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NOTE: Please use terms “Employee” and “Volunteer” interchangeably where appropriate
Section 1: General Information

- **Mission & Goals**
  - **Mission**
    - The mission of Broward Health is to provide quality healthcare to the people we serve and support the needs of all physicians and employees.
  - **Vision**
    - The vision of Broward Health is to provide world-class healthcare to all we serve.
  - **Goals**
    - Our three unified goals are:
      - Provide world-class healthcare to the patients that access our facilities
      - Increase compensated patient market share
      - Improve the quality of healthcare for the citizens of Broward County

- **Our 5 Star Values**
  1. **Exceptional** Service to Our Community
  2. **Collaborative** Organizational Team
  3. **Fostering and Innovative** Environment
  4. **Accountability** for Positive Outcomes
  5. **Valuing** our Employee Family
    - You are now part of a team in the delivery of safe, effective patient care.
    - Broward Health, providing service for more than 70 years, is a nationally recognized system offering world class healthcare services to our neighbors in South Florida.
    - Broward Health encompasses more than 30 healthcare facilities.

- **Cultural & Religious Diversity**
  - The Broward Health community is located in an area that contains a cultural and ethnical population.
  - This diversity is reflected among our staff and patients is an asset to the organization.
  - Broward Health values and respects these differences, which include:
Age
Disability
Economic class
Ethnicity
Gender
Nationality
Race
Religion
Sexual orientation

- We commit ourselves to promoting better understanding and appreciation.
- The two keys to achieving cultural competence are attitude and knowledge.
  - **Attitude**
    - It is essential to understand that different people’s ways of doing things may be different, but are equally valid.
  - **Knowledge**
    - Knowing something about different cultures’ beliefs, values and traditions is important.

- **Populations Broward Health Serves**
  - **Our Patient Population**
    - **Purpose**
      - Broward Health is committed to compliance with federal and state laws prohibiting discrimination on the basis of disability.
    - Broward Health recognizes its legal obligation to accommodate service animals and makes every effort to pro-actively assess the accommodation needs, as well as, providing the most compassionate care.
    - The Americans with Disabilities Act (ADA) definition of service animals is any “dog individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or mental disability.”
    - Service animals are dogs that are individually trained to assist people with disabilities. The work or tasks performed by a service animal must be directly related to the individual’s disability.
Requirements for Staff

- Staff cannot
  - Ask about the nature of the person’s disability
  - Require (or request) proof of the animal’s training or any other certification

- If it is not readily apparent that the dog is a service animal staff must only ask:
  - If the animal is required because of a disability?
  - What work or task has the animal been trained to perform?

- Staff Cannot:
  - Pet, play with or try to distract the service animal in any way
  - Feed or care for the service animal, including toileting
  - Charge or require an individual to pay a surcharge in order to accommodate a service animal

- Never attempt to separate the service animal from the person

- Always remember that the service animal is a working animal

<table>
<thead>
<tr>
<th>Task/Responsibility</th>
<th>Service Dog</th>
<th>Therapy Dog</th>
<th>Emotional Support</th>
<th>Personal Pet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs tasks to assist a person with disabilities; Also known as Assistance Dogs or by names associated with their tasks, i.e. Guide Dog, Hearing Dog, Mobility Dog, Medical Alert Dog, Psychiatric Service Dog (also, Miniature Horse)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Usually specifically trained through organizations, with appropriate paperwork</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>By ADA, these animals can go anywhere (hospitals may make specific restrictions, i.e. NICU, OR, etc.)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>An animal with good temperament &amp; disposition and who has reliable, predictable behavior. Selected to visit people with disabilities or people experiencing the frailties of aging as a therapy tool</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Provides therapeutic support to a person with a mental health disability</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>A domestic animal kept for pleasure or companionship</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Broward Health recognizes accommodation for those seeking services at any Broward Health Facility during and after their admission. Accommodations that are based upon the individuals needs of that person.

- Types of Disorders
  - Speech Disorder: involves difficulties in articulation, fluency and voice
- **Language Disorder**: involves difficulties with content (semantics), form (phonology, morphology and syntax) and use
  - Services for Deaf, Hearing, Speech, and Visually Impaired are provided as follows:
    - **Auxiliary Aids**: Available throughout the regions/facilities and/or may be accessed via the regional PBX telecommunications departments and may include smart technology.
    - **Community-based Services**: Arranged for on-site/remote assistance for pre-scheduled visits or accessed via video-conferencing if available.
    - **Interpreter Services**
      - One aspect of “national origin” is language.
        - The Office for Civil Rights states: limited English proficient persons must be notified of the availability of free interpreting services and the services must not require friends or family to provide interpretation.
          - Broward Health offers access to video based/telephonic language service.

- **The Joint Commission (TJC)**
  - Established patient-Centered Communication Standards.
  - The hospital must communicate with the patient in a manner that meets the patient’s oral and written communication needs
    - Language interpreters/Video Interpreting
    - Hearing aids
    - Glasses
    - Communication boards
    - Translated or plain language materials

- **Smoking Policy**
  - Smoking is not allowed on any Broward Health property.
  - This includes:
    - Broward Health Hospitals
    - Urgent Care Centers & Community Health Service Health Facilities
    - Broward Health Physician Practices
- All Parking Lots and Garages and all vehicles located on any Broward Health Property.
- Stairwells, Patios, Passageways and Garages

**No Solicitation**
- Staff may not solicit or distribute literature in the workplace at any time for any purpose.
- Postings of written solicitations on facility and department bulletin boards is restricted.
- HR manages bulletin boards for Broward Health and posts the following:
  - Announcements
  - Internal memoranda
  - Job openings
  - Organization announcements
  - Required legal postings
  - Federal, State and Local
- You are urged to report any solicitation or distribution of literature to the Human Resources Department and/or the Protective Services/Security Department.

**Chain of Command**
- **Purpose**
  - Provides a mechanism for employees to access assistance from key personnel
  - BH personnel should attempt to resolve the situation starting at their level, when possible.
- **Policy**
  - Broward Health provides a mechanism to resolve patient concerns and ethical issues through implementation of the Chain of Command.
  - Chain of Command situations may occur in non-patient related areas.
Regulatory Agencies

- Regulation plays a major role in the health care industry and health care insurance coverage.
- The various regulatory bodies protect the public from a number of health risks and provide numerous programs for public health and welfare.
- Health care regulations and standards are necessary to ensure compliance and to provide safe health care to every individual who accesses the system.
- Agencies:
  - Agency for Healthcare Administration (AHCA)
  - Centers for Medicare & Medicaid Services (CMS)
  - Office of Inspector General (OIG)
  - Occupational Safety and Healthcare Administration (OSHA)
  - The Joint Commission (TJC)

The Joint Commission (TJC)

- The Joint Commission (TJC) is committed to improving health care safety.
- At its heart, accreditation is a risk-reduction activity; compliance with standards is intended to reduce the risk of adverse outcomes.
- Have Concerns/Issues?
  - Follow the chain of command
    - Nurse/Department Manager
    - Supervisor
    - Administration
    - Joint Commission
  - To report the details about your complaint that you feel has not been addressed through the chain of command can made via The Joint Commission, use one of the following options:
    - Online
    - E-mail: complaint@jointcommission.org
    - For more information, call The Joint Commission’s toll free number: (800) 994-6610
• Customer Service
  o Everyone has the ability to positively impact the customer’s experience.
  o Everyone is expected to do their best to exceed our customer’s expectations every day.
    ▪ Our Goal is 90%
  o How Do We Reach It?
    ▪ Everyone working together to surpass the expectations of all customers
  o Statistics
    ▪ Up to 60% of dissatisfied patients will not return
    ▪ Dissatisfied customers will tell 8-10 people
    ▪ 13% will tell 20 people
    ▪ It costs 5 times as much to attract a new customer
    ▪ 7 of 10 complaining customers will do business with you again, if you resolve the issue
    ▪ If you resolve a complaint on the spot, 95% will do business again
  o What is Our Image?
    ▪ How people perceive us is more important than what may or may not be true.
    ▪ We are all a walking and talking advertisement for our employer.
    ▪ Image begins and ends with each of us!
    ▪ When we practice the following, other people respond in positive ways that we can see:
      ✓ Courtesy
      ✓ Friendliness
      ✓ Honesty
      ✓ Patience
      ✓ Promptness
      ✓ Tact
      ✓ Warmth
    ▪ Most of us can’t really understand how we appear to others, but we can see the effect we’re having on other people
Non-Verbal Expectations

✓ Smile
✓ Use direct eye contact
✓ Acknowledge guests immediately
✓ If you observe someone looking for help, offer assistance, escort them, if possible
✓ Never walk by a call light

Verbal Expectations

✓ Always introduce yourself and explain your role.
✓ Ask the patient or guest how they would like to be addressed.
✓ Do not call a patient, guest or co-worker “sweetie” or “honey.”
✓ In many cultures & among the elderly, these terms have a negative connotation.
✓ Patients & family members might not understand medical or technical jargon.
✓ Try to keep it simple.
✓ Keep patients & family members informed of any & all delays.
✓ When exiting a room or completing a task, give the patient or guest your name & role again.
✓ If you are returning, tell them when to expect you back.
  o If not, tell them what to expect next so they know why they are waiting.
✓ Apologize for problems & try to resolve problems immediately.

Tips for Excellent Internal Customer Service

✓ Ask for other’s ideas
✓ Be willing to compromise
✓ Complete your tasks on time
✓ Do Not hesitate to ask questions
✓ Encourage your co-workers in their efforts
✓ Express praise for a job well done
✓ Keep lines of communication open
✓ Listen respectfully to what others say
✓ Offer thoughtful suggestions
✓ Provide options/solutions instead of complaints
✓ Resist the urge to gossip
✓ Respect your co-workers & their property
✓ Settle disagreements peacefully
✓ Stay positive
✓ Take pride in your achievements

○ **Measurement**
  - Survey questions relate to the **8 dimensions** of patient-centered care:
    - Access to Care
    - Continuity & Transition
    - Coordination of Care
    - Emotional support
    - Information & Education
    - Involvement of Family & Friends
    - Patient preferences
    - Physical comfort

○ **Customer Focused: AIDET**

<table>
<thead>
<tr>
<th>Healthcare providers with the highest satisfaction scores in the nation have implemented the usage of AIDET, making sure all 5 of these key elements take place during customer interaction:</th>
</tr>
</thead>
</table>
| **Acknowledge** | • Always make eye contact  
• Make the patient/customer feel like you expected them  
• Ask the patient/customer how they want to be addressed and use it each time you visit them |
| **Introduce** | • Give the patient your name, title and credentials  
• Give some personal information to build confidence (school attended, years of service)  
• Manage up (speak nice) about your co-workers and other departments  
  - Sally will be your nurse this weekend. I am sure you are going to like her.  
  - Bob is coming to help you with your exercises. He has been working in home care for 5 years and will take good care of you. |
| **Duration** | • Tell them your expected visit pattern  
• Tell them how long procedures usually take  
• Tell them how long until the lab results are ready  
• Tell them when to expect your next visit |
| **Explanation** | • Clearly explain instructions  
• Tell them what happens next and what to expect  
• Ask them if they have any questions or need any additional explanations |
| **Thank you** | • Thank them for choosing Broward Health  
• Ask them if there is anything else we can do for them.  
• Tell them you have the time |

○ **Complaints & Grievances**
  - Complaint: a patient issue that can be resolved promptly and informally by staff members present at the time of the complaint
  - Grievance: a formal complaint or a verbal complaint that has not been resolved.
  - **Common causes for complaints include:**
    - Adequacy of staff
    - Conduct of staff
- Operating hours
- Wait times

- **Addressing complaints:**
  - Many patient complaints can be addressed quickly.
  - When complaints cannot be resolved quickly and easily, patients have the right to file a grievance.

- **If a patient wants to file a grievance:**
  - Explain the grievance process at your facility.
  - This includes the name of the staff person the patient should contact.

- **Explain that grievances may be filed with state agencies.**
  - This is true whether or not the patient has already used the facility’s internal grievance process.

- **Provide the patient the phone number and address for filing a grievance with the state.**
  - Notify your direct supervisor of the situation.

- **REPTRAX Visitor Control**
  - REPTTrax is a web-based vendor management system that tracks vendor activity, behavior, and credentials.
  - Broward Health chose to use this service for our vendor community to assure a safe environment for patients and staff and in order to comply with regulatory agencies that are extending compliance requirements to vendors who have access to patient care areas.
    - Landscape orientation badges, like Terry’s, are for lower level clearance.
    - Badges like Colleen’s are for higher level clearance visitors.
• Non-Employee contractors and vendors must present to the Reptrax Kiosk located near the visitor entrances by Security

• Performance Improvement
  o What is Performance Improvement?
    ▪ Measuring the output of a particular business process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure.
  o What is performance improvement in health care?
    ▪ Establishes a planned, systematic, organization-wide approach to process design and performance measurement, analysis and improvement for the health care services that are provided.
  o What is a quality improvement program?
    ▪ Systematic activities that are organized and implemented by an organization to monitor, assess, and improve its quality of healthcare.
  o What is quality management in healthcare?
    ▪ Adapting standards and instilling processes into the healthcare system is how healthcare providers can assure quality in healthcare.

• Security & Workplace Violence
  • Workplace Violence is violence that is committed in a work setting.
  • How to keep your workplace safe from violence:
    o Recognize
      ▪ aggressive behavior & warning signs of potential behavioral issues
    o Respond
      ▪ appropriately to the level of aggressive behavior
    o Report
      ▪ All unsafe situations immediately
  • Healthcare Violence
    o Healthcare violence can occur in any area of the hospital
The most common areas that experience violence include behavioral health, emergency departments, and waiting rooms and anywhere geriatric patients receive care.

Did you know...?
- 50% of all nonfatal injuries from assaults and violent acts against workers occur in healthcare and social service settings.

Precipitating Factors
- It is important for you to understand why a person acts out and why the incidence is high in our healthcare setting.
- There are both internal and external causes for acting-out behavior, over which you will have little or no control.

Common precipitating factors and their causes:
- Loss of power
- Need to Maintain Self-esteem
- Displaced Anger
- Psychological/Physiological Factors

Identifying Escalating Behaviors
- People exhibiting signs of anxiety or potential indicators of violence typically will display these signs either physically or verbally.
- Be alert to these Red Flags!

Acts or threats of physical violence where your judgment affects your safety on Broward Health’s property will not be tolerated which includes:
- Intimidation
- Bullying
- Harassment or Coercion
- Disruptive Behavior

Report any Non-immediate acts or Threats of Violence occurring on Broward Health’s premises as soon as possible to the “Threat Evaluation Center” at 954.468.4000 and their Human Resource Department or Regional Protective Services.

Sexual Harassment
- Title VII of the Civil Rights Act of 1964 defines sexual harassment.
- To work toward eliminating sexual harassment in your facility:
  - Be aware of the definition of sexual harassment.
 As a victim, confront the harasser directly and make them aware that their conduct in unwelcome, if you feel confident to do so.
 Follow your facility’s policies and procedures for reporting harassment.

 **Hand Hygiene**
  o **Hand hygiene is absolutely essential for prevention and control of infection.**
  o **Alcohol-based hand cleansers are very effective hand products for infection control.**
  o The CDC has published guidelines to improve compliance with hand hygiene in health care settings.
     In addition to traditional hand washing with soap and water, the CDC is recommending the use of alcohol-based hand rubs by healthcare workers because they address some of the obstacles that healthcare workers face when taking care of patients.
  o Hand washing with soap and water remains a sensible strategy for hand hygiene in non-healthcare settings and is recommended by the CDC and other experts.
  o When healthcare worker’s hands are visibly soiled, they should wash with soap and water.
  o When using an alcohol-cased hand rub, apply the product to palm of one hand and rub hands together, covering all surfaces of hands and fingers until hands are dry.
     Keeping hands clean through improved hand hygiene is one of the most important steps we can take to avoid getting sick and spreading germs to others.

 **Clean your hands:**
  o Before eating
  o Before and after having direct contact with a patient’s intact skin (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed)
  o After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
  o After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
If hands will be moving from a contaminated-body site to a clean-body site during patient care
After glove removal
After using a restroom

**What should you do if you don’t have soap and clean running water?**
- Soap and water is the best, but when not available use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs and might not remove harmful chemicals.
- Hand sanitizers are not as effective when hands are visibly dirty or greasy.

**How do you use hand sanitizers?**
- Apply the product to the palm of your hand (read label to learn correct amount)
- Rub your hands together
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

**Difference Between “Cold” and “Flu”**
- You wake up coughing, sneezing and congested and feel like you don’t even have enough energy to get out of bed.
  - You’re sick!
- But how sick are you?
  - Many people are unable to tell the difference between a cold and the flu.
  - **FACT:** *Antibiotics treat bacteria, not viruses.* Since both the common cold and influenza are viral infections, antibiotics will not help.

**Environment of Care**
- Under no circumstances should the contents of this guide be used to fulfill all the requirements of compliance functions and situations.
- Each situation will have varied circumstances that will require approaches not included in this guide.
In the event that you suffer a work-related injury or illness, it is important that you follow this procedure:

- Notify your supervisor immediately
- Call the Intake Service Coordinator, toll free at 1.888.373.8282
- Go the Employee Health Nurse or the Emergency Department, if necessary.
- Complete the Employee Injury Report Form
- If employee is exposed to blood or body fluid by way of a sharp object they must proceed to Employee Health (EH) or the Emergency Department if EH closed.
- There is no time to waste for testing, counseling and/or treatment.

- Note: Employees may not self-direct or refer themselves to any medical provider for care associated with a work-related injury or illness

Section 2: Safety

○ General Safety

Healthcare facilities have many potential hazards
The Occupational Safety and Health Administration (OSHA) separates these hazards into 5 general categories:
Take appropriate measures to:
- Eliminate as many of these hazards as possible
- Safeguard against exposure to the hazards that cannot be eliminated

<table>
<thead>
<tr>
<th>Hazard Category</th>
<th>Definition</th>
<th>Examples</th>
<th>Safeguards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological</td>
<td>Infectious Agents</td>
<td>HIV, VRE, MRSA, HBV, HCV, TB</td>
<td>Infection-control measures (patient placement, PPE, hand hygiene, etc.)</td>
</tr>
<tr>
<td>Chemical</td>
<td>Toxic or irritating materials</td>
<td>Detergents, solvents, disinfectants, sterilizing agents, waste anesthetic gases, hazardous drugs, mercury</td>
<td>Engineering controls, work-practice controls, appropriate PPE</td>
</tr>
<tr>
<td>Psychological</td>
<td>Factors that create or increase emotional stress or strain</td>
<td>Working with terminally ill patients, patient deaths, overwork, understaffing, tight schedules, equipment malfunctions</td>
<td>Stress management, relaxation exercises, meditation</td>
</tr>
<tr>
<td>Physical</td>
<td>Agents with the ability to cause physical harm</td>
<td>Radiation, lasers, noise, electricity &amp; electrical equipment, extreme temperatures</td>
<td>Various, depending on the hazard</td>
</tr>
<tr>
<td>Environmental &amp; Mechanical</td>
<td>Factors that cause or increase the risk of accident, injury, strain or discomfort</td>
<td>Lifting &amp; moving patients, tripping hazards, poor air quality, slippery floors, cluttered or obstructed work areas or passageways</td>
<td>Maintenance of a safe work environment, prompt reporting of hazardous conditions</td>
</tr>
</tbody>
</table>

- Ergonomics and Slips/Trips/Falls
  ○ Ergonomics
    - Ergonomic means designing work equipment and tasks to fit the “natural laws” of the human body.
Good ergonomic practices can lead to fewer work-related injuries.

- **Avoid:**
  - Fixed or awkward positions
  - Forceful exertions
  - Highly repetitive tasks
  - Lifting without using proper devices or equipment
- **Keep tools close to you, to avoid reaching, twisting and bending**
- **Respond promptly to aches and pains to prevent slight injuries from becoming severe or debilitating**
- **Use proper posture and body mechanics when sitting, standing or lifting**
- **Use supportive equipment & ergonomic tools (e.g. wrist supports for keyboards).**
- **Choose slip resistant shoes with:**
  - Soft rubber soles
  - A large amount of surface area in contact with the floor, e.g. no high heels
  - Patterned soles that increase friction

- **Preventing Trips**
  - Keep floors clear and uncluttered

- **Preventing Falls**
  - **Foot-level fall**
    - In a foot-level fall a person slips or trips on a walking or standing surface
  - **Falls-to-Below**
    - Carry a higher risk of injury (falls from stairs/ladders)

- **Hospital Codes**
  - It is important you are aware of the codes called throughout our facilities so that you know how to react
  - You will be given a badge with all of these codes as reference
  - If you have any questions, refer to Broward Health Policy or ask your manager.
Fire Safety

- Fire Prevention
  - Prevention is based on eliminating or minimizing 1 of the components of the fire triangle.
- A fire must have 3 things to ignite & maintain combustion:
  - Fuel
  - Heat
  - Oxygen
- The basic strategy of fire prevention is to control or isolate sources of fuel and heat in order to prevent combustion
  - If all 3 are not present in sufficient quantities a fire will not ignite or a fire will not be able to sustain combustion.
- RACE & PASS

- Fire Prevention Technique
  - No Open Flames
  - No Smoking
  - Do Not “Daisy Chain”
- Storage Guidelines:
  - Storage must not be closer than (or exceed a plane of) 18 inches below sprinkler heads or smoke detectors.
  - Storage that breaks this rule may prevent sprinkler heads from fully covering room during a fire.
- Egress
  - Egress must remain unimpeded for the safe evacuation of occupants.
  - The minimum width for egress passage is 48 inches.
o In the event of a fire dial:
  - “22” - Hospital Setting
  - “9, 9-1-1” - Outside of Hospitals in BH facilities

o Never Wedge/Prop Doors Open

| Horizontal Evacuation | • This level involves moving patients in immediate danger away from the threat, but keeping the patients on the same floor of the hospital as the one they are evacuating.
  | • Horizontal evacuation typically involves moving patients to an area of refuge in an adjacent smoke/fire zone or in some cases, at the opposite side of the building.
  | • Most evacuations of single departments or patient care units can be done horizontally, which is the fastest option and facilitates the simplest re-entry process.
  | • Evacuation of an entire building may even be accomplished horizontally if every floor of the evacuated building connects to another building. |

| Vertical Evacuation | • This level refers to the complete evacuation of a specific floor in a building.
  | • In general, patients and staff evacuate towards ground level whenever possible to prepare for evacuation outside, should it become necessary.
  | • For most localized incidents, vertically evacuated patients and staff are sent to an area of refuge elsewhere in the hospital typically at least 2 floors away from the incident floor. |

| Total or Full Evacuation | • This level involves a complete evacuation of the facility and is used only as a last resort. |

- Electrical Safety
  - Hazards
    - Other best practices for preventing electrical accidents

| Protect patients from electrical shock | • Do Not touch patients and electrical equipment at the same time
  | • Maintain patient areas, keeping floors dry at all times
  | • Place electrical equipment at a distance from patients |

| Use circuits safely | • Breaker boxes should be accessible at all times
  | • Do not overload circuits
  | • Label each circuit box clearly |

| Use power cords and outlets properly | • A hot outlet can be an indication of unsafe wiring. Unplug cords from the outlet and report the hazard.
  | • Do Not
    - o Bend, stretch, or kink power cords excessively
    - o Jerk cords from outlet. Pull Plug
    - o Rest equipment on power cords
    - o Staple, tack or nail power cords to walls or floors. Use tape, if necessary
    - o Use outlets or cords with exposed wiring
  | • Report damaged outlets or cords
  | • Use only power cords with 3-prong plugs. NEVER use adapters, 2-prong plugs or broken 3-prong plugs |
Hazard Communication

- Under the Hazard Communication Standard, OSHA requires all employers to develop written hazard communication programs.
- To protect workers from exposure to hazardous chemicals, the following groups of people have hazard communication duties:
  - Manufacturers
  - Employers
  - Employees

Note:
- GHS is the Globally Harmonized System of Classification and Labeling of Chemicals adopted by the United Nations.
- OSHA’s Hazard Communication Standard is aligned with the GHS.
- As of June, 2015, all facilities that use hazardous materials use this system.

Agencies involved:
- Occupational Safety and Health Administration (OSHA)
- Department of Transportation (DOT)
- Environmental Protection Agency (EPA)
- Consumer Product Safety Commission (CPSC)

Hazard Communication

- OSHA has adopted the Globally Harmonized System of Classification and Labeling of Chemicals (GHS)
- OSHA’s Hazard Communication Standard specifies the information that has to be on the safety data sheet, but does not require any specific format. OSHA has, however, developed & recommended a 16-section format:

<table>
<thead>
<tr>
<th>Accidental release measures</th>
<th>Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composition</td>
<td>Personal Protection</td>
</tr>
<tr>
<td>Disposal Considerations</td>
<td>Physical &amp; chemical properties</td>
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<td>Ecological information</td>
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<td>First-aid measures</td>
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<td>Fire-fighting measures</td>
<td>Toxicology information</td>
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<td>Handling &amp; Storage</td>
<td>Transport information</td>
</tr>
<tr>
<td>Hazard(s) identification</td>
<td>Other Information</td>
</tr>
</tbody>
</table>
• **Manufacturers of hazardous chemical must:**
  o Research, create & distribute a Safety Data Sheet (SDS), which lists the specific hazards of the chemical
  o Label all containers of hazardous materials

• **Hazard Communication**
  o **SDS Sheet Contact Information**
    ▪ For SDS Sheets call - Verisk 3E at 1.800.451.8346

• **At Broward Health in the event of a spill, activate the Spill Response Action Plan and an internal notification system “EAR” as outlined:**
  o Evacuate area
  o Alert operator
  o Remain by phone

• **Laser Safety**
  o Laser is an acronym for Light Amplification by Stimulated Emission of Radiation.
  o Lasers are used in the:
    ▪ Operating Room
    ▪ GI Suites
    ▪ Eye Procedures
  o The beam of a laser can burn the skin and damage the retina of the eye.
  o Training, isolation of room where a laser is in use and use of protective equipment is mandatory.
    ▪ The heat generated may cause a fire.
    ▪ Keep the laser away from:
      ❖ Combustibles (paper and cloth)
      ❖ Flammable liquids (alcohol)
  o Employees who work in areas where a laser is used are required to take an annual refresher training module located on the Broward Health Internet.
• **Latex Allergy**
  o Anyone who is allergic to latex should avoid latex products
  o To help protect a patient from exposure to latex in the healthcare environment:
    ▪ Clearly indicate “latex allergy” on the medical record
    ▪ Before entering the patient’s room, remove latex gloves and wash hands thoroughly with soap & water
    ▪ Do not use any latex products, including latex cleaning gloves, in the patient’s room
  o Healthcare facilities should maintain a latex-free cart or tray for patients with latex allergy or sensitivity, if feasible
    ▪ Healthcare workers are at an elevated risk for latex allergy.
  o If you are allergic to latex:
    ▪ Avoid all contact with latex
    ▪ Encourage your facility to provide as many latex-free products as possible
    ▪ Inform your employer
    ▪ Use non-latex gloves only
    ▪ Use silk or plastic tape instead of adhesive tape
    ▪ Wear a medical alert bracelet or necklace

• **MRI Safety**
  o An MRI system is not an inherent biological hazard.
  o However, hazards can arise when certain items enter the MRI system:
    ▪ Ferromagnetic objects are attracted to the magnet at the center of the MRI system. They can become dangerous projectiles.
    ▪ Electronic devices that enter the magnetic field of the MRI system can malfunction due to interference.
    ▪ Metal implants or wires can conduct electrical currents, resulting in burns.
MRI safety is largely a matter of ensuring that potentially hazardous items stay outside the MRI field.

- Control access to the magnetic field
- Post signs outside the magnetic field, warning of the projectile effect and the danger of metallic implants
- Properly position patients for MRI so that electrically conductive loops are not formed. This will prevent burns
- Remove metallic objects from clothing and pockets before entering the magnetic field
- Restrict access to the MRI suite
- Thoroughly screen patients prior to the MRI. Ensure that patients do not have MRI-unsafe implants or embedded objects
- Use equipment approved for MRI

**Radiation Safety**

- Radioactive material can be a sealed source such as the types used for radiation therapy treatment:
  - Implanted seeds / Liquids given during Nuclear Medicine procedures
    - In each case, the patient becomes a radiation source.
- There will be a common sign to make us aware of possible radiation exposure within:
  - Radiology / Nuclear Medicine / Radiation Therapy
  - Room of a patient containing radioactive materials
  - There are 3 basic types of radiation caution signs.
    - Normally a magenta/purple radiation symbol on a yellow background
• If the Caution Radioactive Material Sign is posted on a patient’s room, instructions will be posted on the door.
• Anyone who wants to enter the room must read and follow them.

o **The 3 principles of Radiation Protective Practices are:**
  - **Time / Distance / Shielding**
    - **GOAL:** Keep your exposure “ALARA” (As Low As Reasonably Achievable)
  
  o Every individual within the hospital is responsible for keeping their radiation exposure as low as possible by observing 3 basic principles:
    - Perform your duties as quickly and safely as possible following posted instructions, if available.
      - This is the Time Principle.
    - Exposure is directly related to the amount of Time spent near a radiation source
    - Keep maximal distance between you and the potential or known radiation source.
      - This is the Distance Principle
    - The farther away from the radiation source the smaller the exposure is going to be to you.
    - The Shielding Principle is the 3rd method to minimize employee exposure.
      - Shielding means containing the source of radiation within a barrier that will block the radiation.
      - This material is usually lead.
      - Shielding radiation sources is not always possible, therefore, the “Time and Distance Principles” are the best protection.

• **Medical Equipment**
  
  o **Electrical Safety Guidelines:**
    - Report all electrical hazards to your supervisor immediately, such as:
    - 3-wire or 2-wire cheater adapters
    - Any electrical shock you have received
- Bare or exposed electrical wire
- Broken, cracked, damaged switches or plugs
- Broken pins on equipment plugs
- Burned out indicator lights
- Damaged wall outlets, receptacles, plates or switches
- Equipment with a damaged case, switch, cord or plug
- Excessive heat or smoke rising from equipment
- Improper extension cords, frayed or damaged power cords, wires or leads
- Inoperative electrical/electronic equipment
- Intermittent operation of electrical/electronic equipment designed for continuous operation
- Liquid that has spilled into electrical equipment
- Loose wiring on plugs or equipment
- Meters, scopes or displays that don’t seem to be working properly

**Hazardous Materials & Waste Management**

- Biohazard waste is any body tissue or bloody waste such as:
  - Dressings/Materials
  - Empty transfusion bags
  - Suction canisters containing bloody drainage
  - Sharps
  - Pharmaceutical waste
- Sharps containers must be closed when full.
  - A sharps container is considered full when materials placed into it reaches the designated “Fill Line” or ¾ capacity of the container.
- Red bags must be handled with care, avoid touching the bag against your body and assume the red bag may contain sharps in error.
- The biomedical symbol shall be securely attached or permanently printed and legible on each:
  - Red bag
  - Sharps container
  - Outer holding container
• **Biohazard Waste**
  
  o **Personal Protective Equipment (PPE)**
    - Clothing and Equipment shall be provided, used and maintained wherever it is necessary by reason of hazards:
      - Safety glasses / Gloves / Hard hats
    - It is the responsibility of each employee to wear the appropriate safety clothing and equipment necessary to prevent injury.
    - Not wearing the proper Personal Protective Equipment (PPE) may lead to injury.
    - Chemical and physical hazards, must be prevented, that are capable of causing injury through
      - Splash / Impact / Absorption Inhalation
    - Departmental procedures will state what PPE is required.
    - You are encouraged to suggest safety precautions that are not already outlined.

  o **Emergency Eyewash & Shower Equipment**
    - Emergency eyewash and shower units are in place whenever splashes of chemicals or body fluids to the eyes or body are anticipated.
      - The eyewash unit and shower must be tested weekly to flush the line and to certify proper operation
      - The inspections must be documented and posted on or near the fixture.
      - The department manager is responsible for assigning this task to a responsible employee(s).
    - If the unit is not functioning properly:
      - Facilities Management must be notified immediately

**Section 3: Risk Management**

  o **Risk Management: Occurrence/Variance Reporting & Your Responsibility**
    - Florida Statute (F.S.)
      - The Development and implementation of an incident reporting system based upon the affirmative duty of all
health care providers and all agents and employees of the licensed healthcare facility to report adverse incidents to the risk manager or designee within 3 business days.

- You will not be reporting findings into the electronic reporting system.
- Your responsibility is to ensure you inform your manager of any issues at the time you identify them.

- Required Reports to the Agency for Health Care Administration (AHCA)
  - Code 15 Reports
  - Annual Reports
  - Department of Health Reports (physician practices)

- Reportable incidents are events where the health care personal could exercise control and is associated in whole or part with medical intervention, rather than the condition for which such intervention occurred and results in one of the following which are reportable to AHCA within 15 days:
  - Death of a patient;
  - Brain or spinal damage to a patient;
  - Performance of surgical procedure on wrong patient;
  - Performance of wrong-site surgical procedure;
  - Performance of wrong surgical procedure;
  - Performance of a surgical procedure that is medically unnecessary or unrelated to the patient’s medical condition;
  - Performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.
  - Surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient.

- Code 15 and Your Role
  - What to Report
    - You should report any event that causes you concern; if you are not sure whether to report something, REPORT it!
      - Anything that occurs outside of ordinary practice
o Anything that could have or did cause harm
o Falls: patient, visitor, staff
o Thefts
o Aggression or threats of violence: by patients, co-workers, visitors
o HIPAA violations

o Root Cause Analysis (RCA)
  ▪ Root Cause Analysis is a tool for identifying prevention strategies following an adverse event.
  ▪ It is a process that is part of the effort to build a culture of safety and move beyond the culture of blame.
    • Root Cause Analysis (RCA)
      o The RCA process is:
        ▪ Inter-disciplinary, involving experts from the frontline services
        ▪ Inclusive of those who are the most familiar with the situation
        ▪ Continually digging deeper by asking why, why, why at each level of cause & effect
        ▪ A process that identifies changes that need to be made to systems
        ▪ A process that is designed to be as impartial as possible
        ▪ You may be asked to attend a meeting

o Sexual Misconduct
  ▪ What is Sexual Misconduct?
    • Any violation of the professional relationship through which the health care practitioner uses such relationship to engage or attempt to engage the patient or client, or an immediate family member, guardian, or representative of the patient or client in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession.
• Sexual misconduct in the practice of a health care profession is prohibited.
  ▪ Employees are prohibited from any acts of sexual misconduct on the grounds of Broward Health (BH).
  ▪ BH is dedicated to protecting patients and fostering a safe environment.
    • Disciplinary action shall be taken in accordance with Human Resource’s policies and procedures.

  o Sexual Abuse
    ▪ What is Sexual Abuse?
      • Acts of sexual nature committed for the sexual gratification of anyone upon, or in the presence of, a vulnerable adult without informed consent, or minor.
      • Sexual abuse includes but is not limited to: fondling, exposure of a vulnerable adult’s or minor’s organs, or the use of the vulnerable adult or minor to solicit for or engage in prostitution or sexual performance.
      • Sexual misconduct / abuse does not include any act intended for a valid medical purpose or any act which may reasonably be construed to be a normal caregiving action.
      • Sexual misconduct / abuse is serious but a false allegation is a misdemeanor of the second degree.

  o Your Role & Responsibility of Sexual Misconduct Allegation
    ▪ Notify the Risk Manager and the Risk Manager will:
    ▪ Notify the CEO/Administrator
    ▪ Notify the family or guardian if the allegations involve a minor.
    ▪ Report to the Department of Health; respective practice act will be aware of the report.
    ▪ Florida Statute requires any witness who witnessed or possesses actual knowledge of sexual abuse to notify the police.

  o Prevent Perceived Sexual Misconduct Allegation
    ▪ If the care task requires you to touch a patient in a manner which may be perceived as intimate:
• Always explain what you need to do. Your communication to the patient can reduce the risk that your care is misconstrued. ASK permission, “May I proceed?”

• For some procedures, the patient will have a choice. If that is the case, offer the patient the choice. "I need to feel the level of spasm in this muscle. It is most effective if I directly press on it. However, I can feel it through a layer of light clothing."

• Are you SURE the patient understands you? Use interpreter services as required.

• Provide for privacy with closed doors and curtains and draping the patient as required.
  o Remember: Every patient has his own history. You never know if your patient is a victim of sexual abuse from another time. Use an abundance of caution, include your patient in your planning and be prepared to offer alternative to the plan of care if necessary

• Follow Policy & Procedure
  o When an incident is identified, take appropriate action to prevent recurrence, and let your manager know as soon as possible.
  o Your feedback and suggestions are needed to implement successful risk reduction strategies.
  o Contact your Risk Manager.

• HIPAA & Summary
  ▪ HIPAA
    • We are responsible to protect patients protected health information.
    • If you come across or have access to patient information, let your manager know right away.

  ▪ Summary
    • The philosophy of Risk Management is that adverse events can be prevented, as well as controlled.
• Loss prevention in the healthcare system involves the assessment of risks and the implementation of strategies, such as policies, procedures and protocols, to prevent or reduce the occurrence of unfavorable incidents.

• We believe, continued improvement in patient safety is attainable only through establishing a culture of trust, honesty, integrity and open communication.

Part 4: Emergency Preparedness

  o Introduction

    ▪ What is an Emergency?

    • An emergency is an unexpected or sudden event that significantly disrupts the organization’s ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization’s services.

    • An emergency can be either a natural or man-made event. It may also be a combination of both.

    • A disaster is a type of emergency that, due to its complexity, scope or duration, threatens the organization’s capabilities and requires outside assistance to sustain patient care, safety or security functions.

    • Sound, timely planning provides the foundation for effective emergency management.

    • The response to an emergency can impact an entire community and can involve numerous medical and public health entities, including health care provider systems, public health departments, emergency medical services, medical laboratories, individual health practitioners, and medical support services.

    • A coordinated response is essential.

  o Emergency Preparedness: Responsibilities

    ▪ Broward Health’s Emergency Preparedness Department:
• Ensures the health and safety of staff, patients, visitors, medical staff, and the community
• Shapes the mitigation, preparedness, response and recovery activities of Broward Health in the event of natural, technical, or man-made incidents, including acts of terrorism
• Communicates Broward Health’s mission and vision, as well as, provides leadership activities for the overall Regional Domestic Security goals and objectives
• Collaborates with internal and external partners to ensure consistency and cooperation in responding to any incident that evokes a hospital/public health emergency
• Establishes the core model for emergency preparedness through standardization of all Broward Health plans and protocols
• Ensures Emergency Plans Address all hazards
• Ensures Broward Health meets the Joint Commission Emergency Management and CMS standards.

o The Joint Commission Standards:
  ▪ Hospital leaders, including Medical Staff Leaders, participate in development of the Emergency Operations Plan (EOP)
    • Includes improvements/updates learned from exercises and real events
    • Reviewed annually
    • Emergencies can be threats to any organization. There are 4 Phases to Emergency Management: mitigation, preparedness, response and recovery.

o Mitigation
  ▪ These activities eliminate or reduce the effects of hazards and/or emergency conditions

o Response
  ▪ These activities control the negative effects of emergency situations.
- **Preparedness**
  - These activities build the organization’s ability to manage the effects of hazards and or emergency condition

- **Recovery**
  - These actions are designed to restore essential services and resume normal operations.

- **Emergency Preparedness Training:**
  - Active Shooter
  - Code Black Response
  - Emergent Infectious Disease
  - Evac. Pac & Trac.
  - Forensic (Nursing)
  - Have Bed Availability Input
  - Hazmat, Train the Trainer, Provider & Refresher
  - Incident Command
  - Mass Notification
  - Mass Casualty Incident (MCI) Triage
  - Vertical Evacuation Equipment
  - Weapons of Mass Destruction

- **Joint Commission Requirements:**
  - Develops:
    - An Emergency Operations Plan (EOP)
    - Communication Plan within the EOP
    - Educate the Medical Staff on their emergency disaster responsibilities
      - Conducts:
        - A hazard vulnerability analysis (HVA) to identify potential emergencies that could affect demand for the hospital’s services
        - A minimum of 2 Emergency management exercises annually

- **Code Green: Mass Casualty Incident**
  - Any incident which overloads resources or which occurs in such magnitude that Hospital resources such as personnel, supplies
and equipment may not be readily available for stabilization and treatment of casualties.

- **Code Green: Mass Casualty Levels**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Casualties</th>
<th>Information</th>
</tr>
</thead>
</table>
| Level 1 | 5-10 | Small Disaster  
• Hospital response to increase capability of emergency treatment areas to care for casualties with minimal disruption of normal hospital routine  
• Assess availability of personnel  
• Notification of appropriate areas that might be impacted, e.g. ICU, CCU, Surgery, Lab, Respiratory, etc. |
| Level 2 | 11-20 | Small-Medium Disaster  
• May exceed the maximum working capacity of the Emergency Department  
• Plan to expand treatment and receiving areas for casualties throughout the hospital |
| Level 3 | 21-100 | Same as above |
| Level 4 | 101-1,000 | Same as above |
| Level 5 | > 1,000 | Major Disaster  
• Maximum mobilization for the hospital's capacity  
• Interruption of normal hospital routine and charges in routine methods of processing and treating patients. |

- **Broward Health Tags: START/JumpSTART**
  - Green- Minor Delayed Care, up to 3 hours
  - Yellow- Delayed Urgent Care, up to 1 hour
  - Red- Immediate Care, Life Threatening
  - Black- Deceased Victim is dead or expectant, no care required

- **Emergency Evacuation**
  - Basic Rule:
    - When entering any building, you should always assess “how would I get out?”
In a hospital setting, it is not only “how would I get out” but “how will I get the patients, visitors, staff and myself out?”

In most emergencies, a full evacuation will not be required.
- Due to the complex needs and unstable nature of many hospital patients, evacuation is generally considered as a last resort.
- Evacuation is ordered only when absolutely necessary and when there is an imminent or potential unmitigated threat to patient/staff safety.

**Types of Evacuation**
- A few reasons that an evacuation order may be initiated may include:
  - Fire and smoke
  - Facility or structural damage
  - Severe weather emergency (e.g. hurricane)
  - Potential exposure to hazardous materials
  - Credible bomb threat
  - Terrorism or violent, armed visitor(s)

**Code Black: Bomb Threat**
- Upon receipt of bomb threat message, the individual receiving the threat should record the details of the call.
- Try to identify the following:
  - Location of the bomb
  - Time set for detonation
  - Type of device or appearance
  - How the device can be deactivated
  - Why the device was placed
- Try to identify the following characteristics of the caller’s voice:
  - Tone: calm, angry, slow, soft, crying, familiar accent, etc....
  - Threat Language: well spoken, foul, irrational, taped, etc....
  - Background Sounds: street noises, kitchen noises, voices, PA system, music, engines, etc.
- **Notify Manager/Administrator on duty.**
  - Manager/Administrator on duty:
    - Opens Incident Command Center (ICC)
    - Notifies lead Protective Services Officer on duty
    - Notifies designated incident command (IC) staff
    - Notifies Emergency Preparedness (954-712-3931)
    - Notifies Corporate Protective Services (954-355-5350)
    - Dials 9-1-1 to notify Police
    - Evaluates Threat
    - If appropriate, instructs PBX to page Code Black x 3
    - Do not use cell phones or 2-way radios
    - If appropriate limit access to facility

- **ALL STAFF:**
  - Begin searching your area by dividing the room by height - floor to waist, waist to chin, chin to ceiling and lastly any false ceilings
  - Report results to your manager
  - Complete a Search Reporting Form for your department and hand carry this form to the Incident Command Center (ICC) or call your results into the Incident Command Center
  - Protective Services and Facilities will search common areas and exterior ground
  - **DO NOT TOUCH A STRANGE OR SUSPICIOUS OBJECT**
    - If Found, follow RAIN

  | Recognize | a suspicious object |
  | Avoid     | the object or person |
  | Isolate   | by removing people from the area |
  | Notify    | Manager & Administration of object found & all information related |

  *Note: ICC will follow instructions of police on site.*
• **Code “Active Shooter”**
  o Active Shooter Definition
    - “A person or persons who are actively engaged in killing or attempting to kill people by use of a firearm”
    - Active shooter situations are unpredictable & evolve quickly
    - Active shooter situations are often over within 10 to 15 minutes
    - Staff should try to be prepared both mentally & physically to deal with an active shooter situation
    - Code “ACTIVE SHOOTER” shall be used by staff to initiate emergency response and alert staff and visitors of the imminent threat.

• **Employees witnessing an ACTIVE SHOOTER incident should:**
  o **!!! IF SAFE TO DO SO!!!**
    - Flee the area, through the nearest exit
    - Warn/direct others to leave
    - Help others escape, if possible
    - Leave your belongings behind
    - Do not attempt to move wounded people
    - Call 9-1-1 once you are safe
  
  o **!!! IF NOT SAFE TO FLEE!!!**
    - Seek immediate shelter behind doors, inside of rooms/offices
    - Barricade the door by locking it or securing with furniture
    - Call 9-1-1 (if safe to do so)
    - Turn off lights
    - Hide behind furniture
    - Remain silent
    - Silence all noise-making/electronic devices
    - Remain in place until announcement: “ALL CLEAR, CODE ACTIVE SHOOTER”
- If the Active Shooter event is happening outside of the facility:
  - Remain calm
  - Move away from the active shooter/sounds of gunshots if safe to do so
  - Warn others to take immediate cover
  - Look for some type of protective cover (walls, parked cars, trees)
  - Remain silent
  - Silence all electronic devices: phone, pager, vocera, radio, etc.
  - Call 9-1-1 and Security to identify your location.

- If you are able to reach 9-1-1:
  - Give location of shooter(s)
  - Detail the number of suspects and description, if known
  - Describe the type and number of weapons, if possible

- All staff responsibilities:
  - DO NOT approach the announced area/location of the active shooter.
  - Control access to exam rooms, offices, departments by closing doors and clearing all occupants from view.
  - Seek shelter behind locked/barricaded doors, stay away from all windows
  - Remain quiet
  - Silence all noise making/electronic devices, including your phone.
  - The safest action to take is to remain in place and do not attempt to flee
  - Remember, the one place the shooter is not located is behind your barricaded area.
When Law Enforcement Arrives

<table>
<thead>
<tr>
<th>What to Expect</th>
<th>How to React</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Officers may:</strong></td>
<td>• Listen carefully</td>
</tr>
<tr>
<td>• Be accompanied by Fire Rescue Medics</td>
<td>• Do exactly what the officer is explaining-follow instructions</td>
</tr>
<tr>
<td>• Be armed with rifles, shotguns &amp; handguns</td>
<td>• Remain calm</td>
</tr>
<tr>
<td>• Shout commands, &amp; may push individuals to the ground for everyone’s safety</td>
<td>• Put down any items you may be holding</td>
</tr>
<tr>
<td><strong>Note:</strong> The first officers to arrive at the scene will not stop to help injured persons!</td>
<td>• Immediately raise hands and spread fingers</td>
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<tr>
<td></td>
<td>• Keep hands visible at all times</td>
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<td></td>
<td>• Avoid making quick movements toward the officers</td>
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<td></td>
<td>• Avoid pointing, screaming, yelling</td>
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</table>

What Happens Next

<table>
<thead>
<tr>
<th>Once personnel have reached a safe location:</th>
<th>Announcement: “ALL CLEAR ACTIVE SHOOTER” - 3 times</th>
</tr>
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<tbody>
<tr>
<td>• They will likely be held in that area by law enforcement until all witnesses have been identified and questioned.</td>
<td>• Facility Incident Command Center will be activated, if not already activated.</td>
</tr>
<tr>
<td>• Personnel should not leave the safe location or assembly point until law enforcement authorities have instructed you to do so.</td>
<td>• Staff, as needed, will participate in treatment of victims</td>
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<td>• Staff shall preserve all evidence and follow BH policies.</td>
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<td>• Impacted staff may be asked to participate in the debriefing.</td>
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<td>• An accounting of all individuals will be made to determine their status and any needs</td>
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<td>• A method for notifying families of individuals affected by the active shooter, including notification of casualties will be determined</td>
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<td></td>
<td>• Any critical staff shortages will be identified and filled</td>
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</table>
Code Tech

- Departments will operate in accordance with Downtime procedures.
  - IT/Emergency Preparedness will coordinate notification, response, situation reporting and determination of the “all clear” notification.
  - BH staff/management will use the outage information to determine operational impacts including starting their downtime procedures and customizing their staff schedules.

- **What to do during “Computer Down Time”**
  - If the *MyPlace* intranet link goes down, the *PolicyStat* link will still be accessible via the Broward Health Downtime website, BH24
  - This downtime website will automatically launch if *MyPlace* is unavailable
  - To access the link at any time, type [http://BH24](http://BH24) into the browser
  - It’s highly recommended to have copies of all policies pertaining to your department, printed out in case of a complete power outage

Hurricane

- **What is a Hurricane?**
  - **Definition:** A type of tropical cyclone; An intense tropical weather system of strong thunderstorms with a well-defined surface circulation and maximum sustained winds of 74 mph (64 knots) or higher.
The timeframes of hurricanes in the “Atlantic” is June 1st thru November 30th

- Note:
  - Hurricane Watch: A hurricane is possible within 36 hours.
  - Hurricane Warning: A hurricane is expected within 24 hours.

- How do they measure hurricane strength?

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<tr>
<th>Saffir-Simpson Hurricane Scale</th>
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<td>Category</td>
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- Severe Weather
  - What is Severe Weather?
    - Severe Weather is defined as a flood, tropical storm or tornado warnings/threats that significantly impact or may impact normal operations of Broward Health or travel conditions for staff, patients and visitors.
    - A severe weather condition (tornado, lighting/thunderstorm is reported within 50 miles of the hospital (e.g.: National Weather Service has issued a Tornado "Warning" for the local area). An imminent strike is not yet anticipated in any area within a 4 mile radius of the Hospital. According to the National Weather Service, below are definitions for each threat.

- Flash Floods
  - Flash Flood Watch - Issued to indicate current or developing hydrologic conditions that are favorable for flash flooding in and close to the watch area, but the occurrence is neither certain or imminent.
- **Flash Flood Warning** - Issued to inform the public, emergency management and other cooperating agencies that flash flooding is in progress, imminent, or highly likely.

  - **Tropical Storm**
    - Tropical Storm - A tropical cyclone in which the maximum 1-minute sustained surface wind ranges from 34 to 63 knots (39 to 73 mph) inclusive.
    - Tropical Storm Watch - An announcement that tropical storm conditions are possible within the specified coastal area within 48 hours.
    - Tropical Storm Warning - An announcement that tropical storm conditions are expected somewhere within the specified coastal area within 36 hours.

  - **Tornado**
    - Tornado Watch - Conditions that is favorable for the development of tornadoes in and close to the watch area. Their size can vary depending on the weather situation. They are usually issued for durations of 4 to 8 hours in advance to the threat.
    - Tornado Warning - An announcement is issued when a tornado is indicated by radar or sighted by spotters; therefore, people in the affected area should seek safe shelter immediately. They can be issued without a Tornado Watch being already in effect. They are usually issued for duration of around 30 minutes.