



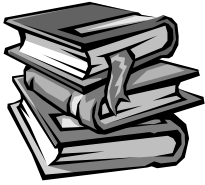
Orientation

State-wide Student Nurse Passport

Revised 8/09

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STUDENT REQUIREMENTS

Nursing students ("student") must meet the following requirements prior to beginning their experience at any health care facility in the state of Utah.

1. Education Affiliation Agreement

The nursing school (college, university, school program) must be covered by a current affiliation agreement with the health care provider/organization before requesting an educational experience/rotation with the hospital or clinical service area. Students and/or instructors can contact their school representative or the health care provider/organization to verify an agreement is in place.

2. Accredited Educational Programs

Students must be from educational programs that are accredited by National accrediting agencies.

3. Verification & Documentation

The Educational Program (college, university, school) must have verification or documentation of the following items:

- Measles-Mumps-Rubella (2 immunizations), verification of immunity or immunization
 - Verification can be provided by: 1) documentation of immunization (2 Measles-Mumps-Rubella (MMR) immunizations); 2) positive antibody titer.
- Verification of TB testing in the past year
 - Each student is required to have an annual screening for tuberculosis by an intradermal PPD test. Students that are PPD positive need to verify they have had an adequate work-up for tuberculosis and are currently not communicable (chest x-ray report, Physician, or Health Department note).
 - CDC "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings," published December 30 2005, states that initial testing of a healthcare worker should be a two step tuberculin skin test or a onetime BAMT (blood test), such as Quantiferon Gold
 - International students are required to complete a Quantiferon Gold (QFT) test. QFT is effective for those who have had a BCG immunization, used in many countries with a high prevalence of TB. BCG may cause a positive reaction to the tuberculin skin test (TST).
- Varicella (Chicken pox), verification of immunity or immunization
 - Verification can be provided by: 1) documentation of having had the disease (parent or student may confirm history of the disease); 2) documentation of immunizations (two doses of varicella vaccine given at least 28 days apart); 3) positive titer.
- Hepatitis B (3 doses) series
 - Any student who works directly with patients or body fluid specimens is required to have completed a three dose series of Hepatitis B vaccine.
 - Verification can be provided by 1) documentation of immunizations; 2) positive antibody titer (titer should be obtained one to two months after original vaccine series).
- Tdap, verification of immunization
 - Each student is required to be immunized with one dose of Tdap to prevent the spread of Pertussis.
 - Verification can be provided by: 1) documentation of immunization.
- Influenza vaccine
 - Students are required to have an influenza vaccine if working during the winter months.
- Background check (if 18 years of age or older)
- SAM 5 urine drug screen

4. Read the Student Orientation Booklet

This orientation booklet provides a list of state-wide standards allowed by nursing students in health care settings. As part of the school's affiliation agreement with the health care provider/organization, students are subject to general rules, policies and regulations of the facility.

5. Meet Stated Requirements

Students may begin their experience once the above requirements have been met and any specific facility and/or health care provider/organization requirements have been completed.



PATIENT RIGHTS & RESPONSIBILITIES

Each health care provider/organization outlines the rights afforded to each person who is a patient in their facilities. This *Patient Rights and Responsibilities* document discloses the organization's commitment to an environment of trust – an environment where patients can feel comfortable and confident with the care they receive. Students have the responsibility to help carry out this commitment.

The *Patient's Rights Policy* has been adopted to promote quality care with satisfaction for the patient, the family, the physician, and the staff, regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran status and/or the ability to pay. *Patient Rights and Responsibilities* signs are posted in English and in Spanish throughout all Utah health care organizations.

It is the student's responsibility to locate the Patient Rights and Responsibilities posted in the health care facility and become familiar with them.



CULTURAL DIVERSITY & SENSITIVITY

What is Culture?

Culture is the values, beliefs and practices shared by a group of people. We have an obligation to be respectful and sensitive to another's belief system (co-workers, patients, families). It's important to be culturally competent and comfortable with those we serve and serve with by examining our own personal biases and cultural values and understand how they may inhibit effective communication.

How to be culturally competent

- Ask yourself these questions:
 - Who are my customers?
 - How can I learn about them?
 - What are my beliefs about this group?
- Acquire basic knowledge of the cultural values, beliefs and practices of your customers:
 - Ask questions

- Listen
- Account for language issues
- Be aware of communication styles

Be sensitive to personal health beliefs and practices

As a student, ask your supervisor/preceptor to help you find the answers to the following questions:

- How does the patient stay healthy?
 - Special foods, drinks, objects or clothes
 - Avoidance of certain foods, people or places
 - Customary rituals or people used to treat the illness
- What are the expectations for medicine usage?
 - Past experiences with medicine usage
 - Will the patient take medicine even when he/she doesn't feel sick?
 - Is the patient taking other medicines or anything else to help them feel well?
- Family and community relationships
 - Are illnesses treated at home or by a community member?
 - Who in the family makes decisions about health care?
- Language barriers
 - Can the patient understand limited English?
 - Consider literacy level
 - Use visual aids and demonstrate procedures
 - Check understanding
 - Is an interpreter necessary? If yes, follow hospital guidelines by using a trained medical interpreter. Avoid using family members
- Body language
 - Is there cultural significance for:
 - Eye contact
 - Touching
 - Personal space
 - Privacy / modesty
- Other cultural factors to consider
 - Gender
 - Wealth or social status
 - Presence of a disability
 - Sexual orientation
- Religious / Spiritual beliefs
 - Are there sensitivities / beliefs associated with:
 - Birth, death
 - Certain treatments, blood products
 - Prayer, medication and worship
 - Food preparation, clothing, special objects, and gender practices



ENVIRONMENTAL SAFETY

Safety is Everyone's Concern

Students should call Security when they:

- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents or visitor needs
- Need escort or vehicle assistance

Each health care facility has a number to contact security directly. Students should be aware of the phone number in the facility they are working in.

Fire Prevention and Response

Promoting fire safety by recognizing and correcting fire hazards, and appropriately responding to any fire incident at work is a shared responsibility of everyone.

Employees and students can apply simple safety measures that will help prevent fires:

- Properly store and dispose of combustible materials.
- Comply with electrical equipment policies.
- Report any defective wiring (frayed cords, brown fuses, etc.)
- Enforce your facility's smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn your department evacuation plan.
- Maintain clear and unobstructed hallways, doorways and aisles.

Hospitals are designed to contain a fire behind closed doors for a period of time to allow fire-fighting efforts to occur. Closed fire doors allow areas of the facility away from the fire to remain functional. It is important not to block or prop doors open in any way.

Fire Alarms and Evacuation Plans

Each health care provider/organization has a process for alerting staff of a potential fire and a fire drill. Students are orientated to fire safety procedures, patient evacuation plans and escape routes by the facility and their assigned department(s).

RACER and PASS are universal acronyms used to educate health care workers and students to basic fire safety procedures and the management of fire extinguishers.

RACER

R – *Rescue*

Rescue anyone (including patients, visitors, employees and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

A – *Alarm*

Activate the nearest fire alarm pull box and call your facility emergency number or 911.

Take the time before a fire emergency to locate the fire alarm pull boxes in your work area.

C – Contain

Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient's room, turn off the oxygen flow meter and remove from the wall.

E – Extinguish

Take time before an emergency to locate the fire extinguishers in your area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in PASS. The PASS acronym will help you properly extinguish a fire.

- P** Pull the pin
- A** Aim the nozzle
- S** Squeeze the handle
- S** Sweep at the base of the fire

R – Relocate

Follow your facility's evacuation procedure and move everyone to a safe location. Use an evacuation route that leads away from the fire. Do not use elevators!

EMTALA

The Emergency Medical Treatment and Labor Act is a federal law that requires hospitals to treat all people who request emergency care.

Employee / Student Responsibility

- Get help for people (adults or children) who request or need emergency care.
- If help is required to transport the person, call the hospital operator, state the problem and the location. Request Security to help transport the person.
- Initiate an overhead medical emergency code, if appropriate
- Never direct a person seeking emergency care to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital. Hospitals cannot force individuals to receive treatment, however:
 - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
 - It is **vital** to document the individual's refusal of treatment.
- Contact your preceptor/supervisor if you have questions.



STUDENT HEALTH

Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a health care facility. Students can protect themselves and patients by adhering to basic infection prevention and control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

Standard Precautions / Body Substance Precautions

Standard Precautions or *Body Substance Precautions* are names associated with the isolation system used by health care providers/organizations. These precautions are used for every patient, regardless of diagnosis. The aim

is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e., gloves, gowns, masks, and goggles) are used for potential contact with body fluids from any patient.

Standard Precautions / Body Substance Precautions include these principles:

- Hand Hygiene: Wash hands with soap and water or sanitize hands with an alcohol-based hand rub before and after each patient contact, and after removing gloves.
- Gloves: Use when touching any body fluids or non-intact skin.
- Gowns: Use if splashing or splattering of clothing is likely.
- Masks and goggles: Use if aerosolization or splattering is likely.
- Needles: Activate sharps safety devices, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- Patient Specimens: Consider all specimens, including blood, as bio-hazardous.
- Blood Spills: Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

Droplet

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza), *Neisseria meningitidis* (meningitis or sepsis), Invasive *Haemophilus Influenza* type B (meningitis, sepsis, epiglottises), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- Private Room: Private room or rooms with a patient who has a similar diagnosis. Patient is confined to the room until directed by Infection Prevention and Control.
- Mask and Gloves: Worn by all hospital personnel upon entering the room.
- Gown: To be worn if there is a possibility of contact with bodily fluids.
- Hand Hygiene: Wash or sanitize hands upon: entering a patient room, removing gloves, and when leaving the patient room.

Contact

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids. These include: Diarrhea (Rotavirus, *Clostridium difficile*, *E. Coli* 0157:H7, *Shigella*, *Salmonella*, Hepatitis A, *Campylobacter*, *Yersinia*), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs).

Contact Precautions include:

- Private room: Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room.
- Hand Hygiene: Wash or sanitize your hands upon: entering patient room, removing gloves, and when leaving the patient room.
- NOTE: For patients with *Clostridium Difficile* (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

Airborne

Airborne precautions are used when the infection is spread through the air. Students will not be assigned these patients due to OSHA's medical evaluation and fit testing requirements for the use of respirators. Examples of diseases requiring airborne precautions are:

- TB (tuberculosis).
- Measles.
- Chickenpox.

Precautions include:

- Place patient in a private negative pressure room. Keep door closed except to enter / exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room.
- Use proper hand hygiene. Wash or sanitize your hands upon: entering patient room, removing gloves, and when leaving the patient room.

Other Infection Prevention and Control Concerns include:

***ARTIFICIAL NAILS POLICY**

For infection control purposes, employees and students in patient care areas, those who handle food, medications, or laboratory specimens cannot wear artificial nails and wraps. These care providers should wear short, clean, natural nails. Other health care workers should keep their fingernails conservative, of short to moderate length, and safe and clean for interacting with those around us.

SHARPS CONTAINERS

All sharps should be placed in a sharps container after use. These containers are placed frequently throughout units. Containers should be changed before full (pay attention to the "fill line" on container).

WASTE

If bio-hazardous waste, blood or other body fluids, can be squeezed or crushed out of the container, they must be disposed of properly per health care provider/organization policy (ie: red bags, biohazard bags, etc).

LINEN

All soiled linen is considered contaminated and should NOT be carried so that it touches the body or clothing of the person transporting it. Wet linen must be wrapped with dry linen or placed in a plastic bag before putting into linen bag to prevent seep-through. If the linen bag is leak proof, no special handling of wet linens is necessary.

Five Ways to Prevent Infection

- (1) Keep hands clean
 - Use soap and warm water. Rub palms, fingernails, between fingers, front and back of hands for at least 15 seconds.
 - Clean hands with alcohol-based hand sanitizer.
 - Clean hands before touching or eating food. Clean them after using the bathroom, taking out trash, changing diapers, playing with pets or visiting someone who is ill.
- (2) Ensure patient care providers clean their hands and/or wear gloves
 - Doctors, nurses, dentists and other health care workers come into contact with a large amount of bacteria and viruses. It's important to ask if they have washed their hands before and after patient care.
 - Patient care workers should wear gloves when performing invasive procedures or any treatment which has the potential for spreading infection.

- (3) Cover your mouth and nose
 - Use a disposable tissue. Be sure to discard used tissues and wash hands after coughing or sneezing.
 - If a tissue is not readily available, cover mouth and nose with the bend of the elbow or hands. Clean these areas right away.
- (4) If you are sick, avoid close contact with others
 - Avoid contact with others when sick. It is preferable to stay at home. Don't shake hands or touch others.
 - Go for medical treatment. Avoid infecting people in the physician's waiting room; call ahead to receive instructions.
- (5) Vaccinate to avoid disease and fight the spread of infection
 - Ensure vaccinations are current (children and adults). Vaccinations are available to prevent the following diseases:

Chicken Pox	Shingles	Measles	Mumps
Meningitis	Tetanus	Diphtheria	Whooping cough
Influenza	Pneumonia	Hepatitis	Human papillomavirus (HPV)
German measles			

Ergonomics

Ergonomics focuses on creating a work environment in which a worker should not experience physical problems from that work. Examples of work design that may lead to physical stress include:

- Poor work-station layout
- Improper work methods, such as poor posture

Improper work design can cause repetitive force or movement of the body without an adequate rest period for tissues to recover. Over time, this may lead to damage of tendons, bones, nerves or muscles, typically in the hands, elbows, shoulders, neck and back. An example would be tendonitis progressing to carpal tunnel syndrome.

Certain workers are more at risk for developing problems than others. Examples include those who:

- Perform repetitive tasks for a long time period
- Use forceful hand motion
- Must stay in a fixed position for extended periods
- Work in awkward positions
- Use excessive bending or twisting motions of the wrist
- Have continuous contact with the edge of a work surface
- Experience temperature extremes
- Use inappropriate hand tools
- Have improper sitting position

Symptoms that may appear include pain, swelling, numbness, tingling, restricted range of motion, or weakness in the affected body part, with varying degrees of severity.

At the first sign of discomfort, the worker should take an anti-inflammatory medication, such as ibuprofen (Advil) and apply ice to the affected area. A work analysis is often performed to correct problems that may be causing or aggravating the condition.

Realize also that obesity, pregnancy, recent weight gain, smoking, lack of general physical condition, and emotional stress may contribute to the development of these disorders. Additionally, activities and hobbies at home can contribute to these symptoms and adjustments may need to be made. Stress management, exercise programs, smoking cessation and counseling often are added as part of overall medical management.

Back Safety

Even the simplest activity, if done incorrectly, can strain the back and cause permanent injury. Every year many health care workers suffer back injuries, some of these injuries lead to permanent loss of work. Prevent injuries by following these simple safety guidelines.

Lifting

- Use additional staff and mechanical equipment as needed to safely transfer, reposition or lift patients. Care providers should never attempt to reposition a patient by themselves. Never overestimate the weight one can lift.
- Keep feet apart, with one foot next to the object being lifted and one foot slightly behind. This gives greater stability and upward thrust.
- Let legs do the work, not the back! Keep the back straight and bend knees, keeping knees in line with the feet.
- Use entire hand when lifting. Fingers alone have very little strength. Wrap fingers around the object, with firm pressure from the palm, on the object.
- Bring the load in close to the body with arms and elbows tucked in.
- Workers should position their body so weight is distributed inside the feet. This gives better lifting strength and better balance. Lift by using the strength of the legs and not the back.
- Never twist the body from side to side when lifting or transferring. This is a major cause of back injuries. Move the feet if a change of direction is needed.
- Don't lift or carry objects above shoulder level.

Moving Patients

To move a patient between a bed and a stretcher, position the two surfaces close to each other with their heights as level as possible. Lock both the bed and stretcher in place. Get assistance and slide the patient over. Avoid reaching all the way over the bed and pulling. It may be helpful to use a bed sheet under the patient to help move him/her. It's acceptable to kneel next to the patient for better leverage and control.

To move a patient from a bed to a wheelchair, lower the bed and place the wheelchair beside the bed. Lock the wheelchair in place. While facing the patient, bend knees and keep back straight. Help rock the patient to a sitting position. Rotate the patient gently so he/she is sitting on the edge of the bed with both feet on the floor. Place one knee against one of the patient's legs for support. Bend knees slightly, and while keeping the back straight, place the patient's arms on your shoulders. Pivot and lower the patient into the wheelchair.

Reaching

Do not bend backwards while reaching. Decrease the distance to the object as much as possible. If the back cannot be maintained in a straight position, the worker is reaching too far. This is a major problem with moving patients. Reach with arms and legs, not the back. Staff should use a ladder or stool if they can't comfortably reach something by them.

Standing

Standing properly is important for the back. Stand straight with knees slightly bent, hips slightly flexed, pelvis tilted forward. If it is necessary to stand for long periods, ease some of the back strain by putting one foot on a low stool or box.

Sitting

Sit straight in a chair that supports the lower back. Keep both feet on the floor and, if possible, keep knees slightly below hips. Avoid slouching in chairs as slouching increases back strain. Workers should situate their workstation so they are looking straight ahead with no back twisting.

Student Injury / Illness Reporting

Any on-the-job injury or illness involving a student must be reported immediately to the school instructor and the department manager or supervisor. If necessary, report to the facility Emergency Department (“ED”) for initial treatment. ED will assess injuries and determine the risk level, treatment options, and medical services required. The student and/or the school will be responsible to pay for services provided.

Document any job-related illness or injury within 24 hours, including all exposures to blood and body fluids (puncture wounds, splashes in the eye, fall or back injuries), in accordance with the facility and/or health care provider’s policy/procedure.



OSHA: OCCUPATIONAL SAFETY & HEALTH ACT

Students are required to fully comply with all of the following OSHA standards.

OSHA Standards

Hazardous Materials

Be familiar with materials considered hazardous within assigned work areas. If there is a spill of any of these materials, contact the MSDS hotline (provided by the hospital).

“Sharps” safety devices

Use protective devices at all times to prevent needle sticks.

“Sharps” disposal containers

Immediately dispose of all sharp objects in the “sharps” disposal containers.

Personal Protective Equipment (PPE)

Wear personal protective equipment when there is potential for handling or coming in contact with bodily secretions or fluids. PPE should be located in areas where such exposures are likely to occur.

Students should contact their preceptor/supervisor if they have questions or need additional information.



(HIPAA) PRIVACY & SECURITY OF HEALTH INFORMATION

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. In August of 1996, Congress passed the privacy legislation we now call HIPAA. It stands for the Health Insurance Portability and Accountability Act of 1996. A large part of it deals with employees qualifying for health insurance when they change jobs – that is the portability aspect of HIPAA. However, there is much more to HIPAA. Title II of HIPAA

is known as Administrative Simplification. Administrative simplification establishes requirements for the following: transactions and code sets, identifiers, security, privacy, timeframes, and penalties.

In general, privacy is about who has the right to access personally identifiable health information. The rule covers all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

HIPAA impacts students in the following ways:

- Patient records may not be photo copied or printed from a computer terminal for personal use (i.e. writing care plans or other papers)
- Students must not release any patient information independently
- Any request for patient information should be directed to your preceptor/supervisor
- Violations of HIPAA may result in termination of the student experience

Identifiable Information

The following is considered identifiable information by HIPAA and must not be accessed or shared for any purpose other than patient care.

1. Names
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social Security numbers
8. Medical record numbers; Health Plans Beneficiary Number
10. Account Numbers
11. Certificate/License Numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code, except a re-identification number to which the key is kept secure. Data that is fully de-identified no longer requires HIPAA protections or tracking of disclosures. However, de-identified patient information is still confidential and may not be disclosed without permission from the health care organization.

Do not use any of the above elements when writing reports or making presentations.

Other Protected Information

While this section primarily addresses the requirements of the HIPAA Privacy Rule, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If the student assignment includes accessing or disclosing these types of information, the student should consult with their preceptor/supervisor for relevant policies and procedures.

Additional steps to protect a patient's privacy

- Close room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures

- Avoid discussions about patients in public areas such as cafeteria lines, waiting rooms, and elevators.
- Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
- Log off computer when finished viewing an electronic medical record.
- Do not share computer systems access code or password with anyone. Take precautions to prevent others from learning these access codes.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of patients and/or medical information.
- Do not publish medical information, photo images, or audio/video recordings on networking web sites or blogs, such as *My Space*, *Twitter* or *Facebook*. This includes de-identified and “virtually” identifiable information.
- Employees may convey medical information in a secured email if relevant to one’s job and patient treatment. However, email communication is not permitted as a means for student learning.

Accounting for Disclosures

Privacy regulations grant the patient the right to receive a summary of certain disclosures by the health care provider/organization. Therefore, the provider must account for certain releases of information outside of the organization. Specifically, releases made for reasons other than treatment, payment, health care operations, or without the patient’s written authorization. Health care operations are business activities undertaken by the health care provider/organization, such as quality improvement studies, peer review, credentialing, medical reviews, and fraud and abuse investigations.

Students must not release any patient information independently. Any request for patient information should be directed to their hospital preceptor/supervisor.

Verification of Identity

When information is requested about a patient, regardless of who is requesting the information (i.e. law enforcement, “parent”, physician’s office) students should direct the request to their preceptor/supervisor who will verify identity of the requestor. Students must not release or verify any patient information independently.

Notice of Privacy Practices

The Privacy Rule gives patients the right to be informed of the privacy practices of their health care provider, as well as to be informed of their privacy rights with respect to their personal health information. A Notice of Privacy Practices is generally distributed to patients on the first day of treatment. Health care providers are required to obtain written acknowledgment that the patient was offered a copy of this notice.

Privacy & Patient Care

Treatment of patients should be essentially unobstructed by the Privacy Rule. For some purposes (such as providing treatment, obtaining payment, and health care operations), the Privacy Rule permits the hospital to use and disclose health information without the patient’s permission and with only a few restrictions. The hospital may disclose, without the patient’s permission, information necessary for the treatment or payment activities of another health care physician or provider if both entities have a relationship with the patient.

Examples of permitted uses and disclosures include:

- When sending a specimen to a lab for testing, the physician’s office may send the laboratory the patient’s health plan information so that the laboratory may be reimbursed by the patient’s health plan for services rendered.

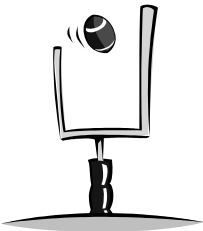
- A physician's office may send health information to another physician's office for the treatment of a patient. As long as both have a relationship with the patient, physicians and other providers may share health information as needed for treatment purposes.
- A physician's office may send health information to a pharmacy so that pharmacy may fill a prescription for a patient. The physician's office may also send the patient's health plan information so that the pharmacy may be reimbursed for filling the prescription.
- A health plan may share certain member information with another health plan to coordinate benefits.
- A health plan may collect data directly from paneled physicians' medical charts for purposes such as completing HEDIS performance measures (healthcare effectiveness data & information set) or other Quality Improvement studies.
- A hospital's Quality Management department may abstract data from charts at the facility to conduct a study designed to improve patient care.

Disclosures to Patients' Family & Friends

Only employees may disclose health information to a family member, other relative, close personal friend of the patient or any other person identified by the patient. This is never the responsibility of the student.

Information Privacy and Security Incidents

If you become aware of a situation where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in any way and regardless of whether it was intentional or accidental, immediately report the situation to your preceptor/supervisor.



2009 NATIONAL PATIENT SAFETY GOALS

All Joint Commission accredited health care organizations are surveyed for implementation of the following Requirements – or acceptable alternatives – as appropriate to the services the organization provides. Alternatives must be at least as effective as the published Requirements in achieving the goals. Failure by an organization to implement any of the applicable Requirements (or an acceptable alternative) for a National Patient Safety Goal will result in a special Requirement for Improvement for that goal.

Improve the Accuracy of Patient Identification

- Use at least two patient identifiers whenever administering medications or blood products; collecting blood samples and other specimens for clinical testing; or providing any other treatments or procedures. Do not use the patient's room number or physical location as an identifier.

Improve Effective Communication among Caregivers

- For verbal or telephone orders or the telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result “read back” the complete order or test result.
- Use the standardize list of abbreviations, acronyms and symbols that are used throughout the organization.
- Measure, access and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

Improve the Safety of Using Medications

- The health care provider/organization reviews (at least annually) a list of look-alike / sound-alike drugs and takes action to prevent errors involving the interchange of these medications.
- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in pre-operative and other procedural settings.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Reduce the Risk of Health Care Associated Infections

- Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers of Disease Control and Prevention (CDC).
- The health care provider/organization implements evidence-based practices to prevent healthcare associated infections due to multidrug resistant organisms in acute care hospitals.
- The health care provider/organization implements best practices or evidence-based guidelines to prevent central line associated bloodstream infections.
- The health care provider/organization implements best practices for preventing surgical site infections.

Accurately and Completely Reconcile Medications across the Continuum of Care

- Obtain and document a complete list of the patient's current medications upon the patient's admission and with the involvement of the patient. This includes a comparison of the medications the health care provider/organization provides to those on the list.
- A complete list of the patient's medication is communicated to the next provider of service when a patient is referred or transferred to another setting, practitioner or level of care within or outside the organization.

Reduce the Risk of Patient Harm Resulting from Falls

- Implement a fall reduction program and evaluate the effectiveness of the program.

Encourage Patient's Active Involvement in their own Care as a Patient Safety Strategy

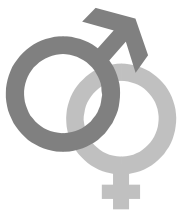
- Identify the ways in which the patient and his/her family can report concerns about safety and encourage them to do so.

Identify Safety Risks Inherent in Patient Population

- The health care provider/organization identifies patients who are at risk for suicide.

Improve Recognition and Response to Changes in a Patient's Condition

- The health care provider/organization selects a suitable method enabling healthcare staff to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.



HARASSMENT-FREE

Each health care provider/organization supports a workplace where everyone is treated professionally, respectfully and not subject to harassment.

What is Harassment?

Harassment is unwelcome conduct that creates an intimidating, hostile or offensive work environment that unreasonably interferes with an individual's ability to perform their work / student assignment and/or is directed at an individual because of his/her age, disability, national origin, race, color, religion, gender, sexual orientation or veteran status.

What is Sexual Harassment?

Sexual harassment is unwelcome conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance (including a student assignment), or creates an intimidating, hostile or offensive work environment. This includes:

- Sexual advances
- Requests for sexual favors
- Other verbal or physical conduct of a sexual nature

How to Report Harassment

Each health care provider/organization has a thorough reporting process. Contact your instructor or preceptor/supervisor and they will assist you. If it is necessary to exclude either of these individuals, contact the facility Human Resource department. Investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only those individuals with a need to know will have access to confidential communications resulting from the receipt and investigation of a complaint.



VIOLENCE IN THE WORKPLACE

Each health care provider/organization has a number of measures in place to keep employees, students and patients safe from workplace violence (e.g. emergency phones in parking lots, reinforce visitation policy, etc.).

Students can assist and support staff by learning the following:

- To recognize the warning signs
- How to respond appropriately
- What to do to prevent workplace violence
- How to report offenders

Recognizing the Warning Signs

Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies

Other

A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments
- History of threats or violence
- Loss of power or control
- Strong anxiety or grief
- Alcohol or substance abuse

Responding to Situations that could become Violent

- Don't reject all demands outright
- Don't make false statements of promise
- Do respect personal space
- Don't bargain, threaten, dare or criticize
- Do keep a relaxed but attentive posture
- Do manage wait times
- Do listen with care and concern
- Do offer choices to provide a sense of control
- Do avoid being alone
- Don't make threatening movements
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.)
- Don't act impatient

Preventing Workplace Violence

By simply avoiding situations that are potentially unsafe, you can decrease the occurrences of workplace violence.

ALWAYS:

- Walk to cars in groups or call security for an escort
- Have car keys ready before leaving the building
- Check around, under and inside the car
- Secure belongings

NEVER:

- Go in deserted departments or dark hallways
- Share personal information with strangers

When prevention does not work, remember these important points

- Remain calm
- Secure personal safety
- Call security and/or immediate supervisor so they can follow up
- Cooperate fully with security and law enforcement

For Patient Care Areas

- Set limits and boundaries
- Understand and maintain the allowed number of visitors, and defined visiting hours, in your assigned work area
- Recognize and maintain staff space versus visitor space
- Contact security if someone is becoming worrisome
- Students should never allow themselves to become involved in a confrontational situation. When confrontation is necessary, alert the appropriate staff member

Reporting Workplace Violence

Report all workplace violence incidents no matter how insignificant they may seem to your supervisor/preceptor.