



Specializing in Healthcare Staffing Since 1995
6400 N. Andrews Ave., Suite 440, Ft. Lauderdale, FL 33309

ACKNOWLEDGMENT OF OSHA TRAINING

I, _____ have been presented with training on occupational exposure to blood borne pathogens, hazardous chemicals procedures, advance directive, lifting safely to protect your back, general hazard prevention, fire safety training, preventing the spread of infection, universal/BSI precautions, age specific, abuse and neglect, and restraint policies by Ocean to Ocean Healthcare on this date ____/____/____.

My signature constitutes that I understand and I will comply with these and all standards set forth by OSHA and comply with each of the facilities Exposure Control Plans. I will obtain any additional information I need to safely work with hazardous chemicals in the work place. By signing this form I assume the responsibility of maintaining these standards.

If I have any questions or require any additional information, I will notify Ocean to Ocean Healthcare. I have read and understand the above.

Employee Signature

Date



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OSHA TRAINING

ADVANCE DIRECTIVES

The Federal Patient Self-Determination Act requires that hospitals maintain policies for providing information to all adult individuals, which presumably includes competent as well as incompetent patients, but clearly does not include minors. If a patient is incompetent, the hospital's procedures should provide for documentation in the patient's records that information was provided to the patient, but in the opinion of a physician, the patient was not competent to understand the information. Information must be provided at all times of inpatient admission. This does not apply to outpatients

SOME MEANINGFUL DEFINITIONS

ADVANCE DIRECTIVE – A Directive to Physicians or a Durable Power of Attorney for Health Care. Also known as Living Will.

DIRECTIVE TO PHYSICIAN – An oral or written instruction under the Natural Death Act to withhold or withdraw life-sustaining procedures in the event of a terminal condition.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE –

A Document delegating to an agent the authority to make health decisions on behalf of a principal as provided by the Durable Power of Attorney for Health Care Act.

TERMINAL CONDITION – An incurable or irreversible condition caused by injury disease or illness, which, without the application of life sustaining procedures, would, within reasonable medical judgment, produce death, and where the application of life-sustaining procedure serves only to postpone the moment of death.

QUALIFIED PATIENT – A qualified patient is a patient who suffers from a “terminal condition” that has been diagnosed and certified in writing by the attending physician and one other physician who have personally examined the patient.

LIFE SUSTAINING PROCEDURE – A medical procedure or intervention which utilizes mechanical or other artificial means to sustain, restore or supplant a vital function which would serve artificially only to prolong the moment of death and where, in the judgment of the attending physician, noted in the qualified patient's medical records, death is imminent whether or not such procedures are utilized or will result within a relatively short time without application of such procedures. It does not include medication or medical procedures deemed necessary to provide comfort, care or alleviate pain.

WITHDRAWING OR WITHHOLDING TREATMENT UNDER AN ADVANCE DIRECTIVE

ADVANCE DIRECTIVE – Under the Texas Natural Death Act, patients have the right to make advance decisions with respect to the use of “heroic” measures should they become terminally ill. Typically, such patients will set forth their desires in an instrument known as an “Advance Directive to Physicians”, commonly referred to as a “Living Will”. Other patients may have “Durable Power of Attorney for Healthcare”. The principal distinction between the two instruments is that the durable power of attorney authorizes another person to make a treatment decision for the patient if he or she is incapable of doing so. An advance directive, by contrast, instructs the physician not to administer any life-sustaining measures.

The typical directive provides, in relevant part, as follows: “If at any time I should have an incurable or irreversible condition caused by injury, disease, or illness certified to be a terminal condition by **two physicians**, and if the application of life-sustaining procedures would serve only to artificially postpone the moment of my death, and if my attending physician determines that my death is imminent or will result in a relatively short time without the application of life-sustaining procedures, I direct that those procedures be withheld or withdrawn, and that I be permitted to die naturally.”

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“In the absence of my ability to give directions regarding the use of those life-sustaining procedures, it is my intention that this directive be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from that refusal.”

If a patient has an advance directive to physicians, it should be followed, subject to the following conditions. The attending physician must first certify that the patient is a **“qualified patient”** who suffers from a **“terminal condition”**. Tex. Health & Safety Code Ann. Sec. 672.010(a)

QUALIFIED PATIENT – A **“qualified patient”** is a patient who suffers from a **“terminal condition”** that has been **“diagnosed and certified in writing by the attending physician and one other physician who have personally examined the patient”**. Id. Sec. 672.002(8). A **“terminal condition”** is defined as **“an incurable or irreversible condition caused by injury, disease, or illness that would produce death without the application of life sustaining procedures, according to reasonable medical judgment, and in which the application of life sustaining procedures serves only to postpone the moment of the patient’s death”**. Tex. Health & Safety Code Ann. Sec 672.002(9) (Vernin 1992). A **“life sustaining procedure”**, in turn, is defined as **“a medical procedure or intervention that uses mechanical or other artificial means to sustain, restore, or supplant a vital function, and only artificially postpones the moment of death is imminent or will result in relatively short time without the application of the procedure. The term does not include the administration of medication or the performance of a medical procedure considered to be necessary to provide comfort or alleviate pain”**. Id. Sec. 672.002(6)

Prior to ordering the withdrawal or withholding of life-sustaining procedures, the attending physician must: Determine that the patient’s death is imminent or result in a relatively short time without application of those procedures; Note that determination in the patient’s medical record; and Determine that the steps proposed to be taken are in accord with the patient’s existing desires. Id. Sec. 672.010(b) if these conditions are met, life-sustaining procedures may be withheld or withdrawn.

PATIENT WITHOUT ADVANCE DIRECTIVE – In other instances, the decision making process is more complex. If the patient is an adult, but does not have a directive, it is possible for him to make a **“non-written” (i.e., oral) directive**. Id. Sec. 672.005. Similarly, if the patient is an adult, does not have a directive, and is incompetent, comatose, or otherwise incapable of communication, he or she may issue (through family members) what is known as a **“presumed intent” directive**. Id. Sec. 672.005 (Note that a patient is **“incompetent”** if he or she **“lacks the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of and reasonable alternatives to a proposed treatment decision”**). Id. Sec. 672.002(5).

Regardless of whether the patient is or is not **“incompetent, comatose, or otherwise incapable of communication”**, the first step is to determine whether the patient is a **“qualified patient”** who suffers from a **“terminal condition”**. Again, this determination requires the diagnosis and written certification of the attending physician and another physician who has personally examined the patient. If the patient is competent and capable of communication, the directive must be issued in the presence of the attending physician and two disinterested witnesses. Id. Sec. 672.005(b). The witnesses may **not be:**

- Related to the patient by blood or marriage;
- Entitled to inherit any part of, or would have a claim against the patient’s estate;
- The attending physician;
- An employee of the attending physician;
- An employee of the hospital **who is involved in the “direct” care of the patient or an employee “directly involved” in the “financial affairs” of the hospital;** or
- Another patient in the hospital.. Id. Sec. 762-0038

PATIENT WITHOUT ADVANCE DIRECTIVE, INCOMPETENT, COMATOSE OR OTHERWISE INCAPABLE OF COMMUNICATION – If this patient is an adult, a treatment decision to withhold life-sustaining procedures may still be made. If the patient has a legal guardian, the attending physician and guardian may make the decision. Id. Sec. 672.009(a) If the patient does not have a legal guardian, the attending physician and two of the patient’s relatives, **“if applicable”**, may make a treatment decision to withhold or withdraw life sustaining procedures. Id. Sec. 672.009(b). The two persons authorized by statute to make the treatment decision with the attending physician are, in the following priority:

- The patient’s spouse;
- A majority of the patient’s reasonably available adult children;
- The patient’s parents; or
- The patient’s nearest living relative.

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The decision in this instance must be made on the basis of what the patient would desire. Id. Sec. 672.009©. This can be done by documenting, in the medical record, statements by the family members as to past expressions by the patient. Again, however, the treatment decision must be made in the presence of two disinterested witnesses. Id. Sec. 672.009(d). In the event the members of the patient's family do not agree to the withholding or withdrawal of life sustaining procedures, the best course of action is to continue treatment, and advise the family members who favor withholding or withdrawing treatment to secure a court order appointing them as the patient's guardian and authorizing them to make the decision.

MINOR AND PREGNANCY – Finally, there are three important points that must be kept in mind. In cases involving the withholding or withdrawal of treatment from a minor, the decision must be made by the patient's spouse (if he or she is an emancipated adult), the parent's, or the patient's legal guardian. Id. Sec. 672.006. Second, if the patient is pregnant, life-sustaining procedures may not be withheld or withdrawn, even if the patient has executed a written directive. Id. Sec. 672.019. Third, the forgoing procedures are not required if the patient is deemed to be legally dead due to the irreversible cessation of brain function; in this latter instance, however, the patient's death must be pronounced before artificial means of supporting his or her respiratory or circulatory functions are terminated. Id. Sec. 671.001 ©.

LIFTING SAFELY TO PROTECT YOUR BACK

Back injuries are the most common type of injuries among health care workers in hospitals and nursing homes. You can prevent them by learning about your back and using your body correctly to lift and move patients and objects.

SAFE LIFTING TIPS:

Never reach above your shoulders – use a step stool or ladder. When reaching down, support your upper body with one arm. Always stay close to the load without leaning forward. Push rather than pull whenever possible. When bending, kneel down on one knee. Bend your knees and hips – not your back. When leaning forward, move your whole body, not just your arms.

TIPS FOR LIFTING AND MOVING PATIENTS

Always stand with your feet slightly apart. Bend your knees, not your waist. Lift with your legs and keep the patient close to your body to reduce strain. Lower patients slowly, bending at the knees. Work as a team with co-workers for large or heavy patients. Use mechanical aids whenever possible.

REMEMBER – WHENEVER YOU'RE LIFTING OR MOVING A PATIENT – GET HELP WHEN YOU NEED IT!

TIPS FOR A HEALTHY BACK

- Keep your back pain free by following these general tips:
Learn proper lifting techniques.
Plan ahead and take precautions.
Never twist.
Lift or carry only what you can handle safely.
When standing for long periods of time, balance your spine by placing one foot on a low stool, bend your knees slightly, and keep your pelvis tilted forward.
When sitting, use a chair that allows both feet to be flat on the floor.
Always maintain good posture – slouching puts strain on your vertebrae.
Use lumbar support cushions for your lower back if you sit a lot.

GENERAL HAZARD PREVENTION

There are other hazards in the workplace that you can help prevent, such as fire and electrical hazards and slips, trips and falls. Everyone must take accident prevention and hazard identification responsibilities seriously. The following safety guidelines can help.

FIRE AND ELECTRICAL SAFETY

- Report defective electrical outlets, so they can be replaced.
Know where fire extinguishers are located and how to use them.
Smoke only in designated areas.
Use electrical appliances that have three-wire grounded plugs and unfrayed wires.
Know fire evacuation plans.

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SLIPS, TRIPS AND FALLS

Common workplace accidents, such as slips, trips and falls, can be avoided when you keep your work area neat and organized.

- ❖ *Keep everything in its proper place.*
- ❖ *Be sure of adequate lighting.*
- ❖ *Wear shoes with antiskid soles.*
- ❖ *Close file and desk drawers all the way.*
- ❖ *Hold the railing on the stairs.*
- ❖ *Keep one hand free for support or to stop a fall.*
- ❖ *Clean up or report spills and obstructions.*
- ❖ *Watch out for wet floors.*
- ❖ *Use a ladder, not makeshift arrangements.*
- ❖ *Report loose or worn flooring or torn carpet.*

AVOIDING SLIPS, TRIPS AND FALLS

You take hundreds of steps at work each day. For each step there are countless potential hazards just waiting to trip you up. If you understand how these hazards can cause slips, trips and falls, you can prevent needless and painful injury to yourself, your patients, and your coworkers.

WATCH YOUR STEP

Even common hazards like water spills and burned-out light bulbs can lead to serious, painful injuries – and could also limit your ability to respond to emergencies. Protect yourself, your coworkers and your patients by doing what you can to create a hazard-free workplace.

CLEAN UP WET SURFACES

Anytime you see (or cause) a spill, clean it up right away. If you can't, mark it with a sign or paper towels and report it to the appropriate person for cleanup.

AVOID SHORT CUTS

Taking a short cut to save time can be risky. The more short cuts you take, the greater your chance for taking a tumble.

- ❖ *Find a ladder or a step stool when something's out of easy reach, instead of using an object not meant for climbing.*
- ❖ *Never carry a load that you can't see over. If necessary, make more than one trip.*
- ❖ *Use only designated walkways.*

Keep your area clutter free and well lit. Every piece of equipment left out or file's drawer left open is a hazard that can trip you up, particularly when it's dark. Clean up clutter, especially in front of stairs, in hallways and on stairs. Don't leave wheelchairs, cleaning supplies, handcarts and other materials lying around. Turn on lights before entering a room or supply closet. Replace burned out light bulbs.

Close file drawers before you walk away from them.

GOOD HOUSEKEEPING can help prevent accidents. Remember:

- ❖ *Make daily housekeeping a priority.*
- ❖ *Use your common sense.*
- ❖ *Watch out for potential safety hazards.*
- ❖ *Correct problems or report any unsafe conditions immediately!*

YOUR SAFETY CHECKLIST

How well are you controlling the potential hazards around you? Look at the safety precautions the people around you are taking in the workplace. How do you compare? Read the list below and check each true statement. The more boxes you check, the more you're contributing to a safe workplace:

- ❖ *I take the time to get a ladder instead of climbing on a box or chair.*
- ❖ *I clean up or report spills I see or cause.*
- ❖ *I put away supplies and work materials instead of leaving them lying around.*
- ❖ *I choose to carry two smaller loads instead of one large one.*
- ❖ *I close file cabinet drawers before walking away.*
- ❖ *I replace or report burned out bulbs so the next person won't be caught in the dark.*

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MEDICATION ERROR TRACKING SYSTEM

A medication error by definition is a dose of medication that deviates from the physician's order as written in the patient's medical record or from current hospital policy and procedure. Except for omission, the medication dose must actually reach the patient. A wrong dose that is detected and corrected prior to administration is *NOT* a medication error, but must be reported on a *Drug Discrepancy Form*. A prescribing error is also excluded from this definition.

Classification of incidents:

Level 0 – non-medication error occurred (potential error).

Level 1 – an error that did not result in patient harm.

Level 2 – an error that resulted in the need for increased patient monitoring, but no change in vital signs and no patient signs

Level 3 - an error that resulted in the need for increased patient monitoring with a change in vital signs, but no ultimate patient harm, or an error that resulted in the need for increased laboratory monitoring.

Level 4 - an error that resulted in the need for treatment with another drug or an increased length of stay or that affected patient participation in an investigational drug study.

Level 5 - an error that result in permanent patient harm.

Level 6 - an error that resulted in patient death.

REPORTING:

1. Follow Policy of Facility
2. Notify Physician of medication error
3. Incident Report and notify charge nurse

FOOD & DRUG INTERACTION

A food & drug interaction may occur when certain types of food either potentate or decrease the effect of the medication. The health care provider is responsible for identifying when a food & drug interaction may occur, counseling the patient, and preventing future food & drug interactions. **It is your responsibility to follow policy and procedure of your facility**

In the hospital usually three different departments are involved in implementing policy and procedures:

- ◆ PHARMACY
- ◆ NUTRITION SERVICES
- ◆ NURSING

A. **Typically Pharmacy has the responsibility to:** Provide for all prescriptions filled, as appropriate, to include auxiliary labels, written

information, and/or face-to-face counseling for Potential food & drug interactions. Flag the identified drugs on the **MAR's** with ****Potential FDI** to alert nursing personnel that the patient is receiving a drug which may have a potential food & drug interaction. Serve as a consultant to provide in-depth education on food & drug interaction. Publish a newsletter, which includes information on food & drug interactions.

B. **Typically Nutrition Services have the responsibility to:**

Provide counseling to patients on potential food & drug interactions based on their unit specific procedure. Identify which patients are on *Lasix, Coumadin, Antabuse, MAOI's, Lithium and Humalog*, and modify the diet if needed to avoid potential food & drug interactions. Serve as consultant for in-depth food & drug interaction education.

C. **Typically nursing has the responsibility to:** Identify which patients are receiving drugs which have potential food & drug interactions by reviewing the **MAR's** and looking for ****Potential FDI** in the comment section. Educate patient on the food & drug interaction and provide them with a copy of the Food and Drug Interactions handout, available in English and Spanish. Order consults with pharmacist and/or dietitian as needed. Notify nutrition services by diet order of any food allergies.

Documentation can be found on the Multidisciplinary Patient Education Record and Discharge Instructions form as appropriate. The drugs, which are selected to be flagged by the pharmacy on the **MAR's** and by nutrition services, are those drugs which are high risk to patients and high volume in usage at the hospital. Patients may call the pharmacy and nutrition services at the listed phone numbers on the Food and Drug Interactions handout if they have any further questions once discharged from the hospital. Several tools are available to educate staff on food & drug interactions and they include: Medical chart dividers, food & drug books, MicroMedex, and the Food and Drug Interactions handout.

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KEEP YOURSELF SAFE AND HEALTHY AT WORK

The everyday operation of a health care facility may create numerous risks that can serious – even tragic – consequences. This type of environment makes safety a top priority. That’s why your employer has rules and regulations to help keep you safe on the job. With the participation, compliance, and commitment of the entire staff, accidents, injuries and illnesses can be significantly reduced. Help make your work environment safe. Always follow safety guidelines, precautions, policy and procedures of facility and unit you are working on.

FIRE SAFETY TRAINING

Most Hospitals are protected with automatic Fire Alarm systems. The systems simultaneously give a local alarm within the hospital and notify the fire department upon activation. The alarm system gives both an audible and visual signal within the facility. Activation of the alarm automatically releases the electromagnetic door holders, thus providing compartmentalization of the fires and closes dampers in the air-conditioning units to control the spread of fire and smoke. If during the fire alarm activation, you notice trouble with the system such as a siren not sounding, light not flashing or automatic fire doors not releasing or closing properly, notify Engineering Services.

PREVENTING THE SPREAD OF INFECTION

Careful precautions are the keys to infection control. Without proper precautions, germs can easily spread among patients, visitors and staff. That’s why health-care facilities take special steps to prevent infection. **Your cooperation is vital.** Each patient and visitor plays a role in preventing the spread of infection. For instance, staff – and visitors – must wash hands thoroughly and use protective gloves, masks and gowns, as recommended.

UNDERSTAND HOW INFECTION SPREAD

To spread, an infectious disease requires each of the following:

A disease-causing organism – Most infectious diseases start with germs (viruses or bacteria).

A place for the organism to live – Germs thrive in moist environments. The human body offers many good hiding places. Germs may also live on objects such as door handles or bedrails, or in substance such as human wastes.

Vulnerable hosts – Germs don’t always cause disease in every person they contract. They require victims who are too weak to fight them off – for example, newborns, older people and the ill or injured. Health-care facilities are full of vulnerable hosts.

A route of transmission – For a disease to spread, germs must have a way to travel to susceptible hosts. Different germs travel I different ways, including:

- by contact between people (shaking hands, hugging, etc.)
- by contact between people and objects, such as medical instruments
- in droplets from coughs or sneezes, which can travel several feet in the air
- on tiny dust particles that travel long distances in the air.

YOU CAN STOP GERMS BY STOPPING THEIR ROUTE OF TRANSMISSION. This is the focus of every health-care facility’s infections control program.

MSDS – INFORMATION

The company sending the chemical supplies material Safety Data Sheet (MSDS). They come in different lengths and formats, but they all contain the same basic information:

Key points to look for:

- The chemical name.
- The hazardous ingredient
- Descriptive information (color, odor, appearance).
- Explosive and fire information.
- Health hazards.
- Symptoms of overexposure.
- Medical conditions aggravated by this chemical.
- Port of entry into your body (skin, lungs).
- Cancer causing / Yes or No.
- First Aid and emergency procedures.
- Identify other substances that may react with this chemical.
- Clean up of leaks and spills to include use of personal protective equipment and how to dispose of the waste.

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Take a few minutes and look at the manual in your work area. Get to know the MSDS's for the chemicals in your area before there is a problem.

ETHICS COMMITTEE READY TO ASSIST YOU, YOUR PATIENT & YOUR PATIENTS FAMILY

Making decisions about health care often involves difficult moral and ethical questions. It can be hard to know what is the right thing to do. Your personal beliefs, values and goals may differ from those of your patient or other health care providers. For example, decisions regarding withdrawal or withholding of life support can be very difficult decisions for your patient/family to make. Because your patient's family and other health care providers share responsibility to make decisions, disagreements or conflicts may develop about what should be done.

If ethical problems or conflicts cannot be resolved by talking with the patient/family, physician or hospital staff, you can request review or consultation with the Hospital Ethics Committee. This special Committee is made up of doctors, nurses, social workers, administrators, chaplains and others who have been trained to deal with these moral and ethical issues. One of the Committee's jobs is to support patients; families and health care providers who are trying to make these difficult decisions. **Follow procedures on your unit.** The Committee does not make treatment decisions. If is there to provide advice and recommendations to you and your health care providers.

UNIVERSAL/BSI PRECATIONS

These are a central part of the infection control program. Anyone who has contact with a patient – including visitors – should understand how they work. **The purpose of universal precautions - The Universal/BSI precautions aim to prevent transmission of germs that travel in blood and other body fluids and substances.** HIV, the virus that causes AIDS, is one such germ. The virus that causes Hepatitis B is another.

Why Universal/BSI precautions are used – It isn't always obvious that a person is infected with HIV and certain other germs. So, **Universal/BSI precautions apply to all patients every time contact with blood or other body fluids or substances are possible.**

VISITORS/STAFF MUST OBSERVE UNIVERSAL/BSI - How Universal/BSI work

- Hand-washing – Everyone who has contact with patients must wash hands:
 - before and after patient visits
 - after contact with blood or other body fluids or substances (or with equipment the touches these)
 - after removing gloves, masks and other protective gear.
- Use of Gloves – health-care providers, staff and visitors must wear gloves whenever contact of blood or other body fluids or substances is possible.
- Use of masks, goggles and other protective gear – These help protect the health-care provider's face and skin from contact. They're used during any procedures where contact with blood or other body fluids or substances may occur.
- Handling wastes – Anyone handling wastes, linens or care items must avoid contact with blood or other body fluids or substances. Staff must dispose of needles and other sharp items in special containers. Visitors should seek advice from staff on disposal of items that might be contaminated.

UNIVERSAL/BSI APPLY TO EVERY PATIENT ALL THE TIME

- The use of Universal/BSI does not necessarily mean a patient has an infectious disease. **USE THIS TECHNIQUE:**
- Remove jewelry.
- Use warm water. Angle hands downward.
- Apply soap and lather well.
- Scrub well for at least 10-15 seconds – its friction that removes germs.
- Get under nails, around cuticles and between fingers.
- Rinse hands angled down.
- Dry hands with a clean paper towel or an air dryer.
- Use a new paper towel to turn off the faucet.

WASHING HANDS PROPERLY MAKES A DIFFERENCE.

The hands are home to a great many germs – and a major means of germ transmission.

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Wash your hands frequently.

- Visitors should wash hands before and after visits.
- Wash immediately after any contact with potentially infectious material (blood, saliva, etc).
- Follow standard and transmission – based precautions, as appropriate.
- Use recommended protective wear. If asked by the health-care team, visitors should wear gloves, gowns and/or mask.
- Put protective-wear on before entering the room.
- Put the gown on first, then the mask then the gloves.
- Remove in reverse order. Avoid touching the outer surfaces of the protective wear.
- Remove gloves by pinching cuff of first glove and peeling back.
- Slide your ungloved fingers under cuff of second glove and peel back.
- Dispose of protective wear as recommended.
- Wash hands.

**THE STAFF WILL BE HAPPY TO EXPLAIN THE REASONS FOR ANY PROCAUTIONS.
HELP KEEP INFECTION UNDER CONTROL.**

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