Policy Name:		
Bloodborne Pathogen Exposure Control Plan		
Department/Service Line:	Policy Number:	
Infection Prevention & Control	BHCS.IPC.28.P	
Location:	Origination Date:	Date of Last Review:
BHCS	1/1992	2/2014
Approved By:		
BHCS CNO Council		

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SCOPE

This policy applies to all employees, volunteers, students, and contractors and all System Designated Entities (Collectively BHCS).

PURPOSE

To provide a safe environment for our staff, by eliminating and minimizing occupational exposure to bloodborne pathogens (i.e. Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), Hepatitis C virus (HCV)

POLICY

It is the policy of Baylor Health Care System to comply with "OSHA's Final Standard on Occupational Exposure to Bloodborne Pathogens", as published by the Occupational Safety and Health Administration (OSHA). This policy applies to all Baylor Health Care System employees, contract employees, and students who have occupational exposure to blood or other potentially infectious materials.

DEFINITIONS

When used in this Policy these terms have the following meaning:

Bloodborne Pathogens: "Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)."

Contaminated: "The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface."

Contaminated Laundry: "Any laundry that may contain blood or other potentially infectious materials."

Contaminated Sharps: "Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires."

Decontaminated: "The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where it is no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use of disposal.

Engineering Controls: "Controls that isolate or remove the bloodborne pathogen hazard from the workplace." Examples include sharps containers, sharps with engineered sharps injury protections, and needleless systems."

Exposure Incident: "An exposure incident is defined as a specific eye, mouth,, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material."

Health Care Worker: "A Health Care Worker (HCW) is someone who furnishes health care services in direct patient care situations under a license, certificate or registration issued by the State of Texas or a person providing direct patient care in the course of a training or educational program."

Needle-less Systems: "A device that does not use needles for (A) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medication or fluids; (C) any other procedure involving the potential for occupational exposure to bbfs due to percutaneous injuries from contaminated sharps."

Occupational Exposure: "Reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood and other potentially infectious materials that may result from the performance of an employee's duties."

Parenteral: "Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions."

Personal Protective Equipment (PPE): "Barriers include gloves, gowns, face shields, masks, protective eyewear, and ventilation devices."

Potentially Infectious Material:

1. "Includes blood and human body fluids including 'semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, breast milk, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all bloody fluids in situations where it is difficult or impossible to distinguish between body fluids."
2. "Any unfixed tissue or organ (other than intact skin) from a human (living or dead)."

Regulated Waste: "Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials."

Sharps with Engineered Sharps Injury Protections: " A non needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or

administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident."

Standard Precautions: "All human blood and human body fluid, excretions and secretions are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens."

Work Practice Controls: "Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping needles by a two-handed technique)."

PROCEDURES

I. GENERAL PROGRAM MANAGEMENT

"Categories of Responsibilities" that are central to the effective implementation of our Exposure Control Plan shall include:

1. Infection Prevention and Control, Employee Health and Risk Management
2. Department Managers and Supervisors
3. All Employees

Infection Prevention and Control

Responsible for overall management and support of our hospital's Bloodborne Pathogens Compliance Program. Overall responsibilities include:

1. Implementing the Exposure Control Plan (ECP).
2. Working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation for this plan.
3. Looking for ways to improve the Exposure Control Plan, as well as to revise and update the plan when necessary.
4. Ensuring that the written ECP is available to employees, 24 hours a day.
5. Educating employees at risk about the ECP, on employment and annually through a train the trainer program.
6. Acting as facility liaison during OSHA inspections.
7. Conducting periodic facility audits to maintain an up-to-date Exposure Control Plan.
8. Infection Prevention and Control and/or any team member will report any recommendations to the Infection Prevention and Control Department.

Employee Health

Responsible that all employee health actions (hep B management, post exposure management) are performed and documented in employee health records.

Department Managers and Supervisors

Department Managers and supervisors are responsible for exposure control in their respective areas. Their responsibilities include:

1. Maintaining and providing all necessary personal protective equipment (ppe).
2. Maintaining engineering controls (i.e. sharps containers) labels and bags.
3. Ensuring adequate supplies are available in the appropriate sizes.
4. Providing departmental specific education regarding the ECP.
5. Maintaining an awareness of what personnel require training.

6. Maintaining appropriate training documentation (records must be kept 3 years).
7. Working closely with the Infection Prevention and Control to assist in implementation of the Exposure Control Plan.

Employees

Employees shall have ultimate responsibility to know what tasks they perform that have occupational exposure, attend mandatory bloodborne pathogen training sessions, conduct good work practice controls and develop good personal hygiene habits.

II. REVIEW AND UPDATE OF PLAN

The Exposure Control Plan shall be reviewed and updated and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect changes in technology that eliminate or reduce exposure to blood borne pathogens. New or revised employee positions with a potential for occupational exposure will also be reviewed at this time.

III. EXPOSURE DETERMINATION

A. All healthcare workers likely to have contact with patients blood and body fluids or those healthcare workers whose job may require periodic contact with patients blood and body fluids, will be responsible for following these guidelines(categories I and II). Located at the end of the policy.
B. This plan does not apply to those healthcare workers whose job requires no contact with patient's blood and body fluids (category III).

IV. METHODS OF IMPLEMENTATION AND CONTROL

A. Standard Precautions are followed throughout the hospital to prevent contact with blood and other potentially infectious materials (OPIM) to reduce the risk of occupational exposure.
B. Engineering Controls and Work Practices

1. Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

2. Engineering controls in place include impervious sharps containers, eye wash stations needleless IV products, self-sheathing devices, etc.

3. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. These controls will be evaluated on an ongoing basis through the Hospital Products Committee, which has representation from patient care directors, Infection Prevention and Control, Environmental Services and Materials management.

C. Handling of Contaminated Sharps

1. Sharps will be disposed of in containers that are readily recognized, accessible, are closeable, puncture-resistant ,and leak proof on the sides and bottom, and labeled with the biohazard label.

The following procedures are PROHIBITED.

1) Recapping of contaminated needles using a two-handed technique.
2) Removal of contaminated needles from syringes by hand.
3) Bending, shearing, or breaking of contaminated needles.

2. When situations occur where recapping is unavoidable (some blood gas sampling equipment and administration of incremental doses of medication to the same patient) a mechanical recapping device or a safe one-handed recapping technique will be used:

One-handed recapping procedure:

1) Lay needle cap on a flat surface.
2) Guide the contaminated needle into the cap using one hand only.
3) Secure needle cap by exerting pressure against a solid surface, such as a bedside table.

3. Sharps container removal and disposal

1)There is a contract service for sharps container removal in some facilities. When the facility does not have this service then the procedures below apply.
2) Nursing staff will be responsible for checking how full the sharps containers have gotten.
3) If the level of needles is approximately 2/3 full, the container should be removed and replaced. These containers should be stocked on every unit and patient care area. These full containers are placed in a BIOHAZARD box in the soiled utility room ..
4) This must be a cooperative effort. If a health care worker attempts to use a full sharps container, then they must assume the responsibility to change it. Unit Directors will be responsible for enforcing this policy when they encounter lapses in adherence.
5) Sharps containers are disposed of in the same manner as Contaminated Waste/Refuse Reusable Sharps - Contaminated

4. REUSABLE sharps will be placed in a container until properly reprocessed. The container will be puncture resistant, labeled or color coded, and leak proof on sides and bottom.

D. Handling of Specimens

1. Mouth pipetting/suctioning of blood or body substances is prohibited. Specimens of blood and body substances are to be placed in a container to prevent leakage during collection, handling, processing, storage, transport or shipping.

2. All specimens are handled as potentially infectious material and will be transported consistent with the Infection Prevention and Control Policy for Laboratory Services.

E. Work Practice Controls

1. Eating or drinking is only permitted in designated areas separate from contaminated areas.
2. Food and drink is not to be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or body substances are present.
3. Applying cosmetics , lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

F. Personal Protective Equipment (PPE)

1. Employees will be provided with appropriate barriers such as gloves, gowns, face shields, masks, lab coats, plastic aprons, protective eyewear, and

resustitative devices such as masks, shields or overlay barriers. Hypoallergenic gloves glove liners, and similar alternatives are readily available to employees who are allergic to the gloves normally provided.

2. Department managers and supervisors are responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees. Supplies are obtained through materials management.
3. PPE is provided to our employees at no cost.
4. Employees will be trained on the proper mandated use, selection, and indications for protective equipment (PPE) as well as the procedures for disposal or reprocessing of PPE per departmental policies appropriate for their job classifications and tasks/procedures they perform. Training begins during the orientation phase prior to the employee working in his/her designated work area. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position by their department manager/supervisor working with the Infection Prevention and Control.
5. All employees wearing PPE must observe the following precautions:
   - ♦Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
   - ♦Remove PPE after it has become contaminated, and before leaving the work area.
   - ♦Used PPE may be disposed of in the regular trash, unless grossly contaminated with blood/body fluids, then they must be discarded in the infectious waste container.
   - ♦Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
   - ♦Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
   - ♦Never wash or decontaminate disposable gloves for reuse.
   - ♦Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.
   - ♦Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
   - ♦If employees' uniform were to be contaminated with blood, it should be removed immediately, taken to environmental services where a washer for cleaning; a scrub suit can be obtained from materials management in replacement.
6. Compliance for wearing PPE will be monitored within the employee's department and will be included in the employee's performance appraisal and standards of performance as necessary.
7. Employee must use PPE unless a rare and extraordinary circumstance occurs in which the employee believes the use of PPE equipment would prevent the delivery of health care or the risk to the worker or a co-

worker. (Example: a cardiac arrest in the hallway and there is a short delay in obtaining the crash cart).

a. Such decisions not to use protective barriers in those rare and extraordinary circumstances should not be applied to a particular work area or a recurring task.
b. All such instances **must** be documented and investigated to determine whether prevention of similar occurrences in the future is possible.

G. Environmental Services

1. The worksite will be maintained in a clean and sanitary condition. A written schedule for cleaning and of decontamination will be maintained based on the location, type of surface to be cleaned, type of soil and tasks or procedures performed in the area. Refer to the Environmental Service Manual and the individual department policy/procedure manuals.

2. All contaminated work surfaces must be decontaminated:
   a. after completion of each procedure except in situations where procedures are performed on a continual basis throughout the shift such as blood analyses
   b. when they are overtly contaminated during a procedure
   c. immediately or as soon as possible when surfaces are overtly contaminated
   d. after any spill of blood or other potentially infectious materials
   e. at the end of the work shift if the surface may have been contaminated since the last cleaning
3. Cleaning supplies are available for employees to use when Environmental Services staff is not available. Employees are trained within their department in the appropriate procedure for cleaning up blood spills.
4. Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.
5. Broken glassware, which may be contaminated, shall not be picked up directly with hands. It shall be picked up using mechanical means such as a brush and dustpan, tongs, or forceps.

H. Laundry

1. All laundry is considered to be contaminated and is handled in accordance with standard precautions.
2. Contaminated laundry shall be handled as little as possible with a minimal agitation.
3. Contaminated laundry shall be bagged in blue plastic bags at the location where it was used and shall not be sorted or rinsed on site.
4. Employees who have contact with contaminated laundry shall wear appropriate PPE as per departmental policy (gloves and possibly gowns).
5. Laundering will be performed by a contract service.

I. Regulated Waste

1. Regulated waste (including contaminated sharps, used bandages and other potentially infectious materials) will be disposed of as per policy. Environmental Services is responsible for the collection and handling of contaminated waste.

2. Regulated waste (excluding contaminated sharps) will be placed in containers, which are:
    a. closeable (plastic bag is considered to be closeable since it can be tied off at the time it handled for disposal).
    b. constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.
    c. labeled with the biohazard symbol or tan colored bag. Red bags or red containers may be substituted for labels.
3. Regulated waste containers with plastic liners are located at the bedside for disposal of infectious waste.
4. Secondary container will be provided if the primary container becomes contaminated and will meet the above requirements.

5. Employees moving containers of regulated waste from one area to another will be responsible to see that containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

V. Hazardous Communication

A. Labels and Signs
1. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials and other containers used to store, transport or ship blood or other potentially infectious materials. (Exception: blood, blood components or blood products released for transfusions or other clinical areas).
2. Labels must contain the "Biohazard" symbol, which must be florescent orange, or orange-red, with letters or symbols in contrasting color.
3. Labels may be attached to the container with string, wire adhesive or other methods that prevent the loss or unintentional removal.
4. Red bags or red containers may be substituted for labels.
5. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
6. All used equipment is considered to be contaminated and will be handled in accordance with Infection Prevention and Control.
7. All employees will be trained to recognize the method of identification of hazards and any alternative labeling or color-coding.

B. Sharps Safety:
1. Define engineered sharps safety according to OSHA's "Needlestick Safety and Prevention Act", November 2000.
2. Engineered sharps safety is accomplished by the use of needles and other sharps which are designed to reduce the chances of inadvertent needle sticks or other sharps injuries.
3. A Sharps Injury log will be maintained in the Employee Health Office recording the date and time of each injury, type and brand of device involved in the exposure incident, and an explanation of how the incident occurred.
4. The *Products* Committee will evaluate and select safety devices using FDA suggested criteria.

Exceptions: No safety device available in the market (for example, lumbar puncture needle). Document rationale using a device that will jeopardize the safety of a patient or the success of a procedure. Thorough, documented product evaluation that a device is not more effective in preventing exposure incidents than an alternative (for example, ABG syringes).

VI. HEPATITIS B VACCINE PROGRAM

A. Employee Health will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

B. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified at risk of exposure to blood or body fluids (category I and II jobs). Vaccination is mandatory unless: 1)documentaion exists that the employee has previously received the series 2) antibody-testing reveals that the employee is immune 3)an exemption request has been submitted and approved.

C. If vaccination is declined, the employee must sign a declination form, which is kept in their employee health record. Employees who decline, may request and receive the vaccine series at a later date.

D. Vaccination is provided by the employee health department. Documentation is kept in the employees' medical record.

VII. POST EXPOSURE EVALUATION AND FOLLOW-UP PROCEDURE

A. Should an exposure incident occur, contact Employee Health first, and if unavailable contact the Administrative Nursing Supervisor .

B. Employee Health , Department Managers and Infection Prevention and Control will review the circumstances surrounding exposure incidents to determine: 1) engineering controls in use 2) work practice controls followed 3.) description of the device being used 4) ppe worn 5) location of the incident 6) procedure being performed when the incident occurred 7) employee's training

C. If it is determined that revisions need to be made (safer devices), Infection Prevention and Control will ensure that the Product Committee is notified.

VIII. EMPLOYEE TRAINING

A. All employees with occupational exposure to bloodborne pathogens will receive training.

1. At the time of initial assignment and annually thereafter.
2. Additional training will be provided with modification or institution of new tasks or procedures, which may affect occupational exposure.

B. Training will include the epidemiology, symptoms, and transmission of blood-borne pathogens. In addition the training program covers the following:

- ♦an explanation of our ECP and location
- ♦tasks/procedures that are high risk for exposure to blood and OPIM
- ♦review of engineering and work practice controls
- ♦explanation of ppe to include types, uses, location, removal, decontamination and removal
- ♦information regarding hepatitis B vaccination
- ♦explanation of the post-exposure evaluation program
- ♦explanation of signs and labels
- ♦an opportunity for interactive questions and answers

IX. RECORD KEEPING

Medical Records

A. Employee Health will maintain records of all exposure incidents, post exposure follow-up and Hepatitis B vaccination status. These records must be kept confidential and retained for the duration of the employment plus thirty years.

B. The record must include:
   1. Employee's name and social security number
   2. Copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
   3. A copy of all results of examinations, medical testing, health care professional written opinion and follow-up procedures related to an employee exposure.
   4. A copy of all information related to exposure incident as delineated in the Exposure Plan.

C. Employee records are kept confidential and not disclosed without the employee's express written consent to any person within or outside the workplace or as may be required by law.

Training Records

A. Training records for each employee will be kept for at least three years by the Human Resources Department.
   The training records include:
   1. dates of the training session.
   2. contents or a summary of the training.
   3. names and qualifications of the persons conducting the training session.
   4. names and titles of all persons attending the training sessions.

B. Additional training will be kept by the Department Director and Education Department.

OSHA Recordkeeping

A. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements. This determination and reporting is done by Baylor Safe Choice.

B. A sharps injury log will be kept to document each exposure incident, to include the device involved, the department or work area where the exposure occurred and details of how the exposure occurred.

X. SAFER MEDICAL DEVICES

New technological advances in medical devices designed to reduce the risk of percutaneous exposure will be evaluated on an ongoing basis. The Products Committee which includes front line workers, will be responsible for the initial review of these safety products. Decisions on evaluation and implementation will be done by the Products Committee.

XI. COMPLIANCE MONITORING

A. Strategies for Compliance Monitoring

1. Follow-up on the report of an employee's failure to comply with the required protective measures will be the responsibility of the employee's supervisory or administrative staff.
2. Follow-up of problems identified through informal reports, complaints from staff, quality assurance or safety reports, minutes from committees, employee questionnaires, and comments received during evaluations of education and training programs will be the responsibility of the affected departments administrative staff.
3. Infection Prevention and Control Rounds will be conducted by the Infection Prevention and Control Department. Results will be reported to the departmental director and the Hospital Quality Management Committee. The Environment of Care Committee will review all exposure incidents to determine the cause of the incident and will make recommendations as appropriate to prevent the occurrence of similar incidents in the future.

B. Non-compliance Evaluation

1. The method of follow-up and documentation of reported incidents of non-compliance and other identified problems is the responsibility of the department's administrative staff. The effectiveness of corrective measures such as providing more training for a non-compliant employee or identifying and correcting a deficiency with engineering controls will be included in the documentation.
2. Incidents of non-compliance will be investigated by the non-compliant employee's immediate supervisor/director to determine the cause and corrective measures will be implemented. However, an employee who is found to be non-compliant on more than one occasion in which the cause is determined to be the fault of the employee or whose failure to follow protective measures has placed a co-worker at risk of occupational exposure may be subject to disciplinary action up to and including termination.

XII. Exposure Category Determination

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious material. The exposure determination is made without to the use of personal protective equipment. This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure,

regardless of frequency. At this facility, the following job classifications are in this category:

CATEGORY I
Tasks that involve exposure to blood, blood fluids or tissue:

Registered Nurse
Licensed Vocational Nurse
Patient Aide
Radiology Technicians
Emergency Department Technician
Labor and Delivery Scrub-Technician
OR Scrub Technician
Housekeeping Staff
Respiratory Therapist
Laboratory Staff
Certified Registered Nurse Anesthetist
Physician
Physical Therapist
Physical Therapist Assistant
Occupational Therapist
Certified Occupational Therapist Assistant
Certified Therapist Assistant
Speech Therapist
Speech Therapist Assistant

CATEGORY II
Usual work assignment does not place employee at risk of exposure, but the employee may be at risk for an unplanned Category I exposure:

Unit Clerk
ED Registration Clerk
Emergency Department Clerk
Radiology Department Clerk
Chaplain
Aerobic Instructor
Dietician
Care Coordinator
Social Worker
Engineering
Transportation
Volunteers, Patient care areas

CATEGORY III
Employment requires no exposure to blood, body fluids, or other potentially infectious material:

Business Services
Administration
Nursing Administration – V.P.
Administrative Secretary
Nursing Administrative Secretary
PBX Operator
Health Information Staff
Volunteers – Gift Shop

REFERENCES

"OSHA's Final Bloodborne Pathogens Standard: A Special Briefing", American Hospital Association, Division of Quality Resources, February 1992.

"OSHA's Instruction CPL 2-2.44C/Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 29CFR. 1910.1030," March 6, 1992.

“OSHA’s Instruction CPL 2-2.44D / Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, November 5, 1999

“Needlestick Safety and Prevention Act,” H.R. 5178, November 6, 2000

“OSHA’s Occupational Exposure to Bloodborne Pathogens; Needlesticks and Other Sharps Injuries, final Rule, 29 CFR Part 1910

RELATED INTERNAL DOCUMENTS

There are no related internal documents associated with this policy.

ATTACHMENTS

There are no related attachments associated with this policy.

BAYLOR Health Care System

Policy Name:
Bloodborne Pathogen Exposure Control Plan
Policy Number:
BHCS.IPC.028.P
Date:
February 27, 2014

As a Baylor CNO I, approve this BHCS Infection Prevention and Control Policy

Facility	Name, Credentials, Title	Signature
Baylor All Saints Medical Center	Ellen Pitcher, MSN, MBA, RN, NEA-BC, FACHE; CNO/COO	
Baylor Heart & Vascular Hospital	Nancy Vish, PhD, RN, NEA-BC, FACHE; President/CNO	
Baylor Medical Center at Carrollton	Barbara Vaughn, MSN, RN, NEA-BC, CCM; CNO	
Baylor Medical Center at Garland	Jane Cook, MSN, RN, NEA-BC; CNO/COO	
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The Heart Hospital at Baylor Denton	Susan Moats, MBA, BSN, RN; CNO	(Kim Nguyen, RN)