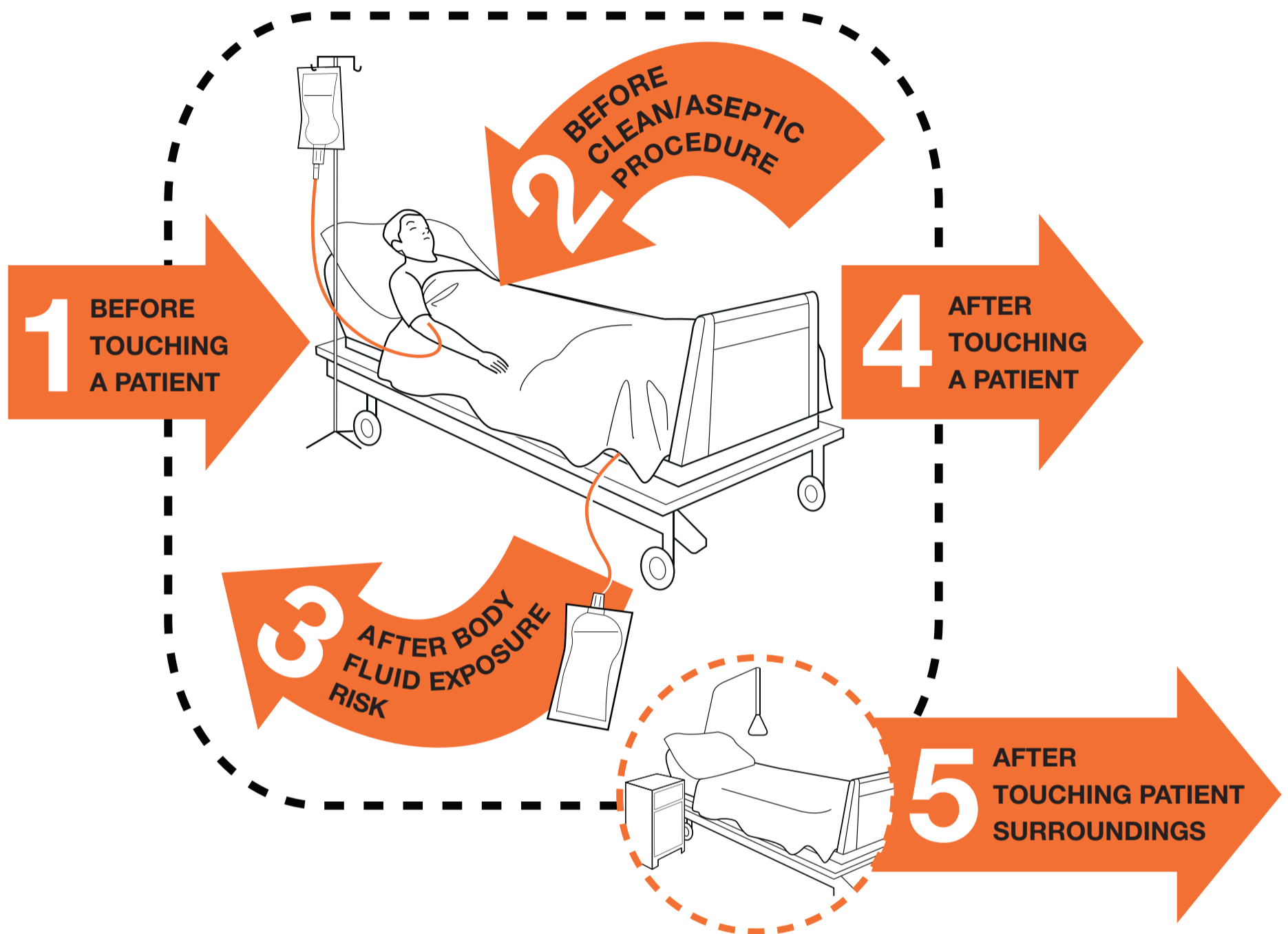


# **Guide to Quality Patient Care**

# Your 5 Moments for Hand Hygiene



<b>1</b> BEFORE TOUCHING A PATIENT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2</b> BEFORE CLEAN/ASEPTIC PROCEDURE	<b>WHEN?</b> Clean your hands immediately before performing a clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal). <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>4</b> AFTER TOUCHING A PATIENT	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>5</b> AFTER TOUCHING PATIENT SURROUNDINGS	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES  
Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

# Break the Chain of Infection

## BREAK THE CHAIN!

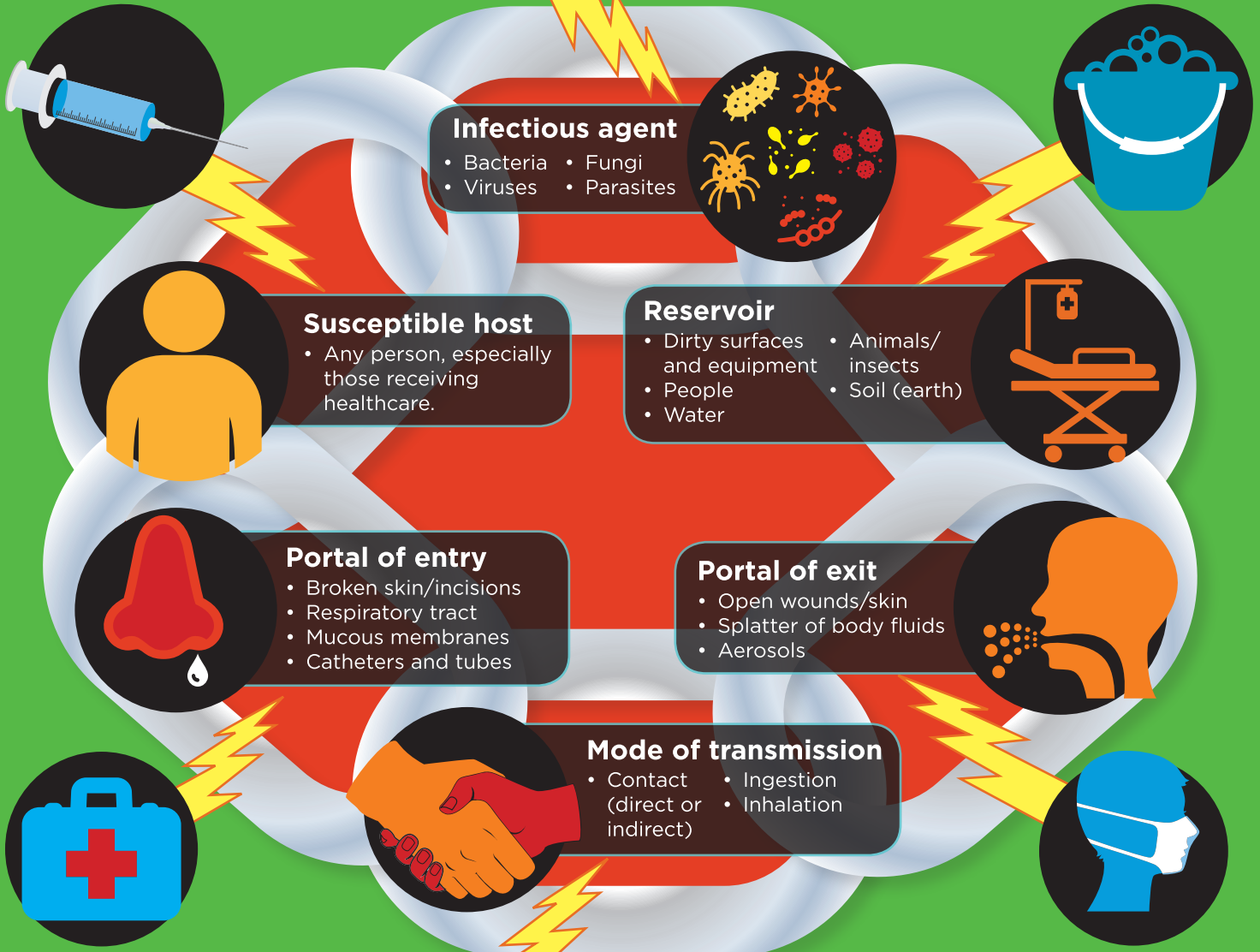
- ✓ Immunizations
- ✓ Treatment of underlying disease
- ✓ Health insurance
- ✓ Patient education

## BREAK THE CHAIN!

- ✓ Diagnosis and treatment
- ✓ Antimicrobial stewardship

## BREAK THE CHAIN!

- ✓ Cleaning, disinfection, sterilization
- ✓ Infection prevention policies
- ✓ Pest control



## BREAK THE CHAIN!

- ✓ Hand hygiene
- ✓ Personal protective equipment
- ✓ Personal hygiene
- ✓ First aid
- ✓ Removal of catheters and tubes

## BREAK THE CHAIN!

- ✓ Hand hygiene
- ✓ Personal protective equipment
- ✓ Food safety
- ✓ Cleaning, disinfection, sterilization
- ✓ Isolation

## BREAK THE CHAIN!

- ✓ Hand hygiene
- ✓ Personal protective equipment
- ✓ Control of aerosols and splatter
- ✓ Respiratory etiquette
- ✓ Waste disposal

# Infection Prevention *and You*

## Break the Chain of Infection

There are many different germs and infections inside and outside of the healthcare setting. Despite the variety of viruses and bacteria, germs spread from person to person through a common series of events. Therefore, to prevent germs from infecting more people, we must break the chain of infection. No matter the germ, there are six points at which the chain can be broken and a germ can be stopped from infecting another person. The six links include: the infectious agent, reservoir, portal of exit, mode of transmission, portal of entry, and susceptible host.

**Infectious agent** is the pathogen (germ) that causes diseases

**Reservoir** includes places in the environment where the pathogen lives (this includes people, animals and insects, medical equipment, and soil and water)

**Portal of exit** is the way the infectious agent leaves the reservoir (through open wounds, aerosols, and splatter of body fluids including coughing, sneezing, and saliva)

**Mode of transmission** is the way the infectious agent can be passed on (through direct or indirect contact, ingestion, or inhalation)

**Portal of entry** is the way the infectious agent can enter a new host (through broken skin, the respiratory tract, mucous membranes, and catheters and tubes)

**Susceptible host** can be any person (the most vulnerable of whom are receiving healthcare, are immunocompromised, or have invasive medical devices including lines, devices, and airways)

The way to stop germs from spreading is by interrupting this chain at any link. Break the chain by cleaning your hands frequently, staying up to date on your vaccines (including the flu shot), covering coughs and sneezes and staying home when sick, following the rules for standard and contact isolation, using personal protective equipment the right way, cleaning and disinfecting the environment, sterilizing medical instruments and equipment, following safe injection practices, and using antibiotics wisely to prevent antibiotic resistance.

For other ways to protect patients, visit [www.apic.org/professionals](http://www.apic.org/professionals).



**APIC**

Association for Professionals in  
Infection Control and Epidemiology

# Do's & Don'ts

## For wearing procedure masks in non-surgical healthcare settings



### Procedure mask

(also called an isolation mask)

Disposable mask that protects the wearer from droplets that might be infectious. A version of this mask with a built-in face shield to protect against splashes is also available.

The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility's infection prevention or occupational health department.

Learn more: [www.osha.gov/SLTC/respiratoryprotection/guidance.html](http://www.osha.gov/SLTC/respiratoryprotection/guidance.html)

### Do

- ✓ Make sure to wear your mask to protect yourself from infectious droplets that may occur when patients cough, sneeze, laugh, or talk.
- ✓ Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- ✓ Bring both top ties to the crown of head and secure with a bow; tie bottom ties securely at the nape of neck in a bow.
- ✓ Remove the mask when no longer in clinical space and the patient intervention is complete.
- ✓ For ear loop mask, remove the mask from the side with your head tilted forward. For tied masks, remove by handling only the ties, and untie the bottom tie followed by the top tie.
- ✓ Properly dispose of the mask by touching only the ear loops or the ties. Perform hand hygiene before and after removing a surgical mask or any type of personal protective equipment such as your gloves and gown.

### Don't

- ✗ DON'T use for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- ✗ DON'T wear if wet or soiled; get a new mask.
- ✗ DON'T crisscross ties.
- ✗ DON'T leave a mask hanging off one ear or hanging around neck.
- ✗ DON'T reuse; toss it after wearing once.
- ✗ DON'T touch the front of the mask, as it is contaminated after use.

# Do's & Don'ts

## DO'S AND DON'TS FOR WEARING GLOVES IN THE HEALTHCARE ENVIRONMENT

### Types of gloves encountered in the healthcare setting

#### STERILE GLOVES

Indicated for performing any sterile procedure including but not limited to vaginal delivery, invasive radiological procedure, central vascular device dressing change, and accessing implanted central venous access ports.



#### NON-STERILE GLOVES

(e.g., nitrile, latex, medical vinyl)

Indicated in situations when there is potential for contact with infectious material (e.g., blood, other body fluids, microorganisms).



#### NON-MEDICAL GLOVES

(e.g., vinyl)

May be used for food handling and some housekeeping procedures (e.g., cleaning and disinfection).



#### UTILITY GLOVES

(e.g., facility, maintenance, central sterile processing)

Used for manual cleaning of instruments and decontamination with harsh chemicals.



### Do

- ✓ **DO** wear gloves to reduce the risk of contamination or exposure to blood, other body fluids, hazardous materials, and transmission of infection.
- ✓ **DO** clean hands before putting on gloves for a sterile procedure (e.g., insertion of catheter or other invasive device).
- ✓ **DO** clean hands after removing gloves.
- ✓ **DO** clean hands and change gloves between each task (e.g., after contact with a contaminated surface or environment).
- ✓ **DO** make sure that gloves fit you properly before performing any tasks.
- ✓ **DO** ensure the correct type of glove is available if you have skin sensitivity or allergy issues.
- ✓ **DO** wear gloves in hemodialysis settings for any contact with the patient or the patient's equipment.
- ✓ **DO** follow your facility's policy on glove use and remember to consult CDC\* and WHO\* hand hygiene guidance.

### Don't

- ✗ **DON'T** re-use or wash gloves (except for utility gloves after being properly cleaned).
- ✗ **DON'T** substitute glove use for hand hygiene.
- ✗ **DON'T** use non-approved hand lotions.
- ✗ **DON'T** use gloves if they are damaged or visibly soiled.
- ✗ **DON'T** touch your face when wearing gloves.
- ✗ **DON'T** wear the same pair of gloves from one patient to another.
- ✗ **DON'T** wear gloves in the hall; consult your facility's policy for exceptions.
- ✗ **DON'T** forget to remove and dispose of gloves properly.

# Do's & Don'ts

## DO'S AND DON'TS FOR WEARING GLOVES IN THE HEALTHCARE ENVIRONMENT

The Occupational Safety & Health Administration (OSHA) may update guidance related to gloves as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility's infection prevention or occupational health department. Learn more: [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

The FDA has proposed a ban on most powdered medical gloves in an effort to protect patients and healthcare personnel from a danger they may not even be aware of. See the link for the news release: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm491466.htm>

### RESOURCES

\*The Centers for Disease Control and Prevention, "Guideline for hand hygiene in healthcare settings," October 2002. Available at: <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

\*The World Health Organization, "Glove Use Information Leaflet," August 2009. Available at: [http://www.who.int/gpsc/5may/Glove\\_Use\\_Information\\_Leaflet.pdf](http://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf)

APIC Guide to the Elimination of Infections in Hemodialysis, 2010.  
Available at: <http://www.apic.org/Professional-Practice/Implementation-guides#Hemodialysis>

The Centers for Disease Control and Prevention, "Frequently Asked Questions - Personal Protective Equipment (Masks, Protective Eyewear, Protective Apparel, Gloves)," July 2013.  
Available at: [http://www.cdc.gov/oralhealth/infectioncontrol/faq/protective\\_equipment.htm](http://www.cdc.gov/oralhealth/infectioncontrol/faq/protective_equipment.htm)

The Joint Commission, "Glovesick," July 2014. Available at: <http://www.jcrinc.com/assets/1/7/ECNews-Jul-2014.pdf>

The Department of Labor, Occupational Safety & Health Administration, Letter of Interpretation, April 2, 2007. Available at: [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=25742](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=25742)



**APIC**<sup>®</sup>

Association for Professionals in  
Infection Control and Epidemiology

[www.apic.org/InfectionPreventionandYou](http://www.apic.org/InfectionPreventionandYou)

© 2016 APIC

# Do's & Don'ts

## For wearing procedure masks in non-surgical healthcare settings

### RESOURCES

AORN Journal, "Use of Positive Airway Pressure Respirators (PAPRs) in the OR," April 2015. Available at: [http://www.aornjournal.org/article/S0001-2092\(15\)00008-3/fulltext#sec3](http://www.aornjournal.org/article/S0001-2092(15)00008-3/fulltext#sec3).

Canadian Center for Occupational Health and Safety, "Respiratory Protection Against Airborne Infectious Agents for Health Care Workers - OSH Answer Fact Sheets," Last updated: 8/6/15. Available at: [www.ccohs.ca/oshanswers/prevention/respiratory\\_protection.html](http://www.ccohs.ca/oshanswers/prevention/respiratory_protection.html).

Centers for Disease Control and Prevention, The National Personal Protective Technology Laboratory (NPPTL), "Respirator Trusted-Source Information," Last updated: 6/12/15. Available at: <http://www.cdc.gov/niosh/npptl/respusers.html>.

Food and Drug Administration, "Personal Protective Equipment for Infection Control-Masks and N95 Respirators," Last updated: 7/9/15. Available at: <http://www.fda.gov/medicaldevices/productsandmedicalprocedures/generalhospitaldevicesandsupplies/personalprotectiveequipment/default.htm>.

Occupational Safety and Health Administration, Hospital Respiratory Protection Program Toolkit, "Resources for respirator program administrators," May 2015. Available at: <https://www.osha.gov/Publications/OSHA3767.pdf>.

The National Institute for Occupational Safety and Health, "How to Properly Put On and Take Off a Disposable Respirator," February, 2010. Available at: <http://www.cdc.gov/niosh/docs/2010-133/>.

[www.apic.org/InfectionPreventionandYou](http://www.apic.org/InfectionPreventionandYou)

© 2015 Association for Professionals in Infection Control and Epidemiology

# Do's & Don'ts

## For wearing N95 respirators in non-surgical healthcare settings



### N95 respirator

Tight-fitting cover that when properly fitted to the face protects the wearer from very small particles that float in the air, such as TB, measles, and chickenpox. It should fit the face tightly with no gapping. An N95 respirator is intended to provide more protection than a procedure mask by blocking at least 95 percent of very small (0.3 microns) particles. It is important to note that not all N95 respirators are tested for fluid resistance to be used as surgical N95s in the perioperative setting.

The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consult your facility's infection prevention or occupational health department.

Learn more: [www.osha.gov/SLTC/respiratoryprotection/guidance.html](http://www.osha.gov/SLTC/respiratoryprotection/guidance.html)

### Do

- ✓ Check to make sure the N95 respirator has no defects such as holes or torn straps.
- ✓ Wear for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- ✓ Follow manufacturer's instructions for donning and doffing of N95 respirator.
- ✓ Ensure proper fit—making sure nose and mouth are completely covered. The N95 respirator must have a complete seal all around. Complete face seal check after donning the respirator.
- ✓ Mold the respirator over the bridge of your nose when putting it on to help keep the N95 respirator on and fitting properly. It is also helpful to press all around the face seal to be sure it is tightly in place.
- ✓ Tilt head forward and remove the N95 respirator by pulling bottom strap over back of head, followed by the top strap without touching the front of mask. Keep straps tight during the removal process.
- ✓ Discard an N95 respirator by touching straps only. Perform hand hygiene before and after use of an N95 respirator or any type of personal protective equipment, such as your gloves and gown.
- ✓ Remove the N95 respirator when no longer in clinical space and the patient intervention is complete.

### Don't

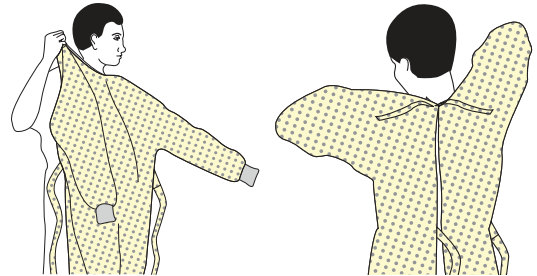
- ✗ DON'T wear if wet or soiled; get a new N95 respirator.
- ✗ DON'T reuse; toss it after wearing once.
- ✗ DON'T let patients or visitors wear N95 respirators unless they've been fit tested to wear them.
- ✗ DON'T wear an N95 respirator that hasn't been properly fit tested. Proper fit is essential.
- ✗ DON'T use the N95 respirator if air leaks around the respirator edges.
- ✗ DON'T touch the front of the N95 respirator as it is contaminated after use. DON'T snap the straps, as that may spread germs.
- ✗ DON'T share your N95 respirator with others; germs can spread that way.
- ✗ DON'T leave an N95 respirator hanging around your neck.

# SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

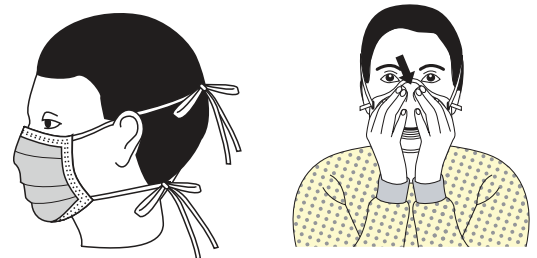
## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



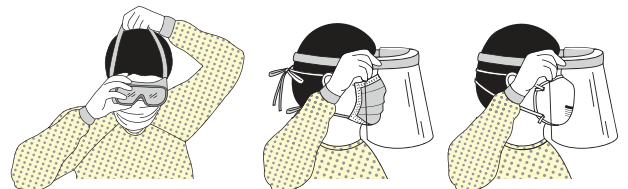
## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



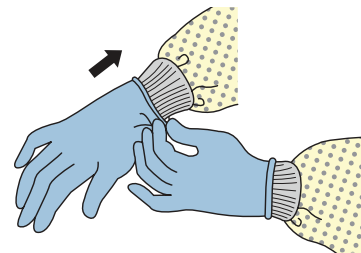
## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



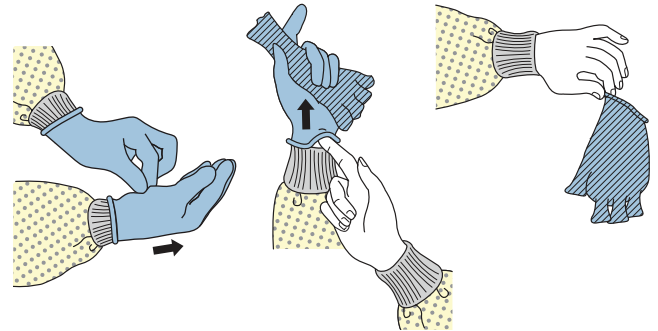
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



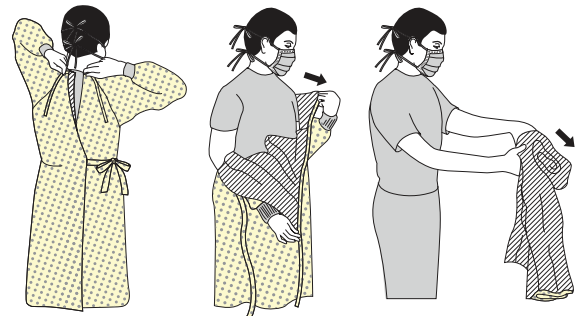
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



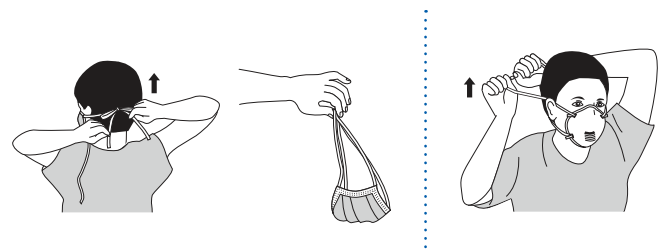
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

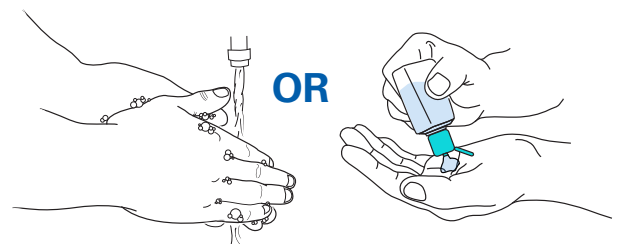


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

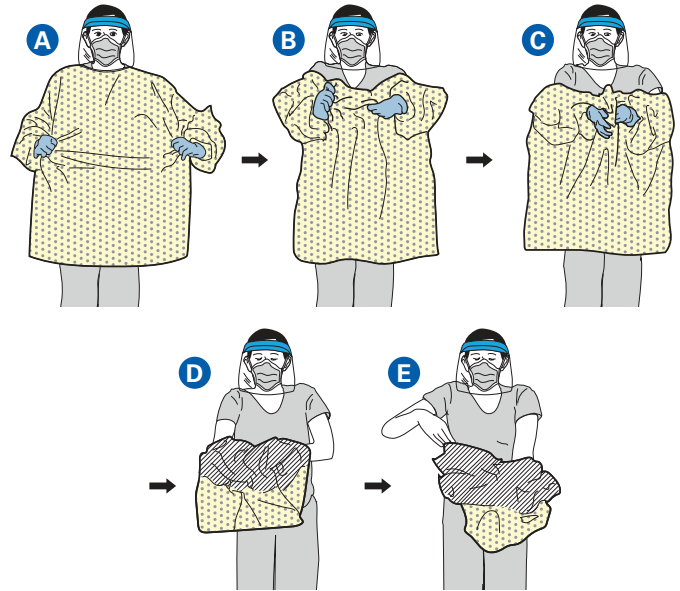


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



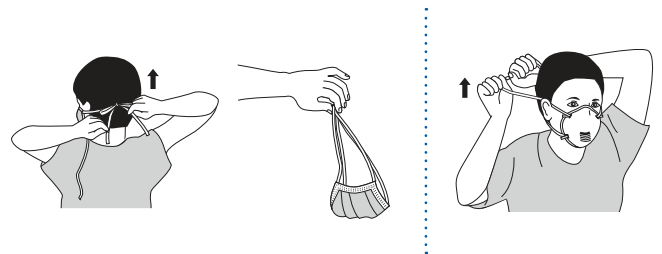
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

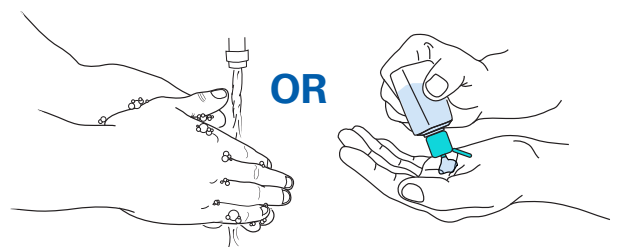


## 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



# Reportable Diseases/Conditions in Florida

## Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated August 18, 2021



Florida Department of Health

Did you know that you are required\* to report certain diseases to your local county health department?

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- ☎ Report immediately 24/7 by phone
  - Report next business day
  - + Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
  - Arsenic poisoning
- ! Arboviral diseases not otherwise listed
- Babesiosis
- ! Botulism, foodborne, wound, and unspecified
  - Botulism, infant
- ! Brucellosis
  - California serogroup virus disease
  - Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
  - Carbon monoxide poisoning
- ☎ Coronavirus disease (COVID-19)
  - Chancroid
  - Chikungunya fever
- ☎ Chikungunya fever, locally acquired
  - Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
  - Ciguatera fish poisoning
- + Congenital anomalies
  - Conjunctivitis in neonates <14 days old
  - Creutzfeldt-Jakob disease (CJD)
  - Cryptosporidiosis
  - Cyclosporiasis
- ! Dengue fever
- ! Diphtheria
  - Eastern equine encephalitis
  - Ehrlichiosis/anaplasmosis
  - *Escherichia coli* infection, Shiga toxin-producing
  - Giardiasis, acute
- ! Glanders
  - Gonorrhoea

- Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
  - Hepatitis B, C, D, E, and G
  - Hepatitis B surface antigen in pregnant women and children <2 years old
- ☎ Herpes B virus, possible exposure
  - Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
  - HIV-exposed infants <18 months old born to an HIV-infected woman
  - Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- Lead poisoning (blood lead level ≥5 µg/dL)
- Legionellosis
- Leptospirosis
- ☎ Listeriosis
  - Lyme disease
  - Lymphogranuloma venereum (LGV)
  - Malaria
- ! Measles (rubeola)
- ! Melioidosis
  - Meningitis, bacterial or mycotic
- ! Meningococcal disease
  - Mercury poisoning
  - Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- ☎ Pertussis

- Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- Psittacosis (ornithosis)
- Q Fever
- ☎ Rabies, animal or human
  - ! Rabies, possible exposure
- ! Ricin toxin poisoning
  - Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
  - St. Louis encephalitis
  - Salmonellosis
  - Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
  - Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- ☎ Syphilis in pregnant women and neonates
  - Tetanus
  - Trichinellosis (trichinosis)
  - Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
  - Varicella (chickenpox)
- ! Venezuelan equine encephalitis
  - Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
  - West Nile virus disease
- ! Yellow fever
- ! Zika fever

\*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."

# Target Blood Sugar Levels for Diabetes

Age 20+

<b>Fasting</b>	<b>less than 100</b>
<b>Before Meal</b>	<b>70-130</b>
<b>After Meal (1-2hrs)</b>	<b>less than 180</b>
<b>Before Exercise</b>	<b>if taking insulin, at least 100</b>
<b>Bedtime</b>	<b>100-140</b>

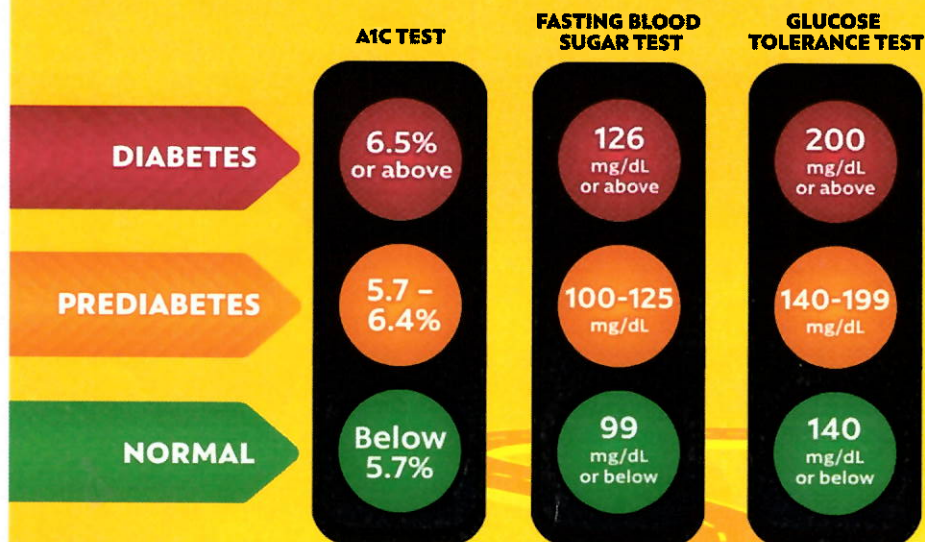
Amount shown above mg/dL

<b>A1c</b>	<b>less than or around 7.0%</b>
------------	-------------------------------------

These are general medical guidelines.  
Please follow your doctor's instructions.



## THE ROAD TO TYPE 2 DIABETES












Source: American Diabetes Association



## Hazard Communication Standard Pictogram

The Hazard Communication Standard (HCS) requires pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

### HCS Pictograms and Hazards

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Target Organ Toxicity</li> <li>• Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-Heating</li> <li>• Emits Flammable Gas</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity (harmful)</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>• Gases Under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>• Skin Corrosion/ Burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<p><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<p><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

For more information:



U.S. Department of Labor



**OSHA<sup>®</sup>**

**Occupational Safety and Health Administration**

[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)



Origination 08/1997  
Last Approved 06/2025  
Effective 06/2025  
Last Revised 06/2025  
Next Review 12/2027

Area Pharmacy Out-Patient Services  
Applicability ~All Hospitals + BHP

## POQ-008-010 Adverse Drug Reaction (ADR) Reporting

### I. Purpose

To describe the process for reporting Adverse Drug Reactions

### II. Definitions

ADR: An adverse drug reaction (ADR) is any response to a drug that is unexpected, unintended, undesired, or excessive and occurs at doses used in humans for prophylaxis, diagnosis, therapy, or modification of physiological function. An ADR may require or result in changing/discontinuing drug therapy/dosage, necessitating or prolonging hospitalization, treatment, significant complications of diagnosis, negative effects on prognosis, temporary or permanent harm/disability or death.

### III. Policy

All suspected ADRs should be reported utilizing the Adverse Drug Reaction Section of the computerized reporting system. All pharmacists, nurses, physicians, and other patient care providers are responsible to report ADRs as they occur. Additionally, a pharmacist shall review orders for target agents that may identify ADRs and investigate the probability that an ADR has occurred. The pharmacist shall be responsible for investigating all reported ADRs. Significant ADRs shall be reported to the FDA's MedWatch program.

### IV. Procedure

#### A. Reporting of ADRs:

All nursing personnel, physicians, and other health care personnel are responsible to report suspected ADRs via Broward Health's Event Reporting System and shall record significant reactions in the patient's electronic medical record. Reporting shall include documentation of prescriber notification of any significant adverse drug events.

#### B. Investigation and Documentation

1. A pharmacist shall investigate the circumstances of the ADR consulting medical literature when necessary.

2. All ADRs will be evaluated upon reporting. Severe ADRs warrant a comprehensive analysis.
3. Any ADR associated with vaccines that is listed in the VAERS Table of Reportable Events Following Vaccination must be reported utilizing the VAERS reporting system available at .
  - a. vaers.hhs.gov

C. Classification

All reported ADRs should be classified as follows:

1. Severity – designated as mild, moderate, or severe.
  - a. Mild – requires no treatment and has an insignificant patient impact.
  - b. Moderate – requires treatment but is not life-threatening and not likely to result in permanent disability.
  - c. Severe – potentially life threatening and could result in permanent disability or death.
2. Probability – designated as doubtful, possible, probable, or highly probable.

D. Pharmacy and Therapeutics Committee (P&T) responsibility

1. All confirmed ADRs shall be reported to the P & T Committee.
2. The P & T Committee shall review all reactions and analyze patterns of ADRs. This committee shall make recommendations on reporting these events to the medical staff through medical staff committee meetings and publications when necessary.

V. **Related Policies**

N/A

VI. **Regulation/Standards**

N/A

VII. **References**

TJC MM 02.01.01; 07.01.03

Adverse Drug Reaction Monitoring and Reporting; Best Practices for Hospital and Health-System Pharmacy 2010.

VIII. **Interpretation and Administration**

The administration and interpretation of this policy is the responsibility of the Regional Pharmacy Managers, Executive Pharmacy Director and Medical Director

## Approval Signatures

Step Description	Approver	Date
------------------	----------	------

Dave Lacknauth: Executive Director, Pharmacy Services	06/2025
Fabio Vogel: Regional Manager, Pharmacy-BHMC	06/2025
Kaleed Mohammed: Regional Manager, Pharmacy-BHCS	06/2025
Winfred Castro: Regional Manager, Pharmacy-BHN	06/2025
Natalie Trach: Regional Manager, Pharmacy-BHIP	06/2025
Joyce Espinola: Regional Manager, Pharmacy-BHP	06/2025

---

## Applicability

Broward Health, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health Medical Center, Broward Health North, Broward Health Point

COPY



Origination 01/2003  
Last Approved 04/2025  
Effective 04/2025  
Last Revised 04/2025  
Next Review 04/2026

Area Pharmacy Out-Patient Services  
Applicability ~All Hospitals + BHP

## POQ-008-065 Ambulatory Look Alike, Sound Alike Drug Names

### I. Purpose

To define the process for differentiating between medications with sound alike names and those that look alike to minimize any danger to patients who are receiving these medications

### II. Definitions

Medications that are either written or spoken, which may lead to potentially harmful errors when confused with each other.

### III. Policy

- The pharmacy department recognizes the potential for confusion associated with medications with similar sounding names (brand or generic) and those that may look alike. To prevent such medication errors, the Broward Health Ambulatory sites shall institute appropriate risk reduction strategies on an ongoing basis. All Broward Health Ambulatory sites should remain aware of potential errors. The pharmacy management team shall be primarily responsible for vigilant monitoring of published safety alerts.
- This policy applies to all workforce members, contractors, and any other designated individuals.

### I. Procedure

1. Pharmacy management team shall identify, at a minimum, a list of 10 medications from the Joint Commission Look-Alike / Sound Alike List for the purpose of applying additional safety precautions with these medications. Additionally, medications may be added to the list based on medication variance review, or proactively, via nursing/ pharmacy staff input.
  - a. The list shall be reviewed annually.
2. Strategies in place to reduce the risk of harm may include the following:

- a. Products bearing the same name, but different routes of administration shall be stored apart. Examples include: ophthalmic vs. otic, intravaginal vs. topical.
- b. Products with problematic names and/or packaging and labeling shall be stored apart with an auxiliary alert flag attached
- c. Sound-alike or look-alike medications stored in automated dispensing systems shall NOT be stored geographically near one another, unless located in a single access pocket.
- d. Before a medication is loaded into an automated cabinet pocket, sound-alike or look-alike assessment must be conducted to ensure that the pockets are not located near one another.
- e. The pharmacy clinical staff shall publish at least annually an updated list of medications identified as Sound Alike/Look Alike.
- f. A list of sound-alike / look-alike medications shall be posted in all medication rooms to promote awareness of these medication names and their potential for error.

II. See appendix for included Sound alike/ Look alike list

III. **Related Policies**

N/A

IV. **Regulation/Standards**

- 1. TJC MM .01.02.01
- 2. ISMP. 02.2024

V. **References**

- 1. TJC MM .01.02.01
- 2. ISMP. 02.2024

**Interpretation and Administration**

The administration and interpretation of this policy is the responsibility of the Regional Pharmacy Managers, Executive Pharmacy Director and Medical Director

---

## Attachments

[🔗 Look-Alike/Sound-Alike Medications](#)

## Approval Signatures

Step Description	Approver	Date
------------------	----------	------

Executive Approver	Dave Lacknauth: Executive Director, Pharmacy Services	04/2025
Ambulatory Committee	Barry Gallison: Vice President, Clinical Quality & Risk Management	04/2025
Department Review	Fabio Vogel: Regional Manager, Pharmacy-BHMC	04/2025
Department Review	Kaleed Mohammed: Regional Manager, Pharmacy-BHCS	04/2025
Department Review	Winfred Castro: Regional Manager, Pharmacy-BHN	04/2025
Department Review	Natalie Trach: Regional Manager, Pharmacy-BHIP	04/2025
Department Review	Joyce Espinola: Regional Manager, Pharmacy-BHP	04/2025

## Applicability

Broward Health, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health Medical Center, Broward Health North, Broward Health Point

COPY



Origination 03/2017  
Last Approved 07/2025  
Effective 07/2025  
Last Revised 07/2025  
Next Review 07/2026

Area Pharmacy Out-Patient Services  
Applicability ~All Hospitals + BHP

## POP-024-851 Do Not Use (Null) List

### POP-024-851 Do Not Use (Null) List

**PURPOSE:** To promote safe medication practices for patients via discouraging the use of abbreviations and illegible orders.

**POLICY STATEMENT:**

- Written orders, if applicable, that are not legible will be clarified by the healthcare professional.
- Abbreviations from the DO NOT USE List will not be used.

**PROCEDURE:**

- Clarification of all illegible orders and orders containing abbreviations found on the DO NOT USE List will be documented on the order sheet as clarification and initiated by the healthcare professional receiving the clarification.
- If a written order is not legible, the order must be clarified with the person who wrote it prior to following or processing the order.
- This list applies to all orders, preprinted forms, and medication-related documentation.
- Legibility issues with providers will be forwarded to the Ambulatory Chief Medical Officer.

See attached list of "Do Not Use" abbreviations

### Interpretation and Administration

The administration and interpretation of this policy is the responsibility of the Regional Pharmacy Managers

## Attachments

## Approval Signatures

Step Description	Approver	Date
	Dave Lacknauth: Executive Director, Pharmacy Services	07/2025
	Fabio Vogel: Regional Manager, Pharmacy-BHMC	07/2025
	Winfred Castro: Regional Manager, Pharmacy-BHN	07/2025
	Kaleed Mohammed: Regional Manager, Pharmacy-BHCS	07/2025
	Natalie Trach: Regional Manager, Pharmacy-BHIP	07/2025
	Joyce Espinola: Regional Manager, Pharmacy-BHP	07/2025

---

## Applicability

Broward Health, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health Medical Center, Broward Health North, Broward Health Point



Origination 01/2003  
Last Approved 04/2025  
Effective 04/2025  
Last Revised 04/2025  
Next Review 04/2026

Area Pharmacy Out-Patient Services  
Applicability ~All Hospitals + BHP

## POQ-008-055 Ambulatory High-Risk, High- Alert Medications

### I. Purpose

To explain the relevant principles and rules related to safe medication practices and processes throughout Broward Health Ambulatory areas; standardize processes to ensure the safe procurement, storage, preparation, dispensing, and administration of High-Risk/High-Alert Medications.

### II. Definitions

High-Risk/High-Alert Medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error (wrong drug, wrong dose, wrong route, wrong patient).

Licensed Personnel : MD, DO, PA, ARNP, LPNs, RNs, PharmDs

### III. Policy

The Pharmacy Department shall identify High-Risk/High-Alert Medications and the common risk factors associated with their use. Each patient care area and the pharmacy will maintain a list of High-Risk/High-Alert Medications and handle such medications appropriately to maintain patient safety and reduce risk factors for errors. The pharmacy management team shall be primarily responsible for vigilant monitoring of published safety alerts. Safety recommendations will be implemented and disseminated to the staff on an ongoing basis. This policy applies to all workforce members, contractors, and any other designated individuals.

### IV. Procedure

1. Identification of High-Risk/High-Alert Medication(s)
  - a. High-Risk/High-Alert Medications can be identified through Sentinel Alerts, drug literature, incident reports, adverse drug events, and ISMP Safety Alerts.
2. Selection, Procurement, Storage and Storage

- a. High-Risk/High-Alert Medications undergo the usual formulary processes.
  - b. Medications being reviewed for formulary inclusion will have a Risk Assessment performed when presented to the Pharmacy and Therapeutics Committee. This assessment may identify high risk potential and prompt error reduction strategies.
  - c. Only Rapid Acting Insulin will be made available as floor stock in the patient care areas.
3. The following medication has been deemed HIGH-RISK/HIGH-ALERT in patient care areas and requires an independent double check prior to administration:
- a. Insulin
4. The independent double check for drug administration shall consist of the following:
- a. Two licensed personnel, independently, comparing and verifying two patient identifiers (Name and Date of birth) along with the correct medication, dose, route, and frequency against the provider’s order.
  - b. Any discrepancies shall be addressed prior to administration of any High Risk/High-Alert Medications.

**V. Related Policies**

- 1. N/A

**VI. Regulation/Standards**

- 1. MM.01.01.03 The Joint Commission
- 2. ISMP 2021

**VII. References**

- 1. MM.01.01.03 The Joint Commission
- 2. ISMP 2021

**Interpretation and Administration**

The administration and interpretation of this policy is the responsibility of the Regional Pharmacy Managers and Medical director

**Approval Signatures**

Step Description	Approver	Date
Executive Approver	Dave Lacknauth: Executive Director, Pharmacy Services	04/2025

Ambulatory Committee	Barry Gallison: Vice President, Clinical Quality & Risk Management	04/2025
Department Review	Fabio Vogel: Regional Manager, Pharmacy-BHMC	04/2025
Department Review	Kaleed Mohammed: Regional Manager, Pharmacy-BHCS	04/2025
Department Review	Winfred Castro: Regional Manager, Pharmacy-BHN	04/2025
Department Review	Natalie Trach: Regional Manager, Pharmacy-BHIP	04/2025
Department Review	Joyce Espinola: Regional Manager, Pharmacy-BHP	04/2025

---

## Applicability

Broward Health, Broward Health Coral Springs, Broward Health Imperial Point, Broward Health Medical Center, Broward Health North, Broward Health Point

COPY



Origination 04/1992  
Last Approved 12/2025  
Effective 12/2025  
Last Revised 12/2025  
Next Review 12/2028

Area HR-Employee Health  
Applicability ~System-Wide

## Management of Blood and Body Fluid Exposure

### Purpose Statement

To assess prior exposure to and minimize likelihood of HIV, Hepatitis B, and Hepatitis C infection after exposure to body fluids.

### Definitions

- A. **Percutaneous exposure** - needlestick, laceration or bite.
- B. **Per mucosal exposure** - ocular or mucous membrane.
- C. **Significant exposure** - exposure through needlestick instruments or sharps, mucous membranes, or non-intact skin to the following body fluids:
  1. blood or any body fluids containing visible blood
  2. semen
  3. vaginal secretions
  4. cerebrospinal fluid
  5. synovial fluid
  6. pleural fluid
  7. peritoneal fluid
  8. pericardial fluid
  9. amniotic fluid
  10. laboratory specimens/suspensions of **concentrated HIV**

# Policy Statement

To manage employees with inadvertent percutaneous or permucosal exposure to blood/body fluids and to start Post Exposure Prophylaxis (PEP) within two hours or as soon as possible following an exposure for maximum effect, if indicated. An emergency department physician/provider or employee health shall determine whether exposure occurred and severity of exposure.

## Procedure

### A. Reporting of percutaneous or permucosal exposure to blood/body fluids and testing of source:

1. Employee shall report injury to his/her department director, supervisor, or nurse manager.
2. Employee shall complete the Employee's Accident Report Form and contact Workers' Compensation Managed Care Intake Service Coordinator at 1 (888) 373-8282 after seeking assessment and care.
3. Employee shall report immediately to the Emergency Department for initial evaluation and treatment and then to Employee health on the next business day for follow up.
4. The Emergency Physician/Provider shall evaluate the employee exposure and document "significant exposure", and contact the charge nurse of the source patient, in order to get source's laboratory tests.
5. The charge nurse facilitate obtaining an "Exposure Panel" ( HBsAg, HCAb and HIV) on the source patient. Consent for testing in the event of an exposure incident is given on the general admission consent form.

The Rapid HIV (SUDS test or other rapid test depending on current technology) will be performed initially followed by the confirmatory HIV test.

- a. In the event that a source specimen cannot be obtained, the exposed employee will be treated as if the source is unknown.
- b. The Rapid HIV (SUDS test or other current technology rapid HIV test) result will be available within one hour of the Lab being notified and receiving the specimen for testing.

### B. Evaluation and Treatment of the Exposed Employee

Evaluate all exposures to determine whether or not the exposure is a significant, potential HIV, Hepatitis B and Hepatitis C exposure.

1. When a significant exposure is confirmed, the emergency room provider/staff will notify the laboratory to facilitate appropriate reporting and documentation of both source and exposed employee results.
2. Baseline testing for the exposed employee will include Hepatitis B Surface Antibody (HBsAb), Hepatitis C Antibody (HCAb), HIV, ALT, Pregnancy test (as applicable) and additional testing as determined by the assessing provider.

3. The exposed employee will be offered prophylaxis and/or treatment as indicated including but not limited to PEP, Hepatitis B Immunoglobulin (HBIG), Hepatitis B vaccine, Td/Tdap.
  4. In the event that the source is unknown or a source specimen is unable to be obtained, the assessing provider and follow up providers will offer appropriate prophylaxis/treatment based on exposed employees baseline labs and current best clinical practice
  5. In accordance with Florida Statute XXIX 381.004, the source cannot be tested for HIV if the exposed employee does not consent to baseline HIV testing for themselves.
- C. The exposed employee will follow up with the Employee Health Department and be further evaluated for appropriate prophylaxis/treatment and instructed on recommended follow up testing schedule and referral to Infectious Disease or other specialist as indicated.

## Related Policies

N/A

## Regulations/Standards

N/A

## References

N/A

## Interpretation and Administration

The interpretation and administration of this policy is the responsibility of the Senior Vice President, Chief Human Resources Officer.

## Legacy Number

HR-009-004

## Approval Signatures

Step Description	Approver	Date
SVP, Chief Human Resources Officer	Marcy Mills-Matthews: Senior Vice President, Chief Human Resources Office	12/2025

Quality Check	Lauren Savino: Senior Contractual Compliance Specialist	12/2025
Employee Health	Kristina Castro: Regional Manager, Employee Health	12/2025
Employee Health	Lisa Brown: Corporate Director, Employee Health	12/2025
SVP, Chief Human Resources Officer	Marcy Mills-Matthews: Senior Vice President, Chief Human Resources Offic	12/2025

---

## Applicability

Broward Health, Broward Health Coral Springs, Broward Health GME, Broward Health Imperial Point, Broward Health LAB, Broward Health Medical Center, Broward Health North, Broward Health Physician Group, Broward Health Point, Broward Health Weston

COPY