LÈ W SOTI Always wash hands upon exit

Modes of Transmission Contact + – hands, body surface to body surface and contact with the environment **When Used** Patients with Hepatitis A, Norovirus or C. difficile	**Contact Plus Precautions** **Precautionary Measures** Wear gown and gloves Use soap and water for hand hygiene. Bleach clean upon discharge or transfer.	
Modes of Transmission Droplet – Generated primarily during coughing or sneezing, talking or suctioning **When Used** Influenza, meningitis and other select respiratory illnesses	**Droplet Precautions** **Precautionary Measures** Wear procedure mask 	
Modes of Transmission Airborne Droplets – evaporated droplets or dust particles that travel long distances in the air **When Used** Positive TB and those suspected of having TB (until Ruled Out), disseminated shingles, chickenpox, or measles. Patients must be in "negative air pressure" room and should wear a procedure mask during transport.	**Airborne Precautions** **Precautionary Measures** Wear N95 Respirator or PAPR (powered air purifying respirator) for facial hair and failed fit test 	

Combination Signs

Contact & Droplet	**Droplet & Contact Plus**

Combination Signs

Contact & Airborne	**Contact Plus & Airborne**

Clostridioides 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 **Brown Contact Plus 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. Staff should follow the procedures in place to continue our success.

Viral Respiratory Illness

Influenza and other viral respiratory diseases can become serious enough to require hospitalization, and in some instances, can cause death. Vaccination for influenza is the primary strategy to prevent infection, or to reduce risk of severe influenza disease.

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.

Patients with these illnesses can transmit their virus to others by coughing, sneezing, speaking forcefully, singing, or breathing heavily. Infected persons can start spreading these viruses for one to two days before they feel ill or have symptoms. Masking the patient and the healthcare worker can help prevent transmission to uninfected people.

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)**.

Stay Home When Sick
Stay home and call your supervisor if you are experiencing fever or symptoms of COVID including: fever or chills, cough, shortness of breath, fatigue, body aches, headache, new loss of taste or smell, sore throat, congestion, nausea or vomiting, or diarrhea.

*An oral temperature of 100.0 F or greater is considered fever.

SARS-CoV-2 is a novel virus first seen in the United States in early 2020. Like other coronaviruses, it causes respiratory illness and is spread through the respiratory tract and mucous membranes from infected people to susceptible people.

COVID-19
During times of public health emergencies like the current COVID-19 pandemic, use of PPE and isolation practices may be altered from usual practices in order to prioritize safety of all healthcare workers, visitors, and patients. **Please see the VirtuaLee infection prevention website for up-to-date material regarding isolation, use of PPE, screening of healthcare workers, and screening of patients, visitation, and workflow alterations.**

During pandemic conditions, ALL people in Lee Health facilities <u>may be</u> required to wear a mask and/or eye protection (except for patients who would be harmed by doing so).

Because self-inoculation of the eyes, mouth, and nose can effectively transmit the virus, patients with **COVID-19 infection require contact in addition to airborne precautions**.

Prevention practices for Respiratory Viral Illness

- Wash hands frequently
- Avoid touching eyes, nose, face and mouth
- Do not come to work when you are sick
- Always use appropriate PPE

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

Measures to prevent patients with TB from spreading the infection:

- All patients who are suspected of having TB are placed in private, negative pressure rooms (AIIR) with the door closed.
- Patients with suspected or known TB, who must be transported, should wear a regular procedure 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 after.
- Those who have had facial changes (facial hair growth, weight loss/ gain of 10 lbs. or more, or facial reconstructive surgery that may affect the fit) should contact Employee Health for an additional evaluation.
- The annual TB screening form is used to screen for TB (according to updated CDC guideline). If the screening questionnaire has positive answers, further testing is done to determine whether the person has **active or inactive TB infection.**

Bloodborne Pathogens

Bloodborne pathogens are disease-causing organisms found in blood or in other potentially infectious materials (OPIM) that can be transmitted to others and cause serious illness.

Healthcare workers are at risk of exposure to bloodborne pathogens such as: Human Immunodeficiency Virus (HIV), Hepatits B Virus and Hepatitis C Virus among others.

Transmission can happen as the result of a needle stick (used needle), sharps related injuries, getting blood on your skin if you have open cuts or sores (or other non intact skin), or a blood splatter to the eyes, nose or mouth.

Occupational Exposure

Because of the risk of bloodborne pathogen exposure in the workplace, the Occupational Safety and Health Administration (OSHA) has issued a mandatory compliance standard known as 29 CF 1910.1030 – Bloodborne Pathogens.

Occupational exposure refers to a potentially harmful exposure at work to chemicals, biological hazards such as biomedical waste, viruses, etc. or environmental hazards regardless of if personal protective equipment (PPE) is used.

This applies to any situation that it is reasonable to anticipate exposure may occur or if exposure does occur.

Examples of potential exposure at work include:

- Removing a dressing from a surgical wound without wearing PPE and not realizing that it is bleeding under the dressing
- Disconnecting tubing form an IV catheter and it bleeds back while not wearing PPE
- Making a surgical cut into an infected area such as an abscess without wearing eye protection

Care should always be taken to prevent ANY and ALL risk of exposure at work.

Exposure Control Plan

Lee Health provides a safe work environment for staff, medical staff, and volunteers by eliminating or minimizing occupational/work exposures to bloodborne pathogens in agreement with the Occupational Safety and Health Administration (OSHA) standard 29CFR 1910.1030. It is required to educate staff annually to ensure safety for all.

See **Exposure Control Plan Policy (S11 00 243)** for more information.

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-resistant gloves, and other PPE, sterilizing instruments, and washing hands are essential for preventing transmission. Refer to **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.

- Know where to locate personal protective equipment, how to use it, which PPE to use, (depends on task, 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 parenterally (needle stick). Report exposures promptly to your supervisor and **report to Employee Health immediately**. *If after hours, please report to the emergency department for treatment. This is time sensitive.*

- For your safety, do not eat, drink, apply cosmetics, lip balm, or handle contact lenses in patient care areas. Eating is only allowed in staff lounges or cafeteria and other designated areas and food and drink shall not be kept where blood or other potentially infectious materials are present.

- 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 penetrating the skin such as:

- All needles & syringes

- Blood vials

- Test tubes

- Pipettes

- Scalpel blades

- Any item contaminated with blood or body fluids that may puncture the red bag

Safe-handling Techniques

Shearing or breaking of contaminated needles is prohibited.

Sharps should not be bent or recapped unless there is no alternative. If they must be re-capped, then a mechanical device or one-handed technique is used, and the sharp is disposed of immediately in a sharps collection device.

For more on needle safety procedures view the following policies:

- **Vaccines-Immunity for Employees Policy (S11 01 907)**
- **Blood Collection Policy (M03 05 074)**
- **Intraosseous Needle Care and Removal Policy (M03 10 432)**
- **IV Therapy-General Guidelines Policy (M03 10 448)**

Exposure to Blood and Body Fluids

Exposure to a bloodborne pathogen is a medical emergency requiring immediate action so, if necessary, post-exposure treatment to prevent the spread of the bloodborne pathogen can be initiated as rapidly as possible.

Exposed personnel should immediately take the following steps:

1 – Immediately wash hands and other skin surfaces with soap and water for at least 10 minutes.

   If the eyes are splashed, irrigate with large amounts of clean water or sterile saline for at least 10 minutes. Utilize an eyewash station where available.

Flush splashed to the nose, mouth or skin with water for at least 10 minutes.

If mouth is involved, rinse with plain water and/or mouthwash where available.

2- Report the injury to your supervisor and complete the Notice of Injury/Illness form (FM# 5422).

3- Seek medical evaluation/treatment immediately at the closest Employee Health Clinic.

Be sure to bring the completed forms with you.

If Employee Health is closed, report to the Emergency Department.

4- In accordance with the Drug-Free Workplace Policy (S09 06 189), Lee Health employees must submit to post-accident drug screening.

This must be collected at the time of treatment or as soon as possible after exposure and will be tested for drugs and alcohol.

5- Supervisors are required to complete and document a follow-up investigation on all exposure incidents.

Exceptions – Students, non-employed physicians and other non-Lee Health staff exposed while working within Lee Health, will present directly to the Emergency Department or any Lee Convenient Care Clinic and will be processed in that department.

They should immediately notify their school or employer and notify their workers' compensation carrier.

See **Management of Employees Exposed to Blood or Body Fluids Policy (S11 01 556).**

Hepatitis B (HBV) – Facts You Need to Know

Hepatitis B reproduces in the liver and causes its dysfunction.

Transmission occurs when Hepatitis B viral particles in the blood of an infected person enters another person's body through the moist, inner lining of some organs and body cavities such as the nose, mouth, lungs and stomach (known as mucosa) or through the skin such as a needle stick.

Hepatitis B Surface Antigen (HBsAg) is found on the surface of the virus and can be detected in blood tests 30-60 days after exposure to HBV. An antigen is any substance that causes your immune system to produce antibodies against it.

Hepatitis B antigen (HBsAg) is a protein that circulates in the blood during active infection with the virus and is in relation to high infectivity.

The incubation period of Hepatitis is long (45-160 days with an average of 75 days), and the start of serious disease is slow.

Of all the reported cases, approximately 1.4% of the people with HBV die.

HBV can be transmitted to healthcare workers by:

- Needle sticks with Hepatitis B contaminated blood which pose a 6-30% risk of transmission
- Blood and Body fluid exposure to open skin lesions or mucous membranes

Healthcare workers can be protected from getting Hepatitis B by getting vaccinated with a series of three injections.

Hepatitis B (HBV) can be transmitted outside of the healthcare settings by:

- Mother to child transmission during birth and delivery
- Unprotected sex with an infected partner
- Sharing personal care items such as toothbrushes, razors, or nail clippers

HBV symptoms:

- Loss of appetite
- Nausea
- Vomiting
- Abdominal pain
- Jaundice (yellow color of the skin)
- Skin rashes
- Joint pain
- Arthritis
- A general feeling of discomfort, illness or uneasiness known as malaise

HBV: PROTECTION

HBV Vaccine Effectiveness	Hepatitis B vaccine is more than 90% effective at preventing HBV infection after three doses.
Can I get the virus from the vaccine?	Hepatitis B vaccine does not contain a live virus, so the recipients of the vaccine can NOT contract the virus from the vaccine.
Risk for Reaction	Anaphylaxis (A severe, potentially life-threatening allergic reaction) is very rate with only 1 case per 1.1 million vaccine doses.
Method of Administration	The method of administration for the HBV vaccine is a shot deep into the muscles.
Benefits of Vaccination	Benefits of vaccination include: prevention of HBV infection and is available free of charge through employee heath. See **Vaccines – Immunity for Employees Policy (S11 01 907).**

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 attacks and destroys immune system cells causing the infected person to become easily sick from other infections.

When a person is first infected, there are no symptoms of HIV.

HIV can live in the fluids of the human body such as: blood, semen, vaginal secretions and breast milk.

HIV can be transmitted in the healthcare setting by:

- Needle sticks with HIV contaminated blood which poses a 0.23% risk of transmission
- HIV contaminated blood and body fluid exposure to open skin lesions or mucous membranes

HIV can be transmitted in other settings by:

- Unprotected sexual contact (vaginal, anal or oral) with an HIV infected person

- Blood-to-blood contact, shooting drugs and sharing needles

- A woman to her baby either prenatally, or through breastfeeding

- Sharing personal care items such as toothbrushes, razors, or nail clippers

HIV <u>cannot</u> 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

There are more than one million people with HIV/Aids in the U.S.

1 in 8 are unaware of their infection.

A person can be exposed to HIV and not become infected. However, an infection can occur from a single contact with an infected person.

There are approximately 50,000 new HIV infections annually.

25% of those with HIV also have Hepatitis B and 10% of those with HIV also have Hepatitis C.

HIV Prevention

Sexual Transmission - Practice abstinence or have only one partner who is known uninfected who has you as their only partner and is known uninfected (mutual monogamy)

-Use latex condoms – correctly, consistently and responsibly

Handling Blood or Bodily Fluids - Do not use illegal intravenous drugs or share needles

-Take essential precautions for preventing HIV transmission such as wearing latex or synthetic latex gloves, sterilizing instruments, and hand washing

Hepatitis C (Hep C) – Facts You Need to Know

Hepatitis C is a liver infection that is caused from exposure to contaminated blood and can lead to serious liver damage. It may remain non-active with no symptoms for 10-20 years. People may be contagious even if they have no symptoms.

The virus spreads through an infected person's blood or body fluids. The majority of persons who carry the Hepatitis C Virus do not get sick; however, 85% of people who DO get Hepatitis C will develop chronic Hep D, which can lead to liver cancer or cirrhosis.

Chronic Hepatitis C infection is the leading cause of liver transplant in the USA.

Hepatitis C can be transmitted in the healthcare setting by:

- Needle sticks with Hepatitis C contaminated blood which poses a 1.8% risk of transmission

- Blood and Body fluids exposure to open skin lesions or mucous membranes

Hepatitis C can be transmitted in other settings by:

- While very rare, unprotected sexual contact with an infected person

- Blood-to-blood contact, blood transfusions and sharing needles

- Mom to baby either prenatally or through breastfeeding

- Sharing personal care items such as toothbrushes, razors or nail clippers

- Getting a tattoo or piercing with unclean equipment

HBV symptoms:

Most people have no symptoms. Those who do develop symptoms may have fatigue, nausea, loss of appetite, and yellowing of the eyes and skin.

Hepatitis C Prevention

There is currently no vaccine to protect against getting Hepatitis C.

Recent advancements in the treatment of Hepatitis C have allowed some carriers to be "cured" which means there is no trace of the virus in their body three months after treatment.

Standard precautions and proper use of safe needle devices provide protection from exposure to Hepatitis C.

SECTION EIGHT

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 must be aware of and have a right to know about the hazardous chemicals stored or used in their workplace.

Safety Data Sheets (SDS) can be obtained from the manufacturer or our online resource - **_MSDS Online_**, accessible from VirtuaLee > Apps > MSDS and SDS. There may also be a link on the department homepage under quick links labeled 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.

HCS Pictograms and Hazards

Health Hazard	Flame	Exclamation Mark
• Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	• Flammables • Pyrophorics • Self-Healing • Emits Flammable Gas • Self-Reactives • Organ Peroxides	• Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder	**Corrosion**	**Exploding Bomb**
• Gases Under Pressure	• Skin Corrosion/Burns • Eye Damage • Corrosive to Metals	• Explosives • Self-Reactives • Organic Peroxides
Flame Over Circle	**Environment** (Non-Mandatory)	**Skull and Crossbones**
• Oxidizers	• Aquatic Toxicity	• Acute Toxicity (fatal or toxic)

Safety Data Sheets

(SDS) provides specific information about hazardous chemicals and materials such as:

- How to properly store the material

- What actions to take if exposed to a hazardous chemical or material

- The contents of the chemicals/materials used in your area

- What to do in the event of a spill or exposure

- How to dispose of the material

Proper Labeling

All hazardous materials must be properly labeled at all times. Containers of hazardous or unknown substances without proper labels must be reported to Supply Chain Management for disposal. Containers of radioactive materials with damaged or missing labels must be reported to the Radiation Safety Officer immediately (Jane Fry at 239-343-2924 or at Jane.Fry@LeeHealth.org.)

Hazardous Waste

Hazardous waste is a waste with properties that make it dangerous or capable of having a harmful effect on human health or the environment.   Hazardous waste must be disposed of in accordance with local, state and federal regulations. Hazardous material must be disposed of in accordance with local, state and federal regulations.

Hazardous waste must *not* be discarded in the regular trash or poured down sinks or drains. Check system and department policies & procedures for proper disposal information.

Radiation occurs naturally both inside and outside the home and workplace. Sources of radiation at Lee Health include both radiation producing machines and radioactive materials. Radiation producing machines or X-Ray machines are used in many departments, within hospitals or outpatient clinics. Radiation is only present when the machine is turned "on."

Radioactive materials may be used in Nuclear Medicine, Nuclear Cardiology and Radiation Therapy procedures. Radiation is always present in this case. Proper safety procedures must be followed for both X-ray machines and radioactive materials.

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 must be aware that the bodily fluids of a patient that has had a nuclear medicine procedure within the last 48 hours may still show small amount of radioactivity. Universal precautions must be utilized.

While the amount of radioactivity, in this case, is minimal and poses no risk to personnel, it will set off radiation alarms at the county waste disposal facility if blood or urine saturated chucks, pads, or diapers arrive there prior to final decay of the radioactivity. Therefore, if you have a 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.

Other types of nuclear medicine or radiation therapy procedures may require stricter precautions. In these cases, information will be provided for appropriate patient care and environmental procedures. If in doubt, please contact the Nuclear Medicine department.

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 "biohazardous" which means "dangerous to living things". In the healthcare setting, we also refer to it as biomedical waste – regulated medical waste or sometimes as infectious waste.

Biomedical waste includes the following:

- Used, absorbent materials **saturated with blood**, blood products, certain 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

These body fluids *are not* biomedical waste (unless **VISIBLY** contaminated with blood)

- Feces • Saliva • Sweat • Urine • Vomit • Tears

These body fluids *are* biomedical waste

• Blood and blood products (plasma, platelets, etc.)		
• Semen	• Vaginal Secretions	• Amniotic Fluid
• Cerebrospinal (found in the brain & spine)	• Lymph (found in the lymph system)	• Pericardial (found in heart membrane)
• Synovial (found in joints)	• Pleural (found in lungs)	• Peritoneal (found in the abdomen)

If a body fluid cannot be identified, assume it is biomedical waste.

Biomedical waste must 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 items, and Non-absorbent items.**

Sharps

Sharps must 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
- *Broken* Glass
- Razors
- Other sharp instruments

- Scalpels
- Guide Wires
- Specimen Slides
- *Broken* Rigid Plastic

Absorbent items

Absorbent "soft" items that are **SATURATED** with a biomedical waste fluid are considered biomedical waste. These items must be discarded into red bags. Some examples are:

- 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 Items

Non-absorbent items that cannot absorb blood or other regulated body fluids **but may have ANY AMOUNT of blood or regulated body fluids on them** Examples include:

- 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.**

Note: Re-usable non-absorbent items that have been properly treated or cleaned are not considered biomedical waste. For example, a vinyl curtain that was contaminated but later properly cleaned and disinfected would not be biomedical waste.

Bulk Fluids:

Bulk fluids, such as from suction cannisters, being disposed of as biomedical waste must first be solidified with a gelling agent prior to disposal.

Other Important Points:

Never combine biomedical waste with other types of waste. PPE must be worn when handling biomedical waste.

All biomedical waste must be securely stored out of traffic areas and accessible only to authorized personnel.

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

Compressed gas cylinders (like Oxygen 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, $\pm$10%. 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 that all staff handling any compressed gas cylinders be trained and have documented competencies established prior to using cylinders without supervision.

Always follow these guidelines for safe cylinder handling, storage and use:

- Secure compressed gas cylinders in approved carts or stretcher brackets to prevent the tank from dropping, slipping or falling.
- Each cylinder of all sizes must be individually secured in a cart, rack chain or other means
- If there is a thumbscrew or E-Tank Lock in the cart, check to make sure they are tight and secure.
- "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 when 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 a maximum of 300 cubic feet or 12" E" Cylinders outside of a designated storage room.

- Cylinders secured in patient rooms, mounted on gurneys, wheelchairs, crash carts, and other patient care equipment are considered "in use" and 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

See **Compressed Gas and Oxygen Cylinder Use and Storage Policy (S08 05 128)** for details.

Medical Gas Control Restricted

Medical gas control valves **cannot be shut off** without authorization of the Nursing Supervisor or Respiratory Department in hospital locations. Outpatient and all other locations will designate specific staff.

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 the primary x-ray beam strikes no part of the body. The assisting persons should leave the exposure area when the patient no longer needs assistance.

To keep radiation exposure to a minimum (or **A**s **L**ow **A**s **R**easonably **A**chievable), 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. This may include certain patient or procedure rooms. Check with authorized personnel before entering areas posted with these signs.

When authorized individuals are not present, the room or area labelled as Radioactive Materials should be locked. No food or drinks should be consumed in these areas. Notify the Nuclear Medicine Department or Radiation Safety Officer if there are unusual liquids pooled on the floor or on counters in these areas.

Equipment or items 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 Jane Fry at 239-343-2924 or Jane.Fry@LeeHealth.org.

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. If an emergency 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 qualified individuals maintain the equipment appropriately.

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.**

Medical equipment and devices that are broken or needing repair must be tagged with information that states it is broken or "Out of Service" following the approved procedure.

See **Inspecting and Labeling Medical Equipment Policy (M08 10 428)** and **Medical Equipment Failure Reporting Procedure Policy (M08 10 570)** for more information.

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 work 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 to our patients and their families.

Emergency/Disaster Management

Lee Health has developed emergency management plans and policies to prepare for, lessen impact of (mitigate), respond to and recover from disasters impacting our hospitals/facilities.

Emergency policies provide a framework for response and incorporate industry best practices in emergency management and healthcare. When disaster strikes SWFL, everyone has a critical role and responsibility that will contribute to Lee Health's response and recovery from the situation and allow the health system to continue providing critical services to our community.

All Emergency/Disaster policies/procedures are located on VirtuaLee at https://intranet.leehealth.org/disaster-p-p

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.

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/Announcements

Emergency overhead pages/announcements are used at 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 your badge backer.

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:

EMERGENCY CODES	
Code Black	Bomb Threat
Code Blue	Cardiac / Respiratory Arrest
Code Brown	Severe Weather / Tornado Alert
Code Green	Mass Casualty Incident
Code Orange	Hazardous Materials Incident
Code Red	Fire
Code Yellow	Facility Lockdown
Manpower STAT	Additional Personnel Needed
Nurse STAT	Medical Emergency / Injury / AED
MET	Medical Emergency Team

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

Based on recommendations of the Florida Hospital Association (FHA), **Lee Health has adopted "plain language" codes for four security alerts in our hospitals.**

The use of "plain language" emergency codes helps 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:

➢ **Hostage Situation:**
Overhead alert: **"Attention - Attention + Description"**
(example-there is a hostage situation, Room 304, 3rd Floor North, Stay Away)

➢ **Child Abduction:**
Overhead alert: **"Attention – Attention + Description"**
(example-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)

➢ **Warning Stay Away:**
Overhead alert: **"Attention - Attention + Description"**
(example-there is a hazardous material spill (code orange) Dialysis Dept., 1st Floor, CCH, Stay Away)

➢ **Active Shooter:**
Overhead alert: **"Attention – Attention + Description"**
(example-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 unrelated overhead pages, or any other code or emergency calls made.

In each situation, the overhead page system 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 Telephone Operator will announce the issue (insert emergency here) has been resolved – resume normal activity or that the issue (insert emergency here) has been cancelled.

EMERGENCY CODES	
Plain Language Code Name	**Plain Language Announcement**
Stay Away	Stay Away
Infant / Child Abduction	Infant / Child Abduction
Active Shooter Situation	Active Shooter Situation
Hostage Situation	Hostage Situation

Emergency Reporting Process

To report an emergency from a Lee Health phone, dial the following numbers:

Location	Phone #
All Hospital Locations	**444**
Other Facilities	**911**

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.

Emergency Alert System (Rave Mobile Safety)

When the need arises, this system can inform multiple groups of staff and physicians using email, text messaging and voice messages in real time.

In order to receive alerts, staff must log in to INFOR > Profile > Personal Information and add their mobile phone number. The number "method" must be identified as mobile to receive alerts (even if it is also listed as the Home Phone Number.)

Hurricane Safety

It is important to clarify with your supervisor your role during 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 VirtuaLee > Resources > Hurricane (which can also be accessed at https://intranet.leehealth.org), the Lee Health Hurricane Hotline (239) 226-7726 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. The National Weather Service has advised us 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.

An Emergency Alert notification 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 emergency alert system 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.

- Public Safety and 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 –

Public Safety /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. An emergency alert notification 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 Policy (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.

Safe Passage in Hallways

- Hallways must be kept clear for the purpose of moving patients and staff safely in the case of fire or other emergencies.
- All wheeled equipment must be positioned on one side of the hallway.
- Hallways must have at least 60 inches (5 ft.) of clearance.
- Most beds and gurneys are more than 3 feet wide, leaving an 8-foot hallway with less than the required 5 feet of width.
- The only wheeled equipment that can be in the hallway is equipment and carts in use such as: Housekeeping or Food Service carts or EPIC computer carts. Medical emergency equipment not in use such as a crash cart and patient lift and transport equipment is permitted.
- Wheeled computers with a chair are considered a "permanent workstation" and is not allowed in the hallway.
- Equipment that is plugged in for charging should not be in the hallway as that is considered "storage."

Fire Safety and Safe Storage

Other things every team member can do to help with Fire Safety Management have to do with safe storage.

- Maintain at least 18 inches of free space below the ceiling and all fire sprinkler heads.
- When fire sprinklers are activated, they drop for the water to allow the water to come out. If items are stored above the 18-inch line, the water will not reach them which causes greater risk to those above.
- Never block or prop open exit doors, smoke doors, fire extinguisher cabinets, pull stations or electrical panels because they cannot function properly if there is a fire.
- Never store equipment or items in stairways so that patients and staff can pass safely when needed.
- Know the location of fire safety equipment like extinguishers and pull stations in your work area.

Fire Response Plan

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

R	**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.
A	**ALARM:** ***Sound the alarm***; "CODE RED," the best method is use of an alarm pull station. This activates the computerized alarm system, calls the fire department, telephone operator, smoke partition doors close and air conditioning in that area stops.
C	**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. Remember – smoke and heat rise!
E	**EXTINGUISH/EVACUATE:** ***Extinguish the fire*** using a fire extinguisher if you are trained and 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:

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	

Safety

Safety Management strives to reduce hazards and prevent accidents and injuries.

Lee Health Environmental Safety Officer is Chris Bazzie phone: (239) 343-8498.

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, and report to Employee Health or the Emergency Room during off hours. They will document the event on the "Notice of Injury/Illness" form # 5422 during the evaluation/treatment session.

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:

TYPE OF INCIDENT	
Employee or Volunteer Injury	• Supervisor and Employee Health
Patient or Visitor Injury	• Supervisor and VirtuaLee Safety Report to Legal Services
Utility System Failure	• Plant Operations • A utility conference will be paged
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	• Public Safety • Safety Report to Legal Services • Exposures report to Employee Health for treatment (Emergency Department if Employee Health 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 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.

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/patients 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.

It can occur within or outside of the workplace and can range from threats and verbal abuse to physical assaults and homicide.

Lee Health has zero tolerance for threats or staff violence of any kind.

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.

Reporting Workplace Violence

Every person has an obligation to report promptly any threatening or suspicious behavior they observe that occurs on Lee Health premises or while on duty even if threatening or suspicious behavior is not directed at the person reporting (this applies to employees and non-employees).

Employees should also report any incidents or threats of violence when it is possible that the threatening party could seek out the employee at work.

Lee Health provides a variety of reporting options including:

- Directly to a department leader
- Directly to Employee Relations (in Human Resources)
- Directly to Public Safety (239) 343-5350
- Directly or anonymously via the SafeLee Portal
- Directly or anonymously via the Compliance Hotline by calling 1-877-807-5647

Workplace Violence Risks and Warnings

- Transporting patients
- Long waits for service
- Working alone
- Working understaffed (especially during mealtimes & 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 below policy.

Workplace Personal Safety, Security, and Violence Prevention Policy (S09 06 939)

Warning Signs of Impending Violence

- Verbally expressed anger or 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 Public Safety and a Supervisor from hospital locations.

➢ Contact local law enforcement from non-hospital locations.

Active Shooter/Aggressor Situation

Individuals who engage in acts of violence typically share their intent to do so with one or more persons before they follow through. If employees become aware of a threat or plan to commit violence toward an individual or department at Lee Health, it must be reported so that it may be investigated. See reporting options above in the "Reporting Workplace Violence" section.

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

Planning for emergencies BEFORE they happen is important to survival whether it be a hurricane, act of violence or any other emergency.

- Identify where the exits are in your workplace or any space you are visiting

- Determine where you may be able to hide or how you may barricade a door if necessary

- Think about items that may be used as a weapon to defend yourself or others

Planning should determine the most reasonable way to protect your own life and remember: patients and visitors are likely to follow the lead of staff.

These steps should be considered in your preparation and response planning:

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 sure to:

- Be out of view of the person attacking
- Turn off lights

- Provide protection if shots are fired in your direction (for example, an office with a closed and locked door)
- Not trap you or restrict your options

- Blockade the door with heavy furniture
- Silence your cell phone
- Close blinds

FIGHT – As a last resort, and only when your life is in danger, you may choose to attempt to disrupt and / or disable the attacker by:

- Acting as forcefully as possible against the attacker
- Throwing items and improvising weapons (such as a stapler for example)
- Yelling
- Committing to your actions and follow through

Call 911 to report the shooter if you can talk without being heard by the shooter.

When Law Enforcement Arrives:

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

See the **Active Shooter and Active Aggressor Response Plan Policy (S08 08 008).**

Keep in mind, firearms or guns are not allowed inside Lee Health property except by authorized Public Safety staff or law enforcement. See the **Firearms Policy (S08 07 273).**

SECTION NINE

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, WhatsApp, 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. Please refer to the **Chain of Command Policy (S09 06 072)**

- **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** Employee Relations in the Human Resources Department if your Chain of Command is unable to resolve the issue.

Leaders should hold staff accountable for professional behavior expectations and immediately seek help 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 in accordance with the **Corrective Action Process Policy (S09 06 140)** and/or the **Social Media and Cellular Devices Policy (S09 06 831)**.

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.

Right to Care in a Safe Setting

All patients have a right to receive care in a safe setting. This includes patients who are at risk of harming themselves or harming others.

To ensure this, we must screen patients for suicidal thoughts so that precautions can be put in place to keep at risk patients safe. There were 45,979 American Suicide Deaths Last Year (CDC)

- That's the highest number in 40 years (CDC)

- That's One Death by Suicide Every 11 Minutes in the US (CDC)

Creating a Safe Care Setting

We create a safe care setting for suicidal patients by doing the following:

- Assign one staff member to one patient so that they can be kept under continuous visual observation

- Inspecting the rooms at least once per shift to identify and remove unsafe objects while recognizing and lessening the risk of strangulation.

- Removing unsafe objects like:
  - Sharp objects
  - Equipment that can be used as a weapon
  - Unneeded items (such as an IV pole)
  - Secure personal belongings
  - Removal of any other items that may contribute to harmful behavior
- Recognizing and lessoning the risk of strangulation such as:
  - Cords, wires and other ligature (strangulation) risks
  - Door handles, door closures and other places to tie items that are strangulation risks
- Place patient in a yellow gown that should not be removed until they are no longer on Suicide precautions, they are discharged or in the case of Baker Act, upon the arrival of the law enforcement agency, Lee Health Public Safety staff or EMS that will be providing transport to the receiving facility.

See **Care of Patient at Risk for Self-Harm (Suicide Risk, Baker Act) Policy (M02 04 107)** for more information.

What to do if there are Concerns

Using situational awareness is always important.

If you are concerned that a patient may be at risk for harming themselves or others, you should call the nurse and tell him/her about your concerns.

Stay with the patient and talk with him/her until help arrives.

Suicidal Patient Behavior

- Hopelessness
- Feeling trapped or in unbearable pain
- Burden to others
- Drug Use
- Anxious or agitated
- Withdrawn or feels isolated
- Talks about seeking revenge
- Mood swings
- Increase or decrease in sleep
- Psychosis or Psychiatric instability

A seagull sign on the door indicates the patient has been determined to be at risk for self-harm. The patient will also be placed in a yellow gown.

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.

For the safety of our patients and employees, Lee Health observes a Drug Free Workplace and does NOT permit any employee the use of medical marijuana, even if you are using in accordance with Florida law and have a physician's certification. In Florida, it remains unlawful to use or test positive for marijuana in a drug-free workplace, regardless of a prescription. Florida Statute § 112.0455(5)(a)).

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, job applicants, physicians, Licensed Independent Physicians, independent contractors, contracted anesthesia staff members, 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 the potential of impairment, 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 reasonable suspicion of diversion or an individual covered by the policy that 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** – any employee or covered individual who has suffered an injury or has caused, contributed to or been in an accident

Because safety is a top priority, all employees, volunteers and students, have a responsibility to report suspected use of illegal drugs or the abuse of alcohol, or if an employee is working under the influence of a prescribed drug. Report directly to the Compliance Department or by using the and may use the confidential reporting process.

You can report confidentially by using the toll-free Compliance Hotline (1-877-807-5647) or report electronically at https://secure.ethicspoint.com

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

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; an 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.

- Direct observation of indicators of impairment while on duty

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 the 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 supervisory level employee.

3. If the employee in question is a physician or maintains medical staff clinical privileges, the leader shall notify the Medical Director of the need for a reasonable suspicion drug test. The Medical Director and leader will review and follow steps outlined in the **Impaired Practitioner Oversight Policy (M14 01 118).**

4. Leaders are required to review 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 on VirtuaLee.

Diversion of Controlled Substances

Diversion of controlled substances means transferring any legally prescribed controlled substance from the person it was prescribed and intended for to another person.

The nation is experiencing an unprecedented opioid epidemic of prescription drug abuse that may lead to drug diversion. Some of those who are addicted work in healthcare settings and divert (steal) drugs from their patients and their employers to support their addiction.

Addiction in healthcare workers is not a victimless crime. Drug diversion puts our patients, coworkers, Lee Health and our community at risk.

While this definitely applies to all staff who have access to medications (nursing, pharmacy, respiratory, OR, physicians, anesthesia, etc.) every staff member should be aware of the warning signs of Diversion and how to report concerns.

Warning Signs of Possible Diversion

Because Lee Health has controlled substances, we are at risk for diversion.

Signs of possible diversion among coworkers include:

- Increased absence from work
- Volunteers for overtime or comes to work when not scheduled
- Frequent unexplained or unusual absence from the unit during shift
- Isolation and secretive behavior, severe mood swings or unexplained changes in behavior
- Interpersonal relationships suffer, becomes upset or defensive easily
- Chaotic family life, blames environment and others for errors
- Removal of larger doses of medications than necessary from Pyxis
- Failure to waste medication, delayed wasting, return to stock, or administration of any controlled substance longer than 30 minutes
- Wasting entire doses of medications
- Carrying medications around in pockets – particularly controlled substances
- Inconsistent medication administration between shifts and patients complaining of unrelieved pain
- Removing medication for a patient that has been discharged
- Removing a duplicate dose
- Reusing a fentanyl patch
- Theft from sharps containers

Diversion Prevention

Diversion happens by tricking co-workers into policy violations, such as "virtual witnessing" of a controlled substance waste or "courtesy wasting" when the real waste process has NOT been observed by the witness and the substance is being diverted instead.

Lee Health has implemented processes to improve surveillance and detection of controlled substances which includes:

- **Diversion Operations Oversight Council** – Responsible for development and revision of policies and procedures which govern the Diversion program.

- **Drug Diversion Specialist** – Oversees drug surveillance activities, leads interventions and audits for diversion vulnerabilities. Identifies patterns of possible diversion through analysis of data, video surveillance and review of controlled substance activity and conducts all diversion investigations.

- **Diversion Surveillance Task Force** – Reduces risk of medication diversion through collaboration and process improvement implementation.

- **Diversion Intervention Response Teams** – Site-specific teams that review high-risk events using standardized methods.

- **BD HealthSight Diversion Management Analytics Program** – An artificial intelligence program that evaluates and monitors behaviors of employees utilizing the Pyxis and Epic programs.

Refer to **Controlled Substance Diversion Surveillance and Prevention Policy (S03 03 138)**.

Diversion Reporting

Any employee is capable of diversion.

Suspicion of diversion should be reported to:

- Your department leader

- Lee Health's compliance hotline 1-877-807-5647 or report electronically @ https://secure.ethicspoint.com. The link is on VirtuaLee under Compliance.

- Online safety report – SafeLee Portal

- System Director of Pharmacy or Facility Director of Pharmacy

- Lee Health Drug Diversion Specialists, Holly Borkowski and Brian Sorbello

Controlled Substance Documentation Requirement

Controlled Substance Timeline

Administered

Controlled substances **must be administered within** 30 minutes of removal from the Pyxis in all areas except:
- during an emergency situation (documented)
- during an expected procedure
- or if located in the PACU/Procedural areas

Not Administered

Controlled Substances **not administered or refused** by the patient will be returned to stock in the Pyxis within 30 minutes of removal.

Remainder "Waste Portion"

The remainder of partial doses or doses not given of controlled substances shall be appropriately **WASTED and witnessed in the Pyxis within** 30 minutes of removal and not retained for later use or administration to the patient.
- The witness shall be physically present when the dose or partial dose is wasted and verify the amount / volume

NOTE: Controlled substances **will not** be carried in pockets of Lee Health employees.

Refer to **Controlled Substance Documentation and Record Keeping Policy (M03 03 140).**

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 emergencies.**

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 assessment determines if an ethics consultation committee review is required.

Anyone can make a referral for an ethics consultation.

The ethics consultation process can be found through VirtuaLee > Departments > Forms Management > Ethics > Form #0158.

How to Access Ethics Consult

Complete the Ethics Consult Form (# 2340) and fax it to Spiritual Services at 343-5105. Call the Ethics Consult Request Line at 343-5049 if questions arise.

An assessment will be initiated once the Ethics Consultation Request form (Form #2340) is received. The Ethics Consultation Groups review the case and makes a recommendation.

Ethics consultations are available during normal business hours (8:00am – 4:30pm), Monday through Friday, except holidays.

Several policies address ethics, individual rights and responsibilities including:

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

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, which 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 LifeLink in accordance with Federal regulation and the Lee Health **Organ & Tissue Donation policy (M03 01 683)**.

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.

LifeLink

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 much needed organs and tissues for waiting patients.

Donation Referral Procedure

1. The primary nurse will call LifeLink at 800-64-DONOR (36667). This connects you with a 24-hour Donor Referral Line.

2. A call should be made within one hour if the patient meets criteria.
   See **Organ & Tissue Donation Policy (M03 01 683)** for specific criteria.

3. Donation after Circulatory Death (DCD) is an organ recovery option for patients and/or families where there is irreversible neurological injury that does not meet the criteria for

brain death declaration. In this case, there is irreversible cessation of circulatory and respiratory functions (circulatory death). See **Organ Donation After Cardiac Death (DCD) Policy (M03 01 685).**

4. Be prepared to provide pertinent information to the LifeLink 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.

5. A LifeLink coordinator will return the initial call to review medical information and consult with the Medical Examiner to obtain clearance.

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

7. If the decedent is medically suitable for donation, the option will be offered to the next-of-kin by the LifeLink / Lions coordinator in accordance with Florida statutes. In the 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.

   Legal consent can be obtained from legal next of kin, healthcare surrogate, or from first person authorization, if the patient is a registered donor as this is a legal binding decision and is recognized as an advance directive in the State of Florida.

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

9. 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.

Cardiac and Stroke Awareness

As part of Lee Health's designation as a Stroke and Chest Pain Center, all employees and staff should know how to respond when patients or visitors may be having a stroke or experiencing chest pain.

A stroke or heart attack can happen at any time or place. It is important that all of us know the signs and symptoms of these common emergencies so that we can get patients the help they need in the quickest way possible.

Stroke Awareness

A stroke is a "brain attack" that occurs when blood flow to an area of the brain is cut off and is deprived of oxygen causing the brain cells to begin to die.

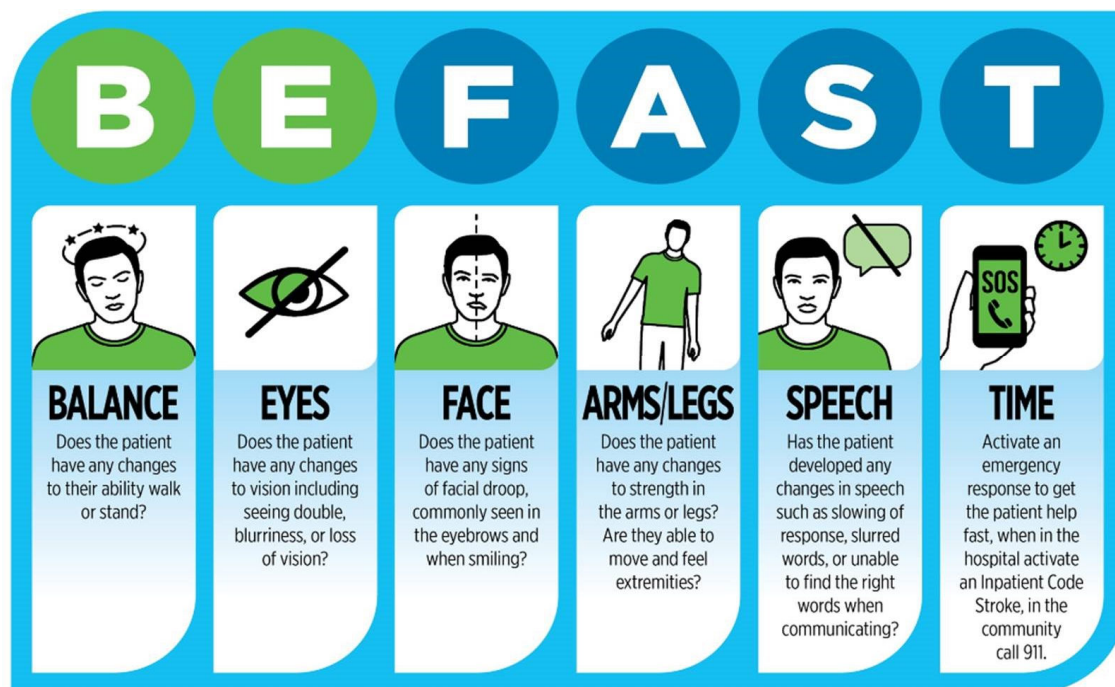Every 40 seconds someone in the US has a stroke.

Every 4 minutes someone dies from a stroke.

For every hour that treatment is delayed, the brain loses as many neurons as it does in 3.6 years of normal aging.

Every minute you delay, 1.9 million brain cells die.

TIME = BRAIN

If you believe someone is having a stroke, you need to **"BE FAST."**

BE FAST

BALANCE	EYES	FACE	ARMS/LEGS	SPEECH	TIME
Does the patient have any changes to their ability walk or stand?	Does the patient have any changes to vision including seeing double, blurriness, or loss of vision?	Does the patient have any signs of facial droop, commonly seen in the eyebrows and when smiling?	Does the patient have any changes to strength in the arms or legs? Are they able to move and feel extremities?	Has the patient developed any changes in speech such as slowing of response, slurred words, or unable to find the right words when communicating?	Activate an emergency response to get the patient help fast, when in the hospital activate an Inpatient Code Stroke, in the community call 911.

Note the time symptoms begin and communicate this to emergency responders.

Additional Symptoms of Stroke

There are several additional symptoms of stroke that all appear suddenly such as:

- Sudden confusion, trouble speaking or understanding speech
- Sudden numbness or weakness of face, arm or leg – especially on one side of the body
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

Who To Contact and How

If a non-patient (such as a visitor or employee) is at a hospital location and you think they may be having a stroke call Nursing STAT.

If they are at a location other than a hospital, call 9-1-1 immediately.

For patients, call a Code Stroke.

Heart Attack Warning Signs

Heart attacks are a leading killer of both men and women. Each year, more than 1 million people in the U.S. have a heart attack and about half of them die.

Half of those who die, do so within one hour of the start of symptoms and before reaching the hospital.

A heart attack happens when the flow of blood that brings oxygen to a part of your heart muscle suddenly becomes blocked. Your heart can't get enough oxygen and if blood flow isn't restored quickly, the heart muscle will begin to die.
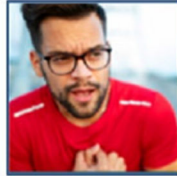
Know the Heart Attack Warning Signs

| Your chest may hurt or feel squeezed, or it may feel like heartburn or indigestion. | Your arms, back, shoulders, neck, jaw, or upper stomach (above the belly button) may hurt. | You may feel like you can't breathe. | You may feel light-headed or break out in a cold sweat. | You may feel sick to your stomach. | You may feel really, really tired. |

Additional Heart Attack Symptoms for Women

In addition to chest pain, women are more likely to have these symptoms:

- Pain in the shoulder, back or arm
- Shortness of breath
- Unusual tiredness and weakness
- Upset stomach
- Anxiety

Who to Contact and How

If a non-patient (such as a visitor or employee) is having a heart attack at a hospital location, call Nurse STAT.

If they are at a location other than a hospital call 9-1-1 immediately.

For patients, call a Medical Emergency Team (MET) or Critical Care Outreach (CCO) Nurse.