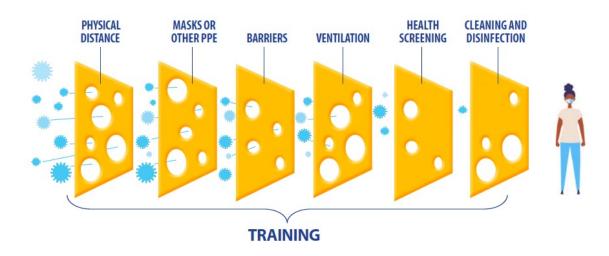
### **Baptist Health Workplace Health & Safety**





### **COVID-19 Workplace Safety Training 2021**

# **Training Objectives**



This training reinforces previously provided COVID-19 education and training of all workplace safety and infection prevention & control measures at Baptist Health. In addition, this training provides information found in the Baptist Health COVID-19 Workplace Safety Plan (CWSP) and the OSHA Healthcare COVID-19 Emergency Temporary Standard (ETS).

Both related policies/procedures and the Baptist Health CWSP include key preventive and protective measures to be used to prevent/minimize your potential workplace exposure risk to COVID-19, to include:

- Following appropriate health screening and triage protocols for employees/ medical staff members and nonemployees (e.g. patients, visitors, and vendors),
- Maintaining adequate physical distancing and proper use of physical barriers, where necessary,
- The proper use and limitations of Baptist Health-supplied facemasks (for source control) and Personal Protective Equipment (PPE),
- Proper cleaning and disinfection protocols of the environment and equipment,
- Understanding Baptist Health's Leave policy and other COVID-19 related resources,
- The identity and contact information of your entity-specific COVID-19 Safety Coordinator(s), and
- How to obtain copies of the Baptist Health CWSP, and other key existing polices, procedures, and tools

# **Baptist Health COVID-19 Workplace** Safety Plan (CWSP)



- The Baptist Health CWSP incorporates key elements found in existing safety, infection prevention & control plans, policies and procedures throughout Baptist Health. The Baptist Health CWSP is consistent with Centers for Disease Control and Prevention (CDC) guidelines, U.S. Food and Drug Administration (FDA) regulations and advisories, and OSHA regulations, including the OSHA ETS.
- Relevant policies and procedures include:
  - Baptist Health COVID-19 Workplace Safety Plan (CWSP), BHSF 66490-10300
  - BHSF Visitation Guidelines during the COVID-19 Pandemic, BHSF 66490-41.001
  - BHSF Universal Masking during the COVID-19 Pandemic, BHSF 66490-41.005
  - BHSF Policy Prohibiting Harassment and Discrimination, BHSF-5075
  - BHSF Respiratory Protection Program, BHSF-680.16

 BHSF Pandemic Preparedness Plan, BHSF 66490-40
 Above policies/ procedures are available in the Baptist Health intranet by clicking the following link: Baptist Health South Florida Administrative Policies (bhssf.org)

### **Review of COVID-19 Transmission**



- The virus that causes COVID-19 spreads most commonly through person-to-person contact (within about 6 feet of each other), primarily through the inhalation of respiratory particles (droplets and aerosols) produced when an infected person exhales, talks, sings, shouts, coughs, or sneezes.
- An infected person can spread the virus before they show symptoms (pre-symptomatic) or without ever showing symptoms (asymptomatic).
- Less commonly, the virus spreads over longer distances when smaller droplets or particles linger in the air, particularly indoor settings with inadequate ventilation.
   Another less common way the virus can spread is when someone touches a contaminated surface, and then touches their nose, mouth, or eyes.
- For complete list of risk factors please see the following CDC link:
   Certain Medical Conditions and Risk for Severe COVID-19 Illness | CDC

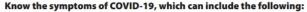
### Variants of the Virus that Causes COVID-19



- Information about the characteristics of these variants is rapidly emerging. Scientists are working to learn more about how easily they spread, whether they could cause more severe illness, and whether currently authorized vaccines will protect people against them.
- Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new
  variants emerge and disappear. Other times, new variants persist. Multiple variants of the virus that causes COVID-19
  have been documented in the United States and globally during this pandemic.
- Variants in the United States (as of July 2021):
  - B.1.1.7 (Alpha): This variant was first detected in the United States in December 2020. It was initially detected in the United Kingdom.
  - B.1.351 (Beta): This variant was first detected in the United States at the end of January 2021. It was initially detected in South Africa in December 2020.
  - P.1 (Gamma): This variant was first detected in the United States in January 2021. P.1 was initially identified in travelers from Brazil, who were tested during routine screening at an airport in Japan, in early January.
  - B.1.617.2 (Delta): This variant was first detected in the United States in March 2021. It was initially identified in India in December 2020.
- Some of these variants seem to spread more easily and quickly, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on healthcare resources, lead to more hospitalizations, and potentially more deaths. So far, studies suggest that the current authorized vaccines work on the circulating variants. Scientists will continue to study these and other variants.

### Signs and Symptoms of COVID-19





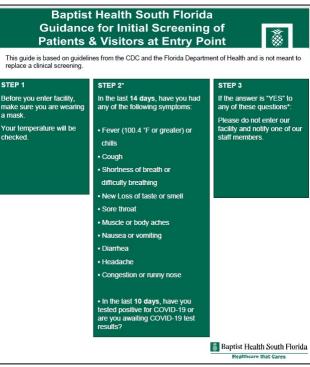


For the most updated list of symptoms please go to the following link:

Symptoms of COVID-19 | CDC

### If you are sick

- Notify your leader & Occupational Health, stay home, isolate from others.
- Contact your local healthcare provider and get tested if you have symptoms of COVID-19.



#### Example of entry point screening tool/ signage for patients and visitors

Note: Screening Tool subject to change

### **Protect Yourself and Others**





**Avoid close contact** 



Wear a mask when around others



Clean your hands often



Clean and disinfect



Cover coughs and sneezes

### Hand Hygiene and Respiratory Etiquette







Handwashing: Clean Hands Save Lives | CDC

### **Screening and Triage Protocols**



 Limit entry points and screen individuals entering the facility for COVID-19 symptoms, regardless of vaccination status.

Note: reference current Baptist Health's Facility-Entry Point Screening Protocols and Visitation Guidelines during the COVID-19 Pandemic

 In addition to screening protocols, individuals who may be experiencing COVID-19 symptoms or are COVID-19 positive will be triaged and isolated as appropriate.

#### **Baptist Health's Facility-Entry Point Screening Protocols**

Healthcare Facilities (Patient Care is Provided)						
Who	:	Baptist- provided mask*				
	Active Screening	Self-Screening	Temperature Check	provided mask		
Patients	✓	X	✓	✓		
Visitors	✓	X	✓	✓		
Workforce	X	✓	X	✓		

Non-Healthcare Facilities (No Patient Care Provided)					
	:	Baptist- provided mask*			
Who	Active Screening	Self-Screening	Temperature Check		
Visitors	✓	X	X	✓	
Workforce	X	✓	X	✓	
*Reference Mask Guideline					
✓ Maintain (regardless of vaccination status)			X Not required/Not Applicable		

# **Employee and Medical Staff Health Screening and Medical Management\***



- All Baptist Health employees and medical staff members must self-monitor for COVID-19 symptoms prior to each work day/shift. Reference Daily Health Screening Tool.
- Each individual is required to promptly notify Occupational Health when they are COVID-19 positive, diagnosed with, or suspected of having COVID-19, or experiencing COVID-19 symptoms.
  - Baptist Health <u>employees</u> may be required to complete other forms of notification (e.g., the Virgin Pulse Workplace Passport, TapCloud, etc.) if the employee is diagnosed or suspected to be infected with COVID-19 or is experiencing symptoms consistent with COVID-19.
- Your entity's Occupational Health Office and Infection Prevention Department will:
  - Notify affected employee(s) and non-employees/employers (e.g., vendors, contractors, etc.), as necessary.
  - Remove employee/non-employee from work if tested COVID-19 positive, have been diagnosed or suspected to have COVID-19 or are experiencing COVID-19 symptoms until the individual meets established CDC's COVID-19 return to work criteria or based on guidance from a licensed healthcare provider.
  - Fully vaccinated employees (2 weeks or more following final dose) or employees who have recovered from COVID-19 in the last 3 months do not need to be removed from work.

### **Daily Self Health Screening Tool**



Baptist Health South Florida Guidance for Initial Screening of Employees & Medical Staff at Entry Point						
Are you experiencing any of the following symptoms? *						
Fever or chills	YES	NO				
Cough	YES	NO				
Shortness of breath or difficulty breathing	YES	NO				
Fatigue	YES	NO				
Muscle or body aches	YES	NO				
Headache	YES	NO				
New loss of taste or smell	YES	NO				
Sore throat	YES	NO				
Congestion or runny nose	YES	NO				
Nausea or vomiting Diarrhea	YES	NO				
Have you tested positive for COVID-19 in the past 10 days?	YES	NO				
Are you currently awaiting results from a COVID-19 test?	YES	NO				
Have you been diagnosed with COVID-19 by a licensed healthcare provider	YES	NO				
in the past 10 days?	123	NO				
Have you been told that you are suspected to have COVID-19 by a licensed	YES	NO				
healthcare provider in the past 10 days? You MUST inform your leader AND Occupational Health if you answered	(6.000) 40.0	ila a				
	yes to	ine				
above question:						
Stay home     Scale and its attention if and delay						
Seek medical attention if needed	-1414-4	16				
Daily monitoring for potential COVID-19 symptoms is important to track your current he						
experience new symptoms, consider seeing your healthcare provider or getting a test fi especially where you may have had potential exposures to COVID-19. You should also						
health and consider consulting your primary care physician after testing positive for CO		Jui				

<sup>\*</sup>By entering this facility, you are certifying that you are not experiencing any COVID-19 symptoms.

# Facemasks (for source control)



- A Baptist Health-supplied facemask must be worn at all times while inside all Baptist Health facilities, regardless of vaccination status.
  - Facemasks must be properly worn completely covering mouth & nose. Facemasks should be used
    when indoors a Baptist Health facility or when occupying a vehicle with other employees or medical
    staff members for work purposes.
  - Facemasks are NOT to be worn over or under a respirator. This can alter the approved configuration
    of the respirator and reduce the protection it should provide.

### Limitations of source control facemasks

- Facemasks are not substitutes for other safety practices used to protect against COVID-19.
  - Note: Source control facemasks may not be designated as medical-grade. Therefore, the use of a medical-grade surgical masks
    (ASTM F2100 designated) may be required for patient care activities not related to a patient with a suspected/ confirmed/ unknown
    COVID-19 status. Reference Baptist Health's What to Wear to Stay Safe PPE Postcard for additional information.
- Facemasks must be worn in addition to physical distancing and other precautions
- Facemasks can become soiled or contaminated during use so it is important to replace facemasks at least daily, and whenever they become damaged or soiled, and more frequently as necessary

### Facemasks are <u>not</u> required when

- Alone in a room
- Eating or drinking (if proper physical distance or a physical barrier is in place)

### Facemasks DO's



### When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.



### Facemasks DONT's



### When wearing a facemask, don't do the following:





DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.



### Removing Facemasks



### When removing a facemask

### Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.



# Personal Protective Equipment (PPE)

- Respirators are regulated by the National Institute for Occupational Safety and Health (NIOSH), which is part of the CDC. Unless authorized during a declared national emergency including shortage of respirators, caregivers are to use respirators intended specifically for use in the health care setting (i.e., respirators regulated under the FDA). These N-95 respirators are specifically, single-use, disposable respiratory protective devices used and worn by health care personnel to protect both the patient and caregiver from the transfer of microorganisms, body fluids, and particulate material. The use of a respirator requires a medical clearance, training, and fit testing from Occupational Health.
- Approved and properly-fitted respirators should be used during any direct patient care activity for a patient with suspected/confirmed COVID-19 status.\*
- Approved and properly-fitted respirators should be used during invasive care/ aerosol-generating procedures (AGPs) for a patient with suspected/confirmed COVID-19 status.\*
  - Ensure that invasive care/AGPs are performed in an existing Airborne Infection Isolation Room (AIIR), if available
  - Limit the number of individuals present during the procedure to only those essential for patient care
  - Promptly clean and disinfect the surfaces and equipment after the procedure is completed (if necessary follow proper room wait time before reuse)

\*Note: Additional protective measures and PPE devices may be required (e.g., gloves, isolation gowns, goggles, and face shields) in accordance to CDC's Standard and Transmission-Based Precautions. Reference Baptist Health's What to Wear to Stay Safe PPE Postcard and the BHSF Respiratory Protection Program, BHSF-680.16.



#### REVISED "What PPE to Wear to Stay Safe" Requirements

Only use Baptist Health-supplied PPE, to include facemask for source control. Below PPE requirements are in line with Section 1910.502(f) of the OSHA COVID-19 Health care Emergency Temporary Standard (ETS), and FDA's April 9, 2021 advisory recommending health care facilities transition away from crisis capacity conservation strategies. Follow PPE requirements regardless of COVID-19 vaccination status. Effective July 23, 2021, universal use of eye protection by caregivers for all direct patient care activities, regardless of COVID-19 and/or vaccination status of the patient, is required.

Follow Standard and Transmission-Based Precautions if required in accordance with CDC's Guidelines for Isolation Precautions and OSHA's Subpart I, Personal Protective Equipment (1910.132-1910.140).	Eye Protection/ Face Shield	Gown	Gloves	Medical- Grade Surgical Mask**	Respirator
Minimum PPE to use during any patient contact (not providing direct/ prolonged care)  Note: In addition, follow noted Standard/Transmison-Based precautions for patients under isolation precautions, when applicable.	Choose One				
Direct patient care (in any unit/area) for a patient with a <u>Suspected or Confirmed COVID-19 Status</u> (i.e., patient does <u>NOT</u> meet CDC criteria for discontinuation of isolation and precautions)***  (physical assessments, vital signs, auscultation, medication administration, and other non-aerosol generating procedures/ non-invasive care.	Choose One		***************************************		
Invasive Care and/or Aerosol Generating Procedures* for a patient with a Suspected or Confirmed COVID- 19 Status (i.e., patient does NOT meet CDC criteria for discontinuation of isolation and precautions)***  Note: PAPR use is permissible IF user is trained	Use Both Goggles <u>and</u> Face shield				
Prolonged and/or close contact when transporting a patient or Security responding to combative person with a Suspected or Confirmed COVID-19 Status  Note: Remove gloves and gowns during transport outside of patient's room	Choose One				
EVS in patient room following discharge of a patient with a Suspected or Confirmed COVID-19 Status  Follow required room wait time, as appropriate. Follow enhanced room disinfecting and cleaning protocol.	Choose One				
Patient-facing Greeter/ Registration/ Front Desk/ Security/ Screener, when physical barrier/ Plexiglas was infeasible (AND not prolonged/ close contact) Screeners to wear gloves while performing temperature checks.	Choose One				

#### **Key References**

- \* AGP examples (This is not a comprehensive list of AGP examples): intubation/ extubation, bronchoscopy/endoscopy, colonoscopy, CPAP/ BirAP, bag mask ventilation, CPR, nebulizer treatments, suctioning, sputum induction, tracheostomy care, bedside swallow evaluation, high-flow nasal cannula, entire ENT, OMFS, TEE, electrocautery of blood, gastrointestinal tissue and any body fluids, laparoscopy and other airway manipulation cases. AGPs include cases that utilize a bone circulator saw, laser, high-speed drill and similar devices. When an AGP is performed on a person with suspected or confirmed COVID status, in addition to using proper level of PPEs. the following must be provided:
  - Limit the number of employees present during the procedure to only those essential for patient care and procedure support.
  - Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available,
  - Promptly clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the
    procedure is completed.
- \*\*Medical-grade surgical mask (ASTM F2100-designated). Excludes mask for source control use (refer to universal masking policy).
   Universal masking requires ALL occupants, to include visitors, patients, employees, medical staff, students, and volunteers to use a facemask for source control (protect others from you). Baptist Health-provided facemasks for source control meet ASTM F3502 standard or higher. Medical-grade surgical masks (ASTM F2100) include the following levels:
  - o ASTM Level 1: Ideal for procedures in which there is low risk of fluid exposure (no splashes or sprays expected).
  - ASTM Level 2: Ideal for procedures in which there is moderate risk of fluid exposure (splashes or sprays can be produced).
  - ASTM Level 3: Ideal for procedures in which there is high risk of fluid exposure (splashes or sprays will be produced)
- . Prolonged/ close contact: within 6ft for 15 minutes or more

#### CDC Guideline for Discontinuation of Isolation and Precautions

\*\*CDC guidelines for discontinuation of isolation and precautions are as follows:

- Ten days after mild or moderate symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- For persons who never develop symptoms, 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

If in doubt on whether the patient had a history of moderate vs. severe COVID-19 diagnosis, delay the patient for 20 days to ensure you meet the CDC guidelines. CDC Guidelines: <a href="https://www.CDC.Gov/Coronavirus/2019-NCOV/HCP/Duration-Isolation.html">www.CDC.Gov/Coronavirus/2019-NCOV/HCP/Duration-Isolation.html</a>

#### **PPE GUIDELINES/ PRACTICES**

Optimizing Personal Protective Equipment (PPE) Supplies; As our nation and our region continues to see a significant increase of COVID-19 cases, we are also experiencing higher number of COVID-19 patient volumes throughout our system. For the health and safety of our patients, caregivers, and visitors, Baptist Health continues to be proactive in implementing the necessary conservation strategies that will allow us to optimize our supplies of PPEs during periods of sudden increases of PPE utilization and/or if we were to experience nationwide supply disruptions in the near future.

#### Universal use of eye protection:

- CDC recommends the universal use of eye protection by health care worker in areas with moderate to substantial community transmission
- All Baptist Health caregivers providing direct patient care are required to wear eye protection, regardless of COVID-19 and/or vaccination status of the patient.

#### Conservation strategies:

- Industrial respirators: We are reinstating the use of industrial respirators and reusable gowns. Therefore, the use of industrial
  respirators and reusable gowns, where appropriate, will remain in place. The distribution and use of industrial respirators at the entity
  level should prioritize COVID-19 units/ areas.
- Extended/Limited Re-use: When appropriate, extended use and limited re-use of the following PPE devices in all patient care units (except surgical/ sterile environment), is allowed:
  - Eye and face protection and isolation gowns (if gown is non-reusable: extended use only).
  - Never extend the use of a face-filtering respirator (e.g., N95, non-reusable industrial respirators, etc.) beyond one shift.
- Non-reusable face-filtering respirators cannot be shared by other individuals.

#### Reminders:

- The use of a respirator, when necessary, requires medical clearance and fit test by Occupational Health.
- The use of any industrial respirators in the surgical/ sterile environment or where source control is necessary is not allowed.
   Placement of a facemask under/ over a respirator is not allowed, as it is not a NIOSH-approved modification as it may affect
- the protective features of the respirators.

  The use of a respirator instead of a facemask (when the use of a facemask is required) requires that the individual receive clearance/ training by Occupational Health prior to first use.

#### PERFORM HAND HYGIENE BEFORE AND AFTER USING PPE

8/10/2021 REVISED 3.3 8/10/2021 REVISED 3.3

# Summary: Transition Away from N-99s and other Conservation Strategies



- CDC provides healthcare-specific PPE use guidance, to include optimizing PPE supplies during a crisis/periods of shortages.
  - NIOSH approves PPE devices
  - FDA clears medical-grade PPE devices and provides emergency use authorizations during a crisis/periods of shortages for use of non-FDA devices in healthcare settings
- CDC and FDA believe a shortage of respirators or other protective devices no longer exists.
- OSHA regulates and enforces using previous related OSHA regulations and ETS, and incorporated guidelines and consensus standards from CDC, FDA, etc.

## Physical Distancing and Barriers



- Maintain proper physical distancing from others (as outlined by the CDC).
  - Unless such physical distancing is not feasible for a specific activity (e.g., hands-on medical care).
  - This provision does not apply to momentary exposure (e.g., passing in hallways or aisles).
  - Signs and floor markings may be in place to indicate safe spacing
- Cleanable barriers may be placed at work locations outside of direct patient care areas where proper physical distancing is not possible.

Examples: Lobby triage desks, check-in/registration desks, and cashiers

# Vaccination Support for Employees and Medical Staff Members



- Baptist Health supports COVID–19 vaccination for each employee and medical staff member by:
  - Providing reasonable time and paid leave for vaccination and any side effects experienced following vaccination
  - Please contact your HR and Occupational Health Office for additional information
- Reasonable time off may include, but would not be limited to time spent during work hours related to the vaccination appointment(s) including:
  - Adequate time for travel
  - Registration and document completion
  - Time spent at the vaccination site to receive the vaccination and required post vaccination monitoring
  - Travel to an off-site location
  - Reasonable time also may include situations in which an employee/medical staff member working remotely (e.g., telework) or in an alternate location must travel to the workplace to receive the vaccine.





Baptist Health's COVID-19 vaccination campaign (2020-2021). End of vaccine campaign event (Hilton Hotel site).

### **Additional Information**



- Cleaning and Disinfection- Patient care areas and medical devices/ equipment
  must be cleaned and disinfected following standard practices for cleaning and
  disinfection of surfaces and equipment in accordance with CDC's Guidelines
  and the equipment/ instrument's manufacturer instructions for use. In other nonpatient care areas/ settings, cleaning/ disinfecting protocols may include:
  - Cleaning high-touch surfaces and equipment at least once a day, following manufacturers' instructions for application of cleaners
  - Clean and disinfect in accordance with CDC's Cleaning and Disinfecting Guidance when the entity is aware that a person who is COVID-19 positive has been in the workplace
- <u>Ventilation</u>- Baptist Health facilities are equipped with heating, ventilation, and air conditioning (HVAC) system(s):
  - Are maintained in accordance with the HVAC manufacturer's instructions and the design specifications of the HVAC system(s), and
  - Maintain the proper amount of outside air and the air changes per hour as appropriate

### **Additional Information**



- Baptist Health employees and medical staff members have rights afforded to them
  which include protection against being discharged or discriminated against for
  exercising their rights under the OSHA ETS and section 11(c) of the Occupational
  Safety and Health Act of 1970 (OSH Act). Reference BHSF's Policy Prohibiting
  Harassment and Discrimination #BHSF-5075 for additional information.
- The implementation of the <u>requirements</u> found in the OSHA ETS and the Baptist Health CWSP are provided at no cost to Baptist Health employees and medical staff members.
- Your leader and/or your COVID-19 Safety Coordinator(s) may provide additional information whenever changes occur that affect the risk of contracting COVID-19 at work. Additional training may be provided if policies and procedures are changed, or when there is an indication that an individual has not retained the necessary understanding or skill.

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# **COVID-19 Safety Coordinator(s)**



- Your entity's leadership has designated an entity-specific COVID-19 Safety Coordinator(s) knowledgeable in safety and infection prevention & control practices related to COVID-19.
- Your COVID-19 Safety Coordinator(s) has the responsibility and authority to implement, monitor, and ensure compliance with the CWSP and related plans & policies.
- Your COVID-19 Safety Coordinator(s) oversees the following key components of your entity-specific COVID-19 workplace safety program, when necessary:
  - Conduct job/task and workplace hazard assessments
  - Provide additional information, training, or answer any questions unique to your particular workplace setting

### **COVID-19 Workplace Safety Questions**



- You may obtain a copy of the Baptist Health COVID-19 Workplace Safety Plan and the OSHA COVID-19 ETS by clicking on the following links:
  - Baptist Health CWSP: <u>Baptist Health South</u> <u>Florida Administrative Policies (bhssf.org)</u>
  - OSHA ETS: 1910.502 Healthcare. |
     Occupational Safety and Health Administration (osha.gov)
- For any questions or concerns related to the Baptist Health COVID-19 Workplace Safety Plan or other existing plans and policies, please contact your leader, or your entity's COVID-19 Safety Coordinator(s).

# Baptist Health South Florida COVID-19 Workplace Safety Plan (CWSP)

### Baptist Health Entity COVID-19 Safety Coordinators (by entity):

See attached list and contact information of COVID-19 Safety Coordinators (by entity).

### Baptist Health South Florida System CWSP Executive Leader:

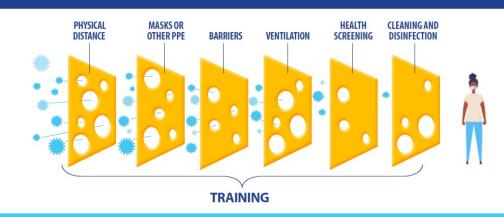
Luis Collado, MBA, MS, CSP, HEM, CHFM, CHSP, CHEP Corp AVP Environmental Health & Safety, Infection Prevention & Control, Regulatory Affairs, and Emergency Management Please contact your entity COVID-19 Safety Coordinator(s) directly. Otherwise, please click the following email link if you have any other questions/ concerns related to COVID-19 workplace safety:

COVID19WorkplaceSafety@baptisthealth.net

### Questions...



# SLOW THE SPREAD OF COVID-19 AT WORK



No single protective layer can prevent the spread.

The more safeguards, the better.

\*\*The more safeguards of the better is a standard of the

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## **COVID-19 Safety Coordinators**



**Baptist Hospital** 

Janet Pizarro, Manager of Infection Control and Prevention

Office: 786-596-5894

Email: JanetPi@baptisthealth.net

Miriam Serrano-Robles, Director of PI

Office: 786-596-7678

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**BOS** 

Lis V. Estevez, Infection Control Nurse

Fmail: LisE@baptisthealth.net

Ana D. Pita. Infection Control Nurse

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Janisse M. Post, Director Professional Nursing

Fmail: JanisseP@baptisthealth.net

Joel Fleitas, Director of Safety and Emergency Management

Email: JoelFl@baptisthealth.net **Bethesda East and West** 

Beth Ruiz, Manager Safety

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BethRu@baptisthealth.net Email:

Karl Leopold, Infection Prevention

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**Doctors Hospital** 

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Fmail: Maria.MazaBetancourt@baptisthealth.net

Jessica Garciga, Manager Infection Control

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Debbie Diamond, APRN Occupational Health Fmail:

DDiamond@baptisthealth.net

**Boca Raton Regional Hospital** 

**Erskine Clerjeune, Manager Infection Prevention** 

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**Homestead Hospital** 

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Jessica Celorio, RN, Infection Control Manager

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Ellen Sordo, RN, Director Safety & Security

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## **COVID-19 Safety Coordinators**



### Mariners Hospital & Fishermen's Community Hospital

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MollyV@baptisthealth.net

James Muro, Director Safety and Security

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#### **Miami Cancer Institute**

**Howard Meneses, Manager Safety** 

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Email: HowardM@baptisthealth.net

**Jocelyn Mompoint, Infection Control Nurse Manager** 

Office: 786-594-7044

Email: <u>JocelynHe@baptisthealth.net</u>

#### **South Miami Hospital**

Monique Malo, Manager Safety
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Email: MoniqueMal2@baptisthealth.net

Nubia Garciga, APRN, Occupational Health

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Andrea Bloomfield, Manager Infection Control

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