St. Christopher's Hospital for Children

A PARTNERSHIP OF TOWER HEALTH AND DREXEL UNIVERSITY

Student/Faculty Nursing Orientation Handbook 2020-2021

MAGNET
RECOGNIZED

AMERICAN NURSES
CREDENTIALING CENTER

7/2020

Welcome to St. Christopher's Hospital for Children. We hope that you have an enjoyable learning experience. Please review the following important information in the student handbook. Please sign and return the attestation and confidentiality forms and the Fire, Safety, Infection Prevention and Employee Health Training quiz to your Nursing Clinical Instructor. Please reach out to your Nursing Clinical Instructor with any questions.

Important Reminders

1. All students are required to don a surgical mask upon entering the hospital premises and must remain in place until exiting the premises. If reusing your mask, it may be stored in a breathable container or paper bag.
   Protective eyewear is required to be worn on all clinical units. All surgical masks and protective eyewear must be pre-approved. Please verify with your clinical instructor.

2. Students are not permitted to care for patients requiring enhanced precautions or for patients whose isolation requires that an N-95 mask be worn. Students are not permitted to observe or participate in any care of patients requiring aerosol generating procedures.

3. If you have traveled, are not feeling well, or if you have any of the following symptoms including, but not limited to cough, shortness of breath, fever, sore throat, diarrhea, vomiting, rash, abdominal pain, loss of sense of taste or smell, weakness, red eye(s), muscle aches, bruising or bleeding, joint pain, severe headaches, please report immediately to your clinical instructor for further guidance.

4. All students will be required to go through the screening process upon entry to the hospital.

5. All students must maintain social/physical distancing guidelines during any conferences, meetings etc.

6. Please be sure to wash hands before and after the care of each patient including before and after touching any objects in the patient's immediate area, before and after glove use, when in contact with blood, body fluids, excretions and secretion and when in contact with potentially contaminated or "high touch items" e.g. specimens, computer keyboard/mouse, cell phones etc.

St Christopher's Hospital for Children

St. Christopher's Hospital for Children was founded in 1875 and we are celebrating 140 years of service to the North Philadelphia community. The **189-**bed Hospital provides routine pediatric care as well as care for many children with complex conditions.

Through a partnership of Tower Health and Drexel University, St. Christopher's Hospital is a premier academic medical center that helps train the next generation of pediatricians.

In 2009, St. Christopher's achieved Magnet® designation, which is one of the nation's highest forms of recognition for nursing excellence, and the hospital and its medical professionals have received numerous awards for medical excellence, research and innovative practices in patient care.

Patient Experience/ Customer Service

Customer Service: Our Commitment to Excellence:
High-quality, family-centered care, in a collaborative, nurturing and culturally diverse environment.

Patient and Customer Experience
What is it?
An environment before, during and after SCHC or SCPA interaction to feel they are cared for by a competent staff and valued as a person which generates an emotional engagement, not only with <u>you</u> but with the organization as a whole.
Our goal is to WOW our customers!

How Do We Measure Satisfaction?
SMART (System Measurement & Reporting Tool)
Telephone surveys: Inpatient, Outpatient, ED areas "Every patient/customer, Every Time"
Survey Categories
- Nursing Communication- IP,OP,ED
- Doctor Communication- IP,OP,ED
- Responsiveness of Staff- IP
- Pain Management- IP, OP,ED
- Communication About Meds- IP,OP,ED
- Cleanliness/Quiet-IP
- Discharge Information- IP,OP,ED
- Patient Access/Wait Times- IP,OP,ED
    IP- inpatient
    OP- outpatient
    ED- Emergency Department

<u>Always Events</u> : Our Standards
- Attitude
- Customer Acknowledgment
- Telephone Etiquette
- Customer Waiting
- Customer Education and Information
- Appearance
- Customer Responsiveness
- Customer Privacy and Respect
- Commitment to My Team Members

What is AIDET?

AIDET- Customer Communication Standards

Acknowledge	Approach Eye Contact Smile Good Morning, Good Afternoon
Introduce	Reach out Hand Name, Department, Years of Experience & Certification Manage up physicians and co-workers
Duration	Give a time expectation of how long the request will take. If 20 minutes, then say 30. *Under promise and <u>over deliver</u>*
Explanation	Explain what the customer should expect from your interaction with them.
Thank you	"Thank you for choosing St. Christopher's Hospital/St. Christopher's Pediatric Associates. Can I do anything else for you today? Thank you and have a great day!"

Acknowledge- smile/eye contact
Introduce- name/role/credentials
Duration- amount of time
Explain- clarify info/allow questions
Thank You- courteous closure

Social Work
Why Social Work in a Pediatric Hospital?
- Advocate for patient/family with medical team and community/provide emotional support around hospitalization/new diagnoses
- Ensure patient/family receive information in their primary language (Cyracom/Video interpreter phone system)
- Facilitate meetings with family/patient and medical team
- Refer to community resources (i.e. in-home supports, insurance, legal, mental health counseling)
- Intervene to provide support if needed in child's school setting (IEP, 504 Plans)
- Assist with insurance information/FMLA/application for PA Medicaid

Little-Known Facts
- We are a 'United Nations' of patients and families
- District 1 (where St. Chris is located)
    - is the 3rd hungriest district in the Nation
- Our zip code (19134)
    - has the second largest group of children who are placed in foster care or family based foster homes in Philadelphia
- Many of our families are very poor and need our help.

What Social Work is Not
- We are NOT Department of Human Service (DHS)
    - Social Workers do not make discharge disposition decisions
    - Social Workers work closely with the Child Protection Program at St. Chris
    - Social Workers will give guidance to any staff member on how to file for abuse or neglect with DHS
- We are NOT Security
    - Social Workers work closely with Security around visitation issues related to high profile cases
    - in emergencies, call Security first before Social Work
- We are NOT Case Managers
    - arrange for insurance authorizations, all home care supplies and find short/long term rehab placements and arrange all medical transportation
    - Social Workers work closely with Case Management Nurses around eliminating social barriers to discharging children to long term care, rehab or home nursing services

Special Programs
- Child Protection Program
    - headed up by medical director. Has SW and Nurse Practitioner
    - work with DHS, SVU closely for all sexual and physical assault cases
- GROW Clinic
    - social failure to thrive (new young mom, single mom, or grandparent primary care giver)
- Healing Hurt People
    - Drexel based program
    - 2 Social Workers who assist children 8+ who are victims of violence

Overview of Staffing
- Social Workers are assigned to all inpatient areas

    - 1-Med-Surg units

    - 1-Pediatric Intensive Care Unit
    - 2- NICU
    - 2- ED

- Approximately 17 Social Workers in various areas of the outpatient practices
  - some cover their inpatients for continuity of care/best practice
- Social Workers
  - on site from 8:30 a.m.-11:00 p.m. Monday-Friday
  - 10 a.m.- 9 p.m. on Saturday/Sunday
- On call staff (off site) available from 11 p.m-8:30 a.m. daily

We are Here to Help You!
- You can call us at any time for guidance and assistance at Extension **5031**

PATIENT SAFETY
Evolution of Patient Safety
- 1980s Anesthesia Patient Safety Foundation
- 1991 Leape, et al
  - Harvard Medical Practice Study
- The IOM report "To Err is Human, Building a Safer Health System" Lucian Leape, MD et. al. 1999
  - 1999 - 100,000 deaths attributed to medical error
  - 2014 - 400,000 deaths, 3rd leading cause of death
- Agency for Healthcare Research and Quality - AHRQ
- Joint Commission – Patient Safety standards established July 2001
- Pennsylvania Patient Safety Authority – Act 13 passed April 2002

Causes of the problem
- Most incidents have multiple causes and multiple opportunities to prevent them
  - -- It isn't *who* caused the error, but *what* caused the error

Principals of Human Performance
- All people are fallible, and even the best make mistakes
- Individual behavior is influenced by organizations processes and values
- People achieve high level of performance based on the encouragement and reinforcement received by leaders, peers and subordinate
- Events can be avoided by an understanding of the reasons mistakes occur and application of lessons learned from past events

Three Ways Humans Perform
- Skilled Based Performance
  - -Unintended acts in the Automatic Mode
  - -Fix: Self check, checklists
- Rules Based Performance
  - -If-then response mode; Wrong rule, Misapplication of rule, non compliance with the rule
  - -Fix: Educate, Coach
- Knowledge-Based Performance

-Formulating the incorrect response
--Fix: Stop and find an expert

Reliability in Health Care
- The ability of a given system or process to perform its intended function for every patient every time

Event Reporting

What is an Event: An event is any circumstance that is unexpected within the normal operations of the institution or the anticipated disease/treatment process of a patient. With or Without injury

Purpose of Event Reporting
- Identify trends/deviations in the standard of care
- Identify potential risks and develop plans to prevent future occurrences
- Develop an action plan to prevent future event and enhance patient safety

Serious Event – PA Act 13

Serious Event - an event involving the clinical care of a patient that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health care services to the patient.

To be considered a "serious event", the event must meet the following:
- Involved the clinical care of a patient in a medical facility ***and***
- Resulted in the death of the patient

OR
- Involved the clinical care of a patient in a medical facility ***and***
- Compromised patient safety ***and***
- Resulted in an unanticipated injury requiring additional healthcare services

Sentinel Event Definition - TJC
- A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:
  - Death
  - Permanent harm
  - Severe Temporary harm
    - Abduction of a patient
    - Discharge to the wrong family
    - Rape, assault or homicide
    - Surgery on the wrong patient or body part
    - Unintended retention of a foreign body
    - Suicide of a patient
    - Hemolytic transfusion reaction
    - Severe neonatal hyperbilirubinemia of > 30mg/deciliter
    - Radiation Overdose
    - Fire occurring during patient care

- Intra-partum maternal death or severe morbidity

What to Report?
- Incidents/events include:
  – Falls with or without injury
  – Medication events
  – IV site problems
  – Surgical/procedural or treatment complications
  – Equipment malfunctions
  – Patient complaints
  – Diagnostic issues
  – Elopements/AMA
  – Security/Safety Issues

When an Event Occurs:
- Care for the patient first!
- Notify the RN caring for the patient, Charge Nurse/Nurse Manager and your instructor
- Students should discuss event with RN caring for the patient and should work with RN to report and enter event into the event reporting system if needed, or if there are any questions please direct them to Tricia Hayes, Risk Manager #4861 or Barbara Hicks at #6859 Quality Coordinator

What Happens to the Report?
- ❖ Forwarded to Risk Management
- ❖ Forwarded to involved departments
- ❖ Reviewed at Safety Huddle daily
- ❖ Reviewed for trends, problems
- ❖ Event summary reported to various hospital committees and to the Board

Your Role in Patient Safety
- You make a difference every day in every way in how you protect your patients, our patient's family, visitors and your fellow staff members
- Be an advocate of Safety
  – Practice safety
  – Follow policies and procedures in your department
- Be proactive
  – Identify potential hazards or errors and report
    - Notify your instructor and report to charge nurse/manager

TJC- National Patient Safety Goals-2020
Goal#1. Identify patients correctly
- Two patient identifiers
- Make sure the correct patient gets the correct blood when they get a blood transfusion
  Prevent Mistakes in Surgery
- Universal Protocol-Preventing wrong site surgery
  - o Marking of incision or insertion site
  - o Mark procedure site by a licensed independent practitioner

o   Time-out immediately prior to procedure

Goal#2. Improve the effectiveness of communication among caregivers.

Goal#3. Improve the safety of using medications.

Goal#6. Reduce the harm associated with clinical alarm systems.

Goal#7. Reduce the risk of health care-associated infections.

Goal#15. The organization identifies safety risks inherent in its patient population.

- Identify patients at risk for suicide.

We Need to Create a Non-Punitive Environment and Improve Teamwork

- Teamwork Matters
  - Most endeavors in health care require groups to work together effectively
  - Failures in teamwork in complex organizations can have deadly effects

General Safety

It is everyone's responsibility to maintain a safe work environment for our patients, visitors and co-workers. Prevention and/or prompt recognition of potential safety hazards are the key. When in doubt, check it out! Bring all identified potential safety hazards to the attention of your instructor or nurse.   In case of emergencies, take prompt action without delay by activating the Emergency Code System according to the facility's policy and procedure. (**See below for description of codes).**

Dial in-house emergency access #80 to report most types of codes (unless otherwise noted on list). It is a direct line to the operator. Be prepared to provide the following information:

- Type of emergency
- Location of emergency
- Your name and location

Always try to remain calm and know how to access the emergency system. Proceed with appropriate interventions as outlined in the Policy and Procedure Manual.

Dial 80 for any Emergency

- ✘ Fire
- ✘ Respiratory / Cardiac Arrest
- ✘ Violence /Threat
- ✘ Suspicious Activity
- ✘ Need for Security
- ✘ Chemical Spill
- ✘ Flood

Any Emergency when you need help quickly

Emergency Codes

The following are the most common codes currently established:

Code 99	Medical Emergency - Cardiopulmonary/Respiratory Arrest
Code Pink	Child Missing
Condition Red	Fire

Condition Green   All Clear – Fire
Condition Yellow   Fire drill
PremDop Red   Disaster
PremDop Green   Disaster – All Clear
Active Shooter   Armed Subject

Condition Red – Fire

Most fires start small and if not managed, get progressively out of control. Fire prevention is the first line of defense. The second line of defense is to control the fire from spreading. Buildings may be built of steel and concrete but their contents are not. The facility is designed to contain fires within fire compartments, which have special fire doors. The intent of the fire doors is to prevent the spread of fire from one fire compartment to another. Mounted sprinklers are located in the ceiling throughout the building and the minimum clearance required below the ceiling is 18 inches.

Tips for Fire Prevention

Good housekeeping helps prevent fire. When rubbish and other combustive materials are disposed of properly and not piled in corners or fire doorway, or exits, there is much less fuel for a fire to burn. The same is true for paint-soaked or oily rags. Store them in covered fire safe containers.

FIRE RESPONSE
R.A.C.E

R   **Rescue & remove anyone in immediate danger**

A   **Activate alarm - pull red box & dial "80"**

C   **Close ALL doors & clear halls**

E   **Evacuate or Extinguish***

*only members of the Disaster Response Team and the
   Philadelphia Fire Department will extinguish the fire.*

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Fire Prevention Instructions

1. Be sure that visitors and patients SEE and OBEY caution signs when oxygen is use.
2. If you observe any condition that appears to be hazardous, report it promptly

to your charge nurse.

3. Evacuation routes are posted in each area by the "Exit" signs.
4. Keep evacuation exits free from obstructions. Do not wedge doors open.
5. Keep smoke/fire doors free of obstructions. Do not wedge doors open.

During a Fire Alarm

1. Do not use elevators
2. Double doors are smoke compartments – evacuate horizontally e.g. 4 north to 4 south and then vertically
3. Listen to the page for the affected area and be prepared to assist or take action if the affected area is below, above or next to your work area.

Active Shooter

In general, how employees/students respond to an armed assailant situation will be dictated by the specific circumstances of the encounter. These guidelines are intended to assist employees/students in developing a strategy for survival.

1. When confronted with a life threatening situation, employees should take whatever action is appropriate to protect themselves and others.

2. Employees should immediately contact the operator by dialing "80" and reporting the incident, providing a description of the person, the weapon (gun, knife, etc.) the type of threat (shots fired or brandishing a weapon) and the assailant's location. The operator will contact the Philadelphia Police Department using 9-1-1. Others within the hospital may also contact the Police Department via 9-1-1.

3. The operator will broadcast "Code Active Shooter" and the location of the incident over the hospital's public address and Everbridge mass notification systems.

4. Upon a Code Active Shooter being announced, employees should evaluate their situation in relation to the location of the incident and whether or not it would be safer to evacuate patients and visitors, or remain and secure their area taking cover and concealment.

A "Code Active Shooter" will only be broadcast when the definition of an armed assailant has been met. The threat must be immediate, life threatening, and the assailant is armed with a weapon and cannot be safely stopped.

STUDENT RESPONSE

Have a plan – be ready to respond.

1. **Evacuate – "Run"**
   a. Act quickly. If safe to do so, immediately leave the affective area.
   b. Do not respond to the location of the assailant.
   c. If you choose to evacuate, exit as far away from the assailant as possible.
   d. Do not take your belongings or carry any items. Keep your hands free.
   e. Provide for your safety first; assist others if safe to do so.

2. **Shelter in Place – Deny Access – "Hide"**
   a. If you cannot safely leave your area, seek cover in rooms with door locks or barricade doors with furniture. Place a wedge between the floor and the bottom of the doors.
   b. Turn off room lights.

c. Close window coverings, if time permits.

d. Seek cover, stay close to the floor minimizing your profile.

e. Remain quiet. Silence pagers and cell phones.

f. Barricade patient room doors with beds (lock wheels).

g. Remain in the secure area until an All Clear is announced or directed otherwise by law enforcement, or emergency responders.

3. **Defend yourself – "Fight"**

Be prepared to defend yourself and others if you have no other alternatives

Use equipment that may be around you – fire extinguisher, IV pole, etc.

During a Code Active Shooter situation, the hospital will immediately go into a lock down mode. Non-emergency personnel will not be allowed to enter and a full, or partial, evacuation may be ordered. Law enforcement will respond within minutes and will assume control of the situation. Persons leaving the hospital, including employees and staff, may be detained and searched. Keep your hands visible and free of any objects and comply with law enforcement directions. Upon law enforcement and Administration determining that the area is safe, the PBX operator will broadcast an "All Clear" over the hospital's public address.

Chemical/Hazard Communication Program

SCHC has designed a Hazard Communication Program according to OSHA standards. This program is designed to inform you of hazards associated with certain chemicals, physical and health hazards that may be encountered during your rotation. Be advised that every department may have potential hazardous substances such as White Out correction fluid, mercury, toner, chemotherapy, radiation and/or anesthesia gases.

A. **Examples of chemicals that are health hazards include:**
- Carcinogens
- Toxic agents
- Reproductive toxins
- Irritants
- Corrosives

B. **Chemical Spill**
1. Minor Spill – A spill in which the staff has the confidence to clean it up and has identified the material.
   a. Clean up Procedure - Refer to facility policy and procedure.
2. Major Spill - A life threatening condition has occurred and requires the assistance of emergency personnel. A major spill can be considered if it is more than 2.0 liters, the spill material is unknown, highly toxic, bio-hazardous, radioactive or flammable.
   a. Clean up Procedure - Refer to facility policy and procedure.

C. **Safety Data Sheet**

Safety Data Sheets or SDS is the cornerstone of the Hazard Communication Program. We now can access online, link can be found in the apple icon(Find SDS here) or by calling 1-800-451-8346. The SDS sheets provide information about chemical substances

within a product, safe handling procedures, first aid measures and procedures to be taken when the product is accidentally spilled or released.

Rapid Response Team

The Rapid Response Team is a group of clinicians who bring critical care expertise to the patient bedside in an effort to improve patient safety and proactively respond to treat patients with acute deterioration prior to arrest.

The team can be activated by dialing 80 on any house phone by physicians, nurses, or family members in all units. The guidelines for activating the team are:

- ♦ Change in baseline heart rate, blood pressure, respiratory rate, work of breathing, mental status, urine output
- ♦ Frequent seizures
- ♦ Lack of response to therapy
- ♦ A feeling/concern about the patient

The operator will page the team with the location of the call on beepers unique to team members.

Code Pink - Infant/Child Missing

Code Pink indicates a patient is missing and suggests that all personnel increase their level of awareness.

Procedure:

- Initiate a search throughout the patient care area.
- Dial 80 to report a missing child; state "we have a patient missing". Be prepared to provide a description of the patient who is missing and also a description of who the patient was last seen with if available.
- All staff members are responsible for sealing off the building, exits, elevators, fire doors and stairwells and monitoring all exits.
- Account for all patients.
- Inform patients/visitors to remain in the area. No one is allowed to leave the building until the code is cancelled.
- Follow procedure as directed by the Charge nurse or Supervisor.
- Be on alert for anyone carrying a package or bag large enough to hold an infant. Report any suspicious person or observation.

Electrical Safety

1. Staff or patients may not use outside electrical equipment until it is checked and approved by Plant Operations.
2. Frequently inspect cords, plugs, switches, sockets, and outlets for damage. Do not pull plugs out by the wire.
3. Report electrical safety issues to the charge nurse immediately.
4. Use red outlets for any life support equipment. This outlet provides emergency power in the event of an electrical outage.

Right to Know Act – Safe Medical Devices

- Red Tag Policy
  - ∗ All equipment used for patient care MUST be safe.

∗ Any broken or malfunctioning equipment must have a RED TAG placed on it immediately.

∗ Reporting broken equipment ensures patient safety.

Security

As part of maintaining a safe work environment, each employee/student should be security conscious. This includes personal property security and hospital property security.

- Leave valuable personal belongings at home.
- Keep money and other valuables locked up during work hours.
- Encourage patients to send valuables home with a family member or secure it in the hospital safe.
- All valuables should be identified and documented during the patient admission process.
- An Incident Report must be completed in any case of missing patient property.
- Park in designated employee/student areas only, on the flat lot or above the third floor in the garage.
- When leaving work during off-scheduled hours, seek security escort to your vehicle.
- Report any potential security hazards to charge nurse.
- Always wear your school ID in a visible location above your waist.
- Enter and leave the facility through designated employee entrances/exits.
- Notify charge person or security of any occurrences out of the ordinary.
- Instruct visitors to use the main entrance and check in at the information desk.
- Immediately report missing hospital property to charge nurse or security and complete an Incident Report.
- Call 5915 to contact Security for general questions and situations, Dial 80 for STAT calls. **Students should not carry large sums of money, jewelry or credit cards.

Patient Rights and Responsibilities

The Pennsylvania Statutes – PA Patient's Bill of Rights and Responsibilities were created to promote the interests and well-being of our patients and to establish and enhance better communication between the patient and health care provider. Each and every patient is entitled to these rights and each staff member must understand and apply them. They are as follows:

1. The right to have access to care regardless of race, national origin, religion, physical handicap or ability to pay.
2. The right to be treated with respect and dignity.
3. The right to privacy and confidentiality.
4. The right to know the identity of their caregivers as individuals who are responsible for coordinating their care.

5. The right to information regarding their diagnosis, treatment, alternatives, risks and prognosis in order to be able to give informed consent.

6. The right to refuse treatment as permitted by law.
7. The right to express complaints (grievances).
8. The right to formulate advanced directives and have them executed as permitted by law.
9. The right to express religious, cultural beliefs and practices.
10. The right to have an explanation of the bill and charges.
11. The right to know the hospital rules and regulations.
12. The right to have access to community resources for continuity of care and to have full information available for the continuity of care.
13. The right to have effective pain management
14. The right to have a safe environment
15. The right to an interpreter, if the patient does not speak English.

A. Confidential Information

Inappropriate use of corporate or facility-generated information is prohibited. Confidentiality of information is the responsibility of each student. Any information obtained and voluntarily disclosed to unauthorized sources, which may be potentially harmful to the interests of St. Christopher's Hospital or the facility and its customers are considered confidential. Students are held accountable for keeping hospital information confidential. This includes refraining from break-time discussions of patients and related topics. A patient's care and condition are not to be discussed with any non-involved professional or with others inside or outside the facility.

HIPAA Regulations: The Health Insurance Portability & Accountability Act

St. Christopher's Hospital has developed policies and procedures for compliance with HIPAA including:

- Computer workstation security
- Dissemination of information within St. Christopher's Hospital and to outside entities
- Disposal of hard copy information
- Storage of hard copy and computer media

Social Media such as Facebook, Twitter, etc., has provided another area of concern for patient confidentiality and adherence to HIPPA laws. In an effort to provide guidance on the use of social media, the American Nurses Association published the "*6 Tips for Nurses Using Social Media*" in September 2011.

Please be advised that the following also applies to nursing students caring for patients: The ANA recommends:

1. Nurses must not transmit or place online individually identifiable patient information.

2. Nurses must observe ethically prescribed professional patient — nurse boundaries.

3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.

4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.

5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.

6. Nurses should participate in developing institutional policies governing online conduct.

Infection Control

Surgical masks and protective eye wear must be worn on all clinical units at all times.

Infection Prevention Topics
  - Importance of Infection Prevention and Control
  - Disease Transmission
  - Isolation
  - Hand Hygiene
  - Standard Precautions
  - Employee Health

Infection Prevention - WHY? To PROTECT…...our patients, visitors, employees, ourselves and our families and To PREVENT……healthcare-associated infections (HAIs)

To PROVIDE…… safe, quality healthcare

DISEASE TRANSMISSION

Airborne Transmission

  Occurs through inhalation of
  contaminated air
  - TB, chicken pox (varicella), shingles, pertussis, measles

Contact Transmission

Occurs through <u>direct or indirect</u> contact with: blood & body fluids, secretions, excretions contaminated hands, items, and surfaces
  - Most bacteria and viruses

ISOLATION PROCEDURES
  - Sign- alerts others to type of precautions
  - Isolation- Single room or cohort like illnesses
  - Standard Precautions
  - Negative pressure room for AIRBORNE ILLNESSES
  - NO PLAYROOM
  - HAND HYGIENE !!!!!!

Types of Isolation

BACK OF Isolation Sign Category of Isolation	Wear Personal Protective Equipment (PPE) AS LISTED in <u>Addition to</u> Standard Precautions	Examples
Airborne Precautions **Negative Pressure Room** **Keep door closed**	**Pertussis or measles**-surgical mask **TB**- **N95 Mask-students are not to care for patients whose isolation requires that an N-95 mask be worn** **Varicella (Chicken Pox) / shingles**- surgical	TB, varicella, shingles, pertussis, measles

	mask if non immune (non immune- never had varicella nor the vaccine)	
Respiratory Droplet Precautions	Gown & gloves with patient care Surgical mask within 3 ft of a symptomatic patient	URI or LRI, meningitis, parvovirus etc.
Contact-Resistant Flora	Gown, gloves required before entering the room	MRSA, VRE, ESBLs, CRE
Contact-Enteric	Gown & gloves- for all interactions with the patient or potentially contaminated areas in the patient's environment.	Diarrhea / vomiting
Enhanced Contact Enteric Hand hygiene-"Soap & Water Only"	Gown, gloves before entering the room Do not use hand sanitizer	Suspected or confirmed *C. difficile*
Enhanced Airborne and Contact Precautions	**Students Not Permitted**	
Enhanced Droplet Precautions	**Students Not Permitted**	
Contact- Skin/ wound	Gown & gloves- for all interactions with the patient or potentially contaminated areas in the patient's environment.	Cellulitis, skin abscess, boil conjunctivitis, scabies, draining wound If positive for MRSA then use "Contact Resistant Sign"
Additional Isolation Notes Parents do not need to routinely wear PPE while visiting. For TB, a N95 mask may be offered- no need to fit test. **Stress hand hygiene** with family / visitors.	Family / visitors may be a source of pertussis, TB, influenza or other resp. viruses. Screen family/ visitors for illness. Exclude potentially infectious persons from visiting. If potentially infectious parent / caretaker **must** stay- **they need to be isolated** with the child. They may only travel to and from the front door and must wear appropriate mask if ill.	**All PPE is single use (except a N95 mask)** Do not hang gowns or masks on the door or other places for reuse

What are Standard Precautions??
Prevent Transmission of Infectious Agents
> **Primary strategy** for prevention of healthcare-associated transmission of infectious agents <u>among patients and healthcare personnel</u>

> ➢ **Principle**: all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents
>
> ➢ **Practices** that apply to all patients, regardless of suspected or confirmed infection

Standard Precautions as we know them today

Include:

> ➢ Hand hygiene
> ➢ Use of Personal Protective Equipment (PPE)
> ➢ Respiratory protection
> ➢ Respiratory Hygiene/ Cough Etiquette
> ➢ Safe injection practices
> ➢ Cleaning and disinfecting surfaces and equipment in patient-care areas

CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007.

Blood borne Pathogens
HIV and Hepatitis

> ➢ **HIV –** exposure to blood, semen, breast milk or vaginal fluid of an infected person
> ➢ **Hepatitis B & C-** exposure to blood or body fluids, including wound exudates, cervical secretions and saliva
> ➢ **Hep B- preventable,** recommended for healthcare workers
> ➢ Can occur from percutaneous exposure via a cut or needlestick or by mucosal exposure **to eyes, nose or mouth**
> ➢ **HIV & Hepatitis are Viruses with no cure**
>   - chronic infection
>   - need for long term medications
>   - ultimately may lead to death

Multidrug Resistant Organisms

"MDROs" are resistant to one or more classes of antibiotics. MRSA, VRE, ESBLs, CRE & other organisms

> ➢ Problem: responsible for serious infections
>   1. Difficult to treat
>   2. Higher mortality
>   3. Resistance is increasing

Colonization- organism is present-not causing illness
        *In general, colonization precedes infection.

Infection-the organism is present and is causing illness

> ➢ Problem: Can spread to patients and HCWs

Prevention: Judicious use of antibiotics
            hand hygiene / gowns/ gloves
            & other standard precautions

active surveillance (screening)

Standard Precautions - Hand Hygiene Required:

> ➤ Before and after the care of each patient
> Including- before and after touching any object in the patient's immediate environment (equipment, bed, table etc.)
> ➤ <u>Before entering any Intensive Care Areas</u> (NICU, PICU)
> ➤ <u>Before</u> and <u>after</u> glove use
> ➤ When in contact with blood, body fluids, excretions and secretion
> ➤ When in contact with potentially contaminated or "high touch items" e.g. specimens, computer keyboard/ mouse, telephones, including cell phones

Natural and Artificial Nails Policy

> ➤ Natural nails must be kept short. (¼ inch in length)
> ➤ No ARTIFICIAL NAILS are to be worn by employees involved in:
> > ✓ patient care activities
> > ✓ food preparation
> > ✓ working with medications and / or sterile products
> ➤ Artificial nails – any add-on that is not natural on the nails
> ➤ Light colored nail polish is acceptable- no cracks or chips

HAND HYGIENE

How to perform hand hygiene correctly:

> ➤ <u>15 seconds</u> of thorough washing with soap & water (time yourself!)
> ➤ Always turn off faucet with a paper towel
> ➤ Use alcohol-based hand sanitizer for routine hand hygiene when hands are <u>not</u> visibly soiled.

Preventing Transmission of Infection……. is in YOUR HANDS

> ➤ The most common mode of transmission of pathogens is via the hands of healthcare workers
> ➤ Hand hygiene is the best and most effective way to prevent the spread of infectious diseases.

Hand hygiene is <u>your</u> **PROFESSIONAL RESPONSIBILITY**

PPE -Standard Precautions

Wear PPE – any potential contact with:

- blood
- body fluids (pericardial fluid, CSF, peritoneal fluid, pleural fluid, joint fluid, urine, stool)
- secretions / excretions except sweat (e.g. intubation or respiratory pt.)
- non-intact skin (open wounds)
- mucous membranes
- patient procedures
- MRSA, VRE,CRE, ESBL, *C. difficile*

<u>Gloves</u>- protect <u>patients</u> and healthcare personnel from exposure to infectious material that may be carried on hands

Gown –protects arms and exposed body areas and prevents contamination via clothing

Surgical Mask, Eye Protection & Face Shield – protects mucous membranes- eyes, nose, and mouth

- ✓ Eyeglasses / contacts are NOT considered adequate eye protection

Respiratory Protection Standard Precautions

TB *(Pulmonary Mycobacterium tuberculosis)*

- ➢ Most critical risk is from patients with unrecognized TB disease who are not promptly handled with appropriate airborne precautions.
- ➢ Airborne Precautions /negative pressure
- ➢ Patients are transported using the Demistifier Transport System
- ➢ Requires N95-respiratory mask for TB
- ➢ Must be fit-tested- OSHA regulation
  Students will **not** care for any patient who has a diagnosis or isolation status requiring use of an N-95 mask

Respiratory Hygiene and Cough

   Etiquette Standard Precautions

- ➢ Cover the nose / mouth when coughing or sneezing
- ➢ Use tissues to contain respiratory secretions
- ➢ Perform hand hygiene after sneezing or coughing into the hands
- ➢ Ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas
- ➢ Wear a surgical mask when examining/caring for a patient with symptoms of a respiratory infections. *Tissues, hand sanitizer, and masks are available!!*

Family/ Household/ Visitors

Visitor screening is especially important

- ➢ May be a source of pertussis, *TB,* influenza, and other respiratory viruses
- ➢ Screen family and household members
  - ➢ PERTUSSIS and TB- obtain history of exposure as well as signs and symptoms of current infection.
- ➢ Exclude potentially infectious visitors until they receive appropriate medical screening, diagnosis, or treatment
  - ✓ Visitor Mask for appropriate diagnosis
    - ✓ TB N-95 mask - fit testing not required
    - ✓ Surgical mask - Pertussis / respiratory illness

Cleaning and Disinfection

Standard Precautions

- ➢ Frequently touched surfaces & bedside areas are most likely to be contaminated and require frequent cleaning (bedrails, bedside tables, doorknobs, sinks, surfaces, call bells, charts, and equipment)
- ➢ Avoid clutter- move supplies so EVS can disinfect properly
- ➢ **Disinfect** computers keyboards/ mouse, PDA's, phones including cell phones, pagers daily- these are individual department and personal responsibilities
- ➢ Follow directions on cleaning products to ensure proper disinfection
- ➢ Allow disinfectant to air dry

- Disinfect patient care equipment BETWEEN patients using hospital provided Sani wipes-follow directions on label,
- Wear gloves, allow to air dry (stethoscopes, thermometer, scale, wheelchair, pumps)

Safe Injection Practices
- Exposures to blood and body fluids pose significant health risk
- Exposures occur by:
  - Needle sticks
  - Cuts with sharp contaminated instruments
  - Infected blood or bodily fluid enters non-intact skin, mucous membranes (the eyes, nose or mouth)
  - Non-intact skin includes facial acne/ dermatitis, skin breakdown, open sores / cuts

Minimizing Blood and Body Fluid Exposures
- <u>Properly hold</u> a child for painful or frightening procedures for everyone's protection
- <u>Get assistance</u> and use <u>distraction</u> for painful or frightening procedures
  - The Child Life Specialists are available for assistance
- **Sharps include:**
  - -Needles, lancets, sutures, syringes, glass, scissors, tweezers
  - -NEVER recap, bend or manipulate sharps
  - -Promptly dispose of sharps in SHARPS CONTAINERS only
  - -Never lay used sharps on beds, counters, etc.
  - -Use safety sharps products
- Infectious Waste- Red trash cans are for items saturated with blood or body fluids <u>only</u>

Summary
- Standard Precautions
- Interrupt Transmission of Pathogens
- Prevent Healthcare-Associated Infections
  - ✓ Hand hygiene
  - ✓ Use of PPE
  - ✓ Respiratory protection
  - ✓ Respiratory Hygiene/ Cough Etiquette
  - ✓ Safe injection practices
  - ✓ Cleaning and disinfecting surfaces and equipment in patient-care areas

Hospital-Associated Infections
- 722,000 HAIs in U.S. hospitals (*2011)
- 75,000 DEATHS annually

MANY Hospital-Associated infections <u>are PREVENTABLE HOW??? - by "YOU"</u>
- hand hygiene
- standard precautions

- proper sterile technique
- cleaning and disinfection

Educate
➢ Teach patients / families and visitors proper hand hygiene
➢ Offer friendly reminders to those who may forget to perform hand hygiene or to use standard precautions
➢ Be an advocate for your patient.
➢ PPD - TB screening test-required prior to caring for patients

Report these conditions to your instructor immediately and notify charge nurse or manager on unit:

Boils, weeping dermatitis, skin infections	Exposure to blood / body fluid, secretions/ excretions- **see below**
Shingles (herpes zoster)- often misinterpreted as a bug bite; after a few days vesicles appear Rash, burning, pain- one side	Exposure to infectious disease **Work related injury – slip or fall**
Rash of unknown reason	Fever, vomiting, diarrhea
Prolonged coughing or respiratory illness	Pink eye / conjunctivitis

Blood & Body Fluid Exposures & Needlesticks -What to do?
➢ Wash immediately with soap & water
➢ Notify instructor and charge nurse/manager on unit
➢ Follow-up care is necessary
➢ Time is crucial-Report any exposures

Trip & Fall Hazards
✓ electrical cords
✓ office equipment & storage
✓ wet floor / spills / ice
✓ slippery soles and high heels

Ergonomics
➢ Use preventative techniques
➢ Back, eye, hand, wrist strain etc.

Body Mechanics - Avoiding Back Injury

Keys to Safe Lifting
➢ Lift- back straight, bend the knees (use leg muscles)
➢ Hold patients or objects close to you
➢ Turn your body - Don't twist

➢ Avoid overreaching or stretching to pick up or set down
➢ Use proper equipment
➢ Elevate the bed/ stretcher
➢ Plan your lift or transport & ask for HELP

Cultural Diversity

Developing cultural competency involves looking at health from several perspectives. The first step is to examine your own cultural beliefs and practices and to develop awareness. Next it is important to know the culture of U.S. health care. These are elements inherent in the American health system such as timeliness, accuracy of documentation, treatment emphasis on technology and physical procedures, specificity of rules and policies, etc.

Learn about and consider the patient's beliefs regarding:

- maintaining health

- cause of current illness

- treatment options

- use of medication

- role of family in patient care

- role of community in patient care

- demonstrating respect

- food preferences

- religious practices

- view of disability and/or death

- Remember communication is key! Be aware of language and communication styles that will effectively allow the provision of appropriate, culturally sensitive care.

- Enhance your sensitivity to cultural differences.
- Provide a safe environment for exploring how perceptions and stereotyping limit our ability to communicate.
- Examine old wives' tales.
- Help peers to understand that one's differences do not equate to being "inferior" or "less than".

Medication Safety:

While you will not be administering medications it is still important to be aware and follow the medication safety initiatives. Medication errors can be categorized into four categories: ordering/prescribing, dispensing, administration, and monitoring. Almost 80% of medication errors can be classified as ordering/prescribing or administration errors. To ensure medication safety the processes should include:

1. <u>Ordering/prescribing</u> – All important patient information should be available including age, weight, lab values, allergies, sensitivities, medication regimes, and any other important information about the pt. It also includes having all essential medication references i.e. PDR, lexicomp
2. <u>Administration</u> – The professional nurse should be knowledgeable about:
♦ Drug indications
♦ Safe Dose Calculations
♦ Precautions
♦ Contraindications
♦ Potential Adverse reactions
♦ Interactions and proper methods of administration
3. <u>The Five Rights</u> -The nurse must adhere to the Five Rights when administering medications:
♦ RIGHT patient
♦ RIGHT drug
♦ RIGHT dose
♦ RIGHT route
♦ RIGHT time
When a calculation of a dose is necessary, a second nurse should verify the calculation to avoid human error in the calculation.

4. <u>Medication Monitoring</u>: Development of non-punitive processes for reporting medication errors, near misses, and adverse drug reactions lays the foundation for a solid patient safety program.
5. <u>Medication Orders:</u>
   A. Always use two patient identifiers (Name and DOB) when giving medications
   B. Inpatient medication orders must, at a minimum, contain the following elements:
      Drug name, either generic or brand name is acceptable. For medications that have look-alike or sound-alike names, the use of both the brand and generic names is encouraged to help prevent medical errors.
   • Order must contain dosage calculation (**mg/kg/dose or mg/kg/day)**
   • The final calculated drug dose (ranges are not acceptable)
   • Route of administration
   • Dosing interval, frequency
   • Length of therapy (where applicable)
   • PRN reason for administration
      ▫ Specifics: "fever >101" or "severe pain"
   C. "PRN" (as needed) medication orders must include a dose, route, frequency and an indication for use.
6. <u>Medication Brought Into the Hospital From Home:</u>
Should be given to a family member upon admission to be taken back home. If no family member is available it may be inventoried and sent to the pharmacy, in the patient medication envelope, for storage.
7. <u>Administration of Patient's Own Medications:</u>

Is discouraged, however, if necessary, an order must be entered into EHR by the physician. The medication must then be sent to the pharmacy so that the medication can be positively identified and the expiration date can be determined. The medication is then labeled. The nursing staff may then administer and record in EMAR.

9. <u>Medication Variances:</u> In the event of a variance, charge nurse and physician to be notifed, incident report to be completed. Adherence to facility's Policy and Procedure.

  ➢ Standard concentration for infusion shall be adopted

10. <u>Adverse Drug Reaction (ADR)</u>

Definition: Any noxious, unintended and undesired effect of a drug, which occurs at doses used in humans for prophylaxis, diagnosis, or therapy.

Any ADR must be reported to the Pharmacy Department

Falls Prevention:

All caregivers face the problem of patient falls. A pediatric patient's falls are often related to their developmental stage but can still result in injury. The best remedy for falls is to take measures to prevent them which would include:

♦ Assessment of patient risk of falling
♦ Correct potential environmental dangers
♦ Review patient and family education sheet
♦ Continuous monitoring, rounding with a purpose hourly
♦ Implementation of patient specific plan for safety
♦ All patients < 3 years old are at risk for a fall

Each facility has a falls prevention program in place. Our patients at risk for Falls have a yellow wristband; yellow label on chart, and yellow magnetic strip on door frame. We assess their risk for falls using the GRAF-PIF or MORSE scale. Any questions should be referred to the patient's nurse.

Safe Sleep: All infants >32 weeks post-conceptional age will be placed on their back to sleep during every nap and nighttime for the first year unless otherwise ordered by the physician. Mattresses should be firm. Keep all soft objects and loose bedding out of the crib: No bumper pads, stuffed toys or any other objects in the crib. "NOTHING BUT BABY". Appropriately sized sleep sacks/blanket sleepers are optimal: avoid blankets and other loose bedding. Co-sleeping is not permitted. Children of any age need to sleep in the bed provided by SCHC and never sleep in the parent beds/cots or chair beds. In those instances when the parent is sleeping while holding infant, the healthcare worker will return the infant back to crib.

Nursing Student/Staff Relationships

  Students should have knowledge of the following prior to the clinical experience:
  • scale use stool/diaper testing
  • pulse oximetry
  • electronic thermometer
  • cardiac monitor and BP

• Student should be present for change of shift report **before 7:00am**; encourage student to identify him/herself and which patient he/she is caring for; encourage

student to listen to report. Those students working in the afternoon will get report from RN when the nurse is available.

- Equipment needs to be shared; encourage student to ask staff nurse prior to taking equipment (Dinamap, thermometer) and to defer to staff nurse if he/she is using equipment. In addition, instruct student to leave equipment within the specified module (scale, Dinamap, pulse oximeter).
- Students and Instructors must follow their school guidelines for dress code. Sweatshirts and non-student lab coat/jacket contribute to confusion with the various roles and should not be worn.
- Assignment: nursing instructors will check with charge nurse to determine appropriateness of patient assignments. Charge nurse board is good resource for patients on unit. **Instructors should arrive on unit by 6:30am to arrange student assignments.**
- Instructor will have access to Cerner to be able to review patient information, labs, and medications. Some of patient medical history information can be found in Blue Chart.
- Please utilize Policy Manager to review unfamiliar procedures
- Students need to utilize their instructors if they are unsure of patient's diagnosis and plan of care.
- Students need to be aware of normal vital signs, weight changes, pulse oximeter reading. Student should promptly report Vital Signs; I&O's to CNA or RN to be entered in Cerner. Instructors may use paper flowsheets for students to practice documentation. Students MAY NOT give medications. However, they may go with nurse to observe medication administration.

PARKING

There are parking rules for students. All students using our parking facility can park in the back employee parking lot or the parking garage. The afternoon shift may park in main lot above the 3rd level. The lower levels and open lot are marked for patient parking and students should not park in those areas. Parking for students and instructors is $5.00.

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the agreement between _____ ("Agency") and <u>St. Christopher's Hospital for Children</u> ("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 Agency and Hospital. The undersigned further acknowledges that he or she has received information regarding Hospital's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital's and Agency's privacy policies and procedures and privacy practices.

Date:_____

_____   _____
School   of Nursing   Student

                                                       _____
                                                              Clinical Instructor

Nursing Student/Clinical Faculty

ATTESTATION FORM

By signing this form, I attest that I have reviewed and understand that it is my responsibility to comply with the standards contained within Hospital "Orientation Manual for Nursing Students." I further understand that I will be evaluated based upon the information presented in the manual. Facility Education Department will inform me of any and all changes in the information contained herein. I have been offered the opportunity to ask questions regarding information provided in the "Orientation Manual"

_____   _____
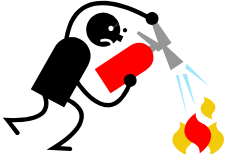Instructor (Please Print)   Student Nurse (Please Print)

_____   _____
Instructor Signature   Student Nurse Signature

_____   _____
Date   Date

Fire, Safety, Infection Prevention & Employee Health Training

Student Training Quiz

*Print Name (Clearly):*_____ *Date:*_____

*School of Nursing:*_____ *Instructor:*_____

Circle the correct answer(s)

1. **The best and most important method of preventing the spread of infectious disease to our patients or to ourselves is:**
    a. By avoiding direct contact with patients and their families
    b. By wearing gloves each time that you enter a patient's room
    c. By the use of hand sanitizer or washing hands with soap and water for 15 seconds

2. Healthcare workers practice Standard Precautions when in contact with blood, body fluids, secretions or excretions, non-intact skin or mucous membranes. Standard Precautions includes:
    a. Proper hand hygiene
    b. The use of gloves, mask, gown and eye protection as appropriate for the situation
    c. Considering all patients as potentially infectious for a blood-borne pathogen
    d. All of the above

3. Reducing the risk of healthcare associated infections in patients by performing proper hand hygiene, as recommended by the Centers for Disease Control is a(n):
    a. Action meant only for nurses
    b. National Patient Safety Goal
    c. Not of concern this year
    d. Something that we practice only here at St. Christopher's Hospital

4. Sharps must be disposed of <u>immediately</u> after use in sharps containers <u>*ONLY*</u>.

    a. True   b. False

5. Which of the following items are considered sharps?
    <u>Circle *all* that apply</u>:
    a. Needle or lancet
    b. Broken glass vials, or scalpels
    c. Disposable scissors and tweezers
    d. Any item that can cause a cut or break to the skin

6. All of the following actions are immediately necessary if you have a blood or body fluid exposure or needle stick. Which is the *1*st <u>*immediate*</u> action that you should take?
    a. Report to Employee Health (or Nursing Supervisor if off hours)
    b. Complete an employee incident report
    c. Cleanse the site with soap and water

7. Why are Standard Precautions important when caring for patients? Patients can have bloodborne illnesses without showing any signs or symptoms.
    a. True   b. False

8. Healthcare workers should be vaccinated for which viruses/bacteria to protect themselves and others from infection?
    a. Pertussis (whooping cough) Tdap   c. Influenza
    b. Hepatitis B   d. All of the above

9. What types of items *must* be disposed of in the red infectious waste trashcans?
    Circle <u>*all*</u> that apply.
    a. Items saturated with blood or body fluids
    b. Food/drinks, newspapers, magazines
    c. Used needles

10. If gloves are worn, then it is not necessary to wash your hands.
    a. True   b. False

11. Your responsibility in the Hospital's Safety Management Program is to practice safety and report or correct all unsafe conditions.
    a. True   b. False

12. Proper body mechanics means moving or lifting a person or an object:
    a. Without the help of another person
    b. In the easiest way
    c. Using techniques of weight lifters
    d. In the most efficient way to prevent injury to yourself

13. The hospital emergency number "80" should be dialed on any house phone by any employee in *any* type of emergency.
    a. True   b. False

14-17. Match the following terminologies used by the hospital operator to announce: (Place the letter that corresponds to the announcement on the blank line)
    a. Fire   ____ Code PINK
    b. A Missing Patient   ____ Condition Yellow
    c. A Disaster   ____ Condition RED
    d. A Fire Drill   ____ PREMDOP

18. <u>R</u> <u>A</u> <u>C</u> <u>E</u> is an acronym that helps you to remember what you should do if you detect a fire or smoke. Fill in the meaning of each of these letters (RACE) in the order that they should occur:

    1. _____   2. _____

    3. _____   4. _____

19. In a "CODE PINK," it is everyone's responsibility to:
    a. Monitor all exits from your unit or department
    b. Advise all patients and visitors that "we are in a security measure and would like you to stay within our department until we get an all clear"
    c. Immediately report any suspicious individual or any observation that may be helpful to security officers or local law enforcement
    d. All of the above

20. To ensure patient and employee safety, all broken and malfunctioning equipment must be "red tagged" so that it is clearly labeled and not used:
    a. True   b. False

21. This form describes information about hazardous chemical or products and should be available in each department. A duplicate copy can be found in the Environmental Services Department.
    a. A Med-Watch form
    b. An Incident Report Form
    c. A Safety Data Sheet (SDS)
    d. None of the Above

22. What should be checked before plugging in any electrical equipment?
    a. Electrical cord is not frayed or wires showing
    b. Ground pin on power plug is not loose or missing
    c. Wall outlet is not cracked or broken and holds plug securely
    d. All of the above

23. If you spill a small amount of hazardous chemical, you need to immediately contain it by:
    a. Calling your supervisor to come contain the spill
    b. Immediately placing an absorbent material (under pad, towel, diaper, etc) over it and then contact Environmental Services to clean up the spill
    c. Closing the door and leaving the area

24. The following security procedures are the responsibility of all employees:
    a. ID badges must be worn at all times on the hospital premises
    b. All personal belongings must be secured at all times
    c. Everyone should be alert to strangers and report any suspicious person or actions to the Security Department
    d. All of the above

25. When should you use a fire extinguisher?
    a. To extinguish any fire
    b. To rescue or save a life (remember PASS)
    c. To extinguish small or large fires

26. What is the minimum clearance required below ceiling mounted sprinklers?
    a. 6 inches   c. 18 inches
    b. 12 inches   d. 10 inches

27. What is the best method to report a fire?
    a. Pull fire alarm (found next to exits) and dial 80
    b. Call 911
    c. Shout "FIRE"!
    d. Dial operator

28. To contact security for any reason, or report security incidents what number should be called?
   a. 5915   c. 911
   b. 2222   d. 0

29. Weapons are never permitted on the hospital campus by staff, patients or visitors except for on-duty law enforcement officers.
   a. True
   b. False

30. **What is the procedure for using a fire extinguisher?**

   a. R.A.C.E.
   b. P.A.S.S. (pull, aim, squeeze, sweep)
   c. A fire extinguisher should never be used inside the hospital