



San Joaquin Valley  
**Nursing Education Consortium**

A PARTNER OF THE CALIFORNIA PARTNERSHIP FOR THE SAN JOAQUIN VALLEY

# FACULTY/STUDENT ORIENTATION USER GUIDE



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## **Overview**

### **Purpose of this Guide**

In order to ensure a safe and caring environment for patients, families, visitors, employees, and physicians, it is essential that all faculty and students be familiar with and support the facility policies, procedures, and programs outlined in this Guide.

### **Personal Conduct**

Please remember that you are entering a professional career and in order to gain the trust of your patients, you need to dress professionally and act in a professional manner. Remember that you represent a profession where cleanliness and promoting health and wellness is important to all you encounter.

Interpersonal communication in the work place needs to be professional, positive and civil; there is no place for gossip.

Remember that when you put on the name badge you no longer are just representing yourself to both external and internal customers, but you are now representing all of the staff of the facility as well as your academic institution.

### **Instructions for Using this Guide**

- Carefully study each section
- Discuss any questions you have regarding this material with your instructor or supervisor.

In addition to the orientation that you receive, you must become familiar with the material contained in this Guide which summarizes many of the policies that ensure safe and secure work practices. It does not replace the contract established by your college/university or any standards that have been established between your college/university and the respective clinical facilities.

### **Mission, Vision, Values and Customer Service**

Each healthcare facility has its own mission, vision, values and customer service philosophy. You should review the mission, vision, values and customer service beliefs of each of the healthcare facilities in which you practice. Some healthcare facilities have the mission/vision/values on the back of the name badges.

### **Customer Service**

Excellent customer service is very important in every healthcare facility. Some of the customers are external (patients, family members, visitors, referring providers, vendors) and others are internal (co-workers, physicians, employees, volunteers, students). Showing you care through the way you interact with all customers is essential to providing a high level of quality service. The gesture might be as simple as helping someone find a location or simply asking, "May I help you".

## **Workplace Diversity**

We differ from one another. As we work with each other and serve diverse patient population, we must be aware of different beliefs, practices and cultural norms, and be willing to create and maintain an environment that is respectful of all people.

### **Definitions**

**Cultural/culture:** The customary beliefs, social norms, and material traits of a racial, religious, or social group. There are many different cultures in our world. For example, the culture of the deaf community differs from that of the hearing community; the teenage cultures differ from the elder generation.

**Diversity:** Means distinct or different element or qualities. Some say that diversity among people includes the things we have in common as well as the differences that make us unique.

**Ethnic:** Of or relating to large groups of people classed according to common racial, national, tribal, religious, language, customs, social views, cultural origin or background.

### **Impact of Diversity in the Workplace:**

Many people only think of differences in race and gender with workplace diversity. Due to human nature, we often judge and react to others based on our general ideas. Our challenges are to not prejudice before we truly know a person.

**Diversity we can see:** Race, gender, age/generation, appearance, clothing worn, color, and physical ability.

**Diversity learned by talking with individuals:** Sexual orientation, religion, marital status, education, language, nationality, parental status, income, personal/work habits and interests, political affiliation, career position, mental ability, geographic origin, seniority within the company, health and other unique qualities.

Healthcare facilities are made up of diverse individuals, and to work effectively with co-workers, patients and their families, and all our customers, an environment of respect and valuing must be maintained.

## **Personal Guidelines**

### **Personal Safety**

Follow these safety guidelines:

- Observe all rules of safety and security
- Always wear your school (and facility identification badge if required) when at any hospital/facility site
- Do not bring valuables to work
- Report immediately to Security any suspicious people/behavior observed
- Request a Security escort or go with a group if walking to or from your vehicle after dark or at any time you require additional security
- Have your keys ready before you leave the building
- Check your car before unlocking it and lock it as soon as you're inside
- Avoid walking behind shrubbery/bushes and in unlit areas
- Be aware of what's around you/people behind you/or people taking "particular interest" in you

### **Standards of Conduct**

All employees and non-employees providing services on behalf of the healthcare facilities must conduct themselves in accordance with good professional and ethical standards.

Healthcare facilities are also committed to compliance with federal and state laws and regulations that relate to the billing of government programs for health care services provided to patients. The Federal and/or State False Claims Acts are laws which impose civil liability on any person or entity who knowingly submits a false claim to the federal or state government for payment. The definition of a "claim" includes claims for services submitted by the Healthcare facilities to Medicare or Medi-Cal for payment.

Please contact your instructor/supervisor to report any issues, questions or concerns regarding the facility's compliance with these laws.

## **Dress and Grooming Standards**

Healthcare facilities strive to maintain a professional image to its customers and the public. In order to portray this image, all individuals working in the healthcare facility (including but not limited to employees, volunteers, interns, students, agency staff) are expected to dress and maintain a personal appearance which is appropriate, safe, healthful and professional. Faculty and students must wear their school approved uniform and name tag every time they are in the healthcare facility related to a school assignment.

## **Healthcare Facility's Dress and Grooming Standards**

Healthcare facilities expect all employees and others who work in the hospital/facility to dress appropriately and to present a professional image and instill confidence in the customers and the public. The following are examples of **inappropriate attire** when reporting for duty or when visiting the facility on school business:

- Sweat pants/suits and hoodies
- Denim or denim look-alike clothing of any type
- Work-out or beach attire/footwear (including spandex)
- Tube/halter/tank tops
- Shorts
- Clothing with low necklines or backlines
- Leggings
- Ultra sheer fabrics
- Any clothing that allows for a bare midriff when arms are raised
- All tattoos must be covered completely when on duty or visiting the facility on school business
- Underwear should not be visible

## **The following standards pertain to all faculty and students:**

- Maintain excellent personal hygiene and grooming habits.
- Clothing must be clean, pressed, in good condition, coordinated, and fit properly. Garments shall be sufficient to appropriately conceal undergarments at all times.
- Extreme fashion or grooming/hairstyles that draw undue attention are not acceptable.
- Shoes must be worn at all times and must be appropriate to the department work area. Shoes must be clean, in good repair and meet safety needs of a healthcare environment.
- Closed toe shoes are required in the patient care areas and other areas in which safety requires closed toe shoes.
- Jewelry must be appropriate to the environment and not present a safety risk (1-3mm size, no hoops; no earlobe plugs).
- Visible body piercing jewelry (other than ears) is not acceptable.
- Only one set of pierced earrings may be worn; no gauges or plugs.
- All tattoos must be covered.
- For the comfort and health of the patients and co-workers, perfume and cologne are not allowed.
- No false eyelashes of any kind.
- No gum in your mouth while you are in a clinical setting.

- Any special clothing requirements must be discussed with the Academic Dean or Director of Program of the academic institution

### **Nail Care**

The following applies to direct care providers. Direct care providers are defined as those who regularly touch patients as part of their job description. Each direct care provider must perform regular hand hygiene before and after patient contact, just changing gloves is not sufficient, after handling body fluids or items soiled with body fluids, after handling potentially contaminated items or surfaces, or before touching foods, medications, or other items and equipment that are required to be handled in a sanitary fashion.

- Nails must be kept clean, short and natural. The only allowable polish is clear.
- Artificial nails, acrylics, or other artificial materials, such as gel, applied over the nails are prohibited.

**Anyone who is inappropriately attired will be sent home.**

**Confidentiality**

The Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule provides federal protection for personal health information held by covered entities and gives patients an array of rights with respect to the information. At the same time, the Privacy rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

Information that is deemed “confidential” by healthcare facilities and/or specific legal statutes shall be kept confidential and shall not be copied electronically accessed, transmitted, or removed from the premises of any healthcare facility under any circumstances, without the prior written consent from the healthcare facility’s administration.

Confidential information will not be discussed outside the working environment with unauthorized individuals, or outside of the context of conducting healthcare business, **THIS INCLUDES SOCIAL MEDIA** Confidential information will not be discussed within the healthcare facility in public areas or with unauthorized individuals.

Confidential information may be in the form of electronic, verbal, magnetic, photographic film, and/or written data. General types of confidential information may relate to patients, employment, medical affairs or general healthcare facility information. In addition, unauthorized access of confidential information about the healthcare facility, its employees, patients, visitors or customers is strictly prohibited.

All additional federal and state regulations relating to patient confidentiality must always be observed.

**De-Identification of Protected Health Information (PHI)**

Protecting PHI is very important. Workforce members need to ensure proper security when sending, storing or using confidential information to avoid breaches. Workforce members must understand what PHI is and when it needs to be protected. This includes understanding Safe Harbor de-identification principles.

The Privacy Rule was designed to protect PHI through permitting only certain uses and disclosures of PHI provided by the Rule. The process of de-identification, by which identifies are removed from the health information, mitigates privacy risks to individuals and thereby supports secondary uses of information.

The HIPPA Safe Harbor method for de-identification requires removal of 18 identifiers of the individual or of relatives, employers, or household members of the individual. Combinations of identifiers are irrelevant, **all 18 identifiers (also known as PHI-18)** need to be removed to satisfy the Safe Harbor method. Contact the Corporate Compliance Officer, Privacy Officer or Information Security Office to ensure that protected health information is properly de-identified.

The 18 identifiers that need to be removed to properly de-identify PHI under Safe Harbor:

1. Names	10. Account numbers
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2. All geographical subdivisions smaller than a State, street address, zip code	11. Certificate/license numbers
3. All elements of dates (except year) birth date, admission date, discharge date	12. license plate numbers
4. Phone numbers	13. Device identifiers, serial numbers
5. Fax numbers	14. Web Universal Resource Locators (URLs)
6. Electronic mail addresses	15. Internet Protocol (IP) address
7. Social Security numbers	16. Biometric identifiers, including finger and voice prints
8. Medical record numbers	17. Full face photographic images and any comparable images; and
9. Health plan beneficiary numbers	18. Any other unique identifying number, characteristic, or code

**Patient Rights and Responsibilities**

Patients and their families have the right to receive competent and caring services. In addition, patients and their families also have rights and responsibilities to the healthcare facility. It is the healthcare facility’s intent that they be aware of these rights and responsibilities during the hospital stay and after discharge.

Patient Rights are posted at all patient registration and admission sites and other identified locations visible by patients/families.

Families who have concerns regarding the enforcement of these rights should be referred to the unit supervisor.

## **Illness & Injury Prevention/Reporting**

### **Prevention**

Injury and illness prevention is the responsibility of everyone working in the healthcare facility. Failure to comply with the safe standard of practice by any faculty member or nursing student will be referred to the program's nursing director.

Periodic safety inspections are conducted throughout the healthcare facility to ensure a safe working environment and to ensure compliance with safe and healthful work practices. The risk of injury or illness is dependent upon the type of work being performed.

### **Important!**

- Safety is everyone's responsibility.
- Follow the injury and illness prevention practices in the area assigned.
- Ask to see the "Safety and Emergency Preparedness" plan if you are unaware of what is expected.
- Beware of safety hazards and report suspected hazards immediately to either the unit supervisor or your instructor.
- **Hand washing is the BEST way to prevent the spread of infection.**

### **Reporting Work Related Injuries**

Report any injuries according to the established healthcare facility's guidelines. In addition, contact the department supervisor and your instructor/Department Director if the injury requires immediate medical attention.

### **Patient Lifting**

When a patient requires assistance to move (i.e.. transferring, lifting, repositioning, etc.) the assistance will be provided in a way that minimizes risk of injury for both the patient and the student through appropriate assessment of the patient's physical and comprehension capacities and subsequent selection of appropriate safe patient handling procedures and equipment.

In all cases, students will follow hospital protocols and will not use equipment without a trained staff member.

### **Infection Prevention & Control**

Employees, volunteers, physicians, students, faculty, and agency contract staff may become infected through exposure to infectious patients, or acquire infection outside the hospital. They may then transmit the infection to susceptible patients, co-workers or other community contacts if appropriate measures to prevent infection are not taken.

### **Standard Precautions**

Healthcare facilities have policies and procedures in place that focus on prevention of diseases that are of particular concern to healthcare personnel. Standard Precautions are in place and have been designed to reduce the risk of transmission of blood borne pathogens (i.e. HBV, HCV, HIV, etc.) and pathogens from moist body substances.

Standard Precautions apply to (1) blood, (2) all body fluids, secretions and excretions EXCEPT SWEAT, regardless of whether or not they contain visible blood, (3) non-intact skin; and, (4) mucous membranes.

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

All healthcare personnel shall utilize Standard Precautions as described on the following pages during patient contact, during contact with potentially contaminated surfaces or objects, and when performing at-risk procedures.

### **Vaccinations**

Students and faculty doing clinical rotations in hospitals, clinics and other service agencies must be current in all of their vaccinations in order to be able to participate in their clinical rotation. The nursing program is responsible for ensuring that all students' vaccinations are current and up to date before sending their students into a clinical area.

### **Flu Vaccine**

The influenza (Flu) vaccination (injection) is required for all students who will be doing a clinical rotation in any of the service areas of the Consortium (clinical agencies). All flu vaccines are required by November 1 each year. Individuals with a severe allergy to eggs, prior history of Guillain-Barre' syndrome or certain other neuro-degenerative disorders may be exempt from this requirement. Every student must be vaccinated for the flu vaccine on a yearly basis. Proof of vaccination must be presented to their Director prior to November 1. If a student fails to comply for reasons that are not exempt, the student must wear a mask, or will not be allowed in the clinical area. The clinical site **May** require that you sign a Declination Form.

Individuals requesting an exemption due to medical reasons must provide a Physician Letter completed by a California licensed physician who has examined them. Medical reasons will be evaluated individually based upon recommendations from the Centers for Disease Control and Prevention. Acceptable medical reasons would include documented adverse reaction to influenza vaccine or documented allergy to a vaccine component. Pregnancy will not be accepted as a medical contraindication. If a student complies for reasons that are exempt, the student must wear a mask, or will not be allowed in the clinical area. Your reason may not be acceptable to the clinical site in which case you must wear a mask when in the hospital.

Individuals requesting a religious exemption must provide a letter from clergy supporting the exemption and the request must be consistent with prior vaccination history. If the student complies with reasons that are exempt, the student must wear a mask, or will not be allowed in the clinical area.

## **Summary of Standard Precautions**

The following are standard precautions that are to be taken by all healthcare personnel:

1. Wear gloves when it is likely that hands will touch blood, body fluids, secretions, excretions (e.g. urine, feces, wound drainage, oral secretions, saliva, sputum, emesis, tears, gastric contents, CSF, breast milk, tissues, etc.), non-intact skin, mucous membranes or contaminated items.
2. Protect skin and clothing from exposure to splashes or sprays of blood, body fluids, secretions, or excretions by wearing a body fluid gown and/or a plastic apron when exposure is anticipated.
3. Wear a mask and eye protection or a face shield during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
4. Wash hands often and well, especially after contact with blood, body fluids, secretions, excretions, and contaminated items, **whether or not gloves are worn**. Wash hands or apply alcohol based hand gel before and after patient contact, alcohol gel is not sufficient if hands are visibly soiled or in contact with C.diff
5. Discard uncapped needle/syringe units and other sharps in puncture resistant sharps containers. Needles should not be recapped unless necessary, not broken, cut or bent, but shall be disposed of intact into the sharps container. If a needle must be recapped, then a one-handed “scoop” technique should be used to recap or a re-sheathing device used to hold the cap during recapping.
6. Handle, transport, and process used linen and trash soiled with blood, body fluids, secretions, and excretions using appropriate barriers when necessary (such as gown and/or gloves) or using a “no touch” technique such as not touching the soiled area.
7. Environmental surfaces soiled with blood, body fluids, secretions, or excretions must be properly cleaned and disinfected.
8. Patient care equipment soiled with blood, body fluids, secretions, or excretions must be handled with appropriate barrier precautions (e.g., gloves, gown when necessary, and “bagging” of the item) and must be cleaned and disinfected. All reusable equipment should be cleaned between patients.

## **Hand Washing**

1. When washing hands, do the following
  - a. Turn water on
  - b. Wet hands with warm water
  - c. Apply soap
  - d. Wash hands thoroughly for 20 seconds
  - e. Rinse hands and dry
  - f. Use paper towel to turn off faucet
2. When using an alcohol based sanitizer (hand gel or foam)\*
  - a. Apply a small amount
  - b. Rub thoroughly on hands until dry
3. Wash hands before putting on a new pair of gloves and after removing gloves. Changing gloves does not eliminate the need for handwashing.

\*Follow manufacturers recommendation

### **Respiratory Hygiene/Cough Etiquette**

Practicing respiratory hygiene/cough etiquette breaks the chain of infection by preventing germs that are spread by coughing and sneezing from traveling to others. Ways to prevent the spread of germs include covering coughs and sneezes by using a tissue or coughing into your sleeve, immediately tossing a used tissue in the trash and cleaning your hands with alcohol or soap and water. Additionally, offering coughing patients with potentially infectious respiratory illness like colds or flu requires a mask and instructing them in respiratory hygiene/cough etiquette prevents the spread of germs. Whenever possible, separate coughing patients from others in waiting areas by at least 3 feet.

### **Preventing Hospital Associated Infections (HAI)**

Hospital associated infections are infections that are not present or incubating when the patient presents for care.

It is important to note that many of the germs (usually bacteria) that cause hospital associated infections are normally found on the patient's own body without causing any harm. Other bacteria or germs are picked up from contact with contaminated surfaces or objects in the hospital or by contact with infected persons. There are many practices that help prevent hospital associated infection. Ways you can help prevent infections include:

- Perform hand hygiene every time for every patient
- Practice respiratory hygiene/cough etiquette
- Do not come to work if you are sick
- Receive appropriate vaccinations such as the annual flu vaccine
- Clean shared patient care equipment between patient use such as stethoscopes
- Keep the patient's environment clean and tidy

### **Tuberculosis**

Tuberculosis (TB) is a contagious, infectious disease caused by bacteria called Mycobacterium Tuberculosis. Tuberculosis is primarily a disease of the lungs, but can affect other parts of the body. Transmission of TB is a recognized risk in health care facilities. An effective TB infection control program is in place to ensure detection, isolation and treatment.

#### **Tuberculosis facts:**

- Transmitted through the air in tiny droplets from an infected person's cough, sneeze, etc.
- Cannot be contracted by touching contaminated items such as bed linen, door knobs, utensils, etc.
- Patients with or suspected of having TB are handled with special precautions such as isolation rooms, negative airflow rooms, special masks for staff entering the room.
- Only staff members who have been "fit tested" may wear this special type of mask and enter the room. Patients wear special masks when being transported outside the TB isolation room.
- Nursing students are not allowed in an isolation room unless they have been fit tested **at that particular facility.**

A thorough discussion of disease precautions is contained in the Tuberculosis Control Plan which is available in the Infection Prevention and Control Plan of each health service facility.

\*\*Annual screening for TB infection in each facility (or more often depending on job function) is required in most healthcare facilities for employees and volunteers and other staff who work in the healthcare facility. Specific healthcare facilities may require additional screening.

### **Electrical Safety**

An electrically safe environment will be maintained in the healthcare facility by following guidelines mandated by regulatory agencies.

#### **Important electrical safety facts:**

- **No personal cellular phones are allowed in the clinical areas**
- Cellular phone use may be restricted by hospital policy. Cellular phone signals can potentially interfere with medical equipment operation causing problems such as false monitor alarms or altered ventilator settings. Follow hospital policy.
- Equipment must be removed from service if power cables are bent, nicked or covered with tape; or have plugs with bent, broken or missing prongs.
- Report non-working, cracked, or broken electrical plates and outlets to your instructor or unit supervisor.
- Avoid the use of extension cords when possible. Avoid stacking pieces or electrical equipment, which may impair adequate air circulation and cooling.
- If a piece of electrical equipment fails, it must be inspected by the healthcare facility's bio-medical/plant operations staff.
- Keep moisture away from electrical equipment and sources.
- Disconnect the power cord from the outlet if you notice a burning smell or unusual odor. Contact the unit supervisor for help to remove the equipment.
- In-patient care areas require that all electrical devices must have a three pronged plug. Devices must be inspected by the healthcare facility's bio-medical/plant services staff and have a sticker that indicates use in patient care area is allowed as well as the date of the last electrical safety check.

### **Medical Device Safety**

Faculty and students who work with patients must be knowledgeable about what to do if there is a care-related incident involving a medical device or product.

If an incident occurs, you must:

- Stabilize the patient. When necessary for patient care, find a suitable replacement for the medical device.
- Notify your instructor and unit supervisor.
- The unit supervisor will then notify the appropriate departments and direct the instructor and student (s) on the next steps.
- The instructor will notify the school per the school's policy.
- Complete an Unusual Occurrence Form (Incident Report or Responsible Reporting Form) and notify the nursing instructor, nursing director/nursing dean of the incident.

- Secure and impound the product or device and all associated supplies (i.e. tubing). The unit supervisor will notify the Bio-Medical/Plant Services department.

### **Medical Emergency**

For patient care providers, always confirm the facility code at orientation prior to clinical assignment.

### **Rapid Response Team:**

One of the Joint Commission National Patient Safety Goals is to improve the recognition and response to changes in patient's condition. In order to meet this goal, many healthcare facilities have implemented **Rapid Response Teams (RRT)** in order to address an unexpected deterioration in a patient's condition. The Rapid Response Team can be activated for any patient perceived to be in distress without advance consultation with the patient's attending physician. The Rapid Response Team does not replace the Code Blue policy or the usual and customary chain of command for nursing and physician notification. Please see facility-specific policies for detailed protocols regarding Rapid Response Teams.

### **Code Blue**

**After assessing that the patient is either not breathing and/or is pulseless:**

1. Call for assistance by either pushing the "Code Blue" button in the patient's room or call out in a loud voice for help.
2. Implement Basic Life Support as per American Heart Association's Cardio Pulmonary resuscitation standards.
3. In response to pushing the "Code Blue" button, the hospital operator will announce a "Code Blue" overhead stating the patient's room/location.
4. Continue with Basic Life Support; a trained team of hospital staff will respond immediately to provide advance care.

### **Examples of a Medical Emergency:**

- Seizure
- Collapse
- Choking
- Cessation of breathing

### **Hazardous Material**

Always confirm the facility code at orientation prior to clinical assignment. Hazardous substances can usually be identified from their label. They have precautionary statements such as "flammable, poison, corrosive, combustible, toxic," etc. By law, all individuals have the right to know that such substances are present in the workplace.

Examples of hazardous substances include acids, solvents, gasoline, waste oil, pesticides, weed killers, fertilizers, paints, compressed gases, flammable liquids, solids, cleaners, etc.

Everyone working in the healthcare environment must:

- Follow the policies, procedures, rules and regulations issued by the healthcare facility.
- Report all hazardous conditions immediately to their instructor or unit supervisor.

- Use Personal Protective Equipment when required.
- Refrain from operation equipment and handling hazardous materials without proper instruction and authorization.

Materials Safety Data Sheets (SDS) are prepared for every product considered to contain a potentially hazardous material. Every individual working in a healthcare facility has the right to know what chemicals are in their department or unit. Each clinical site will provide nursing students and faculty members with the process for accessing the MSDS at the facility. The product sheets contain the following information.

- Product identification
- Ingredients
- Physical data
- Fire and explosion data
- Health hazard data
- Reactivity data
- Disposal procedures
- Appropriate Personal Protective Equipment to safely use the product.

If a large, unknown, or significant exposure spill occurs, clear the area of all persons and call a Hazardous Material Spill per facility protocol.

### **Fire Safety – Code Red**

Always confirm the facility code at orientation prior to clinical assignment. A fire safe environment will be maintained in the healthcare facility and any satellite buildings by following guidelines mandated by regulatory agencies. Follow directions on specific procedures within the healthcare facility when a **CODE RED** is announced.

### **Procedures:**

Any staff member discovering a fire will follow the **RACE** procedure:

- R     RESCUE**  
Move patients and others from immediate danger. Always move towards an exit.
- A     ALARM**
  1. Activate the nearest fire alarm pull station
  2. Call the facility’s emergency number or the facility operator to report the location of the fire.
- C     CONTAIN**  
Contain the fire by closing all windows and doors in the area. This will create a smoke compartment to contain the fire and by-products.
- E     EXTINGUISH**  
Extinguish the fire only if you feel confident that you can do it safely. Do not try to extinguish the fire unless the fire is small and confined to the area where it started and you can fight the fire with a safe escape route at your back. Remember **PASS** for proper fire extinguisher use:
  - a. **PULL** out the pin on the handle of the extinguisher.
  - b. **AIM** at the base of the fire with the hose device.
  - c. **SQUEEZE** the handle to activate the flow of the extinguishers.



- d. **SWEEP** at the base of the fire with the handle depressed.

### **Bomb Threat**

Always confirm the facility code at orientation prior to clinical assignment. While a bomb threat does not generally happen at a healthcare facility, it has happened in the past and you need to be aware of what to do in this situation.

#### **What should you do if there is a bomb threat announced?**

- Stay calm
- Search your area and attempt to locate and identify any suspicious objects. Look for unfamiliar packages, boxes, bags, etc.
- Report any such items to the unit supervisor or your instructor immediately.
- **NEVER** touch or disturb the suspected bomb.
- Close off access to the area. Move a safe distance away.
- Security/plant services will search public and less accessible areas.
- Do not discuss the incident. Communication with the media and non-employees is the responsibility of Administration.

Upon locating a suspicious item, appropriate law enforcement personnel will take charge of the scene. Once the object has been removed or it has been determined that no bomb exists, an “all clear” will be authorized by Administration.

Remember, if you find a suspicious object, do not touch it. Notify the unit supervisor and your instructor immediately.

If you are the one who answers the unit phone when the bomb threat is made, stay calm and get as much information from and about the caller as possible (refer to the Bomb Threat Checklist on the following page).

## Bomb Threat Checklist

If you answer the unit phone and receive a bomb threat, please note the following:

- Exact time of call
- Exact words of caller

Questions to ask:

- When is the bomb going to explode?
- Where is the bomb?
- What does the object look like?
- What kind of bomb is it?
- What will cause it to explode?
- Did you place the bomb?
- Why did you place the bomb?
- Where are you calling from?
- What is your address?
- What is your name?

Note caller's voice (calm, angry, disguised, nasal, slow, rapid, deep, accent, loud, etc).

If voice is familiar, whom did it sound like?

Were there any background noises?

If an accent was heard, what type did it sound like?

Person receiving call\_\_\_\_\_

Telephone number call received at?

Date\_\_\_\_\_Time\_\_\_\_\_

**IMMEDIATELY CONTACT THE UNIT SUPERVISOR AND YOUR INSTRUCTOR**

## **Emergency Management**

The healthcare facility has an Emergency Management Plan in place including procedures for establishing service during an emergency such as an earthquake, fire, flood, etc.

Healthcare facilities must be prepared for a variety of disaster or emergency situations. In order to react to these disaster or emergencies, the healthcare facility implements the facility's Emergency Incident Command System.

The healthcare facility operator makes announcements if an emergency plan is activated through the overhead paging system. For more information consult the specific healthcare facility's policy on Emergency Management.

## **Activation Procedures**

When there has been a major disaster, there is a notification system to alert healthcare facilities that one has occurred.

There are specific codes that are announced overhead during an emergency. Always confirm the facility code at orientation prior to clinical assignment.

Contact your instructor and/or the unit supervisor for assignment during an emergency.

## **Infant/Child Abduction – Code Pink**

Always confirm the facility code at orientation prior to clinical assignment. Every healthcare facility strives to maintain a safe environment for all patients. Every attempt will be made by the organization to reduce the risk of patient abduction.

Patient abduction is an unlawful seizure of an infant or child from its parents, guardians, or other persons to whom the child has been entrusted (like a hospital).

## **What should you do and know to prevent abductions?**

- Prevention is the best defense against abductions. Be alert to unusual behavior, such as people making frequent visits to patient care areas “just to see the babies” or asking detailed questions about hospital procedures.
- Whenever you see someone without an identification badge in patient care areas, make it your responsibility to simply ask, “May I help you?” Acknowledging their presence may discourage a potential abductor.
- You must wear your healthcare facility identification badge in a visible area on your **upper torso** whenever you are on the healthcare facility property.
- Be aware that a disturbance in another area may be a diversion to draw attention away from the patients.
- Ensure that hospital materials, uniforms, lab coats, and identification material are kept away from visitor view, preferably under lock and key.
- Report any suspicious behavior or activities to the unit supervisor and your instructor.

### **Child Abuse Reporting**

During your assignment at the healthcare facility, you are mandated by law to report suspected abuse or neglect to your instructor and unit supervisor immediately.

There are several types of abuse:

- Physical abuse might be suspected if the child has a non-accidental injury which may include beating, burns, fractures, human bites or bruises.
- Emotional abuse might be recognized as a pattern of behavior that attacks a child's emotional development and sense of self-worth. Examples include constant criticism, belittling, insulting, rejecting, and providing no love or guidance.
- Neglect is the failure to provide a child with the necessities of life such as food, clothing, shelter or medical care or not providing adequate supervision including leaving a child home alone or total abandonment of a child.
- Sexual abuse is the sexual exploitation of a child including rape, incest, fondling, pornography, or exhibitionism.

### **Dependent Adult and Elder Abuse Reporting**

The law defines "elder" as any person sixty-five years of age or older. Types of abuse include: physical, neglect, financial, abandonment, isolation and abduction.

During your assignment at the healthcare facility, you are mandated by law to report suspected abuse or neglect to your instructor and unit supervisor immediately who will then notify the appropriate law enforcement personnel.

### **Domestic Violence Reporting**

If you are a healthcare practitioner providing medical treatment to a patient, your responsibility is to report all cases of domestic violence or suspected domestic violence immediately or as soon as practically possible. Report any incident to your instructor and unit supervisor.

### **Workplace Harassment**

There are specific Federal and State laws that define harassment and healthcare facility policies that support those laws, which guide practice in the organization. Healthcare facilities are committed to providing a work environment that is free from harassment in any form.

Harassment may take many forms:

- Verbal conduct such as derogatory comments, slurs, negative stereotyping, unwanted sexual comments or invitations.
- Physical conduct such as threatening or intimidating hostile acts, blocking normal movement or interfering with work.
- Visual conduct such as derogatory gestures or written material (cartoons, posters, drawings) placed on bulletin boards or circulated in the workplace both on paper and electronically.

Sexual harassment is unwelcomed sexual advances, requests and other physical or verbal conduct of a sexual nature. Sexual harassment includes, but is not limited to the following:

- Unwelcomed flirtation, “kidding” advances or propositions, or sexually degrading words.
- Display of sexually suggestive objects or pictures, including e-mail.
- Physical contact (patting, pinching or constant brushing against another’s body).
- Demands for sexual favors accompanied by implied or overt promises or threats concerning employment.

Acts that are said to be jokes or pranks, but are (or could be) perceived as hostile or demeaning with regard to race, color, religion, gender, national origin, age or disability are also forms of harassment.

Bullying/incivility of any kind by either faculty or students is unacceptable. Harassment must be reported immediately to the unit supervisor and your instructor. All claims of harassment are handled with the utmost confidentiality to protect the rights of all persons involved.

### **Workplace Violence**

The existence of non-fatal and fatal workplace violence is substantial and a widespread problem. Healthcare workers are at risk because they interact with people in highly emotional situations. State legislation and the California Office of Safety and Health Administration (CAL/OSHA) have passed laws and created guidelines to deal with the problem. Workplace Violence Prevention training can heighten the recognition, prevention and reporting of violent behavior.

Healthcare personnel have a responsibility to recognize and report pre-violent and escalating behavior, which can include:

- Intimidation, blame placing and threats
- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence or talk of weapons

Report to the unit supervisor and your instructor all threats or acts of violence or revenge from anyone including, but not limited to, the following persons:

- Visitors
- Patients
- Employees
- Contractors
- Physicians
- Volunteers
- Peers

Report personal threats from family and/or acquaintances outside of work if you feel there is a probability that the threat may be carried out in or around the workplace. Report personal threats to the unit supervisor and to your instructor. If the unit supervisor is not available, contact the

next level of supervision. Report an act of violence in progress immediately to your instructor and unit supervisor.

Name \_\_\_\_\_

Date \_\_\_\_\_

### Faculty/Student Orientation Quiz

Please make an X over the correct response to each question or fill in the blank as requested. Submit your completed quiz to your nursing instructor.

1. The purpose of an occurrence report is to:
  - a. collect information
  - b. provide a means of evaluating the event
  - c. provide information if there should be any legal action
  - d. all of the above
  
2. If an instructor/student is involved in an incident, the appropriate action is:
  - a. just ignore the incident
  - b. discuss it with your fellow students
  - c. tell the family about it
  - d. report it to the RN staff member overseeing you and your instructor
  
3. When you hear a “code blue” announced in the hospital it means:
  - a. there has been a disaster
  - b. there has been a hazard spill
  - c. there has been an infant abduction
  - d. a patient’s heart has stopped beating or respirations have ceased
  
4. When a “code red” is paged, the following initials represent:

a. R _____	a. P _____
b. A _____	b. A _____
c. C _____	c. S _____
d. E _____	d. S _____
  
5. In the event of a chemical spill, you should:
  - a. ignore it
  - b. isolate, contain, identify & call appropriate clean up team
  - c. use bleach for the clean-up
  - d. call housekeeping
  
6. While in clinical facilities, all visible tattoos must be:
  - a. removed
  - b. covered completely and not seen
  - c. only covered if they are large in nature
  - d. left alone

7. If you are the recipient of a bomb threat when answering the phone on the unit, you should:
  - a. hang up
  - b. notify your supervisor
  - c. get as much information from the caller as possible related to the bomb threat
  - d. stay on the line as long as possible
  
8. Safety Data Sheets (SDS) are utilized to convey information on hazardous materials.
  - a. true
  - b. false
  
9. SDS sheets contain confidential information for employees only.
  - a. true
  - b. false
  
10. The following precautions should be taken in the event of an earthquake:
  - a. go to the nearest window so you can see what is happening outdoors
  - b. close all doors
  - c. evacuate the patients to the outdoors
  - d. get under a reinforced area
  
11. Only grounded plugs should be used in the hospital environment.
  - a. true
  - b. false
  
12. It is permissible to use extension cords if approved by the facility.
  - a. true
  - b. false
  
13. Good hand washing:
  - a. takes 30-45 seconds
  - b. does not include rinsing off residual soap
  - c. is the single most important act you can do to prevent infections
  - d. includes application of hand lotion after each washing
  
14. Standard Precautions are observed with the following patient:
  - a. a 60 year old man undergoing vascular surgery
  - b. a 45 year old male IV drug abuser with suspected HIV disease
  - c. an 85 year old woman recovering from a hip fracture
  - d. a 35 year old homeless individual with scabies
  - e. all of the above
  
15. Students may not take care of a Tuberculosis patient in a negative pressure room.
  - a. true
  - b. false



16. Abuse has only physical components.
- true
  - false
17. Conversations between patients and health care providers are confidential.
- true
  - false
18. Failure to protect patient confidentiality can lead to legal and disciplinary actions, up to and including termination from the program.
- true
  - false
19. All suspected abuse must be reported to the appropriate agency.
- true
  - false
20. The acronym HIPAA represents:
- name of a female hippopotamus
  - Hospital Insurance Portability and Accountability Act
  - Hospital Infection Prevention and Accountability Act
  - none of the above

## Acknowledgement

**I have read and understood the Student/Faculty Orientation User Guide. I understand that I am responsible for and agree to abide by the information contained within this booklet.**

**I have completed the faculty/student orientation quiz.**

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Print Name

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Signature

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Date