Standardized Orientation

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Standardized Orientation for Students

I. HOSPITAL ENVIRONMENT

A. Security

The safety and security of students when they are in a health care environment is of the utmost importance. Students are expected to engage in activities that promote personal safety and security.

1. **General Guidelines**
    a. Do not bring purses or other valuables to clinical, as space to securely store may not be available.
    b. Lock any valuables and personal items in the trunk of your car ***prior to arriving at the clinical facility*.** This includes purses, CD's, cell phones etc. that might be visible in your vehicle.
    c. Only carry minimal cash on your person.
    d. Leave jewelry at home.
    e. Always wear proper identification (your student badge) while on affiliating agency property.
    f. Always be aware of your surroundings and alert for any suspicious activities or individuals.

2. **Parking Areas**
    a. Park only in assigned/designated areas per agency guidelines.
    b. Always be alert when walking through parking lots.
    c. Be alert for and report any suspicious individuals or activities.
    d. When entering or leaving the facility in the early morning or late evening when it is dark:
        1. Park in well-lit areas.
        2. Use a buddy system, so you are not walking in and out alone.
        3. Have your keys ready to unlock your car.

B. Safety

1. **Hospital Safety**
    a. General Safety Rules
        1. Report all accidents/incidents to your faculty and unit management.
        2. Know and comply with safety rules and use the safety equipment provided.
        3. Report all unsafe or hazardous conditions.
        4. Obey safety signs and notices.
        5. Smoke in designated areas only.
        6. Know personal responsibilities in the event of a fire or other disaster.
        7. Keep personal work areas neat and clean.
        8. When in doubt, ask the person in charge.
    b. Lifting, Carrying, Patient Transferring

1. Lifting and Carrying
   Lifting and carrying are so much a part of everyday routine that most persons give it little advance thought. This sometimes results in pulled muscles, strains, and sprains of the back. Many back injuries can be prevented by proper utilization of body mechanics to avert strain when lifting and carrying heavy or bulky materials. The following procedure is designed to make safe use of the body as a perfect and safe lifting device. Before lifting, think about the load you'll be lifting. Ask yourself the following: Can I lift it alone? Do I need mechanical help? Is it too awkward for one person to handle, or should I ask for help? If the load is manageable, use the following techniques to avoid injury:
   a. Tuck your pelvis - by tightening your stomach muscles you can tuck your pelvis which will help your back stay in balance while you lift.
   b. Bend your knees - Bend at your knees instead of at your waist. This helps you maintain your center of gravity and lets the strong muscles in your legs do the lifting.
   c. Hug the load - Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.
   d. Avoid twisting - twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.
   e. Make sure that your footing is firm when lifting and that your path is clear. Use the same techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift.
2. Patient Lifting and Transferring
   Assistive devises are available to assist you in lifting and/or transferring patients. These include, but are not limited to, mechanical lifts, gait belts, transfer boards, etc. Always seek assistance from unit staff when needed.

c. Avoiding Cuts and Needle Punctures
   To prevent cuts and needle punctures:
   1. Put away sharps in designated location when not in use.
   2. Avoid trying to catch a sharp object or glass object if it starts to fall.
   3. Dispose of broken glass and crockery immediately.
   4. Wrap ampules, glass tubing, flask stoppers, and similar items in a towel before twisting, pulling or pushing.
   5. Avoid digging into a waste basket. If trying to locate an object, hold the waste basket by the sides and dump onto a sheet of paper.

6. Report and treat immediately all needle punctures and cuts.
7. Avoid overfilling of sharps containers.

d. Preventing Patient Falls
See agency specific fall protocols.

2. Fire Safety Response

If fire is in your immediate area, remember the acronym **RACE:**

Rescue persons in immediate danger;
Alarm – call the alarm;
Confine the fire by closing the doors;
Evacuate the area by horizontal evacuation or **E**xtinguish the fire.

If possible and it does not put you in danger, extinguish the fire with a fire extinguisher. Remember the acronym **PASS** for using an extinguisher (below). If you cannot safely extinguish the fire, leave the area. Seal off the room with a damp towel or blanket at the base of the door.

Pull the pin;
Aim at the base of the fire;
Squeeze the lever;
Sweep from side to side.

3. Infection Control / Personal Protective Equipment (PPE)

The following information regarding infection control issues and Standard Precautions is generic. Each health care facility with which you are affiliated will have its own specific policies and procedures.

- It is your responsibility to learn where the Personal Protective Equipment (PPE) is located in each health care setting.
- Isolation precautions may differ from one health care setting to another. Always read and follow the signs that are posted by the door to a patient's room.
- If you should sustain a needle stick injury or blood exposure, notify your faculty and management at once. The follow-up offered may differ from one facility to another.

Additional information about infection control will be found in the health care setting's infection control policies. Please contact the infection control practitioner for that facility if you need clarification of a policy or procedure.

a. Hand Washing
Washing your hands is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Frequent hand washing removes germs that you may have picked up on your hands through various types of contact. When washing your hands, it is important to use an adequate amount of soap, lots of running water, and lots of friction.

Always wash hands:

1. Before and after work shift
2. Before and after contact with each patient
3. After contact with soiled material or equipment
4. Before and after eating or smoking
5. After using the toilet
6. After blowing your nose or covering a sneeze
7. Before handling food or administering medications
8. Before any contact with your eyes or contact lenses
9. Whenever you think they may be contaminated
10. After removing gloves

b. Standard Precautions

Healthcare workers face the risk of acquiring infections from patients. Several blood borne diseases have been transmitted in the healthcare setting, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

Standard Precautions were developed to protect healthcare workers from the risk of occupational exposures to infectious organisms. Standard/Universal Precautions require the use of protective barriers, PPE, to prevent contact with infectious agents that may be present in blood and body fluids. Types of PPE include latex, vinyl or synthetic gloves, masks and eye protection, moisture resistant or impervious gowns, and other apparel as needed. It is not always known when patients are infected with blood borne or other infectious agents. Therefore, use Standard Precautions each time you anticipate contact with the blood or body fluids of every patient.

The type of protective barrier depends on the type of exposure you anticipate. Every healthcare facility has a variety of PPE available. It is your responsibility to locate the PPE during your orientation to each facility, and to wear it when you anticipate contact with blood or body fluids.

c. Transmission-Based Isolation Categories

In 1996, the Centers for Disease Control and Prevention (CDC) recommended the following transmission-based isolation categories to prevent the transmission of infections in the hospital setting. When indicated, Transmission-Based Isolation precautions are used in *addition* to Standard Precautions**.** These recommendations prevent the spread of infections by interfering with the mode of transmission. They may not be practiced in all of the hospitals with which you are affiliated. It is your responsibility to become familiar with and follow the isolation signs at each facility.

Contact Precautions are used to prevent the transmission of infections that are spread through direct or indirect contact.

- Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient's environment.
- PPE (i.e., gloves and gowns) are worn to prevent contact with infectious microorganisms.
- Private rooms are generally used for patient placement, unless otherwise specified by the facility.

Droplet Precautions are used to prevent the transmission of organisms that are carried in droplets generated by the infected patient.

- Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerosolization of body fluids.
- Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3 feet of the patient.
- PPE (i.e., a mask) is worn to prevent contact with the droplets.
- Special ventilation is not required.

Airborne Precautions are used to prevent transmission of organisms that are carried in air currents by dust particles or tiny droplet nuclei (<5 microns in size) that contain the organisms.

- Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient.
- Special ventilation in a negative air pressure isolation room is required.
- PPE (i.e., a mask) is worn to prevent inhalation of droplet nuclei.
- Additional precautions are required for patients with known or suspected pulmonary tuberculosis.

4. **Student Injury**

If a student becomes ill or is injured during his or her clinical experience, he or she must report to the faculty and health professional in charge of the clinical unit. Any unusual occurrence, such as an injury or non-routine event must be immediately reported to management and applicable paperwork completed.

Students are expected to be covered by professional liability and individual health insurance while in the clinical setting.

Whenever possible, at no expense to the agency, the agency will provide emergency care for students who are affected by accident or illness occurring in the agency.

5. **Hospital Emergency Codes/Telephone List of Emergency Numbers**
   Agency-specific emergency codes and phone numbers are available.

6. **Infant Abduction**
   To prevent an infant abduction:
   - Do not leave infants unattended.
   - Educate parents on infant security.
   - Question individuals who do not belong in the area.
   - Students must wear proper identification (student badge) at all times. Badge must be visible at all times.
   - Do not leave photo IDs where someone could get it to use in an infant abduction.
   - Do not leave hospital attire such as scrubs, lab coats, and surgical gowns where unauthorized individuals could use them.

   Each agency will have specific procedures for managing an infant abduction. Students should be familiar with these procedures.

C. Hazardous Communication

1. **Community Right to Know Law**
   All employees and students shall comply with federal, state, local and institutional regulations and guidelines when working with chemicals which pose a hazard to the worker, other persons or the surrounding community. Each student is responsible for their own personal safety and health and for the safety and health of others nearby and for the protection of the environment. The Right-to-Know Law was enacted to protect employees and students by making available pertinent information about any chemicals with which they might be working. There are three components to a Hazardous Communication Program: training, labels and Material Safety Data Sheets (MSDS).

   Regulations list many specific hazardous chemical wastes and define criteria for other categories. Generally, if a substance is ignitable, corrosive, reactive, or toxic, it is hazardous. All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions. If there is a hazardous chemical question, each facility has a

designated person usually identified as the Safety Officer in charge of the Hazardous Communication Program.

Every work area is responsible for having readily available information from Material Safety Data Sheets (MSDS) for all chemicals used at that work area. Common substances which may be considered hazardous include bleach and other disinfecting solutions. For nurses, chemotherapeutic or antineoplastic agents are among the most hazardous substances. Special training is often required before a nurse may administer such medications. Students are not allowed to administer chemotherapeutic agents or any other high risk drugs.

2. **Labels**

Each person is responsible for knowing about the chemicals used in the course of work in that setting. Each container must be labeled with the chemical name, and not merely its function. Care must be taken to use the container in such a way that the label remains legible and not smeared or covered by the contents of the container. (Put the label against the palm of your hand when pouring.) Always use containers in such a way that the labels will continue to be readable. If a label is missing or damaged, notify someone, such as your clinical faculty, the unit secretary or the nurse in charge of the area, who will correct the problem. Labels must tell you what the chemical is, any danger or hazard that may exist with that chemical or ingredients and the name, address and telephone number of the manufacturer. Always read the label before you use the contents of a bottle or can or other container.

Another warning label is that of the National Fire Protection Association (NFPA). It is a four part colored diamond. There is a numerical rate 0 (mild) to 4 (greatest) if there is a hazard in that particular category.

3. **MSDS**

Material Safety Data Sheets (MSDS) should be available in a work area for every chemical used in that area. Know where they are kept and how to access them. Each facility may have a different access system. Even more information about the chemical can be found on the MSDS.

- The name of the substance, the manufacturer and the date the MSDS was prepared are identified.
- Other names the chemical(s) may be called or listed and exposure limits.
- Physical characteristics are described. This may include how a chemical looks or smells, melting and boiling points, how easily it dissolves or if it does not, and whether it floats or sinks in water.
- Fire and explosion data tells you if a substance is flammable or combustible and the lowest temperature it could catch fire. It also tells you the safest way to put out a fire with this chemical.

- Reactivity tells you what happens when that chemical comes in contact with air, water, or other chemicals. This part tells you when it might burn, explode or release dangerous vapors.
- Health Hazards lists how a chemical might enter your body. This might be inhalation, ingestion, absorption (through skin) or injection.
- Use, handling and storage describe how to clear up a spill or leak in addition to handling, storage and disposal of the chemical.
- Special protection and precautions explains any need for PPE (such as goggles or a respirator) or signs or other equipment (such as a ventilation hood over a lab or pharmacy area) when using the chemical.

D. Risk Management

Risk Management involves all medical and facility staff, including students. It provides for the review and analysis of actual and potential risk/liability sources involving patients, visitors, staff, and facility property. The range of this review and analysis extends to inpatient, outpatient, and emergency department settings, including building and grounds assessments.

A ***reportable incident*** is defined as any act by a healthcare provider that is, or may be, below the applicable standard of care and has a reasonable probability of causing injury to a patient. Student involvement in a reportable incident will be communicated to his/her school.

The student should:

- Be alert for occurrences that might cause undesirable effects.
- Communicate the positive and/or negative aspects of the occurrence.
- Document the occurrence for further tracking and monitoring.
- Report unsafe conditions/situations to the faculty and management.

Students, in collaboration with the faculty member and nurse assigned to the patient, must complete incident reports as indicated by the agency. All reports must be completed at the time of the incident and no later than 24 hours after the event.

The hospital coordinator or designee will perform an investigation and make a preliminary determination of reportability of any referred incident, and or practice involving nursing "health care providers". The investigation may include medical record review, interviews with staff, policy and procedure review, professional literature reviews, and nursing expert consultations.

If an incident, act, or practice is deemed reportable, the affected nursing "health care provider" will be notified in writing of this fact and given the opportunity to be heard. Each agency may have specific policies and procedures for informal and formal hearings.

If you find a problem, or have a great idea for improvement of the organization where you are in clinical rotation, please submit your idea to an RN or manager in the organization for consideration.

E. Disaster Preparedness

Students should report to unit management and/or faculty to await specific instructions regarding either an internal or external disaster.

F. Policies and Procedures

Agencies also have specific policies, procedures, and standard reference texts with which you should be familiar. Adherence to these policies and procedures can impact delivery of patient care, ethics, legalities, and regulatory standards. Students are responsible to know how to access the information on agency specific policies and procedures. Ask your faculty or agency staff for clarification of a policy or procedure.

G. HIPAA, Privacy, Security

1. Overview

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and violations may result in fines and penalties.

The main purpose of the HIPAA regulations is to ensure that *protected health information* or *PHI* is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record, but it also includes ID bracelets; insurance cards, procedure codes, dictation tapes, photographs and so on.

Patients will receive a Notice of Privacy Practices when visiting any healthcare facility. This document will tell them how their health information will be used by that facility. The notice should also outline several rights patients have regarding their PHI. This includes the right to see a copy of any PHI kept by the facility, the right to request an amendment to their PHI, the right to receive an accounting of disclosures and the right to request restrictions on the release of PHI.

As a student, your role in HIPAA will be to:

- Learn about HIPAA.
- Meet with your faculty to discuss how your role as a student may be affected by HIPAA.
- Refrain from sharing PHI with anyone who does not have a need to know it.

- Ask yourself "Do I have a need to know this information as a student?" before looking at PHI.
- Report known or suspected privacy or security breaches to your faculty.

Your role in privacy will be to:

- Limit patient specific information discussed in hallways, elevators, cafeterias and other public areas.
- Control patient information that you have in your possession.
- Dispose of PHI in an appropriate manner, such as placement into shredding bin.
- Access only the minimum amount of patient information necessary to fulfill your role as a student.

Your role in security will be to:

- Keep print-based medical records in a secure area.
- Use a password (not to be shared) to access PHI through a computer.
- Prevent the viewing of PHI on a computer screen through use of a screensaver or repositioning of the PC.

2. HIPAA Glossary

- ***HIPAA****:* Health Insurance Portability and Accountability Act of 1996
- *Minimum Necessary:* Principle that individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure.
- ***PHI****:* Individually identifiable health information transmitted or maintained in any form or medium. Examples include name, social security number, employer, telephone/fax number, medical record number, patient account number, address, relatives, dates, email address, health plan identification, and vehicle identification number.
- ***Notice of Privacy Practices****:* A document that informs individuals in plain language how their health information (PHI) will be used and disclosed; provides an explanation of their rights and the provider's responsibilities; and indicates how to file complaints and to change their PHI.
- ***Use and Disclosure****:* An individual's PHI may not be used or disclosed without valid authorization. Use and disclosure must be consistent with the terms of the authorization.
- ***Privacy Rule****:* This rule created national standards to protect individual medical records and other personal health information.

Each individual clinical facility will expect students to complete training related to HIPAA compliance based on their respective policies and procedures. A signed confidentiality statement related to HIPAA will be required by the agencies.

H. Restraints

1. Philosophy

The goal of health care is to have a restraint-free facility. All patients have the right to be free from restraints that are not medically necessary or used for purposes other than patient benefit and safety. Restraints shall be used only where alternative methods are not sufficient to protect patients or others from injury. The use of restraints is considered a temporary intervention and will not be implemented for staff convenience or as a form of punishment. When restraints are necessary; the goals are to:

- Use the least restrictive method(s) to prevent harm to self or others and/or to minimize interruption.
- Protect patient's health and safety and to preserve their dignity, rights, and well-being when restrained.
- Eliminate the use of restraints whenever possible and, when they are used, to discontinue their use as soon as possible.

2. What Are Restraints?

A restraint can be defined as any method of physically restricting a person's freedom of movement, physical activity or normal access to his or her body. The use of restraints is initiated only as part of an approved protocol or as ordered by the physician.

An object may be a restraint by functional definition; that is, when an object restricts the patient's movement or access to his or her body and cannot be easily removed by the patient. Under this definition, all sorts of more commonly used hospital devices and practices could meet the definition of a restraint, such as:

- Using side rails that keep a individual from voluntarily getting out of bed;
- Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly so that an individual's movement is restricted.
- Using chairs or devices in conjunction with a chair, such as trays, tables, bars or belts, that the patient can not remove easily and that prevents them from rising;
- Placing a chair or bed so close to a wall that the wall prevents the patient from rising out of the chair or voluntarily getting out of bed.

3. What Are Not Considered Restraints?

A device is not considered a restraint if it is usually and customarily employed during medical, diagnostic or surgical procedures and is considered a regular part of such procedures.

The following are examples in which the use of restraint devices or mobility-limiting devices is NOT considered a restraint:

a. Patient with indwelling catheters or treatments, the disruption of which could result in life threatening consequences. This REQUIRES PHYSICIAN ORDER BE INITIATED.
b. Restraint during surgery.

c. Single limb immobilization during and following cannulation of major vessels, i.e., femoral or brachial artery catheterization for diagnostic test or treatment,) or if inadvertent movement of the involved extremity could predispose the patient to bleeding and possible damage to the vessel. This REQUIRES PHYSICIAN ORDER TO BE INITIATED.
d. Devices used for postural support or assist in maintaining normative bodily functioning are not considered restraint interventions, such as orthopedic devices, braces, tabletop chairs, or bed rails (used for assistance to get out of bed).

4. **Restraint Policy Exclusions**
   a. Standard practices that include temporary immobilization or limitation of mobility related to medical, dental, diagnostic, or surgical procedures and the related post-procedure care processes;
   b. Adaptive support devices used in response to assessed patient needs (i.e. postural support, orthopedic appliances, tabletop chairs, bed rails);
   c. Therapeutic holding or comforting of children; or
   d. Forensic and correction restrictions used for security purposes.

5. **Definitions**
   - ***Medical-surgical use:*** Restraints used for the promotion and/or maintenance of medical healing, including the limitation of mobility, and preventing removal of necessary equipment (i.e., IVs, tubes, monitors, oxygen, etc.).
   - ***Seclusion:*** Involuntary confinement of a person in a locked room.
   - ***Chemical restraint:*** A medication used to control behavior or to restrict the patient's freedom; not a standard treatment for the patient's medical or psychiatric conditions.
   - ***Licensed Independent Practitioner (LIP):*** Any individual permitted by law and by the hospital to provide patient care services without direction or supervision, within the scope of the individual's license and consistent with individually-granted clinical privileges. (In this policy, references to LIP = physician/MD.)
   - ***Nurse:*** In context of this policy, applies to either RN or LPN who is competent and trained in restraint use. RN is used when statement applies only to Registered Nurse.
   - ***Qualified caregiver:*** Clinical caregiver who has been trained in the application and release of restraints.

6. **Alternative Methods**
   Restraints should be applied after less restrictive methods (alternatives) have been tried. Such alternatives may include, but are not limited to, the following:
   a. Walk in hall
   b. Ask family/significant other to stay with patient

c. Ask Chaplain to visit
d. Ask family what might calm patient
e. Address elimination needs
f. Address comfort/pain/positioning
g. Use reality orientation, active listening
h. Assign to room near nurses station
i. Play soothing music or TV
j. Shower, bathe, rub back
k. Provide quieter environment
l. Use bed alarm
m. Wrap IV site/tubings with protective dressing
n. Increase supervision
o. Mittens (untied)

I. Workplace Violence/Sexual Harassment

1. Workplace Violence

All hospitals are concerned and committed to healthcare provider safety and health. Violence in the workplace is not tolerated. Every effort is made to prevent violent incidents from occurring.

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting. Examples of workplace violence may include the following:

a. Verbal threats to inflict bodily harm, including vague or covert threats.
b. Attempting to cause physical harm, striking, pushing, and other aggressive physical acts against another person.
c. Verbal harassment, abusive or offensive language, gestures, or other discourteous conduct toward others.
d. Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors.

2. Sexual Harassment

Agencies are committed to ensuring that all employees are afforded a work environment free of sexual harassment. Sexual harassment is defined by the Equal Employment Opportunity Commission as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature constitutes sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Harassment of any kind seriously undermines the integrity of the healthcare

provider relationship and respect for human dignity. Therefore, sexual harassment, in any form or fashion, will not be tolerated or condoned. Any healthcare provider found to have engaged in such conduct will be subject to disciplinary action.

If you witness or experience any form of harassment/violence, please report the incident to your faculty and management and/or any available “hot line” or other reporting mechanisms.

J. JCAHO/Regulatory Agencies

When State or JCAHO surveyors are in an organization you may be asked questions about your assignments. This may include questions about:

- Your interactions with patients such as what have you taught a patient or what care have you learned to provide to a patient.
- How you have taken the age of the patient into consideration for the delivery of care.
- The environment, such as where is the nearest fire extinguisher, the evacuation route for patients in a fire, or your role in the various emergency codes.
- How you were oriented to the agency.

II. STUDENT PERFORMANCE EXPECTATIONS

A. Following are performance expectation of affiliating students:

- Assumes responsibility for own actions.
- Performs with supervision as required:
    - Obtains supervision for all patient procedures, medication administration and other activities as required.
    - Affiliating students practice under the supervision of a faculty and/or designated registered nurse based upon their current completion of curriculum.

    - If the affiliating faculty is not available for the direct supervision of the student(s), a registered nurse assigned to patients with the student shall assume responsibility for the affiliating student(s).
- Performs clinical assignments within limitations of specific clinical objectives.
    - Documents clinical activities and patient care rendered in the medical record.
    - Makes patient assignment status report to RN in charge when leaving clinical area.
- Follows departmental policies and procedures.
- Reports any unusual occurrences to faculty and manager in charge in compliance with the Risk Management Plan.
- Reports any changes in personal health status to faculty and notifies patient care unit of absence.
- Applies sound guest relation principles in the clinical setting.
- Maintains confidentiality of agency and/or patient-related information.
- Participates in departmental/unit in-services and continuing education as assigned.
- Participates in routine unit activities (e.g., answering lights, passing meal trays, etc.)
- Wears designated school uniform, name pin and/or agency student identification badge or appropriate attire as defined by agency dress code.

B. Agency-Specific Documentation Policies

C. What Students Should Expect from Faculty

Faculty:

1. Assumes responsibility for the overall supervision of care rendered by affiliating students including all procedures performed and medications administered
    a. Affiliating students may perform noninvasive procedures without the direct supervision of faculty/staff once curriculum is completed and competency is established with the faculty and/or staff.
    b. All medication administered an invasive procedures performed by affiliating students will be directly supervised by the faculty or registered nurse.
    c. Students participating in a "preceptor-based program" may not require direct supervision for all medication administration and invasive procedures if competency has been established with preceptor.
    d. Affiliating students shall not give chemotherapy drugs, other high-risk or experimental drugs.
2. Interprets and follows departmental policies and procedures.
3. Coordinates clinical placement of students through school and liaisons.
    a. Submits required materials for affiliation agreement files to liaisons.
        1. Course name, description and level of student
        2. Clinical objectives
        3. Clinical rotation plan with faculty's school and home phone

numbers
4. Verification of licensure if not submitted by institution
5. Documentation of clinical orientation if applicable

b. Meets with unit/department manager prior to student placement to clarify role expectation and clinical objectives.
    1. Submits in writing the clinical objectives, desired learning experiences to meet these objectives
    2. Submits the clinical rotation plan with faculty's school and home phone numbers

c. Schedules clinical orientation for self and students as applicable

d. Facilitates problem-solving and communications between clinical personnel and affiliating students.

4. Reports and/or assists student in reporting any unusual occurrences according to the Risk Management Plan.

5. Notifies Agency liaison of any changes in rotation plans or student health status.

6. Promotes sound customer relations principles for self and students.

7. Makes student assignments in cooperation with management, staff and other affiliating institutions if applicable.

8. Maintains confidentiality of Agency and/or patient-related information.

9. Supervises all student documentation and entries into computer system.

10. Complies with all aspects of the affiliation agreement.

11. Participates in departmental/unit in-services and continuing education as applicable.

12. Evaluates clinical placement in relation to specific clinical objectives and reports to liaisons.

13. Will ensure that conflicts with the staff and/or faculty and student should be resolved through the unit manager. If resolution is not achieved, the clinical affiliations coordinator can be brought into the situation.

14. Attends agency orientation with clinical affiliations coordinator if new to the faculty position.

III. PATIENTS

A. <u>Patient Rights and Professional Ethics</u>

A variety of documents guide the health care professional's behavior in the clinical setting. Included in these documents are policies and procedures, professional codes and patient's bill of rights. A *Patient's Bill of Rights* provides guidance for the nursing student's behavior in the clinical setting. This document is included for your review. In addition, agencies are likely to have policies and procedures that relate to patient rights such as policies on:

- Advanced directives
- Care of the dying
- Institutional patient rights statement
- Professional ethics

As a nursing student, you are to be familiar with these documents which convey the expected behavior of a professional nurse.

B. <u>A Patient's Bill of Rights</u>

1. The patient has the right to considerate and respectful care.

2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis.

   Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

   Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents or trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides, or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

4. The patient has the right to have an advance directive (such as living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully and legally valid advance directives.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, services and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

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

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

11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of

available and realistic patient care options when hospital care is no longer appropriate.

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

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

Patient's Bill of Rights – American Hospital Association, 1992.

C. <u>Patient Safety and Medical Care Error Reduction</u>

As a nursing student, it is important to understand your role in the provision of an environment that contributes to the maintenance and improvement of patient safety. JCAHO has identified 7 national patient safety goals that were implemented in January 2003. These goals are as follows:

1. Improve the accuracy of patient identification

- Use at least two patient identifiers (neither to be the patient's room number) whenever taking blood samples or administering medications or blood products
- Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a "time out" to confirm the correct patient, procedure and site, using active (not passive) communication techniques

2. Improve the effectiveness of communication among caregivers
   - Implement a process for taking verbal or telephone orders that requires a verification "read-back" of the complete order by the person receiving the order
   - Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use
3. Improve the safety of using high-alert medications
   - Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units
   - Standardize and limit the number of drug concentrations available in the organization
4. Eliminate wrong-site, wrong-patient, wrong-procedure surgery
   - Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available
   - Implement a process to mark the surgical site and involve the patient in the marking process
5. Improve the safety of using infusion pumps
   - Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization
6. Improve the effectiveness of clinical alarm systems
   - Implement regular preventive maintenance and testing of alarm systems.
   - Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.
7. Reduce the risk of health care-associated infections
   - Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
   - Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

It is the student's responsibility to understand how these recommendations are being implemented in clinical settings as they relate to their role as a student.

D. Cultural/Religious Beliefs and Health Care Implication

Culture is the sum total of the way people live, including, among other things, values, language, basic communication, social structures, environment, ways of earning a living, ways of spending leisure time, level of technology, and climate. All cultures are alive and changing - they are not fixed. Relevance is often affected by life experiences.

Students should refer to cultural diversity standard reference texts available in the agencies as a resource to address any cultural care concerns.

E. Age-Specific Considerations

In accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the special needs and behaviors of specific age groups need to be considered when defining the qualifications, duties and responsibilities of staff.

What this means for you is that you should modify the care you provide based on knowledge of the clients' growth and development, and their unique safety, biophysical, and social needs. See attached charts.

Key Characteristics of Neonates
(Birth to One Month)

Physical	Psychosocial / IPR	Safety	Teaching
Normal vital signs: Heart rate 100-160 Respirations 40-60 Temperature36.S-37.S C 97.7-99.5 F Has poor temperature regulation Obligate nose breathers Weak immune system Unable to support weight of own head Umbilical cord should dry and fall off by the 2nd or 3rd week of life	There are 6 sleep-awake states: ▪ *deep sleep* ▪ *light sleep* ▪ *awake drowsy* ▪ *quiet alert* ▪ *active alert* ▪ *crying* The *quiet alert* state is "prime time" for interaction. The *quiet alert* state is characterized by: ▪ minimal body activity ▪ brightening and widening of eyes ▪ regular breathing pattern. Recognition of sleep/awake state is important in planning of care and acquainting parents & caregivers with the unique behavior of their infant. Neonates are totally dependent for all needs. Significant people are parents or primary caregivers. Mother/baby attachment develops through skin contact, interaction and by providing care to the infant.	Prevent heat loss especially in newborns by placing warm blankets on scales and other surfaces. Keep newborn clothed and head covered. Place neonate away from drafts, vents, and keep warm during transport between rooms. Parents/caregivers are encouraged to restrict neonate contact to hospital employees who show proper identification. Position neonate on back or side for sleep. When discharging neonate, ensure neonate is placed in regulation infant car seat. Utilize protective devices to immobilize neonate during procedures (i.e. circumcision). Protect neonate from infection. Staff/visitors/family with known active infections should avoid close contact with neonate. Keep bulb syringe available for suctioning as needed.	All teaching is directed to parents/caregivers with emphasis on providing health promotion, accident prevention, good nutrition and infant bonding. Instruct parent/caregiver at his/her appropriate age/developmental level. Allow time for parent/caregiver to ask questions and perform return demonstration.

Key Characteristics of Infants
(One Month to One Year)

Physical	Psychosocial / IPR	Safety	Teaching
Normal vital signs: Heart rate: Up to 3 months of age: 80-160 3 to 12 months of age: 70-150 Respirations: 30	Significant people are parents or primary caregivers. They are totally dependent for all needs.	Keep crib rails up at all times unless parent/caregiver is facing infant. No pillows should be placed in cribs.	All teaching is directed to parents/caregivers with emphasis on providing health promotion, accident prevention, good nutrition, and infant bonding.
Birth weight doubles by end of first 6 months of life.	They develop sense of trust and security if needs are met consistently.	To protect infant from injury, when a parent/caregiver is unavailable to hold infant during a procedure, utilize protective devices per unit procedure.	Instruct parent/caregiver at his/her appropriate age/developmental level.
Birth weight triples by end of first year of life.	Infants smile and repeat actions which elicit response from others. They establish a cycle for sleep and awake periods.	Parents/caregivers are encouraged to restrict infant contact to hospital employees who show proper identification.	Allow time for parent/caregiver to ask questions, and perform return demonstrations.
Height increases approximately 1 inch per month during the first 6 months, and by half that during the second 6 months of life. By 1 year, the birth length has increased approximately 50%.	At 4-8 months they develop separation anxiety where they cry and are fearful when separated from parents.	Make sure toys do not have removable parts. Small objects should be kept out of infant's reach. Bottles should not be propped. Infants should not be fed while lying down.	Keep parent/caregiver in infant's line of vision to decrease infant anxiety. Also, limit the number of caregivers who provide care for the infant.
Exclusive breastfed infants gain weight rapidly during first 3 months of life but thereafter and up to 18 months demonstrate a slower weight -for- length pattern of growth than formula fed infants.	They fear unfamiliar situations, and develop fear of strangers beginning at 6-8 months.	Protect infant from infection. Staff/visitors/family with known active infections should avoid close contact with infant. When discharging infant, ensure infant is placed in regulation infant car seat.	

Key Characteristics of Children
(Ages 1 – 12 Years)

Physical	Psychosocial / IPR	Safety	Teaching
Normal Vital Signs Temperature: 97.8 - 99.7 F Pulse: 1-2 yrs: 80 – 120 3-12 yrs: 60 – 120 Respirations: 1-2 yrs: 25-30 3-12 yrs: 18-30 B/P 1-2 yrs: 72-110 /38-73 3-5 yrs: 72-113/44-70 6-12 yrs: 77-126/40-80 Gains weight average 2 kg (4 lb) year and grows in height avg. 6-8 cm (2-4 in) per year. Arms and legs grow faster than trunk. At age 2-3 years old, develops daytime bladder control and 20 permanent teeth.	Attachment to security objects and toys. Until school age significant persons are parents/caregivers. As child ages, peers gain increasing influence. Separation from parents/caregivers is major fear; also fears pain. Loss of control and routines, and of being a "different person" after surgery/illness. As child matures. he/she is more interested in self-management, develops a sense of will and increased independence from parents. Asserts independence. Has temper tantrums.	Keep crib rails up at all times unless direct contact with child is being done. Secure and supervise children in wheelchairs, strollers and highchairs. Do not leave child under 6 years of age unattended when eating, drinking, and bathing. Do not leave child unattended during procedures. Check toys for: ▪ Age appropriateness ▪ No small removable pieces (<6 years old) ▪ Cleanliness. Disinfect between use per infection control practices.	Allow child to be active participant. Include parent/ caregiver in teaching and/or procedure as possible. Use multi-sensory approach (i.e. watching, doing, listening games.) For younger child, use therapeutic play with medical equipment, puppets, dolls, books for school age child, use drawings, books or audio-visuals. Explain equipment. Demonstrate movement to decrease fear. Present information in small amounts, using clear and understandable words.
Body systems mature in orderly sequential way, but exact age at which change occurs varies widely. Young child may focus full attention on one object or event at time. Attention span and focus increases as child matures. but is typically 10-30 minutes.	Coping behaviors are often limited. Regression may occur under stress (i.e. thumb-sucking, crying behaviors, bed wetting, etc.) Child sees hospitalization/ procedures as punishment.	Keep the following out of child's reach: ▪ Needles, syringes and sharp objects ▪ Plastic bags or sheets ▪ Cords or tubing	Use firm, direct approach. Encourage child to verbalize fears and ask questions. Assess what the child believes about a procedure or disease and clarify misconceptions.
At 10-12 years pubescent changes may begin to appear – especially in females.	Child develops increasing sense of modesty and awareness of gender differences. Use distraction techniques.	Use appropriate sized items (i.e. gowns, blood pressure cuffs, stethoscope, EKG electrodes, infant scales, 02/IV equip, etc.)	Reassure child that he/she has not caused the situation. Provide privacy.

Key Characteristics of Adolescents
(Ages 12 – 18 Years)

Physical	Psychosocial / IPR	Safety	Teaching
Teens grow rapidly in height and weight. Sexual organs mature, and body hair and facial blemishes develop. Vital signs approximate those of the adult. Adult lab values are reached, but hematocrit levels are higher in boys, platelet and sedimentation rates are increased in girls, and white blood cell numbers are decreased in boys and girls. May be awkward in gross motor activity. Fine motor skills are improving. Needs additional rest and sleep. Many teen health problems are related to stress.	Self-image and being accepted by peers is important. Separation from peers can cause concerns. Teens are often critical and confused about own appearance and body changes. They believe that others are as concerned with their appearances as they are. Hospitalization may threaten their self-identity. Wide mood swings and outbursts of anger may occur. Conflicts with authority over rules and lifestyles develop. They accept criticism or advice reluctantly. Teens longs for independence but also desire dependence.	Negative effect of alcohol / drugs and positive effects of physical activity should be emphasized. Physical injuries are greatest single cause of death in teens. Encourage general safety measures in all activities. Allow for adequate sleep and rest. Suicide rates continue to rise. Teens who show signs of depression must be identified and referred to physician / social service staff. Behaviors which may signify depression include: • pessimistic about career or dating • dwells on past errors • talks about death • hears voices • sleeping problems • loss of interest in hobbies • loss of weight • loss of appetite • always tired • frequent sighing • withdrawal • suspicious • preoccupied with health	Respect teen's needs, and teach rather than demand or tell. There is a misconception that teens have a greater understanding of medical procedures or body functions than they actually do. Teach and use acceptable and understandable words / terms for body parts. Involve adolescents in care and decision making. Give responsibility with regard to self care. Explore wishes regarding parental presence; may teach parents separately. Address long term or follow - up concerns. Provide reason for procedures and how it will be done. Obtain both adolescent's and parent's consent for procedures. Respect privacy and confidentiality.

Key Characteristics of Adults
(Ages 18 – 65 Years)

Physical	Psychosocial / IPR	Safety	Teaching
Muscular efficiency is at its peak between 20 and 30 years. Normal Vital Signs: Pulse = 80 +/- 20) Resp. = 20 (+ / - 4) **Older Years (over 40):** Decreased muscle strength and mass if not used, endurance declines. Visual changes occur, especially farsightedness. Decreased balance and coordination.	Individual matures to develop a sensitivity to others and able to deal constructively with frustrations. Matures to maintain self-control and willing to assume responsibility. **Young Adult (to 40 years)** Strives for success and independence. Becomes independent of parents. Establishes a personal set of values and formulates a philosophy of life. Continually adjusting to stresses and satisfactions of work and family. **Older Adult (over 40)** Begins to express concerns for health. Seeks and maintains a satisfactory performance in career.	Patient may be left alone if safety is not an assessed issue of concern. Assist with necessary adjustments related to health. Endurance may start to decline over 40 years. Decreased balance and coordination may be seen over 40 years.	Always explain procedures to patient. Bring significant other into patient's education. Ascertain that patient understands instructions. Question females regarding pregnancy. Allow patient to ask questions. Address patient with respect. Make eye contact and speak clearly.

Key Characteristics of Older Adults
(Ages 65 and Older)

Physical	Psychosocial / IPR	Safety	Teaching
Vital Signs: a lower mean temperature and lower mean temperature spikes with illness. Lower cardiac reserve. Older heart takes longer to recover from stress. Position changes from lying to sitting or standing may cause a drop in BP, dizziness, lightheadedness or confusion. Respiratory effort or activity is often reduced causing secretions to pool in lungs, coughing to be less and infections to develop with few early symptoms. Higher risk for aspiration. Slower movement of food in G.I. contributes to constipation problems. Bladder and kidney changes cause urinary frequency, retention, and infection. Incontinence is not a normal finding with aging and should be evaluated. Reflexes, bone / muscle mass and strength decrease and patients are susceptible to injury. Skin is drier and thinner. Vision and hearing acuity decline. Disease often presents atypically or with nonspecific symptoms, e.g., confusion; falls. Older adults are also more at risk for hypo / hyperthermia and dehydration due to a diminished thirst response.	Changing social roles from working to retirement and decline in health status lead to concerns about finances, loss of control in one's life, and loss of contact with family / friends. Ask about family and significant others and their ability to assist in providing care. Older patients are more likely to require continued support / care after their hospitalization. Discharge planning must begin at time of admission to enable time to arrange for needed services. Many older adults have experienced significant losses and deaths of family members and friends. This experience with grief and mourning may prepare some for facing the end of their own lives, although they may still have fears regarding pain or how they will be treated as they are dying. Support them and family members in any advance directives they have drafted. Hospitalization and illness can cause acute confusion in some older adults that is not related to an underlying dementia. Use family members as resources when concerns about behavior or confusion arise. Dependent older adults, like children, are more at risk for abuse or neglect. Be alert to any signs or symptoms and follow your hospital's policy on reporting any suspected abuse / neglect.	Older adults are more at risk for falls. They should be assessed frequently for fall risk and appropriate fall precautions taken by all caregivers. Prevent falls by: • keeping pathways clear of hazards & equipment • keeping bed in low position, wheelchair wheels locked and side rails up as appropriate • clean spills immediately • use night lights • provide physical aids, i.e., assist with walking, use gait belt, visual / hearing aids, devices to maintain posture or balance in chair • allow extra time for position changes • modify clothing (skid proof shoes / slippers) • offer assistance with eating and toileting • answer call lights promptly Identify and report signs of agitation. Encourage family to participate in care. Use restraints only after less restrictive measures are unsuccessful.	Find out if patient has other immediate concerns and address them before teaching, i.e. pain, hunger. Remember, short term memory may be poorer and there is a slowed processing time for new information. Present information at slow pace and limit to a few concepts in each short session. Face client directly, and limit distractions, i.e. TV, especially if he / she has hearing problems. Use appropriate printed material: large bold type on white or yellow paper works best; handouts with simple drawings or pictures are helpful. Encourage active participation. Repeat and summarize key concepts often.

F. Communication

1. General Communication

As a student working in the health care setting, you are representing the agency. The clients and visitors will look to you *for* assistance as they would any agency employee. Please keep the following "customer service" concepts in mind when you are in the facility:

- If patients or visitors ask you a question you can not answer or ask for assistance that you are unable to provide (e.g. directions to a location in the agency), offer to help them find an answer rather than simply saying that you don't know the answer.
- Don't wait for a patient or visitor to approach you. If you see someone walking around as if they are lost or trying to locate someone or something, offer assistance. If directions to the location are complicated, please consider accompanying the individual to assure that they find their destination without further difficulty.
- Please refer patients or visitors with complaints to the appropriate staff person. Again, we would ask you to consider accompanying the individual and introducing him or her to the appropriate staff person.
- Assure that you are providing a positive impression of the agency by your appearance while on clinicals as well as when visiting the agency to obtain your assignment. You should always be dressed in an appropriate professional manner. When in patient care areas you should be in uniform, following the dress code of the nursing unit and the clinical program, or wearing a clean, neat lab coat over street clothes.
- If answering the telephone, please identify the unit, provide your name and identify yourself as a student. It helps to smile when you answer the telephone -- it really makes a difference in the sound of your voice.
- If you are not able to provide the caller with the information he or she is seeking, explain your planned actions and place the caller on hold. For example, "I am going to put you on hold while I locate Nurse Smith. It should not take more than two minutes." If there is a delay, return to the phone, explain the delay, and provide the individual with the option of continuing to hold or to leave a message.
- After leaving a telephone or pager message asking for a return call, notify the unit staff. This will allow them to easily refer the call to you when the individual calls back.

2. Communication with Non-English Speaking / Hearing Impaired

The purpose is to provide effective communications for non-English speaking/hearing impaired patients to ensure that they have an equal opportunity to benefit from the services provided by the agency by the following methods:

a. Local interpreter accessed through the appropriate departments.
b. AT&T Language
c. A family member can translate for the patient if requested to do so

by the patient. The agency should not request the family to serve as translator.

G. Abuse, Neglect and/or Exploitation, Domestic Violence

The facility will provide appropriate care for victims of alleged or suspected abuse, neglect, or exploitation. State laws mandate the reporting of child and adult abuse and neglect. Laws mandate a report to be submitted to the County Department of Human Services when there is reasonable cause to suspect that a patient has suffered abuse, negligence, or exploitation.

1. Immunity from Liability

Any person making a report or investigation pursuant to this Code, including representatives of the agency in the reasonable performance of their duties and within the scope of their authority shall be presumed to be acting in good faith. The agency representative shall thereby be immune from liability, civil or criminal that might otherwise be incurred or imposed.

2. Definitions

- ***Reasonable Cause*** might include a situation where the nature and extent of injuries or neglect seem inconsistent with the explanation of cause given by the informants.
- ***Abuse*** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being.
- ***Verbal Abuse*** is defined as any use of oral, written or gestured language that includes disparaging and derogatory terms to patients or their families, or within their hearing distance, to describe patients, regardless of their age, ability to comprehend or disability.
- ***Sexual Abuse*** is defined as, but not limited to, sexual harassment, sexual coercion, sexual exploitation or sexual assault.
- ***Physical Abuse*** is defined as non-accidental injuries secondary to hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
- ***Mental Abuse*** is defined as, but not limited to, humiliation, harassment, threats of punishment, or abandonment.
- ***Neglect*** is the failure to provide adequate treatment and services necessary to maintain the health and safety of a patient. It may also include lack of supervision of a minor.

H. Latex Allergy

All patients, particularly those in high-risk categories having tests, procedures, and treatments are screened for latex allergy/sensitivity. Every effort will be made to provide a latex-free environment for patients with known or suspected latex allergy.

1. **Definitions**
   - ***Latex Allergy****:* A reaction against water-soluble proteins contained in natural rubber latex products. A frequent source of latex in the agency is powdered latex gloves, which emit particles of latex in the air and on surfaces when manipulated. Clinical manifestations may include itching, systemic urticaria, rhinitis, conjunctivitis, laryngeal edema, bronchospasm, hypotension, asthma, feeling of impending doom, anaphylaxis, and (if untreated) potential death.
   - ***Latex Safe Environment****:* A latex safe environment is one in which all efforts have been made to eliminate or reduce the patient's exposure to direct and indirect contact with natural rubber latex.

2. **Patient Care Services**

   All patients must be assessed for possible or actual latex sensitivity. Every effort will be made to provide a latex-free environment for patients with known or suspected latex allergy.

3. **Procedures**

   Identify the process in each agency utilized to meet the needs of the patient with a known latex allergy.

IV. APPENDICES

A. Student Validation of Orientation (Individual)
B. Student Validation of Orientation (Classroom roster)
C. Student Evaluation of Standardized Orientation
D. Agency Specific Information

Return to main menu to view appendix information.