CLINICAL ORIENTATION MANUAL

Collaborative Project of
Collegiate Nurse Educators
of Greater Kansas City
and Kansas City Area Nurse Executives

2011 — 2012

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INTRODUCTION

Changes in the health care delivery system, including managed care, shorter hospital stays, acuity of inpatients, and availability of clinical sites for nursing education, have mandated changes in clinical nursing education. The Collegiate Nurse Educators of Greater Kansas City (CNE) and Kansas City Area Nurse Executives (KCANE) established a joint Task Force in 1994 to explore issues of common concern and interest, including the impact of these changes on nursing education and practice. One major area of concern which impacted both nursing education and the practice setting was faculty and student competency and orientation required in the clinical setting. The practice of individual agency orientation and documentation requirements was costly in terms of both time and money.

Consequently, the joint Task Force developed both a generic clinical orientation agreement and an orientation handbook. The **agreement** includes a description of assumptions regarding faculty and staff roles in clinical education, documentation and record keeping requirements for faculty and students, as well as agency specific and faculty orientation expectations. The **orientation handbook** is a generic orientation — based on The Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), Occupational Safety and Health Administration (OSHA) and Medicare regulations and recommendations from the Association of Professional Infection Control (APIC) — for faculty use with students. This handbook is designed to be used at the beginning of the clinical education program with review and retesting for competency on an annual basis thereafter. Students and faculty are expected to demonstrate 90% competency annually prior to clinical experiences. Test results will be kept on file at the nursing program.

This document will be updated on an annual basis. The Greater Kansas City Area Nurse Executives will suggest revisions to the Chair of the Collegiate Nurse Educators of Greater Kansas City. It will be the responsibility of each agency to assure that updated versions of the document are being used by those programs who are not members of Collegiate Nurse Educators.

This joint endeavor involving education and practice will provide multiple benefits in terms of educational, staff, and clerical time and costs and Joint Commission competency documentation. In addition, by minimizing time spent on orientation, students will have more time at the bedside to prepare for the workforce. Client and patient are used interchangeably in this manual.

For further information, contact the Kansas City Area Nurse Executives and/or the Collegiate Nurse Educators of Greater Kansas City.

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ACKNOWLEDGEMENT

Many people have contributed to the development of the clinical agreement and handbook. In particular, thanks go to the members of the Kansas City Area Nurse Executives (KCANE), the members of the Collegiate Nurse Educators of Greater Kansas City (CNE), the Association of Professional Infection Control, orientation modules from a variety of health care agencies, Johnson County Community College for the preparation of the manuscript, and Mary Dailey (KCANE) and Susan Fetsch (CNE) who chaired this effort. The involvement of so many people in education and practice is indeed a model of collaboration.

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Collegiate Nurse Educators Clinical Orientation Handbook

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HOSPITAL SAFETY

General Safety Rules

1. Use approved procedures for all job functions.
2. Report all accidents/incidents to the appropriate person.
3. Know and comply with safety rules and use the safety equipment provided.
4. Report all unsafe or hazardous conditions.
5. Obey safety signs and notices.
6. No smoking is allowed on hospital grounds.
7. Know personal responsibilities in the event of a fire or other disaster.
8. Keep personal work areas neat and clean.
9. Refrain from horseplay.
10. When in doubt, ask the person in charge.

Safety Statement

It is the goal and intent of health care agencies to do all that is reasonable to provide a safe and healthy environment. Active cooperation and commitment at all levels are necessary ingredients in attaining and maintaining this goal.

Safety Philosophy

Safety should never be considered a priority because priorities get shifted around as the institution demands. Rather, safety should be considered a value associated with every one of the activities in a work routine. Regardless of work priorities or employer demands on a particular day, safe practices should occur. Safety should become an aspect of each routine that is never questioned, never compromised.

General Safety — Lifting and Carrying

Lifting is so much a part of everyday routine that most persons give it little advance thought. This sometimes results in pulled muscles, strains, and sprains of the back. Many back injuries can be prevented by proper utilization of body mechanics to avert strain when lifting and carrying heavy or bulky materials.

The following procedure is designed to make safe use of the body as a perfect and safe lifting device. Before lifting, think about the load you'll be lifting. Ask yourself the following: Can I lift it alone? Do I need mechanical help? Is it too awkward for one person to handle, or should I ask for help? If the load is manageable, use the following techniques to avoid injury:

1. Tuck your pelvis — by tightening your stomach muscles you can tuck your pelvis which will help your back stay in balance while you lift.

2. Bend your knees — Bend at your knees instead of at your waist. This helps you maintain your center of gravity and lets the strong muscles in your legs do the lifting.

3. Hug the load — Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.

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4. Avoid twisting — twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

5. Make sure that your footing is firm when lifting and that your path is clear. Use the same techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift.

Handling Materials

All hospital personnel who handle any type of materials should:

- Wipe off greasy, wet, slippery, or dirty objects before trying to handle them.
- Keep hands free of oil and grease and wear protective gloves when applicable.
- Always use appropriate equipment for material handling such as hand trucks, dollies, carts, etc.
- Get a firm grip on the object. Keep fingers away from pinch points.
- Be alert to the possible hazard of burns associated with the handling of hot applications.

Avoiding Cuts and Punctures

People who practice the following simple measures spare themselves cuts and punctures:

- Put away sharp tools when not in use.
- Avoid trying to catch a sharp object or glass object if it starts to fall.
- Dispose of broken glass and crockery immediately.
- Wrap ampules, glass tubing, flask stoppers, and similar items in a towel before twisting, pulling or pushing.
- Avoid digging into a waste basket. If trying to locate an object, hold it by the sides and dump onto a sheet of paper.
- A major hazard is hypodermic needle punctures which can cause infection and transmit diseases. All needle cuts and punctures must be treated immediately.

Preventing Falls

Falls can be prevented if you:

- Never, under any circumstances, leave articles on stairs or in a passage way.
- Wet-mop only half of a corridor or stairway, leaving the other half for safe passage of traffic. Use "wet floor" signs and block off areas.
- Keep halls and stairs free of water, sand, and paper. Avoid climbing on storage room shelving. Never use crates, boxes or other substitutes for ladders.
- Keep handholds and stair rails in good condition.

Security

- Make sure your vehicle is secured prior to leaving.
- Keep all valuables secured while at work. Don't leave purses under desks or in lockers that are not locked.
- Student school identification must be worn at all times

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All agencies have security available to assist with crime, disturbances, or other appropriate needs. Be familiar with how to access security.

FIRE SAFETY

Fire can be a devastating event. It can occur unexpectedly and move quickly. Because fire is so dangerous and the first few minutes are critical, many agencies use acronyms to associate with actions. **RACE** and **SAFE** (used at Children's Mercy Hospital) are acronyms used in the Kansas City metropolitan area (see below). Because the order of action varies, you should be familiar with the acronym used in each health care agency. In addition, you should be familiar with the agency's evacuation plan, location of exits, fire extinguishers, fire hoses, and fire doors.

Fire Safety Response

- Protect the safety of people in immediate harm. Evacuate if necessary, but if not in immediate danger, await evacuation orders. *A calm firm manner is essential to avoid panic.* Movement of patients should always be toward a section having an exit such as a stairway. Do not move to elevators or toward a dead end hall. Patients on oxygen should have someone assigned to stay with them if they are not in immediate harm. Agency personnel will coordinate shut off of oxygen zone valves.

- Concurrently pull an alarm or notify someone else to sound an alarm. It is essential to alert the fire department so they can be en route while other activities are being performed. DO NOT CONTACT THE FIRE DEPARTMENT DIRECTLY. To activate the alarm, grasp lever and pull down sharply. Be sure to pull hard. This will activate the alarm system.

- Avoid spread of fire. Close the door to the room or area involved. Close all open doors and windows. Turn off fans and air conditioners. Wet blankets or towels at the base of the door at the fire location can help prevent spread of fire and smoke.

- If possible and it does not put you in danger, extinguish the fire with a fire extinguisher. Remember the acronym **PASS** for using an extinguisher (see below). If you cannot safely extinguish the fire, leave the area. Seal off the room with a damp towel or blanket at the base of the door.

R - Rescue	S - Sound the alarm	P - Pull the pin
A - Alarm	A - Alert others	A - Aim at the base of the fire
C - Confine	F - Fight the fire	S - Squeeze the lever
E - Extinguish	E - Evacuate the area	S - Sweep from side to side

Portable Fire Extinguisher: Types and Use

Types of fire extinguishers in health care facilities correspond to three categories of fire: Class A, Class B and Class C. The proper extinguisher should be used on the type of fire as designated by the class of fire labeled on the extinguisher. Some extinguishers are the A-B-C type and can be used on any kind of fire regardless of the class.

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1. **CLASS A**. Class A fires involve ordinary combustible materials, such as wood, paper, cloth, rubber, and many plastics. Class A extinguishers rely on water based solutions or dry chemicals, and are identified by a green triangle containing the letter A.

2. **CLASS B**. Class B fires involve flammable liquids, greases, oils tars, oil based paints, lacquers and the like. Class B extinguishers employ such substances as foam, dry chemicals or carbon dioxide. These extinguishers are labeled with a red square containing the letter B.

3. **CLASS C**. Class C fires are located in or near live electrical equipment. These extinguishers utilize carbon dioxide or dry chemical, and are marked with a blue circle containing the letter C.

4. **CLASS A-B-C**. This type of extinguisher is capable of fighting class A, B, or C fires and is marked with the letters A, B, and C.

Remember the acronym: **PASS** when using a portable fire extinguisher:

Remember portable extinguishers are to be used in suppressing manageable fires (waste basket) only. Fires that go beyond the manageable stage should be fought by those trained to do so and the area evacuated.

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ELECTRICAL SAFETY

All agencies seek to provide an electrically safe environment for patients and personnel through properly chosen and maintained equipment, proper grounding of equipment, and an alert, concerned and knowledgeable staff.

The first thing that you need to do is to examine the electrical equipment on your unit for any of the following signs of danger:

- Plug does not fit properly in outlet
- Feels unusually warm to touch
- Smells as if burning
- Makes noise or pop when turned off
- Has power cord longer than 10 feet
- Gives inconsistent readings
- Knob or switch is loose or worn
- Tingles when you touch it
- Third or grounding pin on the plug is missing
- Cord is frayed (most frequently occurs where cord comes out of equipment)

If any of these are found, tag them immediately and notify the Facilities Department or Engineering Department or Biomedical Engineering Department. DO NOT USE DEFECTIVE EQUIPMENT. Make sure that long cords are rolled up or otherwise secured where possible and don't ever roll beds or equipment over power cords. Last, NEVER PULL OUT A PLUG BY PULLING THE CORD — instead grasp the plug and pull firmly.

"Leakage Current" (low levels of current on the surface of equipment or cords) can occur with defective equipment and can cause microshock to the patient. Patients at especially high risk for microshock include those with indwelling cardiac catheters, pacemakers, and chest tubes or drains. To reduce the possibility of injuring a patient from microshock, NEVER touch a patient and an electrical device or cord at the same time.

- All electrical equipment brought into hospitals must pass electrical safety criteria.

- The use of patient owned electrical device, except those powered by batteries, is not permitted.

- For hospital and/or staff owned electrical devices, contact the Facilities Department or Biomedical Engineering or the Engineering Department for safety criteria or inspection.

Extension cords are a frequent cause of electrical faults, improper grounding, and accidents involving falls and fire. The use of extension cords can cause hazards and increase the probability of sparks, and/or electrical shock. In addition, use of extension cords may cause excessive voltage drop resulting in low efficiency, equipment malfunction or damage, and subsequent patient safety problems. For these reasons, the use of electrical extension cords is restricted. If an extension cord is required, contact the Engineering or Facilities Department.

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RADIATION SAFETY

Objectives

1. Discuss the significance of time, distance, and shielding when protecting against radiation exposure.
2. Identify diagnostic and therapeutic interventions that may lead to exposure to radiation.
3. Describe the appropriate response if a radiation exposure occurs during a diagnostic procedure.

Curriculum Content

You can reduce your risk by three simple factors: time, distance, and shielding.

- Any decrease in the amount of time spent helping with a procedure will decrease your radiation exposure.

- By increasing the distance from the source of radiation (the x-ray tube, the fluoro beam, or an injected nuclear medicine patient) you also decrease your radiation exposure. By merely stepping back one step during a portable exam you can cut your exposure by more than half. Six feet of distance is an acceptable distance when possible.

- By either placing shielding between yourself and the source of radiation, or by properly wearing a lead apron if you are assisting with an exam. During an exam you may be asked to step behind a leaded barrier. If you are female you will be asked if there is any possibility of your being pregnant. If so, you will likely be asked to wait outside the exam room until the procedure is complete. If it is absolutely necessary for you to assist with an exam and you are pregnant, there is still no reason to be alarmed if you wear the proper shielding. Use protective wear for both you and the patient whenever working in an exposed area.

    - <u>Lead Aprons</u> — worn correctly will protect all blood forming organs. But remember, aprons that don't wrap around don't cover your back — *so don't turn around* so that your back faces the beam.

    - <u>Gloves</u> — should be worn when holding a patient.

    - <u>Thyroid collars</u> — should be worn for persons needing to remain at the head or foot of the fluoroscopy table.

    - Remember, just because you may not be planning another child is no reason not to protect your hands, eyes, thyroid, and blood forming organs!!!

Everyone is exposed daily to various kinds of radiation which include heat, light, ultraviolet, microwave, and ionizing radiation. Ionizing radiation such as x-rays, radiation therapy, and gamma rays used in nuclear medicine are potential sources of radiation exposure in the health care setting. Sources of background radiation include terrestrial, (from soil and rocks); cosmic, (from outer space); and normal human radioactivity found in the body. We are exposed to approximately 125 mR per year from natural radiation which amounts to approximately 2 percent of the maximum permissible yearly dose. Radiation exposure from medical diagnostic procedures contributes 4-11 percent of a person's average yearly dose.

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If radiation exposure occurs during a diagnostic procedure, notify the appropriate people that an exposure has occurred. If the exposure is related to a spill, for example urine, prevent the spread of contamination by covering the spill with absorbent paper. Limit the movement of people in the room and don't allow others to enter if it is not necessary. Notify the responsible parties for further directions.

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INFECTION CONTROL OBJECTIVES

At the completion of this unit, the student will:

1. Describe the single most important way to prevent the spread of infections.
2. Describe modes of transmission of infectious organisms.
3. Describe the fundamentals of isolation precautions in the health care setting.
4. State the importance of Standard Precautions and describe and demonstrate the appropriate use of personal protective equipment.
5. List the required components of the OSHA regulations to prevent the transmission of bloodborne pathogens and tuberculosis.
6. State where to find additional information about Infection Control in the hospital setting.

INTRODUCTION

The following information regarding infection control issues and Standard Precautions is generic. Each health care facility with which you are affiliated will have its own specific policies and procedures.

- It is your responsibility to learn where the personal protective equipment is located in each health care setting.

- Isolation precautions may differ from one health care setting to another. Always read and follow the signs that are posted by the door to a patient's room.

- If you should sustain a needle stick injury or blood exposure, notify your instructor at once. The follow-up offered may differ from one facility to another.

Additional information about infection control will be found in the health care setting's infection control policies. Please contact the infection control practitioner for that facility if you need clarification of a policy or procedure.

HAND HYGIENE

Hand hygiene (i.e. hand washing with soap and water or use of a waterless, alcohol-based hand rub) is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Hand hygiene reduces or eliminates germs that you may have picked up on your hands through various types of contact.

When washing your hands with soap and water, it is important to use an adequate amount of soap, lots of running water, and lots of friction (rubbing your hands together). Soap and water must be used if your hands are visibly soiled.

What is the correct way to wash my hands?

- turn on the faucet
- wet hands and lather well with approved soap
- wash, using vigorous rotary motion and friction for a minimum of 15 seconds

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- be sure to wash all parts of your hands, including palms, between fingers, backs of hands, fingernails, and around your wrists and thumbs
- rinse under running water, letting water run toward your fingertips
- dry your hands thoroughly with paper towels
- use the paper towel to turn off faucet

In most other situations, waterless alcohol-based hand rubs are the preferred method for hand hygiene due to the superior efficacy of these agents to rapidly reduce bacterial counts on hands and their ability to kill many fungi and viruses. Alcohol hand rubs are not effective against spores (e.g. B. anthracis, Clostridium difficile)

What is the correct way to use alcohol-based hand rubs?

- apply appropriate amount of product to palm of one hand
- rub hands together, covering all surfaces of hand and fingers
- rub until hands are dry

When should I perform hand hygiene?

- before and after work shift
- before and after contact with each patient
- after contact with soiled material or equipment
- before and after eating or smoking
- after using the toilet
- after blowing your nose or covering a sneeze
- before handling food or administering medications
- before performing invasive procedures
- before any contact with your eyes or contact lenses
- whenever you think they may be contaminated
- before donning sterile gloves
- after removing gloves
- anytime your hands are visibly soiled

Other aspects of hand hygiene

- These recommendations are referenced in the CDC Guidelines for Hand Hygiene in Health Care Settings, October 25, 2002.

- Germicidal wipes labeled for environmental surfaces should not be used on hands or skin. Wipes labeled as alcohol hand cleanser may be used in place of soap and water as appropriate.

- Provide patient/visitor education on appropriate hand hygiene practices while in a health care facility.

- Fingernails are the dirtiest part of the hand.

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- Artificial Fingernails

  - Artificial fingernails are defined as bonding tips, wrappings (overlays of any substance), tapes, nail piercing jewelry and any appliqués other than those made of nail polish. In other words, fingernails you were not born with are considered artificial.

  - Artificial nails should not be worn by health care personnel who provide direct patient care, process instruments for sterilization and those who prepare and serve food to patients.

  - Natural fingernail length should not exceed ¼ inch from tip of finger to tip of nail.

  - Nail polish may be worn on natural nails if it is not chipped.

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STANDARD PRECAUTIONS

Health care workers face the risk of acquiring infections from patients. Several bloodborne diseases have been transmitted in the health care setting, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). Other types of infections can also be transmitted to health care workers through contact with patients' blood or body fluids.

Standard Precautions were developed to protect health care workers from the risk of occupational exposures to infectious organisms. Standard Precautions require the use of protective barriers, called personal protective equipment (PPE), to prevent contact with infectious agents that may be present in blood and body fluids. Types of PPE include latex, vinyl or synthetic gloves, masks and eye protection, moisture resistant or impervious gowns, and other apparel as needed. It is not always known when patients are infected with bloodborne or other infectious agents. Therefore, use Standard Precautions each time you anticipate contact with the blood or body fluids of every patient.

Standard Precautions is not only the use of personal protective barriers, but includes any engineering controls that reduce the risk of exposure to bloodborne pathogens. These include all safety devices, safe patient care equipment, safe linen practices, and good hand hygiene.

Gloves

With Standard Precautions, latex, vinyl or synthetic gloves are worn to provide a protective barrier and to prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin. Wearing gloves does not replace the need for hand washing, because gloves may have small, imperceptible defects, may be torn during use, or hands can become contaminated when removing gloves. You may need to change gloves if they become contaminated during the care of one patient. **Gloves must be changed between patient contacts, and hand hygiene must be performed after gloves are removed.**

Face and Eye Protection

Various types of masks, goggles, and face shields are worn alone or in combination to provide barrier protection. The mucous membranes of the eyes, nose, and mouth must be covered during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Gowns and Protective Apparel

Various types of gowns and protective apparel are worn to prevent contamination of clothing and to protect the skin of health care workers from blood and body fluid exposures. Moisture impervious gowns, leg coverings, boots, or shoe covers provide protection when splashes or large quantities of infective material are present or anticipated.

The type of protective barrier depends on the type of exposure you anticipate. Every health care facility has a variety of PPE available. It is your responsibility to locate the PPE during your orientation to each facility, and to wear it when you anticipate contact with blood or body fluids.

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TRANSMISSION OF INFECTIONS

Requirements for Transmission of Infections

Infectious organisms can be readily transmitted from one person to another. In order for this to occur, the following elements are required:

- *An infectious microorganism* — bacteria, virus, fungus, or protozoan.
- *A source of the infectious microorganism* — this is usually a person, environmental source, or contaminated equipment or device.
- *A susceptible host.*
- *A method of transmission* — contact, droplet, airborne, common vehicle, or vector borne.

Methods of Transmission

- *Contact Transmission* — the most significant and frequent mode of transmission of organisms in the health care setting and includes two types of contact transmission.

  - *Direct Contact* — person to person involving direct contact with an infectious person or infectious materials. This type of transmission can occur during patient care, i.e., when turning a patient or whenever direct person-to-person contact occurs. Direct contact can also occur between two patients, or a patient and health care provider.

  - *Indirect Contact* — this type of transmission occurs when an infectious organism is carried from the source of transmission to a susceptible host via a contaminated object or person. They can be transmitted by inanimate objects, i.e., surgical instruments, needles, etc., or on contaminated unwashed hands or gloves that were not changed between patients.

  - *Droplet Transmission* — Droplets carrying an infectious organism are expelled from the source person during coughing, sneezing, talking, and during certain procedures such as suctioning. These droplets can be propelled a short distance in the air (approximately 3-6 ft.) and can be deposited on the conjunctivae, nasal mucosa or mouth of a susceptible host. Historically the distance for which droplets travel has been stated as <=3 ft. Studies have indicated that the distance droplets travel depends on many variables and according to the CDC guidelines for isolation precautions (2007); it may be prudent to use a mask when within 6-10 ft. of a patient.

- *Airborne Transmission* — Tiny particles (<5 microns in size) of evaporated droplets or dust particles containing the infectious organism can remain suspended in air currents for long periods of time. They can be inhaled by a susceptible host, who may then become infected.

- *Common Vehicle Transmission* — Infectious organisms can be transmitted to large numbers of people from a common source, i.e., contaminated food, water, medications, devices or equipment.

- *Vector-Borne Transmission* — Infectious organisms are transmitted by vectors, i.e. crawling or flying insects, rats, or vermin. This is possible in the hospital setting, but not likely.

- *Respiratory Etiquette* — All patients entering the facility via any intake area (Emergency, Admitting, Outpatient Services), should be screened for evidence of airborne diseases. Persons who are coughing or sneezing should be educated on covering their mouth and nose to cough or sneeze, to use

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a tissue and to perform hand hygiene. Patients who are coughing may also be provided with a surgical mask to wear while in waiting areas. Most health care facilities will have signage in intake areas, as well as tissue, waterless hand hygiene products and hand washing facilities. Employees and students are required to follow Respiratory Etiquette guidelines.

TRANSMISSION-BASED ISOLATION CATEGORIES

In 2006, the Centers for Disease Control and Prevention (CDC) recommended the following transmission-based isolation categories to prevent the transmission of infections in the hospital setting. **When indicated, Transmission-Based Isolation precautions are used <u>in addition</u> to Standard Precautions.** These recommendations prevent the spread of infections by interfering with the mode of transmission. They may not be practiced in all of the hospitals with which you are affiliated. It is your responsibility to become familiar with and follow the isolation signs at each facility.

Contact Precautions are used to prevent the transmission of infections that are spread through direct or indirect contact.

- Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient's environment.

- Personal protective equipment (i.e., gloves and gowns) are worn to prevent contact with infectious microorganisms.

- Private rooms are generally used for patient placement, unless otherwise specified by the facility.

Droplet Precautions are used to prevent the transmission of organisms that are carried in droplets generated by the infected patient.

- Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerosolization of body fluids.

- Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3-6 ft. of the patient. The maximum distance for droplet transmission is unresolved. As stated before historically it has been considered <=3ft. but according to the CDC guidelines it may be better to use 6-10 ft.

- Personal protective equipment, (i.e., a mask) is worn to prevent contact with the droplets.

- Special ventilation is not required.

Airborne Precautions are used to prevent transmission of organisms that are carried in air currents by dust particles or tiny droplet nuclei (<5 microns in size) that contain the organisms.

- Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient.

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- Special ventilation in a negative air pressure isolation room is required.

- Personal protective equipment, (i.e., a mask) is worn to prevent inhalation of droplet nuclei. Respiratory protection with a NIOSH certified N95 respirator should be worn at all times. Use of a N95 respirator requires that a person be fit tested to wear an N95.

- Additional precautions are required for patients with known or suspected pulmonary tuberculosis (see below).

TUBERCULOSIS PRECAUTIONS

Tuberculosis Precautions are used for patients with known or suspected pulmonary tuberculosis (TB). The name for these precautions will vary from one facility to another — terms sometimes used include AFB Precautions, Special Airborne Precautions, and Stop Sign Precautions. If you have any questions, check with the Infection Control Practitioner for that facility. Airborne precautions always require the use of N95's even if not TB.

In addition to the requirements for Airborne Precautions:

- OSHA requires those individuals working in hospitals with TB or possible TB patients wear appropriately fit-tested N95 respirator masks.

- Hospitals purchase and use different brands of N95 masks.

- Employees must be fit tested for the specific brand of mask used.

- Based on the above, APIC recommends that nursing students be prohibited from caring for TB patients or entering rooms where TB patients are housed.

TUBERCULOSIS INFORMATION SHEET

What is Tuberculosis (TB)?

- TB is a communicable disease caused by a bacterium called Mycobacterium Tuberculosis. These are microorganisms that are spread through airborne transmission.

- When people who are infected with TB in their lungs or throat cough, sneeze, or laugh, infectious particles are expelled into the air and may be inhaled by other people.

How much TB is there?

According to the Centers for Disease Control and Prevention (CDC), an estimated 10 to 15 million persons in the United States are infected with Mycobacterium Tuberculosis. Without intervention, about 10% of these persons will develop TB disease at some point in life.

Symptoms

- Chronic cough (for longer than 2 weeks), night sweats, loss of appetite, weight loss, coughing up blood, fatigue, weakness.

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- TB can affect parts of the body other than the lungs, although it is generally not infectious when this occurs.

- There are three stages of TB infection — the first is exposure, the second is latent non-infectious infection. The person will have a positive PPD but will not be contagious. The third stage is active TB disease. This person may or may not be contagious depending on their age. About 10 percent of people who have latent TB eventually develop active TB disease.

- A positive TB skin test indicates an active TB disease, but not everyone with a positive skin test has active TB.

Prevention of Transmission in the Hospital

- Early identification of infectious patients.
- Isolation in negative air flow rooms.
- Respiratory protection (N-95 respirators). Fit-testing is required before wearing the N-95 respirator.
- Follow-up for anyone who may have been exposed.
- Annual skin tests for everyone (unless they have had a positive skin test in the past).
  Usually Mantoux (PPD) skin testing. Annual skin testing of employees is facility dependent. Facilities that have low prevalence of TB have gone to testing every other year.
- All positive TB skin tests and TB disease are reportable to the local Health Department, as required by State Department of Health regulations. This reporting is usually done by the hospital infection control practitioner or attending physician.

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OSHA REGULATIONS FOR BLOODBORNE PATHOGENS

What is OSHA?

- OSHA stands for the Occupational Safety and Health Administration, and is a branch of the Federal Government's Department of Labor. The purpose of OSHA is to make sure that everyone in the United States has a safe work environment.

- OSHA develops standards that are enacted into law, and can survey any work place without prior notice. Employees are required to follow OSHA standards, and can be fined many thousands of dollars if they do not comply.

- Please note that students are not specifically addressed in the OSHA standards, but are expected to comply with the policies and procedures of all health care facilities with whom they are affiliated.

- OSHA has developed a standard outlining infection control activities in health care facilities called the Bloodborne Pathogen Standard. To meet the requirements of this standard, health care facilities are required to develop Exposure Control Plans to identify steps the facility is taking to comply. The purpose of the Exposure Control Plan is to identify employees at risk for occupational exposure to bloodborne pathogens so that appropriate training, prevention and post-exposure management care is provided. As students, it is important for you to be familiar with the requirements of this Exposure Control Plan.

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OSHA EXPOSURE CONTROL PLAN KEY ELEMENTS

Private Bloodborne Pathogens

Standard Precautions are observed in the care of every patient.

Personal Protective Equipment (PPE)

Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials.

- Clothing penetrated by blood or other potentially infectious materials must be removed immediately.
- All used PPE must be disposed of properly in the patient's room.

Hand Hygiene should be done:

- before and after all patient contacts
- immediately following contact with high-risk body fluids
- immediately or as soon as feasible after removing PPE

When washing your hands, it is important to use an adequate amount of soap, lots of running water and lots of friction (rubbing your hands together). Antibacterial gels and alcohol hand rubs should not replace the use of soap and water if hands are visibly soiled or the patient has Clostridium Difficile. In most other instances alcohol hand rubs or antibacterial gels are just as effective as soap and water.

Needle Puncture Prevention

Contaminated sharps shall not be bent, recapped, or removed by hand.

- The safety device, when available, is engaged immediately after use and before disposal in the nearest puncture-resistant container.

- If no other alternative is possible, a needle can be recapped using a one-handed technique or a recapping device.

- Sharps must be discarded uncapped in a labeled, puncture-resistant container that is close to the area of use.

- Sharps containers should be sealed and disposed of when the container is two-thirds to three-fourths full.

Specimens

- Mouth pipetting or suctioning of blood or other body fluids is prohibited.
- All containers used to collect or transport specimens must be leak proof.

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Infectious Waste

- Blood and other potentially infectious body substances in amounts sufficient to cause infection are discarded in red bags or containers labeled "Infectious Waste or Biohazardous Waste."

- All contaminated sharps are considered infectious waste.

Hepatitis B Vaccine

Is offered free of charge to all employees who have occupational exposure to blood or other potentially infectious material.

Post-Exposure Evaluation and Follow-Up

- Post-Exposure Evaluation and Follow-Up varies from one facility to another.

- All employees with occupational exposure to blood or body fluids via needle stick, sharps injury, splash to mouth, nose or eyes, or to non-intact skin should be evaluated and counseled by the Employee/Occupational Health Nurse immediately. The sooner an exposure is reported the sooner it can be evaluated and it can be determined if the exposure warrants any prophylaxis or treatment.

General Policies

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials.

- All contaminated items will be disinfected with a hospital-approved disinfectant before use on another patient.

- Spills of blood or body substances must be cleaned up immediately in a manner that minimizes or prevents splashing, spraying or generation of droplets and the area disinfected with a hospital-approved disinfectant.

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REFERENCES

Centers for Disease Control and Prevention (1994). Guideline for preventing the transmission of mycobacterium tuberculosis in health-care facilities. *Morbidity and Mortality Weekly Report*, 443, RR-13, 1-132.

Centers for Disease Control and Prevention (1997), *HIV/AIDS Surveillance Report*. 9 (1); 17.

Centers for Disease Control and Prevention (1998). Summary of notifiable diseases, United States *Morbidity and Mortality Weekly Report*, 46, 66-68.

Olmsted, R. (2000) *APIC Infection Control and Applied Epidemiology: Principles and Practice*. Mosby: St. Louis. Volume 1 & 2.

Occupational Safety and Health Administration. (1997). 29 CFR Part 1910, Occupational exposure to tuberculosis: Proposed rule. *Federal Register,* 62, (201), 54160-54308.

Occupational Safety and Health Administration. (1991). 29 CFR Part 1910:1030, Occupational exposure to bloodborne pathogens: Final rule. *Federal Register*, 56, (235), 64004-64182.

Siegel, JD., Rhinehart, E., Jackson, M., Chiarello, L. & the Healthcare Infection Control Practices Advisory Committee. 2007 Guideline for isolation precautions preventing transmission of infectious agents in healthcare settings.

U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of Tuberculosis Elimination. (2000) *Core Curriculum on Tuberculosis: What the Clinicians Should Know.* 4th Ed.

1/2001; 1/2009; 2/2010 — This information was approved by the Greater Kansas City Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC).

Additional information is available at:
www.cdc.gov/od/oc/media/pressrel/fs021025.htm (current 10/25/02)
www.cdc.gov/ncidod/dhqp/gl_isolation_ptII.html (current 8/2/07)
www.osha.gov
www.cdc.gov/ncidod/dhqp/pdf/bbp/Exp_to_Blood.pdf (current 7/03)
www.jointcommission.org (3/8/10)

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MULTIPLE DRUG RESISTANT ORGANISMS (MDROS) AND OTHER MICROORGANISMS OF CONCERN IN HEALTH CARE SETTINGS (INCLUDING MRSA, VRE AND CLOSTRIDIUM DIFFICILE)

Definitions for MRSA, VRE, Clostridium Difficile and Other Antibiotic Resistant Microorganisms

1. MRSA — methicillin-resistant staphylococcus aureus: staphylococcus aureus is normal flora of the skin and nares for most people. MRSA is a type of staph aureus which is resistant to some of the most commonly used antibiotics such as penicillins and cephalosporins. MRSA can be acquired as result of prolonged antibiotic use, direct contact with another person's infection or by touching surfaces or items contaminated with MRSA. While early strains of MRSA may have been health care- associated, it has become very common to see community-associated MRSA infections. MRSA is transmitted by contact although if detected in sputum it may be transmitted via droplets through coughing and sneezing or via suctioning and irrigation of wounds infected with MRSA.

2. VRE — Vancomycin-resistant enterococcus: eterococcus is normal intestinal flora of most people, including infants. Vancomycin-resistance is acquired as a result of prolonged antibiotic use, or exposure in health care facilities. It is not frequently seen in healthy individuals. Its primary route of transmission is contact.

3. VRSA and VISA — Vancomycin-resistant Staph. Aureus and Vancomycin Intermediately-resistant S. Aureus: appears to be the result of “gene jumping” between VRE and MRSA organisms. Both are rare, but require special precautions in health care settings.

4. C Difficile — is a spore forming bacteria which causes diarrhea or colitis in patients whose normal flora has been disrupted due to antimicrobial treatment. It can also be acquired in health care facilities if environmental surfaces contaminated with the spores are not properly cleaned or transmitted via health care worker hands if not properly washed. Alcohol based hand rubs are not effective against eliminating c. diff spores on hands.

5. Intestine bacteria which is caused by prolonged or excessive use of antibiotics and is frequently transmitted in health care facilities. Diagnosis is made not by stool culture, but by detection of Toxin A or B in the stool sample. Treatment for C. diff requires oral Flagyl, or sometimes Vancomycin if Flagyl fails to improve symptoms. This organism lives in spore form for up to six months on surfaces in the patient environment, including bedrails, toilets and commodes if not cleaned.

6. Other resistant organisms — surveillance for emerging antimicrobial resistance is ongoing in most health care facilities by review of antibiograms and daily microbiology reports. Antibiograms list the most frequently encountered microorganisms and their sensitivity to antimicrobial drugs on the hospital’s drug formulary. Various hospitals and facilities may have different antibiotic resistance issues, and therefore different infection control protocols. Examples: resistant Acinetobacter, pseudomonas and Strep. Pneumoniae.

People at greatest risk for acquiring an antibiotic-resistant infection are those:

- with underlying illness
- those on prolonged drug therapy including antibiotics
- the very young
- the very old
- prolonged hospital stay or long term care facility

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- immunocompromised individuals
- individuals undergoing invasive procedures or that have invasive devices

Normal flora is protective. Everyone is colonized with various bacteria on their skin and inside their bodies.

Colonization is a situation where bacteria are present but are not causing infection. There are no symptoms with colonization, and VRE, MRSA and Clostridium difficile (C. diff) can colonize individuals for months to years. Colonization may precede infection.

Infection occurs when bacteria invades a body space and multiplies, causing fever, pus or redness.

People who are colonized or infected with VRE, MRSA or C. diff can spread it to other people. All organisms can also be spread through contact with contaminated surfaces or equipment. Transmission of infections in health care facilities can occur due to poor hand hygiene practices and improper disinfection of equipment and surfaces.

Contact Isolation is used for patients colonized or infected with VRE and C. difficile to prevent the spread of these bacteria. Note: isolation is not used in every hospital for MRSA patients, so review specific hospital policies.

1. A private room is preferred for Contact Isolation. Alternatively, patients with the same organism may be cohorted (share a room) dependant on each facility's isolation guidelines.

2. Follow specific hospital policy for transporting patients in isolation.

3. A sign indicating "Contact Precautions" or "Specific Precautions in Addition to Standard Precautions" will be placed on the door. Follow all recommendations.

4. Hand hygiene using antimicrobial soap and water or alcohol-based products should be used for any isolation precautions. (Use soap and water only with C Difficile)

5. Use personal protective equipment (PPE) — gloves, gowns, masks and eye protection as listed on the isolation sign.

6. Certain items should be dedicated to the rooms and patients (thermometers, stethoscopes, cleaning equipment). If this is not possible, all items must be cleaned and decontaminated before taking them to the other patient rooms.

7. Duration of contact precautions — may be hospital-specific, but in general:

    a. Some hospitals require that all patients with a prior history of MRSA or VRE be placed in Contact Isolation on readmission until it is determined that they are infection-free.

    b. VRE — may require three consecutive weekly stool cultures negative for VRE.

    c. C Difficile — until patient is diarrhea-free and not incontinent of stool, and has received the prescribed doses of antibiotic treatment.

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Isolation Measures for Visitors

- Isolation for visitors should be reviewed at each facility as guidelines vary.

- Visitors should wear gloves when visiting the patient, especially if touching the patient.

- If the visitor plans to have substantial contact with the patient (such as assisting in care) they should wear a gown.

- Gloves and gown should be removed before leaving the patient's room.

- Hands should be washed carefully before leaving the room.

- It is important for all visitors, regardless of whether the patient they are visiting has a Multi-Drug Resistant Organism or not, when entering a room and when they leave should perform hand hygiene. This keeps everyone safe.

- If a visitor follows all above recommendations (hand washing, etc.) they can safely visit other patients in the hospital.

Once patients are discharged from the hospital or health care facility, they should be instructed to follow discharge instructions for preventing transmission of antimicrobial-resistant organisms.

Additional information is available at: *www.cdc.gov/ncidod/dhqp/pdf/ar/mdroguideline2006.pdf*

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INFECTION CONTROL RECOMMENDATIONS
FOR HOME CARE PATIENTS

Hand Hygiene

Staff should refer to hand hygiene guidelines. Family and caregivers should be instructed on appropriate hand hygiene to decrease transmission in the home setting.

Bag Technique and Home Visits

- The field bag is considered a "clean area" and is never used to store or transport dirty or potentially contaminated equipment.
- Staff is responsible for emptying and cleaning the field bag and equipment at least monthly or when visibly soiled.
- Clean blood or body fluid spill immediately and disinfect the area with appropriate disinfectant.
- Field bags are placed on a clean, hard surface in the home using a barrier dependent upon the conditions of the home environment and the scheduled/anticipated procedures.
  - The field bag or equipment is never placed on the floor unless no other option exists.
  - If one must be placed on the floor, a barrier must be used.
- Only equipment necessary to complete the visit is removed from the field bag and placed on an appropriate surface at the beginning of the visit.
- Staff must practice appropriate hand hygiene before re-entering the field bag for any reason, and prior to returning clean equipment to the bag.
- The field bag is kept closed during the visit to minimize the risk of contamination from family members, children, pets, insects or other sources of contamination.
- All non-disposable equipment removed from the field bag should be cleaned with an antimicrobial wipe prior to being returned to the field bag.
- Scales and equipment must be cleaned with an antimicrobial prior to being returned to the field bag and or removing from patient's home.
- If the home environment cannot accommodate appropriate cleaning/washing of scales and equipment, used items must be placed in a separate, sealed container for transport to an appropriate cleaning environment. This container must be kept separate from the field bag. Previously used or dirty items must never be taken to another patient home for cleaning.

Sharps

- Place all sharps in impervious containers and instruct patients and family members or caregivers to do the same. Acceptable home sharps containers may be composed of metal or hard plastic with a tight fitting lid. Clear plastic or glass containers are unacceptable.
- Instruct patients, family members/caregivers to tightly seal and dispose of container in the patient's routine trash removal system when the container is no more than ¾ full.
- Discard potentially infectious, non-sharp, waste in securely fastened plastic bags placed in the patient's routine trash removal system.
- Flush liquid blood/body fluids into the sewer system via the patient's toilet system.

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Personal Protective Equipment

- PPE for Home Care staff is kept in the nurse's bag or the patient's home as appropriate. Plastic bags are stored with the PPE for disposal of PPE in the household trash after use.
- If staff's clothing is contaminated with blood or body fluid it will be changed prior to seeing the next client.

Student nurses are encouraged to contact the hospital Infection Control Professional if they have questions about infection control precautions or issues.

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HAZARDOUS COMMUNICATIONS

Community Right to Know Law

All employees and students shall comply with federal, state, local and institutional regulations and guidelines when working with chemicals which pose a hazard to the worker, other persons or the surrounding community. Each employee is responsible for their own personal safety and health and for the safety and health of others nearby and for the protection of the environment. The Right-to-Know Law was enacted to protect employees by making available pertinent information about any chemicals with which they might be working. There are three components to Hazardous Material Guidelines: training, labels and Material Safety Data Sheets (MSDS).

Regulations list many specific hazardous chemical wastes and define criteria for other categories. Generally, if a substance is ignitable, corrosive, reactive, or toxic, it is hazardous. All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions. Be sure that anything dumped into the drain or the trash is approved for that disposal process (i.e., mercury may not be disposed in this manner). If there is a question, each facility has a designated person usually identified as the Safety Officer in charge of the Hazardous Material Guidelines.

Every work area is responsible for having readily available information from Material Safety Data Sheets (MSDS) for all chemicals used at that work area. Common substances which may be considered hazardous include bleach and other disinfecting solutions. For nurses, chemotherapeutic or anti neoplastic agents are among the most hazardous substances. Special training is required before a nurse may administer such medications.

All biohazard waste should be disposed of in properly marked containers.

Labels

Each person is responsible for knowing about the chemicals used in the course of work in that setting. Each container must be labeled with the chemical name, and not merely its function. Care must be taken to use the container in such a way that the label remains legible and not smeared or covered by the contents of the container. (Put the label against the palm of your hand when pouring.) Always use containers in such a way that the labels will continue to be readable. If a label is missing or damaged, notify someone, such as your clinical faculty, the unit secretary or the nurse in charge of the area, who will correct the problem. Labels must tell you what the chemical is, any danger or hazard that may exist with that chemical or ingredients and the name, address and telephone number of the manufacturer. Always read the label before you use the contents of a bottle or can or other container.

Another warning label is that of the National Fire Protection Association (NFPA). It is a four part colored diamond. There is a numerical rate 0 (mild) to 4 (greatest) if there is a hazard in that particular category.

Mechanisms that decrease the risk of exposure to hazardous substances include (but are not limited to) the following:

- personal protective equipment
- student wearing masks

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- airborne precautions
  - precautions to prevent transmission of infectious organisms
- TB precautions
- TB information sheet
- consideration for H1N1
  - TB infection — exposure rates
- prevention of transmission in hospital
- IGRA's and who's using them
- OSHA exposure control
  - terminology for blood borne pathogens
  - OSHA exposure control
  - disposal of PPE
- multiple drug resistant organisms
  - definitions for MRSA, VRE, etc.
- contact isolation
  - duration of contact precautions
  - hospital specific policies
- isolation measures for visitors
  - hand hygiene
  - visiting patients in isolation — going from room to room

MSDS

Material Safety Data Sheets (MSDS) should be available in a work area for every chemical used in that area. Know where they are kept and how to access them. Even more information about the chemical can be found here.

- The name of the substance, the manufacturer and the date the MSDS was prepared are identified.

- Other names the chemical(s) may be called or listed and exposure limits.

- Physical characteristics are described. This may include how a chemical looks or smells, melting and boiling points, how easily it dissolves or if it does not, and whether it floats or sinks in water.

- Fire and explosion data tells you if a substance is flammable or combustible and the lowest temperature it could catch fire. It also tells you the safest way to put out a fire with this chemical.

- Reactivity tells you what happens when that chemical comes in contact with air, water, or other chemicals. This part tells you when it might burn, explode or release dangerous vapors.

- Health Hazards lists how a chemical might enter your body. This might be inhalation, ingestion, absorption (through skin) or injection.

- Use, handling and storage describe how to clear up a spill or leak in addition to handling, storage and disposal of the chemical.

- Special protection and precautions explains any need for personal protective equipment (PPE) (such as goggles or a respirator) or signs or other equipment (such as a ventilation hood over a lab or pharmacy area) when using the chemical.

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RISK MANAGEMENT

Risk Management involves all medical and facility staff. It provides for the review and analysis of actual and potential risk/liability sources involving patients, visitors, staff, and facility property. The range of this review and analysis extends to inpatient, outpatient, and emergency department settings, including building and grounds assessments. Risk Management consists of the following components:

- Identification and management of clinical (i.e. patient) areas of actual/potential risk.
- Identification and management of non-clinical (i.e. visitor, staff) areas of actual/potential risk.
- Identification and management of probable claims events.
- Management of property loss occurrences.
- Review and analysis of customer surveys and patient complaints.
- Review and analysis of risk assessment surveys.
- Operational linkages with the hospital Quality Management, Safety and Performance Improvement Programs.
- Provision of risk management education.
- Compliance with State Risk Management and applicable Federal statutes, including the Safe Medical Devices Act.
- Risk Management incorporates facility policy and procedures in implementing the above functions.
- A coordinator of Risk Management usually coordinates the risk evaluation and loss prevention activities that evolve as a result of information obtained through the risk identification mechanisms described above.
- The coordinator also implements and coordinates those elements of the agency's Risk Management Plan required by state statutes by coordinating the statutorily required Risk Management activities of the hospital staff, medical staff and review committees.
- Additionally, the coordinator assists the agency's professional underwriter claims investigator(s) and legal counsel by providing information concerning probable and actual claims, assisting with claims investigations, and otherwise assisting with the claims process.

Indicators of Risk

Agencies utilize an incident reporting system to identify and investigate incidents, acts or practices in anticipation of litigation and to identify and categorize clinical, non-clinical and property related sources of risk. In addition to this system, through the operational linkages with other departments, safety practices and trends may identify clinical, non-clinical and property related sources of risk. Information obtained from risk survey assessments and customer surveys is also used to identify and categorize potential and actual risk sources.

- If a risk indicator determines the existence of a risk/liability concern or an opportunity for performance improvement, a plan of action is developed to reduce/eliminate the identified concern. Action plans may be developed by the Coordinator, individual hospital or medical departments, statutorily prescribed Risk Management Review Committees, and/or interdisciplinary groups.

- Further risk indicator monitoring and evaluations will provide follow-up information to determine whether implemented action plans were effective in resolving the identified risk/liability concern and improving performance. At appropriate intervals, the effectiveness of any action plan is evaluated,

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and further action undertaken as indicated. The action evaluation process is documented in Risk Management reports and/or committee and department meeting minutes.

Risk Management Report

In addition to ongoing communication within the agency, the coordinator will report trended findings, conclusions, recommendations, actions taken, and follow-up of Risk Management activities at least quarterly. Agencies may have specific follow-up policies and procedures. Any confirmed "reportable incident" must be reported to the State Board of Nursing.

Initiation of Review

Risk Management review of any nursing staff or student incident, act or practice involving patient care, that may constitute a "reportable incident" is originated by any one of multiple triggers. These trigger mechanisms include, but are not limited to, the following:

- incident reporting system
- patient complaints
- peer complaints
- committee referral

Students in collaboration with the faculty member and nurse assigned to the patient must complete incident reports as indicated by the agency.

Referral to Risk Management Coordinator

Once the Risk Management review process is initiated by one of the trigger mechanisms described above, the particular incident, act or practice is referred to the coordinator for initial peer review of the incident. All incident reports involving patient care are referred directly to the coordinator within 24 hours of the incident as required by law.

The hospital coordinator or designee will perform an investigation and make a preliminary determination of reportability of any referred incident, and or practice involving nursing "health care providers." The investigation may include medical record review, interviews with staff, policy and procedure review, professional literature reviews, and nursing expert consultations.

If an incident, act, or practice is deemed reportable, the affected nursing "health care provider" will be notified in writing of this fact and given the opportunity to be heard. Each agency may have specific policies and procedures for informal and formal hearings.

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DISASTER PREPAREDNESS

General Information

Disasters can be external or internal or a combination for a health care organization. External events include event(s) outside the facility which produce large numbers of victims. Internal disasters are event(s) which interrupt services and produce victims. Sometimes disasters are both, i.e. earthquakes with building damage, tornadoes and floods.

Health care delivery systems will need to respond to multiple emerging problems simultaneously with hospitals absorbing a large number of patients. The greater Kansas City area has a collaboration among first responders, government, voluntary agencies (American Red Cross, etc.), and health care organizations to provide a unified approach to meeting the needs of victims. Specifically, health care organizations work within the HOSPITAL EMERGENCY ADMINISTRATIVE RADIO (HEAR) system of initiating an organized community response. One hospital is the communication center for receiving information and dispatching victims to the metropolitan hospitals. Once alerted, the hospital headquarters for the HEAR system begins hospital notification. Hospitals then begin their individual disaster protocols. They respond to the HEAR network with available beds, surgical suites, etc. The HEAR system then directs ambulances to various locations throughout the metropolitan area based on various factors.

Both sides of the state line (Missouri/Kansas) utilize a single triage identification system for victims.

Essentially a hospital disaster plan mobilizes resources to meet the disaster needs-- assessing capacity to receive victims, available staff including physicians, equipment and supplies. Each institution plan will vary because it is very specific to a location or hospital network, i.e. St. Luke's Healthcare system. The hospitals begin to ready their facilities by reviewing potential patients who could be discharged if necessary, arranging for triaging large numbers of casualties, surgical suites that could be available, extra equipment or supplies necessary, temporary morgue area, support services for victims/families, security, media communication, staff reserves, child day care needs of staff, disaster service administration and communication. The disaster plan begins to be implemented before the first casualty arrives at a facility.

Essential to any disaster service is teamwork and cooperation among all workers and volunteers. Traits needed by all staff and students include:

- Willingness to perform tasks as assigned by supervisor (for student nurses this may be the instructor getting directions and conveying them to students).

- Following the institution disaster protocols as requested. This may mean student nurses might be part of a staff/volunteer "pool" and complete tasks which are not as complex as students may feel capable of performing. Students should not feel their value is minimized, as it takes a <u>team of people</u> to be effective.

- Putting personal communication needs on "hold" for a while and not tying up communications systems for personal use.

- Observing patient confidentiality and NOT PERPETUATING RUMORS.

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- Staying where you are assigned until directed to do otherwise.

Hospital staff participates in communitywide disaster drills periodically. Their safety committees and assigned personnel write and revise their disaster plans on an ongoing basis. All institutions will have a manual which spells out very specifically personnel, responsibilities, and protocols to follow in a disaster situation.

General Communication Considerations

In a community disaster several major utilities could be disrupted including communications. Rumors are the unfortunate offspring of disasters. A stress level among victims and care providers is high. Rumors start quickly and spread like an epidemic. Get information necessary to perform tasks assigned, do not encourage or spread unsubstantiated information. Rumors can be a barrier to the effective treatment of victims.

The media has the job of reporting to the public. Media persons are not the enemy of health providers; they simply have a different job. However, health care providers must protect patient confidentiality. All hospitals have a process for one department to deal with the media. The media loves the personal story of victims and others, and have been known to attempt interviews with any available staff, volunteer, student. Only authorized personnel should provide information to the media in any health care institution in a disaster.

Since student nurses are not familiar with all hospital staff, students should follow the directions of their faculty if present, otherwise, authorized health care personnel; i.e. nursing supervisors, etc. For a variety of reasons, unqualified persons are sometimes drawn to disaster situations and there have been cases where lay impostors directed patient care.

All staff and students have personal family needs. Unfortunately in a disaster, the welfare of individuals may not be known by loved ones for a period of time. Schools have a deep and abiding interest in and concern for their students. The school retains communication responsibilities for student populations.

Greater Kansas City Healthcare Council Terminology

Alert announcements to hospitals from the HEAR system:

- Type I Alert — confirmed multiple casualty incident
- Type II Alert — limited multiple casualty incident
- Type III Alert — no known or suspected casualties, information only

Triage Identification

Victim Care priority used in the metropolitan Kansas City area from most severe to least severe is:

<u>1 = Red:</u> persons most severely injured, who will likely need major surgery capability and hospitalization in an ICU bed

<u>2 = Yellow:</u> persons with significant injuries which require quick attention to prevent their condition from worsening and who may require hospitalization after treatment

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3= Green: persons who are “walking wounded,” have non-life threatening injuries which must eventually be treated to restore the patient’s normal functioning, and who may not require hospitalization

For deceased victim:
4= Black: D O A patients, code blue patients, transported to the morgue

ESSENTIAL SERVICES PROVIDED

Triage

Not all victims will present at the hospital triaged and tagged from the EMS system; the “walking wounded,” victims brought in cars, can be expected during a disaster. The hospital will then need to classify victims according to the accepted priority of care rating system. Volume of victims varies dependent on the nature of the disaster. For example, if the disaster was an airplane crash with multiple victims, the expected volume would probably be less than a tornado. Sometimes, the most severe casualties are not the first to present to the hospital. To the extent possible, prompt patient identification is an important aspect of the triage service area.

Treatment

Utilizing the HEAR system, various hospitals will receive various types and quantities of victims according to treatment options available, distance, severity of trauma, etc. In some instances, where victims or first responders are contaminated due to the disaster event, special protection and processing protocols will be used to protect cross contamination. Hospital disaster plans focus on swift processing of triaged casualties to the appropriate level of care. The victim may or may not be served in the emergency department. In some instances, victims would be sent directly to other service areas to expedite prompt and efficient care. Personal effects and other aspects of patient needs such as protection of personal effects, etc. are some of the additional services needed and provided. Hospitals will continue with ongoing in or out patient care needs while simultaneously serving disaster victims.

Emotional Support

Hospitals provide various support services to victims, their families, and to care providers as needed. Social Service staff along with chaplaincy staff are usually assigned in disaster plans to respond to various key locations such as triage area, family/friend waiting areas, temporary morgues. In addition, the community mental health resources mobilize to assist in support services. It is well for health care providers to support one another and be aware of personal limitations. Physical fatigue is often a precursor to emotional fatigue. Care provider’s families could be disaster victims adding to stress in providing health care services.

Health care providers have a commendable, courageous heritage in disaster response working within various institutions and organizations. Students have played a role in this heritage along with staff and volunteers. Organization prior to a disaster enables more effective service delivery, and the Kansas City metropolitan area has responded to that challenge. The metropolitan system along with individual institutions review, practice and make changes on an ongoing basis to disaster protocols to constantly improve the quality of services available.

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UTILITY SAFETY

(Service Interruption of Major Utilities)

Health care organizations depend on uninterrupted utility services so patient care can be provided. Utilities generally include environmental control (heat and air conditioning), water, electricity, communication and plumbing. Some utilities enable other essential services such as various patient monitoring, elevators, computers, patient care equipment in surgery and other locations, telephones, pagers, the medical vacuum (suction) system, medical gasses, the tube system, the nurse call system. These utilities could be undamaged but rendered non-functional because of electrical or other outages. Or these systems themselves could be damaged.

To ensure essential services are not interrupted by an electrical outage, hospitals have emergency generators which are routinely tested and which automatically switch on for certain critical areas in a power outage. Since the intent is to provide emergency service to essential care areas, not all areas of a hospital receive power. Not every electrical outlet in any department would necessarily work. Outlets connected to emergency power are color identified. Some areas of the building will be dark in a power outage, so it is important for each work area to have working flashlights and at least one approved extension cord. All unnecessary equipment should be turned off. Staff should be prepared when power is restored to "turn on" equipment, this reduces damage to equipment due to a power surge. Elevators should not be used for ordinarily traffic, usually several elevators in the hospital are on emergency power and should be reserved for patient care services. Health care providers should be aware that electronic door closing may be compromised in the event of a fire emergency and be prepared to monitor and ensure fire doors are closed manually if necessary.

Sanitary, running water is an integral part of utilities necessary for providing patient care. If this utility is disrupted, conservation becomes essential. Most hospitals have arrangements for a portable sanitary water supply in the event of an emergency. Check with your faculty or supervisor for ongoing directions about water conservation if this utility is disrupted. Plumbing is a part of a hospital utility system and problems can and do occur. If identified, get directions on getting the problem fixed by contacting the appropriate department immediately.

Although it is uncommon, heating system failures could be a critical utility failure, especially for a prolonged period of time in very cold weather. Hospitals have made arrangements for transfer of patient populations if this ever becomes necessary due to any utility failure which would seriously compromise patient care. Air conditioning can be another utility failure which could pose serious problems especially in today's non-opening window environments. The air filtration system is part of the heating and cooling process along with humidification or dehumidification. Any aspect of any of these systems could fail requiring immediate and ongoing plans for care of patients.

Communications interruptions impact everyone in health care. Hospitals have developed a process for communication among patient care areas and other critical areas of the hospital. Certainly when communications are disrupted, rumors gain a real foothold. As health care providers, our job is to continue to do our jobs, deal with facts, follow the directions of our faculty and/or supervisor and be part of the solution not part of the problem. Hospitals designate certain priority telephones. Usually health care institutions have:

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- overhead paging codes for communication disruptions
- protocols for locations and use of emergency phones
- a system of “runners” (persons who walk between departments ensuring necessary written or verbal communication occurs
- two way radios
- other mechanisms to ensure needed communication among departments and outside organizations including:
  - government — local/state, emergency preparedness, police, fire, public utilities, etc.
  - health care corporate headquarters
  - vendors
  - voluntary organizations
  - churches, etc.

Students may be directed to support internal communication as “runners.”

If a utility in your work area is compromised, know how to notify the support department immediately so restitution of service is begun as quickly as possible. If you discover a dangerous electrical or other device; disconnect, and follow the institution protocol for tagging the equipment and support department (probably Engineering or Biomed) notification.

Look for current inspection stickers on medical equipment, all organizations are required to ensure medical equipment used in providing patient care has had safety checks completed, usually by an Engineering or Biomedical department. Ongoing preventive maintenance ("PMs") on various patient care equipment including fire extinguishers is also standard protocol in hospitals.

Medical gasses are critical to some areas of patient care along with medical vacuum (suctioning). Interruptions of these utilities often need immediate ("stat") remedy. If you are in an area using any of these systems, be sure you follow directions if these utilities are interrupted.

Many institutions have a “tube” system to transmit physician orders, diagnostic test results, medications, etc. from patient care areas to various departments within the facility. This is a part of the utility system that can fail. When this happens, there may be a need for additional “runners” to hand carry items. While it is inefficient and inconvenient, and can slow down patient care processes to some degree, it is not usually the magnitude of a major environmental or electrical failure.

Computers are an essential part of health care delivery. Organizations have protocols for alternative processes which are initiated until the computer system is functional. Computer system failure can be a casualty of electrical power failure within the facility, a systems problem outside of the facility or a combination of problems including utility interruptions.

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PATIENT RIGHTS AND PROFESSIONAL ETHICS

A variety of documents guide the health care professional's behavior in the clinical setting. Included in these documents are policies and procedures, professional codes and patient's rights. For example, The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities includes high quality hospital care, a clean and safe environment, involvement in your care, protection of your privacy, help when leaving the hospital, and help with your billing claims. The *American Nurses Association Code of Ethics* is another document that provides guidance for the nursing student's behavior in the clinical setting. In addition, agencies are likely to have policies and procedures that relate to patient rights such as policies on:

Advanced Directives
Care of the Dying
Institutional Patient Rights Statement

As a nursing student, you are to be familiar with these documents which convey the expected behavior of a professional nurse.

Additional information is available at:
www.aha.org/aha/issues/communicating_with_patients_/pt_care_partnership.html.

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PATIENT SAFETY AND MEDICAL/HEALTH CARE ERROR REDUCTION

As a nursing student, it is important to understand your role in the provision of an environment that contributes to the maintenance and improvement of patient safety. The Joint Commission has identified national patient safety goals. It is the student's responsibility to understand how these recommendations are being implemented in clinical settings as they relate to their role as a student. These goals are as follows:

1. Improve the accuracy of patient identification and eliminate transfusion errors.

   a) Use at least two patient identifiers (neither to be the patient's room number or location) when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing and when providing treatments or procedures.

   b) Label containers used for blood and other specimens in the presence of the patient.

   c) Eliminate transfusion error with 2 person bedside/chair-side ID verification and match process or bar-coding; when 2 persons: one of the 2 persons is the transfusionist and the other one is qualified to be involved.

   d) A statewide patient safety initiative: **STANDARDIZATION OF COMMONLY USED COLORED WRISTBANDS**
      - RED – Allergy
      - YELLOW - Fall Risk
      - PURPLE – Do Not Resuscitate

2. Improve communication among caregivers.

   a) Report critical results of tests and diagnostic procedures on a timely basis; develop written procedures for managing critical test results (what, who, by when) and evaluate the timeliness.

   b) "Write down" and "read back" verbal & telephone orders and critical test results; and the person ordering confirms accuracy of information read back.

3. ISBARR

   ISBARR is a standardized way of communicating. It promotes patient safety because it helps individuals communicate with each other with a shared set of expectations. Staff and physicians can use ISBARR to share patient information in a concise and structured format. It improves efficiency and accuracy. ISBARR stands for:

   - Identify — state your name, title and unit
   - Situation — state I am calling about (name of patient, room number and the problem)
   - Background — state admission diagnosis and admission date, pertinent medical history, treatment if pertinent
   - Assessment — most recent vital signs and changes in vital signs or assessments
   - Recommendation — what you think would be helpful
   - Read Back — re-state verbal orders, clarify how often to do vital signs, and when to call back

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ISBARR offers hospitals and care facilities a solution to bridge the gap in communication, including hand-offs, patient transfers, critical conversations and telephone calls. It creates a shared expectation between the sender and receiver of the information being shared.

Using ISBARR, patient reports are more accurate, efficient, and consistent enterprise-wide. This simple, yet highly effective communication technique can be used when:

- a nurse is calling a physician
- nurses are handing off patients to one another
- nurses are transferring patients to other facilities or to other levels of care
- completing bedside safety checks at shift change

4. Speak Up

Research shows that patients who take part in decisions about their own health care are more likely to get better faster. The Speak Up Program was designed to provide clients with advice on how to make their health care a good experience. The goal of the program is to help patients become more informed and involved with their health care. Patients are encouraged to:

- Speak up if you have questions or concerns. If you still don't understand, ask again.
- Pay attention to the care you get.
- Educate yourself about your illness. Learn about the medical tests you get and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medicines you take and why you take them.
- Use a hospital, or other type of health care organization that has been carefully checked out.
- Participate in all decision about your treatment. You are the center of the health care

5. Improve the safety of using medications.

a) Reduce the likelihood of patient harm with the use of anticoagulant therapy. NOTE: does not apply to routine situations, where short-term tx is used for DVT.

b) Use only oral unit dose products, prefilled syringes, or pre-mixed infusion bags (and programmable pumps).

c) Use written protocols for initiation & maintenance.

d) Before initiating Coumadin (warfarin), assess baseline (INR is available and documented, with baseline).

e) Provide education re anticoagulation therapy, including compliance, monitoring, food/drug interactions, and potential adverse reactions.

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DO NOT USE ABBREVIATION LIST

Abbreviation	**Intended Meaning**	**Misinterpretation**	**Correct Way to Write**
U or u	Unit	Easily mistaken as a zero, a four, or cc	Write “units”
IU or iu	International Unit	Mistaken as IV (intravenous) or 10 (ten)	Write ‘international units”
Q.D. or q.d. or QD or qod	Latin for once daily	Easily mistaken as QID or QOD	Write “daily”
Q.O.D. or q.o.d. or QOD or qod	Latin for every other day	Easily mistaken as QD or QID	Write “every other day”
Trailing zero (X.O mg)		Decimal point can easily be missed	Never write a zero by itself after a decimal point (X mg)
Lack of a leading zero (.X mg)		Decimal point can easily be missed	Always use a zero before a decimal point (0.X mg)
MS	Morphine Sulfate	Confused for Magnesium Sulfate	Write “morphine sulfate” or “magnesium sulfate”
MS04	Morphine Sulfate	Confused for Magnesium Sulfate	Write “morphine sulfate” or “magnesium sulfate”
MgS04	Magnesium Sulfate	Confused for Morphine Sulfate	Write “morphine sulfate” or “magnesium sulfate”
A.S. or AS or a.s. or as A.D. or AD or a.d. or ad A.U. or AU or a.u. or au	Left Ear Right Ear Both Ears	Mistaken for wrong ear	Write “left ear” Write “right ear” Write “both ears”
T.I.W. or TIW or t.i.w. or tiw	Three times a week	Mistaken for three times a day or twice weekly	Write “3 times weekly” or “three times weekly”
µg	Microgram	Mistaken for mg (milligrams)	Write “mcg”

These abbreviations have been determined by the Institute for Safe Medication Practices and the Joint Commission for the Accreditation of Healthcare Organizations to be unsafe and may not be used in any clinical documentation.

POSSIBLE FUTURE INCLUSIONS IN THE OFFICIAL “DO NOT USE” LIST

Do Not Use	Potential Problem	Use Instead
>(greater than) < (less than)	Misinterpreted as the number “7” (seven) or the letter “L” Confused for one another	Write “greater than” Write “less than”
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number “2” (two)	Write “at”
cc	Mistaken for U (units) when poorly written	Write “ml” or “milliliters
µg	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write “mcg” or “micrograms”

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6. Reduce the risk of health care-associated infections.

   a) Comply with current Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) hand hygiene guidelines. Wash your hands!

   b) Implement evidence-based practices to prevent health care-associated infections due to multiple-drug resistant organisms, central and PICC line bloodstream infections, and surgical site infections.

7. Accurately and completely reconcile medications across the continuum of care.

   a) There is a process for comparing the patient's admission and current medications with those ordered for the patient while under the care of the organization.

   b) A complete list of the patient's medications is communicated to the next provider when a patient is referred or transferred within or outside the organization. A complete reconciled list is given to the patient at discharge.

8. Identify patients at risk for suicide (i.e. patients being treated for emotional or behavioral disorder in general hospitals).

   a) Conduct risk assessment and facilitate safety needs.

Pre-Procedure Verification Process

An additional verification at the time of preadmission testing and assessment, as well as anytime the responsibility for care of the patient is transferred to another member of the procedural care team.

The verification checklist is used to review and verify that the following items are available and accurately matched to the patient:

- Relevant documentation (for example, history and physical, nursing assessment, and pre-anesthesia assessment).
- Accurately completed, and signed, procedure consent form.
- Correct diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly labeled.
- Any required blood products, implants, devices and/or special equipment for the procedure.

Mark the Procedural Site

The procedure site is initially marked before the patient is moved to the location where the procedure will be performed and takes place with the patient involved, awake and aware, if possible.

- The procedure site is marked by a licensed practitioner or other provider who is permitted by the hospital to perform the intended surgical or non-surgical invasive procedure. This individual will be involved directly in the procedure and will be present at the time the procedure is performed.

- The site marking preferably includes the surgeon's or person performing procedure initials.

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- The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.

Time-Out Performed Immediately Prior to Starting Procedures

The time-out is conducted prior to starting the procedure and, ideally, prior to the introduction of the anesthesia process (including general/regional anesthesia, local anesthesia, and spinal anesthesia), unless contraindicated.

- The time-out is initiated by a designated member of the team and is performed in a standardized fashion, as defined by the organization.

- The time-out involves interactive verbal communication between all team members, and any team member is able to express concerns about the procedure verification.

- During the time-out the team members agree, at a minimum on the following.

  - correct patient
  - correct site
  - procedure to be done

- When two or more procedures are being performed on the same patient, a time-out is performed to confirm each subsequent procedure before it is initiated.

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FACTS ABOUT ORYX® FOR HOSPITALS, CORE MEASURES AND HOSPITAL CORE MEASURES

Introduced in February 1997, The Joint Commission's ORYX® initiative integrates outcomes and other performance measurement data into the accreditation process. In addition, ORYX® measurement requirements are intended to support Joint Commission accredited organizations in their quality improvement efforts. On July 1, 2002, accredited hospitals began collecting data on standardized — or "core" — performance measures.

In September 2004, the Joint Commission and the Centers for Medicare and Medicaid Services (CMS) announced that they were working together to precisely align current and future measures common to both organizations. These standardized common measures are referred to as "Hospital Quality Measures." These measures are integral to improving the quality of care provided to hospital patients and bring value to stakeholders by focusing on the actual results of care. CMS now utilizes this information for reimbursement in efforts to move toward pay for performance by institutions. The hospital Quality Measure sets currently utilized by the Joint Commission and CMS are:

- acute myocardial infarction (AMI)
- heart failure (HF)
- pneumonia (PN)
- surgical care improvement project (SCIP)
- pregnancy (PR)
- children's asthma care (CAC)
- perinatal care
- hospital-based Inpatient Psychiatric Services
- venous thromboembolism (VTE)
- stroke

The number of quality measure sets is growing as the nation focuses on Quality Outcomes.

In 2004, Hospital Quality Measures and other core measure data were integrated into the priority focus process that is used by the Joint Commission to help focus on-site survey evaluation activities. These data are also publicly reported on the Joint Commission Web site at Quality Check®, *www.qualitycheck.org*. The public availability of performance measurement data permits user comparisons of hospital performance at the state and national level.

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EXAMPLE
ORYX® MEASURE SETS

Heart Attack Care (AMI)

This category of evidence based measures assesses the overall quality of care provided to Heart Attack patients.

- **ACE Inhibitor or ARB for LVSD** — Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.

- **Aspirin at Arrival** — Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.

Heart Failure Care (HF)

This category of evidence based measures assesses the overall quality of care provided to Heart Failure patients.

- **ACE Inhibitor or ARB for LVSD —** Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.

- **Adult Smoking Cessation Advice/Counseling** — Heart failure patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult heart failure patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing heart disease worse.

Pneumonia (PN)

This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.

- **Antibiotic Timing** — Length of time from arrival at the hospital until antibiotics are given. This measure reports how long a pneumonia patient was in the hospital before they were given antibiotics. Antibiotics are generally given as soon as possible to pneumonia patients to speed their recovery.

- **Influenza Vaccination Oxygenation Assessment —** Patients with pneumonia in which the amount of oxygen in the bloodstream was measured. This measure reports how many patients with pneumonia had their blood/oxygen level measured. Pneumonia reduces the amount of oxygen carried in a patient's blood.

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- **Pneumococcal Vaccination —** This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia. Pneumonia patients in the hospital during flu season (October through February) who were given the influenza vaccination prior to leaving the hospital. This measure reports how often pneumonia patients in the hospital during the flu season were given flu vaccine if needed, prior to leaving the hospital

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ANA CODE OF ETHICS

The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

The nurse acts to safeguard the client and public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.

The nurse assumes responsibility and accountability for individual nursing judgments and actions.

The nurse maintains competence in nursing.

The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

The nurse participates in the profession's efforts to implement and improve standards of nursing.

The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high-quality nursing care.

The nurse participates in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

Code of Ethics – American Nurses Association: Code for nurses with interpretive statements, 2001

POLICIES AND PROCEDURES

Agencies also have specific policies and procedures with which you should be familiar. Adherence to these policies and procedures can impact delivery of patient care, ethics, legalities, and regulatory standards. These policies and procedures may include some or all of the following and are not meant to be exclusionary:

- pain management
- restraints
- falls
- adverse drug reaction
- assessment of abuse and neglect
- handling hazardous medications
- nursing procedures

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- risk and incident reporting
- workplace violence
- personal conduct policies

Students are responsible to know how to access the information on agency specific policies and procedures. Ask agency staff for clarification of a policy or procedure.

PERSONAL CONDUCT POLICY

Intimidating and disruptive behaviors can foster medical errors, contribute to poor client satisfaction, contribute to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of client care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team. All individuals including employees, physicians, independent practitioners, and students will conduct themselves in a professional and cooperative manner.

The purpose of this policy is to ensure optimum patient care by promoting a safe, cooperative and professional health care environment, and to prevent or eliminate conduct that:

- disrupts others
- affects the ability of others to do their jobs
- creates a hostile work environment for employees, physicians and students
- interferes with an individual’s ability to practice competently
- interferes with a student’s ability to learn
- compromises client care and treatment
- adversely affects or impacts the community’s confidence in the facilities ability to provide quality client care

Examples of these behaviors include but are not limited to overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusal to perform assigned tasks or exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of clients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

These unacceptable behaviors decrease staff and student morale, have a negative effect on an individual’s feelings of safety in the environment, and undermine collaborative relationships essential to quality client care. Disruptive behavior is considered unacceptable in any health care/workplace environment. Personal electronic devices are not on the units or in patient rooms.

An environment free from disruptive behavior and relationships will be supported and promoted by all health care personnel by:

- setting the organizational expectation for caring, respectful, courteous, and collegial relationships with all

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- trying to diffuse disruptive behavior at the time of occurrence
- reporting all incidents of disruptive behavior
- taking consistent action at the supervisory level to assist the reported individual to decrease disruptive behavior

When confronted with disruptive behavior, individuals should:

- respond with courteous language and a calm, quiet demeanor…***unless in physical danger* – in which case, you should move to protect self and others**
- acknowledge that the other person seems upset or frustrated
- state your desire to work with the other person in resolving concerns/ frustration
- courteously remind the other person that it is important to try to speak quietly and respectfully to one another in the work environment
- ask that the interchange be moved to a quiet place, if necessary/possible, in order to continue problem-solving, out of public view/hearing

This will often work in calming the situation/person enough to have a more quiet conversation.
Next:

- listen respectfully to the other person's concerns
- attempt one-to-one resolution, without further escalating the emotion

    ***** *If the person is very angry/out of control and physical action/harm seems to be a possibility*, DO NOT TRY TO INTERVENE. Call out quickly to other people close at hand to create a group around you/those involved. Contact the nurse manager, nursing instructor and Hospital Security.***

ORGANIZATIONAL COMPLIANCE

Most organizations have in place an Organizational Compliance Plan (Corporate Responsibility Plan or Organizational Integrity Program), which has as its goal to ensure that the Organization complies with federal, state, and local laws and regulations. It focuses on risk management, the promotion of good corporate citizenship, including a commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Student acknowledges the organization's commitment to organizational responsibility and agrees to conduct all business transactions which occur pursuant to this Agreement in accordance with the underlying philosophy and objectives of organizational responsibility adopted by the organization.

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HIPAA, PRIVACY AND SECURITY

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and violations may result in fines and penalties.

The main purpose of the HIPAA regulations are to ensure that *protected health information (PHI)* is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record, but it also includes ID bracelets, insurance cards, procedure codes, dictation tapes, photographs and so on.

Patients will receive a Notice of Privacy Practices when visiting any health care facility. This document will tell them how their health information will be used by that facility. The notice should also outline several rights patients have regarding their PHI. This includes the right to see a copy of any PHI kept by the facility, the right to request an amendment to their PHI, the right to receive an accounting of disclosures and the right to request restrictions on the release of PHI.

As a student, your role in HIPAA will be to:

- learn about HIPAA
- meet with your faculty member to discuss how your role as a student may be affected by HIPAA
- refrain from sharing PHI with anyone who does not have a need to know it
- ask yourself "Do I have a need to know this information as a student?" before looking at PHI
- report known or suspected privacy or security breaches to your faculty member
- ask questions if you don't know what is expected of you

Your role in privacy will be to:

- limit patient specific information discussed in hallways, elevators, cafeterias and other public areas
- control patient information that you have in your possession
- dispose of PHI in an appropriate manner
- access only the minimum amount of patient information necessary to fulfill your role as a student

Your role in security will be to:

- keep print-based medical records in a secure area
- use a password (not to be shared) to access PHI through a computer
- prevent the viewing of PHI on a computer screen through use of a screensaver or repositioning of the PC

Reasonable Safeguards to protect PHI

- In communicating with the patient family and friends, only share information that is relevant to a family member or friend's involvement in care. If possible, ask the patient for permission to

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share information with another person. Students should always check with a facility's staff member prior to releasing information.

- Ask for guidance from a staff member if the patient is incapacitated or unable to agree/object to sharing information.

- FAX information: Fax only when necessary. Use care in insuring accuracy of FAX number. Use approved facility FAX coversheet. If possible, call recipient to indicate FAX is being sent.

- Verification: When a person or entity making a request for PHI is unknown to us, we must verify their identity or legal authority.

- If the patient has a Personal Representative (authorized by law to make health care decisions for the patient), the Personal Representative may exercise the patient's rights under the Privacy Rule. Staff/students are expected to make reasonable efforts to verify the identity of the Personal Representative by asking for identification, or ask for patient identifiers to confirm relationship with the patient.

- It is never appropriate for a student to answer questions by the news media regarding patients.

- Never remove a patient's medical record from the facility. In addition, please do not print out or make copies of the medical record or, take pictures of medical records.

- Homework assignments or class presentations related to the clinical experience must have all PHI removed (remove all identifiable patient information).

HIPAA GLOSSARY

HIPAA — Health Insurance Portability and Accountability Act of 1996.

Minimum Necessary — Principle that individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure.

PHI — Individually identifiable health information transmitted or maintained in any form or medium. Examples include name, social security number, employer, telephone/fax number, medical record number, patient account number, address, relatives, dates, email address, health plan identification, and vehicle identification number.

Notice of Privacy Practices — A document that informs individuals in plain language how their health information (PHI) will be used and disclosed; provides an explanation of their rights and the provider's responsibilities; and indicates how to file complaints and to change their PHI.

Use and Disclosure — An individual's PHI may not be used or disclosed without valid authorization. Use and disclosure must be consistent with the terms of the authorization.

Privacy Rule — This rule created national standards to protect individual medical records and other personal health information.

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Each individual clinical facility will expect students to complete training related to HIPAA compliance based on their respective policies and procedures and confidentiality statements related to HIPAA may be required in addition to the general confidentiality statement in the Clinical Orientation Manual.

SOCIAL MEDIA

Students are prohibited from using personal electronic devices in clinical settings. However, use is permitted in areas not visible to patients and families, and is limited to break-time. Please note: social media policies may vary from institution to institution.

Text messaging and taking photos are prohibited in patient care areas.

Students are prohibited from posting any kind of patient or organizational information on social networking sites (Facebook, Twitter, MySpace, etc.).

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COMPUTER GUIDELINES/INFORMATION SECURITY

Student Agreement

New federal information and security regulations were implemented in April 2005 to ensure that patient information housed in electronic medical records is secure. As students you may utilize electronic medical records for documentation of care. This will require that you be issued a password for access. The following are expectations regarding your participation in electronic documentation.

1. Agency policies regarding when and how to sign on and off the terminal will be strictly adhered to.
2. ID's and Passwords
   a) Use a strong password that is not easily discernable to others.
   b) Personal sign-on and passwords will not be disclosed to anyone.
   c) No attempts will be made to learn another's sign-on or password.
   d) No attempts will be made to access information in any system by using an I.D. and password other than one's own.
   e) No attempt will be made to access any unauthorized information from any system.
   f) If there is reason to believe the confidentiality of an I.D. or password has been compromised, it will be reported to the appropriate authority immediately.
3. Policies vary, but as a general rule, students should not be printing patient information. All patient information should be shredded appropriately before leaving the facility if students are printing patient information. Copies of patient information should not be leaving the clinical site.
4. Patient records will be protected from indiscriminate viewing.
5. Communication of confidential information via unsecured computer communication systems, i.e. e-mail and various network systems, will not be utilized. Confidential information includes patient, financial and personnel information.
6. Information about computer system itself will not be disclosed to unauthorized individuals. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens and documentation created by the agency's employees or outside sources.
7. Be aware of computer viruses, i.e., attachments ending in .vbs, .exe, .scr; email messages with suspicious subject lines even if sender is known; multiple email messages with the same suspicious subject line.
8. Report unusual computer activity that may indicate a virus or other malicious software has infected the computer you are using.

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9. Report suspicious activity that may indicate someone has attempted to or has succeeded in accessing your account.

10. Always exit the workstation when you have completed your activity.

11. Access information on a need to know basis only.

12. Be alert to strangers/visitors in the environment — check visitor passes, ID badges — when in doubt, contact your faculty or nursing staff.

13. Know who and how to report security incidents to: Facility Security Information Officer or other designated official.

Documentation Systems

Basic categories of nursing documentation systems:

1. Care Planning Systems

    a) includes assessment, diagnosis, intervention, and outcome components of care
    b) based on nursing diagnostic schemes or patient problem lists

2. Three Components of Direct Patient Care System

    a) independent of medical care
    b) interdependent with medical care
    c) dependent on medical care

3. Discharge Care Planning Systems

    a) provides for continuity of care
    b) usually contains the following:
        i. summary of admission assessment
        ii. summary of the learning needs upon discharge
        iii. multi-disciplinary plan of unresolved outcomes
        iv. medication and procedures
        v. summary of selected patient outcomes achieved during hospitalization

    c) Uses of computerized discharged plans might include:
        i. quality assurance
        ii. audit
        iii. research
        iv. prospective payment categorization

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4. Case Management Systems

   Focus on the patient outcome rather than interventions.

Reference: Saba, V., McCormick, K. (1996), Essentials of Computers for Nurses. New York: McGraw-Hill.

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APPENDIX A

Evaluations

- faculty evaluation of clinical experience
- student evaluation of clinical experiences
- agency evaluation of students in a clinical rotation

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FACULTY EVALUATION OF CLINICAL EXPERIENCE

The educational programs utilize faculty, student and agency data to assess the strengths and limitations of student learning in clinical settings. Decisions regarding continued utilization of settings will be made based upon analysis of these data. The agency utilizes data in a like manner. The management of raw data is determined by individual programs and agencies who are working together. Faculty and student data are reviewed by the faculty assigned to the clinical setting. The data are forwarded to the appropriate agency person, i.e. nurse manager, preceptor. All data (raw and summary) are considered confidential.

Please complete the following tool to evaluate your experience:

Name: ______________________________ **Semester/Year:** ____________________

School: ______________________________ **Unit:** ______________________

Agency: ______________________________

Directions: Either circle the response or darken the appropriate space on the scantron sheet that best reflects your experience.

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1	**2**	**3**	**4**	**5**

1. I was adequately oriented to the hospital and or clinics where my students were assigned.
   1 2 3 4 5

2. My students were adequately oriented to the hospital and or clinics assigned.
   1 2 3 4 5

3. The nurse manager/charge nurse of the assigned clinical area was available for communication prior to the start of the rotation in order to facilitate the student experience.
   1 2 3 4 5

4. The nursing staff was helpful and facilitated the learning objectives of the students.
   1 2 3 4 5

5. My students and I felt welcome in our assigned clinical areas.
   1 2 3 4 5

6. Space to hold clinical conference was made available.
   1 2 3 4 5

7. Managers/charge nurses were available as resources when needed.
   1 2 3 4 5

8. The agency guidelines/practices for student placement facilitated student learning.
   1 2 3 4 5

9. The coordinator of student placements was responsive to our requests/needs.
   1 2 3 4 5

Please add any additional comments about your clinical rotation and/or comments that would enhance your responses to the above questions.

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STUDENT EVALUATION OF CLINICAL SETTINGS

The educational programs utilize faculty, student and agency data to assess the strengths and limitations of student learning in clinical settings. Decisions regarding continued utilization of settings will be made based on analysis of these data. The agency utilizes data in a like manner. The management of raw data is determined by individual programs and agencies who are working together. Faculty and student data are reviewed by the faculty assigned to the clinical setting. The data are forwarded to the appropriate agency person, i.e. nurse manager, preceptor. All data (raw and summary) are considered confidential.

Please evaluate your clinical setting using the following questionnaire. Circle the response or darken the appropriate space on the scantron sheet that best reflects your experiences in questions 1-8. Use the comments section of the scantron for the following information.

School: ______________________ Instructor: ______________________

Facility: ______________________ Unit: ______________________

Hours assigned: ______________________ Semester/Year: ______________________

	Strongly Disagree 1	**2**	**3**	**4**	**Strongly Agree 5**
1. The information provided in the orientation manual was an adequate orientation to the standards such as fire safety, OSHA requirements, etc.	1	2	3	4	5
2. Orientation to the setting was adequate.	1	2	3	4	5
3. Staff was receptive and willing to collaborate.	1	2	3	4	5
4. Staff was helpful in meeting my learning needs.	1	2	3	4	5
5. Staff encouraged independent thinking.	1	2	3	4	5
6. Staff provided appropriate feedback as needed.	1	2	3	4	5
7. Staff modeled a commitment to quality nursing care and the profession of nursing.	1	2	3	4	5
8. The experience I had in this setting enhanced my learning and assisted me in meeting my clinical objectives.	1	2	3	4	5

ANSWER QUESTIONS 9 AND 10 IN THE "COMMENT" SECTION OF THE SCANTRON.

9. If you had to identify one nurse who was helpful and friendly, who would it be? (Specify name and unit.)

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10. Evaluation of Clinical Rotation

    (a) Clinical experiences that were most beneficial to your learning. Please explain:

    (b) Clinical experiences that were least beneficial to your learning. Please explain:

    (c) Comments or suggestions:

Thank you!

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STAFF EVALUATION OF STUDENTS IN A CLINICAL ROTATION

The educational programs utilize faculty, student and agency data to assess the strengths and limitations of student learning in clinical settings. Decisions regarding continued utilization of settings will be made based upon analysis of these data. The agency utilizes data in a like manner. The management of raw data is determined by individual programs and agencies who are working together. Faculty and student data are reviewed by the faculty assigned to the clinical setting. The data are forwarded to the appropriate agency person, i.e. nurse manager, preceptor. All data (raw and summary) are considered confidential.

Please indicate the extent to which you agree with the following statement for each topic listed below. (Check one for each topic or darken the appropriate space on the scantron sheet):

Name of School ___________________________________

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	1	**2**	**3**	**4**	**5**
1. Students were generally prepared for delivery of patient care for their level of experience.	1	2	3	4	5
2. Students were motivated to take advantage of learning activities.	1	2	3	4	5
3. Students gave the appropriate information in reporting patient status and patient care.	1	2	3	4	5
4. Students made appropriate clinical decisions for their level of experience in delivering patient care.	1	2	3	4	5
5. Students maintained confidentiality of all information.	1	2	3	4	5
6. Students were adequately oriented to this specific setting.	1	2	3	4	5
7. Students were adequately oriented to the appropriate standards such as fire safety, OSHA, etc.	1	2	3	4	5
8. The instructor was available when needed.	1	2	3	4	5

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Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1	**2**	**3**	**4**	**5**

9. How often did you work with students this semester?
   1 (1-2 times) 2 (3-5 times) 3 (bi-weekly) 4 (every week) 5 (not at all)

Comments:

1. Name of Staff (optional)________________________________
2. Agency:____
3. Unit:____
4. Semester/Year:_______________________________________

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APPENDIX B

CNE/KCANE
ORIENTATION COMPETENCY EXAM
2011 - 2012

Student Name:______________________

Nursing Program:____________________

Date:______________________________

Information: Schools must retain performance evaluation on this exam until the student's graduation, dismissal or withdrawal from the nursing program. The exam is set up for scanning or hand scoring as determined by the school. 90% competency is expected as students enter the clinical setting.

DIRECTIONS: For multiple choice questions, select the most appropriate answer. Use a test scan form to record your chosen answer or circle your chosen answer as directed by your school. For true-false questions, mark *a* to select true, *b* to select false.

Hospital Safety

1. Wearing student identification badges provides what service to the patient?
    a. promotes hospital safety and security
    b. identifies credentials and roles
    c. prevents infant abduction
    d. helps patient get to know the student

2. When lifting and carrying you should:
    a. tuck your gluteus muscles
    b. bend at the waist
    c. lift it yourself to assess heaviness
    d. "hug" the load

3. Falls can be prevented if employees
    a. use handholds and stair rails
    b. wet mop corridors one at a time
    c. use shelving or other "props" to increase height
    d. keep linens on floor until housekeeping can pick up

Fire Safety

4. In the event of a fire, the first action a nurse would take after discovering the danger is:
    a. remove all patients, staff and visitors
    b. report the fire
    c. protect the safety of those in immediate harm.
    d. await evacuation orders

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5. When reporting a fire, the nurse should:
    a. report concern only after confirming the source of a smoke odor
    b. pull the alarm and call the agency operator
    c. alert the personnel through the speaker system
    d. call the fire department

6. Wet towels or blankets at the base of doors near the fire location can do all but which one of the following:
    a. extinguish the fire
    b. help prevent drafts
    c. seal off the room
    d. limit smoke spread

7. Class A fire extinguishers can be used on:
    a. flammable liquids
    b. any type of fire
    c. ordinary combustible materials
    d. electrical equipment

8. Class C fire extinguishers can be used on:
    a. flammable liquids
    b. any type of fire
    c. ordinary combustible materials
    d. electrical equipment

9. When evacuation is deemed necessary and fire or police administration is on the scene, nurses should:
    a. Evacuate all patients in the agency
    b. Evacuate all patients except those on oxygen
    c. Evacuate the area as directed by rescue personnel
    d. Always use posted evacuation routes

Electrical Safety

10. Which of the following is not a sign of a potential electrical danger?
    a. improperly fitting plug
    b. unusual warmth to touch
    c. loose knob or switch
    d. secured power cord

For true-false questions, mark *a* to select true, *b* to select false.

11. To protect a patient from microshock the nurse should never touch a patient and an electrical device at the same time.
    a. True   b. False

12. The use of the patient's own electrical devices is not a safety concern.
    a. True   b. False

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13. The use of an extension cord is an electrical safety risk.
    a. True b. False

Radiation Safety

14. The duration of exposure to radiation (time) has a determining effect on an individual's side effects.
    a. True b. False

15. The further the distance from the radiation source, the less likely an individual will be affected.
    a. True b. False

16. Placing an appropriate shield between you and the radiation source decreases your exposure.
    a. True b. False

17. Radioactive isotopes, radioactive implants, and portable x-rays may be sources of radiation exposure.
    a. True b. False

18. Notify the Radiation Safety Officer in your institution if a radiation exposure/spill occurs.
    a. True b. False

Infection Control/Blood Borne Pathogens

19. Each health care facility has unique Infection Control policies and procedures that must be followed.
    a. True b. False

20. Frequent and thorough hand washing is the best way to prevent the transmission of infectious organisms.
    a. True b. False

21. It is not necessary to wash your hands after you remove gloves.
    a. True b. False

22. If I sneeze and cover my nose and mouth with my hands, I don't need to wash my hands because I haven't spread germs.
    a. True b. False

23. Standard/Universal Precautions are used to prevent contact with the blood and body fluids of every patient.
    a. True b. False

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For <u>multiple choice</u> questions, select the most appropriate answer.

24. Which of the following is the most significant and frequent mode of transmission of organisms in the health care setting?
    a. contact transmission
    b. droplet transmission
    c. airborne transmission

25. An example of a microorganism is:
    a. bacteria
    b. virus
    c. fungus
    d. protozoan
    e. all of the above

26. The purpose of the OSHA Bloodborne Pathogens Standard is:
    a. to prevent occupational exposure to blood and body fluids
    b. to protect patients from infected employees

27. It is appropriate to use alcohol-based cleansers (i.e. hand sanitizers) for the following:
    a. the patient is in contact isolation
    b. to remove blood from the hands
    c. there is no visible soiling of the hands and isolation is not ordered
    d. it is never permissible to use alcohol-based cleansers

28. Most people likely to acquire an antibiotic-resistant infection such as MRSA, VRE and Clostridium difficile have been in the hospital or long term care.
    a. True b. False

CASE STUDIES
Mark the correct response for each question.

Case Study #1
Emily Browning has been coughing for over a month. She has been losing weight even though she hasn't been on a weight loss diet. She denies any night sweats but did mention she volunteered at a reservation in Alaska last year giving vaccinations. Mark, her nurse, is concerned she may have Tuberculosis and shares his assessment with Emily's physician. Mark's patient is placed on *airborne precautions* while she is assessed for active TB.

29. What personal protective equipment (PPE) should Mark use to care for Emily?
    a. mask and eye protection
    b. gown
    c. gloves
    d. OSHA approved respiratory device

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Case Study #2
Sarah was working in the outpatient clinic area. One patient came in with an upset stomach. During her assessment the patient began vomiting. Sarah gave the patient an emesis basin. She measured the contents and emptied the emesis basin several times during the patient's visit.

30. What personal protective equipment should Sarah use to care for this patient?
    a. mask and eye protection
    b. gown
    c. gloves
    d. all of the above

31. If this patient was known to be infected with a blood borne pathogen, would Sarah's personal protective equipment be different?
    a. yes
    b. no

Hazardous Communications

32. MSDS stands for:
    a. Multi Service Danger Stabilization
    b. Material Safety Data Sheet
    c. Managing Substances that are Dangerous Services
    d. May Substitute the Drug Specifically

33. What are the three components of a Hazardous Communication Program?
    a. administration, professional staff, support staff
    b. OSHA, NFPA and Joint Commission
    c. PPE's, training and documentation
    d. labels, MSDS and training

34. What is the **first** thing you should do if a chemical such as bleach comes in direct contact with the back of your hand?
    a. tell your instructor
    b. fill out an incident report
    c. rinse it well with lots of water
    d. cover it with a dressing

35. The term “reactivity” tells you:
    a. the safest way to put out a fire
    b. what happens when a chemical comes in contact with air, water or other chemicals
    c. how the chemical might enter your body
    d. how a chemical looks or smells

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Risk Management

36. Risk Management involves:
    a. education
    b. management of property loss occurrences
    c. clinical and non-clinical actual/potential risk
    d. all of the above

For <u>true-false questions</u>, mark *a* to select true, *b* to select false.

The following indicators (Questions 37-38) are used in health care agencies to identify actual and potential risk sources:

37. Information from customer surveys.
    a. True   b. False

38. Incident reports.
    a. True   b. False

Computer Guidelines/Information Security

For <u>multiple choice questions</u>, select the most appropriate answer.

39. Patient, personnel and financial information are considered:
    a. confidential information and should be shared only with authorized individuals
    b. confidential information to be shared with any agency personnel requesting information
    c. public information
    d. confidential information to be shared only through computer screen viewing

40. Computer driven nursing documentation systems are used for all but which one of the following reasons?
    a. inpatient care planning
    b. discharge care planning
    c. patient outcomes
    d. patient surveys

41. Security incidents related to electronic medical records <u>must</u> be reported to:
    a. CEO
    b. Chief Nursing Officer
    c. Facility Information Security Officer
    d. HELP desk

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Disaster

For multiple choice questions, select the most appropriate answer.

42. During a disaster, communication to the public from the health care agency via the media should be initiated by:
    a. faculty working with students
    b. agency media department
    c. students selected by supervisory personnel
    d. victims of the disaster

43. During a disaster, students should:
    a. perform tasks assigned by a supervisor (faculty or staff) as long as the student is competent
    b. move to the area where the need appears to be the greatest
    c. use undamaged communication systems to check on loved ones
    d. push themselves to perform regardless of documented competency and fatigue

For questions 44 - 47, select the most appropriate color response.

Match the Kansas City area triage identification color with its defining characteristics.

a. red   b. yellow   c. green   d. black

_____44. D O A patients, code blue patients, transported to the morgue.

_____45. Persons most severely injured, who will likely need major surgery capability and hospitalization in an ICU bed.

_____46. Persons with significant injuries that require quick attention to prevent the condition from worsening and who may require hospitalization after treatment.

_____47. Persons who are "walking wounded," have non-life threatening injuries which must eventually be treated to restore the patient's normal functioning, and who may not require hospitalization.

Utility Safety

For multiple choice questions, select the most appropriate answer.

48. Outlets connected to emergency power are:
    a. marked by the words "power source"
    b. all outlets in a health care facility
    c. identified by color
    d. manually activated

49. Which of the following utility interruptions could pose the most immediate threat to a patient?
    a. heating system
    b. communications system
    c. “tube" or internal transmittal system
    d. medical gases

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Patient Rights and Professional Ethics

For true-false questions, mark *a* to select true, *b* to select false.

50. Ethical behavior for a health care provider is solely determined by an agency's policies and procedures.
    a. True   b. False

Policies and Procedures

For multiple choice questions, select the most appropriate answer.

51. Policies and procedures may impact which one of the following?
    a. delivery of patient care
    b. ethics
    c. legalities
    d. all of the above

52. Which statement most accurately reflects best practice as it relates to pain management?”
    a. all patients should receive information on pain management on admission
    b. all elderly patients should be assessed every four hours in relation to pain status
    c. all patients should have their pain assessed and managed in a timely manner
    d. all pediatric patients should have a parent present when pain medications are administered

Personal Conduct Policy

53. A family member of a patient that you are caring for is angry and out of control. They are unhappy about the care their family member is receiving. The nursing student would:
    a. try to solve the problem alone
    b. call the police
    c. call out quickly to others around to help
    d. call other family members to intervene

54. All of the following are considered creating an uncooperative and unprofessional health care environment EXCEPT:
    a. disrupting others
    b. creating a hostile work environment
    c. compromising client care
    d. providing a safe environment

Organizational Compliance

For multiple choice questions, select the most appropriate answer.

55. The primary goal of an organizational compliance plan within an institution is to:
    a. ensure compliance with federal, state and local laws and regulations
    b. maintain consistency within each independent agency
    c. conduct efficient business transactions
    d. reduce liabilities

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HIPAA, Privacy and Security

56. The purpose of HIPAA regulations is to:
    a. eliminate the transmission of patient records
    b. handle protected health information in a proper fashion
    c. reduce the number of health plans who receive protected health information
    d. increase the availability of all health information

Scenario #1

57. A minor is concerned about the possibility of having contracted sexually transmitted disease and requests to have a private conversation with the physician. Can the parent receive documentation related to this discussion at a later date without authorization of the minor?
    a. Yes b. No

Scenario #2

58. The American Red Cross, responding to a natural disaster in the Kansas City area, seeks to notify a patient's next of kin of the patient's condition. Can you provide this information to the American Red Cross without an authorization?
    a. Yes b. No

Patient Safety

59. The primary goal of the implementation of the Joint Commission national standards for patient safety and medication error reduction is to improve patient safety, reduce risk to patients and families, and to encourage recognition and acknowledgement of risks and potential medical/health errors.
    a. True b. False

60. The "Do Not Use" abbreviation list may be used by health care facilities but is not a requirement.
    a. True b. False

61. ISBARR stands for:
    a. identify, situation, background, assessment, recommendations, read back
    b. integrate, standardize, background info, attitudes, records
    c. patient safety begins at response
    d. identify students beginning assessment, recommendations, record

62. What is the "Speak-up" initiative?
    a. nurses speak up to physicians if they have a concern
    b. patients speak up for advice or concerns
    c. physicians speaking up for patients
    d. family members speaking up for patients

63. A "Time-out" is performed before starting a procedure and includes all of the following **EXCEPT:**
    a. standardized fashion of stopping to verify before procedures done by team members
    b. includes correct patient, correct site and procedure to be done
    c. is only done for one procedure
    d. includes verbal communication between team members

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APPENDIX C
CNE/KCANE
Orientation Competency Exam

*****KEY*****

(Exam key is a separated document for use by instructors only.)

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APPENDIX D
Amendment A

_______________________ (“the agency”) and ____________________ (“the school”) agree that this Amendment A is made a part of the Agreement entered into on _____________ by and between ___________________ and ___________________.

In the event of a conflict between any of the terms and conditions of this Amendment A and the terms and conditions of the Agreement, the terms and conditions of this Amendment A shall control.

Both parties agree that the Agreement is hereby amended as follows:

A. Fundamental Responsibilities:

1. In order to continue the effective preparation of nurses to enter the profession, programs of nursing and health care agencies each have responsibilities to the educational process.

2. The primary role of the faculty member while in the clinical educational role is that of teacher to student.

3. The primary responsibility for patient care remains that of the agency’s staff nurse assigned to the patient regardless of student assignment to the same patient.

4. Faculty members are health care professionals who use discretion when assigning students to patient care. The selection of teaching opportunities is based on ability, experience, and clinical learning needs of the student(s). In addition, faculty members are responsive to the needs of the unit, e.g., time constraints of staff or crisis that may result in altered patient care and/or student assignments.

5. Faculty members meet the faculty guideline standards of the Boards of Nursing.

6. School clinical coordinators will use the MOKAN scheduling process to communicate with agency education coordinators on an annual basis to confirm scheduling needs (including numbers of students and types of experiences).

7. Upon request, the school will provide student and faculty documentation of the information listed in Section B.

B. Schools using clinical agency for student nurse hands-on clinical experiences agree to:

1. Maintain student documentation (based primarily on current CDC recommendations) including:
   a. Must complete <u>one</u> of the following to assess for TB exposure:
      i. Upon admission must present a TB screen less than 12 months old. If most current TB screen is over12 months old, one new TB screen is required. If TB screen has never been done a 2-step TB screen must be completed.
      ii. Upon admission must present documentation of a TB titer less than 12 months old (Interferon-Gamma-Release Assays (GRAs) – Blood Tests for TB infection).

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iii. NOTE: if the student has not been tested in the last five years —
    1. If the first tuberculin skin test (TST) is positive — the student is infected
    2. If the first TST is negative, give second TST 1-3 weeks later
    3. If the second TST is positive — the student is infected
    4. If the second TST is negative — uninfected at baseline

iv. NOTE: Chest x-ray is not recommended for TB screening.

v. NOTE: Repeated chest x-ray exams of tuberculin reactors: after an initial evaluation, which should include a chest x-ray examination, repeated chest x-ray examinations of individuals with significant tuberculin reactions (without current disease), whether or not they have been treated with isoniazid, have not been shown to be of sufficient clinical value to justify their continued use (CDC).

b. TB screen results (date, type, result)

c. Measles/mumps — for students born on or after 1/1/57, provide adequate documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination

d. Varicella (Chickenpox) — proof of vaccination, physician diagnosed disease or, for those with a negative or uncertain history of varicella, positive serologic screening

e. Hepatitis B (immunization and/or titre is recommended by the CDC; can waive, if documented)

f. Rubella — for students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.

g. Tetanus-Diphtheria-Acellular Pertussis — after the initial series, the booster given at 10 years should be Tetanus, diphtheria and acellular pertussis (TDaP). Irrespective of when the last TD vaccine was received, a student must have received a dose of TDaP.

h. health insurance (or waiver)

i. current BLS (AHA standards — two-year expiration date)

j. annually signed CNE confidentiality statement (see attached)

k. licensure of students who are RNs

l. color blindness screen (schools can administer)

m. annual Clinical Orientation Manual Exam Pass of 90% or greater

n. certification of completion of required criminal background/mental health checks

2. Maintain faculty documentation (based primarily on most current CDC recommendation) including:

a. Must complete one of the following to assess for TB exposure:

i. Upon initial employment must present a TB screen less than 12 months old. If most current TB screen is over12 months old, one new TB screen is required. If TB screen has never been done a 2-step TB screen must be completed.

ii. Upon initial employment must present documentation of a TB titer less than 12 months old (Interferon-Gamma-Release Assays (GRAs) – Blood Tests for TB infection).

iii. NOTE: if the faculty has not been tested in the last five years —
    1. If the first tuberculin skin test (TST) is positive — the person is infected
    2. If the first TST is negative, give second TST 1-3 weeks later
    3. If the second TST is positive — the person is infected
    4. If the second TST is negative — uninfected at baseline

iv. NOTE: Chest x-ray is not recommended for TB screening.

v. NOTE: Repeated chest x-ray exams of tuberculin reactors: after an initial evaluation, which should include a chest x-ray examination, repeated chest x-ray examinations of individuals with significant tuberculin reactions (without current disease), whether or not

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they have been treated with isoniazid, have not been shown to be of sufficient clinical value to justify their continued use (CDC).

b. TB screen results (date, type, result)
c measles/mumps — for faculty born on or after 1/1/57, provide documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination
d. Varicella (Chickenpox) — proof of vaccination, physician diagnosed disease or, for those with a negative or uncertain history of varicella, positive serologic screening
e. Hepatitis B (immunization and/or titre is recommended by the CDC; can waive, if documented)
f. Rubella — for faculty born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birth date, should have proof of rubella immunity or prior vaccination.
g. Tetanus-Diphtheria-Acellular Pertussis — after the initial series the booster given at 10 years should be Tetanus, diphtheria and acellular pertussis (TDaP). Irrespective of when the last TD vaccine was received, the faculty must have received a dose of TDaP.
h. health insurance or waiver
i. current BLS (AHA standards — two year expiration date)
j. annually signed CNE confidentiality statement (see attached)
k. licensure appropriate for the state
l. annual Clinical Orientation Manual Exam pass of 90% or greater
m. certificate of completion of criminal/mental health background checks
n. clinical faculty that are currently employed by the facility and have met standards for employment there, meet the requirements to take students to that facility

3. Provide the agency with the following information.
   a. student roster
   b. proof of student and faculty (within the limits of the law) professional liability insurance, upon request
   c. rotation requests — outlining clinical experience needs or course objectives
   d. CNE/KCANE standard evaluations for agencies and schools
   e. certification of completion of criminal background checks of students and faculty

4. Clinical Orientation Manual addresses:
   a. hospital safety
   b. fire safety
   c. electrical safety
   d. radiation safety
   e. infection prevention and control
   f. bloodborne pathogens
   g. hazardous communication
   h. risk management
   i. computer documentation information (theoretical)
   j. disaster preparedness
   k. utility safety
   l. patient safety
   m. patient rights and responsibilities
   n. policies and procedures
   o. personal conduct policy
   p. organizational compliance
   q. HIPAA information and confidentiality statement
   r. social media policy

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5. Prepare students for the clinical environment by orienting them to:
   a. agency specific documentation procedures
   b. skills including medication administration as appropriate for the level of student
   c. agency specific emergency procedures
   d. agency specific dress codes which includes wearing educational program's student ID at all times
   e. agency specific safety procedures

6. New faculty orientation: No more than 12 hours (total) of orientation may be required by the agency for faculty orientation, including orientation to the agency, unit and computer. Orientation time in addition of these 12 hours is at the professional discretion of the instructor/school. Faculty competency expectations are dependent on the level of care expected of the students during that clinical learning experience.

It is agreed that all other provisions of the Agreement shall remain in full force and effect.

In witness whereof, this Amendment is entered into the ______ day of _________, 201__.

_________________________________ _________________________________

Signature Date Signature Date

AMDMTA.CNER1197

Revised: 3/18/99; 7/1/04; 5/30/07; 6/20/08; 3/25/10; 5/26/11

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APPENDIX E

CNE/KCANE
Confidentiality Statement

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families and clinical facilities. I understand I must maintain the confidentiality of all verbal, written or electronic information and in some instances the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals expected ethical behavior.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients.

During each clinical rotation in the clinical education program, I agree to follow each agency's established procedures on maintaining confidentiality.

________________________________ __________________
Student Signature Date

____
School

____
Education Program

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APPENDIX F

Participating Schools and Agencies in the Collaborative Orientation Model for Undergraduate Students

Schools

Avila University
Graceland University
Johnson County Community College
Kansas City Kansas Community College
Metropolitan Community College – Penn Valley
MidAmerica Nazarene University
Missouri Western State College
National American University
Park University
Research College of Nursing
Saint Luke’s College
University of Central Missouri
University of Kansas
University of Missouri – Kansas City
University of Saint Mary
Webster University
William Jewell College

Agencies

Bates County Memorial Hospital
Centerpoint Medical Center
Children's Mercy Hospitals and Clinics
Cushing Memorial Hospital
Heartland Health System
Kindred Hospital Kansas City
Lee’s Summit Medical Center
Liberty Hospital
Menorah Medical Center
Mid-America Rehabilitation Hospital
North Kansas City Hospital
Olathe Medical Center
Overland Park Regional Medical Center
Providence Medical Center
Research Belton Hospital
Research Medical Center
Saint Luke’s Hospital of Kansas City
Saint Luke’s East – Lee’s Summit
Saint Luke’s Northland Hospital
Saint Luke’s South Hospital
Shawnee Mission Medical Center
St. Joseph Medical Center
St. Mary’s Medical Center
Truman Medical Center, Lakewood
Truman Medical Center, Hospital Hill
Two Rivers Psychiatric Hospital
The University of Kansas Hospital
Veterans Affairs Medical Center of Kansas City

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