

Baptist Health System

Orientation Booklet for Students

Welcome! We hope your clinical experience at the Baptist Health System is exciting and educational. This booklet was developed to facilitate the preparation for your rotation/internship in our hospitals.



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About the Baptist Health System

For more than a century Baptist Health System has been caring for the health and spiritual needs of people in San Antonio, south Texas and beyond. The Baptist Health System exists to provide the highest quality in health care delivery, education and community service through a dedicated team of health care professionals working together in a compassionate Christian environment.

OUR MISSION STATEMENT

We help people achieve health for life through compassionate service inspired by faith.

OUR BHS VALUES

COMPASSION

• *We treat everyone with respect and dignity, caring for others, valuing the ideas and perspectives each individual holds.*

SAFETY

• *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.*

EXCELLENCE

• *We will do the right thing, the right way, every time.*

ACCOUNTABILITY

• *We take full ownership of our actions and their outcomes, living our values with openness, integrity and trustworthiness.*

INNOVATION

• *We will embrace new ideas and thinking to improve what we do.*

FAITH

• *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.*

Our 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.

Service Excellence

See It, Say It, Fix It

See It – If you see or think you see something that violates standards, don't look the other way!

Say It – Discuss with your Clinical Instructor, BHS Staff, and/or unit Director/Manager.

Fix It – Work with your Clinical Instructor and/or BHS staff to resolve concerns.

When you strive to provide **excellent service**, standards are important. Standards are the lines over which we will not cross even if it would be convenient. The Standards of Conduct help us identify, learn and use those lines in our daily decisions. Every BHS employee has a responsibility to protect patients, employees, and property by reporting suspected theft, waste, fraud, and abuse of assets. All calls are confidential, you will not be required to identify yourself, and caller ID is not used.

Ethics Action Line: 1-800-8ETHICS

E-mail: ethics@tenethealth.com

Communication with Compassion and Respect

When communicating with our patients and their family members, please use AIDET:

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.

- Tell them 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 about what will happen, how a procedure works, and who to contact for assistance.
- 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

How to 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 with the patient’s feelings
- Before leaving the patient’s room, ask “Is there anything you need?”

Service Recovery

Think “**CARE**”

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, get help, ensure there is follow up

E – Exceed expectations

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

Safe, effective delivery of patient care requires that you understand your role in protecting patients, health care workers, and others in the hospital environment.

FIRE SAFETY

If you discover a fire in your immediate area, respond with **RACE**:

R **RESCUE**

Remove patients, visitors and staff 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.

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.

THE HAZARDOUS COMMUNICATIONS ACT: THE 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")

- 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.

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.
6. Maintain natural curves of the back.

Pushing and Pulling:

1. Stay close to the load.
2. Avoid leaning forward.
3. Push rather than pull whenever possible.
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 PLAN

Each hospital has a master Disaster Preparedness Plan to promote sound, orderly activation of the hospital and to mobilize its resources in response to a sudden influx of casualties or emergency need. Code activation may be communicated by overhead page, sending out a group page or call, or by other means. A facility representative will inform you in your role in the event of a disaster or emergency response. Some facilities may have additional codes for other emergency responses

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

INFECTION CONTROL

Reduce the Risk of Health Care-Associated Infections

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, washing 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.

Standard and Isolation Precautions

Standard Precautions

Standard Precautions are practices with ALL patients regardless of their diagnosis or presumed infection status. All blood and body fluid is treated as possibly infectious. It is your responsibility to wear appropriate Personal Protective Equipment (PPE).

- Wash hands
- Wear gloves when in contact with blood, body fluids, secretions and excretions (except sweat)
- Wear goggles, mask, face shield if splashes to the face are possible
- Wear a gown if contact to your body is possible. Be careful with sharps!

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
- 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).

If you have a needle stick, sharps accident or unprotected exposure to blood or body fluids, notify your instructor immediately!

Transmission-Based Precautions

Transmission-Based Precautions are designed for patients with known or suspected highly transmissible or epidemiologically important pathogens.

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 required 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.
- For certain procedures (i.e. orthopedic, cardiac, vascular), screen patients for colonization with Staphylococcus aureus and decolonize according to BHS guidelines.

Disposal of Biohazardous Waste:

Sharps Containers- for disposal of sharp objects, needles, syringes, blades, and broken glass. Always replace the container when it is 2/3 full.

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.

Cleaning of Equipment

The BHS uses the following:

- **PDI Super Sani-Cloth (Purple Top Wipes):**
 - bacteriocidal, tuberculocidal, and virucidal
 - used to clean equipment, keyboards, phones, tabletops, etc.
 - Require **2 minutes of WET contact time.**
- **PDI Sani-Cloth Bleach Wipes (Orange Type Wipes)**
 - bacteriocidal, Fungicidal, Tuberculocidal, Virucidal
 - Require **4 minutes of WET contact time.**
- **PDI Sani-Cloth HB (Green Top Wipes)**
 - Bacteriocidal, Fungicidal, Virucidal
 - Requires **10 minutes of WET contact time**



Always wear gloves when cleaning, disinfecting and deodorizing non-porous surfaces. Do not keep containers in the patient's room.

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 (>100F), 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.

Contact the Employee Health Clinic at the hospital as soon as possible to report any discovery/disclosure of an infectious illness.

CULTURAL COMPETENCE IN HEALTH CARE

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 | -Cooking and food preferences and taboos |
| -Social roles and family members | -Causes of illness |
| -Use of home and folk remedies | -Attitudes toward persons in authority |
| -Communication preferences | -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.

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, (As nursing students doing clinical rotations at a hospital with which your school has an Affiliation Agreement, this includes you) 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 hospitals 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:

1. 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.

2. 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.

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. Breaches 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.

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. Any person suspecting abuse and not reporting it can be held liable for a Class B misdemeanor. Time frames for investigating reports are based on the severity of allegations. Reporting suspected child abuse and makes it possible for a family to get help.

If a student suspects abuse or neglect, they should report their suspicions to their instructor or nursing supervisor immediately.

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 head freely.

Behavioral devices include, but are not limited to mittens, vests, side rails x 4, Geri chairs, enclosed beds, roll (torso) belts, elbow splints. Physical holds (personal restraint) and use of seclusion are considered Violent Restraints.

Exceptions include:

- Voluntary Mechanical Support – used to achieve body position, balance or alignment (e.g. surgical positioning, IV arm board, papoose boards, protection of surgical and treatment sites in pediatric patients, helmets, back, neck and leg braces, orthopedically prescribed devices, etc.
- Age or developmentally appropriate devices (e.g. strollers, safety belts, raised crib rails, crib covers
- Forensic and correction devices used by correction officers to restrain prisoners
- Measures taken to protect the patient from falling out of bed (e.g. side rails up on a narrow or moving stretcher

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 in the nursing notes and/ physician progress notes. 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 at www.hospitalcompare.hhs.gov that allows consumers to compare hospitals in their achievement of the core measure goals.

CMS Core Measure Indicators

CORE MEASURE	What We Track
Emergency Department	Time from Arrival to Departure for Admission Time from decision to admit to ED departure
Immunizations	Influenza Immunization
Perinatal Care	Elective delivery prior to 39 weeks gestation Exclusive Breast Milk Feeding
Sepsis	Severe Sepsis and Septic Shock: management bundle
Stroke	VTE prophylaxis by end of hospitalization day 2 Discharged on antithrombotic Anticoagulant for <u>Afib</u> /Flutter Thrombolytic Therapy Early Antithrombotic Therapy Statin on Discharge Stroke Education Rehab Evaluation
VTE (Venous Thromboembolism)	VTE prophylaxis by end of hospital day 2 Warfarin therapy discharge instructions Hospital acquired potentially preventable VTE

STROKE/HEART ATTACK RECOGNITION

The signs/symptoms of a stroke can be recognized by anyone!

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.

RECOGNITION OF EARLY HEART ATTACK SYMPTOMS

- Chest pressure, squeezing or discomfort
- Back pain
- Shortness of breath
- Feeling of fullness
- Nausea
- Pain that travels down one or both arms
- Jaw pain
- Fatigue
- Anxiety

Out of Hospital: Call 911 for pain lasting more than 5 minutes (or goes away and comes back)

In Hospital: Seek help! Call 5-5555 from any hospital phone to activate our Rapid Response Team.

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 your 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.

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 faculty). 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.

PREPARING FOR YOUR CLINICAL EXPERIENCE AT THE BHS

Parking Instructions for All Students

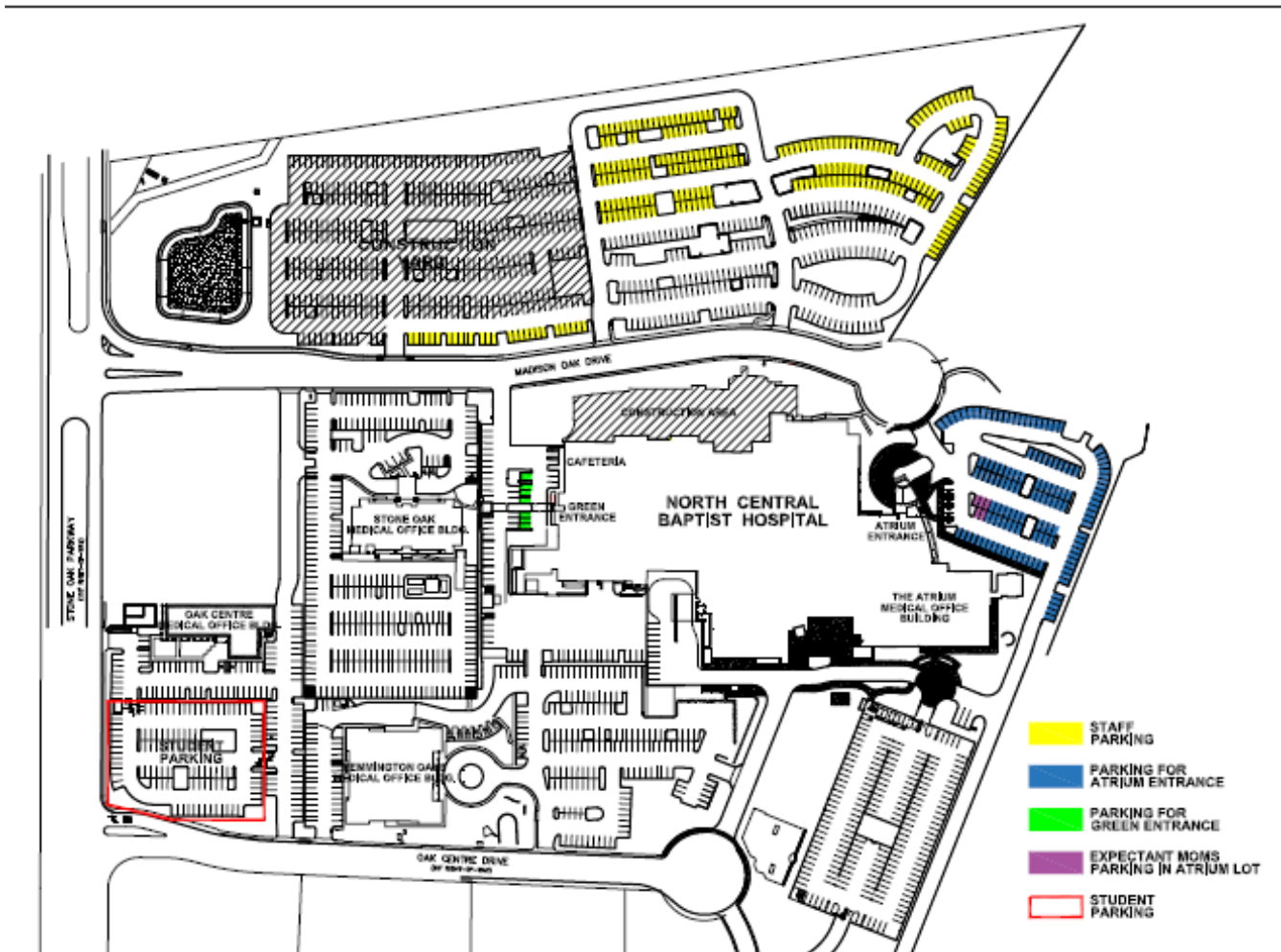
**** Students are highly encouraged to carpool ****

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

At St. Luke's Baptist: Students who will be participating in clinical between the hours of 5 a.m. and 9 p.m. are to park in the St. Luke's Baptist Parking Lot (Lot 25) located on Medical Drive, adjacent to the Post Office (see map below). Parking is free, and shuttle service is provided to drop off and pick up passengers in 10-minute intervals between the hours of 5 a.m. and 9 p.m. Students assigned to clinical after 1800 may park in the Medical Tower One parking garage on levels C or above.

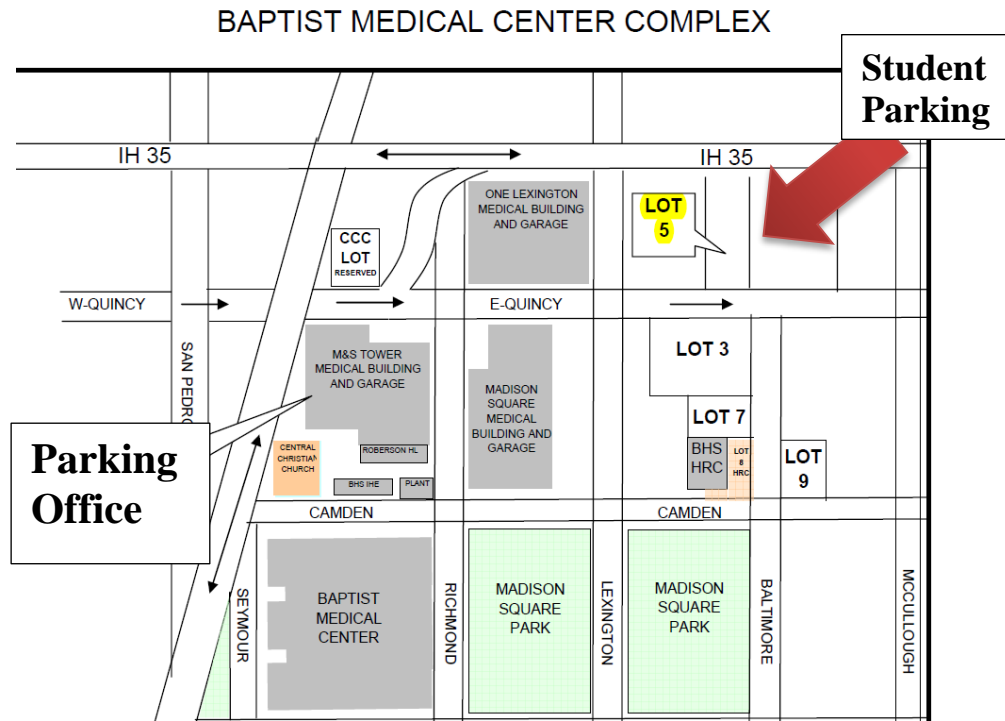


At North Central Baptist: Faculty and Students will need to park in the Oak Center lot (adjacent to Stone Oak Pkwy); refer to the map attached to this notification.



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

On the Unit....

We strive to provide an opportunity for you to participate in various aspects of patient care to develop confidence in the skills necessary to enter the healthcare workforce. The BHS staff will work with you and your Instructor to identify opportunities for a positive educational experience. While on the unit we ask that you utilize your time and resources by actively participating in patient care activities.

Prior to your clinical rotation:

- Review all educational materials contained in this booklet.
- Be familiar with equipment used on the unit. Ask 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 under the 'Most Popular' section. To access, please ask your Instructor and/or BHS staff for assistance.

Badge/Uniform

All students are required to wear a school issued photo identification badge at the level of the lapel at all times 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 will not be permitted in the hospital for a student clinical experience.

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

- Undergraduate students wear the school's designated clinical uniform, school patch (if applicable to your program) and photo ID badge.
- Graduate students may wear professional attire with a white lab coat and a photo ID badge.
- High School Health Science/HOSA students are to wear a school issued photo ID badge, polo shirt/school patch and khaki pants (or an alternative uniform approved by the Hospital). High School students may not wear scrubs.

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

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.

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 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.

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.

Assignments in Surgical Services: 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**. Please note: Student observations in the Surgical Services areas are based on the availability of space. Please be sure you have a back-up plan in the event of space limitations.

FACULTY/STUDENT SIGN IN/OUT FORM

Today's Date: _____ Hospital: _____ Unit: _____
 School/Program: _____
 Instructor Name: _____ Cell Phone# _____

Student	Student First/Last Name	Time In	Time Out	Patient Account #(s)	Student's will perform the following (with permission from the Unit Director/Manager):
1					<p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="radio"/> Take Vital Signs <input type="radio"/> Perform Hourly Rounding <input type="radio"/> Measure I&O <input type="radio"/> Patient Assessment <input type="radio"/> Pass medications with Clinical Instructor (must be coordinated with patient's nurse prior to administration) <input type="radio"/> Pass medications with assigned BHS Nurse Preceptor <input type="radio"/> Other Skills: <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
2					
3					
4					
5					
6					
7					
8					
9					
10					

Note: Faculty are required to contact the Unit Director/Manager at least 2 weeks before the start of the clinical rotation to discuss the student's scope of training. Skills performed on the unit, and the level of student supervision, will be mutually agreed upon by both parties.

Note to Hospital Staff: Please keep completed form on file for six (6) years (in compliance with AD 1.11 Tenet Records Management policy).

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.

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.

STUDENT ORIENTATION PAPERWORK

The following section contains student orientation paperwork. Faculty (or designee from the school), please work with your student group to complete and return the following:

REQUIRED FORMS FOR ALL STUDENTS:

- 1) Orientation Record:** This record is to be completed/signed by the school faculty (or a designee at the school).
- 2) Exhibit A & B ((Statement of Responsibility and Confidentiality Statement):** Please have the student read and sign/date next to the 'Program Participant' section. Faculty (or a designee at the school) should sign/date as the 'Witness'.

ADDITIONAL FORMS (IF APPLICABLE):

NICU Hand Hygiene Contract: To be completed ONLY if the student is scheduled for a rotation/practicum experience in the Neonatal ICU.

Completed forms are to be emailed to lethomas@baptisthealthsystem.com prior to the start of the student clinical experience. Please be aware, incomplete forms will not be accepted. Students are not to begin coursework until all orientation paperwork has been submitted.

GROUP ORIENTATION RECORD

School/Program: _____ / _____ Course#: _____
 Name of Instructor: _____ Office #: _____ Cell #: _____
 Clinical Days: Sun Mon Tues Wed Thur Fri Sat Clinical Hours: _____
 First Rotation Date: _____ Last Rotation Date: _____ Student Level: _____
 Hospital(s): Baptist Medical Center (downtown) St. Luke's Baptist Northeast Baptist
North Central Baptist Mission Trail Baptist HealthLink

Dept/Unit(s) the Students are scheduled on: _____

I hereby verify that the following topics were covered in Student Orientation in preparation for clinical rotations:
 (please note that there may be additional facility-specific requirements):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Fire Safety | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Electrical Safety | <input type="checkbox"/> Patient Rights |
| <input type="checkbox"/> National Patient Safety Goals | <input type="checkbox"/> Hazard Communication | <input type="checkbox"/> Back Safety | <input type="checkbox"/> HIPAA |
| <input type="checkbox"/> Restraints | <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Abuse and Neglect | |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Accountability Measures | |
| <input type="checkbox"/> Tenet Information Privacy and Security | | | |

Date Student Group Reviewed Orientation Materials: _____

Printed Name of Student and any Faculty at the Hospital	CPR Expiration Date	Date of Birth (Month and Day ONLY)	Date of <u>Current Season's</u> Influenza Vaccine
Faculty:			
Student:			
Student:			
Student:			
Student:			
Student:			
Student:			
Student:			
Student:			
Student:			
Student:			

HEALTH OF PROGRAM PARTICIPANTS: School affirms the Program Participant(s) listed above have completed the following health screenings and immunizations:

1. Tuberculin skin test within the past 12 months. If history of previous positive skin test, documentation of a negative/normal chest x-ray during the preceding twelve months is required.
2. Measles serological immunity or documentation of two doses of a measles-containing vaccine.
3. Mumps serological immunity or documentation of one dose of a mumps-containing vaccine.
4. Rubella serological immunity or documentation of one dose of a rubella-containing vaccine.
5. Varicella serologic immunity, positive history of disease, or two doses of varicella vaccine; and
6. Hepatitis B immunization series or serologic confirmation of immunity.
7. Tetanus/Diphtheria/Pertussis – documentation of one dose of TDaP vaccine within prior ten years.

BACKGROUND CHECK: All students and any faculty participating in this clinical assignment have completed a background check. Unless notified in writing, all background checks are negative. School acknowledges this information will be available to all Tenet affiliates as reasonably necessary.

Name of Faculty (or school designee): _____
 Signature of Faculty (or school designee): _____ Date: _____

STUDENT: PLEASE READ AND SIGN NEXT TO 'PROGRAM PARTICIPANT SECTION.
FACULTY/SCHOOL DESIGNEE: PLEASE SIGN NEXT TO THE 'WITNESS' SECTION.

**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)

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

Student Name (printed) _____

Student Initials _____

Student Signature _____

Date ____ / ____ / ____

Witnessed by (faculty) _____

