

Hospital Orientation Core Materials for Students



Originally prepared by the San Antonio Clinical Liaison
Student Orientation Standardization Work Group
Greater San Antonio Healthcare Foundation

Revised August 2014

INTRODUCTION

This is the 2014 revision of The San Antonio Clinical Liaison Group's Hospital Orientation Core Materials for Students booklet developed to facilitate the orientation of students participating in clinical experiences in the Greater San Antonio area.

Each faculty/program is responsible for reviewing this material with their students prior to students beginning their clinical rotation. Documenting completion of such review is required on the Student Information & Orientation Report provided.

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Student Health Status and Transmission of Contagious Illnesses

Students are **NOT** to attend clinical if they are feeling ill and/or having symptoms of an influenza-like illness. The student will be asked to leave the facility if it is determined they are ill.

Signs and symptoms of influenza are fever (>100F), body aches, chills, respiratory infection (cough, congestion, drainage), sore throat, headache, possible nausea, vomiting, and diarrhea. An infected person can spread the influenza virus up to one day before they are having any signs or symptoms of illness. Once ill, the influenza virus can be transmitted to others up to 5 days after onset of signs and symptoms. A student who is absent due to influenza like illness should stay at home for 24 hours after his/her fever has subsided, without the use of fever reducing medicines.

CORE MEASURES

The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) require accredited hospitals to collect and submit performance data. These measures are a set of “Best Practice Standards” that have been proven to reduce morbidity, mortality and re-admission rates—improve patient care and save lives!! Reporting is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with this knowledge. Data is collected and hospitals are given a “score” reflecting their performance. Scores are publicly reported via internet at www.hospitalcompare.hhs.gov. This allows consumers to compare hospitals in their achievement of the core measure goals. Participation in the reporting process is voluntary, but if a hospital does not report, the hospital will lose a percentage of its payment from CMS.

Hospitals currently collect and submit inpatient performance data on the following:

AMI (Acute Myocardial Infarction):

- Aspirin within 24 hours before or after arrival
- Beta Blocker at discharge
- Smoking cessation counseling if patient has smoked in the past 12 months
- ACE Inhibitor or ARB if patient has moderate to severe LV dysfunction
- Aspirin at Discharge
- Percutaneous Intervention (PCI) within 90 minutes of arrival for patients with STEMI or new LBBB
- Statin medication at discharge if LSL > 100, no LDL or patient on statin at home

HF (Heart Failure):

- Documentation of Left ventricular function evaluation
- ACEI or ARB at discharge for moderate to severe LVSD
- Written discharge instructions must include:
 - Weight monitoring
 - What to do if heart failure symptoms worsen
 - Diet, activity, and Medications (list all medications to be taken after DC)
 - Follow-up-when & which physician
- Smoking cessation counseling if patient has smoked in the past 12 months

PN (Pneumonia):

- Antibiotics within 6 hours of hospital arrival
- Blood cultures(if ordered) prior to antibiotic
- Blood cultures performed within 24 hours prior to or 24 hours after hospital arrival if admitted to ICU or transferred within 24 hours of admission
- Flu and pneumonia vaccines MUST be offered to all pneumonia patients who are eligible
- Pneumococcal vaccine screening mandatory for patients ages 65 and older
- Influenza vaccine screening mandatory between October 1 and March 31 for patients ages 50 or older

- Smoking cessation counseling if patient has smoked in the past 12 months

SCIP (Surgical Care Improvement Project):

- Patients on a beta blocker prior to arrival must have a beta blocker administered the day before surgery or the day of surgery and on postoperative day one or postoperative day two unless there is a documented contraindication.
- Hair removal with clippers only (use “removed” to document rather than “shaved”)
- Antibiotic administration less than 60 minutes before incision.
- Temperature of at least 96.8F recorded 30 minutes before or 15 minutes after anesthesia end time, or documentation of intraoperative active warming.
- VTE prophylaxis started 24 hours prior to incision time to 24 hours after procedure end time
- Cardiac surgery patients must maintain blood glucose of 200 mg/dl or less post-op days 1 and 2
- Prophylactic antibiotics discontinued within 24 hours after surgery, or 48 hours for cardiac surgery.
- Foley catheter discontinued POD 1 or POD 2 or documented reason to continue.
- All laparoscopic surgeries will be evaluated for the SCIP care measures.

Stroke:

- IV TPA started within 3 hours of “Last Well Known Time” for acute ischemic stroke, or documented contraindication
- Ischemic Stroke/TIA: Antithrombotic therapy started by the end of hospital day 2
 - Antithrombotic therapy at discharge or documented contraindication
 - Anticoagulation therapy at discharge for patients with A-fib or documented contraindication
 - VTE prophylaxis started no later than the end of the day after hospital admission
 - Assessment for rehabilitation services
 - Statin medication at discharge if LDL>100, no LDL or patient on statin at home
- Stroke education including: activation of EMS, follow up, medications, risk factors for stroke, and warning signs and symptoms of a stroke
- Smoking cessation counseling if patient has smoked in the past 12 months

Immunization:

- Pneumococcal vaccination screening required for all patients:
 - age 65 and older (for any diagnosis)
 - age 6 to 64 with high risk conditions
- Influenza vaccination screening is required for all patients 6 months and older discharged from October 1 through March 31 each year. Vaccines must be administered to all eligible patients.

Venous Thromboembolism (VTE):

- VTE prophylaxis applied/administered within 24 hours of admission
- VTE prophylaxis applied/administered within 24 hours of admission to the ICU
- Confirmed VTE patient must have 5 days overlap therapy prior to discharge or be discharged on both parenteral and warfarin therapy.
- Ensure confirmed VTE patient receives IV UFH therapy dosages and platelet count monitoring using defined protocol.
- Discharge instructions must address compliance issues, dietary advice, follow-up monitoring, and information about potential adverse drug reactions/interactions
- Identify patients with confirmed VTE not present on admission who did not receive VTE prophylaxis (failure to prevent)

Children’s Asthma Care (CAC):

- All patients age 2 – 17 years of age with a primary diagnosis of asthma and older will be evaluated for Children’s Asthma Care Measures.

- Pediatric patients age 2 – 17 years of age admitted for inpatient treatment of asthma should receive reliever medication (example beta-agonists).
- Pediatric patients age 2-17 years of age admitted for inpatient treatment of asthma should be treated with oral or IV systemic corticosteroids.
- The medical record must reflect that a home management plan of care was given to the patient/ caregiver at the time of discharge. This plan must address all of the five following elements:
 - Arrangements for follow up care
 - Environmental control and control of other triggers
 - Method and timing of rescuers actions
 - Use of controllers
 - Use of relievers

Patient Safety: 2014 National Patient Safety Goals

The purpose of the Joint Commission’s National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence-based consensus on solutions to these problems.

Goal #1: Use at least two patient identifiers when providing care, treatment, and services.

- Use at least 2 patient identifiers when giving medications, taking specimens or providing any treatment.
- Label containers for blood and other specimens in patients presence

Goal #1.3: Eliminate transfusion errors related to patient misidentification.

- Match blood or blood component to order
- Match patient to blood or blood component
- Use two person verification process



Goal #2.3: Report Critical results of test and diagnostic procedures on a timely basis

- Critical results reported to primary care provider immediately
- Critical results relayed to physician within 30 Minutes or timeframe appropriate for results

Goal #3.4: Label all medications, medication containers and solutions on and off the sterile field (includes syringes, medicine cups & basins)

- If not immediately administered, label as it is prepared
- If transferred from original packaging to another container
- Verify all medication or solution labels verbally and visually
- Label properly, medication labels include the following: dose, strength, quantity, diluents & volume (if not apparent from the container); expiration date when not used within 24 hours; expiration time when expiration occurs in less than 24 hours.
- Note: date and time are not necessary for short procedures, as defined by the hospital
- Discard any medication or solutions not labeled and discard any not used after the procedure.
- All medications and solutions both on & off the sterile field & their labels are reviewed by entering & exiting staff responsible for the management of medications.



Goal #3.5: Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

- Use unit dose products, approved protocols, programmable pumps to administer intravenously and continuous.
- Obtain baseline and ongoing lab test required for anticoagulant therapy, and
- provide patient education for food and drug interactions, importance of follow-up, compliance, potential for adverse reactions
- evaluate safety practices & measure effectiveness

Goal # 3.6: Maintain and Communicate Accurate Patient Medication Information. (Effective July 1, 2011)

- Obtain information on the medications the patient is currently taking
- Compare medication information the patient provided with medications the M.D. ordered/resolve discrepancies
- Upon discharge provide the patient with written information on meds that should be taken at home
- Explain to the patient the importance of managing medication information (give list to primary care M. D., update list as meds change, include over the counter meds etc.)

Goal #7.1: Comply with CDC hand-hygiene guidelines

- When hands are visibly dirty, vigorously wash all surfaces of your hands for at least 15 seconds
- Use alcohol-based hand gels before entering each patient’s room and when leaving.

Goal #7.3: Implement evidence-based practices to prevent health care associated infections due to



Multi-Drug Resistant Organisms (MDRO)s

- a) Wash hands before and after caring for all patients, teach patients and families who are colonized or infected about MDROs
- b) Follow contact precautions as directed, patient screening as ordered, communicate with other departments upon transfer

Goal #7.4: Implement evidence-based practices to prevent central line associated bloodstream infections.

- a) Hand hygiene, Chlorhexidine-based antiseptic for skin prep (if over 2 months of age), optimal site selection, maximal barrier precautions during placement, and daily evaluation of site, educate patient and family.
- b) Use standard central line checklist & protocols
- c) Use standard protocol to disinfect catheter hubs & injection ports before accessing the ports
- d) Remove unessential catheters



Goal #7.5: Implement evidence-based practices for preventing surgical site infections.

- a) Hand hygiene, Appropriate room disinfection, sterilization of instruments, proper skin preparation
- b) Prophylactic antibiotics, proper postoperative wound care.
- c) When hair removal is necessary use approved scientific method or method endorsed by professional organizations....follow hospital policy.
- d) Educate patient and family about infection prevention.

Goal # 7.6: Catheter associated Urinary Tract Infection (Adult population only).

- a) Insert and manage indwelling urinary catheters utilizing evidence based guidelines
- b) Limit use and duration of catheter and use aseptic techniques for site prep.
- c) Secure catheters for unobstructed urine flow, Maintain sterility of collection system, replace collection system as needed and use appropriate specimen collection methods.
- d) Monitor compliance with evidence based guidelines and evaluate the effectiveness of prevention efforts.

Goal #15.1: Identify patients at risk for suicide

- a) Conduct a risk assessment; address the patient's immediate safety need as indicated by patient characteristic & environmental features.
- b) Assess patient's immediate safety needs & most appropriate treatment setting.
- c) Provide patient and family suicide prevention information and on discharge as well

Goal Universal Protocol (UP) 1.1: Conduct a pre-procedure verification process

- a) Verify correct procedure, correct patient, correct site, with patient involvement when possible
- b) Identify items that must be available for procedure, match items for procedure area to the patient
- c) Relevant documentation (examples: H&P, signed consent, nursing assessment, pre-anesthesia assessment)
- d) Labeled diagnostic & radiology test results are properly displayed.
- e) Any required blood products, implants, devices and/or special equipment



Goal UP 1.2: Mark the procedure site

- a) Mark site before procedure performed, marked by licensed independent practitioner who will perform procedure, mark with the word yes and initialed.
- b) Alternative process for those patients who refuse marking

Goal UP 1.3: A time out is performed before the procedure

- a) Immediately before starting procedure
- b) All team members agree it is correct patient, correct site, correct procedure
- c) When 2 or more procedures are being performed on the same patient, and the person procedure changes, perform time-out before each procedure is initiated
- d) Document the completion of the time-out



Goal UP 6.01: A time out is performed before the procedure

- a) Make improvements to ensure that alarms on medical equipment are heard and responded to on time.



AIDET® FIVE FUNDAMENTALS OF PATIENT COMMUNICATION



EVERY PATIENT, EVERY TIME AIDET

Acknowledge

Make eye contact, smile, call them by name

Introduce

Name, title, special training, years of experience

Duration

How long will this take? What happens next?

Explain

What are you doing? Why?

Thank You

Let them know you've enjoyed working with them

Example Student Introduction:

My name is _____ and I am a _____ student from _____. I am a _____ level student and have been specially trained to care for you today. My instructor, the staff, and I will be working together to provide you the very best care.

HOURLY ROUNDING



- 1) Use Opening Key Words
 - Knock on the door prior to entering and ask permission to enter
 - Introduce yourself
 - Manage up your skill or that of your co-worker
 - Maintain good eye contact
 - Explain your purpose and frequency of rounding for the Shift:
 - Use key words such as “excellent” care
 - Place name, date, and day of week on white board
- 2) Perform Scheduled Care
- 3) Address Five P’s: Pain, Position, Potty, Possessions, and Prevention
 - Ask the patient how their pain is
 - Ask patient if their positioning is comfortable
 - Assist patient if they need to use the bathroom
 - Ensure patient possessions are within reach (table, call bell, phone, water)
 - Address any preventive measures needed (environmental assessment)
- 4) Before leaving ask, “Is there anything else I can do for you? “, and remind the patient that someone will be back in an hour or so.
- 5) Document the rounding.

Follow the 10/5 Rule



**Acknowledge a person at
10 feet away by making
eye contact and a smile**



**At 5 feet away
say hello and go
the extra mile to
help a guest find
their way**

PATIENT RIGHTS AND RESPONSIBILITIES

A Patient's Bill of Rights was first adopted by the American Hospital Association (AHA) in 1973 and revised in 1992. The Association presented this Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by hospitals, medical staff, employees and patients. AHA encourages health care institutions to tailor this bill of rights to their local patient community by translating and/or simplifying its language as may be necessary to ensure that patients and their families understand their rights and responsibilities.

Bill of Rights

These rights apply to all patients. If they are unable to exercise any or all of the rights, it is Texas law that their guardians, next of kin or legally authorized representatives may enforce the rights on their behalf.

Patients have the following rights within the limits of law:

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospitals provides or choose to transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice.
4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate

and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.

10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

Other rights commonly communicated include:

1. The patient has the right to freedom from restraints. The patient may not be restrained unless a physician has given written authorization for restraint or it is deemed necessary in an emergency situation to protect the patient from injuring himself or others. The patient and the family have the right to be kept informed regarding care, including the need for restraint.

2. The patient has the right to comprehensive pain management. This includes receiving information about pain and pain relief measures, having a health care staff that is committed to pain prevention and management, receiving appropriate responses to reports of pain, and having reports of pain and response to pain management documented and communicated to their doctor.

PATIENT PRIVACY (HIPAA and SOCIAL MEDIA)

Violations of patient privacy will result in termination and may result in civil or criminal prosecution and will be reported to the Texas Board of Nursing.

HIPAA: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

HIPAA regulations require that individuals' medical information be kept secure and private. As healthcare workers, we are in constant contact with confidential patient information. Therefore, it is our responsibility to meet this requirement of **HIPAA**. It is easy to forget how important patient privacy is, unless you are a patient. Privacy is a basic patient right. Safeguarding that right is an ethical obligation of our profession. Whether working in the hospital, ambulatory care clinic, long-term care facility, home health agency, or rehabilitation center, everyone is responsible for patient confidentiality. This includes everyone who comes in contact with the patient such as nurses, doctors, students, volunteers, patient billing staff, and housekeeping staff alike.

Providing processes and guidelines that ensure administrative, physical, and technical security for patients' identity, physical or psychological condition, emotional status, or financial situation is vitally important. Follow these guidelines:

1. Patient information is shared with other healthcare workers on a "need to know" basis.
2. Never share any patient information on any social media format or site (see Social Media section below).
3. Information is never released without written consent from the minor's parent or guardian.
4. Confidential information is never discussed in areas where others can overhear you (hallways, elevators, informal social settings, etc.).
5. Breaches of confidentiality are reported to the department director/manager and clinical instructor.
6. Computerized records are kept confidential, just like any other medical record and are accessed on a "**need to know**" basis as it directly relates to patient care delivery.
7. Keep computer screens and open charts from view of public traffic.
8. Log off when leaving the computer.
9. Avoid sharing your password with anyone.
10. Avoid using someone else's user ID and password to access secured sites.

SOCIAL MEDIA

Keeping patient information confidential is everyone's responsibility. And it's the law! All restrictions about disclosing Protected Health Information or any sensitive information we access through our jobs apply equally to our use of social media. Follow these guidelines:

- Don't assume privacy anywhere on the internet, no matter what privacy settings you have in place.
- If it is negative, keep it offline.
- Ask your instructor or the Facility Privacy Officer if you have questions.
- Use strong passwords on your student electronic accounts while doing clinical rotations.
- If you are an employee at a facility where you are also doing a student rotation, you may not use your employee log in for any student activity, including looking at a patient chart.
- Never post pictures of patients, family members, or staff, including pictures of patient's body parts affected by an illness or injury.

ABUSE AND NEGLECT

Abuse: mental, emotional, physical, or sexual injury to a child or person 65 years or older or an adult with disabilities or failure to prevent such injury.

Neglect of a child: includes failure to provide a child with food, clothing, shelter, and/or medical care, and leaving a child in a situation where the child is at risk of harm.

Neglect of a person 65 years or older or an adult with disabilities for personal or monetary benefit: includes taking Social Security or SSI checks, abusing joint checking account, and taking property and other resources.

Texas law requires any person who believes that a child or person over 65 years or older or an adult with disabilities is being abused, neglected or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline. A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Any person suspecting abuse and not reporting it can be held liable for a Class B misdemeanor. Time frames for investigating reports are based on the severity of allegations. Reporting suspected child abuse and makes it possible for a family to get help. If a student suspects abuse or neglect, they should report their suspicions to their instructor and charge nurse/nurse director.

RESTRAINTS

Freedom from restraints is a patient right. Healthcare workers should strive to understand potential causes of unwanted behavior and to attempt alternative techniques to manage behavior and promote patient safety before restraints are considered.

Restraint is any manual method, physical, or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs body or head freely.

Nursing Students working with a patient who require restraints or seclusion should consult with the charge nurse regarding:

- Guidelines for maintaining the patient's safety
- Nursing care goals

Restraints or seclusion are used only under the following circumstances:

- A comprehensive individual patient assessment indicates the need for restraints or seclusion
- Less restrictive interventions have failed, and there is a
- Need to protect the safety of the patient, staff, and/or others.

Restraints or seclusion are discontinued as soon as possible, regardless of the scheduled expiration of the order.

Restraints or seclusion are NOT:

- A routine part of a fall prevention program,
- Used as a means of coercion, discipline, or staff retaliation, and
- Are not applied solely upon the request of the patient or family member.

Restraints or seclusion require:

- A time-limited order by a Licensed Independent Practitioner (LIP). In the event of an emergency an RN with current demonstrated competency may initiate restraint and request a verbal or written LIP order. The LIP order must be entered in the record and accompanied by an in person evaluation with renewal orders at least every 24 hours by an LIP. In the State of Texas for behavioral restraint/seclusion the evaluation and order must be completed by a physician.
- For behavioral restraints the in-person evaluation of a patient placed in restraint or seclusion conducted by an LIP must occur within one hour of the initial restraint, and every 4 hours for patients >18 years old, every 2 hours if 9-17 years old, or every 1 hours if under 9 years old by an LIP prior to writing a new order for continued use.
- Written modification to the patient's care plan.
- Use of types of restraint and/or seclusion defined by policy and selected with consideration for the patient's safety needs and their potential for adverse effects , and
- Documented in-person monitoring at time –specific intervals.

Each episode of restraint considers the impact on the patient, including:

- Protecting and preserving patient rights, dignity and well-being
- Bases use on the patient's assessed needs
- Considers least restrictive alternatives
- Assures safe application and removal by qualified staff
- Monitors and reassesses the patient during use, using qualified staff
- Meets patient needs during use

- Safety to the patient
- Impact on the patient's ability to continue his or her care and participate in care processes
- The patient's rights to make informed decisions regarding he/her care, including decisions to utilize restraints. The need for restraints will be discussed with the patient / family/ significant other.
- Risks associated with vulnerable patient populations, such as emergency behavioral, pediatric, and the cognitively and physically limited patients.
- Restraints are discontinued as soon as the behavior or conditions which was the basis for the restraint order, is resolved.

Restraint Orders:

- Ordered by a physician
- PRN orders are not accepted
- The order must specifically state what method of restraint or seclusion is used
- Indications for the restraint are documented in the nursing notes and/ physician progress notes. Restraint shall only be used for the protection of the patient, staff members or others.

Patient Monitoring Includes:

- Vital signs, including circulatory and respiratory status
- Circulation and range of motion in extremities
- Nutrition needs
- Hydration needs
- Elimination needs
- Level of distress/agitation
- Psychological status
- Cognitive functioning
- Comfort
- Indication that less restrictive methods are possible
- Readiness for discontinuation
- Skin integrity
- Signs and symptoms of injury associated with restraint use

Other important considerations:

- Identification of staff and patient behaviors, events, and environmental factors that may increase / decrease agitation
- Understanding how the underlying medical condition may affect behavior
- Validation of safe application and release of all types of restraint and seclusion
- Recognizing and responding to signs of physical and psychological distress (i.e. physical asphyxia)
- Recognizing specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

Frequency and documentation of patient monitoring may vary depending on reason for restraint, patient condition and hospital policy. Please check with the RN responsible for the patient to ensure that requirements are met.

FIRE SAFETY

If you discover a fire in your immediate area, respond with **RACE**:

- R** **RESCUE** - Remove patients, visitors and staff from immediate danger. Evacuate if necessary. Evacuate horizontally (laterally) through at least one set of fire/smoke doors. Never use the elevator.
- A** **ALERT or ALARM** -_Activate the hospital fire alarm system. This may include calling the hospital emergency number and pulling the fire alarm handle in the area. Give your name, phone number, location of the fire and description of what you see and smell.

C CONFINE or CONTAIN - Close doors and windows. Place a wet towel along the bottom of doors leading to the fire to help confine the fire and prevent smoke from spreading.

E EXTINGUISH

If the fire is small, use the fire extinguisher in the area to put out the fire. Do not attempt to extinguish a fire if doing so would put you in danger.

When using a fire extinguisher, remember **PASS**:

- P** Pull the pin
- A** Aim the extinguisher nozzle or horn at the base of the fire
- S** Squeeze the handle
- S** Sweep from side to side at the base of the fire until it goes out. Watch for flashes and reactivate the extinguisher, if necessary.

ELECTRICAL SAFETY

Students should check with the nursing staff/instructor prior to using any equipment they have not been trained to use. Always follow operating instructions when using equipment. Report any defects immediately to the facility. Do not use defective equipment! Examples of potential defects include:

- plug does not fit properly in outlet
- feels unusually warm to touch
- smells hot
- makes noise or pops when turned off
- has power cord longer than 10 feet
- gives inconsistent readings
- knob or switch is loose or worn
- tingles when you touch it
- missing the third or grounding pin on the plug
- cord is frayed

Other considerations:

- Patient's may be prohibited from bringing electrical devices from home, or may be required to have personal electronic devices inspected before use.
- Certain electrical outlets are connected to the hospital's emergency generators. Essential equipment should be kept plugged into emergency outlets.
- Avoid extension cords
- Pull on the plug to remove equipment from an outlet; never pull on the cord
- Turn equipment off before unplugging or plugging in

THE HAZARDOUS COMMUNICATIONS ACT: THE RIGHT TO KNOW LAW










This federal regulatory standard requires employers to inventory and label hazardous chemicals in the workplace and to inform and train workers about hazards they encounter on the job. OSHA revised its Hazard Communication Standard (HCS) to align with the United Nation's Globally Harmonized System of Classification and Labeling of Chemicals (GHS) published in the Federal Register in March 2012.

It's up to you to:

- Read labels
- Study the Safety Data Sheets (SDS)
- Use proper protective equipment
- Follow safety precautions

Hazardous Chemical Labels will have:

- Product Identifier – how the hazardous chemical is identified; such as chemical name
- Signal Word – relative degree of severity of the hazard. The signal words are:
 - “Danger” – for the more severe hazards
 - “Warning” for the less severe hazards
 - Some lower level hazard categories do not use signal words
- Pictograms* – a square set at a point with a black hazard symbol on a white background with a red frame. OSHA has designated 8 pictograms (see below for pictograms)
- Hazard Statement – describes the nature of the hazard, such as, “causes damage to the kidneys through prolonged or repeated exposure when absorbed through the skin.”
- Precautionary Statement – a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.

<p><u>Flame over circle</u></p>  <ul style="list-style-type: none"> • Oxidizers 	<p><u>Flame</u></p>  <ul style="list-style-type: none"> • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self Reactives • Organic Peroxides 	<p><u>Exploding bomb</u></p>  <ul style="list-style-type: none"> • Explosives • Self Reactives • Organic Peroxides
<p><u>Skull and crossbones</u></p>  <ul style="list-style-type: none"> • Acute toxicity (severe) 	<p><u>Corrosion</u></p>  <ul style="list-style-type: none"> • Corrosives 	<p><u>Gas cylinder</u></p>  <ul style="list-style-type: none"> • Gases under pressure
<p><u>Health Hazard</u></p>  <ul style="list-style-type: none"> • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity 	<p><u>Environment</u></p>  <ul style="list-style-type: none"> • Aquatic Toxicity 	<p><u>Exclamation mark</u></p>  <ul style="list-style-type: none"> • Irritant • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic effects • Respiratory Tract Irritation • Hazardous to Ozone Layer

2. Safety Data Sheets have 16 sections:

- Section 1. Identification
- Section 2. Hazard(s) Identification
- Section 3. Composition/Information on ingredients
- Section 4. First Aid measure
- Section 5. Firefighting measures
- Section 6. Accidental release measures
- Section 7. Handling and storage
- Section 8. Exposure controls/personal protection
- Section 9. Physical and chemical properties
- Section 10. Stability and reactivity
- Section 11. Toxicological information
- Section 12. Ecological information
- Section 13. Disposal considerations
- Section 14. Transport information
- Section 15. Regulatory information
- Section 16. Other information, including date of preparation or last revision

BACK SAFETY

Lower back strain is the most common injury. Healthcare Professionals are especially vulnerable because of the tasks involved in providing patient care. One way to avoid injury is to use proper body mechanics when lifting and/or transferring patients. Request staff assistance to prevent injury to the patient or to yourself. Use the following guidelines:

Lifting:

1. Keep load close to your body.
2. Bend the knees and hips.
3. Tighten the abdominal muscles when you lift.
4. Avoid twisting as you lift.
5. Lift with legs and buttocks.
6. Maintain natural curves of the back.

Pushing and Pulling:

1. Stay close to the load.
2. Avoid leaning forward.
3. Push rather than pull whenever possible.
4. Use both arms.
5. Tighten stomach muscles when pushing.

Reaching:

1. Reach only as far as is comfortable, usually at shoulder level.
2. Test weight by lifting corner.
3. Let arms and legs do the work, keeping the back straight.
4. Tighten the stomach muscles as you lift.
5. Arrange work area to minimize reaching.

Twisting:

1. Kneel down on one knee.
2. Maintain the natural curves of the back.
3. Position yourself for the best possible leverage.
4. Turn entire body, keeping feet and hips pointing in the same direction.

Bending:

1. Maintain the natural curves of the back.
2. Bend the legs and hips rather than the back.
3. When leaning forward, move your whole body not just your arms.

Sitting:

1. Get a chair with good lumbar support.
2. Sit close to your work rather than leaning.
3. Change positions often to avoid fatigue. Keep arms and shoulders relaxed.

EMERGENCY MANAGEMENT

Each hospital has a Disaster Preparedness Plan to guide and mobilize its resources in response to an emergency. Code activation may be communicated by overhead page, sending out a group page or call, or by other means. A facility representative will inform you of your role in the event of a disaster or emergency response. Refer to Hospital specific Orientation Material for the list of Emergency Codes.

INFECTION PREVENTION

It is everyone's responsibility to prevent the spread of communicable diseases, drug resistant organisms and other infectious diseases within each healthcare system.

I. Hand Washing is the most effective preventative measure to protect staff and patients.

Wash hands using soap and water:

- When coming into the clinical site and when going home
- Before and after eating
- When hands are visibly soiled
- Before and after putting on gloves
- After using the bathroom
- When the patient has clostridium difficile

When using soap and water:

- Remove jewelry
- Use warm water
- Use friction, washing hands, wrists and between fingers
- Wash for at least 15 seconds
- Rinse and dry thoroughly

When using alcohol-based hand sanitizers:

- Use a golf ball-sized ball of foam or a dime-sized squirt of gel
- Rub your hands, covering all surfaces, until they are dry (at least 15 seconds)
- Avoid operating equipment until your hands are dry--- alcohol is flammable!

Finger Nails:

- Must be short and clean
- No artificial nails
- No nail jewelry
- Unchipped polish is permitted

Students with open wounds and/or weeping dermatitis should refrain from all direct patient care activities because infection can occur through non intact skin. Consult with your instructor for guidance.

II. PRECAUTIONS

A. Standard Precautions

Standard Precautions are practices with ALL patients regardless of their diagnosis or presumed infection status. All blood and body fluid is treated as possibly infectious. It is your responsibility to wear appropriate Personal Protective Equipment (PPE). PPE should be worn whenever activities could place one at risk of exposure to potentially infective materials.

- Wash hands
- Wear gloves when in contact with blood, body fluids, secretions and excretions (except sweat)
- Wear goggles, mask, and face shield if splashes to the face are possible.
- Wear a gown if contact to your body is possible.
- Be careful with sharps. **If you have a needle stick**, sharps accident or unprotected exposure to blood or body fluids, **notify your instructor immediately!**

B. Transmission-Based Precautions

Transmission-Based Precautions are designed for patients with known or suspected highly transmissible or epidemiologically important pathogens.

1) Airborne Precautions

For infectious organisms that can be transmitted by airborne particles that can be widely dispersed by air currents examples are TB, chicken pox, measles, and shingles.

- Wash hands or use hand sanitizer before entering and before leaving the room
- Wear Approved N95 particulate respirator mask before entering room

Keep the patient room door closed

Note: Students are not usually assigned to patient with this precaution.

2) Contact Precautions

For infectious agents easily transmitted by direct patient contact or by indirect contact with items in the patient's environment, which could include MRSA, VRE, clostridium difficile, enteroviral infections, and some skin infections.

Wear gloves and gown when entering room

Remove gown and gloves and discard before leaving patient room

Perform hand hygiene before entering patient's room and after removing gown and gloves. **If patient has C. Difficile you must wash hands with soap and water. Alcohol hand gels are NOT EFFECTIVE against C. Difficile.**

Masks are required if splashing, spraying/aerosolization is anticipated

Use patient dedicated equipment or single use disposable equipment

Clean and disinfect all equipment before removing from environment

3) Droplet Precautions

For infectious agents transmitted by large particle droplets, infectious air is usually within 3 feet of the patient. Examples include bacterial meningitis, influenza, adenovirus, mumps, parvovirus b19, and Rubella.

Wash hands or use hand sanitizer before entering the room

Put on a mask before entering the room

4) Enteric Isolation

For patients with C. Difficile

Clean B/P cuff, IV poles, carts, etc., with bleach wipes and/or bleach solution

Clean common surfaces in the room frequently

Use soap and water to wash hands. **Alcohol hand gels are NOT EFFECTIVE against C. Difficile**

C. Protective (Neutropenic) Precautions

For Immuno-compromised patients such as transplant patients

Wash hands or use hand sanitizer before entering and before leaving room

Keep door closed

No persons with infections may enter room

No dried or live plants or flowers

No fresh fruits or vegetables

III. DISPOSAL OF BIOHAZARDOUS WASTE:

Sharps Containers: for disposal of sharp objects, needles, syringes, blades, and broken glass. Always replace the container when it is 2/3 full.

Red Container Trash (bags or tubs): used for items that would release 100 cc's or greater of blood or body fluids when compressed, for microbiological cultures and specimens, for Class IV etiological agents (waste from patients with highly communicable diseases) and specified pathological waste.

Linen: used/soiled linen is placed in designated blue linen bags. Linen contaminated with a chemotherapy spill should be placed in a yellow bag first and then the regular linen bag.

CULTURAL COMPETENCE IN HEALTH CARE

Cultural competency has become a major quality issue for health care systems, a risk management issue for hospitals and a necessary skill set for clinicians. The Joint Commission "views the delivery of services in a

culturally and linguistically appropriate manner as an important healthcare safety and quality issue.” Patients present a broad range of perspectives (diversity) regarding health and well-being that are often shaped by their social and cultural backgrounds.

The American Medical Association defines cultural competence as “the knowledge and interpersonal skills that allow providers to understand, appreciate, and care for patients from cultures other than their own.” It involves an awareness and knowledge of the important cultural factors that impact the clinical encounter and the ability to effectively address them with quality health care as the ultimate goal. In striving to achieve cultural competence, the goal is to ensure that attitudes and behaviors of clinicians and organizational policies of health systems result in effective interactions with culturally diverse individuals.

Those who wish to improve cultural competence can increase their awareness of some of the common cultural factors that could impact health care situations:

- Time orientation
- Social roles and family members
- Use of home and folk remedies
- Communication preferences
- Cooking and food preferences and taboos
- Causes of illness
- Attitudes toward persons in authority
- Views on death and dying

Awareness of these types of differences and careful questioning of and listening to patients can help health care workers identify potential cultural barriers and communicate more competently with their patients from all cultures. Culture impacts communication and outcomes. Poor communication between patient and provider leads to lower patient satisfaction, lower adherence and poor health outcomes. While this is true for all patients, it may be an even greater problem for patients from diverse socio-cultural backgrounds.

To prevent errors and miscommunication in the provision of patient care, healthcare facilities may offer support services that include translation phones, medically certified translation services, TDDY phones for the hearing impaired and sign language interpreters.

Culturally competent health care workers have developed attitudes reflecting:

- honest respect for cultural perspectives and practices that are not like their own and;
- appreciation for cultural competence and its importance in providing effective health care.

Cultural competence requires displaying respect by communicating effectively and paying attention to differences and similarities among various cultural beliefs or practices. A culturally competent health care system provides staff training and institutional guidelines that make sure patients from diverse cultures are treated and cared for effectively and respectfully. Cultural competence training can help give health care providers an understanding of how to approach cross-cultural interactions in an effective and time efficient way. By addressing these challenges rather than avoiding them, clinicians will establish better relationships with culturally diverse patients. They will communicate better, avoid frustration and conflict, and improve the care they provide.

SEXUAL HARASSMENT

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Title VII applies to employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment and is prohibited. The Hospital prohibits sexual harassment in the workplace, as well as behaviors which are intimidating, hostile or threatening. All persons are responsible for conducting themselves in a businesslike manner which demonstrates respect to others.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man.

- The harasser may be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. If this occurs in a clinical setting your responsibility, as a student, will be to immediately inform the staff at the hospital **and** your instructor from your school. The victim should use any employer complaint mechanism or grievance system available.

STUDENT DRESS CODE

The Student Dress Code must be followed at all times a student is on the hospital premises performing a student function. Students will comply with school and hospital specific student dress code requirements.

Identification Badges: While on duty, all students will wear an identification badge with name, picture, title and school visible at all times. Badges will be worn above the waist.

Personal Hygiene:

1. Hair should be clean and neat with no extreme styles, off the shoulders and contained. Beards, mustaches, and sideburns should be neatly trimmed.
2. **Students should not wear fragrances.**
3. Students will maintain short (one-eighth to one-quarter inch) natural fingernails. Nails must be clean and well-manicured with no sharp edges. **Artificial nails, acrylic overlays or nail jewelry are not to be worn.** No polish is allowed.
4. Make-up must be conservative and appropriate for the work setting.

Jewelry:

1. Patient safety must be considered when wearing rings to prevent cuts or scratches. Rings that interfere with patient care or proper hand washing must be removed while caring for the patient. If a chain is long it should be worn under uniforms and should not dangle. Earrings should not dangle from the ear lobe and studs or posts are recommended.
2. Visible body piercing, other than ears, is prohibited.

Tattoos: All body tattoos must be covered.

Undergarments: Appropriate undergarments should be worn and not be visibly apparent by style or color.

UNIFORMS:

Students will wear designated school uniforms. Clothing will be clean, neat, well-fitting and in good state of repair, reflecting high professional standards at all times. Student uniforms will be made of a non-clinging, non-transparent material. Uniform pants are to be no shorter than ankle length. White or color coordinated T-shirts, turtlenecks, or blouses may be worn under uniforms for warmth. Dress and skirt length should be no shorter than 2 inches above the knee.

- Lab coats or matching warm-up jackets may be worn over uniforms for warmth
- Surgical gowns or patient gowns may not be worn.
- Shoes will be worn with socks, hose, or other foot covering. Shoes and shoelaces are to be clean and kept in good repair. Except for nursing clogs, open toe or open heel shoes are not acceptable.

If special dress accommodations are needed inform your instructor. The instructor will consult with the facility.

CODES: San Antonio Area Hospitals do not have the same Code colors (e.g., Code White, Code Gray, etc.) It is your responsibility to review hospital specific Codes prior to the start of each clinical rotation.