RIGHT TO KNOW (MSDS)

1. As an employee you have the right to know what hazards you face on the job and how to protect yourself against them.

2. The MSDS (Material Safety Data Sheets) sheets for this department are located: ________________________________

3. The MSDS sheets give details on physical dangers of the chemical, safety procedures, and spill clean up.

4. When you are working with chemicals, READ THE CONTAINER LABEL and follow any instructions and warning.

5. The hazardous materials on this Unit/Dept. are: ______________________________________________________

   ____________________________________________________________________________________________

RIGHT TO KNOW (MSDS)
EMERGENCY MANPOWER (CODE M)

1. Code M is to be used in the management of hostile or combative patients only. The person in charge of the department will make the decision regarding the use of Code M.
2. To obtain assistance, pick up the phone and dial 4111. State "Code M" and your location.
3. Stand at entry location to allow responding staff to enter area.
4. Remind personnel to remove articles such as glasses, watches, name tags, pens, etc.
5. Tell patient what is being done and why.
6. Attempt to verbally assist the patient in regaining control.
7. If the patient does not respond to verbal measures, attempt to physically restrain the patient in the safest possible manner.
ACUTE MEDICAL SITUATIONS OUTSIDE OF HOSPITAL BUILDING ON THE HOSPITAL GROUNDS

Upon discovering the situation or event, call the hospital operator by dialing 4111 (494-4111 if calling on cellular phone) and state "CODE G" and location.

Switchboard operator will open page "CODE G" and location and will initiate beeper notification, including location, to House Supervisor, Security, and House Orderlies.

Emergency Department Registered Nurse and Inside Security personnel will go to the stated location. There the nurse will initiate an appropriate medical screening examination to determine if an emergency medical condition exists.

House Supervisor will report to the Switchboard Operator. The scene assessment will be relayed to the House Supervisor via security radio at the switchboard.

The House Supervisor has the authority to initiate measures he or she deems appropriate to provide for the patient's apparent needs, which can include:

1) Transporting the involved party(s) to the Emergency Department; and/or
2) Exercise other appropriate alternatives, including calling 911 for response when it is determined this is in the patient's best interest.

CODE G
Definition: An infant abduction is suspected, is being attempted, or has occurred.

Hospital operator will announce 3 times: "Code Pink" and location of abduction. If the abduction is from the Family Birthplace, the operator will announce the specific location of the exit that was violated.

ALL PERSONNEL WILL:
1. LISTEN for the exit announced by the operator.
2. MONITOR the stairwells, elevators, and exits from your unit.
3. STOP and QUESTION all persons carrying an infant or large package.

IF YOU SEE THE ABDUCTOR:
1. Call 4111 - tell operator where you are calling from and where the abductor is heading.
2. MAINTAIN VISUAL CONTACT with the abductor - that is, FOLLOW THE abductor.
3. DO NOT ATTEMPT TO PHYSICALLY CONFRONT THE ABDUCTOR!
4. PAY ATTENTION to every detail about the abductor (male/female, clothing, approximate height, weight, hair color, any physical characteristics, etc.).
   If you follow the abductor to the parking lot to his/her car, get a description of the car and license number.
CODE 3 - CARDIAC / RESPIRATORY ARREST

1. Establish unresponsiveness.
2. Call for help.
   a. Place patient in the supine position on a firm surface.
   b. Activate the emergency call switch or nurse call button to summon immediate help.
3. Check for respirations and a pulse.
   a. If not breathing or no pulse, dial 4111.
   b. Announce Code 3 and give room number and unit.
   c. Stay on phone until operator confirms room number.
4. Begin with CPR (15 compressions to 2 ventilations)
   *Mouth to mask device will be used on all code situations.*
5. Crash cart arrives:
   a. Place patient on backboard.
   b. Attach patient to monitor.
   c. If an IV has not been started, do so now
      1) 16 G or 18 G IV catheter preferred
      2) IV fluids-500cc bag D5W or NS
6. When Code team members arrive:
   a. Have chart available.
   b. Notify primary physician.
   c. Assist code team members.

**ALERT:** “Code Blue” is an emergency communication initiated by ED personnel indicating that the ED physician on duty is unable to respond to a Code 3 and that any physician hearing the “Code Blue” is to respond immediately to the appropriate room or area.

CODE 3 - CARDIAC / RESPIRATORY ARREST
DISASTER (SITUATION 100)
INTERNAL DISASTER / EXTERNAL DISASTER

Condition I - (Up to 15 casualties)
Condition II - (Estimated 16 - 30 casualties)
Condition III - (Estimated 31 or more casualties)

1. Employees in this department will report to:

2. See the Disaster Plan for general instructions. The Disaster Plan is located Meditech: Disaster Plan 1-25.
   See your departmental disaster plans for departmental specific instructions. Your departmental disaster plan is located:

3. Do not use the telephone unless absolutely necessary.

4. All questions from the media should be directed to the Marketing Director in the temporary Public Information Office that will be set up in the physicians’ dictation room of the Health Information Management Department. The press will be accommodated in the Hospital Cafeteria Private Dining Room, under the supervision of the Marketing Director.

5. Visitors and families of disaster victims or hospital personnel will be directed to and will remain in the hospital cafeteria.
BOMB THREAT PLAN

When warning of a bomb threat is received by telephone, you should:

1. Prolong the conversation as much as possible and take notes.
2. Note the following:
   a. BACKGROUND NOISES.
   b. VOICE CHARACTERISTICS OF THE CALLER.
   c. ASK WHERE & WHAT TIME THE BOMB WILL EXPLODE.
   d. CALLERS FAMILIARITY WITH THE FACILITY.
   e. ASK WHAT THE BOMB LOOK LIKE.
   f. EXACT WORDS OF THE CALLER.
3. IMMEDIATELY call the PBX Operator.
4. If time permits, NOTIFY the 1st available of the following Hospitals officials ONLY: President/CEO, Chief Operating Officer (evenings & weekend - Administrator-On-Call), Plant Operations Director or the House Supervisor.

BE ALERT FOR:

1. Unusual Packages (tubular or cylindrical).
2. A package that does not "BELONG".
3. Unnecessary articles/Clutter should be removed.
4. People who act in an unusual manner or people who enter the hospital with packages and leave empty handed.

If bomb is found-- DO NOT TOUCH, CLEAR THE AREA.
If applicable, close the room door.
Notify Plant Operations Director and when assistance arrives, offer cooperation.
OCCURRENCE REPORTING

An occurrence is defined as any:
1. Event that is not consistent with routine patient care when compared to accepted standards.
2. Violation of established policies and procedures that involve patient care.
3. Accident to an employee, visitor or patient with or without injury.
4. Event with injury that is considered a potential claim or lawsuit.
5. Mishaps due to faulty or defective equipment or unsafe environmental conditions.
6. Unexpected adverse results of professional care and treatment, which necessitates additional hospitalization or a significant change in patient treatment regimens.
7. Patient, visitor or employee property loss or damage.

A list of categories include but are not limited to:
1. Falls
2. Medication variations
3. Treatment or testing related incidents
4. Patient induced injuries, safety or security problems

Preparation of the report is performed by:
1. The employee having knowledge of the facts
2. The employee who observed the incident

All reports must be completed immediately in Meditech after the incident.
EMPLOYEE INJURIES

1. Notify your supervisor immediately.
2. All work related injuries must be reported via Meditech as an “Employee Notification”, before the end of the shift.
3. Injured employees should contact Employee Health Nurse/Injury Coordinator to discuss incident and determine if the employee needs medical evaluation and treatment. Physician referral will be determined at that time.
4. For TRUE emergencies requiring medical treatment, the employee should be taken to the Emergency Department.
5. 3-11 and 11-7 employees should contact the House Supervisor and make her aware of the incident. If the employee needs medical evaluation, the House Supervisor will send the employee to the Emergency Department. Employee Health/Injury Coordinator should be contacted the next business day.
6. Drug screens are required for ALL injuries except exposure to blood and body fluids or exposure to diseases, i.e. TB, Meningitis.

EXPOSURE TO BLOOD/BODY FLUIDS

1. For exposure:
   a. Needle sticks, sharps, lacerations or cutaneous (skin) that is chapped or has open areas: wash site immediately with antimicrobial soap.
   b. Mucous Membrane (eye, mouth, nose) Area should be flushed with saline or water. If contacts are worn, they must be removed and disinfected before placing them back into the eyes.
2. Notify your supervisor
3. Complete “Employee Notification” in Meditech
4. Contact Employee Health/Injury Coordinator ASAP
5. The House Supervisor will handle exposures when Employee Health/Injury Coordinator is closed. (3-11, 11-7, weekends, holidays)
6. If the source patient is a known HIV+ or a high risk patient, contact Employee Health or the House Supervisor immediately. When Employee Health is closed, the employee should report to the Emergency Department for possible post-exposure prophylaxis. (treatment with medications that require informed consent).

EXPOSURE TO DISEASES

7. Notify your supervisor immediately.
8. Complete “Employee Notification” in Meditech
9. Contact Employee Health/Injury Coordinator ASAP (some exposures may require medication)
10. If Employee Health is closed, notify the House Supervisor.

EMPLOYEE PARKING AND PEDESTRIAN SAFETY

Most employee parking is separated from the main campus, either by Davis Highway or Johnson Avenue. Employees using the Davis Highway or Johnson Ave parking lots should exercise extreme caution.

RULES FOR A SAFE WALK AND CROSSING

- Watch out for cars pulling in or backing out of parking spaces
- STOP, look to the left-right-left and over the shoulder for traffic and turning vehicles before crossing
- Wait for the WALK signal before processing across the street. Wait for cars to stop
- Look before stepping past stopped vehicles
FIRE - CODE 505

CODE 505 IN YOUR DEPARTMENT
(fire or smoke in your area)

DO NOT SHOUT "FIRE", STATE "CODE 505"
THINK "R-A-C-E"

"R" RESCUE people from the vicinity. Close the door.

"A" ALARM activation.

11. Pull the fire alarm box LOCATED: ________________________________

12. Pick up the phone and dial 4111. State CODE 505 and your Location.

"C" CONTAIN the fire. Close all doors. Check to see that the fire exits are clear.

"E" EXTINGUISH if you can do so safely, go to the area with fire extinguisher and attempt to extinguish.

EXTINGUISHER LOCATED: ________________________________

Evacuate. Employees may evacuate patients to the next set of fire doors.

Assist Fire Safety team and fire department, if building evacuation is necessary.

DEPARTMENT OXYGEN SHUT OFF VALVES ARE TO BE TURNED OFF BY PLANT OPERATIONS PERSONNEL AT THE DIRECTION OF THE UNIT CHARGE NURSE.

CODE 505 IN AN AREA OUTSIDE OF YOUR DEPARTMENT

If you are not in your department, report back to your unit.

- CLOSE all doors and windows.
- STATION one person at the telephone.
- BE prepared to lend assistance.
- CHECK for signs of smoke or fire in your area.
- DO NOT call the operator until "CODE 505 CLEAR" is announced.
- REASSURE patients and visitors.
SMOKE - FREE FACILITY

The smoking policy is to regulate smoking within the facility for the health and safety of our patients, visitors, employees, contract workers, agency personnel, and medical staff members, and to comply with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) No-Smoking Policy and the Florida Clean Indoor Air Act.

West Florida Hospital is a non-smoking facility. Smoking is prohibited in all enclosed areas and landings of the Hospital, including the Pavilion, the Rehabilitation Institute of West Florida, and the Diagnostic Imaging Center (exception listed below). Smoking areas have been designated outside the hospital for those patients, visitors, employees, contract workers, agency personnel, and medical staff members who feel the need to smoke.

1. **SMOKING REGULATIONS FOR PATIENTS:**
   a. All ambulatory patients desiring to smoke must proceed to the designated smoking areas outside the facility. Hospital staff must be reasonably assured that the patient is oriented, able to ambulate and responsible. Non-ambulatory patients may be escorted to a designated smoking area by a family member or visitor.
   b. NO exceptions will be made.

2. **MONITORING EFFECTIVENESS:**
   In order to evaluate compliance with the organization’s non-smoking policy, the following will be followed:
   SECURITY will monitor policy compliance during all rounds. Security will stop all smokers and:
   - Inform them of our "non-smoking" policy
   - Instruct them to extinguish the tobacco product
   - Inform them of the designated smoking areas
   - If an employee, take identification and forward, by written documentation, to the facility’s Safety Officer. The Safety Officer will then notify the department director for disciplinary action.
   - Violations are tracked and trended by the Safety Officer/designee and reported to the Safety Committee.

3. Education:
   a. Upon orientation, the employees are given information on the NO smoking policy and information on agencies and programs that offer help for smokers who desire to quit.
   b. Physicians will counsel patients on the effects of smoking in regards to their health and will offer alternative measures.
Employee Responsibilities
Be alert to the entry of unauthorized persons in any area. If you see someone who does not appear to be an employee, or even an employee who might be outside his/her regular work area, please offer assistance in directing him/her to the correct destination. Report any suspicious or unusual activity to your supervisor.

Personnel Identification:
- All employees should wear employee identification badges while on duty.
- Vendors and sales representatives will have identification badges issued through Supply Chain.
- Contract construction and service workers will have identification badges issued through Plant Operations.
- Clergy and Chaplain Associates will have identification badges issued through Human Resources.
- Visitors will be identified by the absence of any identification badge.

General Security Responsibilities/Information:
- Patients and employees are asked not to bring excessive amounts of money or valuables with them to the hospital. If you observe a patient with what you consider to be excessive amounts of money or valuables, please contact your supervisor.
- Employees should secure cash and other valuables in lockers, desk drawers or other secure space while at work.
- Protect any computer/door passwords or combinations. Never share this information with anyone.
- The last employee to leave a work area at the end of the work shift should be sure that all doors are locked and the area is secure.
- Report any suspicious or unusual activity to your supervisor / charge nurse.
- Discuss your unit/department specific security policies. This is especially important in security sensitive areas such as the Pavilion, Pharmacy, Emergency Department and The Family Birth Place.
- Security escort services are available for transportation to parking lots. To access this service, please follow the following procedure:
  a. Call beeper 72-0315 (outside Security Officer); verbalize your request and location.
  b. If there is no response within five minutes, call beeper 72-0271 (inside Security Officer); have him/her meet you at the specified location.
  c. As a last resort, dial “0”, have the PBX operator convey your request to the Outside Officer.

SECURITY INCIDENTS
The Security Safety Committee defines a security incident as any incident that causes harm to employees, visitors, patients or property, or has the potential to do so.

HOW TO CONTACT SECURITY
The inside Security Guard is on Beeper 271 and outside Security guard is on Beeper 315. However, it is not expected that these numbers be committed to memory. The PBX Operator is in radio contact with all Security Guards and they can be contacted in this manner. Call the PBX Operator by dialing “0” and tell the Operator to either have the Security Guard report to a specific location or have them call an extension.
Equipment Safety / Failure of Essential Equipment / Utilities

Equipment (Department Specific) Training is provided by department directors or designees regarding use, limitations, etc., of equipment specific to the function. In the event of equipment failure the employee knows the appropriate procedures, the emergency clinical interventions during failures, how to access spare equipment and what to do for repair services.

Department Specific Failures - Give precise instructions for equipment failure specific to your area.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Emergency Clinical Interventions Utilized During Equipment Failure.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

How to Access Spare Equipment: _____________________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What To Do For Repair Services:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Process To Report Problems, Failures - Give concise overview

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

EMERGENCY PROCEDURES:

When any of the following services are disrupted for any reason, the Director of Plant Operations or next senior person in the Plant Operations Department shall be notified immediately. Plant Operations may be notified by dialing 4888 during their normal business hours Monday - Friday 07:00 - 15:30.

Electricity Fire Alarms Water (hot/cold) Telephones Intercom System
Nurse Call system Elevators Air Conditioning Heating Oxygen
Vacuum Medical Air Computer Systems

After hours and on weekends call the PBX operator by dialing "0". The operator will notify the appropriate on-call personnel and the House Supervisor.

Emergency power outlets are identified by their color (RED) these outlets are located in designated areas and are there to provide electricity for life sustaining equipment in the event of a power failure.
General Severe Thunderstorm/Tornado Disaster Plan

- Review the disaster plans and evacuation plan.
- Close shades or drapes over all windows.
- Place all non-essential items for patient care in drawers or lockers; secure non-patient care area items in wardrobes/lockers.
- Advise and reassure patients that precautions are routinely taken whenever a severe weather warning is issued.
- Place patient’s bed in low position, ensure their call light is within reach.
- Provide to all patients a blanket or bedspread, which may be needed for protection.
- Move all charts, unit dose medication carts, emergency carts, etc. to an inside room.
- Prepare equipment that may be needed to move patients in the event of an evacuation.
  - Blankets
  - Wheelchairs
  - Linens
  - Patient care equipment

If a Tornado Warning is issued begin to:

1. Move patients to corridors.
2. Place blankets, linens and mattresses on the floor of safe areas to provide a place for patients to lie down.
3. Move needed patient care equipment to corridors.
4. Close all doors.
5. Assist patients in lying flat or crouching down with head covered with blankets.
6. Personnel shall maintain appropriate space in corridors for safe movement.
7. All personnel shall assume the prone or crouching positions, keeping their heads covered.

All casualties will be treated according to the disaster plan. In the event of hospital damage, a partial or total evacuation shall be determined by the CEO. Refer to the Hospital Evacuation Plan.

Each department shall maintain the on-call system in the event relief staff are unable to report to their designated shifts.
OSHA/BIOHAZARDOUS WASTE/ BIOMEDICAL WASTE MANAGEMENT

The Exposure Control Plan is located in the INFECTION CONTROL MANUAL.
The Infection Control Manual is located in Meditech.
Exposure Control Plan Section 3.01, TB Control Plan Section (3.03), Isolation Section (5.)
Personal Protective Equipment (PPE) cabinets are located:

Personal Protective Equipment (PPE) cabinets contain:
* Gloves  * Eye protection  * Gowns
* Red bags  * Specimen bags  * Masks
* Mouth-to-mask devices for CPR

Additional red bags are located: ________________________________________________

Red-bagged biomedical waste is placed in a covered bin for Environmental Services pick up.
Biomedical and regular trash should not be mixed.
Sharps containers must be emptied when they are 2/3rd full.
Employee Exposures to blood/body fluids (See Employee Injury Card)

ABSOLUTELY NO EATING OR DRINKING IN WORK AREAS!!

<table>
<thead>
<tr>
<th><strong>BioMedical Waste Management</strong></th>
<th><strong>BioHazard Waste Management</strong></th>
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| **Biomedical waste** – any solid or liquid waste which may present a threat to humans, including non liquid tissue, body parts, blood, blood products, and body fluids from humans which contain human disease-causing agents, and discarded sharps. Body fluids – include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Biomedical waste is also the following:  
  - Used, absorbent materials saturated with blood, blood products, 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, body fluids, or secretions or excretions visibly contaminated with blood.  
  Saturated: Soaked to capacity | **Biohazard waste** – a solid waste material is a hazardous waste if the chemical waste exhibits any of the following criteria:  
  - T - Toxicity  
  - R – Reactivity  
  - I - Ignitability  
  - C - Corrosively  
  Toxic material such as lead and mercury.  
  Reactive waste has the characteristic of reactivity if it reacts violently to water.  
  Ignitable wastes are capable of causing or intensifying a fire during routine handling.  
  Corrosive wastes include highly acidic or highly alkaline chemicals and those that are capable of corroding metal. |
| Material contaminated with biohazard waste shall be placed in an impermeable, red plastic bag at the time of origin. All other waste, not contaminated by untreated | Material and/or disposable devices contaminated with biomedical waste shall be placed in an impermeable, red plastic bag at the time of origin. All other waste, not contaminated by untreated |

OSHA-WASTE MANAGEMENT
biomedical waste, shall be placed in a container with a clear plastic bag. *(Regular trash container)* **Special note:** The biomedical container must have a red bag and be covered with a lid at the time of origin to prevent exposure to others. Anything placed in one of these red bags will be treated as biomedical waste and incinerated. Sharps should be placed in rigid, puncture and leak resistant containers. The sharps containers at the hospital will be changed when they are 2/3 full.

Linen that has been contaminated with biomedical waste shall be placed in a **yellow** bag for transport for laundering. Wet/bloody linen should be rolled to contain the contaminated portion on the inside of the roll, and then placed in the yellow bag. The linen bags must be closed and placed in the linen chute.

All packages containing biomedical waste shall be visibly identifiable with the international symbol and with one of the following phrases: "BIOMEDICAL WASTE" OR "INFECTIOUS WASTE"

Biomedical waste red bags should be placed in the red container in the soiled utility room located on each unit. The soiled utility room shall be accessible by authorized personnel only.

Environmental services personnel are responsible for transporting all biomedical waste from the soiled utility room to the outside storage container. The outside storage container will also be labeled with the international symbol and shall be secured at all time, to prevent exposure to others.

Biomedical waste shall not remain at the facility for more than 30 days. * The 30 day period begins when the first item of biomedical waste is placed into a red bag or sharp container.

Spills of biomedical waste – **WEAR YOUR PPE!!!**
- Apply gloves, gowns, fluidshield mask, and etc. as needed
- Contain with paper towels
- Spray with Stat 3 TB
- Cover with more paper towels
- Clean up the area of biomedical waste spill

Be aware of the chemicals used in your area and be able to locate the Material Safety Data Sheets (MSDS) for the specific chemical.

Notify your supervisor about any missing labels or damaged containers of these chemicals.

Protect yourself by using the correct personal protective equipment.

All packages containing biohazard waste shall be visibly identifiable with the international symbol and with the following phrase: "BIOHAZARD WASTE"

Plant Operations personnel are responsible for handling all hazardous waste and spills with the exception of Lab.** **The laboratory staff will handle its own chemical, biomedical and biohazard spills.

Spills of hazardous waste – **WEAR YOUR PPE!!!**
- Evacuate the immediate area (**For Mercury spills – remove the patient from the room and close the door**)
- Notify your immediate supervisor
- Obtain the MSDS for the spilled chemical
- Call Plant Operations –ext. 4888
- Plant Operations will manage the spill
| **When clean up is complete, Place all biomedical waste into a red plastic bag** | **Complete an Occurrence Report and forward to the Risk Manager.** |
| **Notify Environmental Services if additional cleaning needed** | **Do Not call Environmental Services until the spill has been rendered safe by Plant Operations** |
|  | **Do Not call for outside assistance unless approved by Administration** |

**Spills:** the loss of control of a substance that may cause harm to staff, patients, or others who come into contact with the substance. All departments will notify Plant Ops (Ext 4888) of hazardous spills (Chemical or mercury). The Laboratory will only notify Plant Ops for mercury spills, as the lab will handle its own chemical, biomedical and biohazard spills. Special containment kits are used by Plant Ops for mercury and chemical spills.
HAND HYGIENE

WFH hand hygiene policy follows the CDC Hand Hygiene Guidelines. The CDC recommends the following:

1. Wash hands when you arrive at work.
2. Wash hands before and after patient contact.
3. Wash hands after donning gloves.
4. Use antimicrobial soap in healthcare facility.
5. Use alcohol hand gel in all patient care areas.
6. Nails should be kept ¼” long, clean, trimmed, and no chipped polish.
7. No acrylic, wraps, or extenders nails should be worn in high-risk areas.

Healthcare workers with direct patient care are NOT to wear artificial fingernails or extenders when having direct contact with patients.

- Jewelry should be worn in a conservative manner and cleaned with antimicrobial soap in the process of hand washing during the healthcare worker’s shift.
- Personal hand lotions will not be used by healthcare workers with direct patient care due to the emollients breaking down the glove barrier.

ISOLATION PROCEDURES

The following procedure is for patients needing AIRBORNE, CONTACT, DROPLET, or IMMUNOSUPPRESSED isolation.

Once the patient is identified for the need of isolation placement:
1. Place patient in private room or negative air room for AIRBORNE isolation.
2. Place the appropriate Infection Control isolation sign on the door.
   A. AIRBORNE- Pink
   B. CONTACT-Yellow
   C. DROPLET- Orange
   D. IMMUNOSUPPRESSED- White
3. Obtain a yellow disposable stethoscope from the supply cart in the patient room.
4. Call the Physician for a written order to place the patient in isolation.
5. Change the Care-Admin screen in Meditech.
6. Add an Isolation Intervention in the patient’s plan of care.
7. Notify Infection Control at x4866 if the patient was placed on AIRBORNE or DROPLET isolation.

STOP AND READ THE ISOLATION SIGNS PRIOR TO ENTERING PATIENT ROOM TO MAKE SURE YOU DID NOT FORGET YOUR Personal Protective Equipment NEEDED.

Give patient appropriate educational documents for appropriate isolation. Call Infection Control at x4866 if you need assistance for any reason placing the patient on isolation.

DISINFECTING EQUIPMENT

Use a Sanicloth wipe to do the following:

1. When transporting place clean sheet under patient. After each use, wipe stretcher or wheelchair.

HAND HYGIENE
2. Disinfect eMAR machines once per shift.
3. Disinfect work area daily.
4. Disinfect blood pressure machines and thermometers daily.
5. Disinfect ACCudose machines daily.
Putting Patient First is West Florida Hospital’s philosophy of educating and empowering patients to become more actively involved in their healthcare. This involves the patient taking responsibility and knowing their rights with their health care plans, providers, and employers so that they receive the most appropriate, high quality and cost effective health care possible. We as employees of West Florida Hospital need to put the patient first with safety issues such as:

8. Patient Identification: all patients will be properly identified through the Continuum of Care.
   a. All patients will be identified on admission by application of appropriate armband.
   b. On the admission unit, the admitting nurse will assure proper identification to include:
      1) Patient is in assigned bed and room
      2) Correct and legible armband is in place
      3) Patient’s records are correctly labeled

9. Prior to any intervention/procedure, the identity of the patient will be verified by:
   a. Read name and medical record number on armband.
   b. Ask patient to state first and last name.
   c. If patient unable to state name, verify with family when possible.

10. Whenever a patient is transported to another area of the hospital for a procedure, identify the patient by the person transporting to include:
    a. Enter patient name on unit locator board
    b. Pick up transport slip and patient record
    c. Verify patient name and medical record number by armband
    d. Compare armband with patient name on chart
    e. Ask patient to state first and last name, or verify with family if patient unable to respond

11. The receiving area nurse will identify patient in the same manner as above.
    a. When procedure is completed a phone report will be given prior to patient returning to the until
    b. The unit nurse will receive the patient and reassess the patient to include verification of patient identity.

Use of Unapproved Abbreviations Policy: A “Do Not Use” abbreviation list is in effect when ordering medications to prevent harm to the patient, the comprehensive list is located in the MOX library. A few examples follow:

1. U or u – Intended meaning Unit:  Misinterpretation—Read as a zero (0) or four (4), causing a ten-fold overdose or greater  Correction—Write “unit”

2. µg – Intended meaning Microgram: Misinterpretation—Mistaken for “mg” when handwritten  Correction—Use “mcg”

3. Zero after decimal point (1.0)—Intended meaning (example = 1.0)  Misinterpretation—Misread as ten (10) if the decimal point is not seen. Potential ten-fold error  Correction—Do not use terminal zeros for doses expressed in whole numbers. No zero before decimal point either.

4. Apothecary Symbols:
   \( \text{Z} \) = drams may be misinterpreted as a “3” Correction—use metric
   “m” Intended meaning as “minim”. Misinterpreted as “ml”. Correction—use metric

PATIENT TRANSPORTATION:

Patients transported by stretcher will always be within sight of Hospital personnel, have side rails raised, and be transported feet-first. Any patient experiencing difficulty will be taken to the nearest nursing station where emergency equipment and additional personnel are available. All patients will be transported with the same level of oxygen delivery as they were receiving on the unit.
**OCCURRENCE SCREEN** reporting: Any incident related to a patient or his/her care should be reported on a Patient Occurrence screen utilizing the Online Occurrence Reporting System. This ensures a systematic procedure to 1) detect, report, collate, analyze and summarize incidents; 2) develop appropriate measures to minimize the risk of injuries and adverse incidents to patients; 3) identify areas of actual/potential hospital liability and exposure.

**CDC HAND HYGIENE GUIDELINES:** Do not wear artificial fingernails or extenders when having direct contact with patients. Keep natural nail tips approximately ¼ inch long. Use hospital approved hand lotion only. Most hand lotions have emollients in them and will break down the glove barrier.