

CLINICAL INSTRUCTOR INFORMATION FORM

Name: _____

Address: _____

Date of Birth: _____ Gender: _____

Contact Phone Number: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Email: _____

School: _____

Clinical Start Date: _____ Clinical End Date: _____

=====

I am currently employed by Decatur Morgan Hospital

Department/Area _____

*** ALL FORMS MUST BE UPDATED ANNUALLY FOR CONTINUED ACCESS ***

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For Staff Only:

Copy of Driver's License

Please return completed packet to Instructor@dmhnet.org.

For questions, please contact:

DMH Education Department

256.973.3030

Instructor@dmhnet.org

Provider
 MD Office Staff
 Employee
 Vendor
 Student

 *Name – Last, First, Middle Initial (as filed in Human Resources)

 Credentials MD, RN, PA, Etc...

 *Employee ID OR *Last 4 Digits of SS#

 *Personal Contact Phone

 *Department OR *Company Name/Office/Practice Name

 *Work/Office Phone

 *Email Address USE YOUR HOSPITAL EMAIL ADDRESS IF YOU WERE ISSUED ONE
 *required

Select desired Meditech system access level below (Patient Medical Record) <input type="checkbox"/> Physician <input type="checkbox"/> ALP CRNP/PA (Advanced Practitioner) <input type="checkbox"/> LC (Licensed Clinician) <input type="checkbox"/> CL (Clerical/Office Support) <input type="checkbox"/> MGR/MR (Manager, Med Rec) <input type="checkbox"/> Student <input type="checkbox"/> Other (Provide job Title) _____	Other System Access <input type="checkbox"/> Internet Access <input type="checkbox"/> Email Account <input type="checkbox"/> Pyxix ES AD <input type="checkbox"/> Other _____ If replacing someone who: _____ _____ _ If temporary access request, expected date of termination: _____ Remote Access Needed: Y N
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Comments: _____

Setup Requestor like the following employee: _____

<u>Approval</u> _____ Signature of Director, VP, or Staff Physician Print Name: _____ Date: _____	<u>For Information Systems use only</u> <input type="checkbox"/> Add to a VM <input type="checkbox"/> Create an Active Directory Account New Active Directory Account _____ <input type="checkbox"/> BAA on file
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Fax completed Forms to: 256-973-3457

Call The IS HelpDesk for Assistance at 256-973-2115

Do not write below for Decatur Morgan Hospital Information Systems use only

Date Received at HelpDesk: _____ Approved: _____ Added: _____

In accessing, I agree to adhere to the DMH privacy and security policies and to the following conditions:

INITIAL EACH STATEMENT

A. ___ Passwords. Users are responsible for keeping all login user IDs and passwords secure. Logins are not to be shared under any circumstances. The user is responsible for information obtained using their login.

- i. The user should choose a password that is not easily associated with the user.
- ii. Human Resources will notify IS of all DMH employee terminations. This will allow IS to remove access privileges. Likewise, physicians and third parties are responsible for notifying the IS Help Desk when employees with access are terminated.
- iii. The user is responsible for notifying Director of IS promptly when login information has been compromised.
- iv. Minimum password length is 8 characters with a mix of alphabetic characters and at least one numeric digit and/or special character.
- v. Passwords are required to be changed on a rotating basis.
- vi. Failure to maintain confidentiality of individual passwords, in accordance with this policy, will result in the forfeiture of access to DMH information systems.

B. ___ Failed Attempts. A connection shall be terminated after exceeding the failed login attempts limit.

C. ___ Replication of Data. Any information viewed through the system is strictly confidential and may not be copied, saved to any remote or portable device, disclosed to or shared with any other person for any purpose, except as specifically permitted by law.

D. ___ Audits. Access use will be audited on a routine basis.

E. ___ Logging Off. The user is responsible for logging off of the session when the workstation is unattended. Workstations/devices are programmed to automatically log off if they are inactive for 10 minutes.

F. ___ Dormant Accounts. The account may be closed after 90 days of non-use.

G. ___ Posting of Access Numbers. Information regarding access to computer and communications systems, such as dial-up modem phone numbers and Internet URLs shall not be posed on the Internet, listed in telephone directories, placed on business cards, or otherwise made available to third parties without IS proper approvals.

H. ___ Modems. Connection of a modem to a PC on the DMH network by anyone other than a member of the IS Network Team is prohibited. All dial-up connections with systems and networks shall be routed through a modem pool or RAS. Under no circumstances shall dial-up modems be connected to workstations that are simultaneously connected to a local area network (LAN) or another internal communication network. Exceptions may be authorized with the approval of the IS Director and appropriate department management. In the event that a dial-up connection for a workstation is approved, users shall not leave modems connected to personal computers in "auto-answer" mode.

I. ___ Workstation Use. Users shall adhere to software license agreements and DMH policies. Preparations shall be made to ensure that all work sites, including a home office, is appropriate for the work to be performed. Reasonable precautions shall be taken at alternative work sites to protect DMH owned hardware, software, and information from theft, damage, and misuse.

J. ___ Organizational Equipment. Equipment provided by DMH shall not be altered or added to in any way (e.g. upgraded processor, expanded memory, software or peripheral devices) without approval from the IS Director.

K. ___ Inspections. Devices that access the DMH network may be inspected at any time—given one-day advance notice—by the organization to insure data integrity. DMH information and/or data stored on remote devices are the property of DMH.

L. ___ Device Approval. In order to mitigate the propagation of viruses, prevent disputes about ownership, and reduce improper removal/theft; equipment or software not owned by the organization is prohibited from being used within the organization's facilities without prior IS management approval.

M. ___ Anti-Virus Software. Users are responsible for maintaining updates to commercially reasonable anti-virus and anti-spyware software.

- N. ___ **Reporting Incidents.** In the event that any confidential information, including PHI, is intentionally or unintentionally disclosed or if equipment is lost or stolen, notify I.S., the Privacy Officer, or the Security Officer promptly.

- O. ___ **Printing.** Remote printing is discouraged, except when expressly needed to perform HIPAA permitted functions of treatment, payment and operations. Any extraneous hard copy of confidential information, including PHI, should be shredded or otherwise destroyed after usage. Devices or documents containing confidential information should not be disposed of in household, physician office or third party trash. If proper means of destruction are not available, deliver device or documents to the DMH data center.

- P. ___ **Print Destination.** Printing from or to a remote device creates uncertainty as to the destination printer; please verify where remote printing will take place before attempting to print confidential information, including PHI. In the event that you print to an unintended destination, notify the unit/office personnel and ask that the pages be destroyed. If the information is printed to an unknown destination, notify the privacy officer promptly.

- Q. ___ **Billing Information.** Information needed for billing purposes may be used solely for the purpose of preparing an officially recognized claim form for reimbursement from any payer.

- R. ___ **Clinical Information.** Clinical information may be used only for the approved purpose of continuity of care as permitted by federal HIPAA regulations.

- S. ___ **HIPAA Violations.** Anyone violating patient privacy and patient confidentiality may be punished by civil or criminal penalty (including fines up to \$250,000 and imprisonment) under federal law. Inappropriate access may be reported to the Office of Civil Rights for action.

- T. ___ **Compliance.** Failure by any party (including employee, physician or physician office staff or authorized third party) to maintain patient, business or employee confidentiality as defined in Decatur Morgan Hospital HIPAA, security, and confidentiality related policies; and in accordance with state and federal laws will result in the forfeiture of access to DMH Information Systems. Reinstatement is at the discretion of the DMH IS Director and Sr Leadership Team.

- U. ___ **Disciplinary Action.** Decatur Morgan Hospital employees violating privacy or confidentiality terms outlined in this policy will be subject to disciplinary action, up to and including dismissal.

- V. ___ **Physician Office Personnel.** Physicians are responsible for the actions of their office staff as relates to hospital confidential information, including PHI. Should a violation of hospital privacy, confidentiality or security policy occur: access will be terminated, the physician will be contacted, and the physician will be responsible for taking appropriate action.

- W. ___ **Support.** For Remote Access support, call the IS Help Desk 256-973-2115

- X. ___ **Signed Affirmation Statement.** Attached for Vendors and Physician Offices.

Failure to adhere to the above mentioned criteria will cause termination of access rights, and for employees, disciplinary action up to and including termination. HIPAA violations may be punished by civil or criminal penalty under federal law.

I have reviewed/initialed the conditions for access to Decatur Morgan Hospital Information Systems and agree to all the terms listed above.

User Signature _____ Date _____

Printed Name _____

Affiliation _____

Witness Signature _____ Date _____

**Fax or scan completed forms to Decatur Morgan Hospital 256-973-3457
Call the Decatur Morgan Hospital IS Help Desk for assistance at 256-973-2115**

Effective March 1, 2014
Last Revision date: October 1, 2015

Please Print Clearly: Incomplete forms WILL NOT be processed.

Applicant: Send completed form to your point of contact at DMH.

DMH Representative: Complete bottom section and send to Human Resources.

Legal Name:		
Name you prefer on hospital badge:		
Date of Birth:	Social Security #:	
Address:		
City:	State:	Zip Code:
Phone #:	Alternate phone #:	
Company/School:		
DMH Department:		

Badge Type:

- Contractor Student Intern Security Volunteer
 Other: _____

Student badges will be free of charge for the first badge. The badge will be active until the clinical rounds are complete or until graduation date. There is a \$10.00 replacement fee to reprint lost or damaged badges.

Contractor badges will be free of charge for the first badge. If the badge is lost or damaged, there will be a \$10.00 fee to reprint the badge. All contractor badges will have a termination date set.

Signature: _____ Date: _____

(Signature verifies that you have read and understand the statement above)

Badges can be printed 24 hours upon receipt of completed form. The Human Resources office is located on the West Campus in the Professional Building and is open Monday – Friday from 7:00 am – 4:30 pm. Checks are the only method of payment accepted.

BELOW TO BE COMPLETED BY DMH REPRESENTATIVE

DMH SUPERVISOR SIGNATURE: _____ **EMP #** _____

DEPARTMENT # (5 digit): _____ **PHONE #** _____

Please return to Human Resources by fax 256.973.2510 or email: ginger.fuller@dmhnet.org



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.

Signature

Date

Print Name

Name: _____
 First Middle Last

Employee ID#: _____

Decatur Campus	Parkway Campus
<input type="checkbox"/> L&D	<input type="checkbox"/> PW – ED
<input type="checkbox"/> Nursery	<input type="checkbox"/> PW Med Surg (2N)
<input type="checkbox"/> 4 th Floor	<input type="checkbox"/> PW – ICU
<input type="checkbox"/> 3 rd Floor	
<input type="checkbox"/> PVC	
<input type="checkbox"/> ICU/CCU	
<input type="checkbox"/> 1 st Floor	
<input type="checkbox"/> Dialysis	
<input type="checkbox"/> OPS	
<input type="checkbox"/> OR	
<input type="checkbox"/> PACU	West Campus
<input type="checkbox"/> A-Systems	<input type="checkbox"/> West
<input type="checkbox"/> Cath Lab	
<input type="checkbox"/> ED	
<input type="checkbox"/> Infusion	
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Float Staff – Potential units to work:
<input type="checkbox"/> Radiology	
<input type="checkbox"/> Respiratory	

Pharmacy access to all machines

User Role:		
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> DMH OB RN	<input type="checkbox"/> Medication LPN
<input type="checkbox"/> Anesthesia Tech	<input type="checkbox"/> DMH OR RN	<input type="checkbox"/> Pharmacy Tech
<input type="checkbox"/> Cath RN	<input type="checkbox"/> DMH RN	<input type="checkbox"/> Radiology / Imaging
<input type="checkbox"/> Cath Tech	<input type="checkbox"/> Echo	<input type="checkbox"/> Respiratory
<input type="checkbox"/> Charge Nurse / Manager	<input type="checkbox"/> Clinical Nurse Instructor	<input type="checkbox"/> West Nurse
<input type="checkbox"/> DMH ED RN	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> No Narcotics

PYXIS Training Date: _____ Signature of Trainer: _____

Access should match (other employee with same): _____

Signature of user: _____

Pyxis BIO-ID and Password are considered user signature.

Signature: _____ ext: _____
 (Director/Nurse Educator)

Fax completed form to 256.973.2681 or scan and email to Jennifer.key@dmhnet.org and jeanna.booth@dmhnet.org



Decatur Morgan Hospital

Student Orientation

JANUARY 2022



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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 instructor. Principles of ethical behavior developed for employees also apply to you as a student. Please ask your instructor 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 instructor. 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. A surgical mask must be worn at all times while in the hospital.
 - a. During times when the hospital has a high volume of COVID patients, N95's will be required in place of the surgical masks.
2. Wear personal protective equipment (PPE) as identified in airborne precautions instructions.
3. Keep the patient room door closed at all times.
4. Wear an N-95 respirator mask fitted to your face size and shape with a surgical mask over the N95 mask.

******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 instructor 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 contributes 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 nursing instructor 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 instructor 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 instructor and the patient's assigned nurse.
10. Your instructor 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 instructor 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 instructor on the nursing unit. If the instructor 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 instructor 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 instructor 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 instructor can show you how to access Material Safety Data Sheets (MSDS) by calling the extension 56737 (5-MSDS).

- In the event of an exposure to a chemical report to your instructor immediately. If you can do so, take the container with you when you report to your instructor.

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 instructor 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

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 instructor 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 instructor, 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 instructor 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 instructor will have access credentials to log-in to the EMR. In addition to guidance from your instructor 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 instructor 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 instructor 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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Nurse Educator
Decatur Morgan Hospital
256.973.3282
brandie.frayne@dmhnet.org



CONTACT PRECAUTIONS

PRECAUCIONES DE CONTACTO



To prevent the spread of infection, **ANYONE* ENTERING THIS ROOM MUST:**

Para prevenir el esparcimiento de infecciones, **TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION TIENEN QUE USAR:**



Hand Hygiene
Higiene De Las Manos



Gloves
Guantes



Gown
Delantal



SPECIAL ENTERIC



Perform hand hygiene before entering room AND wash hands with "soap and water only" before leaving room.

Precaucion Orogastrointestinal

Lavese las manos antes de entrar al cuarto y lavese las manos con agua y jabon cuando salga del cuarto.



EVS: Special Cleaning Indicated

Applies whether or not contact with the patient or the patient's environment is anticipated.

Esta regla se aplica aunque no anticipe contacto con el paciente o con el ambiente del paciente.

*Patient visitors must wash hands, wear gloves, and gown upon entering and leaving this room.

*Los visitantes del pacientes deben lavar manos, usar guantes, y la bata al entrar y partir este cuarto.

Patient Transport: Clean patient hands, clean patient gown, empty/contain all drainage, secretions, and excretions.

Traslado del Paciente: Asegurese que las manos y el delantal del paciente esten limpios, y vacie o contenga todo drenaje, secrecion o excrecion del mismo.

Isolation shall not be discontinued without the notification of Infection Prevention & Control

Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al

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CONTACT PRECAUTIONS

PRECAUCIONES DE CONTACTO



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ANYONE* ENTERING THIS ROOM MUST:

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**TODAS LAS PERSONAS* QUE ENTREN EN ESTA HABITACION
 TIENEN QUE USAR:***



Hand Hygiene

*Higiene De Las
 Manos*



Gloves

Guantes



Gown

Delantal



Applies whether or not contact with the patient or the patient's environment is anticipated.

Esta regla se aplica aunque no anticipe contacto con el paciente o con el ambiente del paciente.

***Patient visitors must wash hands, wear gloves, and gown upon entering and leaving this room.**

***Los visitantes del pacientes deben lavar manos, usar guantes, y la bata al entrar y partir este cuarto.**

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DROPLET PRECAUTIONS



PRECAUCIONES CONTRA PARTICULAS O GOTITAS

To prevent the spread of infection,
ANYONE ENTERING THIS ROOM MUST:

*Para prevenir el esparcimiento de infecciones,
TODAS LAS PERSONAS QUE ENTREN EN ESTA HABITACION
TIENEN QUE USAR:*



Hand Hygiene

*Higiene De Las
Manos*



Surgical Mask

Mascara Quirurgica



Gloves

Gautes



Gown

Delantal



N-95 Respirators should **not** be used for personal protection for patients on droplet precautions.

*Los Respiradores N-95 **no se deben utilizar** para la proteccion personal de pacientes con precauciones contra particulas o gotitas.*

Isolation shall not be discontinued without the notification of Infection Prevention & Control

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Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al

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AIRBORNE PRECAUTIONS



PRECAUCIONES CONTRA ORGANISMOS QUE SE MANTIENEN EN EL AIRE

To prevent the spread of infection, **ANYONE* ENTERING THIS ROOM MUST:**

Para prevenir el esparcimiento de infecciones, TODAS LAS PERSONAS QUE ENTREN EN ESTA HABITACION TIENEN QUE USAR:*



Hand Hygiene

Higiene De Las Manos



N-95 Respirator

Respirador N-95



Ensure that the **door** to the patient's room **remains closed at all times.**

*Asegurese de mantener **la puerta de esta habitacion cerrada todo el tiempo.***



***Patient wears surgical mask during transport. Check with RN for assistance.**

***Paciente lleva mascarilla quirúrgica durante el transporte. Consulte con la enfermera para asistencia.**

Isolation shall not be discontinued without the **notification** of Infection Prevention & Control

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Preguntas? Llame al Departamento de Prevencion y Control de Infecciones al

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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 and 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**