



DFWHC

**STANDARD HOSPITAL
STUDENT
ORIENTATION**

***DALLAS – FORT WORTH
HOSPITAL COUNCIL
NURSING WORKFORCE COLLABORATIVE***

August 16, 2004

STANDARD HOSPITAL STUDENT ORIENTATION

The Dallas-Fort Worth Hospital Council Nursing Workforce Collaborative identified a need for a standard hospital orientation that would streamline the orientation process for the clinical rotations required of nursing 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
- Required immunizations by law-Hepatitis B, varicella, mumps, measles, rubella, tetanus, diphtheria
- TB test (within the past year)-size of reaction
- Drug Screen and Criminal Background Check
- Healthcare Provider level CPR certification – required once a year.

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 effort: Children's Medical Center, 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, and Dallas-Fort Worth Hospital Council staff.

Standard Hospital Student Orientation Table of Contents

MODULE I

GENERAL SAFETY MANAGEMENT-PROCEDURES/GUIDELINES.....	5
EMERGENCY STANDARD CODES.....	5
ROLE IN A DISASTER—STANDARD CODES AND PROCEDURES.....	5
FIRE—STANDARD CODES AND PROCEDURES.....	6
ELECTRICAL SAFETY—STANDARD CODES AND PROCEDURES.....	8
HAZARDOUS MATERIALS—OSHA, MATERIAL SAFETY.....	9
BIOTERRORISM.....	10
PATIENT SAFETY.....	11
MEDICAL EQUIPMENT SAFETY.....	13
NEEDLE STICK.....	14
MODULE I TEST FOR KNOWLEDGE OF ORIENTATION CONTENT.....	15

MODULE II

INFECTION CONTROL.....	19
BODY MECHANICS—SAFE LIFTING.....	24
RESTRAINT UTILIZATION—LAWS.....	25
ABUSE AND NEGLECT—LAWS.....	28
OVERVIEW OF COMPLIANCE.....	28
CONFIDENTIALITY OF PATIENT INFORMATION	29
PATIENT RIGHTS—BILL OF RIGHTS.....	30
ADVANCE DIRECTIVES.....	30
CULTURAL COMPETENCE.....	31
LATEX ALLERGIES.....	33
HIPAA.....	35
MODULE II TEST FOR KNOWLEDGE OF ORIENTATION CONTENT.....	36

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 - Standard Codes and Procedures

Event	Standard Code List
Cardiac Arrest	BLUE
Fire	RED
Severe Weather	GRAY
Tornado	BLACK
Missing/Abducted Infant	PINK
Bomb Threat	BROWN
Disaster	YELLOW

***Verify standard codes for each facility.**

Student's Role in Disaster

In the event of a disaster, students should always follow the instructions of the nursing 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 be able 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 fire.
- **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 AOC (Administrator On Call) arrives. Upon arrival of the Fire Department, the lead role will be relinquished.

During a "Code Red" or a 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.

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 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.
- Material Safety Data Sheets (MSDS) for every known chemical can be accessed 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.

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.

The National Patient Safety Goals and Recommendations from JCAHO which became effective January 2003 are:

1. Improve the accuracy of patient identification
 - Use two patient identifiers when drawing blood or when giving blood or medication
 - Verification "time out" prior to starting invasive procedures
2. Improve effectiveness of communication among caregivers
 - "Read-back" verbal orders, critical lab values and diagnostic test results
 - Standardize abbreviations, including those not to use
3. Improve the safety of using high-alert medications
 - Eliminate concentrated electrolytes from care areas
 - Standardize drug concentrations
4. Eliminate wrong-site, wrong-patient, wrong-procedure surgery
 - Use a pre-op verification process (checklist)
 - Mark the site
5. Improve the safety of using infusion pumps
 - Ensure free-flow protection on IV pumps
6. Improve the effectiveness of clinical alarm systems
 - Implement regular preventive maintenance and testing of alarms
 - Keep alarm settings activated and audible
7. Reduce the risk of health care-acquired infections.
 - All students must comply with current CDC hand hygiene guidelines.
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>
 - All identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection must be treated as a sentinel event. Follow the hospital's procedure for reporting sentinel events.

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 600,000 to 800,000 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 1-800-35-NIOSH (1-800-356-4674), or visit the NIOSH Home Page on the World Wide Web at <http://www.cdc.gov/niosh/homepage.html>

TEST FOR KNOWLEDGE OF ORIENTATION CONTENT MODULE I TEST

1. Select the correct response for standard codes for the emergency events:
 - a. fire – green; tornado- yellow; cardiac arrest – blue; missing or abducted infant – pink; disaster – yellow
 - b. fire – red; tornado – black; cardiac arrest – blue; missing or abducted infant – pink; disaster – yellow
 - c. fire – red; tornado – brown; cardiac arrest – blue; missing or abducted infant – orange; disaster – black
 - d. fire – green; tornado – black; cardiac arrest – red; missing or abducted infant – pink; disaster – yellow
2. A nursing 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 nursing staff
 - d. Report to the nursing 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 MSDS?
 - 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.

 - a. True
 - b. False
9. An injury resulting from a medical intervention and not due to the underlying condition of a patient is called a(n):
 - a. Sentinel event
 - b. Error
 - c. Adverse event
 - d. 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):
 - a. Sentinel event
 - b. Error
 - c. Adverse event
 - d. 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?
 - a. remove equipment from immediate work area
 - b. place a "DO NOT USE" sign on the equipment
 - c. contact the unit supervisor immediately
 - d. unplug the equipment and leave it in the patient's room
12. What kinds of needles can cause needlestick injuries?
 - a. Hypodermic needles
 - b. Blood collection needles
 - c. Suture needles
 - d. Needles used in IV delivery systems
 - e. All of the above

13. What must occur if you are stuck by a needle during a clinical?
 - a. Immediately tell another student
 - b. Drink 24 ounces of fluid
 - c. Put a bandaid on the site
 - d. Report the injury to your instructor so that you receive appropriate follow-up care
14. Which of the following is NOT included in the JCAHO National Patient Safety Goals and Recommendations:
 - a. Improve the accuracy of patient identification
 - b. Eliminate wrong-site, wrong-patient, wrong-procedure surgery
 - c. Reduce the risk of health care-acquired infections
 - d. 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

Washing your hands is the most important factor in preventing the spread of disease!!

- 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.

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
 - Unchipped 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.
- PPE includes gowns, gloves, masks, masks with eye shield, and goggles.
- PPE should be free of holes, defects, or tears.
- Remove and dispose all contaminated PPE as soon as possible before leaving the work area.
- Make sure you leave the work area clean.
6. Wear Gloves
- Gloves are an effective barrier between your hands and bloodborne 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.
 - Both hand hygiene and alcohol gel should be used when leaving the room.

BLOODBORNE DISEASES

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

HEPATITIS

	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	•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.	• 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, or 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.**

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

JCAHO 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.

<p style="text-align: center;"><u>Clinical Application</u></p> <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 style="text-align: center;"><u>Behavioral Application</u></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 <p>Immediately notify the physician if restraint is initiated because of a significant change in patient condition</p> <p>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).</p> <p><u>Telephone or verbal order</u> must be signed, dated and timed within 24 hours by the physician. 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:</p> <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): <ul style="list-style-type: none"> 4 hours for adults (ages 18 and >) 2 hours for children and adolescents age 9-17 1 hour for children under 9 years of age • No PRN orders

<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. 	<ul style="list-style-type: none"> • Physician or other licensed independent practitioner (LIP) must do a face to face assessment within one hour of restraint application (HCFA) <p>For restraint use beyond the initial time period:</p> <ul style="list-style-type: none"> • Upon expiration of the original order, a new order must be obtained from the physician or designee • <u>The 4 hour order may be renewed X1 by the RN</u> telephoning the patient’s physician and securing a verbal order using the same order sheet • <u>If after the second order (8 hours total)</u> the patient continues to need restraint ordered, the physician shall conduct a face to face interview and initiate a new order sheet <p>RN makes a monitoring plan with nursing staff that reflects the patient’s care needs. Patient is visually monitored by nursing staff q15minutes</p> <p>Physician conducts a face-to-face reevaluation of the patient at least <u>every 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></p> <p>A telephone order is acceptable unless a face-to-face reevaluation is due.</p> <p>If the restraint is released for one or more hours, a new order must be initiated for continued restraint.</p>
<p>JCAHO—Joint Commission on Accreditation of Healthcare Organizations</p>	<p>JCAHO states that the MD must see the patient at least every other episode.</p>

Physical Restraint Examples

<p><u>Clinical Application</u></p> <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 have 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><u>Behavioral Application</u></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, and to 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 nursing 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 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?

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.

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>

<http://www.anesth.com/lair/lair.htm>

http://www.familyvillage.wisc.edu/lib_latx.htm

HIPAA (Health Insurance Portability and Accountability Act)—Every student is required to view the HIPAA video/CD and take the corresponding test. The video/CD and test are available at each school.

TEST FOR KNOWLEDGE OF ORIENTATION CONTENT MODULE II TEST

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