



STANDARD HOSPITAL STUDENT ORIENTATION

First Published August 2004. Updated as of November 2018.
Dallas-Fort Worth Hospital Council Foundation (DFWHC Foundation)
300 Decker Drive, Irving, TX 75062
(Ph) 972-719-4900
www.dfwhcfoundation.org

This document has been produced by the DFWHC Foundation Healthcare Workforce Center to be used exclusively by the North Texas Nursing Resource Center participants. This document is protected by the Federal Copyright Act of 1976 and may not be reproduced without the expressed written permission of the DFWHC Foundation.

STANDARD HOSPITAL STUDENT ORIENTATION

The North Texas Nursing Resource Center and DFW Hospital Council Foundation identified a need for a standard hospital orientation that would streamline the orientation process for the clinical rotations required of nursing and other healthcare professions students.

This orientation presents standard information required by accreditation agencies for each hospital. A checklist would be included for each student with the following information:

- Liability Insurance
- Healthcare Provider Level CPR certification
- Required immunizations by law-Hepatitis B, MMR (rubella/measles, mumps, rubella/german measles), Tdap (tetanus, diphtheria & pertussis), varicella, & influenza. Some hospitals require additional immunizations.
- Tuberculin(TB) test
- Drug Screen and Criminal Background Check

For more information on drug screening, background checks and immunizations, please refer to the DFWHC Foundation Community Standards document.

There will still be a need for hospitals to present information specific to their facility such as:

- Hospital Welcome
- Hospital Mission/Philosophy/Values
- Student Parameters
- Patient Care Guidelines
- Confidentiality Agreements
- Specific Policies and Safety Procedures
- Verification of Emergency Standard Code Names and Procedures
- Charting/Documentation
- Signature Validations
- Computer Guidelines/Passwords
- Clinical Attire/Dress Code
- ID Badge requirements
- Parking
- Infection Control Policies and Procedures

Each school will provide documentation of the completed orientation and checklist to hospitals for each student doing clinical rotations at that facility.

We would like to thank these following hospitals and individuals who contributed to this original and current efforts: Collin County Community College and Nell Ard, Marie C. Resurreccion, Children's Health, Frisco Medical Center, Harris Methodist HEB and Karen Murphy, Medical Center of Plano, Medical City Dallas, Parkland Hospital and Vicki Joswiak, Presbyterian Hospital of Plano, Judy Jones, Texas Health Resources and Brenda Pope, and Dallas-Fort Worth Hospital Council Foundation staff.

This information is for the exclusive use of the North Texas Nursing Resource Center Partners. Usage of this document beyond these partners must have permission of the Dallas-Fort Worth Hospital Council Foundation. If you have further questions about this document, please contact Sally Williams at 972-719-4900 or swilliams@dfwhcfoundation.org

Standard Hospital Student Orientation Table of Contents

MODULE I

GENERAL SAFETY MANAGEMENT: PROCEDURES/GUIDELINES	6
- EMERGENCY – PLAIN LANGUAGE CODES	6
- ROLE IN A DISASTER – STANDARD CODES AND PROCEDURES	7
- FIRE – STANDARD CODES AND PROCEDURES	8
- ELECTRICAL SAFETY – STANDARD CODES AND PROCEDURES	10
- HAZARDOUS MATERIALS – OSHA, MATERIAL SAFETY	11
- BIOTERRORISM	11
- PATIENT SAFETY	12
- MEDICAL EQUIPMENT SAFETY	13
- NEEDLESTICK	14
- PERSONAL PROTECTIVE EQUIPMENT	15
MODULE I TEST FOR KNOWLEDGE OF ORIENTATION CONTENT	16

MODULE II

INFECTION CONTROL	19
- STANDARD PRECAUTIONS	19
- BLOODBORNE DISEASES	22
- OTHER DISEASES	23
BODY MECHANICS – SAFE LIFTING	26
RESTRAINT UTILIZATION – LAWS	27
ABUSE AND NEGLECT - LAWS	30
OVERVIEW OF COMPLIANCE	30
CONFIDENTIALITY OF PATIENT INFORMATION	31
PATIENT RIGHTS – BILL OF RIGHTS	32
ADVANCE DIRECTIVES	32
CULTURAL COMPETENCE	33
LATEX ALLERGIES	35
CUSTOMER SERVICE	37
HIPAA	38
EMERGENCY MEDICAL TREATMENT & ACTIVE LABOR ACT (EMTALA)	38
MODULE II TEST FOR KNOWLEDGE OF ORIENTATION CONTENT	39

MODULE I

General Safety Management--Procedure and Guidelines

Everyone is responsible for following all safety guidelines and ensuring that his or her work area is kept in a clean and safe condition. Safety is part of your work each day. The safe way is the right way to do the job. Do not take shortcuts at the expense of safety. Know the procedures in your job. If you have questions, ask your instructor or area supervisor.

Emergency - Plain Language Codes

Many organizations have transitioned to Plain Language Codes that offer descriptions of the event rather than a color code. Plain Language establishes a common language and communication system for staff, patients and visitors. It explicitly describes situation rather than using codes. Code blue remains the same, but the other codes are no longer distinguished by color. Actions to be taken do not change – only the code language is different.

Alert Type → Alert Name → Location and/or Description
Example: Facility Alert → Fire Alarm Activation → ICU

Plain Language Emergency Alerts

Emergency Event	Color Code	Plain Language Alerts
Facility Alerts		
Fire	Code Red	Facility Alert + Fire Alarm Activation + Location
Disaster	Code Yellow	Facility Alert + Disaster Plan Activated + Descriptor + Location
Medical Alerts		
Medical	Code Blue	Medical + Code Blue + Location
Security Alerts		
Active Shooter	Code Silver	Security Alert + Active Shooter + Descriptor + Location
Missing/Abducted Child	Code Pink	Security alert + Missing/Abducted Child + Descriptor + Location
Weather Alerts		
Severe Weather	Code Gray	Weather Alert + Severe Weather + Location
Tornado Warning	Code Black	Weather Alert + Tornado Warning + Location

Other Alerts that may be heard are:

Facility Alert – Emergency Plan Activation

Facility Alert – HazMat Spill

Medical Alert – Rapid Response Team

Medical Alert – STEMI/Stroke/Trauma

Security Alert – Missing Person

Security Alert – Lockdown/Lockout

Security Alert – Suspicious Package

Student's Role in Disaster

In the event of a disaster, students should always follow the instructions of the hospital staff.

Fire—Standard Codes and Procedures

FIRE SAFETY

Fires are a constant threat to any hospital, and all fires are potentially disastrous situations. Besides threatening the safety of patients, visitors and personnel, a fire may reduce the hospital's ability to provide services. For these reasons, it is essential that students know the proper method to prevent fire and have the knowledge to respond quickly and appropriately in the case of a fire.

Each hospital department has fire extinguishers available and a written plan for evacuation if that is necessary. It is essential that you become thoroughly familiar with the location and proper use of fire extinguishers and the written evacuation plan/route before a fire occurs. It is also important to follow simple guidelines to reduce the possibility of a fire:

1. Observe smoking regulations. Smoke only in designated areas and use appropriate non-combustible ashtrays.
2. Remind patients and visitors of the necessity of observing smoking regulations.
3. Observe safety guidelines when using electrical equipment.
4. Keep all chemicals, flammables and gases stored in their proper containers and use them appropriately.
5. Be alert and aware of potential fire hazards and eliminate these hazards in the work area.

If a fire is discovered, it is essential that you react quickly to avoid panic among patients, visitors and personnel. This can only be accomplished through adequate training and familiarity with procedures.

Hospitals generally use the acronym "RACE" or "RCAF" in response to a fire. It is your responsibility to know which acronym your assigned facility uses.

"RACE"

- **RESCUE**
Rescue patients, visitors or personnel from the immediate area and take them to a safe area.
- **ALERT**
Alert the PBX operator and/or activate the fire pull.
- **CONFINE**
Close all doors and windows to confine the area.
- **EXTINGUISH**
Use the fire extinguisher if safe to do so.

"RCAF"

- **RESCUE**
Evacuate people in immediate danger.
- **CONFINE**
Close all doors and windows to prevent spread
- **ALERT**
Pull the nearest fire alarm and/or alert the PBX operator.
- **FIGHT**
Use the fire extinguisher if safe to do so.

FIRE EXTINGUISHER OPERATION

"PASS"

- **PULL**
Pull the pin located at the handle of the extinguisher.
- **AIM**
Aim the nozzle at the base (bottom) of the fire and stand 6 – 10 feet away.
- **SQUEEZE**
Squeeze the handle to activate the extinguisher and release the extinguishing agent.
- **SWEEP**
Sweep the nozzle from side to side at the base of the fire evenly coating the area.

GENERAL INFORMATION

Telephone lines should be kept clear.

The Safety Officer or House Supervisor assumes the lead role until the Administrator On Call (AOC) arrives. Upon arrival of Fire Department, the lead role will be relinquished.

During a "Code Red" FIRE DRILL, or "Facility Alert: Fire Drill," patient doors should be closed, and the fire doors should close automatically. The elevators will not be used during a "Code Red" or a FIRE DRILL. Only the Fire Department may operate the elevators. Fire exits should be clear of obstructions at all times such as carts, IV poles, chairs, beds, stretchers, etc.

As soon as an alarm sounds, you should report directly to your assigned area and wait for further instructions from your supervisor.

EVACUATION

The Administrator, Safety Officer or Fire Department will determine if an evacuation is necessary. The AOC or Chief of the Fire Department are the only persons authorized to execute an evacuation. The staff may initiate an evacuation of the immediate area if patients or personnel are in an unsafe area prior to the arrival of the Safety Officer. KNOW YOUR EVACUATION ROUTES AND ALTERNATIVE EVACUATION ROUTES.

Electrical Safety—Standard Codes and Procedures

Electricity may form the most dangerous safety hazard in a hospital, and is probably the most misunderstood and underrated area of safety training. Electricity may be involved in any fire in an oxygen rich atmosphere. There is constant risk of electrical shock whenever electrical equipment is operated.

A nominal amount of current leakage occurs any time electrical equipment is used. For this reason, all electrical equipment in hospitals should be grounded. This is accomplished by using a three-prong plug. The third round plug is the ground.

Although current leakage is minimal from electrical equipment in proper working condition, one must consider safe levels. The flow of electricity through the body can cause shock, muscular contractions, electrical burns, and abnormal heart function. Each of these problems occurs at a different level of intensity. A level that may be safe for a hospital worker may be very dangerous for a patient.

These guidelines assist in reducing the risk of shock:

1. Never use a wall outlet that fits loosely.
2. Never use a "cheater" plug and do not break off the ground on a three-prong plug.
3. Inspect cords and plugs of all electrical equipment to detect any bent, frayed, cracked or exposed cords or wires. Damaged cords or plugs should be reported to the unit supervisor and the equipment should be removed. Patient care equipment should be reported to the unit supervisor.
4. Assure all electrical patient care equipment has a dated inspection sticker. If the inspection sticker is missing, contact the unit supervisor, and remove the equipment from service.
5. Avoid the use of extension cords. If extension cords must be used, only heavy-duty/hospital approved cords may be used.

Hazardous Materials and Material Safety

Hazardous chemicals are located throughout the hospital. It is important that you understand your responsibilities when working with hazardous chemicals. By doing so, you are protecting patients, visitors and staff as well as yourself from potential injury. OSHA's Hazard Communication Program, often referred to as the "Right to Know" law, is designed to protect workers from exposure to hazardous chemicals in the workplace. You should know:

- What to do in the event of a chemical spill
- The meaning of any labels placed on chemical containers
- Do not use chemicals from unlabeled bottles. If an unlabeled bottle is found, contact your instructor or the area supervisor.
- Safety Data Sheets (SDS) for every known chemical can be accessed via the internet or by calling 800-451-8346 24 hours/7 days a week. By giving this resource the product name and manufacturer name, you can obtain information on hazardous ingredients, precautions for safe use, required safety equipment for use, first aid procedures, spill and disposal procedures. Please contact your instructor for further information.

Bioterrorism

The possibility of nuclear, biological, or chemical emergencies cannot be overlooked. Hospitals must be prepared to quickly and effectively implement decontamination procedures to treat contaminated individuals and to protect patients and staff by containing a causative agent. A contaminated patient will not be allowed to enter the hospital until decontamination procedures have been implemented.

If you find a suspicious item, the item and/or the area should be left untouched, doors closed to prevent others from entering the area and hands or exposed areas washed with soap and water immediately. Notify your supervisor and/or instructor immediately.

The four diseases most likely to occur as a result of bioterrorism are: anthrax, botulism, plague and smallpox. Smallpox and plague require isolation, but anthrax and botulism only require standard precautions.

Common symptoms of exposure to contaminants include:

Nuclear—nausea, fatigue, non-healing burns

Biological—flu-like symptoms (high fever, headache, exhaustion) that worsen and cause respiratory failure within days, rash that progresses to pustular vesicles.

Chemical—pinpoint pupils, vomiting, salivating, choking, redness and blisters, gastric upset.

Patient Safety

Patient safety is an important job for everyone, not just those who directly provide patient care. Not all items will affect students in clinicals. However, students should be familiar with the safety goals and their role in the specific institution's policies and procedures.

National Patient Safety Goals

The Joint Commission National Patient Safety Goals (NPSGs) are updated each year in January. The first sets of NPSGs were established in 2002 to help accredited organizations address specific areas of concern in regard to patient safety. A panel of widely recognized patient safety experts (Patient Safety Advisory Group) advises The Joint Commission on development and updating of NPSGs. Following a solicitation of input from practitioners, provider organizations, purchasers, consumer groups and other stakeholders, The Joint Commission determines the highest priority safety issues and how best to address them.

The purpose of the NPSGs is to improve patient safety and the goals focus on problems in health care safety and how to solve them. The goals will include information in regards to identify patients correctly, effective staff communication, use medicines safely, use alarms safely, prevent infection, identify patient safety risks, and prevent mistakes in surgery.

As part of this orientation, you must review the most current goals for hospitals that can be accessed at The Joint Commission website as noted here:

www.jointcommission.org/standards_information/npsgs.aspx .

Safety - freedom from accidental injury.

Error - failure of a planned event or action to be completed as intended or use of a wrong plan to achieve a goal.

Adverse event - injury resulting from a medical intervention and not due to the underlying condition of the patient.

Sentinel event - unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.

Sentinel events require reporting. This includes a thorough and credible root cause analysis, implementation of improvements to reduce risk, and monitoring of the effectiveness of those improvements. Always inform your instructor immediately.

Examples of sentinel events include:

- Unanticipated death
- Patient suicide in a setting where the patient receives around the clock care

- Unanticipated death of a full-term infant
- Major permanent loss of function
- Infant abduction
- Infant discharged to the wrong family
- Rape of a patient
- Hemolytic transfusion reaction
- Procedure on the wrong patient or body part

Medical Equipment Safety

Operate equipment only as trained and authorized and only if the equipment is in safe operating condition. All equipment owned, borrowed, or loaned from an equipment representative must be evaluated by the biomedical engineer prior to its use.

Equipment known or suspected of being unsafe or not functioning properly is to be removed from service immediately. Place a "DO NOT USE" sign on it, remove it from the immediate work area, and contact the unit supervisor immediately.

Federal regulations require reporting any patient injury related to a medical device under the Safe Medical Device Act (SMDA). Report any such situation to your supervisor immediately.

Needlestick

Estimates indicate that over 350,000 needlestick injuries occur each year. Unfortunately, about half of these injuries are not reported. *Always report needlestick injuries to your instructor to ensure that you receive appropriate follow-up care.*

What kinds of needles usually cause needlestick injuries?

- Hypodermic needles
- Blood collection needles
- Suture needles
- Needles used in IV delivery systems

Needlestick injuries can lead to serious or fatal infections. Health care workers who use or may be exposed to needles are at increased risk of needlestick injury. All workers who are at risk should take steps to protect themselves from this significant health hazard.

Do certain work practices increase the risk of needlestick injuries?

Yes. Past studies have shown needlestick injuries are often associated with these activities:

- Recapping needles
- Transferring a body fluid between containers
- Failing to dispose of needles properly in puncture-resistant sharp containers

How can I protect myself from needlestick injuries?

- Avoid the use of needles when safe and effective alternatives are available.
- Use devices with safety features.
- Do not recap needles.
- Plan for safe handling and disposal of needles before using them.
- Promptly dispose of used needles in appropriate sharps disposal containers.
- Report all needlestick and sharps related injuries promptly to ensure you receive appropriate follow-up care.

What if I get stuck by a needle from an HIV-infected patient?

- Notify instructor immediately.
- Seek post-exposure prophylaxis and counseling within hours of exposure (recommended by CDC)

To receive other information about occupational safety and health problems, call 1-800-CDC-INFO (1-800-356-4674), or visit the NIOSH Home Page on the World Wide Web at www.cdc.gov/niosh/homepage.html

Personal Protective Equipment (PPE)

Personal Protective Equipment is “specialized clothing or equipment worn by a person for protection against infectious materials” (as defined by Occupational Safety & Health Administration - <https://www.osha.gov/SLTC/personalprotectiveequipment/>).

Types of PPE Used In Healthcare Settings:

- Gloves – protect hands.
- Gowns/Aprons – protect skin and/or clothing.
- Masks and Respirators – protect mouth/nose. Respirators protect respiratory tract from airborne infectious agents.
- Goggles – protect eyes.
- Face Shields – protect face, mouth, nose and eyes.

Factors Influencing PPE Selection:

There are several things to consider. First is the type of anticipated exposure, such as touch, splashes or sprays, or large volumes of blood or body fluids that might penetrate the clothing. PPE selection also is determined by the category of isolation precautions a patient is on. Second is the durability and appropriateness of the PPE for the task. This will affect, for example, whether a gown or apron is selected for PPE, or, if a gown is selected, whether it needs to be fluid resistant, fluid proof, or neither.

Four Key Points to Remember about PPE Use:

- Perform hand hygiene immediately before and after PPE usage.
- Don PPE before you have any contact with the patient, generally before entering the room.
- Use carefully to prevent spreading contamination.
- Remove and discard carefully, either at the doorway or immediately outside patient room; remove respirator outside of room.

Follow guidelines suggested by hospital for specifics on PPE usage.

For more information on Personal Protective Equipment (PPE), please refer to the Center for Disease Control and Prevention (CDC) website -

www.cdc.gov/vhf/ebola/healthcare-us/ppe/index.html

MODULE I

TEST FOR KNOWLEDGE OF ORIENTATION CONTENT

1. Select the correct response describing Plain Language Codes:
 - a. Establishes a common language and communication system understood by staff, patients and visitors
 - b. Describes situation
 - c. Actions to be taken do not change
 - d. All of the above
2. A student's role in the event of a disaster is
 - a. Stay with assigned patient
 - b. Immediately leave the hospital to return home
 - c. Follow instructions of the facility staff
 - d. Report to the school
3. When responding to a fire the acronym RCAF stands for:
 - a. react, calm, action, fast
 - b. rescue, caution, aid, fast,
 - c. rescue, confine, alert, fight
 - d. race, close, act, flee
4. When responding to a fire the acronym RACE stands for:
 - a. rescue, alert, confine, extinguish
 - b. react, aid, calm, exit
 - c. rapid, action, caution, evacuate
 - d. race, act, call, exit
5. Which of the following statements about electrical safety is NOT true?
 - a. A level of electricity that may be safe for a hospital worker may be very dangerous for a patient.
 - b. All electrical patient care equipment should have a dated inspection sticker.
 - c. If extension cords must be used, only heavy-duty approved cords may be used.
 - d. It is okay to use "cheater" plugs or break off the ground on a three-prong plug.
6. Which of the following is NOT found on an SDS?
 - a. manufacturer name
 - b. precautions for safe use
 - c. first aid procedures
 - d. location of the product
7. Which of the following is NOT one of the four diseases most likely to occur as a result of bioterrorism?
 - a. Anthrax
 - b. Chickenpox
 - c. Plague
 - d. Botulism

8. Indicate whether the following statement about bioterrorism is TRUE or FALSE:
If you find a suspicious item, the item and/or the area should be left untouched, doors closed to prevent others from entering the area, hands or exposed areas washed with soap and water, and notify you supervisor and instructor immediately.
- True
 - False
9. An injury resulting from a medical intervention and not due to the underlying condition of a patient is called a(n):
- Sentinel event
 - Error
 - Adverse event
 - Incident
10. Unanticipated death, infant abduction, rape of a patient, major permanent loss of function, and hemolytic transfusion reaction are all examples of a(n):
- Sentinel event
 - Error
 - Adverse event
 - Incident
11. Which of the following is NOT an acceptable response when patient care equipment is known or suspected of being unsafe or not functioning properly?
- remove equipment from immediate work area
 - place a "DO NOT USE" sign on the equipment
 - contact the unit supervisor immediately
 - unplug the equipment and leave it in the patient's room
12. What kinds of needles can cause needlestick injuries?
- Hypodermic needles
 - Blood collection needles
 - Suture needles
 - Needles used in IV delivery systems
 - All of the above
13. What must occur if you are stuck by a needle during a clinical?
- Immediately tell another student
 - Drink 24 ounces of fluid
 - Put a Band-Aid on the site
 - Report the injury to your instructor/preceptor so that you receive appropriate follow-up care
14. Which of the following is NOT included in National Patient Safety Goals and Recommendations:
- Improve the accuracy of patient identification
 - Improve the effectiveness of communication among caregivers
 - Reduce the risk of healthcare-associated infections
 - Compliance with body mechanics guidelines

MODULE II

Infection Control

EVERYONE working in the healthcare environment is responsible for controlling infection. Be sure to use good hand hygiene and Standard Precautions. This protects you, your patients, and others around you.

STANDARD PRECAUTIONS

- Wash your hands.
- Wear gloves if hands will come in contact with body fluids or any wet surface (eyes, mouth, etc.).
- Wear gowns if body fluid contact with your uniform could occur.
- Wear mask/goggles or mask with eye shield if splashing in face is anticipated.

STANDARD PRECAUTION STRATEGIES

1. Proper Hand Washing Technique

- Turn water on to lukewarm temperature. Lukewarm water is less drying to the skin. The warmer the water, the more natural oils are lost and more drying effect on the skin. The purpose of the running water is to rinse germs off the skin after washing.
- Wet hands. Applying soap to wet hands assures more even distribution, good lather and less irritation.
- Apply soap. Work up a lather using friction for at least 15 seconds. Friction helps to get rid of the germs.
- Wash the entire surface of the hands and above the wrists. Be sure to wash between the fingers and under and around the nails. Greater number of germs may hide in the folds of skin.
- Rinse hands thoroughly, holding hands down to allow water to drain off the fingertips. Washing removes germs from the skin; thorough rinsing flushes them away.
- Blot hands dry with clean paper towels. Blotting prevents irritation and chapping.
- Turn faucet off with clean paper towel to protect clean hands. Faucets were contaminated when turned on with soiled hands-both your hands and those who touched the faucet before you.

If hands are not visibly soiled some hospitals allow the use of alcohol gel in place of hand washing. Gel must remain moist on hands for at least 15 seconds.

**Hand hygiene is the most important factor
in preventing the spread of disease!!**

2. Good Housekeeping

- Do not pick up broken glass directly with gloved or bare hands.
- Place contaminated sharps in sharps containers, which are labeled "Bio-Hazard".
- Sharps containers should not be filled past the three-quarters full line.
- Red Bag Trash - Only items with blood/body fluids that pool, puddle, cake, flake, or ooze under pressure.
- All other trash may be disposed of in regular trash cans.
- Handle contaminated linen as little as possible making sure gloves are worn and exposed skin is covered. All used linen is considered contaminated.

3. Actions for Self Protection

- Perform hand hygiene after removing gloves.
- Do not keep food or drinks in refrigerators, freezers, cabinets, on shelves or countertops where blood or other infectious materials may be present.
- Do not have drinks in work areas.

4. Fingernail Guidelines

- Nails should be
 - Short
 - Clean
 - No artificial nails
 - No nail jewelry
 - Un-chipped polish is permissible.
 - Polish must be changed every three days.
- Applies to all workers.

5. Personal Protective Equipment (PPE)

- The type of protective equipment chosen for a task depends on the degree of exposure that may be possible and the durability and appropriateness to the task.
- PPE includes gloves, gowns/aprons, masks, respirators, face shields, and goggles.
- PPE should be free of holes, defects, or tears.
- Don PPE before you have any contact with the patient, generally before entering the room.
- Remove and dispose all contaminated PPE as soon as possible before leaving the work area.
- Make sure you leave the work area clean.
- Refer to previous section on Personal Protective Equipment for more information.

6. Wear Gloves

- Gloves are an effective barrier between your hands and blood-borne pathogens. Check your gloves for holes and defects.
- Remove gloves properly:
 - With both hands gloved, peel one glove off from wrist to fingertip and hold it in the gloved hand.
 - With the exposed hand, peel the second glove from the clean inside, tucking the first glove inside the second.
 - Dispose of the entire bundle promptly.
 - Perform hand hygiene.
 - Do not wear gloves outside of patient care areas.

7. Blood and Body Fluid Spills

- Wear gloves and other protective apparel as appropriate.
- Use paper towels to absorb visible liquid material.
- Notify the unit supervisor.

8. Airborne Precautions

- Wear mask before entering.
- Keep patient room door closed.

9. Droplet Precautions

- Wear mask for close contact (2-3 feet from patient's face).

10. Contact Precautions

- Before entering:
 - Wear gloves
 - Wear gown if contact with patient or environmental surfaces is expected.
 - Hand hygiene should be performed when leaving the room.

11. C Dif Precautions

Soap and water hand washing must be performed when leaving the room.

BLOODBORNE DISEASES

HEPATITIS

Hepatitis A through G are viral infections that cause inflammation of the liver. Symptoms include diminished appetite, fatigue, abdominal discomfort, enlarged liver, dark urine, yellow skin color, and abnormal liver function tests, but some people with hepatitis do not display any symptoms.

	Description	Mode of Transmission	Symptoms	Risk Factors	Death Rate	Vaccine	Prevention
A	Causes acute inflammation of the liver. It does not lead to chronic disease.	Transmitted by the fecal/oral route, by ingestion of contaminated food and water or through close personal contact with an infected person.	Weakness, headache, fever, stomach cramps, loss of appetite, diarrhea, darkened urine, light stools, jaundice.	Household contact with an infected person, living in an area with an HAV outbreak, travel to developing countries, anal-oral sex with an infected person, IV drug use.	Rarely fatal, but may cause weeks of disabling illness. Most people recover fully and develop immunity.	(2) doses of vaccine to any uninfected individuals over 2 years old. One injection of immune globulin safeguards against hepatitis A for up to four months.	Vaccination or immune globulin. Wash hands after going to the toilet. Clean surfaces contaminated with feces. Standard Precautions
B	Causes acute and sometimes chronic inflammation of the liver causing damage that can lead to cirrhosis and liver cancer.	Blood contact, sexual intercourse, contaminated needles and mother to fetus.	No symptoms for half the infected. Flu-like symptoms for the rest, dark urine, light stools, jaundice, fatigue and fever.	Sexual contact with an infected partner, infected mother to newborn, contact with infected blood or contaminated needles, IV drug use, men who have sex with men	<ul style="list-style-type: none"> •One percent of those infected die immediately. •Thirty-three percent of carriers eventually die from cirrhosis or liver cancer, accounting for 5,000 deaths annually. 	(3) doses of vaccine to uninfected individuals. Interferon is effective in up to 45% of those infected people treated.	Vaccination and safe sex. Clean up any infected blood with bleach, do not share razors or toothbrushes. Standard Precautions
C	Causes chronic inflammation of the liver, which can lead to cirrhosis and liver cancer.	Sexual intercourse and blood contact, sharing items such as syringes and razors, tattoo/body piercing, infected mother to newborn. No identifiable source of infection for many people.	No symptoms for 70 percent of hepatitis C patients. The remainder have mild to severe symptoms similar to hepatitis B.	Anyone who had a blood transfusion prior to 1992, contact with infected blood or contaminated needles, infants born to infected mothers, persons with multiple sex partners.	<ul style="list-style-type: none"> • 10,000 Americans die each year from hepatitis C complications, making it the ninth leading cause of death in the country. 	No vaccine available. Interferon alone or in combination with ribavirin with varying success.	No sharing of needles, razors, toothbrushes with infected persons, safe sex. Clean up any infected blood with bleach. Standard Precautions
D	Causes inflammation of the liver. Found only in patients already infected with active hepatitis B. .	Contact with infected blood and contaminated needles, sexual contact.	Similar to hepatitis B.	Sexual contact with an infected partner, contact with infected blood or contaminated needles, men who have sex with men, IV drug use.	One-third of those infected die.	Since only people with hepatitis B are susceptible to D, getting the hepatitis B vaccine prevents D as well.	Hepatitis B vaccine to prevent hepatitis B infection, safe sex. Standard Precautions
E	Causes acute inflammation of the liver. It is rare in the U.S. It does not cause chronic disease.	Poor sanitation	Similar to hepatitis A.	Travel to developing countries	Death is rare, but exhaustion may last for months.	No vaccine available.	Avoid drinking or using contaminated water. Standard Precautions

G	Causes chronic inflammation of the liver, associated with individuals who have HCV infection. It is a rare disease.	Blood transfusions	Unknown	Contact with infected blood or contaminated needles, IV drug use, HCV infection.	No confirmed deaths.	No vaccine available.	Clean up any infected blood with bleach, don't share razors, toothbrushes. Standard Precautions
---	---	--------------------	---------	--	----------------------	-----------------------	--

Source: Texas Department of Health and the University of California Medical Center

HIV

Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immunodeficiency Disorder (AIDS). AIDS is the final stage of this infection. A person can feel healthy and feel no symptoms of this virus for years. However, once the patient has AIDS, the disease can produce various symptoms such as blindness, cancerous tissue, pneumonia, and anorexia.

This virus may be transmitted through unprotected sex with an infected person, sharing needles and syringes with an infected person, and infected woman to her baby during pregnancy, possibly through breast-feeding and receiving infected blood or blood products. Some people are carriers and don't know it.

Immediate drug therapy (within two hours of blood exposure) has reduced the transmission of the HIV virus. So, if you have a needle stick or sharps accident or any other body fluids exposure, **notify your instructor immediately.**

OTHER DISEASES

EBOLA

Ebola is a rare and deadly disease caused by infection with one of the Ebola virus strains. It is caused by infection with a virus of the family Filoviridae, genus Ebolavirus. People get Ebola through direct contact (through broken skin or mucous membranes in, for example, the eyes, nose, or mouth) with blood or body fluids of a person who is sick with or has died from Ebola, objects (like needles and syringes) that have been contaminated with body fluids from a person who is sick with Ebola or the body of a person who has died from Ebola, infected fruit bats or primates (apes and monkeys), and possibly from contact with semen from a man who has recovered from Ebola. Healthcare providers caring for Ebola patients and family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids.

Symptoms of Ebola include fever, severe headache, muscle pain, weakness, fatigue, diarrhea, vomiting, abdominal (stomach) pain, unexplained hemorrhage (bleeding or bruising). Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days. Recovery from Ebola depends on good supportive clinical care and the patient's immune response. People who recover from Ebola infection develop antibodies that last for at least 10 years.

No FDA-approved vaccine or medicine (e.g., antiviral drug) is available for Ebola. Symptoms of Ebola and complications are treated as they appear. The following basic interventions, when used early, can significantly improve the chances of survival: Providing intravenous fluids (IV) and balancing electrolytes (body salts); Maintaining oxygen status and blood pressure; and Treating other infections if they occur. Experimental vaccines and treatments for Ebola are under development, but they have not yet been fully tested for safety or effectiveness

For more information on Ebola, refer to the Centers for Disease Control and Prevention website - www.cdc.gov/vhf/ebola/index.html .

MERS

Middle East Respiratory Syndrome (MERS) is an illness caused by a virus (more specifically, a coronavirus) called Middle East Respiratory Syndrome Coronavirus (MERS-CoV). The virus was first reported in 2012 in Saudi Arabia. It is different from any other coronaviruses that have been found in people before. MERS affects the respiratory system (lungs and breathing tubes). Most MERS patients developed severe acute respiratory illness with symptoms of fever, cough and shortness of breath. About 3-4 out of every 10 patients reported with MERS have died.

MERS-CoV has spread from ill people to others through close contact, such as caring for or living with an infected person. MERS can affect anyone. MERS patients have ranged in age from younger than 1 to 99 years old.

Most people confirmed to have MERS-CoV infection have had severe acute respiratory illness with symptoms of fever, cough, or shortness of breath. Some people also had gastrointestinal symptoms including diarrhea and nausea/vomiting. For many people with MERS, more severe complications followed, such as pneumonia and kidney failure. Most of the people who died had an underlying medical condition. Some infected people had mild symptoms (such as cold-like symptoms) or no symptoms at all; they recovered. Based on information we have to date, the incubation period for MERS (time between when a person is exposed to MERS-CoV and when they start to have symptoms) is usually about 5 or 6 days, but can range from 2-14 days.

MERS is thought to spread from an infected person's respiratory secretions, such as through coughing. However, the precise ways the virus spreads are not currently well understood. MERS has spread from ill people to others through close contact, such as caring for or living with an infected person. Infected people have spread MERS to others in healthcare settings, such as hospitals.

For more information on MERS, refer to the Centers for Disease Control and Prevention website - www.cdc.gov/coronavirus/mers/about/index.html

SEASONAL INFLUENZA

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year.

People who have the flu often feel some or all of these signs and symptoms: fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, or fatigue. Some people may have vomiting and diarrhea, though this is more common in children than adults. It's important to note that not everyone with flu will have a fever.

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. You may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Certain people are at greater risk for serious complications if they get the flu. This includes older people, young children, pregnant women and people with certain health conditions (such as asthma, diabetes, or heart disease).

Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

The single best way to prevent the flu is to get a flu vaccine each season. Everyone 6 months of age and older should get a flu vaccine every season per Centers for Disease Control and Prevention (CDC) recommendations. Vaccination to prevent influenza is particularly important for people who are at high risk of serious complications from influenza.

For more information on Seasonal Influenza, refer to the Centers for Disease Control and Prevention website - www.cdc.gov/flu/index.htm

Body Mechanics

You must observe and practice the hospital's safety rules. All injuries must be reported immediately to your supervisor or instructor, and an occurrence report must be completed.

Using good body mechanics minimizes the risk of injury. Safe work practices should be observed:

- Get a firm footing, feet apart
- Bend your knees, not your back
- Tighten stomach muscles, they support your spine when you lift
- Lift with your legs
- Keep the load close
- Keep your back upright
- Move your feet, don't twist
- Get plenty of help
- Know your job and what you are doing
- Know how to operate equipment
- Put item to be moved at proper height (i.e. adjust bed height)
- Have a plan for the lift, coordinate with counting
- Prepare for the unexpected
- Lift with your mind before you lift with your body
- If you protect yourself, you protect others
- Change positions often

Restraint Utilization

The Joint Commission and HCFA established standards for the use of chemical and physical restraints due to the occurrence of adverse events. Restraints should be used for patients ONLY after all other alternatives for providing for the safety of patients and others have been tried and failed. Further delineation regarding restraint use relates to clinical versus behavioral application. These definitions apply:

Chemical restraint—A medication or chemical used to control behavior or restrict freedom of movement, which is not standard treatment for a patient’s medical or psychiatric condition.

Physical restraint—Any manual method, or physical or mechanical device, material or equipment, attached or adjacent to the patient’s body that he or she cannot easily remove and that restricts freedom of movement or normal access to one’s body. Tabletop chairs, soft halter/Posey vest, and wrist restraints are all examples of physical restraint.

Clinical application—Use of restraint to promote medical/surgical healing or removal of a line or tube related to cognitive deficiency, and high risk for falls due to functional deficits.

Behavioral application—Use of restraint for behavioral health reasons to manage an unanticipated outburst of severely aggressive or destructive behavior that poses an imminent danger to patient or others.

<u>Clinical Application</u>	<u>Behavioral Application</u>
<p>Use of restraint to promote medical/surgical healing: related to cognitive deficiency (during certain clinical procedures such as tube/line removal) or related to functional deficit (such as being a high risk for falls)</p>	<p>Use of restraint for behavioral health reasons: use is limited to emergencies where there is imminent risk of an individual harming himself or others</p>
<ul style="list-style-type: none"> - RN may initiate use of restraint after alternative interventions have been tried and failed Immediately notify the physician if restraint is initiated because of a significant change in patient condition - The RN must secure a <u>verbal or telephone order</u> from the physician within 12 hours after the initiation of the restraint (HCFA—Health Care Financing Administration). Telephone or verbal order must be <u>signed, dated and timed within 24 hours by the physician.</u> - Face-to-face patient examination by the patient’s physician and physician’s order must be secured within 24 hours of restraint initiation and include: <ul style="list-style-type: none"> • Specific type and number of restraints 	<ul style="list-style-type: none"> - RN may initiate use of restraint after alternative interventions have been tried and failed - The RN must secure a <u>verbal order</u> from the physician within 1 hour of restraint application. The order must include: <ul style="list-style-type: none"> • Specific type and number of restraints • Clinical justification • Date and time (the order is time limited as follows): • 4 hours for adults (ages 18 and >) • 2 hours for children and adolescents (age 9-17) • 1 hour for children under 9 years <ul style="list-style-type: none"> • No PRN orders • Physician or other licensed

<ul style="list-style-type: none"> ○ Clinical justification ○ Date and time (the order is time-limited, not to exceed one calendar day) ○ No PRN orders <ul style="list-style-type: none"> - RN makes a monitoring plan with nursing staff that reflects the patient's care needs. - Nursing staff monitors the patient and the need for restraint at a minimum <u>every 2 hours.</u> - Physician must do <u>face-to-face examination every calendar day and document the need for restraints within the progress notes along with providing a written order for renewal of restraint.</u> - If the restraint is released for one or more hours, a new order must be initiated for continued restraint. 	<p>independent practitioner (LIP) must do a face to face assessment within one hour of restraint application (HCFA)</p> <ul style="list-style-type: none"> - For restraint use beyond the initial time period: <ul style="list-style-type: none"> • Upon expiration of the original order, a new order must be obtained from the physician or designee • The 4 hour order may be renewed X1 by the RN telephoning the patient's physician and securing a verbal order using the same order sheet • If after the second order (8 hours total) the patient continues to need restraint ordered, the physician shall conduct a face to face interview and initiate a new order sheet - RN makes a monitoring plan with nursing staff that reflects the patient's care needs. Patient is visually monitored by nursing staff for 15 minutes - Physician conducts a face-to-face re-evaluation of the patient at least every <u>8 hours for patients 18 years of age and older, every 4 hours for patients ages 9-17, and every 1 hour for ages under 9.</u> - A telephone order is acceptable unless a face-to-face re-evaluation is due. - If the restraint is released for one or more hours, a new order must be initiated for continued restraint.
	<p>The Joint Commission states that the MD must see the patient at least every other episode.</p>

Physical Restraint Examples

<u>Clinical Application</u>	<u>Behavioral Application</u>
<p>*A patient diagnosed with Alzheimer’s disease has surgery for a fractured hip. Staff determines that it is necessary to immobilize prevent re-injury. The use of less restrictive alternatives has been evaluated or was unsuccessful.</p> <p>*An acute medical/surgical patient is restrained to ensure, for example, an endotracheal tube, IV, or feeding tube will not be removed, or that a patient who is temporarily or permanently incapacitated with a broken hip, will not attempt to walk before it is medically appropriate.</p> <p>*A patient has Sundowner’s syndrome and mobility impairment. She gets out of bed in the evening and tries to walk off the unit. The unit’s staff is concerned about patient falling. The nursing staff attempted to keep patient in bed by repeated instructions to call for help when getting up, keeping the room light on, repeated reorientation to self and surrounding. After instructions failed, the RN initiates restraint use and obtains an order from MD to apply vest restraint to prevent patient from falling.</p> <p>*A patient with a head injury has an endotracheal tube, central line and other invasive devices. The patient is disoriented, agitated and attempting to dislodge the tubes and lines. The use of alternative measures, such as explanations and staying with the patient, has failed. The RN initiates soft-limb restraints to prevent dislodging of tubes and invasive devices until the patient is less agitated and is able to follow directions.</p>	<p>*A patient with Alzheimer’s disease has a catastrophic reaction where she becomes so agitated and aggressive that she physically attacks a staff member. She cannot be calmed by any other mechanism, and her behavior presents a danger to herself, staff and other patients.</p> <p>*A patient is on an acute medical and surgical unit for a routine surgical procedure. He has no history of a psychiatric condition and is on no medications (aside from those he is being given before, during, and after surgery). One afternoon during his recovery period, the patient becomes increasingly agitated and aggressive. Attempts to divert and calm him are ineffective. He begins shouting that his roommate is spying on him and physically attacks the roommate.</p>
	<p><u>Chemical Restraint Examples</u></p> <p>*A patient is confused and agitated, attempting to climb over the bedrails. The patient is administered Haldol/Ativan to control his behavior.</p> <p>*Any use of a paralytic agent other than stated in the guidelines used for medical treatment is a chemical restraint. Exception: Anesthesia.</p>

Abuse and Neglect Laws

All cases of suspected abuse and neglect involving children, geriatric patients, and physically and mentally challenged patients are required by law to be reported.

- **Abuse** is defined as physical, emotional or sexual injury and financial exploitation.
- **Neglect** is defined as failure by another individual to provide a person with the necessities of life including, but not limited to, food, shelter, clothing, and the provision of medical care.

If any student suspects abuse or neglect, they should report suspicions to their instructor or the facility supervisor.

Compliance

Compliance programs are a formal set of policies and procedures that require lawful behavior by a health care organization, its employees and agents. Compliance programs consist of the efforts to establish a culture of “doing the right thing” within a health care organization. This culture is one that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state law; federal, state and private payer health care program requirements; or the health care organization’s own ethics and business policies.

Please be aware of the compliance number and information for the healthcare facility where you are assigned.

Confidentiality of Patient Information

- All patient information must be kept confidential. All written, electronic, and verbal communication must be protected.
- Patient information will be accessed only for need to know, direct patient care responsibilities.
- Do not talk about patient in public areas such as the cafeteria, the elevator, or in the halls.
- Do not leave reports or other records unattended.
- Do not leave computer screens unattended. Log off when leaving.
- Written authorization from a patient or legally authorized representative must be obtained before disclosure of any health care information, except in need to know for direct care.
- No patient information should be given out over the telephone except to those directly involved in the patient's care and only with the appropriate identification.
- Patient consent must be obtained before sharing patient information with family and friends.
- Assure that anyone looking at a patient's chart or inquiring about patient information has valid and appropriate identification and a need to know (is part of the healthcare team).
- Discard confidential papers in secured bins provided.

Patient Rights

Patient's Bill of Rights

- Patients have the right to make decisions regarding treatment.
- Patients have the right to accept or decline medical care.
- Patients have the right to considerate and respectful care.
- Patients have the right to know the identity of physicians, nurses and others involved in their care.
- Patients have the right to privacy. Personal and medical information must be kept confidential.
- Patients have the right to the accommodation of special needs:
 - Special equipment or language interpreters for communication.
 - Special equipment to accommodate physical limitations.
 - Accommodations to meet cultural or religious needs (i.e. special food).
- Patients have the right to receive information about advance directives and to have them followed.
- The patient or the patient's representative has the right to participate in the consideration of ethical issues that might arise in the care of the patient. Patients, staff, families and physicians can access the ethics committee by calling the hospital's administration staff.
- Patients have the right to appropriate assessment and management of pain.
- Patients have the right to be free of restraints, of any form, that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

Advance Directives

Advance directives are decisions made by a patient stating what they would like done in the event of an irreversible or terminal illness. If the patient has an Advance Directive, a copy (or the substance of the document) is placed on the medical record. Forms of Advance Directive include:

1. Directive to a physician (living will)
2. Medical Power of Attorney

Cultural Competence

A stereotype and a generalization may appear similar, but they function differently.

- **Stereotype**
 - A stereotype is an ending point.
 - No attempt is made to learn whether the individual in question fits the statement.
- **Generalization**
 - A generalization is a beginning point.
 - It indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual. (*from Geri-Ann Galanti*)

Assessing your patient for diversity needs is important because it enables you to customize your patient's care to their specific needs. Here are guidelines for assessing patients:

Communication

- Does your patient speak and read English?
- How does patient view direct eye contact?
- What is the patient's comfort level related to space and touch?
- Hand signals such as OK sign, summoning someone with your finger & thumbs up should be avoided.
- Use of first names is perceived as a lack of respect by some cultures.
- Idioms can create misunderstandings.
- Words can have different meanings.
- When giving instructions or patient teaching ask questions that require more than a yes or no answer.

Interpreters

- Utilize only certified/trained interpreters.
- Avoid using friends, family, or children.
- Information may not be accurately translated if the information is considered inappropriate such as use of birth control or puts the family member or friend in an awkward situation.

Family Factors

- Is there a family spokesperson?
- Who makes healthcare decisions for the family?

Religion

- Discuss the patient's religious beliefs.
- Are there any religious practices you need to be aware of?

Health Care Practices

- What does the patient think caused the illness?
- Are there any fears related to the illness?
- Are there any customs or beliefs that will influence health care decisions?
- Is the gender of the health care provider a concern?
- Utilize only certified/trained interpreters.

Latex Allergies

What is latex?

The term “latex” refers to natural rubber latex, the product manufactured from a milky fluid derived from the rubber tree. Several types of synthetic rubber are also referred to as “latex,” but these do not release the proteins that cause allergic reactions.

What is latex allergy?

Latex allergy is a reaction to certain proteins in latex rubber. The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms. In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied. Mild reactions to latex involve skin redness, rash, hives, itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma. Rarely, shock may occur; however, a life threatening reaction is seldom the first sign of latex allergy.

Who is at risk of developing latex allergy?

Healthcare workers are at risk of developing latex allergy because they use latex gloves frequently. Workers with less glove use such as housekeepers, hairdressers, and all workers in industries that manufacture latex products are also at risk. Patients may be allergic to latex as well. We need to ensure patient safety by not taking latex products into a patient’s room who is allergic.

Is skin contact the only type of latex exposure?

No, latex proteins become fastened to the lubricant powder in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled.

How is latex allergy treated?

Detecting symptoms early, reducing exposure to latex, and obtaining medical advice are important to prevent long-term health effects. Once a worker becomes allergic to latex, special precautions are needed to prevent exposures. Certain medications may reduce allergy symptoms; but complete latex avoidance, though quite difficult, is the most effective approach.

Are there other types of reactions to latex besides latex allergy?

Yes. The most common reaction to latex products is *irritant contact dermatitis*—the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused by irritation from wearing gloves and by exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. Allergic contact dermatitis

(sometimes called chemical sensitivity dermatitis) results from the chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause a skin rash similar to that of poison ivy. Neither irritant contact dermatitis nor chemical sensitivity dermatitis is a true allergy.

How can I protect myself from latex allergy?

Take the following steps:

- Use non-latex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, general maintenance, etc.)
- Appropriate barrier protection is necessary when handling infectious materials. If you choose latex gloves, use powder-free gloves with reduced protein content.
 - Such gloves reduce exposure to latex protein and thus reduce the risk of latex allergy.
 - So-called hypoallergenic latex gloves do not reduce the risk latex allergy. However, they may reduce reactions to chemical additives to the latex (allergic contact dermatitis).
- Use appropriate work practices to reduce the chance of reactions to latex.
 - When wearing latex gloves do not use oil-based hand creams or lotion, which can cause glove deterioration.
 - After removing latex gloves, wash hands with a mild soap and dry thoroughly.
 - Practice good housekeeping: frequently clean areas and equipment contaminated with latex-containing dust.

Take advantage of all latex allergy education and training provided by your employer and become familiar with procedures for preventing latex allergy.

Learn to recognize symptoms of latex allergy: skin rash; flushing; itching; nasal, sinus, or eye symptoms; asthma; and rarely, shock.

What if I think I have latex allergy?

If you develop symptoms of latex allergy, avoid direct contact with latex and other latex-containing products until you can see a physician experienced in treating latex allergy.

If you have latex allergy, consult your physician regarding the following precautions:

- Avoid contact with latex gloves and products
- Avoid areas where you might inhale the powder from latex gloves worn by other workers
- Tell your employer and health care providers (physicians, nurses, dentist, etc.) that you are allergic to latex.

Find additional information by requesting a copy of NIOSH Alert No. 97-135 by calling 1-800-356-4674 or visiting these web sites: <http://www.cdc.gov/niosh>

Customer Service

As part of the CMS (Centers for Medicare and Medicaid Services) quality initiative, hospitals are now surveyed using a standardized instrument to measure patient's perspective on hospital care. Patients are asked to rate as to how often something is done — always, usually, sometimes or never. Beginning in 2008, the results for each hospital are now available at www.hospitalcompare.hhs.gov .

When caring for patients, it is important to portray a patient centered approach to care and apply basic customer service skills. In order to meet the needs of the patient's perspective of care, it is important to always exhibit the following behaviors:

- ❖ Always treat patients with dignity and respect
- ❖ Always listen carefully to what your patients are telling you
- ❖ Always explain things in a way your patient can understand
- ❖ Always answer call lights in a timely manner – better yet, round on your patients hourly and make sure they feel like they could get help anytime they need it – before leaving a patient's room ask, "Is there anything else I can do for you before I leave?"
- ❖ Make sure patients get the help they need to get to the bathroom or using a bedpan
- ❖ Make sure their pain is managed – assess their pain level and follow-up to make sure the medication has relieved their pain
- ❖ Make sure patients know what every drug is that they are receiving – they should know what the medication is being given for and what the potential side effects are
- ❖ Make sure the patient's room and bathroom are kept clean
- ❖ Be considerate of the patient and family by making sure the area around the room is quite and facilitates rest
- ❖ Begin to assess your patient's need for assistance at home for the time of admission
- ❖ Make sure to educate your patient about what symptoms or health problems to look out for after they leave hospital

Make sure to leave a lasting positive impression that will make the patient and their family glad you were their caregiver.

Some hospitals utilize **AIDET** in their patient/staff interaction to anticipate, meet and exceed expectations of patients, co-workers or visitors. It can decrease anxiety and increase satisfaction in others.

AIDET stands for:

Acknowledge – Friendly greeting; Show a positive attitude; Put others at ease

Introduce – Name & Role. Tell who you are and how you are going to help them.

Duration – Provide time expectations – How long this will take

Explanation – Keep them informed. What will you be doing and why?

Thank You – Thank people for using your facility.

For further information on HCAHPS, you can access the following website:

www.hcahpsonline.org

HIPAA (Health Insurance Portability and Accountability Act)—Every student is required to view the HIPAA video/CD and take any corresponding test required. The video/CD and test are available at each school and/or hospital. There is not a standard video/CD used.

Emergency Medical Treatment & Active Labor Act (EMTALA)

In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

The essential provisions of the statute are as follows:

Any patient who "comes to the emergency department" requesting "examination or treatment for a medical condition" must be provided with "an appropriate medical screening examination" to determine if they are suffering from an "emergency medical condition". If they are, then the hospital is obligated to either provide him with treatment until he is stable or to transfer him to another hospital in conformance with the statute's directives. If the patient does not have an "emergency medical condition", the statute imposes no further obligation on the hospital. A pregnant woman who presents in active labor must, for all practical purposes, be admitted and treated until delivery is completed, unless a transfer under the statute is appropriate.

For further information:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>

MODULE II
TEST FOR KNOWLEDGE OF ORIENTATION CONTENT

15. What is the most important factor in preventing the spread of disease?
- Proper hand hygiene
 - Wearing a gown
 - Wearing a mask
 - Short fingernails
16. Which behavior is NOT an example of a standard precaution strategy?
- Good housekeeping
 - Proper glove removal
 - Having no drinks in work areas
 - Wearing artificial fingernails
17. Which of the following are examples of Personal Protective Equipment (PPE)?
- Gloves, mask, syringe, and goggles
 - Gloves, gown, goggles, and soap
 - Gloves, mask, gown, and goggles
 - Mask, goggles, soap, and alcohol gel
18. Which statement is not true about Personal Protective Equipment (PPE)?
- PPE should be free of holes, defects or tears
 - The type of PPE chosen for a task depends on the degree of exposure that may be possible
 - PPE includes gowns, gloves, masks, masks with shield, and goggles
 - Wear gloves continuously throughout your shift
19. Which statement is NOT true about Hepatitis?
- Infected persons may display no symptoms
 - A symptom may be darkened urine
 - All forms of Hepatitis can be prevented by vaccination
 - Hepatitis causes inflammation of the liver
20. Which is NOT a safe work practice that minimizes the risk of injury?
- Try to do the work by yourself
 - Change positions often
 - Keep your back upright
 - Get a firm footing, feet apart
21. A medication or chemical used to control behavior or restrict freedom of movement, which is not standard treatment for a patient's medical or psychiatric condition.
- Physical restraint
 - Chemical restraint

22. The following is an example of which kind of restraint application?
An acute medical/surgical patient is restrained to ensure an endotracheal tube, IV, or feeding tube will not be removed, or that a patient who is temporarily or permanently incapacitated with a broken hip will not attempt to walk before it is medically appropriate.
- Clinical application
 - Behavioral application
23. Restraints should be used for patients ONLY after all other alternatives for providing for the safety of patients and others have been tried and failed.
- True
 - False
24. Which statement about abuse and neglect is NOT true?
- All cases of abuse and neglect involving children, geriatric patients, physically and mentally challenged patients are required by law to be reported.
 - Neglect* is defined as failure by another individual to provide a person with the necessities of life.
 - If any student suspects abuse or neglect, they should report suspicions to their instructor or facility supervisor.
 - Compliance* is defined as physical, emotional, or sexual injury and financial exploitation.
25. Indicate whether the following statement about compliance is TRUE or FALSE:
Compliance programs establish a culture of “doing the right thing” which promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law; federal, state, and private payer health care program requirements; or the health care organization’s own ethics and business policies.
- true
 - false
26. Which statement does NOT protect the confidentiality of patient information?
- Patient consent must be obtained before sharing patient information with family and friends.
 - Discard confidential papers in secured bins provided.
 - Do not leave computer screens unattended, always log off.
 - Talking about a patient in a public area.
27. Directive to a physician (living will) and Medical Power of Attorney are forms of:
- Advance Directives
 - Occurrence Report
 - Incident Report

28. The use of friends, family, or children as interpreters is an acceptable practice.
- a. True
 - b. False
29. Which is NOT a guideline for assessing patient diversity needs?
- a. Family factors
 - b. Religion
 - c. Hair color
 - d. Healthcare practices
30. Which statement is NOT true concerning latex allergy?
- a. There is only one type of reaction to latex
 - b. Healthcare workers are at risk of developing latex allergy because they use latex gloves frequently
 - c. Detecting symptoms early and reducing exposure to latex are ways to treat latex allergy
 - d. Latex exposure can occur through skin contact and through inhalation while workers are changing gloves