

CLINICAL AFFILIATION AGREEMENT APPLICATION

Note: This document is intended for individuals affiliated with an institution with a current agreement with Decatur Morgan Hospital or HH Health System. *Incomplete applications will not be processed.*

Participant Name (Please Print)	
Institution	
Institution Address	Program of Study
Assignment Start Date	Assignment End Date
Preferred Phone #:	Email:
<input type="checkbox"/> I have previously arranged a preceptor with the following DMH employee: Preceptor: _____ Phone #: _____ Email: _____	
I am currently employed, or have been employed in the past by Decatur Morgan Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Institution Attestation:
<input type="checkbox"/> Clear Background check
<input type="checkbox"/> Negative drug screen results
<input type="checkbox"/> Current BCLS certification
<input type="checkbox"/> Current Liability insurance
<input type="checkbox"/> Evidence of Measles, Rubella immunity
<input type="checkbox"/> Evidence of Hepatitis B vaccination, immunity or declination
<input type="checkbox"/> Documentation of Flu (October – March) and COVID vaccination or declination(attach documentation)
<input type="checkbox"/> Negative TB skin test within past 12 months (attach documentation)
<i>Signature below verifies that information above is accurate.</i>
Institution Representative's Name: _____ Date: _____
Institution Representative's Signature: _____
Institution Representative's Phone #: _____

Badge: <i>Participants are required to wear their school badge at all times during their approved time. Participants must be escorted and wear their badge at all times on campus.</i>
Parking: <i>If you are a participant on the Decatur Morgan Hospital campus, please park in visitor parking.</i>

I have read and understand the cover letter and application information
(Signature verifies that the participant has read the above statement & understands that the information provided is accurate.)

Participant Signature: _____ **Date Submitted:** _____

Please return application and supporting documents to the Education Department.

StudentClinical.contract@dmhnet.org

Phone: 256-973-3282



Participant Name: _____

FOR INTERNAL USE ONLY		
<input type="checkbox"/> Contract reviewed and current		
<input type="checkbox"/> Completed application and documents		
<input type="checkbox"/> Badge instructions		
<input type="checkbox"/> Verification of a Negative Tuberculosis Test (or negative chest x-ray) received TB Skin Test Expires: ____/____/____		
<input type="checkbox"/> Verification of identity		
<input type="checkbox"/> Verification/Declination of flu vaccine (October-March)		<input type="checkbox"/> Verification/Declination of COVID vaccine
<input type="checkbox"/> Confidentiality Statement		
<input type="checkbox"/> HIPAA Test		
<input type="checkbox"/> Affirmation Statement and Waiver		
<input type="checkbox"/> Dress code		
<input type="checkbox"/> Approval:		
By: _____		_____
Signature and Title		Date
Start Date ____/____/____	<input type="checkbox"/> Badge # _____	<input type="checkbox"/> Entered in spreadsheet



HIPAA Fundamentals Training**Introduction**

- Federal Law protects the privacy and security of patient information, known as the “HIPAA” regulations.
- Decatur Morgan Hospital depends on patient trust in order to receive information needed to provide patient care.

Protected Health Information

- Protected Health Information (PHI) is any information collected from or about the patient for the purpose of providing patient treatment or billing for that treatment.
- HIPAA protects all patient information – **whether it is spoken, written, or on the computer.**
- PHI includes medical information as well as demographic and financial information. Any information in the patient’s record must be considered PHI.
- Patient information may only be shared for the purposes of patient treatment, billing for payment of that treatment and operations of the hospital.

Need to Know

- Before disclosing protected information to any other person as yourself the following question: **“Do I or others need this information to take care of the patient?”**
- Sometimes you may inadvertently hear or see information that you don’t need to know. NEVER share information you gained from the hospital with anyone outside the hospital.

Dispose of PHI Properly

- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- **If you see PHI in the trash in public areas, notify the supervisor immediately.**
- If you transport PHI, make sure it is secure. Never leave patient information visible in a locked car.

The Privacy Officer: At DMH we have a person responsible for insuring that privacy is maintained – The Privacy Officer. However, no one person can know if we have a possible threat in every area of such a large organization.

- Each of us must do our part to protect patient information. **You should always report possible privacy problems to the manager in your area or to the Privacy Officer.**

Co-Workers, Friends, and Family

Situation: *You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.*

- Friends and co-workers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
- Should you recognize a patient you know you may acknowledge them, but do not ask him or her about their health. **Assume health matters are private** unless the patient offers information about their condition or treatment. Do not speak of your encounter away from the hospital.
- **Do not ask patients if you can share their information.** That puts you at risk for misunderstanding the patient’s answer, and may exert undue pressure on the patient.

“Don’t be Curious”

Situation: *You like to look at the patient directory or surgery schedule daily to see if you know anyone.*

- This is not within the scope of your job at this Hospital.
- You are in violation of HIPAA laws and DMH guidelines.

Respect the Privacy of Patients

Situation: *You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.*

- You can ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overhear to yourself.

Protect information in your Possession

Situation: *During the shadowing/observation process, you use a list that contains patient names and possibly other patient information.*

- You should keep the information in your possession at all times.
- You should make sure that it is protected from others.
- You can turn it over so the information can’t be viewed.
- You **should make sure when you are finished with the information that you have disposed of it properly.**
- Your supervisor may give you instructions for disposal of PHI.

HIPAA Fundamentals Test

This completes the fundamental overview of the HIPAA regulations. You now know and are responsible for what is required of you as an observer at Decatur Morgan Hospital.

- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.



HIPAA Fundamentals Test

Name _____

Date _____

- ___ 1. HIPAA stands for:
- a. Health Information Protection Agency Association
 - b. Human Instinct Protection Association Awareness
 - c. Health Insurance Portability and Accountability Act
- ___ 2. PHI stands for:
- a. Patient Health Initiatives
 - b. Personal Health Institute
 - c. Protected Health Information
- ___ 4. Patient Information is protected when it is:
- a. Spoken
 - b. Written
 - c. On the computer
 - d. All of the above
- ___ 5. If you are in a public area and you see PHI in the trash, you should:
- a. Report this to a supervisor
 - b. Dispose of it properly
 - c. Show it to a friend
 - d. Both a & b
- ___ 6. The Privacy Officer is responsible for:
- a. Checking the trash
 - b. Pulling medical records of patients
 - c. Making sure Decatur Morgan Hospital protects patient information
- ___ 7. You should ask yourself before you view or share patient information:
- a. Is this a personal friend or a relative not under my care?
 - b. Will anyone see me reading this?
 - c. Do I need this to do my job at Decatur Morgan Hospital?
- ___ 8. Patient information that I use for my job:
- a. Isn't important to anyone else
 - b. Should be protected until I have disposed of it properly
 - c. Is the responsibility of my manager
- ___ 9. If I want to know about a friend that I see in the hospital, I should:
- a. Look at their medical record
 - b. Ask the nurse
 - c. Ask the individual
- ___ 10. If you see another person violating the HIPAA Privacy Laws or the ALH Policies:
- a. You should ask them to stop
 - b. Ignore it and mind your own business
 - c. Report it to your manager or the privacy office (256.973.2125)



Affirmation Statement on Security & Privacy of Information**HIPAA Fundamentals**

HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If you witness PHI being shared, it needs to be reported to Decatur Morgan Hospital's Privacy Officer at 256.973.2125.

Affirmation Statement

I, the undersigned, have read and understand the Decatur Morgan Hospital guideline on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.

I also acknowledge that I am aware of and understand the policies of Decatur Morgan Hospital regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage and destruction of protected health information. This protection includes proprietary information.

In consideration of my association with Decatur Morgan Hospital, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, during my association with Decatur Morgan Hospital, or after my association ends, access or use protected health information, or reveal or disclose to any persons within or outside Decatur Morgan Hospital, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another person's code.

If I am an instructor, I understand that I assume responsibility for the actions of the students under my supervision to comply with the Security and Privacy of Information Policy.

If I am an employer, I understand that I assume responsibility for the actions of my employees to comply with the Security and Privacy of Information Policy.

Training: Members of the workforce receive required education concerning security and privacy during new Employee Orientation and during annual required training or upon commencement of the association. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests.

Corporate Compliance: It is the responsibility of all those associated with Decatur Morgan Hospital to uphold all applicable laws and regulations. All shadowing/observation program participants must develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

Excluded Party Status: I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

Computer Applications: I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Decatur Morgan Hospital.

I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of employment/contract/ association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.

PRINT NAME: _____

School or Organization Name (if applicable): _____

SIGNATURE: _____ DATE: _____



Waiver of Liability and Hold Harmless Agreement

The Healthcare Authority of the City of Huntsville d/b/a Decatur Morgan Hospital

1. In consideration for receiving permission to participate in Decatur Morgan Hospital's Shadowing, Medical Venturing, or Internship or other Healthcare Observation Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and covenant not to sue Decatur Morgan Hospital, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.
2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.
3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant Signature: _____ **Date:** _____

Name Printed: _____



Non-Employee Confidentiality Agreement:

I agree that any disclosures of, unauthorized use of and/or unauthorized access to Confidentiality Information which could cause harm to the Hospital, including harm to its reputation, is a violation of hospital policy and may result in disciplinary action, including termination of agreement/contract, depending on the circumstances.

1. To use Confidential Information for the sole purpose of performing the duties for which my agreement/contract designates.
2. Not to disclose any Confidential Information to any person whatsoever, except in direct connection with the performance of the designated terms of the agreement/contract.
3. Not to copy or reproduce, or permit any other person to copy or reproduce, in whole or in part, any Confidential Information other than in the regular course of the services I am authorized and requested to perform for the hospital.
4. To comply strictly with all hospital policies regarding security of the Confidential Information.
5. To report immediately to the Hospital any unauthorized use, duplication, disclosure, and/or dissemination of confidential information by any person including myself.

I agree upon termination of my agreement/contract with the Hospital for any reason, I will immediately return any documents of other media containing any Confidential Information to the Hospital, and I will certify in writing that all such documents and other media have been returned to the Hospital.

I understand that disclosure of any Confidential Information may cause the Hospital irreparable harm, for which monetary compensation may not be an adequate remedy, and that the Hospital may seek injunctive relief if I breach or attempt to breach the Agreement.

Further, I agree to indemnify the Hospital fully for any and all damages, including legal fees, the Hospital may incur as a result of my breach of this Agreement.

I agree that all my obligations under this Confidentiality Agreement shall survive termination of my agreement/contract with the Hospital, regardless of the reason for such termination.

Medical Treatment:

I understand that it is my responsibility to assume financial responsibility for expenses associated with any personal accident or injury that may occur while at Decatur Morgan Hospital, and that any illness or injury shall be reported immediately to my preceptor.

Hospital Guidelines:

I agree to conform to and comply with all of Decatur Morgan Hospital's policies and procedures, including those relating to safety, patient care and non-discrimination. I agree to wear identification at all times during the participation period.

Term:

I agree that participation for approved clerkship(s) shall take place on the dates set forth above. Notwithstanding the foregoing, Decatur Morgan Hospital may terminate participation at any time, without disclosing the reason for such termination.

IN WITNESS WHEREOF, the parties have executed this Visiting Student Participation Agreement effective as of the date written above.

Attestation for Self-Study Orientation:

I have read and understood the information contained in the attached Self Study Orientation packet which includes but is not limited to: confidentiality, Hospital guidelines dress code, liability and HIPAA.

By signing below, I acknowledge that I have read and understand the above information and agree to all of the terms and conditions as described. I further acknowledge that I have received a copy of the Self Study Orientation packet.

Print Name: _____

Signature: _____ Date: ____/____/____



Self-Study Orientation POST Study Quiz

True or False

<input type="checkbox"/> True <input type="checkbox"/> False	Waterless alcohol foam or gel cleansers are not approved for use in the Hospital.
<input type="checkbox"/> True <input type="checkbox"/> False	It is OK to wear a t-shirt, shorts and flip flops on my shadowing rotation.
<input type="checkbox"/> True <input type="checkbox"/> False	HIPAA protects all information collected or recorded by the hospital. This protection includes personal or “non-medical” information.
<input type="checkbox"/> True <input type="checkbox"/> False	It is OK to ask Hospital staff about my neighbor’s condition, because my grandmother has asked me to check on her.
<input type="checkbox"/> True <input type="checkbox"/> False	Standard Precautions are the procedures to follow during every patient encounter to prevent the spread of infections.
<input type="checkbox"/> True <input type="checkbox"/> False	It is OK to supplement the patient’s plan of care with advice based on my personal experience with alternative diets and health supplements.
<input type="checkbox"/> True <input type="checkbox"/> False	It is OK to leave enter patient rooms and patient care areas without the Hospital individual responsible for me during my shadowing period.
<input type="checkbox"/> True <input type="checkbox"/> False	It is OK to use my mobile computer device to document medical information for professional presentation as a school seminar or conference.

Print Name: _____

Signature: _____

Date: _____





Decatur Morgan Hospital

Student Orientation

JANUARY 2026



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Introduction:

Through an affiliation agreement between Decatur Morgan Hospital and your college you will soon be participating in hospital-based education as a student. Your conduct as a student must reflect the vision and values of the Hospital. As a student, you represent your school and the hospital to patients, families and visitors. A copy of the Hospital's Employee Handbook will be provided to your director of clinical rotations. Principles of ethical behavior developed for employees also apply to you as a student. Please ask your director of clinical rotations if you need more information.

Section 1: Code of Conduct from the Employee Handbook

“Decatur Morgan Hospital (DMH) is a public corporation and relies upon public trust for its success. All employees have a legal and ethical duty to be honest when working with people inside and outside the organization. Employees have a duty to avoid using their position or knowledge of the hospital for personal benefit. Consistent with our Code of Conduct, any employee who is in a position to make business decisions on behalf of the hospital must report (“disclose”) an actual or potential Conflict of Interest to Human Resources. Employees with a possible conflict of interest are required to report it to their supervisor and obtain approval in advance. This includes but is not limited to outside financial or commercial interest which conflicts with, or gives the impression of conflicting with, their decisions or actions for the hospital. This includes financial interest in an outside enterprise which does business with or competes against the hospital or its affiliates, unless such business is insubstantial. Vendor sponsored travel should be reported and approved by hospital management prior to accepting the offer. Employees may not accept any arrangement that endorses or gives the appearance of endorsing a vendor’s product unless written authorization is given.”

The Code of Conduct for employees applies to students when participating in student learning experiences at the Hospital. More Information may be located on the DMH Intranet, Human Resources menu or from your instructor.

Privacy, Confidentiality and Personal Electronics

HIPAA is the set of Federal Regulations that direct hospitals and health care providers on safe use and protection of patient information. **All information collected by the hospital is designated as Protected Health Information (PHI).**

Although HIPAA can be a complex topic, compliance as a student is simple. Adherence to the following statements insures that you will never violate the patient's right to privacy or violate the hospital's policy on privacy and security of information.

1. NEVER use or display your telephone in a patient care area or public part of the hospital (exception: hospital cafeteria).
2. NEVER use your personal electronic device to record information about the patient or from the patient's medical record.
3. Do not use your cell phone in a public area or treatment area. Not only does cell phone use distract you from your responsibilities, it communicates that your phone is more important than patients and other members of the health care team.
4. NEVER discuss patient information you learn at the hospital when you are not at the hospital. Do not discuss patient cases with your family or friends. Even if you know or recognize a patient, do not mention seeing them at the hospital.
5. NEVER share passwords or other access credentials such as your badge.
6. Do not give out patient information by phone. Should you receive a phone call from a family member asking for information turn that call over to the patient's nurse.
7. NEVER use your cell phone to communicate patient information in any format: email, text, social media, photograph or other method.
8. Regardless of whether the patient is known to you, if they ask you to contact someone to pass along information inform the patient as a student you cannot complete their request. Ask the patient's nurse to get involved.
9. NEVER post information about your experiences as a student to a social media site. Be very cautious about responding to "friend requests" or other contact from patients and families through social media sites. If you had an unsatisfactory experience at the hospital, discuss that privately with your nursing instructor. Posting a negative comment about the hospital on a social media site could result in cancellation of your clinical rotation at Decatur Morgan Hospital.
10. Do not use headphones, earphones or Bluetooth devices during your clinical hours. Do not watch videos or listen to music in patient care areas. Use of personal electronics for web searches, entertainment or communication should be approved by your director of clinical rotations. Use of personal electronics must be limited to breaks in the cafeteria or staff areas not in sight of patients or the public.

Hospital Values

The Values of Decatur Morgan Hospital that must be demonstrated by employees and students alike are: compassion, integrity, safety, commitment to excellence, accountability for your actions, innovation and integrity.

Section 2: Diversity and Equal Opportunity from the Hospital Employee Handbook:

“Decatur Morgan Hospital is an equal opportunity employer and values the differences each employee brings to the work place. It pledges to take the necessary action to prevent discrimination in all aspects of employment, including recruitment, hiring, compensation, training, discipline, separation from employment, and other terms and conditions of employment, because of race, color, religion, creed, age, sex, national origin, disability, veteran status, genetic information or other reasons prohibited by state and federal statutes, executive orders, and regulations.

The diversity of our workforce greatly enhances our strength as a hospital and our ability to provide quality care. Therefore, we strive to recruit and retain a work force that reflects the diversity of the communities we serve. We accomplish this by attracting a diverse pool of candidates for job opportunities and encouraging all employees to maximize their potential. In addition, we maintain an environment that is supportive of diversity. Along these lines, we remain committed to providing equal employment opportunities for all qualified employees and applicants without regard to race, color, religion, sex, national origin, age, disability, or veteran status.

We can only achieve our mission and vision by maintaining true diversity and ensuring a work environment that is free of any form of discrimination. This objective is each employee’s responsibility, regardless of position. You can help in the following ways:

- **Respect and value diversity and differences that employees bring to the workplace.**
- **Become aware of and strive to correct your own biases.**
- **Stop others when you hear them making inappropriate comments regarding individual differences.**
- **Include others who may be different.**
- **Get to know people from other backgrounds and share experiences.**
- **Make an effort to understand others' points of view.**
- **Deal with conflicts right away instead of carrying grudges.**
- **Recognize each person as an “individual.”**

Section 3: Infection Control and Prevention.

Preventing the spread of infection is one of the highest safety goals at the hospital. Everyone contributes to this goal by following practices designed to prevent the spread of infections to patients and protect guests, employees, students and volunteers.

Decatur Morgan Hospital has an Infection Control and Prevention practitioner on staff. Hospital policies designed to prevent the spread of infection may be located on the Hospital's intranet. Compliance with infection control practices may be monitored. *Failure to comply will result in being reported to the nursing school instructors.*

Handwashing is the single most important procedure for preventing the spread of infections. Expectations of when you must perform hand hygiene ("hand washing") are: before *and* after any contact with a patient or anything in the patient's room; upon arrival on duty and before you leave the hospital at the end of your period; after contact with any body fluid or mucous membrane; before and after you eat; before and after going to the bathroom; any time you see visible soil on your hands. "Waterless" cleansers, such as alcohol-based foam or gel may be used for almost all of the circumstances above. However, use soap and water before and after going to the bathroom and whenever you see visible soil on your hand.

Standard Precautions are procedures that you are expected to follow during all patient contact *regardless* of the patient's diagnosis. Standard precautions mean that you use personal protective equipment (PPE) any time you anticipate direct contact with blood or body fluids. PPE may be masks, gloves and goggles (protective eye wear) designed to prevent direct contact with blood and body fluids. Gloves are not needed for routine patient contact; only when it is possible that you might touch blood or body fluids.

Transmission-Based Precautions are procedures developed to prevent the spread of known infectious organisms from one person to the next. Transmission-based precautions are used any time there is a diagnosis of an infectious organism or symptoms strongly indicate the possibility of a transmissible disease. Transmission-based precautions are designed to prevent the spread of infection *based on the method by which infectious organisms are transmitted*.

There are **Three Types** of transmission-based precautions used at Decatur Morgan Hospital: Contact Precautions, Droplet Precautions and Airborne Precautions. If your patient is in one of the above categories, you should research the pathogen so that you understand it better. The patient's nurse is your best source of information about what you should do to prevent the transmission of the organism to another patient, yourself or your family.

- 1. Contact Precautions:** spread by direct contact such as Methicillin Resistant Staph Aureus ("MRSA"), Vancomycin Resistant Enterococci ("VRE") and Clostridium Difficile ("C. diff"). Follow the signs on the patient room door and ask your instructor for more information.
- 2. Droplet Precautions:** For patients known or suspected to be infected with an organism that travels in droplets. Examples are: Pertussis, Influenza ("flu"), Rubella and Bacterial Meningitis. Used any time the infectious organism is found in the patient's sputum.
- 3. Airborne Precautions:** for patients known or suspected to be infected with airborne diseases such as Measles, Varicella (chicken pox), Tuberculosis (TB) and COVID-19. Doors to patient rooms with airborne precautions should be kept closed except when entering or exiting the room.
- 4. Modified Protective Precautions:** These guidelines were formerly known as "Reverse Isolation". Modified Protective Precautions is used to *supplement* Standard Precautions when the patient is at a higher risk for acquiring infections because their immune system is compromised.

Please note that not every patient with an infection present will be placed in specialized transmission-based precautions. "Standard Precautions" are used to prevent the spread of infections between patients. Standard precautions must be followed for every patient contact, every time. **Handwashing is the MOST EFFECTIVE method of preventing the spread of infection regardless of the patient's diagnosis.**

Hospital Tuberculosis Exposure Control Plan:

1. Wear personal protective equipment (PPE) as identified in airborne precautions instructions.
2. Keep the patient room door closed at all times.
3. Wear an N-95 respirator mask fitted to your face size and shape.

COVID-19 Exposure Control Plan:

- 1. AS RESEARCH AND SUPPLIES CHANGE FREQUENTLY, PLEASE SEE THE DEPARTMENT DIRECTOR FOR UPDATED POLICIES REGARDING PPE USE.***

Exposures to Blood and Body Fluids

The best way to prevent exposure to blood and body fluids is to prepare in advance. Personal Protective Equipment (PPE) is located in every patient location. Use **Standard Precautions** any time a student or employee anticipates exposure to blood or body fluids. Each patient care area includes a stock of masks and gloves. Ask your instructor or the patient's nurse for more information about effective use of PPE.

1. PPE is for single-use only, discard in trash bins after each use.
 - a. Non-disposable gowns should be placed in the dirty linen bin.
2. Do NOT wear PPE in the hospital corridors or public parts of the hospital.
3. Never wear PPE from one patient room to another part of the hospital.

If you are exposed to or have direct contact with blood or body fluids, then clean the area with soap and water. If you experienced an exposure to your eye area, then ask the nurse for assistance to locate and use the nearest eye wash station. Report the exposure to your nursing instructor immediately. The instructor will assume responsibility for ensuring that the school's blood and body fluid procedures are followed. If your uniform is soiled by blood or body fluids, then contact your instructor for assistance with getting clean scrubs to wear.

Appropriate disposal of "sharps" is another component of preventing exposure to blood and body fluids. Sharps are pieces of equipment that may puncture skin and represent a source of contamination after use. The term "sharps" may include, but is not limited to, needles (solid and hollow core), scalpels or other instruments with a sharp edge. Sharps disposal containers are

located in all patient care areas and are clearly marked. Essential points to prevent “needle sticks” or injuries from a used sharp:

1. Never carry a dirty sharp through hospital corridors or public areas.
2. Never placed a used sharp in your pocket or other personal container.
3. Never dispose of a sharp instrument in a regular trash bin, regardless of whether it has been used or not.
4. Sharps bins are marked with a “maximum fill” line. Do not exceed that line. If you notice a sharps bin is full, then notify your instructor or the patient’s nurse. NEVER stick your hand or fingers into a sharps bin in order to dispose of a sharp.

Waste Disposal Other Than Sharps:

Always dispose of trash in designated trash bins. It is essential that the hospital maintain a neat appearance. Not only must it be clean, it must appear clean, organized and uncluttered. Trash bins are located in all areas, including patient rooms and staff work stations. Regular trash bins are lined with clear liners and should be used for all types of trash disposal except for biohazardous waste. Biohazard waste goes in red-lined bins. **Do not use red, biohazard bins or bags for non-hazardous waste.** Rooms designated for waste disposal contain information on separation of waste material.

Linen: Regardless of the source, linen is disposed in soiled linen hampers. Do not place soiled linen on the floor. For your protection do not hold soiled linen next to your body or touching your uniform. Place it immediately in to a linen hamper. NEVER return unused linen to a clean linen cart or closet after it has been in a patient’s room.

Handling Lab Specimens

Protect yourself and employees by proper handling of blood and body fluid specimens from patients. All specimen containers must be labeled at the patient’s bedside at the time of collection. Never put a specimen in an unlabeled container. Verification of the correct patient requires two identifiers: patient name and date-of-birth.

Most specimens are transported to the lab using the hospital’s pneumatic tube system. Ask your director of clinical rotations for assistance if you need to use the tube system. Tubes and stations are numbered. Incorrect use can result in system

down time. All specimens are to be placed in a clear bag marked “Biohazard materials”. These bags are provided in all patient care areas. Do not use any other type of bag for specimen transport. Make sure the specimen container is labelled with the patient’s information; not the biohazard bag. Wear gloves when collecting specimens. After removing gloves wash your hands and put on a clean pair of gloves before placing the specimen container in the biohazard bag.

Section Four: Patient Safety

Patient safety is a core value of Decatur Morgan Hospital. Every employee, student and contractor contribute to the safety of the hospital and our patients. In addition to preventing the spread of infections (Section 3 above), the hospital emphasizes the following patient safety priorities.

Patient Identification

The identity of every patient must be verified before performing any procedure, patient transport, medication administration, specimen collection or any other patient care treatment. Patient identification is confirmed using two identifiers: the patient’s full name and date-of-birth. Whenever possible, ask the patient to participate in the process by asking, “Please tell me your name and your date-of-birth?” Do not “lead” the patient by stating a name and asking them if that is who they are. Perform a second verification by reading the patient’s ID band as they tell you their name and date-of-birth. If you are performing a treatment, giving a medication or collecting a specimen you should also view a document (paper or electronic) that matches the patient to the ID band and the name the patient gives you. Patients are not always capable of participating in the identification process. Strict adherence to using the ID band and treatment documents ensures that the correct patient is receiving the right care. Regardless of how many times you enter the same patient’s room on the same day, you must complete patient identification procedures. Informing patients that you are following identification procedures to “ensure your safety” lets them know that safety is very important.

New Born Infants: Additional safety precautions are in place to prevent placing a newborn with an incorrect patient or family. If you are assigned to the Labor and Delivery or Nursery Department ask the patient's nurse for more information.

Medication Safety:

It is impossible to over emphasize the importance of medication safety and medication security in the hospital. The following list highlights essential components of medication safety. Violations of these procedures will be reported to your director of clinical rotations and/or the college administration.

1. All medication containers will be labeled with the contents and patient's name. NEVER transfer medications from their original package to another container until you are at the patient's bedside and ready to administer the meds.
2. Medications are kept in a secure location until the time of administration. This means meds are stored in a PYXIS (secure dispensing device), locked cart or cabinet, locked in the medication room or other secure container.
3. Medication vials that may be used more than once are labeled "multi-dose" vials. All other vials are discarded after first use.
4. Multi-dose medication vials must be dated when opened.
5. Store medications in the manner listed on the label. Strictly observe any directions for "use by" or expiration dates.
6. Double-check the patient's allergies to verify that the medication is not on the patient's list of allergies.
7. Ask your director of clinical rotations to identify patient medications that maybe classified as "High Risk", requiring additional verification before administration. This could include insulin, heparin or other high-risk medications.
8. Every medication dose must be documented as given after it was administered. Never document administration of a drug until after you have given it to the patient.
9. Medication ERRORS must be reported. Remember that patient safety is the primary goal of the hospital. Do not hesitate to report a medication error for fear of consequences. Medication errors could include: giving the wrong dose, administering a drug to the wrong patient, giving the medication too early or too late; giving a medication after it has been discontinued; giving a medication despite a recorded allergy; omitting a

scheduled dose of medication. Report errors immediately to your director of clinical rotations and the patient's assigned nurse.

10. Your director of clinical rotations may have additional requirements for medication administration. Be sure to follow the policies and procedures for your college or university.

Section 5: Safety in the Hospital

Fire Safety: Preparing for a fire is important to prevent injury to patients and others. Even as a student, it is important that you know the hospital fire response plan. **Prevention:** Never smoke anywhere on hospital property. Use of "e-cigs" or "vaping" devices are also prohibited. Report frayed or damaged electrical cords to your director of clinical rotations or unit charge nurse. NEVER prop open doors with door stops, furniture or other devices. Know the location of fire extinguishers and fire "Pull Stations" in the unit in which you are assigned.

Fire Response Plan: RACE and PASS

R=Rescue or Remove the patient from immediate danger.

A=Alarm is sounded. Locate the nearest "**Pull Station**" located in the corridor

C=Confine the fire by closing patient room doors. Do NOT open any door that has closed automatically as a result of the fire alarm.

E=Extinguish the fire using a portable extinguisher. **Evacuation** may be ordered by an officer from Decatur Fire and Rescue or a hospital administrator.

***STUDENTS: In the event of a fire alarm, please locate your director of clinical rotations on the nursing unit. If the director of clinical rotations is not readily available report to the unit charge RN for instructions. If fire doors have closed as a result of a fire alarm, do not open doors in search of your director of clinical rotations or other students. ***

PASS: How to use a fire extinguisher

P=Pull the pin on the extinguisher

A=Aim the extinguisher nozzle at the base of the fire

S=Squeeze the handle

S=Sweep or spray at the base of the fire.

Fire Response Equipment

1. Fire extinguishers are in all major corridors, 75 feet apart.
2. Lighted EXIT signs indicate fire exit routes.
3. Know the location of FIRE exits.
4. NEVER use an elevator during a fire event.
5. FIRE PULL STATIONS are located in all major corridors, usually adjacent to stairwells and exit doors. NEVER put any equipment or carts in front of a fire pull station. NEVER.

Prevention Slips, Trips and Falls

1. Observe “Wet Floors” signs: do not walk across a wet floor when avoidable.
2. Report spills to a hospital employee. If possible remain at a spill to warn others until a “Wet Floor” caution sign is placed at the spill.
3. Pick up trash or other items from the floor.
4. Keep corridors and stairwells free of clutter. Never store equipment in a stairwell.
5. Know your personal limit for carrying items and do not exceed it.
6. Wear shoes appropriate to the hospital setting. Shoes made from a solid material and non-slip sole are preferred. Students should adhere to your school dress code at all times. Generally, shoes without a back, such as clogs or slides are less safe than a full shoe.

Hazardous Materials Safety:

1. Never use material or a substance from an unlabeled container. Give unlabeled containers to your director of clinical rotations or the charge nurse.
2. Use only chemicals approved for use in the Hospital. Do not transfer material from a labeled container to an unlabeled container.
3. Your director of clinical rotations can show you how to access Material Safety Data Sheets (MSDS) by calling the extension 56737 (5-MSDS).
4. In the event of an exposure to a chemical report to your director of clinical rotations immediately. If you can do so, take the container with you when you report to your director of clinical rotations.

Emergency Preparedness

The hospital has plans for responding to all types of emergency events, both internal and external events. Each department has a **Red Folder** with information on how to respond to emergencies. The Red Folder is for your information. When faced with an emergency, do not attempt to handle it on your own: report an emergency immediately to your director of clinical rotations or an RN on the unit on which you are assigned. Your school may have additional information on how to respond to internal and external threats to safety. While all emergency codes are important, it is essential that you recognize these codes which may be announced overhead:

Problem/Emergency	System Codes
PATIENT IS UNRESPONSIVE	CODE BLUE
FIRE	CODE RED
INFANT ABDUCTION	CODE PINK
A MISSING CHILD OR PERSON	CODE AMBER
SECURITY IS NEEDED	CODE GRAY
BOMB THREAT	CODE BLACK
DISASTER PLAN-ON STANDBY	CODE GREEN-ALERT
DISASTER PLAN-ACTIVATE	CODE GREEN-ACTIVATE
OBSTETRICAL EMERGENCY	CODE PURPLE
DETERIORATION IN PATIENT CONDITION	CRITICAL ASSIST TEAM (CAT)
HAZARDOUS SPILL/EVENT	PLAIN LANGUAGE
ACTIVE SHOOTER OR ARMED ASSAULT	PLAIN LANGUAGE
SEVERE WEATHER	PLAIN LANGUAGE
FACILITY EVACUATION	PLAIN LANGUAGE
I.T. DOWNTIME	PLAIN LANGUAGE
EARTHQUAKE	PLAIN LANGUAGE
MALIGNANT HYPERTHERMIA	PLAIN LANGUAGE

Medical Gases

The hospital uses “medical gases” as part of routine patient care. Control valves for medical gas lines are clearly marked. Many patients rely on safe delivery of medical gases and cannot tolerate an interruption to the medical gas supply. For emergency use only, medical gas lines have shut off valves located throughout the hospital. NEVER touch one of these shut off-valves. NEVER park a cart, bed, stretcher or other equipment in front of a gas shut off valve, even for a few moments. Ask your director of clinical rotations for more information about medical gases. For your information only: Respiratory Therapists are responsible for shutting down medical gas lines in case of an emergency.

Personal Safety

1. Limit personal items to what you will need during your clinical rotation. The hospital will not assume liability for replacing lost personal property.
2. Be aware of your personal surroundings. Every employee and member of the hospital work force should wear an Identification Badge. Every patient must wear an Identification armband. Report suspicious behavior or persons to your director of clinical rotations, charge nurse or by contacting hospital security.
3. Whenever possible walk to your cars with other students or employees.
4. NEVER give your personal contact information to a patient or their family.
5. Do not share your student identification, or allow someone to make a copy of it.

Section 6: Risk Management for Student Nurses

The patient's medical record is the most important account of the care and treatment they received while in the hospital. Your director of clinical rotations will guide you in the processes for documenting care in the patient's record. Whenever possible, care is documented in the patient's electronic medical record (EMR); your director of clinical rotations will have access credentials to log-in to the EMR. In addition to guidance from your director of clinical rotations on documentation of care the following must be observed:

1. Never document care that was not provided.
2. Document only care you provide. Do not document something that someone else asks you to enter in the record.
3. Never enter a charge code for supplies or a treatment that you did not personally provide.
4. Use objective terms or methods to describe a patient's condition or response to treatment. To the extent possible avoid using terms that may mean different things to different people. Do not use terms that indicate judgment. For example, if a patient tells you, "I don't take my medicines", document the patient's remark as stated, using quotation marks. Do not label the patient's actions as "non-compliant" or "uncooperative".

5. Document the patient's condition both before and after a treatment or medication. The patient's response to treatment assists other health care professionals in evaluating their plan of care.
6. Review existing documentation from the patient's physician and other care providers. As a student, your role is to support the established plan of care. Do not offer your opinion about alternative treatments or diets. Do not criticize the existing plan of care.

If a patient or family member appears to be angry or tells you about unsatisfactory care or other problems, notify your director of clinical rotations immediately. The Hospital has a representative who will work to resolve complaints and grievances. Never offer excuses about your work, a fellow student's work or a hospital employee. Do not attempt to explain away or down play a patient's experience or dissatisfaction.

Section 7: Personal Appearance and Dress Code:

In addition to your school's dress code the following points should be followed:

1. No decorative contact lenses; natural colors and shapes only.
2. No extreme hair colors. No hats allowed.
3. No perfume, cologne or scented lotions.
4. Tattoos must be covered when possible. No offensive tattoos may be displayed. The hospital reserves the right to determine whether a tattoo is offensive or would be a negative reflection on the hospital.
5. Body Piercing/Body Sculpting: Jewelry may only be worn in pierced ear lobes. Rings, bars, gauges or other accessories may not be worn on the tongue, nose or other visible body parts. Earrings may not exceed 1" in diameter.
6. Wear your student ID badge at all times.
7. Do not wear head phones/earphones or blue tooth devices.

Decatur Morgan Hospital realizes that this document is serious in tone. However, the growth of your future health care career is important to us. We want you to be successful in hopes that your career will include this hospital. Please ask your director of clinical rotations if you need more information about topics in this document.

Attachments:

1. Post-test
2. Transmission Precaution Door Signs and information
3. List of Emergency Codes
4. Confidentiality Statement

For more information please contact:

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**Student Orientation
POST study quiz**

True or False

	1. Hospital infection control policies may be located on the DMH Intranet, Patient Care Manual
	2. Waterless alcohol foam or gel cleansers are not approved for use in the Hospital.
	3. Patient verification requires the use of two identifiers at every encounter: the patient's date-of-birth and their unique medical record number.
	4. HIPAA protects all information collected or recorded by the hospital. This protection includes personal or "non-medical" information.
	5. The acronyms for the Hospital's fire response plan are RACE, PASS and MOVE.
	6. Standard Precautions are recommendations that I take to protect me and my personal belongings from damage or theft.
	7. Standard Precautions are the procedures to follow during every patient encounter to prevent the spread of infections.
	8. To be safe, students should use red bags to dispose of all waste and trash regardless of the source.
	9. It is OK to supplement the patient's plan of care with advice based on my personal experience with alternative diets and health supplements.
	10. It is OK to use my mobile computer device to document medical information for professional presentation as a school seminar or conference.

Print Name: _____

Signature: _____

Date: _____



Non-Employee Confidentiality Agreement

I agree that any disclosures of, unauthorized use of and/or unauthorized access to Confidentiality Information which could cause harm to the Hospital, including harm to its reputation, is a violation of hospital policy and may result in disciplinary action, including termination of agreement/contract, depending on the circumstances.

1. To use Confidential Information for the sole purpose of performing the duties for which my agreement/contract designates.
2. Not to disclose any Confidential Information to any person whatsoever, except in direct connection with the performance of the designated terms of the agreement/contract.
3. Not to copy or reproduce, or permit any other person to copy or reproduce, in whole or in part, any Confidential Information other than that in the regular course of the services I am authorized and requested to perform for the hospital.
4. To comply strictly with all hospital policies regarding security of the Confidential Information.
5. To report immediately to the Hospital any unauthorized use, duplication, disclosure, and/or dissemination of confidential Information by any person including myself.

I agree upon termination of my agreement/contract with the Hospital for any reason, I will immediately return any documents of other media containing any Confidential Information to the Hospital, and I will certify in writing that all such documents and other media have been returned to the Hospital.

I understand that disclosure of any Confidential Information may cause the Hospital irreparable harm, for which monetary compensation may not be an adequate remedy, and that the Hospital may seek injunctive relief if I breach or attempt to breach the Agreement.

Further, I agree to indemnify the Hospital fully for any and all damages, including legal fees, the Hospital may incur as a result of my breach of this Agreement.

I agree that all my obligations under this Confidentiality Agreement shall survive termination of my agreement/contract with the Hospital, regardless of the reason for such termination.

Signature

Date

Print Name






Visitors

See a nurse for information before entering room

For all staff Contact Precautions in addition to Standard Precautions

Before entering room

-  Perform hand hygiene
-  Put on gown or apron
-  Put on gloves

On leaving room

-  Dispose of gloves
-  Perform hand hygiene
-  Dispose of gown or apron
-  Perform hand hygiene

Keep door closed at all times

Standard Precautions

And always follow these standard precautions

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely



Visitors

See a nurse for information before entering room

For all staff Droplet Precautions in addition to Standard Precautions

Before entering room

1



Perform hand

2



Put on surgical

On leaving room

1



Dispose of

2



Perform hand

Keep door closed at all times

Standard Precautions

And always follow these standard precautions

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely



Visitors

See a nurse for information before entering room

For all staff Airborne Precautions in addition to Standard Precautions

Before entering room



1 Perform hand hygiene



2 Put on N95 or P2 mask



3 Perform a fit check of the mask

On leaving room



1 Dispose of mask



2 Perform hand hygiene

Keep door closed at all times

Standard Precautions

And **always** follow these **standard precautions**

- Perform hand hygiene before and after every patient contact
- Use PPE when risk of body fluid exposure
- Use and dispose of sharps safely
- Perform routine environmental cleaning
- Clean and reprocess shared patient equipment
- Follow respiratory hygiene and cough etiquette
- Use aseptic technique
- Handle and dispose of waste and used linen safely



MODIFIED PROTECTIVE PRECAUTIONS

※ (FORMERLY CALLED REVERSE ISOLATION)

Apply standard precautions, if contact with bodily fluids &/or transmissible conditions

VISITORS - REPORT TO NURSES STATION BEFORE ENTERING ROOM

- Private room
- Hand hygiene upon entering & after exiting room
- Serve only cooked food
- Bottled water *from hospital source*
- No food brought in from outside of hospital
- No fresh plants *and/or flowers*
- No visitors with communicable diseases

 **Decatur Morgan Hospital**