KELLOGG COMMUNITY COLLEGE

NURSING STUDENT CLINICAL ORIENTATION MANUAL

2015-2016
This manual was designed to assist the nursing student in becoming familiar with some of the policies and procedures that are used by the facilities that you will attend for clinical experience.

Both hospitals and nursing homes function under standards which are set for them by accrediting bodies as well as state and federal government regulations. You need to familiarize yourself with these standards, policies, and procedures so that you can function as an informed student nurse while you are learning in a specific facility. It is required that staff in these facilities undergo review of this information every year and it will be required of you to do that as well.

You will receive any updates that need to be added to this manual over the course of a school year and it should be part of the materials that you bring to orientation at all facilities that you attend. You will be required to obtain a new clinical orientation manual each school year and to take a competency test over the information contained in the manual.

Upon completion of your orientation at each facility you will be asked by your clinical instructor to sign a form for the facility which will indicate that you have reviewed the contents of this manual and completed orientation to the clinical facility. You may also be asked to sign a confidentiality form for each facility that you are assigned a clinical rotation. If you have any questions concerning this clinical orientation manual please direct them to your lead instructor in the course you are enrolled in or to your clinical instructor.
Nursing Student Clinical Orientation Manual Table of Contents

The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities and The Rapid Model for Guarding Resident’s Rights .......................................................... 4

Confidentiality, HIPAA & Privacy ............................................................................. 11

HIPAA and HITECH Continued .............................................................................. 12

Patient Safety and 2015 National Patient Safety Goals .......................................... 16

Consumer Rights ..................................................................................................... 18

Customer Service ................................................................................................... 21

Michigan’s Right to Know Law .............................................................................. 24

Fire Safety and Emergency Conditions .................................................................. 27

Infection Control ..................................................................................................... 31

Risk Management and Incident Reports ................................................................. 34

Computer Securities ................................................................................................ 35

Body Mechanics and Back Safety .......................................................................... 36

List of Acceptable and Unacceptable Abbreviations ............................................... 37

Addendum A Borgess Medical Center ..................................................................... 38

Addendum B Bronson Healthcare Group (Bronson Methodist and Bronson Battle Creek) ................................................................. 52

Addendum C Community Health Center of Branch County .................................. 78

Addendum D Oaklawn Hospital ............................................................................... 110

Addendum E Sturgis Hospital ................................................................................... 119

Addendum F Clinical Orientation Manual Competency Test .................................. 130

Documentation of KCC Nursing Student Clinical Orientation (2015-2016) ............ 139

Note: All nursing students are required to be current in BCLS that teaches 2-person CPR and the Heimlich Maneuver. All health information required must be submitted before you will be permitted to participate in a clinical facility. See KCC Nursing Student Handbook for policy.
The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities and The Rapid Model for Guarding Resident’s Rights

The Patient Care Partnership:
Understanding Expectations, Rights and Responsibilities

(Copied from the American Hospital Association Website - July 2012)
http://www.aha.org/content/00-10/pcp_english_030730.pdf

A Patient’s Bill of Rights was first adopted
by the American Hospital Association in 1973.

Introduction
Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision-making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender and other differences as well as the needs of persons with disabilities.
The Patient Care Partnership
Understanding Expectations, Rights and Responsibilities

What to expect during your hospital stay:

- High quality hospital care.
- A clean and safe environment.
- Involvement in your care.
- Protection of your privacy.
- Help when leaving the hospital.
- Help with your billing claims.

American Hospital Association
The Patient Care Partnership
Understanding Expectations, Rights and Responsibilities

When you need hospital care, your doctor and the nurses and other professionals at our hospital are committed to working with you and your family to meet your health care needs. Our dedicated doctors and staff serve the community in all its ethnic, religious and economic diversity. Our goal is for you and your family to have the same care and attention we would want for our families and ourselves.

The sections explain some of the basics about how you can expect to be treated during your hospital stay. They also cover what we will need from you to care for you better. If you have questions at any time, please ask them. Unasked or unanswered questions can add to the stress of being in the hospital. Your comfort and confidence in your care are very important to us.

What to Expect During Your Hospital Stay

High quality hospital care.

Our first priority is to provide you the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

A clean and safe environment.

Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse or neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.
Involvement in your care.

You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:

Discussing your medical condition and information about medically appropriate treatment choices. To make informed decisions with your doctor, you need to understand:
- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family will need to do after you leave the hospital.
- The financial consequences of using covered services or out-of-network providers.

Please tell your caregivers if you need more information about treatment choices.

Discussing your treatment plan. When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.

Getting information from you. Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:
- Past illnesses, surgeries or hospital stays.
- Past allergic reactions.
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

Understanding your health care goals and values. You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team know your wishes.

Understanding who should make decisions when you cannot. If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a “living will” or “advance directive” that states your wishes about end-of-life care, give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.
Protection of your privacy.

We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

Help with your bill and filing insurance claims.

Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our insurance office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.

Preparing you and your family for when you leave the hospital.

Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home.

You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.
While you are here, you will receive more detailed notices about some of the rights you have as a hospital patient and how to exercise them. We are always interested in improving. If you have questions, comments or concerns, please contact:
THE RAPID MODEL FOR GUARDING RESIDENT’S RIGHTS

R = RESPECT  
A = AUTONOMY  
P = PRIVACY  
I = INDEPENDENCE  
D = DIGNITY

These five components are essential in identifying what is an expectation to assure resident’s rights. Keep these five key points in mind, and resident’s rights will be easy to remember. All caregivers are responsible for complying with respecting the rights of residents and seeing that others do so as well.

**Respect:** Go a step beyond looking at clients as nursing home “residents”. Most of them are also our “elders” with a wealth of wisdom and a long lifetime behind them. Even if physically ill or confused, respect residents for the contributions they have made and the human beings that they are.

**Autonomy:** All people have the right to make decisions (within their own ability). This may include setting their own schedule, choosing their own clothing, or more important decisions, such as choosing their code status.

**Privacy:** Privacy during care involves closing doors and pulling curtains. We also need to assure privacy when residents have visitors or during physician rounds. Another important part of privacy is not discussing the resident’s care needs where other residents or visitors are listening. Please knock on the door to a resident’s room before entering.

**Independence:** Encourage all residents to do as much for themselves as they can. Assist them to become as independent in their activities of daily living as possible.

**Dignity:** Each resident has a right to a feeling of self-worth. Dignity involves being as “normal” as possible – taking part in any care decisions, dressing in clothes versus hospital gowns, being called by their given name, and being conversed with during care. It is the core of good nursing care.

**NOTE:** Remembering the RAPID model and life’s golden rule (do unto others as you wish they would do unto you) will be the best guides for maintaining and guarding resident’s rights.

Resources:  
Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
Confidentiality, HIPAA & Privacy

Confidentiality and privacy are two very basic ethical principles as well as consumer rights. All clients are entitled to privacy. The Health Insurance Portability & Accountability Act (HIPAA) is governmental regulations enforcing privacy acts that all clients are entitled to.

Did you know....
For each client that is admitted to a care facility, there are approximately 75 people who will need to access that individual’s private information from a chart or computer.

What is confidentiality?
Every client’s right to keep personal matters (health, financial, personal, etc) private and limiting disclosure of such information to only those that must know. We are guaranteed privacy by the Constitution. The American Nurses Association (ANA) has supported this. So any information that a student learns, in regards to a client’s personal matters, must be protected. This is such a serious issue that the government, especially Congress, took the initiative and passed The Health Insurance Portability & Accountability Act (HIPAA) in 1996.

When does confidentiality apply?
Always. Anytime a student learns information about a client. This information includes verbal, written, or technologically processed forms of communication/documentation. It also includes time of assessment, providing care, examinations, and during procedures. The client has a right to keep ALL information private and confidential. For example, it is not acceptable to perform vital signs or other procedures, empty drainage bags, or interview a client in “open” areas.

Who has access to confidential information?
1) Only caregivers involved in the direct care of the client may access information as it relates to the client’s treatment.
2) Other individuals that the client has agreed to disclose information to (this should be confirmed by a signed document with an access code).

What about family members and significant others?
No one has the right to the client’s personal information – not even their spouse or child. The client must authorize a family member or significant other to have access to their personal information in a written document that can be placed with the client’s medical record.

How can the student protect the client’s privacy?
- Wear identification badges (ID) visibly and ask other to do so.
- Never authorize “non-staff” access to nursing station, charts, etc.
- Don’t post black boards with client information; however, if required, use only the client last name with a room number, but no other information.
- Charts must be kept from public view: utilize nurse servers at rooms or keep behind the nurses desk; the names are to be turned upside down and toward the nurses desk; wall charts are to be turned backwards, not exposing the client’s name.
- Utilize covers on clip boards.
- Faxes must always have cover sheets.
- Call the receiver of a fax to notify that you are sending client information.
- Shred any information not necessary for the client’s chart (assignments, notes, etc.).
- Confine conversations to isolated and private areas.
- Keep your voice low.
- Don’t participate in casual conversations about clients in public areas (elevators, cafeterias, restaurants, parking lots, etc.).
- Don’t participate in the “rumor mill” or spread gossip.
- Knock on the door when entering a client’s room.
- Shut the door of a client’s room when caring for the client.
- Pull the curtain “Always” when providing care for the client.
- Never give out client information over the phone.
- Don’t discuss the client’s care with other clients.
- Never share computer access passwords with other people/staff.
- Blank out the computer screen when you have completed your task.
- Change your computer access passwords frequently and never use your social security number, birthday, family member names as passwords.
- Stay well educated about the security systems where you work.
- Discuss confidentiality with the client; identify if the client wishes to have information disclosed and to whom; set up a code for those that may access information.
- Always place telephone calls on HOLD, never lay a phone down to reference material.

What are the consequences for breaching confidentiality?
- As a student, it may jeopardize your standing in the nursing program.
- As a nurse, the Board of Nursing may suspend or revoke your license.
- Employer disciplinary action may be as severe as termination with no re-hire.
- The client could file a lawsuit against you with legal penalization.
- Criminal action proven can lead to a significant fine and possibly jail time ($250,000 and/or 10 years imprisonment if found guilty of selling client information or $25,000 if found guilty of unintentional disclosure).

HIPAA and HITECH Continued

Privacy and Security Rules were adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
The Privacy Rule gives patients more control over their protected health information (PHI).
The Security Rule addresses the confidentiality, integrity and availability of electronic PHI or ePHI.

The Health Information Technology for Economic and Clinical Health Act

HITECH changes to HIPAA
- Significantly expands the scope, penalties and compliance challenges of HIPAA
- Changes the application of the provisions of the HIPAA Privacy Rule and the HIPAA Security Rule
- Increases the penalties for HIPAA violations
- Expands the definition of a Business Associate
- Provides additional methods of enforcement
- Requires proactive auditing of covered entities
• Both the Department of Health and Human Services (HHS) and the Federal Trade Commission (FTC) have issued proposed rules pursuant to HITECH

HIPAA Privacy Key Terms

PHI:
Protected Health Information is individually identifiable health information created, received, transmitted and/or maintained by a covered entity

ePHI:
Electronic protected health information

Examples of PHI Include:
• Names and addresses
• Dates (date of service, DOB)
• Telephone/fax numbers & email addresses
• Social security numbers
• Medical record numbers
• Full face photos
• License/vehicle identification numbers
• Account numbers/fin
• Any other unique identifying number, characteristic or code
• Unique diagnosis or medical information; Any content of which might serve to identify the patient

PHI may be sent, communicated, or stored in any form
• Paper
• Electronic (including faxes, emails, smart phones, electronic files, and databases
• Oral (discussions, conversations)

HIPAA Privacy - TPO

TPO – no need for authorization:
• Treatment: activities related to patient care
• Payment: activities to pay or get paid for healthcare services
• Operations: day-to-day core activities (e.g., Medical record audits)

HIPAA Privacy

Minimum Necessary:
• ONLY information needed to perform your job functions

NPP: Notice of Privacy Practices
• Informs patient what his/her rights are regarding PHI and how PHI is used and protected by Bronson

HIPAA Privacy-Patient Rights

Examples of Patients’ Rights:
• Inspect and request a copy their records
• Request that PHI in their records be amended
• Ask for limits on how their PHI is used or shared
• Get a list of disclosures made of their PHI

Breach
• Unauthorized acquisition, access, use or disclosure of protected health information (PHI)

NEW RULES
• If security of “unsecured PHI” is “breached” we must provide notice without reasonable delay:
  • To the impacted individual
  • To the media
  • To Department of Health and Human Services (HHS)

HITECH Enforcement Context Post HITECH Civil Monetary Penalty(s)

<table>
<thead>
<tr>
<th>Violation Category – Section 1176(a)(1)</th>
<th>Each violation</th>
<th>All such violations of an Identical Provision in a Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Did not know</td>
<td>$100 - $50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(B) Reasonable cause</td>
<td>$1,000 - $50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(C) (i) Willful neglect – Corrected</td>
<td>$10,000 - $50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(C) (ii) Willful neglect – Not Corrected</td>
<td>$50,000</td>
<td>$1,500,000</td>
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Expanded Penalties:
• HITECH creates a private right of action that can be brought by state attorneys general on behalf of individual patients for HIPAA violations
• $100 per violation
• Maximum of $25,000 per year
• Courts can award damages, court costs and attorney’s fees against HIPAA violators

HIPAA Responsibilities
Your commitment to protecting PHI means:
• You speak in soft tones when discussing PHI
• Use (but DO NOT share) computer passwords
• Lock cabinets that store PHI
• DO NOT leave PHI unattended
• Promptly pick up output from printers and fax machines
• Remember to use a fax cover sheet with confidentiality language

HIPAA Security
Appropriate safeguards:
• Never share passwords
• Log off computer if you walking away from it
• Always wear your ID badge
• Report all strange computer behavior or security incidents to security officer immediately
• Periodic security awareness and training
• Restricted access to varying functional components of its information systems using role based access and password protection
• Minimum password requirements and changes

Resources:
Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
Bronson Battle Creek, Risk Management Office (July, 2013).
Patient Safety and 2015 National Patient Safety Goals

PATIENT SAFETY

Patient safety is the primary goal for all health care providers and patient care organizations. These health care providers and patient care organizations follow patient safety-related standards that are written by The Joint Commission. The purpose of The Joint Commission Goals is to promote specific improvements in patient safety. The Goals highlight problematic areas in health care and describe evidence and expert-based solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high quality health care, the Goals focus on system-wide solutions whenever possible.

PATIENT SAFETY GOALS FOR 2015

INCLUDES: Hospitals and Critical Access Hospital Care, Long Term Care, Behavioral Health Care, and Home Care.

Note: Changes to the Goals and Requirements are indicated in **bold**. Gaps in the numbering indicate that the Goal is inapplicable to the program or has been “retired,” usually because the requirement was integrated into the standards. For the entire listing of Goals go to: [http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/](http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/)

Goal 1  Improve the accuracy of patient identification

NPSG.01.01.01 Use at least two patient identifiers when providing care, treatment, and services.

NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification.

Goal 2  Improve the effectiveness of communication among caregivers.

NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.

Goal 3  Improve the safety of using medications.

NPSG.03.04.01 Label all medications, medication containers (for example, syringes, medicine cups, basins), and other solutions on and off the sterile field in perioperative and other procedural settings.

NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

NPSG.03.06.01 Maintain and communicate accurate patient medication information. (Reconciling Medication Information.)

Goal 6  Reduce the harm associated with clinical alarm systems.

NPSG.06.01.01 Improve the safety of clinical alarm systems.

Goal 7  Reduce the risk of health care associated infections.

NPSG.07.01.01 Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

NPSG.07.03.01 Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals. Note 1: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (CDI), vancomycin-resistant Enterococci (VRE), and multiple drug-resistant gram negative bacteria.

NPSG.07.04.01 Implement evidence-based practices to prevent central line–associated bloodstream infections.
NPSG.07.05.01 Implement evidence based practices for preventing surgical site infections.
NPSG.07.06.01 Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

Goal 9 Reduce the risk of patient harm resulting from falls.
NPSG.09.02.01 Reduce the risk of falls.

Goal 14 Prevent health care associated pressure ulcers (decubitus ulcers).
NPSG.14.01.01 Assess and periodically reassess each patient’s risk for developing a pressure ulcer (decubitus ulcer) and take action to address any identified risks.

Goal 15 The organization identifies safety risks inherent in its patient population.
NPSG.15.01.01 [The organization] identifies patients at risk for suicide.
NPSG.15.02.01 [The organization] identifies risks associated with home oxygen therapy, such as home fires.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™
UP.01.01.01 Conduct a pre-procedure verification process.
UP.01.02.01 Mark the procedure site.
UP.01.03.01 A time-out is performed immediately before the procedure.

Resources: [http://www.jointcommission.org/standards_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)
Consumer Rights

Consumer rights are principles of care based on ethics and governmental regulations. Consumer rights are basic “rights” that each individual is entitled to. They are designed to help health care providers maintain the dignity of clients and to assure just treatment as human beings. Basic rights can include practices in allowing choices, providing privacy, providing confidentiality, practice of sexuality, practices of handling money, right or declination of religious practices, making daily decisions, and even accepting or declining care. It is important to treat clients as worthwhile human beings and treat them with dignity and respect.

Ethical principles:

*Ethics:* Is a systematic inquiry into principles of “right and wrong” and “good and evil” as they relate to professional conduct.

*Standards of professional conduct:* Behavior that each health care provider is expected to maintain. Standards of professional conduct not only include following “legal” rules, but following ethical principles and consumer care issues such as consumer rights. When standards of conduct are broken, it usually results in suspension (facility or license) to loss of employment or loss of licensure.

Commonalities in Ethics:

Participating in ethical practices includes some very basic questioning:

- Is it right?
- Is it balanced?
- How does it make us feel?
- Who is/may be injured?
- Is it just?
- Would I like to be treated like that?

When a care provider can answer that what they are doing is right, balanced, does not cause injury to the client, is just, and that we would accept being treated in the same manner, many times the practice is legitimate or ethical and the treatment/behavior is appropriate. If those questions are answered in the opposite manner, it is considered that the practice is not legitimate or ethical and that the treatment/behavior is not appropriate.

Sometimes it is difficult to decide what is best for the given situation or client. In times when there is conflict of ideas in relationship to ethics, it is common that a selected team is chosen to review the situation and make a decision about the treatment of care. Many facilities have “Ethics Committees” who specialize in addressing ethical issues and decisions. If the nursing student suspects a client is in jeopardy of having their “rights” violated, it is best to consult with their clinical instructor and possibly obtain a consultation with the ethics committee.

Ethics are influenced by:

Ethical practices and decisions are influenced by a variety of issues. That is often why there can be discrepancies in what makes an ethical issue just or unjust. It is important to know that there are influencing factors that may weigh into how ethical decisions are made. Common influencing factors include and are not limited to:

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Beliefs</th>
<th>Values</th>
<th>Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes</td>
<td>Obedience</td>
<td>Environment</td>
<td>Religion</td>
<td>Education</td>
</tr>
<tr>
<td>Race</td>
<td>Ethnicity</td>
<td>Media</td>
<td>Sense of justice</td>
<td>History of exposure</td>
</tr>
</tbody>
</table>
When ethics go wrong:
When a care provider’s judgment is clouded, he/she may not provide appropriate care for a client. Also, when a care provider has different ethical influencing factors, they may treat a client differently and often inappropriately. Common inappropriate behavior may include:

Abuse: Non-accidental physical, emotional, spiritual, psychological, or sexual mistreatment. (Example – physical hitting and taunting of a client).

Neglect: Not attending to a basic need of a client. (Example – not attending to regular client rounds or deliberately leaving a client on a soiled incontinent pad).

Endangerment: Placing a client in a dangerous situation when the client may have no control. (Example – using “hot” water above 105 degrees to bathe a client in a coma could subject them to burns).

Exploitation: Inappropriately or illegally using a client’s money or belongings. (Example – cashing a client’s social security check and using the money to buy yourself things or charging a client in a facility for a service when they already have paid for that service).

Who is at risk for mistreatment?
- Dependent people who require care given by someone else.
- The very young (infants and children).
- The aged (elderly).
- Pregnant women.
- The ill.
- Those with psychological or physical conditions.
- Females are at a higher risk.

Causes of wrongful behavior:
Studies have shown that there are usually contributing factors to wrongful behavior or even abusive behavior. Some of those include:

- Short staffing.
- Inadequate supervision.
- Care providers with violent/impatient temperaments.
- Unsafe/poor facility environment.
- Employee “burn-out”.
- Substance abuse.
- Learned behavior or living in an environment when the behavior is encountered.
- Psychological issues.

Even though these issues have been proven to promote abusive or wrongful behavior, it does not justify the behavior. It is UNACCEPTABLE to treat clients in any manner that is unethical or abusive.

Procedure for reporting wrongful behavior:
- Note exact facts (witnessed facts and quotes).
- Notify clinical instructor and charge nurse/immediate supervisor.
- Notify the Director of Nursing/Administrator if suspected that they will not be notified by the charge nurse/immediate supervisor.
- An option for anonymity reporting: call 1-800-882-6006 for the Department of Public Health.
- Call 911/police in an emergency situation.
- Call special services if necessary (Child Protective Services, Adult Protective Services, etc.).
Investigation process:
- The Director of Nursing must notify the Department of Public Health of the situation.
- The situation will be investigated.
- A formal investigation is filed externally/externally.

Consequences of not reporting abuse, being accused of abuse and being found guilty:
- As a student, it may jeopardize your standing in the program.
- There may be a monetary fine of $500.00 or more for not reporting abuse.
- The Board of Nursing may suspend or revoke a nursing license.
- Employer disciplinary action may be as severe as termination with no re-hire.
- A lawsuit may be filed with legal penalization.
- Criminal action found may lead to a significant fine and possible imprisonment.

Resources:
Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
Customer Service

Today’s marketplace is extremely competitive. To stay in business, all industries – including healthcare – must provide not just good customer service, but exceptional customer service. That means that, as students, you must meet and exceed the customer’s needs and expectations, go the extra step to assist them, and always put the customer first. You also need to remember that the customer includes the client and their family, co-workers, visitors, physicians, and the community.

To meet and exceed the customer’s needs and expectations, it is important to remember that there is no one way that is the right way. The customer and their needs and expectations are very diverse. You will serve and work with people from different cultures, races, and socioeconomic backgrounds. They are male and female, young and old, and they think, look and talk differently. You must constantly be aware of diversity when dealing with the customer.

In order to provide exceptional customer service, you must remember that you are responsible for satisfying the customer’s needs and expectations. We cannot afford to tolerate the “It is not my job” attitude and thinking. The customer does not know or care what your position or job description is.

The Ten Deadly Sins of Customer Service:

1. I don’t know.
2. I don’t care.
3. I can’t be bothered.
4. I don’t like you.
5. I know it all.
6. You don’t know anything.
7. We don’t want your kind here.
8. Don’t come back.
9. I’m right and you’re wrong.
10. Hurry up and wait.

In 11 seconds of contact, a customer forms 7 impressions about you and the facility you are working in!

1. Neat and clean.
2. Responsive and friendly.
3. Courteous and sincere.
5. Patient.
7. Professional.
Telephone Techniques

**Answering the telephone:**

It is important to be prepared mentally and physically to answer a ringing telephone.
1. Have a positive attitude about the call when the telephone rings instead of thinking of it as an interruption. See the call as an opportunity to be of assistance to a customer.
2. Focus on the caller.
3. Physically and mentally turn away from distractions.
4. Have a paper/message pad and pencil available next to the phone.
5. Turn off noisy equipment that will make hearing the caller difficult.
6. Stop talking or laughing before you pick up the phone.
7. Take a deep breath to help your voice to be clearer.
8. Smile – the warmth and friendliness will come through your voice.
9. Learn the specifics of answering the telephone, taking messages, and transferring a call for your assigned area.

**Taking messages:**

It’s important when taking a telephone message that all the information be accurately written. The following guidelines are the correct procedure for taking messages:
1. Date all messages.
2. Note time of call.
3. Record caller’s first and last name, and verify the spelling.
4. Record area code and telephone number and extension if indicated.
5. Record complete message.
6. Sign your name legibly on the bottom of the message form/paper.

**Using voice mail:**

Don’t play phone tag! Leave a meaningful message.
Use their name.
Give your name.
Give purpose of call.
Give needed information.
Ask for action.
Give your number slowly.
Give best time to reach you.
State urgency.
Be brief.
Communicate more effectively – some tips to help you:

Choose your words carefully.
- Always be polite – use please, thank you and you are welcome.
- Explain things simply and clearly in language appropriate to the customer.
- Avoid using technical terms, slang, jargon, or medical terminology.

Use an appropriate tone of voice.
- Do not speak loudly or shout, but do speak loud enough to be heard.
- Be sincere and avoid sarcasm.
- Do not patronize or “talk down” to customers.

Pay attention; be a good listener.
- Show interest.
- Focus on what the customer is saying.
- If you do not understand something, ask the customer to explain.
- Do not interrupt.
- Always ask if there are more questions.

Watch your body language.
- Smile and make body contact.
- Avoid slouching, turning away, crossing your arms or legs, or pointing a finger when speaking to a customer.

Make sure you understand – get it straight.
- To make sure you understand and make the customer aware that you understand, summarize in your own words what you think the customer said.
- If explaining technical information, ask the customer to repeat what you said in his or her own words, but be tactful – emphasize that you are checking to make sure you explained the information clearly.

Be aware of issues that may affect clear communication.
- Language or cultural differences.
- The customer’s age – young or old.
- Disabilities or health conditions that affect how the customer communicates.

If you are having difficulty in communicating, ask for help.

Resource:
Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.
Michigan’s Right to Know Law

**Michigan Right To Know Law:**
The Occupational Safety and Health Administration (OSHA) has developed the “Employee Right to Know” law. This law is designed to protect the employee from chemical hazards in the work place.

The law states that the employee has the right to know the hazards of any chemical they work with. It requires manufacturers to provide employers with the proper information on the chemicals they use. It incorporates guidelines to help the employee and the employer make the work environment a safer place.

**Material Safety Data Sheet (MSDS):**
MSDS’s provide the following detailed information on a particular chemical:
- Chemical product and company identification.
- Hazardous ingredients, including mixtures and percentages of each ingredient in the chemical.
- Hazards identification – key hazards to be aware of in an emergency, and information regarding potential health hazards.
- First-aide measures – emergency and first-aide measures to follow immediately after exposure, along with information for physicians on treatment.
- Fire fighting measures.
- Accidental release measures – what to do in case of a spill, leak, or release into the air.
- Exposure controls and personal protection to avoid exposure to hazards.
- Physical and chemical properties that could affect how hazardous the chemical is in a given situation.
- Stability and reactivity – what could happen if the chemical is combined with air, water, or other chemicals?
- Toxicological information – how the substance was tested for health hazards.
- Ecological information – what happens if the chemical is released into the environment?
- Disposal considerations – instructions or limitations for proper disposal.
- Transport information – how to safely ship the chemical.
- Regulatory information – any regulations that apply to the chemical as issued by OSHA or the Environmental Protection Agency, etc.

**Hazardous Material:**
- Flammability – susceptibility of materials to burning.
- Reactivity – susceptibility of materials to release of energy (detonation, or of explosive decomposition).
- Health Hazard – Chemicals that can affect your health are known as carcinogens, toxic agents, corrosives, sensitizers, neurotoxins, nephrotoxins, reproductive toxins and agents that damage lungs, skin, eyes, and mucous membranes.
- Protective Equipment – Using the appropriate personal protective equipment such as gloves, goggles, respirators, or masks significantly reduces your risk of exposure to hazardous substances.

**Labeling:**
- Common and or chemical name.
- Name and address of the manufacturer.
- Potential health hazards.
Exposure:
- Duration – acute effects/chronic effects. Some hazards cause immediate reactions like a rash, burn, nausea, headache, or dizziness. Other effects may show up later as health problems in the form of allergies, damage to internal organs, or even cancer.
- How it enters the body – The ways your body can be exposed to chemical hazards include inhalation, skin and mucous membrane absorption, ingestion, and injection.

Cylinder Gases:
- Flammable/non-flammable.
- Compressed gas.
- Toxic inhalant.

Chemicals and Postings Within the Facilities:
Each facility you will work in will have a Hazardous Waste Manual. It will contain all of the chemicals used within the facility. In hospital facilities you will find Hazardous Waste Manuals on each unit that will contain an MSDS for each of the chemicals used on that unit. A complete file of MSDS for the facility is usually located in the Emergency Room, Materials Management, and Occupational Health Services. Information can also be obtained from the Department of Public Health.

Your Responsibility:
- Become familiar with the program.
- Do your best to follow it.
- Before using any chemical substances, read the label carefully.
- Never use a product from an unlabeled or illegibly labeled container.
- After reading a label, if more information is needed, refer to the Material Safety Data Sheet located in the department you are in.
- Clean up chemicals and hazardous waste materials.

Exposure Information:
- Chemicals can enter the body in four ways:
  1. Inhalation.
  2. Ingestion.
  3. Injection.
  4. Through the skin.
- Eye contact – Flush with water (up to 15 minutes).
- Skin contact – Wash three times – remove contaminated clothes.
- Ingestion – Contact ER or Occupational Health immediately.
- All exposures please fill out a facility incident report.

Although chemicals are part of our everyday world, they can present hazards. Knowing how and where to find chemical information, and what to do in the event of a problem, will help all of us to work safely with the chemicals we encounter.
Resource:
Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.
Fire Safety and Emergency Conditions

FIRE SAFETY
Fire safety is critical. As a health care worker, you can anticipate annual in-service on fire safety. Never take the information for granted. Take the time to learn and memorize what you would need to do during a fire emergency. Be sure to learn where your fire alarms, equipment, and exits are located at each clinical site that you work and how to respond to a fire. Once in a clinical setting, you will be informed of the facilities “code” words for fire alarm activation. You will also be informed as to your specific role during a fire alarm. The information below is generalized, but used by many institutions.

Prevention is the key:
No smoking in rooms.
No smoking with oxygen.
Avoid electrical circuit overload.
Avoid use of faulty equipment – observe for faulty wiring and send for service.
Use 3-prong (grounded) electrical cords.
Know where the fire alarms (pull boxes) are.
Know where the fire extinguishers and hoses are.
Know where the exits are.
Know the fire plan for the unit you are working.
Update your fire safety knowledge regularly.
Never prop open “fire doors”.

How to react if a FIRE occurs:
Keep calm. Your clients are your first concern and responsibility. If you were to find a fire in your immediate area, you should follow the steps of the R.A.C.E. acronym, which is:

R = rescue/remove all clients, visitors, and staff from immediate danger.
A = activate the fire alarm system by pulling the nearest fire pull box. Then initiate the facility policy for fire.
C = contain/confine the fire and smoke by closing all doors and windows, lights should be left on in the area to assist the fire fighters.
E = extinguish fire/evacuate – if the situation is safe and the fire small, attempt to extinguish the fire. If the situation is unsafe, close the door to the room and begin to evacuate clients following the facility’s evacuation policy. Never use an elevator during a fire.

How to use a fire extinguisher:
To properly use a fire extinguisher, you should follow the P.A.S.S. acronym, which is:

P = pull the fire extinguisher pin. Twist the pin to break the plastic band and then pull the pin.
A = aim the fire extinguisher nozzle at the base of the fire. Do a quick squeeze and release of the handle to test the extinguisher.
S = squeeze the fire extinguisher handle while holding the extinguisher upright, starting approximately 12 back from the fire.
S = sweep the extinguisher nozzle from side to side, covering the area of the fire.
Types of Fire Extinguishers:
Type A = Water – use on paper and wood fires only.
Type BC = Carbon Dioxide (CO2) – use on electrical and grease/oil fires.
Type ABC = Tri-Class Dry Chemical – use on all types of fires.
Halotron = Halon – use on computers and electrical equipment (Removes O2 from room).

Use the right type of fire extinguisher for the fire that you are trying to extinguish. Most facilities, on the nursing units, carry the ABC (Tri-class dry chemical) fire extinguisher which is used to extinguish all types of fires.

If Clothing Catches Fire: STOP, DROP, & ROLL

Evacuation Routes:
You should be familiar with the primary and secondary evacuation routes to the nearest exits in your work area. The secondary route should be used when the primary route is blocked for some reason. It is important to review these routes before they are needed to ensure you can safely exit the building during a fire.

Evacuation Procedure During a Fire:
- Move horizontally first: this means to evacuate/move the clients to the opposite end of the floor, away from the fire area.
- Move vertically if fire spreads: this means to evacuate/move the clients to the next lowest level or out of the building.
- Do not use the elevators for evacuation or personal use.
- Evacuate ambulatory clients first, then those who will need assistance.
- Be aware of 1-2 person evacuation transfers and carries with a blanket to be able to evacuate non-ambulatory clients down the stairwells.
- When a room has been evacuated, close the door and place a pillow outside of the door.

Remember:
Most victims of a fire die as a result of smoke and fume inhalation. Stay as close to the ground as possible because heat and smoke rise. Cover your nose and mouth to prevent breathing in the dangerous smoke and fumes.

Resources:
Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.
EMERGENCY SITUATIONS
Emergency conditions, just like fire safety, need to be reviewed on an annual basis. Take time to learn and memorize how you would respond during these situations. Remember, during an unexpected event, you want to be prepared. Once in a clinical setting, your clinical instructor will inform you of the facility’s special “emergency codes”. Your clinical instructor will also inform you as to your specific role during these emergencies. The information below is generalized, but used by many institutions.

Adverse Weather Situations:
- **Thunderstorm Watch** = weather conditions are favorable for developing into a thunderstorm.
- **Thunderstorm Warning** = a thunderstorm (maybe with lightening, high winds, and hail) is occurring. These can develop into tornados.
- **Tornado Watch** = weather conditions are favorable for developing into a tornado.
- **Tornado Warning** = a tornado has been detected.
- **Flood Warning** = heavy amounts of rainfall may cause flooding to occur, especially low-lying areas and areas near rivers and lakes.

What to do During Adverse Weather Conditions:
Your clients are your first concern and responsibility.
- Students should report to the nurse’s station for specific instructions.
- Stay calm and help to keep your clients calm.
- Stay indoors.
- Be aware of weather changes.
- Be tuned to a radio, T.V., or weather systems during storm situations.
- Be prepared: know where your vital equipment is located in case of loss of electricity (flashlights, water, portable oxygen for clients who will need it, medications, life-support equipment for those clients on ventilators, etc.)
- If your facility has a back-up generator, in case of electrical failure, it will come on usually within a few minutes of electrical loss. Some facilities have different electrical outlets that are specifically for use when the generator is on. If that is the case, in the facility in which you are working, you will need to switch your client’s life-sustaining electrical equipment over to those outlets (**i.e. red outlets signify alternate generator-accessed electrical sources**).
- Encourage visitors not to leave or travel in the weather.
- Draw curtains and position clients in the room away from windows.
- Be prepared to evacuate clients from their rooms to a non-windowed area in case of a tornado (hallway, basement, bathroom, etc.).
- If a client is not able to be evacuated from a room, move the bed as far from the window as possible, pull the privacy curtain (if available), cover the client with extra blankets, and shield the side rails with extra pillows.

Bomb Threat:
Stay calm. Do not leave the facility unless you are directed to do so.
If you are the person receiving the threat:
- Get someone’s attention and warn them of the situation (note, etc.)
- Keep the person talking on the phone.
- Note descriptions in voice (accent), sounds in the background, details, etc.
- Notify Security/Supervisor.
- Call internal code or 911.
- Be prepared to evacuate clients if ordered to do so.
- Be prepared to participate in the “search”.
- Identify “unusual” items that don’t typically belong on the unit.
Abduction:

**Prevention is the key:** be conscientious about application of alarm bands and setting alarms.
Don’t give out alarm codes.
Respond to all alarms immediately.
Stay calm and keep family calm.
Notify Security/Supervisor.
Call internal code or 911.
Know your facility exits, check all exits, and assign a watch person at all exits.
Be prepared to participate in unit/facility search.

Client Elopement:

**Prevention is the key:** Clients at high risk for elopement should be monitored regularly. Typically, these clients will have a monitoring device such as a “wander guard” wrist or ankle bracelet applied.
Don’t give out code alarms.
Assess for “wander guard” band placement regularly.
Don’t prop doors open and keep alarms to doors set.
Respond to all alarms immediately.
Stay calm and keep family calm.
Notify Security/Supervisor.
Call internal code or 911.
Know your facility exits, check all exits, and assign a watch person at all exits.
Be prepared to participate in a unit/facility search.
If client cannot be found in the facility or on the grounds, notify police (911) immediately.
Infection Control

Basic Terms:

**Nosocomial infection** – an infectious process that the client can develop, after admission to a facility, from poor infection control practices used by the facility and its employees. (i.e. facility acquired infection).

**Asepsis** – a process of utilizing equipment and technique that is without any microorganisms.

**Sepsis** – an ill state where microorganisms and their poisonous products have entered the bloodstream.

**Chain of infection** – the process by which a microorganism is transferred from one location to another, typically with human contact. By breaking the chain of infection, workers can prevent disease transmission (i.e. good hand washing).

Healthy Life-Style Management: Keeping yourself healthy is as important as any other infection control practice. The following are suggestions to keeping you healthier:

**Practice good infection control habits that will help to break the chain of infection:**

- Wash your hands often (before and after client contact and before eating).
- Practice good hygiene of your body (shower or bathe daily).
- Wear a clean uniform daily and change out of your uniform as soon as you get home.
- Avoid hugging your children until you have changed out of your uniform.
- Avoid wearing your uniform into “public” areas such as grocery stores and restaurants after the conclusion of your shift.
- Keep your nursing shoes in your locker and avoid wearing them home.
- Avoid touching your face with your hands.
- Keep your clients clean and practicing good hygiene.

**Maintain a balanced life-style which includes:**

- Eating a well-balanced diet.
- Exercising regularly.
- Obtaining adequate sleep.
- Caring for your spiritual needs.
- Practicing stress-relieving activities (meditation, imagery, massage therapy, reading, exercising, cooking, hobbies, etc.).
- Cleanliness.

**Maintain healthy medical practices by:**

- Scheduling regular check-ups.
- Seeking follow-up with a health care provider when ill.
- Not reporting to work with illnesses such as the fever, flu, bronchitis, etc.
- Maintaining appropriate immunizations and testing, such as:
  - Annual TB test or chest x-ray if unable to have TB test.
  - Hepatitis B immunization series.
  - Annual influenza immunization.
  - Up-dated childhood immunizations boosters and tetanus toxoid vaccine every 10 years.
- Others as the Center for Disease Control (CDC) suggests.
Who is responsible for infection control?
Everyone is responsible for infection control. If you notice unacceptable behavior, you need to address the issue with the person involved and with your supervisor. Be a good role model and demonstrate proper infection control practices always. Educate your clients on infection control practices.

Communicating about infection control issues:
Many facilities have a nurse in charge of infection control issues. The Infection Control Nurse is your resource to education and assistance. They should also be contacted if you are caring for a client with an infectious process, especially contagious illnesses or “reportable” (to the Health Department) illnesses. Report any necessary information to the infection control nurse by utilizing the voice-mail system, written communication or direct contact. Each facility will have a listing of how this person can be contacted.

Be aware of the primary clinical manifestations of developing infection and notify your charge nurse/infection control nurse when these arise so appropriate follow-up care can be given. Classical clinical manifestations of infection include elevation of temperature (or with the newborn and elderly, lower body temperature), development of pus or thicker drainage from a body cavity or wound, redness or swelling of wound, foul or strong odor of body or wound drainage, increase warmth of an area of the body or wound, or increased pain in an area of the body or wound. Also symptoms such as diarrhea can also indicate an infectious process. Report clinical manifestations of infection to the physician as soon as possible.

Protecting ourselves and our clients:
- **Handwashing** is the most important thing that we can do to prevent the spread of infection. You should always wash your hands before and after caring for a client. You should also wash your hands before and after eating, toileting, applying lip balm or make-up. Also, wash hands after picking up items from the floor, sneezing, or blowing your nose.
- Never eat or drink in “work” areas. Food items should be kept limited to break room and cafeteria only.
- Keep your stethoscope clean. Cleanse with alcohol before and after each client use.
- Follow **universal precautions** with every client.
- Communicate necessary isolation with posting signs or indications on the cardex.
- Utilize personal protective equipment always:
  - Use gloves for protection against human secretions.
  - Use masks when dealing with air-borne or respiratory conditions.
  - Use eye shields, glasses, or goggles to prevent splashes into the eyes such as during suctioning or dealing with secretion containers.
  - Use gowns (disposable versus cloth) with all contact precautions. Use a gown only once, do not save or hang on the door.
  - Use shoe covers if potential for body secretion spills onto shoes.
  - Use specialized HEPA/TB masks when caring for TB clients.
  - Use disposable equipment when possible.
- Utilize specialty Equipment:
  - Door signs indicating precautions/isolation.
  - Special rooms (private/negative pressure rooms) for contagious conditions such as TB, MRSA, VRE, etc.
  - HEPA machines/filters.
  - Approved HEPA TB masks/garb.
  - Sharps containers.
Disposable equipment.
Red bag for infectious material handling of excessive human secretions such as with saturated wound dressings.
Non-recapping supplies or not recapping used needles and disposing into a sharps container immediately.

Keep the infectious process within the client’s room, do not transmit. Utilize double bagging and appropriate disposal. Follow isolation policies and procedures. Wash hands before leaving room and prior to any other client contact.

**Common infection control health conditions:**
Be aware of common health issues in your community and facility. Know how these diseases can be transmitted and what precautions you should take. Some of the more common conditions are:
- **Tuberculosis (TB)**
- **Hepatitis (focus is on Hepatitis B).**
- **Human Immunodeficiency Virus (HIV).**
- **Methicillin-Resistant Staphylococcus Aureus (MRSA).**
- **Vancomycin-Resistant Enterococci (VRE).**

Resources:
- Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
- Lab Sessions in Nursing 141 Lab session – covers infection control, handwashing, dressing changes, linen care, hygiene, personal protective equipment, etc.
Risk Management and Incident Reports

**Risk management programs:** Designed to identify, analyze, and treat risks. The following elements are included in a risk management program.

- **Safety program:** The aim is to provide a safe environment in which the basic safety needs of clients, employees, and visitors are met.
- **Products safety program:** The aim is to ensure safe and adequate equipment; this involves ongoing equipment evaluation and maintenance.
- **Quality assurance program:** The aim is to provide quality healthcare to clients; this involves ongoing evaluation of all systems used in the care of the client.

Note: Nurses with legal questions often find risk managers a helpful resource.

**Incident, Variance, or Occurrence Report:**

An incident report, also called a variance or occurrence report, is used by healthcare agencies to document the occurrence of anything out of the ordinary that results in or has the potential to result in harm to a client, employee, or visitor. These reports are used for quality improvement and should not be used for disciplinary action against staff members. They are a means of identifying risks. More harm than good results from ignoring mistakes. Incident reports improve the management and treatment of clients by identifying high-risk patterns and initiating in-service programs to prevent future problems. These forms also make all the facts about an incident available to the agency in case of litigation.

The nurse responsible for a potentially or actually harmful incident or who witnesses an injury is the one who fills in the incident form. This form should contain the complete name of the person or people involved and the names of all witnesses; a complete factual account of the incident; the date, time, and place of the incident; pertinent characteristics of the person or people involved; and of any equipment or resources being used; and any other variables believed to be important to the incident. A physician completes the incident form with documentation of the medical examination of a client, employee, or visit with an actual or potential injury.

In some states, incident reports may be used in court as evidence. The nurse documenting a client incident should include a complete account of what happened in the client’s record; additionally, the nurse should prepare the incident report. **Documentation in the client record, however, should not include the fact that an incident report was filed.**

Resource:
Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
Computer Securities

The increasing use of computerized patient information systems to store and analyze patient data has necessitated the development of policies and procedures to ensure the privacy and confidentiality of patient information. Policies should specify what types of patient information can be retrieved, by whom, and for what purpose. Patient consent is necessary for the use and release of any stored information that can be linked to the patient.

The American Nurses Association, the American Medical Record Association, and the Canadian Nurses Association offer the following guidelines and strategies for safe computer charting:

- Never give your personal password or computer signature to anyone – including another nurse on the unit, a float nurse, or a doctor.
- Do not leave a computer terminal unattended after you have logged on.
- Follow the correct protocol for correcting errors. To correct an error after storage, mark the entry “mistaken entry,” add the correct information, and date and initial the entry. If you record information in the wrong chart, write “mistaken entry” and sign off.
- Make sure the stored records have back-up files – an important safety check. If you inadvertently delete a part of the permanent record, type an explanation into the computer file with the date, time, and your initials and submit an explanation in writing to your manager.
- Do not leave information about a patient displayed on a monitor where others may see it. Keep a log that accounts for every copy of a computerized file that you have generated from the system.
- Follow the agency’s confidentiality procedures for documenting sensitive material, such as a diagnosis of acquired immunodeficiency syndrome or human immunodeficiency virus infection.
- Do not look up information on yourself, family, friends, co-workers, etc.

Resource:
Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
Body Mechanics and Back Safety

Utilization of proper body mechanics can prevent back injuries and protect the health of an individual. The concepts of body mechanics include body alignment or posture, balance, and coordinated body movement. Good posture or alignment will help to reduce the stress on body parts, maintain balance, and promote healthy physiologic functioning of the body. Balance will help to maintain a center of gravity and provide stability. Balance can be increased by broadening the base of support (spread feet further apart) and lowering the center of gravity (by flexing the hips and knees). Coordinated body movement means that the care provider utilizes major muscle groups and takes advantage of the body’s natural levers and fulcrums. Lift everything twice by thinking about how to do it mentally before doing it physically. The following are some helpful hints to utilize when applying body mechanics:

1) Develop a habit of correct posture (correct alignment) and broaden your base of support and lower your center of gravity when performing activities.
2) Utilize your longest and strongest muscles of the arms and legs to help provide the power when performing strenuous activities (back muscles are less strong and easily injured).
3) Contract your gluteal muscles of the buttocks downward and your abdominal muscles upward to stabilize your pelvis (internal girdle) when stooping, lifting, reaching, or pulling.
4) Work close to an object that is to be lifted or moved to help bring your center of gravity close to that of the object being moved. This increases the use of your leg muscles rather than your back.
5) Utilize the weight of your body (by rocking) as a force to help pull or push an object.
6) Slide, roll, push, or pull an object rather than lift it to reduce the amount of energy expended.
7) Elevate the client’s bed to a comfortable level when performing care activities or changing linens.
8) Ask for help from other care providers and use mechanical help (i.e. Hoyer lift).

Remember: Develop good habits of body mechanics and be a good role model to others. Preventing back problems is more effective than treating them after they occur.

Resource:
Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.
## List of Acceptable and Unacceptable Abbreviations

**Official “Do Not Use” List**

<table>
<thead>
<tr>
<th>Do Not Use</th>
<th>Potential Problem</th>
<th>Use Instead</th>
</tr>
</thead>
<tbody>
<tr>
<td>U, u (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>Q.O.D., QD, q.d., qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.d, qod (every other day)</td>
<td>Period after the Q mistaken for “I” and the “O” mistaken for “I”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X 0 mg)(^*)</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
<tr>
<td>Lack of leading zero (X mg)</td>
<td></td>
<td>Write 0.X mg</td>
</tr>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MSO₄ and MgSO₄</td>
<td>Confused for one another</td>
<td>Write “magnesium sulfate”</td>
</tr>
</tbody>
</table>

\(^*\) Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

**Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

[http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf](http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf)
Addendum A
Borgess Medical Center
Borgess Medical Center
Orientation Booklet

2015-2016
Welcome to Borgess Medical Center

We are excited to have you become a part of the “Borgess Team” here at Borgess Medical Center (BMC). The information contained in this book relates to the policies and procedures that you need to be aware of during your time at BMC.

This reference booklet was developed to assist you in becoming familiar with Borgess Medical Center and some of our current policy and procedures.

There are many resources available to you during your time at Borgess Medical Center. Take the opportunity to learn from the many knowledgeable experts that you will encounter during your experiences at Borgess.

If you have any questions, always remember to ASK!

Remember that the co-signed nurse at Borgess Medical Center has the ultimate responsibility for the patient. If you and your instructor have a different plan, then you (the student) should bring the instructor and the co-signed nurse together for a discussion prior to any interventions or administration of medications.

Please read the enclosed material prior to beginning at Borgess Medical Center. If you have additional questions after reading the book, please feel free to ask supervisor, instructor, or our co-signed nurse. Please sign below and return this form to your supervisor, instructor, or your co-signed nurse at Borgess Medical Center.

Good luck and we wish you a fulfilling educational experience.

We look forward to having you as part of the staff at Borgess Medical Center.

I have read and understand all the material contained in the “Orientation Booklet”.

___________________________________________________________
Print Name

___________________________________________________________
Signature

___________________________________________________________
Date
Borgess Medical Center

MISSION AND PHILOSOPHY
(Administrative Policy and Procedure BMC.201)

Foundation and Sponsorship
Borgess Medical Center is a non-profit Catholic health care institution founded in Kalamazoo by the Sisters of St. Joseph of Nazareth in 1889. It was founded in the tradition of many religious congregations with the intent to meet the needs of the communities it serves. As the communities' needs have changed over time, the hospital has grown to a multi-purpose, regional health care facility. Within this time period, the Sisters of St. Joseph of Nazareth merged with several other communities of religious women to form the Congregation of St. Joseph. The Congregation of St. Joseph, as a cosponsor of Ascension Health, continues to sponsor Borgess Medical Center as an ecclesial community, dedicated to providing health care and health care education that are based on gospel values, and performed in the manner of Jesus as healer.

Mission
In harmony with the healing mission of the Catholic Church, the mission of Borgess Medical Center is to operate as a major referral center that provides holistic health care for its regional service area. In fulfilling its mission, the fourfold purpose of Borgess Medical Center is:

- To provide compassionate, comprehensive quality patient care to its regional service area;
- To provide an environment which is supportive of education for health care providers, patients, and families;
- To be a leading institution in developing new concepts in health care;
- And to fulfill community social responsibilities.

Our Values
To encourage and promote high standards of health care leadership, Borgess Medical Center affirms the values of Ascension Health. We are called to:

Service of the Poor: Generosity of spirit, especially for persons most in need
Reverence: Respect and compassion for the dignity and diversity of life
Integrity: Inspiring trust through personal leadership
Wisdom: Integrating excellence and stewardship
Creativity: Courageous innovation
Dedication: Affirming the hope and joy of our ministry

Individual Dignity and Justice
Recognizing the inherent dignity of each individual as created by a loving God, and following the example of Jesus, Borgess Medical Center employees participate in a healing ministry, dedicated to the concept of care for the total person from the moment of conception, throughout life’s journey to the moment immediately before, during, and after death. This holistic approach seeks to identify and integrate within the healing
process the physical, emotion and spiritual need of each person who comes into contact with the Medical Center, without regard for sex, ethnic origin, age, disability, religious practice or preference, or financial status.

**Ethics and Morality**

Borgess Medical Center bases its philosophy of care on the principles of the gospel and the teachings of the Church as they relate to the inherent dignity of all persons. Accepting the basic norms set forth in the *Ethical and Religious Directives for Catholic Health Care Services, 4th Edition*, (as adopted by the United States Conference of Catholic Bishops [USCCB], and disseminated by the local ordinary), the Medical Center endeavors to maintain policies and procedures in accord with Catholic standards of medical and organizational ethics. Continuing medical-moral education for all members of the health care team is basic to the accomplishment of this goal.

**Our Vision**

By putting safety and quality at the core of all we do, Borgess Health will provide health care that is coordinated across the continuum based on meeting the needs and expectations of the patients we serve.

Borgess Health traces its roots back to the mid 19th century. In 1885, Msgr. Francis O’Brien made it his personal mission to begin a hospital in Kalamazoo to meet health needs at a time when there were no resources in the community to care for the sick and dying. With the help of the Sisters of St. Joseph, Borgess Hospital opened its doors in 1889. The sisters committed themselves to serving all people as a “dear neighbor.” Since that time, Borgess has been committed to meeting the health needs of patients with hospitality, gentleness, and compassion.

Borgess is a part of Ascension Health, the largest Catholic health care provider in the United States. Borgess is committed to continuing Jesus’ mission of love and healing. We commit to Jesus’ healing mission by providing care that is holistic and spiritually-centered which strives to improve the health of individuals with special attention to the poor and the vulnerable.

It is the responsibility of each and every employee to bring Borgess’ mission to life. Every employee is called to help relieve the physical, emotional, and spiritual suffering of those who come to Borgess for care; every employee needs to be committed to attending to the whole person and promoting and defending the dignity of every patient who walks through our doors. In the spirit of the first eleven sisters who began this ministry, we, too, are called to welcome those we serve as “dear neighbors.”

Living the mission means integrating the values of Borgess Health into our work. Our values—Service of the Poor, Reverence, Integrity, Wisdom, Creativity, and Dedication—can transform the hurt that patients experience into hope. With these values, Borgess employees can bring healing even in the most dire and desperate situations.

Borgess is committed to diversity. Having a diverse workforce brings a rich array of employees working together to be SW Michigan’s best place for patients. In order for employees to work together effectively, all employees need to learn from one another as well as have listening
hearts. With listening hearts, employees can grow to appreciate the different beliefs and values held by each other as well as those held by patients and family members.

Spiritual Care is a resource available to employees both for personal and professional reasons. Spiritual Care can assist employees who are in need of spiritual consultation when personal challenges arise. Also, chaplains are available for patients and family members. Chaplains can assist with a variety of issues including end of life issues, ethical issues, need for prayer and religious rituals, and provide a listening presence and spiritual support during times of trial and uncertainty.

Culture of Safety

When we think about how we treat patients, an initial idea that comes to mind is providing the safest possible care. Safety is important in all settings at Borgess Health. Safety is fundamental to excellent healthcare that we strive to deliver. Values, especially dedication and integrity come to life through our safety efforts.

In spite of safety, there are tragedies/deaths due to medical errors. Patients can also suffer from hospital-acquired infections each year. For many years no one wanted to discuss safety. Across the country, care providers including Borgess Health take pride in good outcomes. We save lives every day and give compassionate care even when the life cannot be saved.

Improving safety for patients is largely about changing long established routines, habits and practices that can sometimes result in harm. We are learning what is important to create a culture that supports safety. Some examples of safety practices include: surgical pause to be sure we are doing the appropriate surgery on the correct side, patient identification bands, room cleaning, preventing pneumonia associated with ventilators, and hourly rounding on the patients.

We invite you to look for the many aspects of safety and what is needed to make Borgess a safer place to receive care. Think about your own workgroup or team as you join them.

Thank you for your participation.
Confidential Information, Administrative Policy and Procedure BH.402

Borgess Medical Center recognizes the right of the patient to privacy. All records, written and electronic, and all forms of communication, including oral, pertaining to the patient medical care shall be treated as confidential.

Individuals may access only the minimum amount of patient information necessary to perform their Medical Center responsibilities.

Information concerning the condition of a patient may be made public only by authorized members of the Public Relations Department, the Health Information Services Department, the Information Desk, and the patient in accordance with the Borgess Policy on Release of Information to News, other Communications Medical and State and Federal law.

Confidentiality of Computer/Patient Information

Individuals are required to maintain the confidentiality of their sign-on IDs and passwords.

Individuals may only use the computer workstations and their sign-on ID to input and/or access the minimum amount of information necessary to perform their defined responsibilities.

Student nurses are not permitted to print any information or make copies of patient medical records.

Pictures with personal cell phones and/or cameras are not permitted under any circumstances.

Smoking Policy

Borgess Medical Center will endeavor to provide safe, healthy and clean environment for all persons on Medical Center premises. In this effort, all patient, visitors and employees will be expected to comply with established rules that prohibit the use of all tobacco-related products on the Borgess Medical Center Campus.

Name Badge

- School student ID Badge must be worn at/or above the waist level with picture and name visible (if school does not provide picture badges, then name badge acceptable)
- Do not place stickers or pins on your ID Badge
Cafeteria

The cafeteria is located on the ground floor of the main hospital building. Please check the cafeteria for hours of operation.

BORGESS LIBRARY

Access Information

The Borgess Library is located on One West in Borgess Medical Center. Hours are 9 a.m. – 2:30 p.m. Monday through Thursday, and 9 a.m. – 1 p.m. Friday.

Our phone number is 269-226-7360 and email is librarystaff@borgess.com.

The library is a restricted area. Borgess badges are required for admittance. If you do not have a Borgess badge, please check in with a library staff member.

The library collection includes clinical textbooks, journals, and anatomical models. Computers provide access to the Borgess intranet. Extensive resources are available from the library’s intranet pages.

A self-serve photocopier is also available; copies are ten cents per page.

You must present your student badge and we will ask you to fill out a Patron Registration Card. Materials can be checked out for approximately three weeks. We reserve the right to limit the number of items borrowed.
Park in the area across Shaffer Street by the Heart Center. Allow yourself time to find a parking spot.
Department Reference Manuals

Below is a list of reference manuals located on the Borgess Intranet:

- Administrative Policies and Procedures
- Approved Abbreviation Manual
- Biosafety Policy and Procedure
- Patient Care Policies and Procedures
- Micromedex
Hand Hygiene How and When

*Hand Hygiene (HH) = Proper use of Soap and Water or Alcohol Sanitizer.*

<table>
<thead>
<tr>
<th>SOAP AND WATER</th>
<th>ALCOHOL SANITIZER</th>
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<tbody>
<tr>
<td>You <strong>MUST</strong> wash with Soap and Water when:</td>
<td>Use Alcohol Sanitizer when:</td>
</tr>
<tr>
<td>• Hands are visibly soiled / contaminated.</td>
<td>• Soap and water are not required.</td>
</tr>
<tr>
<td>• Before eating.</td>
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<tr>
<td>• After using the restroom.</td>
<td>HOW TO USE:</td>
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<tr>
<td>• Working with a patient with clostridium difficile</td>
<td>1. Place enough product in your palm to thoroughly cover your hands.</td>
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<td></td>
<td>2. Rub hands together briskly until dry.</td>
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<tr>
<td><strong>HOW TO USE:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Wet hands with warm water. (avoid HOT)</td>
<td><strong>Note:</strong> <em>When Soap and Water are not required, you may choose Alcohol Sanitizer or Soap and Water for HH.</em></td>
</tr>
<tr>
<td>2. Apply soap to hands. (3 to 5 ml)</td>
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<tr>
<td>3. Rub hands together for at least 20 seconds, covering all surfaces. (hands, fingers, nails)</td>
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<td>4. Rinse with water.</td>
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<tr>
<td>5. Dry with clean paper towel.</td>
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<tr>
<td>6. Turn taps off using paper towel.</td>
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</table>

All staff members and Physicians need to perform Hand Hygiene when:

1. Entering and exiting a patient’s room.
2. Before and after patient contact. (Repeat HH before you touch pt. if you touched anything in the room.)
4. Before donning and after removing gloves.
5. When moving from contaminated body site to clean body site during pt. care. (HH & glove change)

*Please instruct and encourage visitors to perform HH before and after visitation.*

**Examples**

1. If you enter the room, wash your hands and immediately have patient contact, you do not need to repeat HH.
2. If you walk in washing your hands, do vitals, then need to start an IV, you must perform HH before you put on your gloves to start the IV.
3. If you are just checking on the patient or walk in the room to talk, you need to perform HH on the way in and on the way out.
4. If you enter a room to draw blood, wash your hands, then go directly to the glove box to put on gloves and immediately draw the blood, you do not need to repeat HH.
5. If you have just removed your gloves and are immediately going to exit the room, perform HH once.
6. If you have just removed your gloves but need to complete other duties in the room which do not require gloves, you must perform HH after removal of the gloves and upon leaving the room.
7. If you are caring for a patient in bed 1 and you need to provide care for a patient in bed 2, perform HH in-between contact with patients.

REMEMBER: Cleaning your hands before and after patient contact is one of the most important measures for preventing the spread of microorganisms in healthcare settings!
Prevent Occupational Exposure to Blood and Body Fluids

Occupational exposure risk for Health Care Workers is:

HIV = 1 in 300

Hepatitis C = 1 in 50

Hepatitis B = 1 in 5 (without Hep B vaccination)

What can you do to protect yourself?

1. **Hepatitis B Vaccination** - Complete the vaccine series.

2. **Wear personal protective equipment (PPE)** - OSHA requires health care workers (HCW) to wear gloves, when in contact with body fluid, non intact skin or mucus membranes. You must wear a gown, and face protection (mask, goggles, etc.) if your task has a potential for exposure (splashing, aerosolizing of fluid, or possible contamination of clothing)

3. **Be prepared when using sharps** -
   a. Organize your work area
   b. Make sure the area is well-lit
   c. Make sure a sharps disposal container is within reach.

4. **Be aware when using sharps** -
   a. Keep the exposed sharp in view
   b. Be aware of the people around you
   c. Don’t rush and stay focus
   d. When assisting a physician in a procedure, discuss how sharps are to be handled.
   e. Avoid hand passing sharps and use verbal alerts such as “sharp up, sharp down”
   f. Watch for sharps in linen, beds, on the floor or in waste containers

5. **Never recap needles**

6. **Surgery Injury Prevention strategies** -
   a. Use retractors (don’t use your hands)
   b. Use blunt retractors instead of sharp retractors whenever possible
   c. When possible a neutral zone (a place designated to place sharps during transfer) should be used.

7. **Use sharp safety devices** - Only draw blood using needles with a safety device and always initiate safety device before disposing.

8. **Report unsafe practices** -
   a. Report malfunction of safety devices to risk management by using the incident report system.
   b. Safety Hotline- 7-2338. Report safety issues that may affect patients, visitors and staff.
BORGESS MEDICAL CENTER
EMERGENCY PREPAREDNESS GUIDE

CODE RED EMERGENCY (Fire): (BMC. 3051)
1) Attempt to save any person who is in danger from the fire.
2) Inform all personnel in area of "CODE RED EMERGENCY".
3) Pull nearest Fire Alarm System Pull Station and notify Switchboard by dialing 1-2-3 of exact location.
4) Close, all smoke barrier/fire doors.
5) Obtain fire fighting apparatus and attempt to contain or extinguish fire until fire department arrives or evacuation becomes necessary.
6) If evacuation becomes necessary see Evacuation Plan BMC 3057.
7) Upon arrival of Fire Department, the Fire Command Officer is in charge of all fire fighting Activities.

TORNADO WATCH: (BMC. 3310)
1) Inform employees, patients, and visitors of the "Tornado Watch".
2) Pull shades and/or close drapes on all windows. Do not stand at or near windows.
3) Initiate and Update Disaster Sheet.
4) Place chairs in corridor for patients.
5) Normal operations should continue.
6) Action should be taken to secure medical records/documents and equipment not in use, to minimize potential loss or destruction of property.
7) Restrict the use of telephones to Medical Center use only.

CODE Triage (Disaster) INTERNAL: (BMC. 3330)
1) No action required unless notified by the Emergency & Trauma Center.

CODE Triage - EXTERNAL,
1) Employees on duty should return to Department.
2) Complete Disaster Sheet and deliver to Hospital Command Center (Seminar Room – 1911 Center) or fax 6-5453.
3) Limit use of and inventory supplies/linen.
4) Assess staffing needs and notify Hospital Command Center of staff available for reassignment.
5) Request for assistance from Logistics Chief 6-8057 in the HCC, if needed.
6) Employees will remain on duty until relieved by Hospital Command Center.

CODE PINK (Infant Abduction): (BMC. 3101)
1) Employees shall be observant for any infant being carried within the Medical Center. If observed contact Security at Ext.6-8361.
2) All staff on-duty will remain on duty until released by authorities.
3) All staff are to refrain from discussing situation with anyone other than authorities.

CODE PURPLE (Child Abduction): (BMC 3109)
1) Employees shall be observant for any child being carried within the Medical Center. If observed contact Security at Ext.6-8361.
2) All staff on-duty will remain on duty until released by authorities.
3) All staff are to refrain from discussing situation with anyone other than authorities.

CODE ORANGE (Bio/Chemical event) (BMC. 3333)
1) Trained staff will respond to the ETC area to prepare for and set up the DECON tent and dress 4 staff in PPE.

PLAN E (EVACUATION): (BMC. 3345)
1) Immediately remove anyone in Danger.
2) Dial 1-2-3 and state type of disaster and area.
3) Remove/transport persons laterally through set of smoke/fire doors or vertically depending on situation.
4) If time permits and safe to do so:
   □ Make rounds of unit to confirm everyone has been evacuated.
   □ Complete Disaster Sheet and deliver to Hospital Command Center (Room 1911 Center) or fax 6-5453.
   □ Collect/transport charts.
   □ Take patient’s medications.
   □ Take portable equipment as needed for patients.

CODE YELLOW (Bomb Threat): (BMC. 3230)
1) If a bomb threat is received:
   a. Complete Bomb Threat Information Form Located on page 1 of BH phonebook and notify Security 6-8361.
   b. Director, Manager or Charge Nurse will instruct staff to search their immediate area in the Department.
   c. If a device is located, notify the Hospital Command Center at Ext. 6-7389.
      □ Do not touch, move or jar it.
      □ Relocate persons from the area.
      □ Close all fire and smoke doors.
   d. When search has been completed and Department has been secured
   e. Complete and sign Disaster Sheet and deliver to the Hospital Command Center Rm 1911 Center or fax 6-5453.

CODE FACILITY LOCKDOWN (Lock down of the facility) (BMC 3107)
1) Employees must present ID badge prior to entering facility.
2) Employees will enter BMC through Atrium area.

CODE BLUE (Cardiopulmonary Emergency): (BMC 4725)
1) Dial 1-2-3 with location or push the Code Zero Button.

CODE GRAY (Combative Person): (BMC.3102)
1) Dial 123 and give location

CODE SILVER (Weapons Response Plan Person brandishing a weapon) (BMC 3108) /Hostage Situation (BMC 3105)
1. Contact Security @ 6-8361
2. Evacuate and secure area
3. Do not attempt to negotiate with person(s)

Page 51 of 139
Addendum B
Bronson Healthcare Group
(Bronson Methodist and Bronson Battle Creek)
WELCOME

Student Orientation Information

Bronson Healthcare Group

2015-2016
Welcome to Bronson. We are excited to have you in our organization and part of our learning environment.

Bronson Healthcare Group is a not-for-profit, tertiary healthcare system serving southwest Michigan and northern Indiana. With a workforce of more than 6,000, Bronson is one of the area's largest employers. We offer a full range of services from primary care to advanced critical care and have multiple service locations in Kalamazoo, Calhoun and Van Buren counties.

Always mindful of our responsibility to the community, Bronson provides more than 40 million dollars in community benefits annually through outreach and charitable care for the un- and under-insured. The health system also has a track record of clinical and workplace excellence as evidenced by numerous national achievements.

The material in this document will provide orientation information to help in assuring you a successful experience. It will also give you a taste of the type of organization Bronson has become. We value the energy and stimulation students bring to us and hope you will value the expertise, wisdom, experiences and opportunities Bronson and its staff provides.

Please read all of the information contained in this packet. Should you have any questions or need further clarification about any of the information, please ask your instructor or a staff person. This packet contains material you are required to know and understand before you begin your student experience.

At Bronson Battle Creek, you will receive a separate packet of information and required paperwork from your instructor. The instructor will collect signed pieces during orientation. Please feel free to ask for the assistance and information you need.

Patti Ernst
Staff Development Specialist, Education Services, Clinical Placement Coordinator
Office: 269-341-8917
ernstp@bronsonhg.org
VISION, MISSION, VALUES

To best serve our patients and their families, Bronson has developed a culture of excellence that provides care based on our vision, mission and values. *Bronson's Plan for Excellence* builds on these strong underpinnings and provides further guidance and direction to our work.
At Bronson, we take our plan for excellence seriously and understand that our patients' requirements are for care to be safe, effective, patient-and family-centered, timely, efficient and equitable.

We are committed to patient care excellence throughout the organization. As a student at any one of our facilities, please make a personal commitment to join us on this journey of excellence.

**Your Part to Play**

- Be focused on Quality and Service
- Be part of our culture of strong communication
- Be good stewards of financial resources
- Build a career with Bronson
- Be ambassadors of Bronson in your community

**Diversity Commitment Statement**

Achieving inclusion in a diverse environment by maximizing the unique strengths and talents of each employee makes Bronson the best place for our patients and their families.

Bronson demonstrates this commitment to diversity through our:

- Diversity Council
- Cultural competence training for employees
- Language translation and interpretation services
- Cultural observances and celebrations
- Partnering with faith and community-based agency and organizations
- Resources for diversity information
  - Library website
  - Diversity website
  - Pastoral Care
  - Human Resources
CUSTOMER SERVICE:

Our goal: Enhance Service, Staff and Leadership Excellence.

This will include such things as:

- Identify and reduce disparities in care and service due to personal characteristics
- Achieve a culture of patient & family centered care
- Improve workforce and medical staff engagement

A big part of customer service is our interaction process with others. We include you, as a student, in our efforts to serve our customers including each other. Some of this is not going to be anything new, but sometimes when you are busy you might forget some of the basics involved. The following points serve as a reminder.

- When you greet people, introduce yourself; this includes staff when you come on to a unit for clinical. Be respectful and open to feedback. Talk with, not about people. Offer to help.
- Use their preferred name. Staff may be very casual, but be sure when interacting with patients to show respect and find out how they want to be addressed.
- Make eye contact, smile, speak slowly and use a pleasant tone in your voice.
- Ask for their questions
- Listen
- Avoid medical terms with the public, explain what you are doing and your role and why
- Acknowledge and apologize for delays or disappointments, when we are not able to meet customer requests.
- In closing, offer any additional help, confirm their understanding and satisfaction, say “thank you.”

Telephone Answering Script: You may not have the opportunity to answer the phone while you are at Bronson but if you do use the following points:

- Hello, Bronson (identify the department), this is (your name and title – student nurse). How can I help you?

Choose your words carefully, people don’t like to hear what you cannot do, or be treated like a number or by an obscure policy. Try to rephrase without the words “can’t.”

<table>
<thead>
<tr>
<th>Avoid</th>
<th>Preferred</th>
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<tbody>
<tr>
<td>“I can’t tell you....”</td>
<td>“I’ll find out”</td>
</tr>
<tr>
<td>“I can’t do...”</td>
<td>“I can (an alternative)”</td>
</tr>
<tr>
<td>“You cannot...”</td>
<td>“What can happen...(an alternative)” or “You can do (an alternative).”</td>
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Remember: They may not remember what you say, but they do remember how you made them feel. Sometimes our customers are upset, due to their circumstances, or stress, worry, and anxiety or maybe because of our actions. When this happens we recommend the following service recovery strategy:

- **Acknowledge**: This is to restate what you’ve heard in your words. Statements such as: “You’ve been waiting a long time.” “It sounds like we haven’t met your needs.” Or “It sounds like you’ve had a rough experience.”
- **Apologize**: This doesn’t mean you created the issue or are at fault. Use words such as: “I’m sorry for...” or “I apologize...” or “I feel badly that you...”
- **Amend**: Tell them what you can do or offer options. Use words like: “I am going to see how we can...” or “What can I do to help?” Even if you don’t know what options are available, you can tell them you will find out or find another resource for them.

We continuously measure our efforts to “create compassionate experiences that exceed patient and family expectations” by surveying patients about their experiences. Your interactions do make a difference.
SAFETY and SECURITY

CONFIDENTIALITY
Confidentiality and privacy are considered rights of all people. A patient’s confidentiality is at risk because of the many people that access the patient’s chart during the normal course of care. It is important therefore to take extra care in guarding their confidentiality and privacy. Confidential information is any information considered to be private and sensitive. Some examples you may run into during your experience at Bronson include:

- Patient’s personal and medical information including room number. This is referred to as protected health information (PHI)
- Passwords and personal identification numbers. It might be in printed form or stored on a computer, smart phone or hand held device. You are responsible to protect it from unauthorized disclosure. Use only approved procedures when handling confidential information.
- Employee, volunteer and student information including personnel records
- Personal identifiers of research study and potential study participants, or materials that could be traced to the participants through any means
- Proprietary hospital or research study information

Confidential materials include but are not limited to:

- Computer programs
- Computer databases
- Personnel databases
- Email messages
- Phone messages
- Database verification logs
- Meeting minutes
- Personnel records
- Interview notes
- Background check results
- Personnel evaluations
- Disciplinary actions
- Self-recorded questionnaires
- Reimbursement vouchers
- Daily activity records
- Patient Medical records
- Psycho/Social information
- Biological specimens & logs
- Hospital logs
- Agreement forms
- Consent forms
- Release forms
- Labels

Protected health information includes:

- Names
- Address
- All geographic subdivisions smaller than a state
- Zip code
- Email address
- All dates except year
- Phone numbers
- Fax numbers
- Social Security number
- Medical record number
- Health plan beneficiary number
- Account number
- License/certificate number
- Vehicle numbers
- Device Identifiers
- Web Uniform Resource Locations (URLs)
- Internet Protocol (IP) address number
- Biometric identifiers (fingerprints/voice prints)
- Full-face photographic images
- Any other unique identifiers
PHI WILL NOT BE INCLUDED IN ANY PAPERS/CASE REVIEWS AND ALL ACADEMIC WORK (ORAL and WRITTEN) WILL BE DE-IDENTIFIED AND DISCUSSED AS A GENERAL CASE

Proprietary Information Includes:

- Information by individual physician/group
- Market share or volume data
- Market research and plans
- Strategic planning documents
- Board of director’s information
- Clinical outcomes
- Dashboard and scorecards
- Consultant reports
- Compensation information (salary)
- Confidential information about employees (evaluations, performance improvement plans, etc.)
- Satisfaction studies
- Financial statements
- Anything else you do not want to get into competitor hands

What should you do with proprietary information?

Do Not Copy
Do Not Distribute
Do not leave unattended and visible to others
Shred when no longer needed
If applicable, use one of the following headers or footers

CONFIDENTIAL INFORMATION - NOT TO BE COPIED
CONFIDENTIAL INFORMATION - SHRED ONLY

Expected behaviors:

- All written materials must be stored in a locked and secure area. File cabinets must be locked and the key appropriately stored when not in use.
- Do not share passwords.
- Close computer programs when you leave the computer. Log off your computer when not in use.
- ‘Minimize’ computer screens with confidential material whenever non-Bronson person enters your area.
- Never leave a laptop unattended.
- Store laptops in locked and secure areas when not in use.
- File phone logs or phone messages that are no longer needed.
- Do not discuss patients or research study participants, even when the person’s identity is not revealed, in a public setting. Such conversations must be limited to the necessary exchange of information between appropriate Bronson staff.
- Follow the Cellular Telephone And Social Media Policies
- Documents relating to patients or research studies will not be taken to employee homes for any reason.
- Do not discuss patients with family or friends.
- Do not access medical records of anyone who is not under your care.
- You may be required to journal, write a paper or give a presentation about your experience at Bronson. The content of these must be discussed with and approved by your Bronson preceptor.
- E-mail or telephone messages pertaining participant information or study information must be encoded; that is, use only subject number and patient initials as identifiers. Full names should be revealed only in personal conversation with the appropriate study staff.
- Labels for biologic specimens must also be encoded as above.

Computer information that you access are based on your role and responsibilities. This does not mean you can view any or all information stored there. Use/view only the information needed. When doing course work take precautions to de-identify any patient information, destroy notes from clinical, do not discuss confidential information in a public place and never copy from a chart and send any information electronically, to yourself or others.

Your user ID is unique to you. You are responsible to maintain its safety. Do not share your ID with others. Memorize passwords, don’t write them down. Log off computer applications when not actively using them. Don’t walk away from an application that is open.

Mobile computing devices (iPads, iPods, laptops, notebooks and other hand-held computing devices) are prohibited. Cell phones must have Wi-Fi capabilities turned off while on campus. See Cell phone policy on page 25.

Violation of the policies will result in termination of the experience for the students involved. If the student is also an employee such violations can also result in termination of employment. Information Technology conducts complete, ongoing and continuous auditing of all computer activity.

Sign the confidentiality agreement on the next page (or provided in your addendum packet.) This is part of your permanent record.
Bronson Methodist Hospital Student Agreement Regarding:

HIPAA & Confidentiality Guidelines
Cell Phone Policy
Social Media Policy

I have reviewed Bronson’s Virtual Student Orientation Manual.

I understand Bronson’s HIPAA & Confidentiality Guidelines, Cellular Telephone Policy and Social Media Policy.

These subjects were discussed with me in Orientation.

I understand that I will have access to information considered by Bronson to be extremely confidential.

I understand the expectations of my behavior regarding confidential and proprietary information.

I agree to follow procedures regarding storage, handling and dissemination of such information.

I understand that I could be dismissed from Bronson’s service if the confidentiality guidelines, cell phone and social media policies are not followed.

Name print

Date

Signature

Witness
SECURITY, SAFETY, LOST & FOUND, PARKING

Security Office:  BMH 269-341-7893  BBC 269-245-8395

SECURITY SERVICES:
- Security regularly patrols the campus. You may see them walking, by car, Segway and/or bicycle. Use caution when driving in the parking areas.
- Security will respond to conflict situations which are inconsistent with a peaceful healing environment.
- Enforcement of parking guidelines. Security may ticket or tow vehicles parked in the wrong area. They also enforce speed limits in parking areas.
- Motorist assistance is provided in some situations. Security officers may provide flat tire, vehicle lock-out or jump-start assistance or make contact with local towing companies.
- Escort service to and from parking areas – especially when it is dark. You may have to wait a few minutes, please be patient.

SAFETY OF YOUR VALUABLES AND THE HOSPITAL
- There is limited space in hospital departments. Bring only what you absolutely need for the day. Do not bring extra bags or valuables. Leave valuables at home or lock them in your car. If bags and “stuff” are left lying around it is not unusual for it to be policed up and you may lose it. Ask on the unit where students can “be”. Don’t assume you can hang out in break rooms or conference space.
- Make sure valuables (phones, GPS, etc.) are not visible from outside of your vehicle. Always lock your vehicle.
- Do not prop open exterior doors to the hospital.

PERSONAL SAFETY TIPS
- Be alert to your surroundings. Notice things and people around you.
- Look alert and act confidently – even if you are not.
- When leaving a building, have your car keys in hand.
- Look in and under car before unlocking it.
- Never get in to an unlocked car before checking it out.
- Carry as little as possible when going to your vehicle.
- If you feel you are being followed, do not go to your vehicle or unlock it. Turn around and return to the building.
- Travel in groups when at all possible. When walking, especially after dark, do not walk alone.
- Wear flat shoes when walking to your vehicle. It is impossible to run in heels.
- Tune in to yourself and your instincts. Listen to those instincts. If something does not feel right, go for help. Do not enter a building if something looks wrong.

LOST & FOUND
Check with your preceptor on the location of Lost & Found.
- Promptly report any lost item to Lost & Found.
- Promptly bring any found item to Lost & Found.

SUSPICIOUS PERSONS
- Promptly report to Security any suspicious behavior, unusual situations and people found in unauthorized areas.
- Unwanted subjects have been known to enter unattended offices and go through desks, file cabinets, etc., looking for valuables. If the subject is discovered, they usually act as if lost or looking for a restroom. Please report these individuals to Security with a description and last direction of travel so Security can confirm their business here.
- Call security and ask for “John Silver” to discretely request security to come to your location.
WORKPLACE VIOLENCE WARNING SIGNS

- Direct or veiled threats of harm.
- Intimidating, belligerent, harassing, bullying, or other inappropriate/aggressive behavior.
- Conflicts with supervisor/other employees.
- An interest in incidents of workplace violence.
- Approval of the use of violence to resolve problems.
- Interest in or identification with perpetrators of workplace homicides.
- If you have a threatening situation seek help from a staff member and notify security. Ask for “John Silver.”

ACTIVE SHOOTER QUICK TIPS

Accept: Get past the denial. Don’t freeze.

Assess: Stay calm. Quickly determine the best way to protect yourself and others. Patients and visitors will be looking to follow our lead in an active shooter situation.

Act:

Evacuate: If there is an accessible escape path, leave the area where the threat may be present. Have an escape plan in mind. Move quickly and leave your belongings behind.

Hide out: If evacuation is not possible, find a place to hide. Lock and barricade doors and windows. Turn off lights. Turn off radios. Silence cell phones and pagers. Hide behind large items like desks, file cabinets, etc. Do not group together. Remain quiet.

Fight: Take action against the active shooter: Only confront an active shooter if your life is in imminent danger! Act as aggressively as possible by yelling and throwing items.

Alert: Signal for help from another person. Call Security or Operator at 1-2-3 or dial 9-911.

PARKING GUIDELINES

Bronson’s priority is providing free, convenient and accessible parking for our patients and visitors. Parking is at a premium. Areas are designated for patients/visitors, employees, medical office staff and students (when available.) Students must park in areas designated for public parking. If you park in unauthorized areas, your vehicle will be towed.

BMH Students:
Bronson has tried to accommodate student parking for many years but it has become impossible to do so now because of the tremendous growth Bronson has experienced in the past several years. In addition, the development of both the WMU Med School and also the new KVCC Culinary Institute has really compressed parking areas. Students will now have to find parking in public areas like street meters, city lots etc. It is important that we continue to prioritize parking on site for patients, visitors, and employees. Security will escort students to and from parking areas upon request. This link will take you the city parking site for more information. http://www.downtownkalamazoo.org/Visit/Parking.aspx/

BBC Students:

- Kellogg Community College students park in the Davison lot on the campus of Kellogg Community College.
- All other students will park in the BBC shuttle lot. See BBC Shuttle Schedule
EMERGENCY PREPAREDNESS CODES

- The following codes are used in emergency situations across Bronson sites. If heard, department procedures should be followed. Consult your instructor at the beginning of the clinical experience to determine your role in a code situation. Check online manual information for more details.
- There are Emergency Preparedness Booklets mounted on the wall at each Pod station for further information.

CODE RED  CODE RED signifies that visible smoke or flame has been observed or detected. Employees will initiate Fire Emergency Procedures.

CODE BLUE  CODE BLUE is used to provide prompt intervention in the event of respiratory or cardiac arrest. The Code Blue response plan will be activate.

TORNADO WATCH  TORNADO WATCH signifies that a Tornado Watch has been issued for Kalamazoo County or surrounding geographical areas. Weather conditions are favorable for a tornado to occur.

TORNADO WARNING  Bronson has a two tiered tornado warning system. The two levels allow the hospital to clarify when to move critical patients, stop surgery and diagnostic procedures, and evacuate staff.

   Tornado Warning Level 1: A Doppler radar tornado warning has been issued for Kalamazoo/Calhoun County.

   Clinical Staff
   • Move non-critical patients to inside corridors away from glass.
   • Critical patients to remain in rooms moved away from windows/glass.
   • Cover all patients with additional blankets and pillows for added protection.
   • Close drapes, doors and blinds.
   • Move all unused, freestanding equipment to an unoccupied room.
   • Direct all visitors to the appropriate safe location/lower level.

   Support Staff
   • Manager/Supervisor is authorized to make decisions to insure safety of staff.
   • If work area has windows or glass, evacuate to identified safe location.
   • If work area is within inner corridor or in the basement, you may be asked to continue working. (e.g. lab, radiology, etc.)

   Tornado Warning Level 2: A tornado has been sighted in Kalamazoo/Calhoun County or it has determined Bronson to be at a heightened risk for direct impact.

   All Staff: Same as Level one except:
   • Cover and move all patients to inner corridors, unless doing so would put the patient at a greater risk. Follow staff direction.
   • All staff working in ancillary or support service (clinical/non-clinical) departments evacuate to identified safe location/lower level.
   • Prepare to assist with evacuation in event of Code Black.

WINTER STORM WARNING  WINTER STORM WARNING signifies severe snowfall or blizzard conditions, which may cause a staffing compromise or jeopardize visitor safety.
CODE BLACK LEVEL 1  
CODE BLACK LEVEL 1 is an internal or external event involving incoming medical emergencies and casualties. This stage is managed by the Trauma and Emergency Center only. Incident Command is not activated.

CODE BLACK LEVEL 2  
CODE BLACK LEVEL 2 is a catastrophic community event requiring additional inpatient services / resources at Bronson. The Incident Command Center will be activated.

CODE BLACK LEVEL 3  
CODE BLACK LEVEL 3 is a catastrophic community event requiring multiple involvements of local agencies / hospitals including Bronson. The Incident Command Center will be activated.

CODE BLACK PLAN E  
CODE BLACK PLAN E is an event that requires evacuation of an area/department of part/all of the hospital. The Incident Command Center will be activated. (Bronson Methodist only)

CODE YELLOW Level 1  
CODE YELLOW Level 2 signifies an external event that potentially threatens the safety and security of the Trauma and Emergency Center (T&EC), the T&EC will go into full controlled access.

CODE YELLOW Level 2  
CODE YELLOW Level 2 signifies an internal or external event that threatens the security of Bronson Methodist Hospital, which results in a full facility controlled access.

CODE GRAY  
CODE GRAY signifies a bomb threat. The Code Grey Response Plan will be activated.

CODE PINK  
CODE PINK signifies an infant or child abduction. The Infant or Child Abduction Response Plan will be activated.

CODE ORANGE  
CODE ORANGE signifies a chemical spill or release; decontamination. The Code Orange Response Plan will be activated.

JOHN SILVER/CODE SILVER  
CODE SILVER signifies that a person(s) is acting in a threatening manner. Security should respond immediately to these events.

BRONSON METHODIST: TUBE SYSTEM FAILURE  
A Tube System Down signifies that the tube system is not functioning properly. A Level 1 signifies the tube system between North and South Campus (Express Zone) is not functioning and a Level 2 signifies the total tube system is malfunctioning. The Tube System Response Plan will be activated.

BRONSON BATTLE CREEK: TUBE SYSTEM FAILURE:  
A Tube System Down signifies that the tube system is not functioning properly. This will be communicated via email.

Consult Policies in the online Manual. Become familiar with how your unit responds to codes and emergencies. Know where the crash cart is located, what to do in the event of a fire, tornado, bomb threat, or child abduction etc. alarm. When in doubt, follow staff lead.
POLICY AND PROCEDURES

MANUALS
Manuals are online. The Intranet can be accessed via any of the clinical computers. The “Manuals” link is one of the major links on the left hand side of the home page.

At Bronson Methodist Hospital this will open another screen with links to Manuals for Bronson Healthcare Group. At the bottom of the page is the link for the lab manual. At Bronson Battle Creek this will directly open the BBC manuals.

The most efficient way to find a policy or procedure is to open the desired manual and enter the information desired in the search box. A list of possible documents will appear in a “results” page. If you have questions or difficulty ask for help.

APPEARANCE STANDARD
The Appearance Standards are established to convey a positive and professional image to internal and external customers, and to maintain required guidelines relative to safety and infection control. Many factors contribute to a professional image, one of which is the professional appearance staff conveys to patients, visitors, and co-workers. This policy addresses specific expectations, and includes guidelines for dress and appearance. Bronson always reserves the right to determine what is acceptable or not acceptable in terms of professional image.

- If you have a school uniform, please comply with your school’s policy.
- Approved student uniform, in compliance with the school is expected. Ensure uniform is clean, fits, and is in good repair. Undergarments should not show through or be visible hanging out.
- Footwear must be clean, polished, and in good repair. Footwear shall be appropriate to the work duties and responsibilities performed, and meet safety needs of the work environment.
- Hosiery or socks are expected.
- If you are in a clinical area but do not have a school uniform, check with your Bronson preceptor to see if you may wear scrubs and what color is acceptable. Bronson has specific scrub colors for clinical employees.
- If you are not wearing a school uniform or scrubs, you will wear “Business Casual” consisting of:
  - dress shirt, polo shirt, shell, sweater or turtleneck
  - khakis, trousers, corduroy or dress pants
  - dress or skirt that is split at or below the knee
  - suit jacket or sport jacket is acceptable, but not required
  - Abdomen, midriff and cleavage are covered.
  - T-shirts and fleece are not in compliance with dress casual. They are considered sporting attire.
- Unacceptable Clothing:
  - T-shirts, sweatshirts, halter tops, midriff tops, low cut tops
  - Jeans, shorts, capri pants, crop pants, leggings, cargo pants
  - Skirt or dress above the knee or below mid-calf
- Unacceptable Fabrics:
  - Denim, fleece, spandex, leather, gauze, and sheer
- Unacceptable Patterns:
  - Logo imprints other than Bronson, camouflage, elaborate graphics/prints
- Hair must be clean, combed, and neat. Extreme hairstyle or unnatural hair color (e.g., blue, green, etc.) is not appropriate within the professional work setting. Hair should be pulled back and secured.
- Nails must be clean and well groomed. No fake nails. They harbor pathogens. If you wear nail polish, it must be in good repair with no chips. In clinical areas natural nails must not be greater than ¼ inch length beyond the
fingertip. Artificial nail materials, including but not limited to: gels, acrylics, overlays, extenders, tips, or silk wraps, shellac (gel and nail polish hybrids) and bonding materials are prohibited for those:
  o involved with patient care
  o that handle items to which patients are exposed

- Facial hair including beards, side burns and mustaches shall be clean and neatly trimmed.
- Because of fragrance allergies/sensitivities among internal and external customers, perfume and cologne can be worn only in non-patient-care areas.
- Bronson identification badges must be worn during working hours. Identification badges are intended to promote customer service and security standards. For ease of identification, badges will be worn on upper torso clothing with name and photo clearly visible.
- Tattoos are not appropriate for the healthcare and professional work environment. Tattoos shall be appropriately concealed by clothing.
- Jewelry should be kept to a minimum. It should not interfere with performance. Nontraditional piercings including but not limited to nose, eyebrow, tongue, lip, gauged ears, are not acceptable. Body piercing is limited to 3 jewelry items per ear. No other piercing is allowed. The use of a ‘Band-Aid’ is not acceptable to cover a body piercing. In clinical areas no dangling earrings or long necklaces. In non-clinical areas: limit of 2 rings per hand and 2 wrist adornments per wrist.

To help you identify Bronson staff, the following is a summary of some uniforms.

- RN/LPN – Green or white pants and a white top. Tops may be child friendly in Peds, OB areas
- PCA – Teal pants and top
- Environmental Service Associates – burgundy pants and tops
- Unit clerks and other reception people - career wear in forest green shirts/sweaters/tops and black or tan pants.
- Clinical Support Staff (Radiology, Respiratory Care, Laboratory, Rehabilitation Services, Cardiovascular Services Neurodiagnostics, Pharmacy, Medical Assistants in ProHealth/Employee Health services) - navy scrubs
- Patient Transport – grey scrubs
- Patient Sitters – lavender scrubs
- Food Service – black/white server wear
- Security – law enforcement style

**SMOKING/DRUGS/ALCOHOL**

- Bronson is a tobacco-free campus. Employees, patients, visitors or students may not smoke or use tobacco products at any Bronson location. Additionally, the use, possession, sale or distribution of alcohol or illegal drugs is prohibited at all times at any Bronson location.
- Violation of this policy may be subject to corrective action, up to and including termination of educational or clinical placement and/or contractual relationship.
**ELECTRONIC COMMUNICATION AND CELL PHONE POLICY**

- Personal cellular telephones, phone Internet and text messaging are permitted in designated areas only, and are to be used during breaks, lunch periods or for emergencies. Use of the cell phone or texting should never occur when meeting a customer or caring for a patient.
- Use cell phones in a SAFE manner, therefore talking or texting should not occur while operating equipment or walking.
- Photos of any employee, physician, volunteer, pet therapy dog, student or patient are prohibited. Under no circumstances are the camera or recording device features to be used while on Bronson premises, or while engaged in Bronson business.
- Posting pictures of Bronson, Bronson employees at work, physicians or patients to social media outlets is prohibited.
- Bronson respects the rights of others to engage in online communication. What is said online, during personal time, may impact the Bronson work environment. Bronson reserves the right to take disciplinary action when this type of communication adversely affects the work environment. Avoid commenting on or posting about Bronson or Bronson-related matters. Inaccurate, distasteful or defamatory comments about Bronson, its employees or patients should not be posted.
- Violation of this policy may be subject to corrective action, up to and including termination of educational or clinical placement and/or contractual relationship.
- For full policy on electronic communication consult E-160 ELECTRONIC COMMUNICATION POLICY, for full policy on cell phones consult E-225 CELLULAR TELEPHONE POLICY

**STUDENT HEALTH and INJURY**

- All students must meet the same requirements as employees. Students are also required to meet the same Employee Health requirements as employed personnel specific to the jobs they will be doing or the units in which they will be working. Immunization and testing services may be provided to students for a fee.
- Students and faculty are encouraged to be familiar with their program policies on injury. Students injured while at Bronson, please call the Bronson Employee Injury hot-line at 806-1600 to report a work related injuries or incidents (available 24/7.) Directions for immediate care are provided and an injury report is initiated. Students may obtain treatment in the Emergency Department at their own or school’s expense. Students should have health-care insurance coverage for any evaluation or treatment.
PATIENT SAFETY

National Patient Safety Goals
The following safety goals apply throughout the Bronson System

2014 National Patient Safety Goals

- Goal 1 – Improve the accuracy of patient identification. Use at least two patient identifiers when providing care, treatment, and services.
  
  At Bronson we use name and date of birth.

- Goal 2 – Get important test results to the right staff person on time.
  
  Keep your nurse and/or preceptor informed about your patient so communication with other members of the team can be timely.

- Goal 3 – Improve the safety of using medications.
  
  Nursing Students cannot pass medications independently however we want students to have medication experience so decide with your instructor and preceptor how you can be part of the process.
  
  Educate patients on the purpose and side effects of all medications they receive.

- Goal 6 – Reduce harm associated with clinical alarm systems
  
  Alarms are present to guard patient safety. If you hear one going off, please check on the patient. Don’t silence an alarm if you don’t know how to manage the patient issue.

- Goal 7 – Reduce the risk of health care-associated infections. Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
  
  Our practice is to use hand washing with soap/water or alcohol based gel EVERY time you enter and exit a patient room or care environment (even if you don’t plan to touch anything.) In addition the WHO has identified 5 moments for hand hygiene.
• **Goal 15** – Identify patients at risk for suicide.
  Doing a risk assessment and addressing immediate safety needs, making referrals and
  providing a safe environment are important measures. Work with your nurse to ensure
  procedures are followed and patients are kept safe.

• **Universal Protocol 1** – Preventing Wrong-site, Wrong-person, Wrong-procedures
  The purpose of pre-procedure verification is to ensure all relevant documents are complete, all
  equipment is present, the site of the procedure has been verified and there is a time out before
  beginning a procedure to triple check everything is correct. This might apply to bedside
  procedures as well as in the OR. You may witness this process.

Obviously there are other goals not listed. A full list can be viewed on The Joint Commission website.

**CODE BLUE:** If you identify a CODE BLUE or near CODE BLUE situation:

<table>
<thead>
<tr>
<th>Bronson Methodist</th>
<th>Bronson Battle Creek</th>
</tr>
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</table>
| • Dial 1-2-3 on any phone  
  • State: “(Adult or Pediatric) Code Blue, (Full name of unit, not the abbreviation), (specific) floor, (North or South) Pavilion, Room ____.” | • Dial 5 2 2 2  
  • State location of Code Blue  
  • If pediatric patient, State Code Blue PEDIATRIC and location  
  • Start CPR  
  • Identify the location of the crash carts and face barriers. |
| • Push the blue code button on the wall. Get familiar with its location  
  • Start CPR  
  • Identify the location of the crash carts and face barriers. | |

**RAPID RESPONSE TEAM:** The RRT provides prompt attention to patients in emergently declining or adverse medical situations. The goal of the team is to:

• Provide early intervention in order to reduce cardiac and/or respiratory arrest  
• Reduce and or effect more timely transfers to higher levels of care  
• Reduce patient mortality  
• Issues that might lead to RRT intervention:

<table>
<thead>
<tr>
<th>Airway</th>
<th>Neurological</th>
<th>Circulation</th>
<th>Other</th>
</tr>
</thead>
</table>
| • New onset difficulty breathing  
  • RR < 8 or > 30  
  • New pulse oximetry < 88% unless patient is known to have chronic hypoxemia | • Sudden decrease in LOC  
  • Repeated or prolonged seizures  
  • Sudden loss of movement or weakness of face, arm, or leg  
  • Evidence of stroke  
  • Unexplained agitation for more than 10 minutes | • Pulse < 40 or > 140  
  • Change in cardiac rhythm  
  • SBP < 90 mmhg  
  • Complaint of non-traumatic chest pain  
  • Color change of the patient (pale, dusky, gray or blue) | • Patient with CIWA > 15  
  • Any patient the RN or provider is concerned about  
  • Administration of IV ACLS/cardiac medications  
  • Staff and visitor concerns |
COLOR CODED PATIENT ALERT NAME BANDS
Certain name bands alert all health care providers to special care needs of certain patients. Wrist bands that support social cause should not be on patients while they are in the hospital. Become familiar with any color coded bands that the patient has and what that means.

BEDSIDE HANDOVER/PURPOSEFUL/TEMP ROUNDING
Literature has shown that two of the best ways to increase patient safety and satisfaction is through the use of bedside handovers and purposeful or “TEMP” rounding. Various units at Bronson have been in the process of implementing these two practices for about a year.
- Bedside handovers are moving from a “meet & greet” style to a complete report at the bedside. Including the patient in their care increases satisfaction and safety.
- TEMP rounding decreases falls and call light volume. Staff round on patients each hour offering Toileting opportunities, survey the Environment for call light, phone, water in reach, room tidy, alarms on. Movement: ambulation, up to chair, turn in bed, etc. and Pain assessment. All staff, including students can TEMP round. In PEDS the 4P model is used: Pain, Potty, Positioning, Pumps.

FALL RISK
Patients can be at risk for falls. Although all patients are screened for falls, sometimes a patient doesn’t meet the criteria for Fall Precautions, but still can be at risk. If you are concerned please ask the nurse to re-assess the patients fall risk and discuss with the team potential interventions to minimize the risk.

SAFETY SURVEILLANCE
At Bronson Methodist Hospital Safety Surveillance is provided for patients who require close observation because they are exhibiting harmful or potentially harmful behaviors. Surveillance may be provided by the use of safety monitoring cameras or by a sitter.
- If safety camera is in use signage should be clearly visible and use is documented in EPIC. A light will be green on the ceiling mounted camera.
- Camera may be turned off by caregiver while patient is under nursing staff surveillance for procedures or interventions that require privacy such as toileting, bathing, dressing changes, or invasive bedside procedures. The nurse responsible for the patient should be consulted if care requires the camera to be turned off.
• Communication must occur between caregivers and monitor techs when a patient is taken off the floor for testing and when they have returned; or when the camera is turned off and on again for bedside procedures.

• Sitters are now titled Patient Safety Assistants. They can help with simple tasks (toileting, walking or cutting patients food) as determined by the nursing staff.

INFECTION PREVENTION

Hand hygiene is a core element of patient safety and the prevention of healthcare associated infections. Follow good practices at all times. In addition take care when handling potentially infective material such as equipment, laundry and any contaminated material. Personal protective equipment gives protection against the transmission of infections from patient to patient or patient to worker or worker to patient. Follow acceptable standards.

• Standard precautions apply to blood, body fluids, secretions, excretions, non-intact skin and mucous membranes

• Transmission-based precautions include added measures to protect both patients and workers from infections. They include airborne, contact and droplet precautions.

Become familiar with the key elements of infection prevention and wash your hands frequently, use good workplace practices, follow standard precautions, and wear the protective equipment indicated by patient needs. These are posted outside patient’s room. Refer to the policies for details related to the personal protective equipment before caring for patients in any transmission based precaution situation.

Additional Bronson related information that can be useful to you while you are here are on the following pages.

Again, welcome to Bronson, we hope you find your experience here valuable and an asset to achieving your goals.
ADDENDUM 1

PATIENT RIGHTS AND RESPONSIBILITIES:

The following information is given to patients about their rights and responsibilities. As a student at Bronson it is expected that you would also comply with them. If you have reason to believe patient’s rights are violated or become aware of a patient’s belief that their rights have been violated, you can speak to an instructor, unit management or the contact information at the bottom of the page.

Bronson respects the rights and human dignity of each patient. We are committed to making your experience at Bronson as positive as possible.

As a Bronson patient, you have the right to:

- information you can understand
- dignified, respectful, personal care
- reasonable response to your requests
- pain relief
- agree to or refuse treatment
- be told the risks of treatment
- be told what will happen if you refuse treatment
- personal privacy and confidentiality of your medical treatment and medical records
- be informed of any research or educational projects affecting your care or treatment

Ask staff for more information on patient rights and responsibilities. The information may also be found in Bronson’s Patient & Family Guide, in framed documents at each entrance, and online at bronsonhealth.com.

Concerns about Patient Care and Safety

We want to hear your concerns. Please speak with your doctor or nurse. If you are not comfortable, the Patient Relations department can help. The Ethics Committee also helps patients and their families with hard choices.
ADDENDUM 2

DESIRABLE AND DISRUPTIVE CONDUCT

Bronson strives to create a culture of safety. A professional work environment is crucial. It supports excellent communication in an environment free from fear and/or intimidation. Bronson will not permit or tolerate any disruptive conduct. Each allegation of disruptive conduct will be promptly investigated in accordance with applicable Human Resource policies.

To assist in identifying each type of conduct, the following examples are provided:

**Good/desirable behavior examples:**
- Treat others with respect, courtesy and dignity
- Conduct reflects a professional manner
- Responses to requests from patients, staff and leaders is timely
- Responses to pages is timely
- Encourages clear communication and utilizes tools that are implemented to improve communication and handoffs
- Report medical errors and opportunities to improve safety as soon as they are recognized.
- Participate in process improvement opportunities (example: RCA, FMEA)
- Respect patient autonomy and confidentiality
- Respect patient rights
- Follow hospital policies
- Refrain from bad/disruptive behaviors.

**Bad/disruptive behavior examples:**
- Profanity or disrespectful language
- Insulting comments that go beyond the bounds of professional comment
- Uncooperative or defiant approach to problems
- Throwing objects
- Refusal to complete a task or carry out duties
- Racial, ethnic or socioeconomic slurs
- Seductive, aggressive or assaulting behaviors
- Bullying or demeaning behavior
- Name-calling
- Raising voice, yelling or shouting in a hostile manner
- Disruption of meetings
- Inappropriate comments or illustrations placed in the medical record
- Criticizing other caregivers in front of patients, family members, or other employees
- Non-constructive criticism addressed to a recipient in such a way as to intimidate, undermine confidence, belittle or impute incompetence
- Behavior that disparages or undermines confidence in the hospital or its leaders
- Public comments about care being provided to an identifiable patient or the quality of care being provided to that patient
- Inappropriate responses to patient needs or staff requests
- Blames or shames others for possible adverse outcomes

Additional information regarding good and bad behavior may be found in policies regarding atypical events, HR policies and the medical staff policies.
PATIENT EDUCATION/TEACH BACK/ASK ME THREE

Patient education is a vital part of all Bronson staff and students’ role. A crucial part of the process is ensuring our education has been learned. Patient education materials are available through the EMR or in other sources. Talk to staff about your patient’s educational needs.

Teach Back is an evidence-based patient teaching strategy.

Teach Back
- Teach Back is simply asking your patients to repeat in their own words what they need to do in a non-shaming way.
- Teach Back is not a test of the patient, but rather of how well you explained the concept.
- Teach Back creates an opportunity for dialogue in which the provider gives information, then, asks the patient to respond and confirm understanding before adding any new information.
- Teach Back is a chance to check for understanding and, if necessary, re-teach the information.

If patient is unable to restate what was taught
- Re-phrase the information up to twice
- Consider a different teaching strategy; if verbal instruction isn’t being understood perhaps utilize written material or a videotape.
- If patient continues to have difficulties teaching back what you have instructed consider having another staff member or a patient educator work with the patient on their learning needs.

When talking with patients & families **ALWAYS:**
- Use plain language
- Slow down
- Break it down into short statements
- Focus on the 2 or 3 most important concepts
- Check for understanding using Teach Back
- Ask open ended questions not Yes/No questions

**Teach Back Language Examples**
- I want to make sure I did a good job explaining this to you. Can you show me how you’ll do this when you get home?
- If you were talking to your neighbor, what would you tell them we talked about today? I want to make sure I explained everything clearly.
- I want to be sure we have the same understanding of…
- It’s my job to explain things clearly so…
- Can you tell me in your own words…?
- When you get home today what will you tell your wife you need to do each am…..with each meal…..perform…..etc.?
- As you understand it tell me about…?
- So I can be sure of myself & my instructions, please tell me how you will…
- Please tell me in your own words how/when/with what you will take your…
Because sometimes I go too fast, I want to be sure I've given you the right message, please restate in your own words how you will…

Ask Me Three is a method to improve communication between the patient and the health-care workers. It will help the patient take better care of their health. The patient/family becomes part of the team to provide the plan for the health-care needs they have. Ask Me Three is simply a framework for patients to get the information they need to care for themselves. It helps focus on important elements of information. It is the framework for our patient education materials.

Ask Me Three Language Examples:

“At Bronson, our goal is to partner with you for your health-care needs. Before you leave Bronson it is important that you understand the answers to the three questions below. Please write down any other questions you may have for your doctor, nurse or other staff.

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?”
Addendum C
Community Health Center of Branch County
Nursing Student Orientation Manual

2015-2016
# Table of Contents

**Welcome**  
- Mission, Vision, Value Statement  
- Brand Statement  
- CARES  
- About CHC  
- Serving Healthcare Needs  
- Personnel Policies  
- Other information  
- Overhead “Team” Pages / Emergency Page  
  - Code Team  
  - Rapid Response Team  
  - “A” Team  
- Fire / Smoke “Signal 56”  
- Abduction –  
  - Nursery Abduction – “NA”  
  - Pediatric Abduction – “PA”  
  - Adult Abduction – “AA”  

**Manuals**

**Privacy and Security**  
- Confidential Information  
- Use of Computer Systems  

**Patient Diversity**  
- Assistive Tools  
  - Discuss location of speaker phones  

**Disaster Preparedness**  
- All threats  
- NIMS  
- EOP  
- Incident Command Structure Review  
- Responsibility of Employees  
- Facility Plan – Total Evacuation / Campus Map  
- Tornado Plan – Watch / Warning  

**Facility Safety**  
- Fire  
  - RACE  
  - PASS  
  - Evacuation Routes  
- Abduction Prevention Program  
- Electrical Safety  
- Safe Medical Devices ACT  
- Waste Management  
- Safety and Security  
- Workplace Violence  

**Quality Services**  
- Risk Management
Infection Control
Isolation Precautions/Standard Precautions Policy
   Discuss isolation signs
       Identify a common disease/infection for each type
       Review PPE to be used with each type
       Discuss C-Diff and cleaning differences
   Double Bagging Linen and Trash & Demonstrate
Hazard Communication
   Safety Data Sheets
Incident Reports
Miscellaneous Patient Safety Items
LASA meds
High Alert Medications
Do Not use Abbreviations
NPSG

Forms to complete and Return
   PYXIS access form
   Confidentiality form
   Department Specific forms
   Safety Form
   Accu-Check Inform II system competency (patient test and control tests)
   Orientation Post Test
Welcome Student’s to CHC!

Customer service is a primary focus in our organization. During your clinical at CHC we wish for you to have an experience that will help you deliver exceptional customer service to your patients and families throughout your career. The following information is followed by CHC employees and you will be held to the same standards of behavior during your clinical time here with us.

**Our Mission and Vision Statements**

*Mission Statement:*
We provide a high-quality, personalized experience to serve the healthcare needs of our communities.

*Vision Statement:*
To be the desired destination for healthcare services for every one, every time.

*Values Statement:*
Respect each individual.
Commit to excellence in all areas of service.
Maintain integrity in all that we do.
Take responsibility for our actions and attitudes.
Show compassion for all

*Brand* - CHC is committed to providing the best possible experience through personalized care and exceeding expectations at every opportunity.

During your clinical at CHC please keep the above MVV and Brand promise in mind as you are caring for patients and families.

*CHC’s “Standards of Behavior” or “C.A.R.E.S.”* are listed below. These standards are based on specific customer service behaviors that are essential to achieving our Mission, Vision, Values and Brand Promise.

1. **C** – Create great first and lasting impressions.
2. **A** – Always communicate clearly.
3. **R** – Respect and value team members.
4. **E** – Express care and concern.
5. **S** – Service solutions.
**Standard “C:” Create Great First and Lasting Impressions**

Providing a warm welcome and compassionate care gives patients a feeling of comfort. Great first and last impressions provide patients, families, volunteers, coworkers, and our community the perception of high-quality, safe care.

- Keep hair neat, clean, and safely secured in patient care areas.
- Follow the CHC policy on artificial nails and nail length.
- Welcome and introduce yourself by your first name; always be professional in your image, attitude, and work.
- Wear your CHC ID badge in a visible place, above the waist; make sure your photo is unobstructed by stickers or pins.
- Present a clean, professional, and well-groomed image.
- Wear very minimal perfume and cologne or avoid all together.
- Offer assistance to all individuals who appear in need of directions.

**Standard “A:” Always Communicate Clearly**

The goal of effective communications is to provide information and to listen to and understand the views and feelings expressed by others.

- Listen attentively to customers without interrupting.
- Listen first to understand the customer’s words, intent, and feelings.
- Use positive body language and easy-to-understand words.
- Address the customer’s needs and take action if appropriate.
- Prevent a negative message by being sensitive to your own body language.

**Standard “R:” Respect and Value Team Members**

Our customers’ most basic expectation is to be treated with courtesy and respect. Our patients’ needs always come first. If you are not serving a patient, you are serving someone who is. As CHC staff, we are linked to one another by a common purpose: to serve our patients and our community. Our coworkers are our teammates.

- Treat coworkers as professionals and with respect.
- Be a role model for coworkers.
- Promote cooperation and teamwork.
- Avoid criticizing, condemning, complaining, blaming, and gossiping.
- Choose to have a positive attitude.
- Respect the privacy and confidentiality of fellow staff.
- Offer to help; be supportive.

**Standard “E:” Express Care and Concern**

- Demonstrate professionalism.
- Do what you say you will do, when you say you will do it.
- Tell the customer what you are doing and why.
- Never say, “It is not my job” or “We’re short staffed.” If you cannot meet a customer request, find someone who can.
- Always be courteous and strive to exceed our customer’s expectations.
- Use “please” and “thank you” when speaking with customers.
- Use first names when possible after receiving permission from the customer.
- Keep noise to a minimum in public, patient, and nursing areas so patients can get as much rest as possible.
**Standard “S:” Service Solutions**

Service recovery steps for resolving customer service issues that may arise are: acknowledge the issue, apologize for the problem, amend the issue, and thank the customer for the opportunity to resolve the issue while he or she is still here.

- Do not take the complaint personally.
- Avoid defensive responses.
- Do not make excuses.
- Do not place blame.
- Involve the customer in the resolution.
- Inform the customer what you will do to help them.
- Follow up with the customer to ensure that the concern has been resolved.

**About Community Health Center**

Since opening its doors in 1939, the Community Health Center of Branch County (CHC) has grown into an acute care medical facility campus spread over 28 acres just east of downtown Coldwater. The county-owned hospital is accredited by the Joint Commission (TJC), considered the gold standard of hospital accreditation. CHC offers state-of-the-art diagnostic imaging, full laboratory services, physical therapy and rehabilitation, home health and hospice care, inpatient behavioral health, cancer center, sleep center, wound healing center, pediatrics, and more. The hospital also has four clinics: two family practice, one internal medicine, and one pediatric practice.

CHC's highly qualified medical staff of over 100 physicians provides patients with expert inpatient and outpatient care ranging from obstetrics to hospice, and including anesthesia, general and vascular surgery, internal medicine, radiology, orthopedics, pediatrics, oncology, family practice, and emergency care. Affiliate and consulting staff provide care in the specialties of allergy/immunology, cardiology, plastic surgery, infectious diseases, neurology, and pulmonology. Each year the medical staff hosts a critical and primary care symposium that features nationally known speakers.

CHC also provides the community with diabetes and nutrition education, administers and hosts several support groups, and holds health fairs and seminars.

**Serving Healthcare Needs**

On the 18th of November, 1939, the Community Health Center of Branch County opened its doors to serve the healthcare needs of the area with 36 beds and 70 employees. Since then two major additions have been made to the original structure, one in 1955 and the larger in 1971. In 2003 a 27,000 square foot renovation and 16,000 square foot addition were completed. CHC now has 71 acute medical and 16 adult psychiatric beds with over 600 employees serving the Branch County area.

Services include 24-hour physician staffed emergency room, a critical care unit, cardiopulmonary and respiratory care, surgical services, sexual assault services and in-patient behavioral health services as well as a full range of outpatient laboratory and radiology services. Health education and support groups, and psychiatric programs are also available. Clinics within the hospital include the Maternal Infant Health Program, Sleep Lab, Cancer and Hematology Center and Birthing Center.
Today CHC has a full campus which houses not only the hospital, but the Family Medicine Clinic, Substance Treatment and Referral Service, the Houghton Family Physical Therapy and Rehabilitation Center, Diabetes Education, Cardiac Rehabilitation, Home Health and Hospice services, and the CHC Pediatric and Adolescent Center. Located off campus is the Union City Medical Center.

In 2009, CHC celebrated 70 years of providing quality care for the health of our community

For further information visit our web site @ www.chcbc.com

**Personnel Policies**

**Personal communication**
We urge you to ask your family members and friends not to call you at work unless it is an emergency. Personal cell phones and/or personal laptop/computers should be turned off and left in lockers or personal vehicles. This equipment should only be used during break or lunch periods and in “staff only” areas.

**Photography**
At no time is a photo to be taken of a patient, patient care equipment, employees, or physicians without a prior consent of the instructor and nurse director of the unit. No photos shall be placed on social media sites pertaining to clinical rotation at CHC.

**Dress Code**
Various styles of dress and appearance are permissible provided that employees are neat, clean, and professionally presentable for the specific area of the hospital in which they work. Student nurses are to follow the dress code of their institution. Some examples of appearance that are not acceptable include: body piercing in not-traditional places (such as eyebrow, lip, tongue), tattoos, unnatural hair color, extreme nail color/art, excessive perfume/cologne.

**Badges**
All students must wear an identification badge. Identification badges are to be worn during work hours. Badges should be worn on the upper torso clothing. No unauthorized pins, stickers, or alterations to identification badges will be allowed. Badges are required for signing onto the computers. The instructor will arrange for student badges. Students are provided their first badge at no cost. Students will be charged a $5.00 fee for replacement of a badge that has been lost. Replacement badges due to breakage will be provided at no cost. Lost badges must be reported to the Human Resources department as soon as possible. Human Resources will provide a replacement badge.

**Parking**
Employees should park in approved areas. This includes:
The main parking lot. Use spaces without a “V” or handicap.
The Chicago Street lot. Use the spaces on the north side only (away from the building)
No parking in the ER lot, the physician lot, the Home health/Billing lot, or physical therapy lot.

**Smoking**
CHC is a non-smoking facility for employees, patients and visitors.

**Other Information**
Locks are available in Human Resources for locker usage in the basement corridor.
A.T.M. machine (Century Bank) is available in the lobby.

Breakfast, lunch and dinner meals are served in the cafeteria. The hours are 6:30 am – 1:30 pm and 5:00 pm – 6:30 pm. Vending machines are also available in the cafeteria. Cards, gift items, candy bars, gum, etc. are available in the lobby gift shop.

Employee bulletin boards are located by the cafeteria. Memos, Care Committee notices, items for sale, etc. are posted here. Employees who wish to sell/buy/trade items may send notices to the Human Resources Department. Job postings are on the bulletin board outside the Human Resources Department.

The CHC Volunteers is comprised of individuals who provide a variety of volunteer services to CHC. The CHC Volunteers hold annual fund raising activities, including the lobby gift shop, and donates a large portion of their proceeds to the hospital. An interoffice mail service is provided by the Volunteers to facilitate interdepartmental communication. The Auxiliary also has a large number of members who volunteer their time helping out in various departments.

**Overhead “Team” Pages / emergency pages**

**Code Team** – A patient is experiencing a cardiac/respiratory arrest. This team is pre-assigned. The location of the “code” will be announced. The student may observe a code. The overseer of the code may ask staff to leave if there are too many people in the area.

**Rapid Response Team** – If a staff member or family believes the patient condition is deteriorating, they will call the RRT. This is accomplished by dialing “O” and asking for the rapid response team and giving the location. The team consists of a respiratory therapist and a nurse from the intensive care unit.

**“A” Team** – when assistance is needed with an unruly patient or visitor this team is paged overhead. Responders to this code are staff trained with non-violent crisis intervention techniques along with the maintenance staff (which are available).

**NA or PA** – Nursery Abduction or Pediatric Abduction

**Signal 56** – this is used for smoke, fire, and all clear. To announce when smoke/fire the location will be announced; example: “Signal 56 3rd floor center core”. To announce all clear: “Signal 56 – all clear”.

**Manuals**

All manuals are accessed through the hospital intranet page. Within the “manuals” tab are the clinical services manual, specific department manuals, safety manual, infection control manual, facility – Hospital Wide Policies manual, Resource manuals and others. It is the responsibility of the student to know how to access these manuals via the intranet in the event of an emergency or when performing a task and unsure of the process.

**Privacy and Security**

CHC is committed to maintaining privacy for our patients. Each patient has a right to confidentiality relative to all information regarding their health care needs, treatment, and information. This confidentiality extends to all patient records, written material and spoken information.
The computers, network, Internet connections, software applications and electronic mail systems (collectively referred to as “computer systems”) made available to Users are intended for use to support the business of CHC and to help Users do their work. Our computer systems should be used for business purposes only.

**Confidential Information**

Our information systems include confidential information, including proprietary information, personnel records, and individually identifiable health information. We have a legal and ethical obligation to safeguard the privacy of that information.

Users are required to follow the HIPAA Sanctions Policy of CHC with regard to their use and disclosure of confidential information.

Users are not permitted to seek access to confidential information if access to that information is not required to enable the user to perform his or her work for CHC.

Users are not permitted to disclose confidential information unless properly authorized.

Users must not leave printers unattended when they are printing confidential information. This rule is especially important when two or more computers share a common printer or when the printer is in an area where unauthorized personnel have access to the printer. Retrieve printouts immediately when printing to a remote network printer.

**Use of Computer System**

Users will be authorized to access our computer system and records stored on that system to the extent necessary to enable them to perform their work.

Refer to the following policies for specific information:

- Confidentiality
- Appropriate Use of Information Systems
- Disposal of Protected Health Information
- Security Incident Report Procedures
- Identify Theft Policy

**Patient Diversity**

We acknowledge each individual is unique and our cultures are diverse. To provide excellent and safe patient care we are committed to being aware of these differences with the population we serve and striving to meet the needs of our patients within their cultural uniqueness.

Communication is the cornerstone of patient safety and quality care. CHC provides mechanisms by which communications between healthcare workers and patients may be effectively achieved. Patient needs for communication services shall be addressed concerning interpretive services for hearing impaired, translation services for non-English speaking patients, guide assistance modalities for sight impaired patients and communication assistance tools for those speech impaired. These services and procedures are provided at no cost to the patient.

CHC is committed to ensuring that individuals with communication needs have meaningful access to services. In order to ensure access to patients with these needs, CHC will:

Assess the language assistance with limited English proficiency needs of the community serviced by the hospital.
Notify patients of the availability of free language and communication assistance, including laminated sheets with regularly encountered languages at initial points of patient entrance. Provide professional interpreters; CHC does not require or encourage patients to provide an interpreter or to use a family member to interpret for them. Train staff about language assistance policy and procedures for appropriately using tools.

**Assistive Tools:**

**Fire Alarm System Capabilities for the Hearing and Visually Impaired:** CHC provides audible and visual alarm notification for the hospital’s fire alarm system.

**Speech Impaired:** Use of a communication board tool to point at phrases and common questions and requests by patients - available in Respiratory Therapy Department. This is a single patient use item and is discarded after discharge. Pen and paper may also be used.

**Interpretive Services for the Hearing Impaired:** CHC provides sign language interpreters for patients and healthcare workers to facilitate effective communications.

**Telecommunications Services for the Hearing Impaired Patient:** CHC provides a Telecommunications Device for the deaf (TDD) for hearing impaired patients in their room upon request. The Michigan Relay Center can be phoned to relay a message to a hearing impaired person when it is known a patient uses this system at 1-800-649-3777. Those with hearing difficulties may request an amplified telephone handset. Closed caption TVs are available in all patient rooms. If a TV does not have the option, one may be requested from Facility Operations.

**Translation/Interpreting Services for Non-English Speaking Patients:** CHC provides these services through the use of contracted professional resources that have been identified as able to provide multi-lingual services. Each unit has a speaker phone to use for translation purposes.

**Guide Assistance for the Impaired:** CHC allows access to the facility for individuals utilizing guide assistance animals. In the event such patients require overnight hospitalization, the patient will be provided a private room (if available) in which the animal may accompany the patient. The nursing unit will contact the Infection Control Department for specific central guidelines regarding assistance animals.

If a patient declines the language-assistance offered by CHC, and prefers to use a friend or family member to interpret, note the offer of free services and the refusal in the patient record.

**EMERGENCIES:** In any emergency situations where a patient’s condition might be compromised by waiting for an interpreter, staff should provide any necessary medical treatment, using their best efforts to communicate until an interpreter/tool is available.

To use the equipment described above – access the policy “Individualized Patient Needs / Interpreters”

**Location of speaker phone for Certified Language Access:**
The speaker phones for the medical and surgical units are located in the 50’s hall nurse station – back cupboards. The speaker phone for OB is located in the nurse director office. All phones in the ED are speaker phones.
DISASTER PREPAREDNESS

Goals
At the conclusion of the education process for Emergency Preparedness for both new employees/students, the participants will:
Have an understanding of the function of the Disaster Preparations Committee.
Have an understanding of the concepts of Disaster Preparations
Have an understanding of the importance of planning and exercising for incidents.
Recognize the importance of their individual role in Disaster Preparation and Response.
Be familiar with the content and intent of the Emergency Operations Plan

All Threats Preparedness
Preparations for an emergency of any sort if an ongoing process. “Emergencies” can be defined in a number of different ways but, in any case, an emergency is a “threat” and a challenge to the operations of the hospital by taxing its ability to respond to the extraordinary demands on its available resources. Therefore, nationally, FEMA has developed certain language and guidelines for the response to what are now called “threats” instead of “emergencies”. The hospital identifies threats and prepares for them in what is called the Hazards Vulnerability Analysis (HVA). Basically it is decided what threats are most likely to happen and to what degree they would impact the hospital. Likely threats in the Branch County area are severe thunderstorms, blizzards, ice storms, tornadoes, epidemics, pandemics, mass casualties, mass fatalities, and even the collapse of the hospital’s Information System (computers). Each of these has the potential of severely impacting the operations of the hospital. Therefore, the hospital needs not only to prepare for the typical, everyday occurrences always associated with emergencies but many other occurrences, to include bioterrorism, loss of hospital water or electrical supply, infant abduction , and many more.

The Emergency Preparedness Committee works in collaboration with the Safety Committee, Medical Staff, local EMS, Fire and Police and County officials to focus and refine our efforts at responding to any incident. Additionally, CHC is part of a nine County consortium of hospitals and Medical Control Authorities in southwest Michigan named the 5th District Medical Response Coalition that allows us to draw additional resources to our area should they be needed.

National Incident Management System (NIMS)
CHC along with most other hospitals, Emergency Medical Services, Fire Departments, local Health Departments, and government entities now plan their response to incidents (emergencies) within the framework of the National Incident Management System (NIMS). This framework provides a path for the planning and execution of a response to any incident (emergency) no matter how large or small.

Being that the NIMS process is used by many responding agencies, the effort and resources are controlled in such a way as to maximize efficient utilization of all resources…human and material.
An “incident” is an occurrence of something unplanned that, due to its scope and intensity, may disrupt and challenge the hospital’s ability to respond appropriately and timely. As an example, a bus accident which would bring 30 casualties (and perhaps some dead) to the hospital would severely tax the ER, Surgery, Intensive Care, and other professional services. This many victims, with varying serious injuries, all at one time, would be very unusual…..quite out of the ordinary.
An “Event” is an occurrence of something that is planned, yet involves the hospital in such a way as to necessitate pre-planning of its available resources. An example might be the annual Community Fest sponsored by the hospital. It something that is not an emergency but clearly needs to be planned and implemented in a structure manner.

**Emergency Operations Plan (EOP)**

In order that the hospital’s response to an incident or event is understood by all employees/students a manual has been assembled that provides specific directions for certain incidents. This manual can be found on the Hospital Internet by clicking on the CHC Policy Manuals icon and then clicking on the Emergency Operations Plan icon. This manual includes information such as: Direction and Control, Communications, Mass Casualties, Mass Fatalities, Lockdown, Emergency Evacuation of the Hospital, Hostage Management, Abduction, Bomb Threat, Terrorism, Fire Response, Radiation Emergency, and many more. Should the Emergency Operations Plan be implemented, employees/students should remain on their work unit until relieved or notification that the emergency has been terminated by the Command Center.

**Incident Command Structure**

In order to effectively and efficiently manage all the hospital resources in response to an incident, this hospital, and other entities that use the NIMS process, use an organizational structure developed by FEMA, called the Incident Command Structure. This structure allows for an Incident Commander (IC), who is in charge of the entire response effort, and those reporting to the IC as Command Staff. See the chart below. This chain of command allows for the coordination and application of resources necessary for a response to any incident. This structure also allows for the mutual aid and support of other community agencies responding to the same incident.
Responsibility of Employees / Students
Being prepared to respond quickly and correctly to incidents (emergencies) is the responsibility of each employee/student. Therefore it is incumbent on each employee/student to know their department’s role in all types of emergencies.

- Know your department’s role in emergency
- Know your own role in an emergency
- Be prepared to take immediate action
- Be prepared to fill a role not ordinarily yours
- Be familiar with the content and intent of the Emergency Operations Plan.

Facility Plan – Total Evacuation

<table>
<thead>
<tr>
<th></th>
<th>Department</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting/Finance</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>2</td>
<td>Acute Medical</td>
<td>Loading dock</td>
</tr>
<tr>
<td>3</td>
<td>Acute Surgical</td>
<td>Loading dock</td>
</tr>
<tr>
<td>4</td>
<td>Administration</td>
<td>Southwest corner of lawn – Chicago Street</td>
</tr>
<tr>
<td>5</td>
<td>Ambulatory Care</td>
<td>Pediatric Clinic parking lot</td>
</tr>
<tr>
<td>6</td>
<td>CCU/ICU</td>
<td>Loading dock area</td>
</tr>
<tr>
<td>7</td>
<td>Central Supply</td>
<td>Pediatric Clinic parking lot</td>
</tr>
<tr>
<td>8</td>
<td>Community Cancer Center</td>
<td>Medical Office Building to the West</td>
</tr>
<tr>
<td>9</td>
<td>Dietary</td>
<td>Near receiving dock</td>
</tr>
<tr>
<td>10</td>
<td>Emergency Room</td>
<td>Out ambulance entrance doors</td>
</tr>
<tr>
<td>11</td>
<td>Facility Operations/Security</td>
<td>South side of Billing</td>
</tr>
<tr>
<td>12</td>
<td>Environmental Services/Laundry</td>
<td>South side of Billing</td>
</tr>
<tr>
<td>13</td>
<td>Family Medicine Clinic</td>
<td>Parking lot of clinic building</td>
</tr>
<tr>
<td>14</td>
<td>Home Health</td>
<td>Outside 4C building - West parking lot</td>
</tr>
<tr>
<td>15</td>
<td>Human Resources</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>16</td>
<td>Information Technology</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>17</td>
<td>Laboratory</td>
<td>Southeast corner of the main parking lot</td>
</tr>
<tr>
<td>18</td>
<td>Marketing</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>19</td>
<td>Materials Management</td>
<td>Parking lot next to the heliport</td>
</tr>
<tr>
<td>20</td>
<td>Medical Education</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>21</td>
<td>Medical Records</td>
<td>Physical Therapy parking lot</td>
</tr>
<tr>
<td>22</td>
<td>Medical Staff Services</td>
<td>Chicago Street parking lot</td>
</tr>
<tr>
<td>23</td>
<td>Nursing Administration</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>24</td>
<td>Obstetrics</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>25</td>
<td>Occupational/Employee Health</td>
<td>Main parking lot – Southeast</td>
</tr>
<tr>
<td>26</td>
<td>Pediatric Clinic</td>
<td>Pediatric parking lot</td>
</tr>
<tr>
<td>27</td>
<td>Pre-Admission Testing</td>
<td>Pediatric Clinic parking lot</td>
</tr>
<tr>
<td>28</td>
<td>Patient Financial Services</td>
<td>Picnic area East of the Billing Office</td>
</tr>
<tr>
<td>29</td>
<td>Patient Registration</td>
<td>Main parking lot – Southeast</td>
</tr>
<tr>
<td>30</td>
<td>Pharmacy</td>
<td>Parking lot next to the heliport</td>
</tr>
<tr>
<td>31</td>
<td>Physical Therapy</td>
<td>Immediately outside P.T. building</td>
</tr>
<tr>
<td>32</td>
<td>Psychiatric Unit</td>
<td>Parking lot - Billing</td>
</tr>
<tr>
<td>33</td>
<td>Quality Services</td>
<td>Southwest corner of lawn – Chicago Street</td>
</tr>
<tr>
<td>34</td>
<td>Radiology</td>
<td>Out Emergency Center doors</td>
</tr>
<tr>
<td>35</td>
<td>Respiratory Care</td>
<td>Ambulance entrance area</td>
</tr>
<tr>
<td></td>
<td>Department</td>
<td>Location</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>36</td>
<td>S.T.A.R.S.</td>
<td>4 C building parking lot - West</td>
</tr>
<tr>
<td>37</td>
<td>Surgery/Operating Room</td>
<td>Pediatric Clinic parking lot</td>
</tr>
<tr>
<td>38</td>
<td>Union City Clinic</td>
<td>Clinic parking Lot</td>
</tr>
<tr>
<td>39</td>
<td>Utilization/Medical Review</td>
<td>Loading dock area</td>
</tr>
<tr>
<td>40</td>
<td>Volunteers</td>
<td>Evacuate with assigned department or report to muster area for direction</td>
</tr>
</tbody>
</table>
**Tornado Plan**
As a result of the hazard vulnerability analysis completed for Branch County, we are highly vulnerable to a tornado touchdown since it is located in South Central Michigan where tornado sightings are most common. Its densely populated areas (number seven out of twenty), such as the city of Coldwater and municipalities of Bronson, Quincy, Coldwater Lake and Union City are most vulnerable. The following is a generic plan that will identify events that will occur and tasks to be accomplished in the event of a tornado. It is important to remember that individual departments may have unique tasks and procedures which will be identified in the department specific plan located in the department’s own manual.

Announcement:
At the receipt of information that Branch County is under a tornado watch or warning, the tornado plan can be activated by an announcement.

The Switchboard will make one of the following announcements depending on the event:

“Attention please: Branch County is under a tornado watch. The weather conditions are presently right for a tornado to form.” The watch is in effect until ________________ (state time).

“Attention please: Branch County is under a tornado warning. A tornado has been seen near (or in) Branch County. Please be advised that the Community Health Center is on a tornado warning alert. Visitors should proceed to the cafeteria by the nearest stairway. The warning is in effect until ___________ (state time).

General Instructions for **Tornado Watch**:  
Employees on rest break/meal break should report back to their units on a timely basis, taking into account unit needs, the specific weather conditions, etc.  
Be alert for further paged announcements.  
Close curtains.  
Continue with work assignments.  
Review tornado watch and warning procedures for your work area.

General Instructions for **Tornado Warning**:  
If correct measures are taken, the number of injuries and severity of injuries will be minimized.

Even if the building is directly hit by a tornado, the supporting structure should withstand that force. However, non-supporting walls may move, suspended ceilings may be blown about, debris from the duct system may be sucked out and blown throughout the building, glass will break, etc. Individuals should, therefore, protect themselves and others from these kinds of hazards. Because of this, it is important that everyone know the proper procedures to follow.

When possible, patients should be removed to inner hallways, center core rooms or hallways where glass is not prominent. Oxygen should be supplied by Respiratory and safety emphasized by nursing staff. Bath blankets should be supplied for each patient as a covering from flying debris.  
Patients who are in isolation can be removed from their rooms and placed in the hallway. Patients in airborne and droplet precautions should wear a surgical mask (not an N-95 mask), an isolation gown, and a clean sheet. Patients in contact isolation should wear a gown and cover with a clean sheet. All isolation patients should be placed away from the general population.  
Keep everyone away from windows.  
Use blankets, pillows, jackets, etc., to protect head and body from flying glass and debris.  
Safe areas: Inner rooms, utility rooms, bathing rooms and other areas without glass or items that would fall from shelves or cupboards. Patients who can be moved should be placed in inner hallways or the center core rooms, whichever is available.
Unsafe areas: Areas with large amounts of glass.
Close all doors.
Leave all windows as they are except to close drapery or shades on all windows.
Each department should have a flashlight that is functional. The flashlight should be taken with you if personnel are evacuated to a safe place.

**Facility Safety**

*Fire*

**RACE**

If you were to find a FIRE in your work area, you should follow the steps of the R.A.C.E. acronym, which are:

R. RESCUE patients, visitors, and staff in the immediate area of danger.
A. ACTIVATE the fire alarm by pulling the nearest fire alarm pull station. Depending on your site, phone 4500 and 9-911 and let them know the following: Your name, location of the fire by building, floor, suite, or room, and type of fire.
C. CONTAIN/CONFINE the fire and smoke by ensuring windows and doors are closed. Lights that are on should be left on.
E. EXTINGUISH the fire or bring a fire extinguisher to the scene to extinguish the fire or support the person extinguishing the fire.
NEVER use elevators when smoke is present, the fire alarm is ringing, or you have heard a “signal 56” announced.

BEFORE YOU NEED TO USE ONE, know the location of the fire alarm pull station, fire extinguisher, and locations of exits in the area you are working in.

**PASS – Proper Use of Extinguishers**

To properly use a fire extinguisher, you should follow the P.A.S.S. acronym, which are:

P. PULL the fire extinguisher pin. Remember to hold extinguisher so that you are not putting pressure on the handle. If necessary you can twist the pin to break the plastic band.
A. AIM the extinguisher nozzle at the ground and do a test squeeze. If the extinguishers functions properly then aim nozzle at base of fire. You should start approx. 12 feet from the burning object.
S. SQUEEZE the fire extinguisher handle, holding the extinguisher upright slowly approach the burning object.
S. SWEEP the nozzle from side to side slowly covering the base of the fire. The objective is to coat whatever is burning with the powder and extinguish the fire.
NEVER turn your back on what was burning – you need to back away slowly in case the fire reignites.

**Evacuation Routes:**

You must be familiar with the primary and secondary evacuation routes to the nearest exits in your work place. The secondary route should be used when the primary route is blocked. It is important to know these routes so if an evacuation should be called you can assist in getting people out safely.
Abduction Prevention Program

The general definition of an abduction is the unlawful seizure of someone from his/her parents, guardians or other persons to whom the patient has been entrusted.

C.H.C. has systems in place to assist in the prevention of babies or children being abducted. The systems are installed on the O.B. unit and Pediatrics unit. These systems control lights, horns, doors, and elevators to prevent people from taking a child off the unit.

In the event that the alarm is sounded, the switchboard should be notified and the overhead announcement made. The overhead announcement will initiate the response of staff. Each department has an assigned area they respond to when the announcement is made.

The Operator will make this initial announcement:

“Attention Please, Attention Please, we have a Code NA (nursery) or Code PA (name department) or Code AA (name of department) in progress. (Repeated three times)

NA = nursery; PA = pediatric; and AA = adult.

Staff should proceed to their assigned area at that time.

New employees, students, and volunteers should review the policy and assignment for the area they will be working in to aid in response time.

Prevention Measures:
The O.B. unit is a locked unit that requires staff to provide access for patients and visitors to the unit. The locked unit allows a secure and private area for moms and babies.

Children under the age of 10 are banded and monitored while a patient at CHC.

Systems control doors and elevators to slow down abductors trying to leave the unit.

Drills are completed to speed up response time and evaluate systems.

Electrical Safety

There are hazards in the workplace that you can help prevent. Electrical hazards can be eliminated or reduced by following the below rules:

Use electrical appliances or equipment with ground plugs.

Don’t remove or tamper with the third prong safety feature

Never use adapters to make a three prong plug work in an older outlet or extension cord.

Never bring or use two wire extension cords. These are not rated for use in health care and create a potential fire hazard from overheating.

Report all equipment with damaged cords or plugs right away.

Use only approved, good quality extension cords heavy enough for health care.

Never run extension cords under carpet, across traffic areas, or tack them to a wall. This could lead to damaged insulation and a fire or electrical hazard.

Never plug and extension cord into an extension cord or plug strip.

Never plug a plug strip into an extension cord or plug strip.

Evaluate need of equipment and request another outlet if equipment is necessary to complete your job.

Always unplug cords by pulling on the body of the plug

Never unplug something by pulling on the cord itself. This can damage the cord or plug and create a fire or electrical hazard.

Keep electrical appliances or equipment in good working order

Never use damaged equipment; this includes devices that have been dropped or have signs of physical damage.

Never use equipment that has gotten wet until it has been checked by Engineering or Bio med. Wet equipment can damage the building electrical system, cause injury to persons using the equipment.
If you find damaged equipment or get a shock from a piece of equipment, you need to take it out of service, tag it, and call Engineering right away.
Report any damaged electrical outlets or switches and/or loose cover plates
Never over burden electrical outlets by having multiple pieces of equipment operating from the same outlet.
Check with Engineering or Bio med prior to purchasing and /or bringing electrical equipment or appliances from home.
Electrical equipment must be safety checked prior to be plugged into the electrical system to prevent damage or overloading of the system.
Use of space heaters in CHC owned or managed is PROHIBITED

SAFE MEDICAL DEVICE ACT
In 1990, The Safe Medical Device Act (SMDA) is federal legislation which was designed so that the FDA could quickly be informed of any medical product that has caused or been suspected to have caused a serious illness, injury or death.
The FDA will then take immediate action to track and/or recall the product for further action. This law was passed to protect the public. Hospitals are required by law to report to the manufacturer and to the FDA any device that malfunctions (mechanical or user errors) and causes serious injury/illness, or death to patients or employees.
Report to the manufacturer and FDA when the facility has information that reasonably suggests a device has or may have caused or contributed to a patient’s death.
Report to the manufacturer when the facility has information that reasonably suggests that a device has or may have caused or contributed to patient’s serious injury (requiring medical or surgical intervention)
Reporting must be completed within ten working days after an event is determined to be reportable. SMDA requires medical device reporting by Device User Facilities and it’s referenced by the Joint Commission (EC.6.10.7).
Later in 1997, SMDA of 1990 was renamed to FDA Modernization Act of 1997. It became the guidance on FDA’s Transition Plan for Existing Postmarket Surveillance Protocols and device categories.
All reports must be filed using the FDA Form 3500A within 10 work days.
CHC Process:
When something happens the equipment must be pulled from use immediately and taken to Engineering where it can be locked away.
The nurse present contacts her immediate supervisor to review incident.
The attending physician is notified
Risk Management and Safety are notified
If it is determined to be a reportable incident then form 3500A will be completed.
The manufacturer will be notified and complete an on-site investigation along with CHC’s Bio med department.
CHC will send a finalized copy of our report to the manufacturer. The manufacture compiles all complaints on the product and sends a report to the FDA.
No patient information can be included in the report to the FDA without a signed release from the patient or legal representative.

WASTE MANAGEMENT
General Trash
Waste accumulated through normal business of the facility. This waste includes paper, cardboard, waste packaging materials, cans, bottles, and food wastes generated in areas such as offices, clinical areas, and break rooms.
On a regular basis trash receptacles are emptied and bags are tied closed. Tied bags are placed in carts and transported to the compactor. NO bags will be carried down the hallway! The compactor is picked up by a designated waste hauler and transported to the landfill.

**Recyclable Materials**
C.H.C. has a recycling program for cardboard, boxboard, paper, plastics, metal, fluorescent lighting, and batteries to help minimize impact to the environment

**Needles and Sharps**
Includes used needles and sharps that are ready for disposal. This includes all associated parts regardless of their use.
C.H.C. uses puncture resistant, leak proof, closeable containers labeled with a biohazard symbol to transport needles and sharps. Sharps containers have safety lids that prevent sharps removal once it is placed inside the container. Do not recap needles as this is an unnecessary risk to staff.
Sharps containers must be changed when they reach the ¾ full line or when they have reached the 90 day date placed on the container. Used containers are placed in the soiled utility room or department designated area.
Sharps containers must be dated when they are placed into service or when the first item is placed in the container. Containers must be changed out when full or at 90 days from start date.
Changing of sharps containers is a shared responsibility with nursing staff.
Environmental Services removes the sharps containers from the using department and places them in a red tub in the Bio Hazard room. Regulated Medical wastes are transported by a designated waste hauler.
Staff involved in packaging, handling, storing, or transporting regulated medical waste are trained when first hired and every 3 years after that.

**Infectious / Regulated Medical Waste**
Defined as any waste, solid, or liquid that is capable of producing infections.
These wastes are characterized by suspected or known presence of pathogens.
These wastes are bagged and then placed in a red liner inside a red bio – hazard tub. Liner is tied shut using a single knot once it is full and then the lid placed on the tub and tub is stored in Bio-hazard room in the Basement.
Infectious waste spills should be cleaned up immediately and then sanitized. Staff involved in the spill should start the clean up and then notify Environmental Services to sanitize the area.
All spills must be documented and reported to the Safety Officer.
All exposures or injuries from Infectious waste must be reported to Employee Health on an Incident form. Off shift employees can give the incident report to the Administrative Supervisor.

**SAFETY AND SECURITY**
Every employee can make a difference in how safe the work place remains. The follow are a few ways to help keep a safer environment:
Call Maintenance/ Security to report a suspicious person, suspicious activity, or a crime.
Call Maintenance/Security to escort you to your vehicle.
You are required to wear your C.H.C. name badge at all times while working
Badges are required to be worn on the front of the uniform, above the waist, and on the outer most garment.
Park your vehicle in assigned areas only and be sure to place personal items in the trunk and lock your doors.
Avoid carrying large sums of cash or valuables while at work.
Lock your office or work area if possible when it is unattended
Do not leave valuables at your work station; take it with you or secure it in a locked cabinet.
Never prop open a locked door as this allows people access to the facility without anyone knowing. If you find a propped open door, close it and report it to Maintenance.
Report broken, dim, or burned out lights to Maintenance/ Security. Remember that C.H.C. is a smoke free campus and encourage visitors to not smoke around buildings. Maintenance / Security can be reached by calling 4500 and local police can be reached by dialing 9-911. Incident reports should be filled out and turned in to assist with tracking incidents and planning ways to prevent them in the future.

All incident reports are presented and reviewed at Safety Committee. You can present the incident report at Safety, give it to your director, or to the Safety Officer.

**WORKPLACE VIOLENCE**

Workplace violence is violence or the threat of violence against workers. It can range from threats and verbal abuse to physical assaults and homicide. It can happen in or around the work place. People at risk are the ones that exchange money with the public, deliver goods or services, work alone or in small groups during late night or early morning hours.

C.H.C. has created a zero tolerance policy toward work place violence. Any report of workplace violence will be investigated and remedied immediately.

The following are ways to help prevent workplace violence:

- **Assess your work environment**
  Critically examine all areas of your work environment, including parking lots, entryways, reception areas, work areas, and offices. Is the lighting adequate? Are there escape routes? Is there a way to quickly summon assistance? If you have concerns notify the Safety Officer so that the concerns can be evaluated.

- **Pay attention to warning signs**
  Many people who become violent communicate their intentions in advance. Threats from customers, coworkers, or third parties should be reported immediately.

- **Promote respect**
  The best way to prevent violence in the workplace is to foster a day to day attitude of respect and consideration in your work environment.

- **Eliminate potential weapons**
  Take a mental inventory of objects available in your immediate work area that could be potential weapons.

- **Know your violence response procedure**
  Violence response procedures are simple plans designed to minimize injury during a violent incident.

- **Trust your instincts**
  You should notify your immediate supervisor, Maintenance/ Security, or the Safety Officer of any potential issues. Don’t ignore your internal warning system. If you sense impending danger, react accordingly. Let others know before something happens.

- **Use a team approach**
  If you are in a situation in which hostility could occur, use the buddy system and never allow yourself to be caught alone.

**Quality Services**

**Risk Management**

CHC is accredited by The Joint Commission (TJC)

- Care model:
  - Team approach for patient safety
  - Just Culture
  - Active Patient Safety Program
Oversight for patient safety program by Patient Safety Officer (Helena Alwood), CQC, Safety committee, & Board members

CHC encourages staff to report patient safety concerns to Directors or to Safety hotline: #4254

All staff can report patient safety concerns to TJC:

There is no disciplinary or punitive action against those who report safety or quality of care concerns to TJC

TJC has many standards addressing pt.’s. rights:

The hospital respect pt.’s. rights to participate in decisions about their care, treatment & services including the right to refuse treatment:

We must ask about advance directives & ensure most recent copy in the medical record

Must document whether or not the patient has an advance directive

The hospital respects the pt.’s right to receive information about the individual(s) responsible for, as well as those providing care, treatment, or services:

We must wear name badge & introduce self to pt.

Must provide pt. with name of physician

The hospital allows the pt. to access, request amendment to, and obtain information on disclosures of their health information, in accordance with law & regulations:

Pt. has right to view medical record

Pt. has right to amend medical record

Must contact Director of Medical Records &/or Risk Manager for aid in this request

The hospital respects the patient’s right to privacy:

Only those staff directly involved in treatment of the pt., acquisition of payment of services rendered, or other authorized organizational operations are allow to access pt.’s. medical record

Staff must adhere to strict confidentiality (HIPAA)

The hospital respects the patient’s right to pain management

The standard of care is effective ongoing pain assessment & pain management. This includes but is not limited to:

Acknowledging & accepting the patient’s pain;

Identifying the most likely source of the patient’s pain;

Assessing pain at regular intervals, with each new report of pain or when pain is expected to occur or reoccur;

Reporting the patient’s level of pain;

Developing the patient’s plan of care that includes an interdisciplinary plan for effective pain management involving the patient, family & significant other;

Educating the patient, family & significant other(s);

Evaluating the effectiveness of the strategies & the nursing interventions;

Documenting & reporting the interventions, patient’s response, outcomes;

Advocating for the patient & family for effective pain management.

The pt. & their family have the right to have complaints reviewed:

All staff must address pt. complaints or concerns

Customer relations program

Kristin Smith (Director of Pt. Experience) #279-5006

Patient may notify Medicare, Michigan Department of Health & Human Services, &/or TJC directly:
Ethical Aspects of Care

CHC ethics committee supports all individuals involved when an ethical question rises regarding the provision of care or services.

The goal of the Ethics Committee is to respect the rights & to promote the interests of the patient, clarify issues & promote mutual education.

Adverse Events

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

All Sentinel Events will be reported immediately, documented, & investigated:
- Variance Report
- Contact Risk Manager
- Contact Director, Administration, or Administrative Supervisor

In the event of equipment malfunction causing an adverse event the equipment shall be secured:
- Leave as is (i.e. same settings, plugged in)
- Contact Risk Manager or Director of Material Management immediately to secure the equipment involved

Root Cause Analysis (RCA) is conducted:
- Focuses on systems & processes, not individual performance
- Digs deeper by asking “what” and “why” until all aspects of the process are reviewed & all contributing factors (progressing from looking at special causes to common causes) are analyzed;
- Identifies potential improvements that could be made in processes & systems that would improve performance & decrease the likelihood of reoccurrence
- Results in creation of action plan

Infection Control
Hand Hygiene

Hand hygiene is one of the most important procedures to help prevent HAI. Performing hand hygiene helps reduce the spread of microorganisms (GERMS) to patients and to others, including staff. When hands are visibly dirty, contaminated, or soiled, wash with soap & water rubbing briskly for 20-30 seconds (& when caring for pt. with C-Diff)
If hands are not visibly soiled, use alcohol-based hand-rub for routine decontamination of hands by covering entire surface & rub together until dry

Indications for Hand Hygiene:

Before:
- Coming on duty
- Patient contact
- Donning gloves (esp. when inserting central line)
- Handling food
- Before inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don’t require surgery

After:
- Contact with patient’s skin
- Contact with body fluids, excretions, non-intact skin, & wound dressings
- Removing gloves
Using bathroom
Sneezing, coughing, & blowing nose

Fingernails
Natural nail tips should be kept to ¼ inch in length
No artificial nails should be worn when having direct contact with pt.’s
Nail polish should not be chipped

Precautions

Standard
Transmission Based
Contact
Droplet
Airborne

Standard Precautions
Apply for care of ALL patients!
Regardless of suspected or confirmed infection status of patient & in any setting healthcare is delivered
These practices are designed to both protect healthcare personnel (HCP) & prevent HCP from spreading infections among patients

*Standard Precautions include:*
- Hand hygiene
- Use of PPE (gloves, gowns, masks)
- Safe injection practices
- Safe handling of potentially contaminated equipment or surfaces in environment
- Respiratory hygiene/cover your cough etiquette

Transmission-Based Precautions
3 categories that are used when route of transmission is not completely interrupted by Standard Precautions:
- Contact Precautions (i.e. MRSA & C-diff)
- Droplet Precautions (i.e. Flu & Whooping cough)
- Airborne Precautions (i.e. TB, Measles, Chickenpox, & SARS)

Signs will be placed on door
Supplies will be in nurse caddy
Always wear the required PPE BEFORE entering room
Remove the PPE Before exiting room
Housekeeping equipment used to clean & disinfect a transmission-based precaution isolation room will be cleaned after every use in the isolation room

Contact Precautions
- Standard precautions +
  - gloves & gown for all interactions
  - with pt.
- Change gloves when contaminated
- Remove unneeded equipment
- Dedicate stethoscope & blood pressure cuff
- Wear surgical mask & eye shield when needed
Droplet Precautions
Standard Precautions +
surgical mask & gloves
Eye protection if needed
A new mask must be used with every time the room is entered & discarded upon exiting the room
Patients on Droplet Precautions who must be transported outside of the room will wear a mask & follow Respiratory hygiene/cough etiquette

Airborne Precautions
Standard Precautions +
N95 mask or PAPR
Requires patient to be in a negative pressure room
Door must always be closed
Put N95 mask on prior to going into & remove after outside room
Appointments made upon hire & yearly with employee

Keeping Things Clean
Top Six bacteria-harboring office items.
  - Telephone
    - Desk surface:  (400 X more bacteria per square inch than toilet seat!)
  - Keyboard
  - Mouse
  - Fax Machine
  - Photocopier

Keep surfaces visibly clean
Keep food & drinks in break rooms
If eat at a desk clean up crumbs & spills
Disinfect stethoscopes & other equipment used between each patient
Use EPA registered hospital detergents/disinfectants
Follow manufacturer guidelines
Wear gloves
2 minute kill time = treated surface must remain visibly wet for a full two (2) minutes to disinfect

Healthcare-associated infections (HIA’s)
Definition:
  Healthcare-associated infections are defined as infections not present and without evidence of incubation at the time of admission to the hospital
  Have a human cost - At least 5% of patients develop an HAI
  Painful & cause complications - In the US, the CDC estimates roughly 1.7 million HAI’s, cause or contribute to 99,000 deaths each year
  Are expensive
    - Increase hospital costs
    - Led to longer hospital stays
    - Led to lost work time for patients and staff
Most Common HAI:

**Catheter Associated UTI (CAUTI)**
- Preventing CAUTI – Foley Insertion
  - Inserted by only trained nursing staff & doctors
  - Hand Hygiene observed before insertion/handling of catheter apparatus
  - Use of smallest bore catheter as possible
  - Insert urinary catheters using aseptic technique and sterile equipment
  - Properly secure catheter to prevent catheter movement
  - Educate pt. & family on risk of infection
- Urinary tract infections (UTIs) are tied with pneumonia as the second most common type of healthcare-associated infection, second only to SSIs and account for more than 15% of infections reported by acute care hospitals

**Blood Stream Infections (BSI)**
- Central Line Associated Blood Stream Infections (CLABSI)
  - A CLABSI is a laboratory-confirmed bloodstream infection in a patient where a central line was in place for >2 calendar days before development of the bloodstream infection
  - Preventing CLABSI
    - #1 way to decrease central line infections is to use proper hand hygiene!
    - Follow proper insertion practices
    - Handle and maintain central lines appropriately
    - Promptly remove unnecessary central lines

**Surgical Site Infections (SSI)**
- SSI’s occur in 2%-5% of U.S. surgical patients or approximately 500,000 SSI/year
- These infections not only increase post-op days for patients but put them at 2 -11 times higher risk of death over surgical patients without an SSI
- 77% of deaths among patients with SSI are directly attributed to the SSI
- Preventing SSI – Surgical Care Improvement Project (SCIP)
  - C = Clip hair
    - Hair removal with clippers or depilatory method is considered appropriate. Razor use is considered inappropriate
  - A = Antibiotic Use
    - Delivery of IV antimicrobial prophylaxis within 1 hour before incision (2 hours are allowed for the administration of vancomycin & fluoroquinolones)
    - Use of an antimicrobial prophylactic agent consistent with published guidelines
    - Discontinuation of use of the prophylactic antimicrobial agent within 24 hours after surgery
  - T = Temperature Maintenance
    - Maintain normothermia for patients undergoing colorectal surgery
  - S = Sugar
    - Control blood glucose levels
    - Preventing SSI – Core Measures
      - VTE prophylaxis started within 24 hours of the procedure (either before or after)
      - Patients on a Beta Blocker prior to admission must receive a dose within 24 hours of their procedure (unless contraindication documented).
      - Foley placed in the O.R. must be removed by second post-op day or document the reason it was not removed
Peri-operative temperature management: at least one body temp > 96.8 within 30 before or 15 minutes after the anesthesia end time

Pneumonia - Ventilator Associated Pneumonia (VAP)

Clostridium Difficile

Clostridium difficile diarrhea, is a type of infectious diarrhea caused by the bacteria Clostridium difficile
Clostridium difficile is also known as CDF/cdf, or C. diff, & is a species of Gram positive spore bacteria
C. diff can be a part of normal colonic flora, but the bacterium is thought to cause disease when competing bacteria in the gut have been reduced by antibiotic treatment
C. diff is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon

What can we do?
Place pt. in Contact Precautions
Discontinue antibiotics if appropriate
Wash our hands with soap & water
Hand washing with soap & water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs
Wear appropriate PPE
Meticulous cleaning followed by disinfection with Hypochlorite solutions (Chlorine Bleach)

Hazard Communication

Safety Data Sheets and SDS Internet Access
All chemicals used by the Community Health Center of Branch County and its associated clinics have Safety Data Sheets (SDS) on file and may be found at the CHC Homepage. The SDS Internet Access Policy, Purpose, and Procedure can be found in the Hospital Safety Manual.

Safety Data Sheets (SDS) are available for review to all employees, vendors, volunteers or anyone directly associated with the Community Health Center of Branch County. Employees may access the website from any personal computer that has Internet access capabilities. The Director of Materials Management will be the administrator of the program. All new or revised SDS are to be sent to the Materials Manager for inclusion into the CHC chemicals listing database.

Located on each of the units and within the clinical and support departments is signage stating “This Workplace Covered by the Michigan Right To Know Law”. This sign is a reminder of where the SDS(s) are located, the person responsible for SDS(s) and a phone number to call for assistance in locating a SDS.

All SDS(s) have the same elements listed. There is a pictogram which instantly shows the dangers associated with the chemical. There is the product identifier giving the name of the product. A hazard statement identifies physical hazards of the chemical. The precautionary statement tells the user what protective equipment is to be used when handling the chemical and what to do if exposed to the chemical. There will also be manufacture information with address and telephone number.
Your responsibility is to become familiar with the chemicals that you may encounter when working at the hospital. Find a SDS on the hospital’s homepage, point out the pictogram, the product identifier, the physical hazard statement, and the precautionary statement.

**Incident Reports**

In the event of an incident a form must be filled out and presented to the director of the unit or the administrative supervisor. Events include but not limited to: patient fall, medication errors, strains, exposure, etc.

**Miscellaneous Patient Safety Items**

All medications are bar code scanned for safety purposes at the bedside. Some medications including insulins require a co-signature. Student nurses passing meds must do so with their instructor or another nurse; all meds require a co-signature.

Patient identification and result reporting are done using 2 patient identifiers. Name and DOB are the two most commonly used. The room number is not acceptable as a patient identifier.

CHC follows the John Hopkins Falls prevention program. Entire policy located on the intranet. Patients are evaluated each shift for their fall risk. Based on this assessment, the risk is determined and safety precautions in place such as bed alarm, chair alarm, leaf on door, non skid footwear, etc.

CHC enforces the “no pass” call light zone. If you see a call light on, you are to check with the patient to see what their need is and get the appropriate assistance if you are unable to complete their request.

**Look-Alike, Sound-Alike (LASA) Medications:**

1. buPROpion  
2. DAUNOrubicin  
3. DOBUTamine  
4. hydrALAZINE  
5. predniSONE  
6. vinBLAStine  
7. ALPRAzolam  
8. clonazePAM  
9. ePHEDrine  
10. metroNIDAZOLE  
11. morphine  
12. NovoLOG  
13. oxyCODONE  
14. PARoxetine  
15. quiNINE  
16. Solu-MEDROL  
17. traZODone  
18. glipiZIDE  
19. RABEprazole  
20. risperiDONE  
21. Zetia  
22. cefoXITIN  
23. CarDIZEM
24. omePRAZole  pramiPEXole
25. cefTRIAXone  cefTAZidime

CHC Safeguards with Look-Alike, Sound-Alike (LASA) medications include:
- Tall-man lettering adopted electronically and built into the hospital medication ordering software and the automated dispensing cabinets with automated alerts*.
- Use of auxiliary labels (Look-Alike-Sound-Alike) in medication storage areas.

*An alert to nursing staff displays when the nurse attempts to remove a LASA medication from the automated dispensing cabinet. The LASA medication requires caution and re-verification this is the intended medication. Always use precautions when administering medications from this list.

High Alert Medications:
1. Antithrombotic agents:
   - Warfarin
     - Low molecular weight heparin
     - Heparin, unfractionated
     - Dabigatran
     - Rivaroxaban
     - Apixaban
2. Opioids
3. Neuromuscular blocking agents
4. Chemotherapeutics
5. Insulin
6. Potassium IV, chloride and phosphate
7. Magnesium IV
8. Sodium Chloride Inj. > 0.9%
9. Nitroglycerin / nitroprusside IV
10. Thrombolytics (alteplase)
11. Midazolam (Versed)
12. Eptifibatide (Integrisil)
13. Methotrexate – oral and IV
14. Oxytocin IV
15. Promethazine IV

CHC Safeguards with High-Alert medications include:
- Standard medication concentrations
- Use of commercially available pre-mixed solutions
- Standard order sets built in hospital medication ordering software
- The use of Smart IV Pumps
- Use of auxiliary labels in medication storage areas
- Automated alerts*

*An alert to nursing staff displays when the nurse attempts to remove a high alert medication from the automated dispensing cabinet. The medication is a high alert medication and requires caution and re-verification that this is the intended medication.
Hospital Accreditation Program
National Patient Safety Goals Effective January 1, 2015

Goal 1 - Identify Patients Correctly
Improve the accuracy of patient identification.
Use at least two patient identifiers when providing care, treatment, and services.
Make sure the correct patient gets the correct blood when they receive a transfusion

Goal 2 – Improve Staff Communication
Improve the effectiveness of communication among caregivers.
Report critical results of tests and diagnostic procedures on a timely basis.

Goal 3- Use Medications Safely
Improve the safety of using medications. Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins.
Take extra care with patients who are on anticoagulants
Record and pass along correct information about a patients medications. Medication reconciliation.

Goal 6 – Use Alarms Safely
Reduce the harm associated with clinical alarm systems. Improve the safety of clinical alarm systems.

Goal 7 – Prevent Infections
Reduce the risk of health care–associated infections. Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines. Central line infections, urinary tract infections associated with catheters, surgical site infection prevention.

Goal 15- Identify patient safety risks
The hospital identifies safety risks inherent in its patient population. Identify patients at risk for suicide.
Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

**Prevent Mistakes in Surgery**

**Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™**

The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure.

The Universal Protocol is based on the following principles:
- Wrong-person, wrong-site, and wrong-procedure surgery can and must be prevented.
- A robust approach using multiple, complementary strategies is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
- Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success.
- To the extent possible, the patient and, as needed, the family are involved in the process.
- Consistent implementation of a standardized protocol is most effective in achieving safety.

The Universal Protocol is implemented most successfully in hospitals with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A hospital should consider its culture when designing processes to meet the Universal Protocol. In some hospitals, it may be necessary to be more prescriptive on certain elements of the Universal Protocol or to create processes that are not specifically addressed within these requirements. Hospitals should identify the timing and location of the preprocedure verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedure verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedure verification and site marking precede the final verification in the time-out). Preprocedure verification, site marking, and the time-out procedures should be as consistent as possible throughout the hospital. Note: Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure through to the performance of the procedure.

Conduct a preprocedure verification process.

**Forms to complete and Return prior to beginning clinical rotation on individual units:**
- PYXIS access form
- Confidentiality/Patient Identification form
- Department Specific Form
- Safety Form
- Accu-Check Inform II system competency (patient test and controls)
- Orientation Post Test
Addendum D
Oaklawn Hospital
Nursing Student Orientation Manual

Welcome to Oaklawn Hospital

This orientation manual has been created to assist students in becoming familiar with Oaklawn Hospital and some of our current policies and procedures.

Prior to coming to Oaklawn Hospital you will need to sign and return a signed confidentiality statement along with your driver’s license number. You can simply write it on the confidentiality statement.

You will need to do this each time you are scheduled at Oaklawn for a clinical rotation unless instructed otherwise by your faculty. This documentation is used to create a login for computer access here at Oaklawn. If we do not have the materials you cannot receive an identification number to access the computers.

You are not allowed to bring memory sticks to download information from Oaklawn computers.

You will be issued an identification badge that must be returned on your final clinical day here at Oaklawn. This badge should be worn with your college badge at all times.

Good luck and we wish you an enjoyable educational experience.

Oaklawn Hospital
Education Department
Christine Siebert BSN, RN-BC
Education Services Coordinator
(269) 789-8132
Oaklawn Hospital’s Mission Statement:

“We will provide personal, accessible and high quality care to improve the health and wellbeing of the communities we serve.”

Oaklawn Hospital’s Vision Statement:

“Striving for Perfect Care Every Time”

Oaklawn Hospital’s Culture and Values:

*Teamwork, Integrity, Loyalty, Respect, Diversity, Leadership, Quality*

Oaklawn Hospital’s Nursing Department Mission:

“When Promote Physical, Spiritual and Emotional Wellbeing of Others with Caring and Empathy through Relationship Based Care.”

Oaklawn Hospital’s Nursing Department Vision:

“To Become the Renowned Provider of Astonishing Nursing Care”.

Relationship-Based Care (RBC) Model Definition

We experience the essence of care in the moment when one human being connects to another. When compassion and care are conveyed through touch, a kind act, through competent clinical interventions, or through listening and seeking to understand the other’s experiences a healing relationship is created. Three enhancements to improve Patient Care when using the RBC Model:

- Hourly Rounding
- Primary Care
- Nursing Bedside Report
<table>
<thead>
<tr>
<th>CODE SUMMARY</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE BLUE</td>
<td>Cardiopulmonary Arrest</td>
</tr>
<tr>
<td>CODE GREEN</td>
<td>Violence - “Handle With Care Team”</td>
</tr>
<tr>
<td>CODE RED</td>
<td>Fire</td>
</tr>
<tr>
<td>CODE PINK</td>
<td>Stat C-Section</td>
</tr>
<tr>
<td>CODE ALERT</td>
<td>Infant or Pediatric Abduction</td>
</tr>
<tr>
<td>CODE D</td>
<td>Disaster</td>
</tr>
<tr>
<td>CODE E</td>
<td>Evacuation of Building</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>Lock Down of Facility</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>Paged as the actual condition</td>
</tr>
<tr>
<td>RRT Adult or Ped</td>
<td>Rapid Response Team</td>
</tr>
<tr>
<td>Barricade in Place</td>
<td>Active Threat</td>
</tr>
</tbody>
</table>
Fact Sheet

For Clinical Instructors/Students
Oaklawn Hospital, Marshall MI

1. **Parking:** Student parking is located south of Michigan Avenue on Green Street in the lot next to the Zion Lutheran Church. Student should **not** park in the parking ramp or lots near the hospital as these areas are reserved for our patients (see map attached).

2. **Cafeteria Hours:** 0700-1900 Monday - Friday
   a. *Hot Breakfast* 0730-0930
   b. *Hot Lunch* 1130-1330
   c. *Hot Dinner* 1630-1800
   d. *Vending Machines are available 24 hours a day*

3. **Ella’s Café Hours:** 0700-1700 Monday - Friday

4. **No Smoking** allowed on hospital grounds or in any buildings by patients, employees, visitors or students.

5. Please follow your school’s requirements for dress code and remember to **always wear your Oaklawn name badge** while on the clinical unit.

6. The Vocera is hands-free communication system used at Oaklawn and can be accessed from any phone within the hospital by dialing ext. 7919.

Call Christine Siebert in Educational Services at ext. 8132 with any questions or concerns during your clinical rotation.
Teach Back
Evidence-based patient teaching strategy

- Teach back: Simply asking your patients to repeat in their own words what they need to do related to what you just taught them.
- You do not want your patients to view the Teach Back task as a test, but rather of how well you explained the concept.
- Creates an opportunity for dialogue in which the provider gives information, and then asks the patient to respond and confirm understanding before adding any new information.
- A chance to check for understanding and, if necessary, re-teach the information.
  If patient is unable to restate what was taught
    o Re-phrase the information up to twice and then
    o Consider different teaching strategy; if verbal instruction isn't being understood perhaps utilize written material or videotape.
    o If patient continues to have difficulties teaching back what you have instructed consider having another staff member or a patient educator work with the patient.

When talking with patients & families ALWAYS:

- Use plain language
- Slow down
- Break it down into short statements
- Focus on the 2 or 3 most important concepts
- Check for understanding using Teach Back
- Ask open ended questions NOT Yes/No questions

Teach Back Language

Examples

- I want to make sure I did a good job explaining this to you. Can you show me how you’ll do this when you get home?
- If you were talking to your neighbor, what would you tell them we talked about today? I want to make sure I explained everything clearly.
- I want to be sure we have the same understanding of.....
- It’s my job to explain things clearly so.....
- Can you tell me in your own words.....
- When you get home today what will you tell your wife you need to do each morning.....with each meal.....perform.....etc?
- As you understand it tell me about.....?
- So I can be sure of myself & my instructions, please tell me how you will.....
- Please tell me in your own words how/when/with what you will take your.....
***Student Parking ONLY in parking lot F Zion Lutheran Church***
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

This Confidentiality and Nondisclosure Agreement (the “Agreement”) is made by the individual whose name and address is set forth below (“Individual”). This Agreement applies to any information obtained by an individual while at Oaklawn Hospital or any of its facilities or locations (collectively “Oaklawn”).

1. As used in this Agreement, “Confidential Information” includes, but is not limited to: (a) all patient medical records, or portions thereof, regardless of location, (b) the identity, condition or other identifying information regarding any patient Individual sees at Oaklawn; (c) correspondence or verbal information addressed to or from workforce members of Oaklawn concerning a specific, identifiable patient; (d) patient information verbally given to me by the patient or other persons; (e) diagnoses; (f) assessments; (g) medical histories; (h) operative reports; (i) discharge summaries; (j) nursing notes; (k) medications; (l) treatment plans; (m) follow-up care plans; (n) requests for and results of consultations; (o) results of laboratory, radiologic, or other medical tests; (p) demographic data; (q) financial funding information; (r) all passwords and codes provided to Individual; (s) information provided by and through Oaklawn’s computer software and system; and (t) all other types and categories of information which Individual knows or has reason to know Oaklawn intends or expects confidentiality to be maintained.

2. In exchange for access to Oaklawn Hospital’s facilities as determined by Oaklawn staff and Individual in furtherance of his or her visit to or employment by Oaklawn, Individual agrees to hold in confidence any and all Confidential Information and shall not disclose any Confidential Information to any other party or person at any time, except an authorized Oaklawn workforce member with a “need to know”, whether during or after the visit to or employment by Oaklawn. Individual understands and agrees that this Agreement does not grant Individual a license in or to the Confidential Information. Individual agrees that any disclosure or use of Confidential Information for any purpose will be considered grounds for administrative, civil, and/or criminal action or performance management in the case of employees.

3. Individual, if an employee of Oaklawn Hospital, acknowledges policies Information Security, User and Password Management and Health Insurance Portability and Accountability Act are located on the Oaklawn Hospital intranet under the Policy Manager system and can be accessed by all employees at any time.

Signed in the Presence of
These Two Witnesses

Dated: ______________________

___________________________
Signature of Individual

___________________________
Individual’s Printed Name

Individual’s Address, Position and Affiliation (if visiting in an official, professional, or business capacity)

Information Below to be completed for Employees, Students & Physicians Only

Employee Students Physician Driver’s License Number: ______________________
Employee Number: ______________________
Bar Code Number: ______________________
Department Number: ______________________
Department Name: ______________________
Job Title: ______________________

Page 118 of 139
Addendum E
Sturgis Hospital
All students must review this handbook and sign the attached form prior to first day of clinical experience.

*Sturgis Hospital is committed to providing excellent student experiences for those seeking healthcare careers. Students shall work with healthcare professionals in specific areas of interest.*
Mission Statement
Our Mission is to provide a broad range of high quality medical services that promote a healthy community, and to serve as the primary resource for the community’s need for primary care and specialty services.

Vision Statement
Our Vision is to be the preferred healthcare provider and the driving force for a healthy community through collaboration and the promotion of healthy lifestyles. We desire to continually improve our range of services; increase our financial viability and efficiency; and utilize our staff and facilities to provide the best possible patient experience.

Values: How do we want to act along the way?
Sturgis Hospital expects the very highest standard in human behavior and values the dignity of all people. It seeks to promote these values:

- Mutual respect for each other and our patients, treating each as we would want to be treated ourselves;
- Trust in one another;
- Commitment to the institution and the provision of quality health care;
- Positive attitudes regarding the institution and our mission; and
- Open communication at all levels throughout the organization, both inter- and intra-departmentally.

The Sturgis Hospital recognizes the contribution of the Board of Trustees, Medical Staff, Associates and Auxiliary, with each and every person playing an important role in the Hospital’s ability to provide quality health care.

Purpose: Why do we exist?
Sturgis Hospital exists to provide comprehensive, quality health care, appropriate to the needs of our community in a compassionate and empathetic manner. It acknowledges the importance of preventative medicine and focuses on the promotion of healthy lifestyle for all within the greater-Sturgis area.

Every department within the Hospital contributes an invaluable service toward the provision of quality health care from the organization as a whole. Each department exists for a specific purpose, yet no department exists solely on its own. We are all interdependent on each other.
Why Service Matters

The Cost of a Customer “The Ripple Effect”...

Traditionally:

- On average, every satisfied customer tells five people about an outstanding experience.
- On average, every unsatisfied customer will tell 8-20 people about a bad experience.
- For every unsatisfied customer who complains, there are 26 unhappy customers who will say nothing. Most will simply take their business elsewhere.

Today:

- Times have changed. With all of the mass media options such as texting, Facebook, Twitter, and YouTube, communicating about one’s satisfaction or dissatisfaction with service is easier than ever.
- Patients or customers can share their experiences with millions in an instant—which is why we need to always do our best to adhere to the Standards of Professional Excellence.

The following Standards of Professional Excellence are an expectation for associates and students to follow.

Customer Service

- Greeting everyone with a smile, making eye contact and offering a greeting when passing such as “Good Morning.”
- Noticing if customers appear in need of assistance and immediately offer to help.
- Providing explanations in terms that can be easily understood without using abbreviations or medical jargon.
- Anticipating, explaining, and apologizing for any delays.
- Continually striving to exceed customer expectations.
- Establishing trust with my customers by following through with their requests in a courteous and timely fashion.
- Anticipating the needs of customers and their families, and accommodating their special requests.
- Utilizing AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You).
- Answering call lights promptly, in a positive and caring manner.
- Asking, “Is there anything else I can do for you?” before leaving every patient or ending a telephone conversation.
- Rounding on patients hourly and completing bedside rounding when my shift ends. Introduce my replacement by name and ensure they will provide excellent care.
Teamwork

- Welcoming and introducing myself to new and unfamiliar staff.
- Helping others without being asked and asking for help when needed.
- Taking pride in the organization, as if I own it.
- Respectfully addressing problems with peers involved and following the proper chain of command.
- Treating fellow peers with courtesy, honesty, and respect.
- Communicating openly and positively with co-workers.
- Working together to create solutions and avoiding the “We/They” approach to resolving issues.
- Accepting responsibilities and being accountable for my actions.
- Praising one another’s accomplishments and complimenting frequently when warranted.
- Encouraging others when opportunities to do so arise.
- Recognizing the value of other people’s work, and remembering there is no “I” in Team.

Attitude

- Displaying a professional and positive attitude at all times.
- Being honest and kind during all interactions.
- Being respectful of peers, customers, and patients by refraining from gossip within our facility and in the community.
- Providing more than people expect with compassion, integrity, and excellence.
- Refraining from discussions about personal matters in the presence of patients and customers.
- Projecting a positive attitude by smiling, being friendly and courteous and saying “Please” and “Thank You.”
- Avoiding use of these kinds of phrases: “It’s not my job.”
- Admitting to mistakes. Learn from them so they are not repeated and move on.
- Avoiding displays of frustration or stress to our customers and co-workers.

Respect and Professionalism

- Wearing student name tag at eye level, visible at all times and maintaining its integrity.
- Maintaining confidentiality by following HIPAA guidelines.
- Respecting human dignity.
- Honoring a patient’s privacy by closing curtains or doors during exams and procedures.
- Asking permission before examining a patient and providing an explanation during the exam.
- Having meals in the cafeteria or designated break areas; never in a patient care area, clinical work space or within public view.
- Respecting the workplace and environment by keeping all areas clean, tidy, and safe.
● Refraining from inappropriate language or gestures.
● Speaking in moderate tones; being aware of my surroundings and level of voice.
● Presenting a clean, professional appearance.
● Limit cell phone and social media use according to policies.

Leadership
● Seeking solutions that promote quality.
● Ensuring a safe environment.
● Providing an environment that enhances knowledge and skill.
● Addressing issues in a discrete and respectful manner.
● Ensuring an environment that is free from harassment.
● Promoting an environment that supports the Stand of Professional Excellence.

Safety
● Following department, hospital, state and federal safety procedures.
● Abiding by the hospital’s safety policies and procedures and being knowledgeable in the role I must perform during safety codes/drills.
● Using only approved safety devices.
● Making sure that each patient has an ID band in place and that patient identification is verified.

Hospital Code of Ethics
This Code of Ethics requires truthfulness, honesty, and integrity in all human activities. Furthermore, all share to some degree in the responsibility of observing the Code of Ethics that regulates the activities of physicians and staff. In general, the following apply:

1. The health and welfare of patients must be placed above all personal and financial interests by each associate.
2. Physicians have the training, primary responsibility and legal right to diagnose and treat human illness and injury. Refrain from making any decisions or expressing opinions or performing functions that require medical determination.
3. All information concerning patients, fellow associates and other hospital business of confidential nature must NOT be discussed with persons not concerned with such information, and certainly never with people outside the Hospital. **All information regarding medical records or health status shall be treated confidentially.**
4. Students are not to burden patients or other associates with their problems. Students must maintain a professional relationship with patients. A student’s conduct should be consistent with the responsible image that the hospital wants to project to patients, visitors, and the general community.

**Any violation of the Code of Ethics will be subject to review by the Department Director in conjunction with the Human Resources Director for corrective action.**
**General Safety**

If you have any concerns while at Sturgis Hospital, please report this to the Human Resources Department. They can assist with answering questions or addressing any needs. The following are some general safety guidelines to follow while at the hospital:

- Students will act under the supervision of a staff member or instructor. You are to follow their direction.
- **Please eat a good breakfast before coming to the health care facility.** This helps to ensure that you will not have any symptoms such as dizziness, nausea, or faintness during the time that you are here at the hospital.
- Sturgis Hospital does not allow smoking in the facility. We are a smoke-free facility. If you or someone requests, there are designated areas outside of the building that are marked with signs.
- If someone approaches you with a complaint that you are not able to assist them with, please find the closest staff member to assist the person with the complaint process. Sturgis Hospital wants to make sure that everyone has an exceptional experience and becomes a loyal customer.
- Corporate Compliance is a way for hospitals to address concerns with procedures that may cause problems with billing and/or payments. If anyone approaches you with these concerns, please refer them to the closest staff member.
- Patient Bill of Rights is posted in the main lobby and available for anyone that has questions about their rights while a patient at Sturgis Hospital.

**Dress Code**

- As a student, you are considered part of Sturgis Hospital and must follow hospital dress code.
- You must wear your student identification name badge at all times while in the health care facility.

**Patient Safety**

Administration believes that improving patient safety is one of the most important challenges that we face in Sturgis Hospital and the healthcare industry. One of the hospital-wide goals is to be proactive in preventing errors and complications. To assist in accomplishing this goal, we are committed to searching for “best practices”, benchmarking, studying designs, or systems, processes, and searching for methods of strengthening our existing system designs by adding risk reduction strategies. Sturgis Hospital follows the Patient Safety Plan policy in order to meet these safety needs.
Safety Codes
The hospital has various safety “codes”. You are to follow the directions, unless otherwise instructed by your assigned staff member or the Unit Director:

- **Code Red (Fire)** - There is a fire in the area announced. Go to the nearest stairwell and/or exit the building until there is an “All Clear” announced. **Do not use the elevator.**
- **Code Grey (Tornado)** - There is a tornado warning in the area. Go to the basement cafeteria and wait for an “All Clear” to be announced.
- **Code D (Disaster)** - There is a disaster that is requiring extra “hands” for assistance, usually in the Emergency Department. **Please do not enter this area unless directed.**
- **Code Blue (Cardiac Arrest)** - There is a medical emergency. **Please do not go to this room or area unless directed by hospital staff.**
- **Code NA/PA (Newborn or Pediatric Abduction)** - Yourself or your bags may be checked prior to you leaving the facility.
- **Code Orange (Bioterrorism)** - There is a hazmat situation. **Please stay in your area.**
- **Code Pink (Nursery)** - There is a medical emergency. **Please do not go to this room or area.**
- **Code H (Hostile Situation)** - There is someone physically being held against their will or has weapons. **Do not leave your assigned area unless directed** to do so or an “All Clear” is announced.

Fire Safety
RACE is an acronym used to remember what to do in a fire:
- R-rescue (help those around you, if able)
- A-alarm (pull the alarm closest to you)
- C-confine (pull door closed, if able)
- E-extinguish with the fire extinguisher

PASS is an acronym used to remember how to use a fire extinguisher
- P-pull the pin
- A-aim the hose at the fire
- S-squeeze the handle
- S-sweep across the fire

Patient Confidentiality
During their experience, students will be exposed to confidential patient information.

- Patient information may seem harmless to you, but not to the patient. It is the patient’s right to have information kept private. Examples of confidential information may include:
  - Details about illnesses or conditions: An example is- “I saw a 20 year old male with a gunshot wound today” - You may not believe that you gave out any
information but you gave 3 specific details out. They are age, diagnosis, and area of treatment.

- Information about treatments- “They put a chest tube in this man”- You stated a specific treatment detail.
- Photographs or videos of a patient
- A health care provider’s notes about a patient
- Conversations between patient and healthcare provider
- The name of providing healthcare professional- “The nurse, Mary let me watch” or “Dr. Bob treated the patient fast”

- **DO NOT talk about patients in public or with family and friends.**
- Failure to protect patient confidentiality can lead to legal and disciplinary action against the hospital or yourself.
- Please do not acknowledge patients if you know them, unless they first acknowledge you. An example of this would be: Your friend’s brother is a patient in the Emergency Department. You would like to be nice and talk with him. As a student, you cannot approach or talk to him unless he acknowledges you or initiates conversation first.
- Please talk with your assigned staff member if you have any questions or concerns.
- **Any breach in patient confidentiality may result in immediate dismissal from the health care facility**

**Document Information**

Sturgis Hospital has many policies to follow. These need to be controlled and are only printed to be used at the bedside and then discarded. This prevents practicing outside the standards of care when a policy has been updated.

**Internal Reporting**

Internal Reporting is used for adverse patient events. This is an event not consistent with the desired operation of the facility or the care of the patient. An example of this is a patient or visitor falling, equipment not working properly, a reaction to a medication, etc...

If you have concerns or witness an adverse event, please report this to your instructor or staff member. This allows us to fix any safety issues or processes.

**Hand Washing/Infection Control**

The best way everyone can help with preventing the spread of all infections is to **WASH YOUR HANDS**:

Proper Hand Washing Includes:
- Turn on warm water and lather up
- Wash for 15-20 seconds
- Rinse with fingertips down
- Dry hands
- Turn off faucet using paper towel
When to wash your hands:
- Regularly throughout the day
- Before and after eating
- Before and after drinking
- Before and after applying makeup
- After using the restroom

***Note: If you are not feeling well, running a fever, or have other symptoms of illness, please do not come. Please call your instructor and the Unit Director so that your day can be rescheduled***

Additional Information
Cafeteria
- Located in the lower level next to the double elevators
- The cafeteria opens at 7:00 a.m. daily and closes at 6:15 p.m. A breakfast buffet is offered from 7:00 a.m. until 10:00 a.m. Lunch is available, cafeteria style, from 11:00 a.m. until 1:15 p.m., and dinner from 4:30 p.m. until 6:15 p.m.
- In addition to the cafeteria, vending services are available in the cafeteria 24 hours a day.

Parking
- Students should park in the back section (farthest from the hospital) of the main parking lot which is close to Myrtle Avenue.

If you have any questions or concerns during the time you are at Sturgis Hospital, please contact the unit Director or assigned preceptor.

For more information, please contact:
Trudy Harker
Sturgis Hospital
916 Myrtle Ave.
2nd Floor
Sturgis, MI 49091
269-659-4407

Revised 11/2014
CONFIDENTIALITY STATEMENT

I acknowledge that I have read, understand and agree to follow the rules and guidelines listed within the Student Orientation Handbook. In the performance of my duties as a student at Sturgis Hospital, I must hold patient/medical information in strict confidence. I understand that any violation of these rules and guidelines, or failure to present this form, will result in non-participation for my scheduled day and could result in termination of my privileges as a student at Sturgis Hospital.

INFORMATION SYSTEMS CONFIDENTIALITY AND SECURITY AGREEMENT

I, the undersigned understand and agree to the following:

- Security codes are intended to protect and maintain the privacy and confidentiality of information from untrained and unauthorized personnel. Information must be accessed only by appropriate, qualified individuals based upon their need to know.
- I will assign my personal security code (password) in the Meditech system at first entry, which will automatically expire every 90 days. At this time, I will be prompted that my password has expired and will enter a new password for myself.
- My password is not to be disclosed to and/or used by another individual.
- Since I am responsible for work done under my name, I will log off each time I leave my terminal to prevent use by another individual under my password.
- Each time I use Meditech, the system identifies me and tracks the functions performed. Audit reports list all functions accessed under my password. The audit reports are reviewed on an ongoing basis to assure compliance with this policy and protect the privacy and confidentiality of our patients.
- Unauthorized or inappropriate use may lead to disciplinary action and/or revocation of my password.

__________________________________________  ___________  
Print Name  Date

__________________________________________
Student Signature
Addendum F
Clinical Orientation Manual
Competency Test
Directions: For true and false questions circle “T” for true and “F” for false. For multiple choice questions circle one answer.

1. T or F  Clients have the right to considerate and respectful care only if they are considerate and respectful of the staff.

2. T or F  A client has the right to refuse a recommended treatment or plan of care.

3. T or F  Talking in the staff break room about a client’s bad attitude, toward his special diet, is not considered an invasion of privacy since only hospital staff is present.

4. T or F  Each client has the right to have an advanced directive concerning treatment.

5. T or F  All clients/residents should be encouraged to do as much for themselves as they can.

6. T or F  It is appropriate to share client health care information with any family member that requests it.

7. The confidentiality of clients/residents must be protected with regard to which of the following types of information?
   A. Verbal.
   B. Written.
   C. Computer.
   D. All of the above.

8. The government felt that confidentiality was such an important issue in healthcare that congress passed the:
   A. Health Privacy Act (HPA).
   B. Health Insurance Portability and Accountability Act (HIPAA).
   C. Health Operations & Privacy Act (HOPA).
   D. Health Confidentiality Act (HCA).
9. Which of the following could be a consequence for breaching confidentiality?

A. As a nursing student, it could lead to dismissal from the nursing program.
B. As a nurse, the Board of Nursing may suspend or revoke your license.
C. As a nurse, your employer could terminate your employment.
D. A lawsuit could be filed with legal penalty.
E. All of the above.

10. List the National Patient Safety Goals (NPSG) for Hospital and Long Term Care settings in 2013. Give an example of how you would meet each goal.

#1 _________________________________________________________________________
Example: _________________________________________________________________
_________________________________________________________________

#2 _________________________________________________________________________
Example: _________________________________________________________________

#3 _________________________________________________________________________
Example: _________________________________________________________________

NOTE: [#4 through #5 not applicable or resigned from list]

#6 _________________________________________________________________________
Example: _________________________________________________________________

#7 _________________________________________________________________________
Example: _________________________________________________________________

NOTE: [#8 not applicable or resigned from list]

#9 _________________________________________________________________________
Example: _________________________________________________________________

NOTE: [#10 thought #13 not applicable or resigned from list]

#14 _________________________________________________________________________
Example: _________________________________________________________________

#15 _________________________________________________________________________
Example: _________________________________________________________________

[#16 not applicable or resigned from list]

Universal Protocol _________________________________________________________
Example: _________________________________________________________________
11. What are the principles that the Consumer’s Rights are based on?

   A. Ethical and governmental regulations.
   B. Specific hospital regulations only.
   C. County prosecutor’s office regulations.
   D. Previous legal documents.

12. Which of the following best explains the standard of professional conduct?

   A. The health care provider and nursing personnel must be available twenty-four hours per day, seven days a week, for work.
   B. The type of behavior that each health care provider is expected to maintain.
   C. The rule that the provider with the most education has the right to obtain their desired work hours over less educated providers.
   D. The type of behavior deemed appropriate by only the provider with the most seniority.

13. Which of the following may be a consequence if a nurse fails to report abuse or unethical behavior/treatment?

   A. There usually is no action taken in a majority of cases.
   B. The Board of Nursing (BON) may suspend or revoke the nurse’s professional license.
   C. A monetary fine is never an end result of legal action.
   D. The majority of these lawsuits are never taken seriously.

14. T or F Elderly women, pregnant women, and young children are at greater risk for mistreatment/abuse.

15. T or F Adequate staffing, high employee satisfaction, and a nurturing work environment increase the risk of mistreatment/abuse to clients/residents.

16. What is customer service?

   A. Excellent professional service and care provided throughout the client’s contact with a health care provider or health care service.
   B. The client’s privilege to make long distance phone calls.
   C. Making sure that the client knows what your job is and your job description.
   D. Customer service is helping only those people that you know to feel better.

17. Which of the following are qualities that will help to make a good first impression to customers?

   A. Disorganized and nonprofessional appearance.
   B. Professional appearance, organized, and courteous actions.
   C. Inappropriate responses to client/resident and a hurried and noncaring manner.
   D. Nonempathetic and stressed demeanor.
18. Which of the following may cause poor communication to occur between a client and the nurse?

A. Being a good active listener.
B. Using appropriate language skills.
C. Maintaining appropriate body language.
D. Significant language and/or cultural differences.

19. T or F Good communication skills include appropriate body language, active listening skills, and appropriate tone of voice.

20. T or F When you become aware that you have poor communication skills, there is never any way to improve upon them.

21. The “Michigan Right to Know” law is designed to protect:

A. clients from medical malpractice.
B. hospitals from extremely harsh accreditation guidelines.
C. hospital administrators from hiring substandard employees.
D. employees from chemical hazards in the work place.

22. The MSDS is the:

A. Material Safety Data Sheet.
B. Michigan Safety Data Sheet.
C. Marginal Security Documentation Sheet.
D. Medical Solutions Distribution Sheet.

23. Labeling of potentially hazardous chemicals must include:

A. research on past exposures.
B. phone numbers of emergency contacts.
C. name and address of the manufacturer.
D. work areas where this chemical is permitted.

24. If eye contact with a hazardous chemical is experienced, the eye should be:

A. bandaged securely (sterile technique) for 5-10 minutes.
B. flushed with saline.
C. flushed with running water 10-15 minutes.
D. exposed to air currents and an antibiotic ointment should be applied.

25. Documentation of chemical exposure would include a/an:

A. shift report sheet.
B. incident report.
C. kardex.
D. supervising manual.
26. What acronyms are used to assist staff in recalling their responsibilities in response to a fire and the use of a fire extinguisher?

   A. For fire response:
      _____ _____ _____ _____

   B. For extinguisher response:
      _____ _____ _____ _____

27. What does each acronym stand for:

   A. For fire response:
      _____ = _______________
      _____ = _______________
      _____ = _______________
      _____ = _______________

   B. For extinguisher response:
      _____ = _______________
      _____ = _______________
      _____ = _______________
      _____ = _______________

28. Identify three fire prevention techniques that you should follow?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

29. Identify three interventions that you would perform to protect your client in the event of a tornado warning?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

30. Identify what responsibilities you have in case of a client abduction or elopement?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

31. What is the main technique that can be used by health care workers to prevent the spread of infection to clients?
   __________________________________________________________________________
32. Identify four examples of personal protective equipment.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

33. T or F    Clients may be a source of infection for health care workers.

34. T or F    Health care workers may be a source of infection for clients.

35. When should the nurse wash her hands?

   A. Before and after touching a client.
   B. Upon completion of a client’s procedure.
   C. After removing gloves.
   D. After picking up items from the floor.
   E. All of the above.

36. Incident reports may also be called:

   A. variance reports.
   B. misconduct reports.
   C. employee documentation reports.
   D. error documentation reports.

37. Who should complete an incident report?

   A. The assigned unit manager.
   B. The shift charge nurse.
   C. The witnessing nurse.
   D. The involved team leader.

38. Documentation of an incident should include:

   A. a news release.
   B. a note in the client’s chart regarding the incident report.
   C. completion of an incident report.
   D. a memorandum to the CEO.

39. The incident report should include the:

   A. complete name of the person involved.
   B. name and position of the supervisor.
   C. possible causes of the incident.
   D. opinions regarding the party at fault.
40. Risk management programs are designed to:

A. determine which employee or employees are at fault.
B. identify, analyze, and treat risks.
C. help agencies determine which employees are better risks.
D. analyze the risk/benefit ratio of each unit.

41. T or F Client consent is necessary for the use and release of any stored information that can be linked to the client.

42. T or F Do not leave information about clients displayed on the monitor screen when you leave the computer.

43. T or F Never give your password or computer signature to anyone.

44. T or F Once you have logged on with your password you can leave the computer and no one but you can access the information on the system.

45. T or F Client confidentiality does not matter when working on the computer.

46. T or F Always follow the clinical facility’s confidentiality procedures when documenting sensitive material, such as HIV status.

47. When preparing to assist an adult client to move from the bed to a chair you can increase your balance and stability by:

A. using minor muscles groups to their fullest advantage.
B. increasing your base of support and lowering your center of gravity.
C. rocking forward and helping to push the client to the chair.
D. altering the client’s center of gravity by raising his arms.

48. Work close to an object that you are going to lift or move to:

A. be able to make body contact with the object.
B. be able to determine what the object will weigh.
C. help bring your center of gravity close to the object.
D. be able to use your back muscles to lift.

49. When lifting an object:

A. use the strong muscles of your back.
B. bend at the waist to pick the object up.
C. bend your knees and use your stronger leg muscles to lift.
D. curve your back and lean over the object that you are lifting.
50. When transferring a client from chair to bed, “rocking” is sometimes done to:

A. use the weight of your body as a force to pull the client to a stand.
B. move the client toward the front of the chair.
C. enable you to count to three with the client.
D. give you and the client time to think about the transfer technique.

51. When changing an occupied bed, the bed should be:

A. in the lowest position.
B. in the highest position.
C. with the side rails down.
D. in a position of comfort for you.

52. For the following unacceptable abbreviations, what is the acceptable documentation?

<table>
<thead>
<tr>
<th>Unacceptable Documentation</th>
<th>Acceptable Documentation</th>
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<tbody>
<tr>
<td>Q.D. or q.d.</td>
<td>Q.O.D. or q.o.d.</td>
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<tr>
<td>DC</td>
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Kellogg Community College
Nursing Education
Documentation of KCC Nursing Student Clinical Orientation (2015-2016)

Content Areas To Be Covered In Clinical Orientation

1. Mission, Vision, and Values of the Clinical Facility
2. Clinical Facility Codes
3. Clinical Facility Security Contacts
4. Tour of Clinical Facility and Tour of Unit Assigned
5. Review of Unit Equipment to be used by Nursing Students
6. Review of Clinical Facility Documentation/Charting
7. Clinical Facility Parking Regulations and Smoking Regulations
8. The Kellogg Community College Nursing Student Clinical Orientation Manual
   a. The Patient Care Partnership and The Rapid Model for Guarding Resident’s Rights
   b. Confidentiality and Privacy
   c. Patient Safety and 2015 National Patient Safety Goals
   d. Consumers Rights
   e. Customer Service
   f. Michigan’s Right to Know Law
   g. Fire Safety and Emergency Conditions
   h. Infection Control
   i. Risk Management and Incident Reports
   j. Computer Securities
   k. Body Mechanics and Back Safety
   l. List of Acceptable and Unacceptable Abbreviations
   m. Addendum A – For students attending Borgess Medical Center
   n. Addendum B – For students attending Bronson Methodist Hospital or Bronson Battle Creek
   o. Addendum C – For students attending Community Health Center of Branch County
   p. Addendum D – For students attending Oaklawn Hospital
   q. Addendum E – For Students attending Sturgis Hospital
9. Signing of Facility Confidentiality Forms (see note)

Note: Item 9 may not yet apply to all clinical facilities. It is the responsibility of the clinical instructor to ask their clinical facility if this is a requirement and obtain the necessary forms for the students to sign.

<table>
<thead>
<tr>
<th>Nursing Student Name (please print)</th>
<th>Signature of Nursing Student</th>
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I, __________________________________________, certify that the above clinical orientation for
(Instructor’s name, please print)
________________________________________, has been completed with the nursing students listed above.

(Clinical facility’s name, please print)

Instructor signature: ___________________________ Date: ______________
Facility/Unit Signature (if required): __________________________

Clinical Instructor-Please submit one copy to clinical agency and one copy to KCC Nursing Department.