Our BHS Mission

We Help People Achieve Health for Life Through Compassionate Service Inspired by Faith.

We foster a CULTURE that affirms the role and significance of faith in the lives of our patients, their families, and our associates. We focus on universal “faith” values of compassion & service.

BHS Core Values

<table>
<thead>
<tr>
<th>Core Value</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>COMPASSION</td>
<td>• We treat everyone with respect and dignity, caring for others, valuing the ideas and perspectives each individual holds.</td>
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<tr>
<td>SAFETY</td>
<td>• We put safety at the heart of everything we do, working to create a safe environment for all who work here, our patients and their families.</td>
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<tr>
<td>EXCELLENCE</td>
<td>• We will do the right thing, the right way, every time.</td>
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<tr>
<td>ACCOUNTABILITY</td>
<td>• We take full ownership of our actions and their outcomes, living our values with openness, integrity and trustworthiness.</td>
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<tr>
<td>INNOVATION</td>
<td>• We will embrace new ideas and thinking to improve what we do.</td>
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<tr>
<td>FAITH</td>
<td>• We honor our BHS heritage of faith, trusting that God is working through us as we serve together for the sake of a better community and world.</td>
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</table>
Our San Antonio Locations

Baptist Medical Center (BMC)

Located in downtown San Antonio at 111 Dallas Street, the Baptist Medical Center complex also houses a Wound Healing Center, neonatal intensive care unit, a large peri-operative services area, and private peri-natal rooms in addition to oncology services, cardiovascular care, and acute rehabilitation for orthopedics and neurosciences.

Mission Trail Baptist Hospital (MTB)

Our newest location, opened in 2011, is located at 3333 Research Plaza in the southeastern area of the city. Mission Trail offers all private patient rooms, a Sleep Center, dialysis, orthopedic and neuroscience specialties, and minimally invasive surgery in addition to a full range of other services.

North Central Baptist Hospital (NCB)

Located at 520 Madison Oak Drive in the Stone Oak area of the city, North Central Baptist Hospital houses the Baptist Regional Children’s Center, including a dedicated pediatric emergency center and peri-operative suites, a pediatric intensive care unit, outpatient Lactation Center, neonatal intensive care unit and well-baby nursery, Labor and Delivery area, and a post-partum unit. North Central Baptist is also home to a dedicated inpatient oncology unit, a Sleep Center, and wide variety of other services.

Northeast Baptist Hospital (NBH)

Located at 8811 Village Drive and home to the Center of Excellence for Weight Loss Surgery and the Wound Healing Center. Northeast Baptist Hospital also offers a blood conservation and bloodless surgery program and Sleep Center in addition to a full range of other services.

St. Luke’s Baptist Hospital (SLB)

In the heart of the Medical Center area of San Antonio, at 7950 Floyd Curl, St. Luke’s Baptist Hospital is home to a neonatal intensive care unit, orthopedic and neurosciences acute specialty units and rehabilitation services, VIP Women’s Health suites, wound care, dialysis, oncology, and one of the largest adult intensive care units in the city.
Patient Centered Care

Communication with Compassion and Respect

Key Words at Key Times - AIDET® (Studor, 2004)

**Acknowledge** the patient by name.
- Don’t forget to knock on the door and ask permission to enter!
- Greet patients and family members with a smile.

**Introduce** yourself.
- State your name and your student role. Ask for permission to assist in providing patient care. Remember: Patients always have the right to refuse student participation in their care.

**Duration**
- Give patients/family members a time frame for follow up.
- Stay in touch and provide updates.
- Let patients know of any delays.

**Explain**
- Give a step-by-step explanation (plan of care, how a procedure works, who to contact for assistance, etc.).
- Answer questions, and ask for assistance from your Instructor or hospital staff when needed.

**Thanks**
- Thank the patient for their cooperation, time, and patience.
- Thank the family for their assistance and support.

Build rapport with patients and families
- Say “please” and “thank you” often.
- Instead of saying “no”, work with our staff to identify possible alternatives.
- Show genuine interest in our patients.
- Pay attention to what’s important to the patient/family.
- Empathize
- Before leaving the patient’s room, ask “Is there anything you need?”

**Service Recovery**

C – Connect with the patient
A – Apologize for the situation
R – Repair (according to your scope and level of training). If you are unable to repair, ask for assistance and ensure there is follow up
E – Exceed expectations

Make sure your Clinical Instructor and Unit Director are aware of any issues.
Communication and Teamwork

Effective communication and teamwork promotes patient safety and improves work satisfaction.

Communication

Effective communication is critical, not only between a patient and caregiver, but also between healthcare workers. An important tool for facilitating communication is “Situation-Background-Assessment-Recommendation” (SBAR).

**SBAR**

- **Situation** – Clearly and briefly describe the current situation.
- **Background** – Describe what led up to the situation (relevant background information).
- **Assessment** – Identify what you think the problem is (based on the situation and background).
- **Recommendation** – State what you think should be done, or what you need.

Teamwork

Patient care is multidisciplinary, and includes health care providers, nurses, and allied health and ancillary staff from different specialties working together for a common goal – our patients! As a student, you will also be exposed to inter-professional teamwork, and this may involve sharing tasks/assignments with students from other disciplines.

**How to contribute to the team:**

- Introduce yourself
- Assist the staff toward the common goal – improving the quality and safety of the patient’s care
- Practice communication skills – Use SBAR
- Respect talents and beliefs of each person
- Share ideas and information
- Optimize resources and time
- Ask for help and feedback

**Don’t forget the patient partnership:**

- Provide opportunities for shared decision making when appropriate
- Encourage family participation (if patient desires)
Ethics and Compliance Program

Creating and Reinforcing a Culture of Compliance
Everyone plays a vital role in our Ethics and Compliance Program. We need you to speak up when you have a concern, understand and comply with applicable laws & policies, and adhere to the highest standards of ethics and integrity.

How to Report Privacy Concerns
1) Notify your Clinical Instructor and Unit Director/Manager
2) Contact our Privacy Incident Response Team (PIRT)
   - Chief Human Resources Officer
   - Patient Safety Officer
   - Information Technology Director
   - Health Information Management Leader

Concerns and Complaints:
Employees, staff, physicians, patients and the community may also contact any of the following with concerns, questions and complaints regarding the health care system

• Tenet Corporate Compliance (confidential) Hotline
  Ethics Action Line (EAL)
  1-800-8ETHICS (1-800-838-4427)

• Texas Department of State Health Services (TDSHS)
  1-888-973-0022

• The Joint Commission Office of Quality
  1-800-994-6610

The hospital will not take disciplinary or punitive action because an employee, physician or other individual who provides care, treatment and/or services reports safety or quality of care concerns to any of the contacts listed above.
Protecting Privacy and Security of Information

Tenet’s Information Privacy & Security Program

Introduction
The use of information is woven into the fabric of Tenet, and information technology (IT) has dramatically changed the way information is processed. Given the importance of information and information technology to Tenet, it is essential to protect both, while at the same time facilitating their widespread and appropriate use. The loss, corruption, inappropriate disclosure, or exposure of information can interfere with executing Tenet's mission, cause business disruption, damage Tenet’s reputation, or result in financial penalties. This information must be protected during all stages of its life: when it is created, collected, stored, manipulated, and transmitted; and when it is no longer useful.

Tenet’s Information Privacy and Security Program (the Program) establishes safeguards that adequately protect information but do not impede its appropriate widespread use. The Program respects the privacy of individuals and holds all individuals accountable to high ethical standards. It also incorporates a sound risk assessment methodology, and provides for taking actions to address identified risks where necessary.

Tenet's Program applies to all information assets created, collected, stored, manipulated, transmitted or otherwise used in the pursuit of Tenet's mission, regardless of the ownership, location or format of the information. It also applies to all individuals encountering those information assets, regardless of the user’s role or affiliation.

Goals and Objectives
The goals of Tenet’s Program are to facilitate information privacy and security approaches in order to:
- Maintain Tenet's viability, both reputational and operational, as a premier healthcare delivery system
- Support Tenet’s mission of quality, integrity, service, innovation and transparency
- Guide the conduct of Tenet business

Patient Trust and Satisfaction
When patients choose Tenet hospitals, they trust us with their sensitive personal information, which may consist of name, address, phone number, Social Security Number, medical diagnoses, family illnesses, prescriptions, etc.

Our patients trust that we will protect the information provided to us including their health information and personal data like social security numbers. We release information to vendors or others only in accordance with proper procedures. We take steps to prevent identity theft by protecting social security numbers and other personal data, and securing our systems from unauthorized access. We access health and personal information and share it with coworkers only when authorized to do so and for the purpose of doing our jobs. Sometimes our coworkers
become our patients, and when this occurs, we afford our coworkers the same privacy rights as every other patient.

We never post patient information or photographs to a Web site, social media page or public forum – even if the patient is not identified. We do not use our personal devices to text patient healthcare information for any reason unless otherwise allowed by Tenet policy. We do not take or transmit photographs of patients except as required for patient care and within the requirements of our policies.

If you become aware of a privacy or security violation you should report it immediately. Every member of the Tenet community has a duty under our policies and Standards of Conduct to immediately report suspected or known inappropriate or impermissible uses, accesses, requests and/or disclosures of confidential or proprietary information to their department supervisor/manager and/or Compliance/Privacy Officer.

**Why this is Important?**

Tenet has a responsibility to promptly investigate all privacy & security complaints and incidents and in some cases to notify the affected patient(s) without unreasonable delay. The clock starts ticking as soon as YOU become aware of a violation or incident.

**What NOT to Do.**

Do not ignore information that comes to you in the hopes that it won't be uncovered. If you become aware of a situation involving a privacy or security incident, it is your responsibility to report the facts to the department manager or Compliance/Privacy Officer. Ignoring the issue will not protect anyone and could subject you to disciplinary action.

**Be a Privacy and Security Advocate.**

For our Privacy and Security Program to be effective, each individual at Tenet has a role in protecting the privacy and security of information and the information technology we use. With your assistance, we can ensure that steps are taken to prevent any potential or actual occurrences of non-compliance.
HIPAA: Health Insurance Portability and Accountability Act

HIPAA regulations require that individuals’ medical information be kept secure and private. As healthcare workers, we are in constant contact with confidential patient information. Therefore, it is our responsibility to meet this requirement of HIPAA. It is easy to forget how important patient privacy is, unless you are a patient. Privacy is a basic patient right. Safeguarding that right is an ethical obligation of our profession. Whether working in the hospital, ambulatory care clinic, long-term care facility, home health agency, or rehabilitation center, everyone is responsible for patient confidentiality. This includes everyone who comes in contact with the patient such as nurses, doctors, students, volunteers, patient billing staff, and housekeeping staff alike.

Providing processes and guidelines that ensure administrative, physical, and technical security for patients’ identity, physical or psychological condition, emotional status, or financial situation is vitally important. Follow these guidelines:

1. Patient information is shared with other healthcare workers on a “need to know” basis.
2. Information is never released without written consent from the minor’s parent or guardian.
3. Confidential information is never discussed in areas where others can overhear you (hallways, elevators, informal social settings, etc.).
4. Breeches of confidentiality are reported to the department director/manager and clinical instructor.
5. Computerized records are kept confidential, just like any other medical record and are accessed on a “need to know” basis as it directly relates to patient care delivery.
6. Keep computer screens and open charts from view of public traffic.
7. Log off when leaving the computer.
8. Avoid sharing your password with anyone.
9. Avoid using someone else’s user ID and password to access secured sites.

Cell Phone/Audio and Wireless Devices

Cell phones should be set to vibrate (mute) at all times. While you are in patient areas, please refrain from cell phone texting or listening to portable audio devices. On your break, you may use your personal cell phone in non-patient areas (if approved by your instructor). Cell phones may not be used in visitor’s waiting rooms, patient hallways, the nurse’s stations, or in areas where cell phone usage is prohibited.

While on BHS property you are NOT permitted to:
- Access the internet to view inappropriate materials or send inappropriate messages
- Access your personal email
- Send or post unauthorized or confidential information to an outside organization or person
- Take photographs of anyone (including employees, patients, visitors)

For more information, please ask for assistance in locating our hospital’s wireless equipment policy.
Social Media / Patient Privacy

We recognize the common use of social media in our day-to-day lives to stay virtually connected to our friends, family, and colleagues. As such, we respect the use of Social Media to the extent it does not create potential harm to others, including patients and their families. The following guidelines and restrictions are to be followed:

- On all media sites, you may not publish any content related to patients and patient care, even if the patient is not identified. You must maintain strict adherence to all laws and policies related to a patient’s personal health information.
- Do not speak on behalf of the Baptist Health System.
- Respect all copyright, privacy, fair use, and financial disclosure laws.
- Alert the Unit Director/Manager if contacted by the media.

Students are only to access Protected Health Information (PHI) to obtain patient information on a “need to know” basis. Patient information should never be removed from the hospital, and information within the medical record is to be considered confidential at all times. Immediately report questions or concerns regarding confidentiality to your Clinical Instructor and Unit Director.

For more information, please ask for assistance in locating HR.ERW.20 Employee Use of Social Media policy and EC.PS.02.00 Patient Information Privacy policy.
Sexual Harassment

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964. Title VII applies to employers with 15 or more employees, including state and local governments. It also applies to employment agencies and to labor organizations, as well as to the federal government.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. If this occurs in a clinical setting your responsibility, as a student, will be to immediately inform the staff at the hospital and your instructor from your school. The victim should use any employer complaint mechanism or grievance system available.

When investigating allegations of sexual harassment, EEOC looks at the whole record: the circumstances, such as the nature of the sexual advances, and the context in which the alleged incidents occurred. A determination on the allegations is made from the facts on a case-by-case basis.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on sex or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII.

Prevention is the best tool to eliminate sexual harassment in the workplace.
Patient Rights and Responsibilities

A Patient’s Bill of Rights was first adopted by the American Hospital Association (AHA) in 1973 and revised in 1992. The Association presented this Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by hospitals, medical staff, employees and patients. AHA encourages health care institutions to tailor this bill of rights to their local patient community by translating and/or simplifying its language as may be necessary to ensure that patients and their families understand their rights and responsibilities.

Bill of Rights

These rights apply to all patients. If they are unable to exercise any or all of the rights, it is Texas law that their guardians, next of kin or legally authorized representatives may enforce the rights on their behalf.

Patients have the following rights within the limits of law:

1) The patient has the right to considerate and respectful care.

2) The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3) The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or choose to transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice.

4) The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5) The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient’s privacy.
6) The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7) The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8) The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9) The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient’s treatment and care.

10) The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

11) The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12) The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital’s charges for services and available payment methods.

Many healthcare organizations have adopted these rights into their own patient rights documents. Other rights commonly communicated include:

- The patient has the right to freedom from restraints. The patient may not be restrained unless a physician has given written authorization for restraint or it is deemed necessary in an emergency situation to protect the patient from injuring himself or others. The patient and the family have the right to be kept informed regarding care, including the need for restraint.

- The patient has the right to comprehensive pain management. This includes receiving information about pain and pain relief measures, having a health care staff that is committed to pain prevention and management, receiving appropriate responses to reports of pain, and having reports of pain and response to pain management documented and communicated to their doctor.
Cultural Competence

Cultural competency has become a major quality issue for health care systems, a risk management issue for hospitals and a necessary skill set for clinicians. The Joint Commission on Accreditation of Healthcare Organizations “views the delivery of services in a culturally and linguistically appropriate manner as an important healthcare safety and quality issue.” Clinicians are not insulated from diversity as patients present a broad range of perspectives regarding health and wellbeing that are often shaped by their social and cultural backgrounds.

The American Medical Association defines cultural competence as “the knowledge and interpersonal skills that allow providers to understand, appreciate, and care for patients from cultures other than their own.” It involves an awareness and knowledge of the important cultural factors that impact the clinical encounter and the ability to effectively address them with quality health care as the ultimate goal. In striving to achieve cultural competence, the goal is to ensure that attitudes and behaviors of clinicians and organizational policies of health systems result in effective interactions with culturally diverse individuals.

Those who wish to improve cultural competence can increase their awareness of some of the common cultural factors that could impact health care situations:

- Time orientation
- Social roles and family members
- Use of home and folk remedies
- Communication preferences
- Cooking and food preferences and taboos
- Causes of illness
- Attitudes toward persons in authority
- Views on death and dying

Awareness of these types of differences and careful questioning of and listening to patients can help health care workers identify potential cultural barriers and communicate more competently with their patients from all cultures. Culture impacts communication and outcomes. Poor communication between patient and provider leads to lower patient satisfaction, lower adherence and poor health outcomes. While this is true for all patients, it may be an even greater problem for patients from diverse socio-cultural backgrounds.

To prevent errors and miscommunication in the provision of patient care, healthcare facilities may offer support services that include translation phones, medically certified translation services, TDDY phones for the hearing impaired and sign language interpreters.

Culturally competent health care workers have developed attitudes reflecting:

- an honest respect for cultural perspectives and practices that are not like their own and; and,
- an appreciation for cultural competence and its importance in providing effective health care.

Cultural competence requires displaying respect by communicating effectively and paying attention to differences and similarities among various cultural beliefs or practices. A culturally competent health care system provides staff training and institutional guidelines that make sure patients from diverse cultures are treated and cared for effectively and respectfully. Cultural competence training can help give health care providers an understanding of how to approach cross-cultural interactions in an effective and time efficient way. By addressing these challenges rather than avoiding them, clinicians will establish better relationships with culturally diverse patients. They will communicate better, avoid frustration and conflict, and improve the care they provide.
Abuse and Neglect

**Abuse**: mental, emotional, physical, or sexual injury to a child or person 65 years or older or an adult with disabilities or failure to prevent such injury.

**Neglect of a child**: includes failure to provide a child with food, clothing, shelter, and/or medical care, and leaving a child in a situation where the child is at risk of harm.

**Neglect of a person 65 years or older or an adult with disabilities for personal or monetary benefit**: includes taking Social Security or SSI checks, abusing joint checking account, and taking property and other resources.

Texas law requires any person who believes that a child or person over 65 years or older or an adult with disabilities is being abused, neglected or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline. A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Time frames for investigating reports are based on the severity of allegations. Reporting suspected child abuse makes it possible for a family to get help.
Americans with Disabilities Act Amendment Act (ADAAA)

A law to ensure people with disabilities have the same rights and opportunities as everyone else. (ADA was amended in 2008 and is now known as the ADA Amendment Act (ADAAA).

- Applies to all hospital programs and services. Accommodations include hearing, visual, and physical impairments.
- BHS provides free services for patients, family members, companions

For assistance with accommodations, please contact the Charge Nurse/Supervisor.

Service Animals

The ADA recognizes Dogs and Miniature Horses as service animals to do work/perform tasks for people with disabilities.

- Service animals are allowed in patient rooms, clinics, cafeterias, exam rooms, education facilities.

- Service animals are not allowed in:
  - Food preparation areas
  - Medication storage or preparation areas
  - Clean and sterile supply areas
  - Linen storage areas
  - Surgical suites/invasive procedure areas
  - ICUs
  - Radiology rooms
  - Behavioral Health units
  - Rooms where a patient is considered immunosuppressed

For assistance, please contact the unit Charge Nurse/Supervisor.

Language Interpreters for Limited English Proficiency

The BHS uses Stratus to provide interpretive services. When audio/visual devices are unavailable, on-site foreign language interpreters are available through Worldwide Languages & Communication LLC. A medical interpreter must be requested.

Sign Language Aids/Devices

Auxiliary aids and services are also available for TTY/TDDs, amplified phones in the patient’s room, note takers, written material, television with closed captioning, and soft touch call lights.

For assistance with any of these services, please notify our staff for assistance.
Guidelines for Safe and Quality Care

We See it  Say it  Fix it

If you see a problem, say it by identifying it to others, and assist in fixing it
- We all hold each other accountable for doing the right thing
- Our Core Values drive our standards

Patient Identification
- Accurate patient identification is essential for the safety of our patients!
- Patient or guardian reviews and initials the arm band before it is placed on patient.

Two patient identifiers are used for all patient encounters
- Patient’s Name
- Patient’s Account Number (FIN – financial ID number)

ALWAYS CHECK 2 Patient Identifiers EVERY TIME you administer medications, collect specimens, provide care or treatment or any other patient services.

Reminder: The patient’s room number or physical location is NOT used as an identifier.
Stroke Recognition

The signs/symptoms of a stroke can be recognized by anyone. Act **FAST**!

**Face** = Sudden drooping to one side of the face. Ask person to smile. Does their face look uneven?

**Arm** = Sudden numbness, clumsiness, or weakness of ONE arm or leg. Ask person to raise both arms.

**Speech** = Sudden difficulty speaking or understanding language; slurred speech. Ask person to repeat a simple sentence.

**Time** = If you observe any of these signs, immediately get help! For patients, call **5-5555** from any hospital phone to initiate our Rapid Response Team (RRT), Visitor/Other – encourage and assist person to the ED.

Heart Attack

Death of, or damage to, part of the heart muscle because blood flow to part of the heart is blocked. Early Heart Attack Care (EHAC) is knowing the danger signs of a heart attack and acting.

**Immediately Respond...**
- Out of Hospital: **Call 911** for pain lasting more than 5 minutes (or goes away and comes back)
- In Hospital: **Seek help, call 55555** to activate the Rapid Response Team
Safety Management Plan

What is your role?
- Partner with our staff to provide an environment that is safe, effective, and functional for everyone
- Assess and minimize risks
- Report threats/unsafe conditions to the Charge Nurse/Supervisor.

Impaired Individuals
Impaired Individual - one who is unable to perform the clinical privileges that have been granted with reasonable skill and safety to patients or perform other duties according to their role, including licensed independent practitioners, physicians and staff.
- Impairment may be due to
  - Physical, mental, emotional disorders
  - Excessive use or abuse of drugs, alcohol or other chemicals
- Report any suspected impairment to your Clinical Instructor and Unit Director.

Incident Reporting System (MIDAS)
Midas Occurrence Reporting System plays an important role in maintaining quality patient care at the Baptist Health System.
- Accessed via the BHS intranet
- Used to collect incident reports of unexpected outcomes, events, or near misses (good catches).
  This includes injuries.

If you witness an incident, please work with your Clinical Instructor and Unit Director to report.

Reporting an Accident or Exposure:
All accidents & possible exposures to communicable disease, chemicals, gases, potentially harmful medication/environment, etc. need to be reported to Employee Health as soon as possible.

Post Exposure Procedure
1) For blood/body fluid exposure, wash hands/area exposed immediately. Flush site with water if splash exposure to eyes, mouth, or skin.
2) Notify Unit Supervisor and your Clinical Instructor.
3) Proceed to Employee Health (or House Officer if EH is not on duty).

If urgent treatment is needed, go to the ED. Otherwise, follow up with the Employee Health Nurse as soon as possible.
Student Health Status and Transmission of Contagious Illnesses

STUDENTS ARE NOT TO ATTEND CLINICAL IF THEY ARE FEELING ILL AND/OR HAVING SYMPTOMS OF AN INFLUENZA-LIKE ILLNESS. THE STUDENT WILL BE ASKED TO LEAVE THE FACILITY IF IT IS DETERMINED THEY ARE ILL.

Signs and symptoms of influenza are fever (>100°F), body aches, chills, respiratory infection (cough, congestion, drainage), sore throat, headache, possible nausea, vomiting, and diarrhea. An infected person can spread the influenza virus up to one day before they are having any signs or symptoms of illness. Once ill, the influenza virus can be transmitted to others up to 5 days after onset of signs and symptoms. A student who is absent due to influenza like illness should stay at home for 24 hours after his/her fever has subsided, without the use of fever reducing medicines.

Students are required to notify their Clinical Instructor as soon as a diagnosis is made of any epidemiologically significant infections (see Student/Faculty Infectious Illness and Clinical Restrictions policy HR-EH-17 for a complete list). Your Clinical Instructor will contact the BHS Employee Health Nurse at the hospital as soon as possible, and he/she will work with you to complete the necessary reporting requirements.
All BHS hospitals are accredited by The Joint Commission (TJC). Accreditation is recognized nationwide as a symbol of quality that reflects a commitment to meet certain performance standards.

### The Joint Commission 2019 - Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in healthcare safety and how to solve them.

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<tr>
<th>Identify patients correctly</th>
<th>Use at least two ways to identify patients. BHS uses the Patient’s Name and Patient’s Account Number (FIN). This is done to make sure each patient gets the correct medicine and treatment.</th>
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<tr>
<td>NPSG.01.01.01</td>
<td>Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
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<td>NPSG.01.03.01</td>
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<th>Improve staff communication</th>
<th>Get important test results to the right staff person on time.</th>
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<tr>
<th>Use medicines safely</th>
<th>Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.03.04.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>NPSG.03.05.01</td>
<td>Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
</tr>
<tr>
<td>NPSG.03.06.01</td>
<td>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevent infection</th>
<th>Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.07.01.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
<tr>
<td>NPSG.07.06.01</td>
<td>Find out which patients are at risk for suicide.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify patient safety risks</th>
<th>Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.15.01.01</td>
<td>Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td>UP.01.03.01</td>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>
Occupational Safety and Health Administration (OSHA) Standards

The Occupational Safety and Health Administration (OSHA) standards are a set of criteria used to ensure safe and healthy working conditions. Controlling hazards is the best way to reduce risks to healthcare workers as well as our patients and visitors.

**Infection Control**

It is everyone’s responsibility to prevent the spread of communicable diseases, drug resistant organisms and other infectious diseases within each healthcare system.

**Hand Washing**

Hand washing is the most effective preventative measure to protect staff and patients. Wash hands:

- When coming into the clinical site and when going home
- Upon entry and exit of patient rooms
- Before and after direct contact with patients
- Before donning gloves and after removing gloves (including between glove changes occurring during the same procedure or encounter with the same patient).
- Before inserting any invasive devices
- If moving from a dirty body site to a clean body site during patient care
- After direct contact with potentially contaminated body fluids
- Before and after eating
- When hands are visibly soiled
- Before and after putting on gloves
- After using the bathroom
- When the patient has clostridium difficile

Hands should be cleansed with **soap and water instead of alcohol based hand sanitizers:**

- If caring for a patient with Clostridium difficile (C.diff)
- After contact with blood or other potentially infectious materials
- If hands are visibly soiled
- After using the restroom
- Before and after eating

When using soap and water:

Remove jewelry, use warm water, use friction, wash hands, wrists and between fingers

Wash for at least 15 seconds, rinse and dry thoroughly

When using alcohol-based hand sanitizers:

Use a golf ball-sized ball of foam or a dime-sized squirt of gel

Rub your hands, covering all surfaces, until they are dry (at least 15 seconds)

Avoid operating equipment until your hands are dry--- alcohol is flammable!

**Finger Nails:**

- Must be short and clean
- No artificial, wrapped, gel, or shellac nails
- No nail jewelry
- Unchipped polish is permitted

Students with open wounds and/or weeping dermatitis should refrain from all direct patient care activities because infection can occur through non-intact skin. Consult with your instructor.
Personal Protective Equipment (PPE)

Used to protect mucous membranes, airways, skin, and clothing from contact with infectious agents. Pay close attention to the signage on the patient’s door, and ask for assistance. PPE includes:

- Gloves - when in contact with blood, body fluids, secretions and excretions (except sweat)
- Goggles, mask, face shield - if splashes to the face are possible or for protection against spread of infectious droplets
- N95 Particulate Respirator (PR) – when patients are suspected or known to be infected with pathogens spread by airborne transmission.
- Gown - if contact to your body is possible. Do not reuse gowns, even for repeated contact with the same patient.

Blood/Body Fluids

Viruses that are found in blood and certain body fluids, such as the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C (HCV), can cause infections. Exposure to these blood borne viruses may occur with needle sticks, splashed blood to the eyes or mouth, or when blood is spilled on broken, chapped, or cut skin. Any situation that allows blood or body fluid to get in to the blood stream has the potential of causing an infection. To protect yourself:

- avoid exposure to blood or body fluids by wearing your personal protective gear
- never re-cap needles
- obtain your hepatitis B vaccinations

Exposures

Students who expose another individual to his/her own blood or body fluids:

- Report the exposure as soon as possible to the Unit Director/Charge Nurse and the Employee Health Nurse.
- Assist the Director/Employee Health Nurse in completing an Occurrence Report and any follow-up procedures (as outlined in the BHS Blood and Body Exposure Protocol policy).

Students who are exposed to another individual’s blood or body fluids will:

- Immediately wash his/her hands and the area exposed, flushing the site with water if splash exposure to the eyes, mouth, or skin.
- Report the incident to the Unit Director/Charge Nurse and the Employee Health Nurse as soon as possible.
- Assist the Director/Employee Health Nurse in completing an Occurrence Report and follow-up procedures (as outlined in the BHS Blood and Body Exposure Protocol policy).

Transmission-Based Precautions

Transmission-Based Precautions are designed for patients with known or suspected highly transmissible or epidemiologically important pathogens. Transmission-Based precautions are always used in addition to Standard Precautions.

Airborne

For infectious organisms that can be transmitted by airborne particles that can be widely dispersed by air currents examples are TB, chicken pox, measles, and shingles.

- Wear approved N95 particulate respirator mask before entering.
- Keep the patient room door closed.
  Note: Students are not typically assigned to patients with this precaution.
**Contact**
For infectious agents easily transmitted by direct patient contact or by indirect contact with items in the patient’s environment, which could include MRSA, VRE, clostridium difficile, enteroviral infections, and some skin infections.
- Wear gloves when entering room.
- A gown and gloves are required when in close or direct contact to the patient, used patient equipment or supplies.
- Masks are requires if splashing, spraying/aerosolization is anticipated.

**Droplet**
For infectious agents transmitted by large particle droplets. Droplets generally travel short distances, usually within 3 feet of the patient. Examples include bacterial meningitis, influenza, adenovirus, mumps, parvovirus b19, and Rubella.
- Surgical mask when entering the room.

**Multi-Drug Resistant Organisms**
Examples of such organisms include, but are not limited to:
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Carbapenam-resistant enterobacteriaceae (CRE)
- Other multidrug resistant gram-negative bacteria

**Central Line Associated Blood Stream Infection Prevention**
Includes short and long term central venous catheters and peripherally inserted central catheter (PICC) lines
- The necessity of central lines should be reviewed and documented daily. Lines should be discontinued as soon as no longer required.
- Ensure dressing is clean and intact, and changed immediately if compromised.
- Follow BHS policy for frequency of dressing and tubing changes.
- Use sterile technique when changing dressings and tubings.
- Cap all central line ports using alcohol impregnated port protectors.

**Surgical Site Infection (SSI) Prevention**
- Educate patient and family on SSI prevention.
- Patients should bathe using chlorhexidine (CHG) cleanser the night prior and the morning of the procedure according to BHS policy.
- For certain procedures (i.e. orthopedic, cardiac, vascular), screen patients for colonization with Staphylococcus aureus and decolonize according to BHS guidelines.
Environmental Hygiene
Dispose of Biohazard Waste as follows:

- **Sharps Containers** - for disposal of sharp objects, needles, syringes, blades, and broken glass. Always replace the container when it is 2/3 full. Never throw lose sharps in the trash, place sharps on beds, leave lose sharps on the counter, or leave on the computer work station.

- **Red Container Trash** (bags or tubs): used for items that would release 100 cc's or greater of blood or body fluids when compressed, for microbiological cultures and specimens, for Class IV etiological agents (waste from patients with highly communicable diseases) and specified pathological waste.

- **Linen** - Used /soiled linen is placed in yellow linen bags. Practice Standard Precautions when handling linen. Handle used linens and textiles with minimum agitation to avoid contamination of air, surfaces and persons. Gather and bag in a manner that will not contaminate the outside of the bag or uniform.

Transporting Specimens
All specimens should be transported in closed, leak proof containers. Ask our staff for assistance.

Keep Equipment Clean
Always wear gloves when cleaning, disinfecting and deodorizing non-porous surfaces. Do not keep containers in the patient’s room. Ask our staff about the following cleaning products:

**PDI Super Sani-Cloth (Purple Top Wipes)**
- Bacteriocidal, Tuberculocidal, Virucidal
- Requires **2 minutes WET contact time**

**PDI Sani-Cloth Bleach Wipes (Orange Top Wipes)**
- Bacteriocidal, Fungicidal, Tuberculocidal, Virucidal
- Requires **4 minutes WET contact time**

**PDI Sani-Cloth HB (Green Top Wipes)**
- Bacteriocidal, Fungicidal, Virucidal
- Requires **10 minutes of WET contact time**

Wet Contact Time – means the surface has to stay WET for the stated amount of time in order to kill the organisms that they are designed to kill.

Store Clean Equipment Appropriately
Place an Equipment Status tag on the equipment, initial and date the tag in the green “CLEAN” section of the tag. Once the equipment is put “IN USE” with a patient, tear off the “CLEAN” so the yellow “IN USE” portion of the tag is visible. Once finished with equipment, tear off the “IN USE” so the red “SOILED” portion of the tag is visible. This identifies that the equipment is dirty and must be cleaned prior to use on another patient.

Don’t forget: Listening to Abdomens, Lungs, and Hearts must be done using clean parts! Please remember to disinfect your stethoscope after every use.
The Hazardous Communications Act - Right To Know Law

This federal regulatory standard requires employers to inventory and label hazardous chemicals in the workplace and to inform and train workers about hazards they encounter on the job.

It’s up to you to:
- Read labels
- Study the Safety Data Sheets (SDS)
- Use proper protective equipment
- Follow safety precautions

Two primary sources of information on hazardous materials are:

1. Product label
   - Gives BASIC information to recognize a hazardous material
   - Look for key words such as warning, caution, poisonous, corrosive, flammable or hazardous
   - Look for warning symbols to identify a hazardous material more quickly.
   - If a hazardous material is transferred to another container, the new container must also be labeled with the hazardous ingredients and warnings

2. Safety Data Sheets (“SDS”) – located on the BHS Intranet homepage
   - Provides a quick reference to information on chemicals, their dangers, safe handling, and disposal.
   - 16-section format with pictogram
   - Describes the chemical
   - The label and the corresponding SDS match with the chemical or product name.
   - Federal regulations require that every manufacturer provides a SDS for every hazardous chemical or chemical product.

![Image of pictograms for chemical hazards]

Chemical Safety

Many hazardous chemicals are used in healthcare, including those to treat patients, clean, disinfect and sterilize work surfaces, and as a fixative for tissue specimens. Basic chemical safety involves:
- Properly labeling containers
- Observing warning signs
- Knowing the chemicals used in the department

If moving a chemical from an original container, labeled new container with:
- Product name,
- Hazard warning
- Name/address of the manufacturer
Proper Labeling of Medications and Solutions

Any time one or more medications or solutions is prepared, but not administered immediately, the container must be labeled appropriately. When the person preparing and labeling the medication is not the person administering, two qualified individuals must verify all labels verbally and visually. Unlabeled solutions are to be discarded.

Radiation Safety

Exposure to radiation can increase the risk of cancer. It is important to protect against exposure. Three key factors for limiting exposure are:

- Time – minimize the amount of time you are exposed
- Distance – Maximize your distance from the radiation source
- Shielding – Use appropriate shielding to absorb the energy of radioactive particles

The goal is to keep your radiation exposure As Low As Reasonably Achievable (ALARA).

Follow CAUTION signs on containers and doors. MRI suite is restricted; students are not typically assigned to this area. Please inquire before entering. If unsure, stop and ask!

Work Place Violence

Any act or threat of physical violence, harassment, intimidation, or other threatening or disruptive behavior that occurs.

Recognize warning signs

- Tension
- Disruptiveness
- Loss of control

- Never allow a potentially violent person to come between you and the doorway.
- Never turn your back.
- Report harassment/aggressive behavior immediately
- Notify your Clinical Instructor and Supervisor/Security (5-5555)

<table>
<thead>
<tr>
<th>AGGRESSIVE BEHAVIOR</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tension</td>
<td>Remain calm. Listen. Acknowledge the person's frustration. Try to resolve the problem.</td>
</tr>
<tr>
<td>Disruptiveness</td>
<td>Set clear limits. Remain calm and choose your words carefully, to avoid aggravating the situation. Call security privately if the disruptive behavior continues.</td>
</tr>
<tr>
<td>Loss of Control</td>
<td>Remove yourself from danger and get help. Do NOT try to restrain the person yourself.</td>
</tr>
</tbody>
</table>
Electrical Safety

Always follow operating instructions when using equipment. Report any defects immediately to the facility. Do not use defective equipment! Examples of potential defects include:

- plug does not fit properly in outlet
- feels unusually warm to touch
- smells hot
- makes noise or pops 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
- missing the third or grounding pin on the plug
- cord is frayed

Other considerations:

- Patient’s may be prohibited from bringing electrical devices from home, or may be required to have personal electronic devices inspected before use.
- Certain electrical outlets are connected to the hospital’s emergency generators. Essential equipment should be kept plugged into emergency outlets.
- Avoid extension cords.
- Pull on the plug to remove equipment from on outlet; never pull on the cord.
- Turn equipment off before unplugging or plugging in.

Medical Gases

Become familiar with the various medical gases on the unit. Identify by color and specific fittings, valves, regulators, and gauges for each type of cylinder. Ask for assistance when handling!

Store in assigned locations

- Full and empty oxygen tanks are stored in separate labeled carts.
- No more than 12 stored “E” oxygen cylinders per smoke compartment.
- Never place an empty or partially full oxygen tank in a “full” rack.

Life Safety Code (LSC)

A set of standards that specify construction and operational conditions to minimize fire hazards and provide a system of safety in case of fire/evacuation.

- Exit routes clearly lit and not blocked with equipment
- Evacuation routes posted and visible
- Fire drills at least quarterly
- Directions for alternate routes during construction

Interim Life Safety measures are put in place during construction or renovation when the usual LSC may not be fully functional.
Slips, Trips & Falls

- **Slips** - loss of friction
- **Trips** - loss of footing
- **Falls** – tripping or slipping on a walking or standing surface

Prevention:

- Use appropriate lighting
- Wear slip resistance shoes (rubber soles)
- Observe/use safety signs for slip hazards (wet floors)
- Maintain center of balance when stepping
- When weather is hazardous, walk like a duck! (feet flat, slightly spread apart, toes slightly outward)
Back Safety

Lower back strain is the most common injury. Nurses are especially vulnerable because of the tasks involved in providing patient care. One way to avoid injury is to use proper body mechanics when lifting and/or transferring patients. Soliciting and using additional staff or mechanical assistance when needed is another important factor in maintaining a healthy back. Use the following guidelines:

**Lifting:**
1. Keep load close to your body.
2. Bend the knees and hips.
3. Tighten the abdominal muscles when you lift.
4. Avoid twisting as you lift.
5. Lift with legs and buttocks.

**Pushing and Pulling:**
1. Stay close to the load.
2. Avoid leaning forward.
4. Use both arms.
5. Tighten stomach muscles when pushing.

**Reaching:**
1. Reach only as far as is comfortable, usually at shoulder level.
2. Test weight by lifting corner.
3. Let arms and legs do the work, keeping the back straight.
4. Tighten the stomach muscles as you lift.
5. Arrange work area to minimize reaching.

**Twisting:**
1. Kneel down on one knee.
2. Maintain the natural curves of the back.
3. Position yourself for the best possible leverage.
4. Turn entire body, keeping feet and hips pointing in the same direction.

**Bending:**
1. Maintain the natural curves of the back.
2. Bend the legs and hips rather than the back.
3. When leaning forward, move your whole body not just your arms.

**Sitting:**
1. Get a chair with good lumbar support.
2. Sit close to your work rather than leaning.
3. Change positions often to avoid fatigue. Keep arms and shoulders relaxed.
Emergency Management

TJC defines an “Emergency” as disrupting the organization’s ability to provide care, or the environment of care, or that results in a sudden, significantly changed or increased demand for services. Each of our hospitals has a Disaster Preparedness Plan to promote orderly activation of the hospital and to mobilize resources in response to an emergency need.

Code activation may be communicated by overhead page, sending out a group page or call, or by other means. Your Clinical Instructor will discuss your role/response in the event of a disaster or emergency. Ensure you receive direction from your Instructor or Preceptor in preparation for an event or fire drill (including where you are to meet).

### BHS Emergency Codes

Dial **5-5555** if in the hospital for any emergency in the physical building (pertains to patients, employees, visitors). Dial **9-1-1** for BHS locations outside the hospital. Identify yourself, your location, and the type of emergency.

- **Code Blue:** Cardiopulmonary Arrest
- **Code Grey:** Disaster
- **Code Black:** Bomb Threat
- **Code Pink:** Infant/Pediatric Abduction
- **Code Purple:** Missing Adult Patient
- **Code Orange:** Hazardous chemical exposure
- **Code Red:** Fire
- **Code Green:** Disturbance or combative person
- **Code White:** Active Shooter
- **Code Yellow:** Fall
**Code Blue – Cardiopulmonary Arrest**

Code Blue teams are summoned in the event of a cardiopulmonary arrest, and include a larger number of disciplines than a Rapid Response Team call.

- Locate crash cart on the first day of your rotation
- Assist with CPR (if indicated)

**Code Gray – Disaster**

Purpose: To provide notification of a disaster - Internal, External, or Standby
- Follow directions from your Instructor

Emergency Incident Plan - Command Center is established at each hospital to:
- Communicate with the city-wide command
- Coordinate facility response
- Delegate assignments to the Personnel Pool
- Communicate with ED medical officer or designee
- Ask staff how you can assist.

**Code Black – Bomb Threat**

Purpose: To provide notification of a bomb threat.
- Keep caller on the phone
- Use the **yellow** Threat Procedure Checklist (near each phone)
- Be alert to suspicious devices or packages – report immediately
- Keep Calm

**Code Pink – Infant/Child Abduction**

Purpose: To rapidly locate missing infant/child
- The Facility Exit Monitor Chart assigns specific exits and responsibilities to each unit.
- Entrance will only be allowed through the ED.
- Staff will await overhead page or radio advising “All Clear”.

**Code Purple – Missing Adult**

Purpose: To rapidly locate wandering/missing patients who have departed their floor/unit without communication.

If patient is deemed missing after a quick search of the unit, staff will call “555555” and give a brief description of the patient. When Code Purple is announced overhead:

- Staff will proceed to pre-assigned exit to monitor for patient fitting description.
- Persons not fitting description will be allowed to leave at the discretion of the door monitor.
- All personnel shall await overhead page or radio advising “All Clear”.

**Code Orange – Hazardous Chemical Exposure**

Purpose: To notify personnel of a patient entering the hospital following exposure to a hazardous chemical. The facility Decon Team will respond accordingly.

Hazardous Material: Any item or agent (biological, chemical, physical) having the potential to cause harm

**Code Spill**

Evaluate the spill to determine if it is simple or complex. Assist in containing the spill to decrease spread (if possible), and prevent others from coming in contact with the spill.

**SIMPLE SPILL**

Does not spread readily; is not dangerous to people, property, or the environment. Simple spills can be handled within the department.

**COMPLEX SPILL**

Spreads readily; potentially dangerous to people, property, or the environment. Complex spills are reported to the Spill Team for cleanup and disposition. Staff will dial “55555” and tell the operator of the “Code Spill”. The operator will announce the spill overhead and the facility Spill Team will respond.

**Code Yellow – Patient Fall**

Purpose: To summon an immediate response to patient falls, staff:

- Provides immediate assessment/intervention of patient
- Identifies factors leading to fall
- Implements actions to prevent fall recurrence

Help us prevent falls by implementing the following:

- Place the patient’s call light and frequently used items within reach of the patient.
- Maintain the bed in low position. Maintain wheelchair and bed in locked position.
- Provide non-skid slippers for patients without safe footwear. Ensure Fall Risk armband is placed.
- Remove trip hazards.
- Education patient and family regarding increased risk for injury related to change in environment or weakness due to illness/injury/medication/bed rest.
- Continually monitor patient activity.
- Flag as “priority” for call light response.
- Hourly rounding to check on Pain, Potty (need to go to the bathroom), Position (comfort), Possessions (within reach), Pump (beeping or alarming), and Privacy.

If a patient is found on the floor, assess for ABCs, activate Code Blue or RRT (if needed). Otherwise activate Code Yellow and assist the Nurse. Do not move the patient.
Code Red - Fire

Purpose: To provide notification of a fire.

In the event a fire does occur, stay calm and R.A.C.E., which stands for Rescue, Alert/Alarm, Confine, and Extinguish. Never shout “Fire!” If you discover a fire in your immediate area, assist staff to RACE:

R  RESCUE
Remove patients and visitors from immediate danger. Evacuate if necessary. Evacuate horizontally (laterally) through at least one set of fire/smoke doors. Never use the elevator.

A  ALERT or ALARM
Activate the hospital fire alarm system. This may include calling the hospital emergency number and pulling the fire alarm handle in the area. Give your name, phone number, location of the fire and description of what you see and smell.

C  CONFINE or CONTAIN
Close doors and windows. Place a wet towel along the bottom of doors leading to the fire to help confine the fire and prevent smoke from spreading.

E  EXTINGUISH
If the fire is small, use the fire extinguisher in the area to put out the fire. Do not attempt to extinguish a fire if doing so would put you in danger.

When using a fire extinguisher, remember PASS:

P  Pull the pin
A  Aim the extinguisher nozzle or horn at the base of the fire
S  Squeeze the handle
S  Sweep from side to side at the base of the fire until it goes out. Watch for flashes and reactivate the extinguisher, if necessary.

BHS extinguishers are Class ABC (used for all types of fires)
- Only effective on small fires
- Fires requiring more than one extinguisher are too large and pose a greater risk of injury

Code Green

Purpose: To summon Non-Violent Crisis Intervention-trained staff and additional manpower to a disturbance on BHS property. The Security Officer in charge at the scene will direct the Code Green Response. If you are located outside a hospital facility, dial 9-1-1.

- Be aware of changes in normal behavior
- Position yourself for exit
- Never turn your back or allow anyone behind you
- Call Security (5-5555) if threatened, unsafe, uncomfortable
- Call before a situation gets out of hand
Code White

Purpose: To notify personnel of an active shooter.

DO NOT RESPOND TO SHOOTER LOCATION

- Provide as much information as possible (location, shooter description, last direction traveled, number of victims).
- Go to locked or barricaded room, turn off lights, silence cell phone, close blinds/windows/doors.
- Stay out of sight and adequately shielded by block walls, thick desks, etc.
Restraints

Freedom from restraints is a patient right. Healthcare workers should strive to understand potential causes of unwanted behavior and to attempt alternative techniques to manage behavior and promote patient safety before restraints are considered.

_restraint is any method, physical or chemical, or a mechanical device, material or equipment, that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or heady freely._

Behavioral devices include wrist & ankle restraints, side rails x 4, Geri chair, restraint chair, and mittens. Physical holds (personal restraint) and use of seclusion are also considered a Restraint. Vest restraints, roll belts, elbow splints and restraining nets are not approved restraints at the BHS.

Remember: Patients have the right to refuse treatment until and unless they are declared to be incompetent. Do not restrain a patient in order to force treatment or test, such as a blood draw, etc.

Each episode of restraint considers the impact on the patient, including:
- Protecting and preserving patient rights, dignity and well-being
- Bases use on the patient’s assessed needs
- Considers least restrictive alternatives
- Assures safe application and removal by qualified staff
- Monitors and reassesses the patient during use, using qualified staff
- Meets patient needs during use
- Safety to the patient
- Impact on the patient’s ability to continue his or her care and participate in care processes
- The patient’s rights to make informed decisions regarding he/her care, including decisions to utilize restraints. The need for restraints will be discussed with the patient / family/ significant other.
- Risks associated with vulnerable patient populations, such as emergency behavioral, pediatric, and the cognitively and physically limited patients.
- Restraints are discontinued as soon as the behavior or conditions, which was the basis for the restraint order, is resolved.

Restraint Orders:
- Ordered by a physician
- PRN orders are not accepted
- The order must specifically state what method of restraint or seclusion is used
- Indications for the restraint are documented on the Restraint Order Form and Restraint Flowsheet. Restraint shall only be used for the protection of the patient, staff members or others.

Patient Monitoring Includes:
- Vital signs, including circulatory and respiratory status
- Circulation and range of motion in extremities
- Nutrition needs
- Hydration needs
- Elimination needs
- Level of distress/agitation
- Psychological status
Cognitive functioning
Comfort
Indication that less restrictive methods are possible
Readiness for discontinuation
Skin integrity
Signs and symptoms of injury associated with restraint use

Other important considerations:
- Identification of staff and patient behaviors, events, and environmental factors that may increase / decrease agitation
- Understanding how the underlying medical condition may affect behavior
- Validation of safe application and release of all types of restraint and seclusion
- Recognizing and responding to signs of physical and psychological distress (i.e. physical asphyxia)
- Recognizing specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

Frequency and documentation of patient monitoring may vary depending on reason for restraint, patient condition and hospital policy. Please check with the RN responsible for the patient to ensure that requirements are met.

Joint Commission
Accountability Measures

The Joint Commission and the Centers for Medicare and Medicaid Services (CMS) require accredited hospitals to collect and submit performance data. Accountability measures are a set of “Best Practice Standards” that have been proven to reduce morbidity, mortality and re-admission rates—improve patient care and save lives! Reporting is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with this knowledge.

Data is collected and hospitals are graded or given a “score” reflecting their performance. Scores are publicly reported on the Internet and allows consumers to compare hospitals in their achievement of the core measure goals.
Parking Instructions

** Students are highly encouraged to carpool **

**At Mission Trail Baptist:** Free parking is available in the lot directly in front of the hospital.

**At North Central Baptist:** Please park in the Oak Center lot (adjacent to Stone Oak Pkwy) - refer to the map below.

**At Northeast Baptist:** Free parking is available in the open parking lot across from the Emergency Room entrance. Students are not to park in the garage.
At Baptist Medical Center: Students are to park in Lot 5 ONLY (corner of Lexington and E. Quincy (see Baptist Medical Center Complex map below). You will need to stop by the Parking Office (see map below) to pick up your student parking pass.

Baptist Medical Center Parking Department Office is located in Suite 102 (210-297-7854. They are open Monday-Friday from 8:00 – 16:00

At St. Luke’s Baptist: Parking is available in the Medical Tower 2 garage. There is a fee to park in the garage so we encourage students to carpool when possible. If you would like to purchase a parking pass, please see the attendance officer at the exit booth.
Uniform and Appearance

Photo ID Badge
All students are required to wear a school issued photo identification badge at the level of the lapel while in the hospital as a Student (this includes visits to the hospital to collect patient data, when meeting BHS staff, when participating in tours, etc.). Your badge must display your name, designation as a student, and the name of your school/program. Students without a badge are not permitted to conduct student activities on the unit.

Uniform
Your uniform and appearance inspires confidence and communicates professionalism to our patients, families, visitors and colleagues. Uniforms have been mutually agreed upon between our hospital system and your school/program as follows:

- Undergraduate students: School’s designated clinical uniform with a school patch or logo.
- Graduate students: Professional attire with a white lab coat.
- High School Health Science/HOSA students: Polo shirt with the school’s patch and khaki pants (or an alternative uniform approved by the Hospital). High School students may not wear scrubs.
- PT/OT/SLP students:
  - In the hospital: Teal colored scrubs
  - At Baptist HealthLink locations, Khaki pants and a nice shirt.

Appearance
Students are to dress in accordance with dress and personal appearance standards approved by the School and Hospital.

- Students may not wear open toe shoes.
- Tattoos must be covered.
- No facial or body piercing (tongue, eyebrow, etc.) is permitted.
- Fingernails must be clean, short and neatly trimmed.
- Hair should be clean and well groomed. Long hair should be restrained so as not to fall into the work area or when it may pose a safety hazard. Hair color shall be maintained in a manner that is reflective of the professional and conservative standards. Hair colors shall be neutral or natural looking and promote professionalism.
Excessive jewelry is not to be worn and should be conservative in style. Perfumes, colognes, after shaves or fragrances should be worn in moderation.

All students are expected to be well-groomed and maintain high standards of cleanliness and hygiene. For additional information, please review HR-21 Appearance, Dress Code and Hygiene policy.

Books and Belongings

Due to limited space, we ask that you limit books and personal belongings. Please do not store money or valuables in your car or on the unit.

We are grateful for our partnership with your school/program in providing educational opportunities for students. While on the unit we ask that you utilize your time and resources by actively participating in unit/department activities.
Students on Clinical Units

Patient Data Collection

Please have your Clinical Instructor assist in obtaining appropriate electronic patient information. Unit staff may also be able to assist with data collection when time permits. Ensure HIPAA requirements are adhered to at all times!

Posting your Patient Assignment on the Clinical Unit

We ask that faculty and students document arrival and departure times from the unit on the Faculty/Student Sign In-Out form provided in this booklet. Please post the completed form behind the nurse’s station (or other area as designated by the unit), and assist our staff in accounting for each student in the event of an emergency or post-exposure.

Resources

- Become familiar with equipment/supplies. Ask your Clinical Instructor/BHS staff for assistance when something is unfamiliar!
- Know where to find BHS policies when needed.
- BHS student policies can be found on our website: https://www.student.baptisthealthsystem.com.
- BHS/Tenet hospital policies are located on the BHS intranet homepage. To access, please ask your Clinical Instructor and/or BHS staff for assistance.
- Work under the Supervision of your Clinical Instructor (or BHS Preceptor if assigned)

Assignments in Surgical Services

- **Nursing Students:** If you are scheduled to rotate through the Surgical Services area (OR, PACU, Outpatient OR, GI Lab), please report to the Board Runner no earlier than 0700. Note: Nursing Student observations are based on the availability of space. If space is unavailable, please contact your Clinical Instructor for a back-up plan.

- **Surgical Tech Students:** Please report to the Board Runner promptly at 0630 dressed in OR scrubs to be paired with BHS Surgical Tech staff. Surgical Tech students who are late may not receive an assignment for the day, and will need to follow up with the school’s Instructor for a back-up plan.
Participation in Shift Report

Nursing students are expected to receive shift report when coming on shift and provide a hand off report to the nurse when leaving the unit for lunch/breaks and at the close of the clinical day. Please be aware that the staff will be unavailable during shift report to assist with patient assignments. If you already have a patient assignment, please listen to report. If you need to arrange a patient assignment, please work with your Clinical Instructor and/or Charge Nurse before or after shift report.

Performance of Skills

Under the supervision of your Instructor (or BHS Preceptor if assigned), you may assist in the performance of skills that are within your scope of training. All clinical skills must first be demonstrated/validated in your school’s lab setting. Immediately report any changes in the patient’s condition to the patient’s nurse. Be sure to use the “Repeat Back” process to communicate key information or instructions.

Nursing students are required to bring your school issued “Record of Nursing Skills: Clinical Passport” booklet to the unit each clinical day. Your passport booklet should reflect nursing skills you have completed in your school’s lab, and any observed skills you have performed in clinical. If you have misplaced your passport booklet, please let your instructor know, as you will need a new passport before coming to the Hospital.

Patient Transfers

Help keep our patients safe! When transferring our patients, please use appropriate safety/transfer belts or transfer equipment during transfer and gait activities. Patients in wheelchairs who are confused or lethargic will be secured in a wheelchair and visually monitored. Please contact your Instructor or BHS Nurse for assistance with transfers.

If a patient fall occurs, please dial 55555 and report a Code Yellow. This will initiate our Code Yellow Response Team to the location of the fall for appropriate assessment and intervention.

Chain of Command

Nothing is more important than safety! When you are looking for assistance or have a concern, the first person you should approach is your Clinical Instructor and/or the BHS Nurse assigned to the patient. If you have a concern and don’t feel resolution has occurred, it is appropriate to start moving up the chain of command by seeking assistance from the Charge Nurse, Unit Supervisor/Nurse Manager and/or Unit Director.

Incident Reporting

You play an important role in providing safe, quality patient care and in maintaining a safe environment. If you witness an adverse or unusual occurrence (with or without injuries), please notify your Instructor/BHS Nurse immediately. Work with your Instructor and our staff to ensure a safe environment and assist hospital staff with completing an occurrence report.
Student Paperwork Requirements

Please work with your Faculty (or designee at your school) to complete and sign all student paperwork on the following pages. Once forms are complete, please return to:

- Lorna Thomas (lethomas@baptisthealthsystem.com) – for Undergraduate and Graduate Students
- Theresa Kirkpatrick (Theresa.Kirkpatrick@baptisthealthsystem.com – for Medical/NP/PA/First Assist Students

All forms must be completed and returned prior to being cleared to start your practicum experience. Incomplete/unsigned forms will not be accepted.
## Orientation Record

School/Program: _____________________________ / _____________________________

Course#: _____________________________

Name of Instructor: __________________________

Office #: _____________________________

Cell # (if in hospital): _____________________________

Clinical Days: ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat

Clinical Hours: _____________________________

First Rotation Date: _____________________________

Last Rotation Date: _____________________________

Student Level: _____________________________

Hospital(s): ☐ Baptist Medical ☐ St. Luke’s ☐ Northeast ☐ North Central ☐ Mission Trail ☐ HealthLink

Dept/Unit(s) where the student will rotate through: _____________________________

OR BHS Preceptor who will be working with your student: _____________________________

<table>
<thead>
<tr>
<th>Printed Name of Student and any Faculty at the Hospital</th>
<th>CPR Expiration Date</th>
<th>Date of Birth (Month and Day ONLY)</th>
<th>Date of Current Season’s Influenza Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty (if on-site):</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Student:</td>
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<td>Student:</td>
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<td>Student:</td>
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</tbody>
</table>

The student(s) have reviewed the following topics in the BHS Student Orientation Booklet this semester in preparation for his/her practicum coursework at the hospital: (please note there may be additional facility-specific requirements):

- ☑ Fire Safety
- ☑ National Patient Safety Goals
- ☑ Restraints
- ☑ Infection Control
- ☑ Student Resources & Guidelines
- ☑ Cultural Competence
- ☑ Accountability Measures
- ☑ Tenet Information Privacy and Security
- ☑ Sexual Harassment
- ☑ Hazard Communication
- ☑ Emergency Management
- ☑ Back Safety
- ☑ Abuse and Neglect
- ☑ HIPAA
- ☑ Abuse & Neglect
- ☑ Patient Rights
- ☑ Electrical Safety

### Health of Program Participants

School affirms the Program Participant(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 12 months; and
2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.
5. Current season’s influenza vaccine.

### Background Checks

School has conducted a retrospective background check on all students assigned to the program and members of staff/faculty responsible for supervision and/or instruction prior to their participation in clinical activities. Unless Hospital is notified in writing, all background checks are negative. The background check included the following:

1. Social Security number verification.
2. Criminal Search (7 years)
3. Violent Sexual Offender & Predator registry
4. HHS/OIG/SAM

Name of Faculty (or school designee): ____________________________________________

Signature of Faculty (or school designee): ________________________________________ Date: __________

rev 2/21/19 lt
EXHIBIT A
STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of VHS San Antonio Partners, L.L.C. d/b/a Baptist Health System (“Hospital”), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by _____________________, _____________ (“School”) at Hospital unless such injury or loss arises solely out of Hospital’s gross negligence or willful misconduct.

Dated this ____ day of ____________, 20__.

____________________________________
Program Participant Signature

____________________________________
Witness Program Signature

____________________________________
Printed Name of Program Participant

____________________________________
Printed Name of Witness

EXHIBIT B
CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between _____________________, _____________ (“School”) and VHS San Antonio Partners, L.L.C. d/b/a Baptist Health System (“Hospital”), to keep confidential any information regarding Hospital patients and proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned further acknowledges that he or she has read Hospital’s patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital’s and School’s privacy policies and procedures and privacy practices.

Dated this ____ day of ____________, 20__.

____________________________________
Program Participant Signature

____________________________________
Witness Program Signature

____________________________________
Printed Name of Program Participant

____________________________________
Printed Name of Witness
# NICU Hand Hygiene Contract

(Complete **ONLY** if rotating through the NICU)

<table>
<thead>
<tr>
<th>Student Initials</th>
<th>I will remove <strong>all hand and arm jewelry</strong> such as rings, watches and bracelets prior to performing initial hand washing and providing patient care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I will not wear <strong>any</strong> rings even plain bands.</td>
</tr>
<tr>
<td></td>
<td>I will not put my watch back on after washing.</td>
</tr>
<tr>
<td></td>
<td>If long sleeves are worn, I will keep them rolled up above the elbow at all times.</td>
</tr>
<tr>
<td></td>
<td><strong>At the beginning of the shift, prior to entering the work area,</strong> I will perform <strong>initial</strong> hand washing (up to the elbows) for <strong>30 seconds</strong>.</td>
</tr>
<tr>
<td></td>
<td>► I will not use a scrub brush.</td>
</tr>
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<td></td>
<td>► I will remove debris from underneath fingernails using a nail cleaner (pick) under running water.</td>
</tr>
<tr>
<td></td>
<td>I will wash with soap and water for at least <strong>15 seconds</strong> when my hands are visibly dirty or contaminated with blood or body fluids.</td>
</tr>
<tr>
<td></td>
<td>I will use an alcohol based hand rub for routine hand decontamination if the hands are not visibly soiled, at the following times:</td>
</tr>
<tr>
<td></td>
<td>► before direct contact with patient</td>
</tr>
<tr>
<td></td>
<td>► before contact with equipment in the immediate vicinity of the patient</td>
</tr>
<tr>
<td></td>
<td>► after direct contact with patient</td>
</tr>
<tr>
<td></td>
<td>► after contact with equipment in the immediate vicinity of the patient</td>
</tr>
<tr>
<td></td>
<td>I will perform “hand hygiene” before and after patient contact <strong>even when I am wearing gloves.</strong></td>
</tr>
<tr>
<td></td>
<td>I will keep my natural fingernails neat, short (less than ¼ inch long) and clean.</td>
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<tr>
<td></td>
<td>I will remove nail polish that is chipped or peeling.</td>
</tr>
<tr>
<td></td>
<td>I will not wear artificial fingernails, nail tips or other nail enhancements.</td>
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<tr>
<td></td>
<td>I will use only hospital approved hand lotion.</td>
</tr>
<tr>
<td></td>
<td>I will not bring personal hand lotions in for use at work.</td>
</tr>
<tr>
<td></td>
<td><strong>I agree to comply with the above requirements and to enforce compliance of other caregivers and personnel assigned to the Neonatal Intensive Care Unit.</strong></td>
</tr>
</tbody>
</table>

Student Name (printed): _______________________________________________  
Student Initials: _______

Student Signature: _______________________________________________  
Date ____ / ____ / ____

Witnessed by (faculty): ______________________________________________

Rev 2/21/2019
Student/Preceptor Agreement
(Complete ONLY if prior Preceptor arrangements have been made)

Instructions:
It is the responsibility of the student to arrange a clinical preceptor. BHS does not provide preceptors.

1) Complete Section 1 and have your Preceptor complete and sign Section 2.
2) If you will be precepted on a clinical unit, please obtain a signature from the Unit’s Director in the designated space at the bottom of the form.
3) Completed forms must be submitted prior to the start of your practicum.

Incomplete forms/missing signatures will be returned and you will be asked to re-submit a completed form before being “cleared” to begin practicum coursework.

Section 1

Student Name: ____________________________
School: ____________________________ Program: ____________________________
Course Name: ____________________________
Course Number: ____________________________
BHS Clinical Site: BMC _____ NCBH _____ NEB _____ SLBH _____ MTBH _____
Practicum Dates: Start ___________ End ___________ Total Number of Hours _____________

My school/program will provide personal liability insurance protection and will assist me, as necessary, in providing the optimal environment for my clinical education.

Note: Students who are also BHS employees are not permitted to complete practicum hours in the department where employed. All practicum hours are to be completed ‘off the clock’.

___________________________________________________
(Student Signature) (Date)

Section 2

Preceptor Name: (print clearly): ____________________________ Credentials: ____________________________
Email Address: ____________________________ Telephone #: ___________ FAX #: ___________
Preceptor’s License # (if appropriate): ____________________________ Expiration Date: ___________

I agree to precept the above student and will provide direct clinical supervision throughout the practicum dates listed above. I have received information regarding the student’s course objectives and have had the opportunity to discuss with the student.

___________________________________________________
(Preceptor Signature) (Date)

___________________________________________________
(Department/Unit Director’s Signature) (Date)

Rev 2/21/2019