

Student Orientation Manual



**Nicklaus Children's
Health System**





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What NCHS Expects of You



Student Expectations

Prior to Clinical Rotation:

1. Review Nicklaus Children's Health System's (NCHS) Student Orientation Manual and complete assessment.
2. Ensure your approval to the program through your clinical placement coordinator.

During Clinical Rotation:

3. Wear your school student ID at all times. If you do not have an ID, you will be provided an NCHS badge.
4. Wear clean school approved uniform.
5. Use the NCHS number assigned to you, to sign-in and out at the designated kiosk location.
6. Follow all NCHS policies as outlined in this manual.
7. All students must function within the limits of their scope of service as defined by the hospital, respective professional practice acts, and state law.

For Nursing Students:

8. Review your Nursing Student Experience Guidelines with your instructor on the first day of your clinical rotation.

Instructor Responsibilities

- Ensure that all students have completed the student orientation process and have an assigned NCHS number.
- Review this document with your students on the first day of the clinical rotation.
- Students should be supervised at all times, and are not permitted to visit any patient care areas until they are approved in the NCHS student system, and they have received an NCHS number to sign-in and sign-out.
- Ensure that students sign-in at the beginning of their clinical day and sign-out at the end of their clinical day at the designated kiosk location.

- If you need access to view any patient medical records, you must reach out to the Learning and Development's coordinator to grant you access to our Electronic Health Record System (PEDS) prior to the start of the clinical rotation. The access provided will be for view only, there won't be access to document assessments and treatments. Having access to view patient records will minimize disruption to staff members caring for the patient.
- Instructors must be with their students at all times while in patient care areas, unless the student is doing an observational experience in another area.
- Observational experiences are allowed based on request. The student will be assigned to a designated staff member in order to supervise the student at all times. Students in an observational experience are not allowed to provide treatment and must only observe patient care delivered by the designated staff member.



NCHS Mission, Vision and Core Values

Nicklaus Children's Health System has a rich tradition of caring for and serving the children of South Florida. We - all of us who have the opportunity to be in the Nicklaus Children's Health System family, a community of students and partners - are entrusted to honor our history and improve and strengthen Nicklaus Children's Health System for the future.

Our Mission – Why we exist.

Is to inspire hope and promote lifelong health by providing the best care to every child.

Hope – Is what we promise.

It is hope for a better outcome, for healing and for a better lifestyle. It is creating expectations together and providing comfort in many ways, including spiritually. It is maximizing the quality of life.

Our Vision – Where we want to be.

To be where the children are.

Our Values and Guiding Behaviors – We CREATE NCHS

- **C**ollaboration
- **R**esponsibility
- **E**mpowerment
- **A**dvocacy
- **T**ransformation
- **E**mpathy





Nicklaus
Children's
Hospital



Basic Information

Det Norske Veritas (DNV) Means "The Norwegian Truth". The purpose is "Safeguarding life, property, and the environment." DNV follows CMS guidelines

DNV's NIAHO® program integrates ISO9001 with the Center of Medicare and Medicaid (CMS) Conditions of Participation.

DNV helps hospitals empower quality and patient safety through a more efficient and outcomes- accreditation program. DNV collaborative survey teams visit our hospital annually.

What is ISO?

It stands for the International Organization for Standardization (ISO), setting healthcare standards to make a proactive commitment to the transparency, accountability, quality, and safety throughout healthcare.

ISO 9001:2015 Fundamentals - 3 "C"s

- Provide a **Consistent** product or service
- Improve **Customer** satisfaction
- **Continual** improvement of the organization

Survey Mantra



Say What **YOU**
Do

(i.e. Focus on US; Know your standard work, plans, policies, and procedures)



Do What **YOU**
Say

(i.e. Demonstrate " amazing patient care"; Surveyor wants to observe the process; data toward building our future)



Prove **IT**

(How do you validate the process?
Internal assurance audits, Key Performance Indicators (KPI), Scorecards)



Improve **IT**

(Implementing Corrective actions, performance improvement, sustainability of operational excellence)

Environment of Care

This course provides students with information about Nicklaus Children's Health System emergency codes and emergency preparedness. The course is designed to guide you in responding to an emergency situation at work. It will also provide you with information on safety, security and hospital information.

Emergency Codes

As a Nicklaus Children's Health System (NCHS) student, this chapter will assist you in responding to unexpected events and emergencies. It introduces you to all NCHS emergency codes.

Code Red

Code Red means there is fire or a threat of fire. When you hear Code Red, remember the acronym **RACE**.

1. **Rescue** - Your first priority is to remove patients from immediate danger. Rescue less critical patients first.
2. **Alarm** - Pull the red alarm box located in the area to activate the alarm. The alarm activates the Code Red procedure which informs the hospital of the location of the fire.
3. **Contain** - Close all doors and prepare for evacuation. The response team will contain the fire. Clear halls of personnel and equipment.
4. **Evacuate/Eliminate** - Go to the next safety zone. Follow your department's evacuation plan and close all doors behind you.

Fire Extinguisher

In case you need to use a fire extinguisher, remember the acronym **PASS**

1. **Pull** - Pull the pin
2. **Aim** - Aim the nozzle at the base of the fire
3. **Squeeze** - Squeeze the handle
4. **Sweep** - In a sweeping motion at the base of the fire

Pull Stations and Fire Exits

Staff members should know the locations of their pull stations, fire extinguishers and fire exits at all times.



Code Lindbergh

Code Lindbergh means there has been a suspected abduction.

- If you see a suspicious person, or if you suspect a possible abduction, please call Security immediately at **Ext. 4911**.
- Provide the Security Office with a detailed description of the person and his/her location. This would include, but not be limited to, physical and clothing descriptions, direction of travel and other pertinent information.
- Hospital lock-down goes into effect.

Remember that the suspected abductor is potentially dangerous and could possess a dangerous weapon.

Code Blackout

Code Blackout means that there is a loss of electrical power and the hospital is running on generators.

- Only designated and emergency lights will function
- Use only life support machines, critical equipment and communications equipment

Code 36

Code 36 means that a child has been separated from the parent/guardian on the premises.

- If a parent approaches you and informs you that their child is missing, or if you find a child unattended, please call Security immediately at Ext. 4911.

Provide Security a description of the missing child including all known information, including physical and clothing descriptions, last area seen, direction of travel, and any other pertinent information.

- Code 36 will be announced and a description of the child will be overhead paged. The hospital's lock-down system goes into effect as soon as the code is announced.
- If you hear Code 36, search your department and immediate areas for the described child. If you find the missing child, notify Security ext. 4911 immediately.
- If the child is not found in 10 minutes, Security will notify the Metro Dade Police Department

Code Blue

Code Blue means that a Cardiac, Respiratory or Cardiorespiratory arrest has occurred.

- If you are in a patient room, press the Code Blue button located near the bed and dial **ext. 555** to alert the Code Blue Team.
- If you are in another area, dial **ext. 555**. Give the operator your location. If there is no phone close to you, shout for help.
- Do not leave the victim unattended. If you know CPR, begin resuscitation. Continue CPR until the Code Blue Team arrives.

Code Orange

Code Orange means a trauma case is coming to the hospital. The Trauma Team and involved disciplines will be prepared to receive the patient in the Emergency Department. Please keep clear of helicopter area as the trauma victim is often transported by helicopter. Did you know that NCHS has a heliport for the helicopter to land? The heliport is located above the Emergency Department area.



Code Spill

Hazardous Material Spill

- Evacuate Area
- Without endangering yourself, try to contain spill. Close valve and/or use absorbent material to contain spill
- Secure area, set a perimeter
- Contact your supervisor
- Call Security immediately at Ext. 4911.

For Offsite Locations: If spill is larger than 5 gallons, please call 911. If spill is less than 5 gallons, and trained staff can safely contain the chemical, follow the procedures on your spill kit and report spill to Environmental Services (EVS)/ Security at ext. 4911.

An assessment will be conducted and appropriate clean up and disposal measures will be taken.

Code Strong

Code Strong is an alert to activate necessary staff to respond to a situation when a patient, visitor, or employee has become, or exhibits violent behavior towards staff or others.

1. Student should dial ext. 4911 and request Code Strong
2. State room number and/or department name

Students shall not touch or restrain the visitor unless a life-threatening emergency exists.

Patient Safety Hotline: 1-866-KID-7702
Compliance and HIPPA helpline: 1-888-323-6248

Security

For regular information about Security, please dial ext. 4945. In case of an emergency, please dial ext. 4911. Please report all incidents or suspicious events to Security.

- As an NCHS student, your Identification (ID) badge needs to be visible at all times.
- Secure all your personal belongings.
- Nicklaus Children's Health System has zero tolerance for workplace violence.

Safety Officer
Ext. 6478

**The security staff is available to assist you
24 hours a day, 7 days a week.**

Rapid Response Team

The Rapid Response Team at Nicklaus Children's Health System is comprised of intensive care nurses, respiratory therapists and physicians that can respond to staff or parent concerns about a patient's sudden change in medical condition. If a parent or staff member feels the child's condition needs immediate attention, a number can be called and the team will respond to check on the child within 15 minutes.

To call the Rapid Response Team:

- Dial **ext. 811** (You can call from any hospital phone)
- Tell them if you are a parent, patient or clinician
- Give them the child's name and room number

The Rapid Response Team is here to help make sure that patients at Nicklaus Children's Hospital get the best care possible.

Tobacco Free Environment

To establish and maintain the safest possible environment, Nicklaus Children's Health System facilities, buildings, properties, parking lots and operated vehicles are tobacco free. There is absolutely no smoking on NCHS property.

Cover all Linen Carts

Linen carts must always be covered!

- Even if the cart is in a clean room, it must be covered
- During transport, the linen cart must be covered
- During busy times when the next person will be right there to get more linen out, the cart must be covered
- When distributing linen to patient rooms, the cart must be covered

Conclusion

- Safety and security is everyone's responsibility.
- Please be aware of your surroundings and report any suspicious activity at extension 4911.
- Know and follow the NCHS Emergency plans and procedures
- Handle hazardous materials safely
- Watch for outdated supplies

**Safety is everyone's priority at
Nicklaus Children's Health System!**





Patient Safety Goals

Overview

Each year, healthcare organizations must address the current goals and requirements as part of their patient safety performance improvement initiatives. The goals were identified by an advisory panel of patient safety experts and are based on Sentinel Event Alerts and the recommendations of national safety experts. The information in this course pertains to the DNV-GL Patient Safety Goals (PSG) that are applicable to hospitals.

PSG #1: Identify Patients Correctly

Patient Identifiers

Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment.

Make sure that the correct patients gets the correct blood when they get a blood transfusion.

PSG #2: Assure Consistent Communication

Communication

Get Important test results to the right staff on time (known as critical test result)

PSG #3: Use Medicines Safely

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

Take extra care with patients who take medicines to thin their blood.

Record and pass along correct information about a patient's medicines. Find out what medicines every time they visit a doctor.

PSG #4: Use Alarms Safely

Make improvements to ensure that alarms on the medical equipment are heard and responded on time

PSG #5: Prevent Infection

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set Goals for improving hand cleaning.

Use proven guidelines to prevent:

1. Infections difficult to treat
2. Blood infections from central lines
3. Infection after surgery
4. Urinary Tract infection caused by catheters

Hand Hygiene

Hand hygiene is the single most effective way to prevent the spread of infection. Use the hand hygiene guidelines from the Centers for Disease Control and Prevention or the World Health Organization.

Also, keep in mind the following:

- It is important to use soap and water when caring for patients with C. difficile and B. anthracis.



- Do not wear artificial fingernails or extenders, especially when having direct contact with patients.
- Keep natural nail tips less than 1/4 inches long, as measured from the fingertip.

Preventing Multidrug-Resistant Organism (MDRO) Infections

Use proven guidelines to prevent infections that are difficult to treat. Hand hygiene, educating patients and families on prevention, contact precautions and cleansing of equipment are vitally important to prevent the spread of MDROs.

Preventing Central Line-Associated Bloodstream Infections

Use proven guidelines to prevent infection of the blood from central lines. Such practices for central lines include:

- Using a catheter checklist and standardized supply cart/kit.

- Performing proper hand hygiene prior to catheter insertion.
- Following standardized protocols for sterile barrier precautions and catheter hub/port disinfection.
- During venous catheter insertion, using an antiseptic for skin preparation that is cited in scientific literature or endorsed by a professional organization.

Preventing Surgical Site Infections

Use hand hygiene guidelines and focus on evidence-based practices to prevent surgical site infections (SSI), including preoperative and postoperative standards of care. Measure surgical site infection rates for 30 or 90 days for targeted procedures based on the National Healthcare Safety Network (NHSN) procedural codes. Safe practice includes:

- Using a skin preparation of a chlorhexidine-based antiseptic for patients over two months of age.
- Administering preoperative prophylactic antibiotics as ordered.
- Using clippers or depilatories for hair removal in place of shaving (using methods that are cited in scientific literature or endorsed by professional organizations).

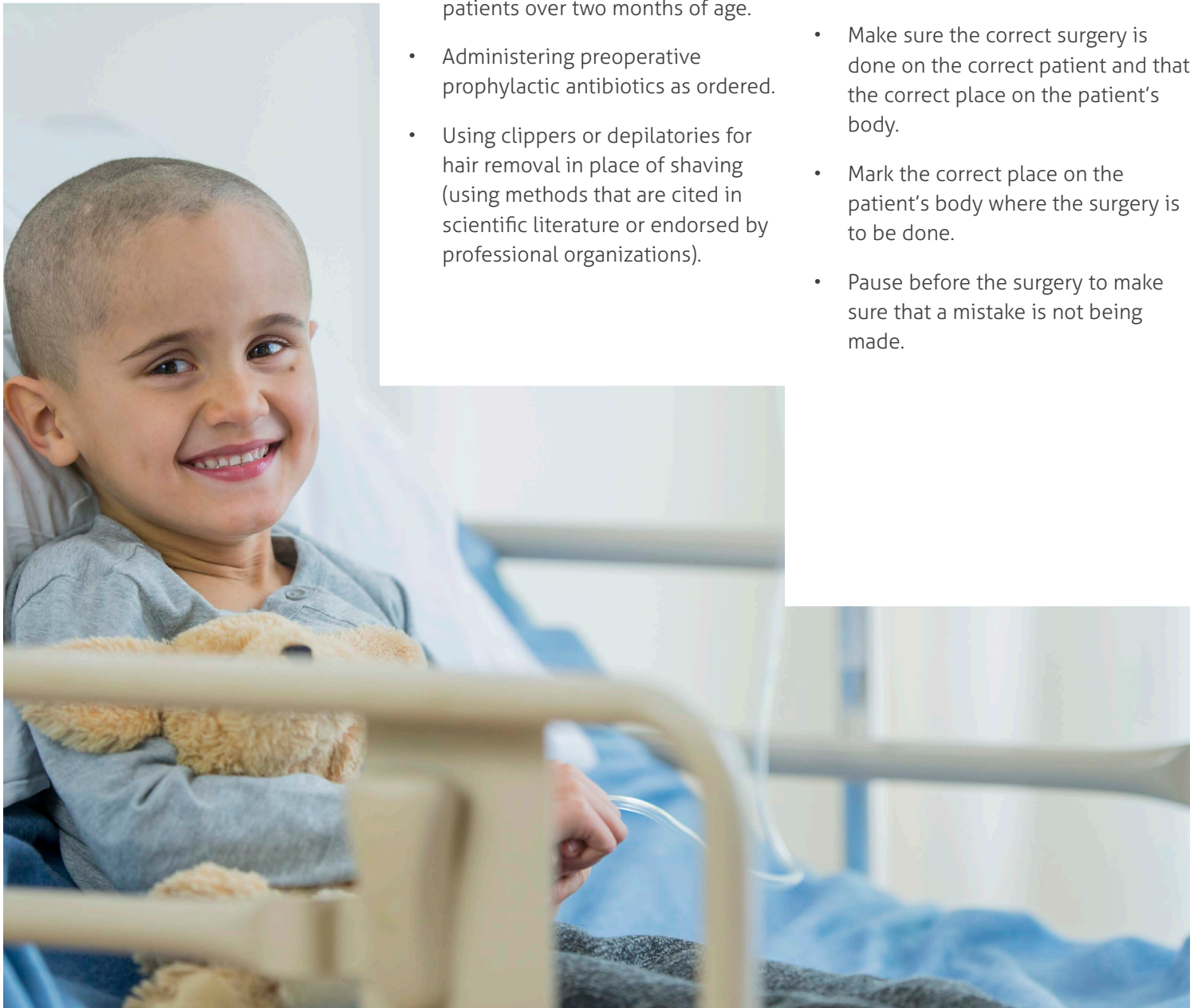
- Educating staff, physicians, patients and families on the prevention of SSI.
- Routinely evaluating the need for indwelling urinary or central line catheters and removing those no longer necessary.

PSG #6: Identify Patient Safety Risks

Find out which patients are most likely to try to commit suicide.

PSG# 7: Universal Protocol: Prevent Mistakes in Surgery

- Make sure the correct surgery is done on the correct patient and that the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.





Introduction to Workplace Diversity

Overview

We all differ from one another. As workers in the healthcare industry, our differences can become more heightened and important due to the extremely personal nature of the services provided. As we work with each other and serve diverse patient populations, we must be aware of different beliefs and practices and be willing to create and maintain an environment that is respectful of all people. This course explores the following objectives:

Diversity means distinct or different elements or qualities. Some say that diversity among people includes the things we have in common as well as the differences that make us unique.

Many people only think of differences in race and gender with workplace diversity, but those are just the tip of the iceberg. Let's explore and define diversity and its impact on the workplace in a little more detail.

We all react to what we see and do not see. Due to human nature, we often judge and react to others based on our general ideas. Our challenge is to not prejudge before we truly know a person.



Below the water level is sexual orientation, religion, marital status, education, language, nationality, parental status, income, personal/work habits and interests, political affiliation, career position, mental ability, geographic origin, seniority within the company, health and other unique qualities – qualities and characteristics that we generally learn only by talking with the individual – the hidden layers.

Why should I value diversity?

Environments that are respectful of all differences gain the following benefits:

- Work environments that are free from discriminatory practices.
- A workplace that attracts the best and the brightest — everyone wants to work there.
- A healthcare provider that all people seek out – it is the place to come for healthcare services.
- More creativity due to different perspectives, leading to better problem solving and better ways to meet patient, family, student and employee needs.

Discrimination and Harassment-Free .

Nicklaus Children's Health System ("NCHS") is committed to promoting and assuring equal opportunity and to maintaining an environment free of discrimination and harassment. NCHS prohibits and will not tolerate discrimination or harassment of any employee/student based on his or her race, color, religion, sex, age, national origin, disability, marital status, sexual orientation, genetic information, or any other legally recognized status entitled to protection under local, state or federal anti-discrimination laws. If you believe that you are being discriminated against or harassed by another student or any NCHS employee, you should promptly report the incident to one of the following individuals: your School Instructor and the NCHS L&D Student Coordinator. You may report the incident verbally or in writing. You should also follow this same reporting procedure if you observe or have direct knowledge of discrimination or harassment of another student while on site at NCHS.

NCHS also prohibits retaliation against individuals who make good-faith reports of discrimination or harassment by a NCHS employee. There will be no retaliation by NCHS for reporting discrimination or harassment, or for cooperating in the investigation of a report of discrimination or harassment in connection with your academic assignment at NCHS. If you believe that you are being retaliated against by any NCHS employee, you should report the alleged retaliation to your School Instructor and the NCHS L&D Coordinator.

How can one person make a difference?

No one can know and understand all the ways we differ from one another. We can learn more about other cultures,

but there will always be an exception within that culture. No one can know everything. But each person can create an environment that is respectful of differences. To do this, you must be aware of your own feelings about differences and consistently use behaviors that communicate respect.

Ways you can show your value and respect for a co-worker:

- Smiling and displaying overall positive body language.
- Warmly greeting a person as he or she enters your team's work area.
- Offering assistance.
- Showing appreciation for him or her.
- Listening actively and asking how he or she is doing.
- Sharing ideas with him or her.
- Asking him or her to join a project team.
- Asking him or her for ideas or input on a problem.
- Recommending him or her to others.
- Having lunch or taking a break with him or her.
- Not making jokes or comments about anyone's personal identity or differences.
- Giving feedback to and accepting feedback from him or her.
- Forgiving mistakes.
- Learning more about his or her differences.
- Handling conflict positively.

Ways you can show your value and respect for each patient and his or her family

- Asking each person how he or she is feeling, showing true concern.
- Involving the patient and family in care decisions.
- Recognizing that families come in varieties.
- Maintaining confidentiality.
- Offering a hug or prayers, if appropriate.
- Offering the full range of your facility's services (such as chaplain, playrooms, laundry services, Internet service, interpreters, etc.).
- Making sure you can communicate — get an interpreter to help with language and understanding of cultural practices and beliefs.
- Smiling and displaying overall positive body language.
- Warmly greeting each person as he or she enters your facility.
- Offering assistance.

Ethics & Compliance

Objectives

After completing this education module, the employee will be able to:

- Understand HIPAA Information Privacy and Security; HITECH and other key privacy/security laws.
- Explain permitted uses and disclosures of protected health information.
- Understand ways to safeguard patient information at Nicklaus Children's Health System (NCHS).
- Know how to report privacy/security incidents.

When patients come to a Nicklaus Children's Health System facility for treatment, they are trusting us to provide quality care and protect the privacy of their health information.

It is our duty to follow the law and make sure we protect their information at all times.

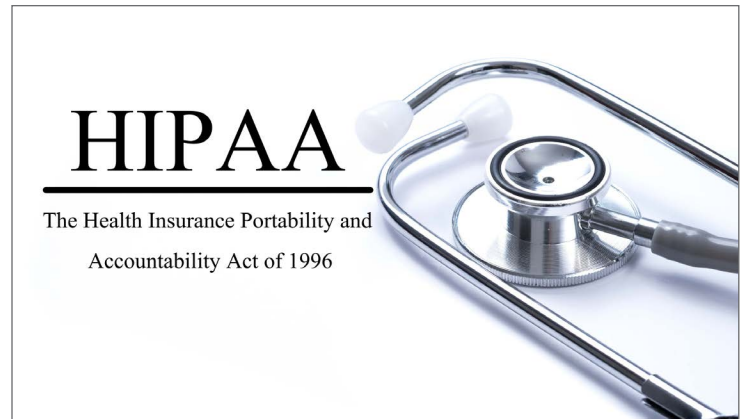
Key Privacy / Security Laws

- HIPAA - Health Insurance Portability and Accountability Act.
- HITECH - Health Information Technology for Economic and Clinical Health Act.
- Florida's Health Information Privacy Laws.
- Florida's Breach of Security Concerning Confidential Information.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 and provides federal protections for personal health information held by covered entities like NCHS and gives patients certain rights with respect to that information.

There are two sections which work together to protect patients: (1) HIPAA Privacy Rule and (2) HIPAA Security Rule



HIPAA Privacy Rule

Provides requirements for the permissible use and disclosure of patients' protected health information (PHI) and gives patients certain rights with respect to their health information.

HIPAA Security Rule

Provides requirements to maintain the integrity, confidentiality and availability of electronic protected health information (e-PHI)

HIPAA is enforced by the Office for Civil Rights (OCR).

HITECH

Health Information Technology for Economic and Clinical Health Act (HITECH) added a breach notification requirement to HIPAA. The laws regarding HIPAA were updated through the American Recovery and Reinvestment Act (ARRA), which requires more enforcement and increased penalties. In addition, the recently implemented Final Omnibus Rule requires further changes to some aspects of our procedures.

What you need to know about the Final Rule:

There is a key change in the definition of a breach as well as the breach notification requirement.

An impermissible use or disclosure of protected health information is presumed to be a breach UNLESS the covered entity or business associate, as applicable, demonstrates that there is a low probability that the protected health information has been compromised.

Covered entities are required to notify patients if there is a breach unless after completing a risk analysis, it is determined that there is a low probability of compromise of the PHI.

- Must provide notification to patients no later than 60 days after the date of discovery.
- Must notify the HHS Secretary:
 - immediately if more than 500 affected
 - at the end of each year if less than 500

A substitute notice is required if there is insufficient or out of date contact information.

Florida Health Information Privacy Laws

Florida Statutes provide extra protections for individuals with respect to their health information and social security numbers.

There are enhanced protections under Florida Law for “highly confidential information”:

- Mental Health (psychotherapy notes)
- Substance/alcohol abuse treatment
- STD/HIV/AIDS test results, records or treatment
- Domestic violence related treatment

Florida’s laws governing health records for these types of information are more stringent than HIPAA and will preempt, or override HIPAA.

What Information is protected?

Protected Health Information (PHI) is individually identifiable health information created, received or maintained by a covered entity such as NCHS.

PHI is information, including demographic information that relates to:

- An individual’s past, present or future health condition;
- Providing healthcare to an individual; or
- The past, present, or future payment for providing healthcare to an individual;
- AND that identifies or is reasonably believed to identify an individual.



Elements that make up PHI

Examples of identifiers that are considered protected health information (PHI):

- Names (not just the patient, but also relatives, household members and employers)
- Dates (except for year): birth, death, admission, discharge, injury, service, surgery
- Numbers: medical record, account, SSN, prosthetic device, telephone
- Addresses: any geographic subdivision smaller than a state (street, city, county, zip)
- Graphics: photographs, x-rays and other images, video recordings, voice prints, finger prints

What does HIPAA cover?

HIPAA covers all protected health information (PHI).

PHI is any information created, received, transmitted or maintained by a covered entity such as PHI that links an identifiable person with their health condition. It comes in many formats:

- Paper or hard copy: records, labels, x-rays, films, letters
- Electronic: computerized, digitized, video, audio
- Communication: verbal, sign language (conveying a message from one individual to another)

Notice of Privacy Practices

All patients receive a copy of the Notice of Privacy Practices when they register with NCHS for the first time. The Notice tells patients:

- About our uses and disclosures of their information and provides instruction about how to make request for access to personal records.
- It is posted on the NCHS website.
- NCHS is bound by the Notice. It is an agreement with the patient.

Access, Use and Disclosure of PHI

Protected Health Information (PHI) can be used or disclosed without the individual's authorization for the following:

- Treatment
- Payment for services provided
- Healthcare Operations – quality assurance, peer review, risk management, etc.
- If otherwise required by law

Authorization to Use and Disclose PHI

An authorization is always required for any use and disclosure that is not related to TPO and is not otherwise permitted or required by law.

Authorizations are required for:

- Marketing
- Research
- Patient Access (when a patient wants a copy of their record)
- Disclosures other than routine treatment, payment and healthcare operations.

Your responsibility:

- Ensure a valid authorization form is completed, if necessary prior to disclosure.
- Familiarize yourself with NCHS policies on disclosures requiring authorization.
- Ask if you are unsure. Never guess if an authorization is required.



Always Remember the Minimum Necessary Rule

Minimum necessary:

- Requires you to limit your uses, disclosures and requests for PHI to the minimum necessary to do your job.
- It does not apply to treatment. Providers may have all PHI available within federal and state guidelines to treat patients.

Your responsibility:

- Only request or access information needed to perform your job.
- Just because you have access to information and records doesn't mean you have the right to view everyone's record.
- Accessing records when there isn't a need to know is prohibited by law.

Type	Definition	Examples
Incidental	Disclosures which are “incident to” an otherwise permitted use or disclosure	A patient in a semi-private room overhearing a physician speak to the patient who is separated only by a curtain.
Accidental	Policy is followed, however, internal controls are not working properly or as designed and cause a disclosure without intent	A fax number is transposed and the information is misdirected. Discharge instructions are provided to John Smith instead of John Smith III
Intentional	Willful disregard of policy. Not following a known law with the intent of personal gain.	Looking up a co-worker’s MR out of curiosity. Stealing financial information for identity theft.

Type	Definition
Incidental	Speak softly, move to as private of an area as possible Limit information being discussed/provided. Listen to your patient and honor their requests when it comes to their privacy Flip over, cover, lock, conceal all health information when not in use
Accidental	Education, awareness and training Take your time to verify controls are being followed appropriately Report potential privacy and security incidents.
Intentional	Education, awareness and training Deter through proactive auditing and monitoring Implement a breach detection and response process

Safeguarding Patient Information

HIPAA and Florida law require security safeguards for electronic information to control access, prevent loss, theft or alteration, to minimize inappropriate disclosures and still maintain availability.

- The required safeguards types are:
- Administrative: policies, training, enforcement
- Physical: Barriers, locks, covers
- Technical: computer applications, passwords

Never open an email attachment, unless you know who sent it and why.

Secure your workstation at all times. Anytime you walk away from your workstation for a period of time lock your workstation.

Press the windows key + L OR Ctrl + Alt + Del keys and click on Lock Workstation

Physical Safeguards

Identification

- Employees visibly displaying approved ID badges at all times.

Locks, Doors and Other Barriers

- Lock offices, workspaces, conference rooms, storage rooms and other non-public areas when they are vacant.
- Keep all personal data (in any format) in an area that is locked or constantly monitored.

Document Binders, Folders, Covers

- Protect all paper documents in labeled covers.
- Transport paper records so that names cannot be read.

If you do not recognize someone, ask to see their badge. If they do not have one, escort them to the person they are visiting or to security. Never assume they are authorized to have access if they don't have a badge.

Technical Safeguards

Computer Accounts

- Controlled and approved by supervisors
- Accessible only by a unique log-in and password

Computer surveillance

- Computer activity may be logged and audited
- Workstation use may be monitored

Log-in Restrictions

- Systems employ limits for log-in attempts
- Multiple log-ins cannot occur at the same time.

Passwords

- You are responsible for any activity that occurs using your user ID and password
- Always protect your password and treat it like the PIN to your account
- Never share it with anyone, even your supervisor or information services
- Avoid using sticky notes to store your password
- Windows and most applications will force a password change every 90 days
- Most passwords require 1 capital letter, 1 special character, 1 number and at least 8 characters



Faxing Guidelines

Faxing is acceptable as long as you use standard faxing procedures which include:

- An approved NCHS fax cover sheet with standard confidentiality language
- Limit information on the cover sheet, do not use PHI
- Verifying the correct fax number with the patient
- Checking the fax confirmation to ensure it was sent to the correct location
- Using pre-programmed numbers in your fax machine for frequently called numbers
- Shared fax machines in common work areas should be checked regularly as they may contain sensitive information

ALL misdirected faxes should be reported. Examples of misdirected faxes include: faxes sent to the wrong number, sent to the wrong office or a personal residence

Email Guidelines

Avoid using email to send, receive or store unencrypted confidential information unless the word SECURE is used in the subject line

Do not use PHI in the subject line; this line will remain viewable

Only send emails containing patient information within the organization

(i.e. email addresses that end in nicklaushealth.org)



Portable Data Devices

All NCHS supplied portable data devices are subject to NCHS security policies:

- Examples include laptops, cell phones, jump drives
- Loss or theft of portable devices which contain restricted information must be reported immediately

Do not sync smart phones, PDAs, iPads with NCHS information systems unless authorized by IT.

Do not copy information to personal USB drives or external drives.

Social Media

Use of Facebook, Twitter, YouTube, blogging and similar social or business applications while at work is subject to NCHS policy.

Never post NCHS business information.

Examples:

- *Facility is hiring/firing a new employee*
- *My supervisor is mean*

Never post patient PHI

Examples:

- *I had a terrible day at work. My favorite patient passed away due to complications related to pneumonia.*
- *I love my new job. I got to treat a 17 year old burn victim today...so interesting!*

Never photograph patients (including x-rays, scripts, etc.) with cellular phones or similar devices.

Disposal / Destruction of PHI

- All documents containing PHI should be disposed of appropriately in a document destruction bin (includes labels on IV bags, medication labels, etc.)
- PHI must be rendered unreadable, unusable in indecipherable
- Contact the IT department if you need to dispose of PHI contained on disks, films, CDs, etc.

Remember:

- Obtain permission to destroy any and all records
- Follow NCHS policies and procedures regarding record retention/destruction
- If you are uncertain, ASK! Never guess if it's okay to destroy documents.

Patient Rights

- To know how their PHI will be used
- To have access to personal medical records (viewing or copies)
- To request an amendment of medical records
- To request more confidential communications of PHI
- To request restrictions of PHI
- To receive an accounting of disclosures
- To file a privacy complaint.

Individual and Organizational Sanctions

Federal	State
<p>Civil and Criminal penalties can apply:</p> <ul style="list-style-type: none">• Fines beginning at \$100 and up to \$1.5M• \$50,000 per violation per day• Community service hours• Probationary Status• Prison	<p>Violations may be charged as misdemeanors up to felonies with associated penalties</p> <p>In Florida, patients may sue for invasion of Privacy</p> <p>State Attorney General may prosecute on behalf of patients</p> <p>No cap on damages.</p>

Examples of Incidents which Must be Reported

- Faxes sent to the wrong recipient
- PHI provided to the wrong patient
- You overhear employees in the lunchroom discussing a patient’s medical information
- Misplaced or stolen USB drives and/or laptops
- PHI found in the garbage can
- Paper records containing PHI are missing
- Patients who wish to file a complaint
- Sharing user names/passwords

Your responsibility

- Knowing and following the privacy and security policies, procedures and guidelines
- Using or disclosing health information for work related purposes
- Limiting uses, disclosures and requests to the minimum necessary to get your work done
- Exercising reasonable caution and use your professional judgment to protect all PHI under your control
- Take all patient complaints seriously
- Report all Privacy and Security incidents to your supervisor, manager, or the Chief Compliance Officer or Ethics and Compliance Department immediately. You may also call the hotline.

Hand Hygiene

Your 5 Moments for Hand Hygiene

- 1** BEFORE TOUCHING A PATIENT
- 2** BEFORE CLEAN / ASEPTIC PROCEDURE
- 3** AFTER BODY FLUID EXPOSURE RISK
- 4** AFTER TOUCHING A PATIENT
- 5** AFTER TOUCHING PATIENT SURROUNDINGS



Overview

It is important that everyone working in a healthcare setting practices good hand hygiene. Frequent and proper hand washing is the most important measure for preventing the spread of infections to and between co-workers and patients. This course explains the importance of correct hand-hygiene practices, including hand washing methods and appropriate products for various situations.

Everyone has bacteria that live on his or her skin. Some areas of the body have more bacteria than others. One type of bacteria known as transient flora colonizes on the outer layers of the skin and can be removed by routine hand washing. Healthcare workers get this type of bacteria on the skin during direct contact with patients or contact with contaminated surfaces close to patients. Whether a person shows signs of infection or is not infected, bacteria can be transferred to others if proper hand hygiene and other infection-control precautions are not followed.

The Centers for Disease Control and Prevention (CDC) estimate that each year, nearly two million patients in the United States get infections while in hospitals and about 90,000 of these patients die as a result of their infection. This is known as healthcare-associated infection. Simply by keeping your hands clean, you can help prevent the spread of infection.

Examples of when hands must be washed with soap and water:

- Visibly dirty or contaminated
- Before eating
- After using the restroom
- Exposed to spore-forming pathogens e.g., *C. diff* and norovirus

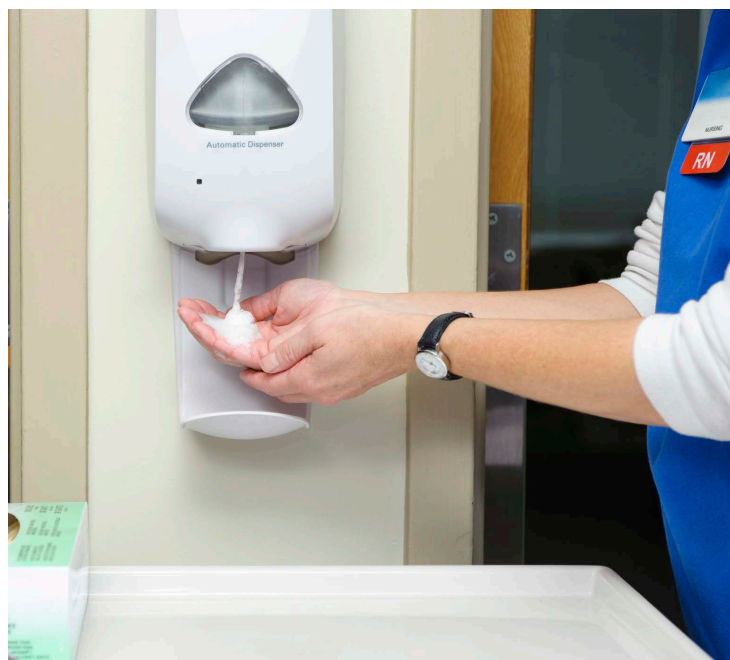
Wash hands using either plain or antimicrobial soap, and water. To wash, wet your hands first with water. Next apply enough soap to cover all surfaces. All parts of the hand—including between the fingers, and also including the wrists—should be soaped completely, and then vigorously rubbed together for at least 20 seconds. Remember to wash your thumbs.

Completely rinse your hands under running water, and dry your hands with a single-use towel. Turn off the water using a paper towel—do not touch the faucet handle.

If the hands are not visibly dirty, the CDC and the WHO recommend using an alcohol-based hand rub for routine decontamination. When decontaminating your hands with an alcohol-based rub, apply the product (1-2 pumps only) to the palm of one hand and rub your hands together, covering all surfaces of the hands and fingers until your hands are dry. It should take at least 20 to 30 seconds for your hands to feel dry if you have applied a sufficient amount of the alcohol-based hand rub. Remember, alcohol is flammable, so be sure your hands are dry before you start touching other objects.

Alcohol-based hand rubs offer many advantages over traditional hand washing. Hand rubs:

- Reduce the time needed for hand disinfection and kill bacteria faster, reducing the number of bacteria on the hands
- Are more effective than standard hand washing with soap
- Are more accessible, especially when a water source (e.g. sink) is not available
- Are less damaging to skin than soap and water and may actually improve skin condition



Fingernails

The AORN along with CDC recommend that healthcare workers do not wear artificial fingernails or extenders when having direct contact with patients. In addition, you should keep your natural nail tip length to less than a quarter-inch. Even after careful hand washing, substantial numbers of bacteria can linger on hands that have artificial or long fingernails.

Gloves

Gloves should not replace the need for proper hand washing. In addition to hand hygiene, wearing gloves helps prevent the spread of infections. Healthcare providers should wear gloves when they will potentially be in contact with blood or other body fluids. For those who do wear gloves, here are some additional guidelines to follow:

- Remove gloves after caring for a patient
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash or reuse gloves
- Change gloves if moving from a contaminated body part to a clean body part during patient care
- Perform hand hygiene before and after glove use

Lotions

To minimize skin irritation from routine hand washing and disinfection, use the hand lotions and creams provided by the healthcare organization. Do not use your personal hand lotions, as they may affect the strength of latex gloves and the effectiveness of antimicrobial soaps or alcohol-based hand rubs you use at work.

Jewelry

Researchers continue to study whether the wearing of jewelry, particularly rings, increases a person's risk of spreading infection. Be sure to follow your organization's policies and procedures regarding jewelry. The WHO Guidelines on Hand Hygiene strongly recommend removing all rings and jewelry during healthcare.

Bloodborne Pathogens



Overview

This section provides basic information regarding bloodborne pathogens, which are germs that cause infections and diseases. It also describes how to reduce your exposure and the risk of getting or spreading an infection.

Introduction

Healthcare workers can be exposed to many germs in the work setting. These germs include viruses that are found in blood and other body fluids that contain blood components. Specific viruses of concern to healthcare workers are:

Hepatitis B Virus (HBV)

HBV is a highly infectious virus that attacks the liver. Symptoms, which may not appear for several months, start like those of a mild flu. Jaundice (yellowing of the skin and eyes) and darkened urine may appear later. The infection can lead to serious illness, such as cirrhosis (permanent liver damage) and liver cancer.

In the United States, one out of 20 people have been infected and more than one million people are chronic

carriers. HBV is a very strong and viable virus. It can survive in dried blood for up to seven days! Contact with even small amounts of infected blood can cause infection. Exposure to HBV is the major bloodborne risk you face on the job!

Hepatitis B Vaccination Program

Hepatitis B can be prevented with a safe and effective vaccine. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends that healthcare workers with reasonably anticipated risk for exposure to blood or infectious body fluids receive the Hepatitis B vaccine.

Hepatitis C Virus (HCV)

HCV is also an infection of the liver. Symptoms are like HBV, but they develop much more slowly. Most patients do not have symptoms during the first 20 or more years. HCV causes more deaths and chronic liver conditions than HBV. There is no vaccine for this virus!

HCV affects over 170 million people worldwide. In the United States, an estimated 3.2 million people are chronically infected.

Human Immunodeficiency Virus (HIV)

HIV is the virus that causes acquired immune deficiency syndrome (AIDS). This virus attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. A person with HIV may carry the virus, without symptoms, for many years before AIDS develops. Early symptoms may be flu-like (fever, diarrhea, and tiredness). AIDS is a fatal disease. Treatment is improving, but there is no cure or vaccine to prevent HIV infection.

The HIV virus is very fragile and will not survive very long outside the human body. Students at most risk are those who have direct contact with fresh blood or other body fluids. While the chance of getting HIV in the workplace is minimal, ALL safety measures must be taken to avoid exposure.

HIV, HBV, HCV and other bloodborne pathogens are spread through contact with infected blood or body fluids. HBV can be carried in secretions without blood present. One example of this would be saliva.

However, these diseases cannot be spread by casual touching, feeding patients or working around people with these diseases.

Standard Precautions

Using standard precautions means always using safe work practices when there may be contact with blood or body fluids. Such precautions are meant to protect healthcare workers from a variety of infections, including bloodborne pathogens. Anyone might have an infection, including an infant or child, but he or she may not know it. Treat each patient as if he or she has an infection.

Here are a few safe work practices that can be used to follow standard precaution guidelines:

1. Perform hand hygiene
2. Use personal protective whenever there is an expectation of possible exposure to infectious material
3. Follow respiratory hygiene / cough etiquette principles
4. Ensure appropriate patient placement
5. Properly handle and properly clean and disinfect patient care equipment and instruments/devices and the environment
6. Handle textiles and laundry carefully
7. Follow safe injection practices, which includes wearing a mask when performing lumbar punctures

8. Ensure healthcare worker safety including proper handling of needles and other sharps

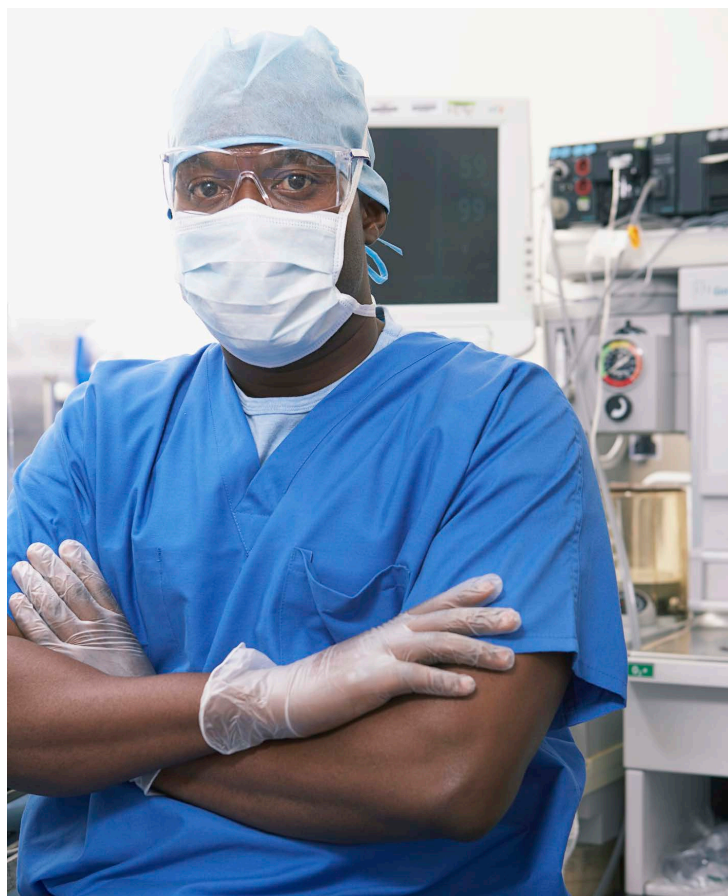
Handwashing

Keeping your hands clean is the single most important thing you can do to prevent the spread of infection! When hands are visibly dirty or contaminated, handwashing should be done either with plain soap and water or an antimicrobial soap and water. If the hands are not visibly dirty, an alcohol-based hand rub can be used for routine decontamination. This is an acceptable alternative to soap and water handwashing,

Personal Protective Equipment (PPE)

Personal protective equipment is special clothing or equipment used to prevent exposure to infections. It is your responsibility to choose and use the proper equipment. Choose your PPE based on the task to be done and the chance of exposure. Such equipment includes: gloves, gowns, masks and eyewear.

Remove all contaminated PPE (including gloves) prior to leaving work area.





Needlestick Prevention

To prevent needlesticks or exposure to other contaminated sharps, all sharps should be put in rigid, puncture-resistant containers. In addition, be sure to follow these safe work practices:

- Take responsibility for immediately disposing of sharps you have used.
- Keep your hands a safe distance from the sharps container and never force sharps into the container.
- Protect yourself from exposure by not recapping needles. If you must recap, use a mechanical device or a one-handed technique. Do not try to bend or break sharps.
- Make sure sharps containers are sealed and removed from use when they are 2/3 to 3/4 full to prevent the hazards related to overfilling.
- When working with a child and a sharp, be sure the child is adequately held to reduce accidental injury to staff members or the patient.

Exposure

If you are exposed to blood or body fluids, you should:

- Wash the wound or skin site completely with soap and running water.
- Flood eyes or other mucous membranes with saline or running water. Flood for at least 15 minutes if blood was involved in the splash.
- Report the exposure to your preceptor as soon as possible. Do not wait until the end of your shift.
- Report to the Emergency Department. If the evaluation shows that the exposure has a risk of bloodborne pathogen transmission, the post-exposure prophylaxis (PEP) should be started as soon as possible.

Tuberculosis

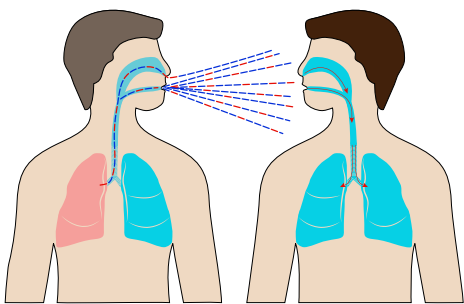
This course defines the symptoms of TB, how TB is transmitted and what increases your risk for TB. You will also learn how to prevent and control the spread of infection.

Transmission

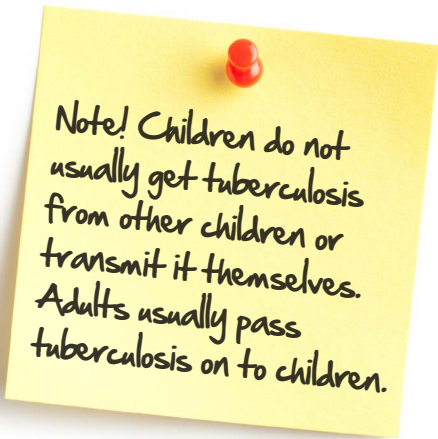
Tuberculosis (TB) is the leading cause of death among curable infectious diseases. This infectious disease usually attacks the lungs or other parts of the body. Tuberculosis

spreads when people breathe in infected air droplets. These droplets get in the air when a person with TB disease coughs, speaks, sneezes, sings or laughs.

Some individuals can have Latent TB infection (LTBI) where they do not have symptoms and are not contagious. If left untreated, about 10 percent of those infected will develop active TB infection. This means the individual has an active germ in their body and is highly contagious. A serious respiratory illness, or even death, could result.



Tuberculosis transmitted from person via droplets from the lungs of people with active TB



Risk Factors

Some groups of people are at higher risk for exposure or infection with TB. However, some people are more likely to develop active TB disease.

Higher Risk for Exposure of Infection	Higher Risk for TB Disease
<ul style="list-style-type: none">• People who spend time with someone who has active TB disease (family members, co-workers or friends)• People born in countries where TB is common• Elderly people, especially those in nursing homes• People in low-income groups with poor access to health care, including homeless• People who inject illegal drugs• Health care workers with on-the-job exposure• People on steroid therapy for a long time• Babies and young children	<ul style="list-style-type: none">• People with HIV infection• People with certain medical conditions, such as diabetes, low body weight, certain types of cancer and other conditions• People with recent TB infection (within the past two years)• People who inject illegal drugs

Symptoms

TB is a disease caused by the bacterium, mycobacterium tuberculosis. According to the American Lung Association, more than 10 million Americans have the TB infection. Staff members need to know the signs and symptoms of active TB.

Influenza Vaccine:

Information for Students and Interns

Overview

This course provides information for students, interns and visitors on the primary method for preventing influenza (also known as the flu) and potential complications of the influenza virus.

Seasonal Influenza

Seasonal influenza, a contagious respiratory illness caused by the influenza virus, is typically transmitted person to person. The virus infects the respiratory tract (nose, throat and lungs) typically causing sudden onset of symptoms. Pandemic flu, a strong human flu, causes a global outbreak (pandemic) of serious illness. Because people have little natural immunity, it can spread easily from person to person. A Recent example of a flu pandemic is the H1N1 flu outbreak in 2009.

Symptoms of influenza

- Fever, headache
- Runny nose
- Sore throat, cough
- Nausea, vomiting and diarrhea can occur, but are more common in children than adults
- Muscle pain

Influenza may be unpredictable. It is important to know about the different flu viruses in circulation, their risks, and what you can do to protect yourself and the persons you provide care for. See comparison chart below.

	Seasonal Flu	Pandemic Flu
Outbreaks	Follows a predictable pattern, occurring typically in the winter on an annual basis.	Rare (only three times in the 20th century).
Immunity	Typically, people build up some immunity from previous exposure.	No pre-existing immunity or very little.
Complications	Healthy adults are typically not at risk for serious complications; however, those with specific health conditions and the very young and elderly may be at an increased risk. Complications include pneumonia, high fevers, difficulty breathing and seizures in children.	Anyone is at risk for serious complications.
Vaccine	Developed annually based on known flu strains. Vaccine is available during flu season.	May not be available in the early stages of pandemic.

Why should students receive the flu vaccine?

Healthcare students frequently work with patients at high risk for complications. The flu may exacerbate chronic medical conditions such as congestive heart failure, asthma or diabetes.

In addition, healthcare students who receive the vaccine:

- Reduce the spread of influenza in healthcare settings
- Tend to stay healthier, so they are able to continue working

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) currently recommends that everyone aged six months and older be vaccinated annually with the flu vaccine.

When vaccine supply is limited, the CDC recommends that vaccination efforts focus on delivering vaccination to the following persons because they are at high risk of serious flu-related complications or they care for, or live with, persons at high risk for developing flu-related complications:

- All children aged six months to four years (up to 59 months)
- All children aged six months to 18 years and receiving long-term aspirin therapy
- Anyone who is a household contact and caregiver of children less than five years of age—with particular emphasis on contact of children aged less than six months—or adults 50 years of age and older
- Healthcare workers
- Anyone who has a chronic medical condition such as asthma, chronic kidney disease, diabetes or nerve and muscle disorders
- Anyone who has a suppressed immune system
- Women who are pregnant or will be pregnant during the flu season
- People 50 years of age and older
- American Indians/Alaska Natives
- People who live in nursing homes or long-term care facilities



The following people should consult a physician first before receiving a flu vaccination:

- Have a severe allergy to chicken eggs
- Have experienced a severe reaction to any vaccine component
- Are less than six months of age
- Have a moderate or severe illness with a fever (may receive the vaccination once the symptoms lessen)
- Developed Guillain-Barre syndrome within six weeks of getting a previous influenza vaccine

According to the CDC, the best time to receive the seasonal flu vaccine is as soon as it is available, usually in the fall. However, being vaccinated in December or even later can still be beneficial. Flu can occur at any time from November through May.

All students doing their Clinical Rotation or Internship between December 1 - April 1 must take the Flu Vaccine.



Risk Management



Everyone at Nicklaus Children's Health System (NCHS) plays an integral role in Risk Management. Clinical Risk Management is an ongoing evaluation of issues and trends, with development and execution of interventions to prevent reoccurrence of adverse events and to improve the quality of patient care. .

Florida State law dictates, under Florida Statute 395.0197, that every hospital has an internal Risk Management Program. The main functions of the Risk Management Department include:

1. Patients - Professional Liability
2. Visitors - General Liability
3. Employees - Workers Compensation

Contact extension 4220 or call the operator after hours if you have any risk management concerns.

Clinical Risk Management

Clinical Risk Management (CRM) is an ongoing evaluation of issues and trends with the development and execution of interventions to prevent reoccurrence of adverse events and to improve the quality of patient care. The CRM program supports the purpose of the overall hospital Risk Management Program.

Role of Clinical Risk Manager

The clinical risk manager acts as a liaison in the hospital by:

- Acting as a resource for physicians, staff and management
- Identifying and reporting trends to the medical staff and management
- Working with quality for process improvements
- Maintaining regulatory compliance and submit state reports as required
- Acting as a liaison with attorneys for lawsuits and legal decisions

Incident Reporting

All employees are required to complete an incident report for any unusual occurrence on all hospital property, including offsite facilities. As a student, you must be aware of the process. This section provides you with several examples of incidents and areas of occurrences.

Incident reports are used to improve the safety of patient care and treatment. Incident reports aim to proactively identify the risk of adverse events before they occur with further negative outcomes.

Report incidents resulting in serious injury or death immediately; call a Risk Manager anytime 24/7.

Management of MDROs in the Healthcare Setting

Overview

For the last several decades, healthcare settings have been increasingly affected by the appearance and spread of antibiotic-resistant bacteria. Antibiotic resistance has become a global concern as more and more of these bacterial organisms have become resistant to not one, but multiple drugs (e.g., antibiotics). Some multidrug-resistant organisms (MDROs) are becoming untreatable.

MDRO

A multidrug-resistant organism (MDRO) is defined as an infectious organism (germ), typically bacteria, which is hard to kill even when using many antibiotics. This means the bacterium is resistant to the antibiotics that are being used to try to kill the infection and help the patient get better.

Why are MDROs a problem?

MDRO infections can:

- Make a person sicker and may even lead to death
- Quickly spread to family members, friends and co-workers
- Become more difficult to cure, as new strains of these infectious diseases develop
- May even become impossible to treat an infection, when the bacteria becomes resistant to many drugs

Now that we have defined an MDRO, it's important to also understand the terms "colonization" and "infection."

Colonized (carrier):	Infection:
<ul style="list-style-type: none">• MDRO is presently in the body and is NOT causing an active infection but can be spread to others.• The colonized individual is considered a carrier of the infectious organism.• Where the MDRO is colonized in the body depends on the bacteria.	<ul style="list-style-type: none">• MDRO is presently in the body AND causes signs and symptoms of active infection (e.g., bloodstream, pneumonia, wound infection, etc.) and can be spread to others.• Can also be found in any open areas of the body, wounds and tube sites.



While there are several types of MDROs causing concern, Methicillin-Resistant Staphylococcus Aureus (MRSA) is one that is commonly known and heard of by many people.

Let's learn more about MRSA:

M = Methicillin, a medication that is a type of penicillin

R = Resistant, or hard to kill

Sa = *Staphylococcus aureus*, a type of bacteria

MRSA	VRE	E. coli	C. diff
MRSA is spread through direct or indirect contact between a colonized (carrier) or infected person to others.	<p>VRE spreads through direct contact with skin, body sites, fluids and/or stool of an infected or colonized (carrier) person. It is most often found in the colon.</p> <p>V= Vancomycin, an antibiotic R= Resistant (hard to kill) E= Enterococcus, a type of bacteria</p>	E. coli is a bacterium found in the colon of humans and animals. Some strains can cause serious food poisoning, possibly leading to death, if it gets into the food or water supply.	C. diff is another bacterium that can cause severe to life-threatening illness. Severe diarrhea is a symptom of C. diff infection.

Many factors increase a person's risk of getting an MDRO. These include risk factors such as:

- Contact with a person who is infected with an MDRO. Remember, this person may not be actively sick, but still carries the infectious organism (germ).
- Many hospitalizations and/or long stays in a hospital. Patients in intensive care units have the most risk.
- Recent surgery.
- Many surgical procedures.
- Indwelling medical devices (e.g., urinary catheter, breathing or endotracheal tube, intravenous lines, etc.).

People most at risk are those with severe disease and those who easily get infections or have a weakened immune system.



MDROs can be spread from a carrier (colonized) or person with an active infection in several ways:

- Direct contact via contaminated hands.
- Breathing in droplets that come from an infected person's lungs or mouth when he or she coughs, laughs or talks.
- Indirect contact through objects (such as towels, razors, pens, bed rails, door handles, telephone, etc.) shared between the infected person and another person.

Did you know?

MRSA can remain on surfaces from seven days up to seven months if not cleaned and disinfected.



Ways to protect yourself and others

It is important to approach all patients as if they have an infectious disease, even if not actually suspected or confirmed.

Standard Precautions should be used for all patients. This means treating all blood, body, fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes as if infected with a germ that can be spread.



Standard Precautions includes hand hygiene and the use of Personal Protective Equipment (PPE), such as gloves, gown, mask, and eye protection or face shield, when appropriate. Also, equipment or items in the patient environment that are likely to have been contaminated with infectious fluids must be handled in a way that does not spread the infectious organism. This means wear gloves for handling, contain heavily soiled equipment, and properly clean and disinfect or sterilize reusable equipment before use on another patient.

Also, when a patient is known or suspected to have an MDRO, additional precautions may be needed. Check with your hospital for specific isolation procedures for each MDRO.

Everyone should use good hand hygiene – it is the single most important way to prevent the spread of germs, including MDROs, and avoid getting sick!

All staff members working in a hospital, and patients and families, should wash their hands when:

- Visibly dirty or contaminated.
- Before eating.

- After going to the bathroom.
- After changing diapers or cleaning up a child who has gone to the bathroom.
- Before and after tending to someone who is sick.
- After blowing your nose, coughing or sneezing.
- After handling garbage.
- Before and after treating a cut or wound.
- Before entering and after exiting a patient's room.
- Before and after putting on gloves.

Use antibiotics only as ordered:

- Take it exactly as the doctor tells you. Finish the full dose, as ordered, even if you or your child is feeling better. If treatment stops too soon, some bacteria may survive and re-infect you.
- Throw away any leftover medication once you have completed your prescription.
- Remember – antibiotics are not effective against viruses, such as colds or flu.

It is important to clean and disinfect the items and equipment used in a patient's room, especially those of a patient colonized or infected with an MDRO. All multi-use items or equipment need to be cleaned and disinfected, with proper wet times between patients. Proper environmental cleaning will reduce the risk of spreading an MDRO. Focus should be on frequently touched surfaces, such as:

- Bed rails
- Bedside commodes
- Bathroom fixtures
- Door knobs
- TV control
- Call light

Let's look at this patient's room – all of the items marked with an "X" were found to be contaminated with VRE. All of these areas must be cleaned and disinfected to prevent the spread



X = VRE culture positive site

Notes

Thank you for completing Student Orientation
Manual. Please complete the assessment, and
your Student Attestation process



Our world has a surface area of 200,000,000 square miles.

earth 

Earth is the third planet from the Sun and the only object within our solar system known to harbor life.





**Nicklaus Children's
Health System**

3100 SW 62 Avenue, Miami, FL 33155 | 305-666-6511 | [NicklausHealth.org](https://www.NicklausHealth.org)

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