St. Luke's was founded in 1881 and was Duluth's first hospital. Today, we are a 267 bed acute care hospital system. We are accredited by the Joint Commission on Accreditation of Healthcare Organizations. Our outreach into the community extends from Ashland, Wisconsin to the Iron Range of Minnesota with a growing system of clinics and services.

St. Luke's Hospital and Clinics occupy a special position of trust in our community. When we open our doors to patients, their families and friends, we are promising to do our very best at all times to provide quality healthcare, to treat all individuals with respect and consideration, and to maintain the confidentiality of their personal health information. Our friends and neighbors come to us for care when they are ill or injured. They trust us with their lives.

We welcome you to St. Luke's for your clinical experience.
2011
Student Education Verification

Name (please print): ________________________________________________

School Affiliation: ________________________________________________

Department: ___________________       Student Level: _________________

Today’s Date: ________________________________

I have received information on these hospital/clinic topics:
  Mission statement
  Professionalism
  Corporate Compliance
  Infection Control and Prevention
  Perspectives Dining for Patients
  Radiation Protection
  Fire Safety
  Hospital Codes/Emergency Numbers
  Hazardous Substances
  Harassment
  HIPPA-Patient Confidentiality
  Patient Rights
  Color Coded patient wristbands
  Parking/Security
  Safe Patient Handling
  Use of Electronic Devices
  National Patient Safety Goals
  Student Guidelines

• I understand the information and will use it to protect myself and others.
• I know whom to contact if I have questions/concerns about any of these topics.

Acknowledgement of Confidentiality

Healthcare facilities have legal and ethical responsibilities to safeguard the privacy of all patients and protect the confidentiality of their health information. I understand that in my clinical experiences I may have access to confidential patient information even though I may not be directly involved in providing patient services. I understand that such patient information must be maintained in the strictest confidence. Any violation of patient confidentiality will result in immediate termination of my clinical experience.

Signature _______________________________    Date ______________________

2
STUDENT SAFETY EDUCATION QUIZ

Please review with your instructor for accuracy.

Name ___________________________ School/Program _______________________________

1. The three basic principles of radiation protection are:
   a. __________, b. ______________ and c. _____________.

2. What does RACE stand for:
   R ___________ A ___________ C ___________ E ___________

3. What color wrist band will a patient have on if they have a medication or food allergy?
   Yellow   Purple   Red   Green

4. What are the hours of operation for Perspectives Dining Room Service?
   a) 6am-6pm   b) 7am-7pm    c) 6:30am-6:30pm

5. Where do I go to get permission to view my personal or family members’ medical information?
   ________________________________________________________________

6. Where can I find information on the appropriate hazardous waste disposal bin to use?
   ________________________________________________________________

7. What is St. Luke’s emergency number to call 24/7? _________________

8. Precautions for safe handling and use of hazardous chemicals and
   Their storage instructions can be found on the
   M ___________ S ___________ D ___________ S __________

9. You can have your cell phone turned on while you are participating in clinicals.
   ___True    ___False

10. Any student who experiences/is witness to harassment or inappropriate behavior should report
    it to their instructor, faculty or advisory staff. Forms of harassment in the workplace are:
    Check all that apply.
    ___ Verbal     ___ Sexual     ___ Rudeness    ___ Retaliation    ___ Visual

Required: For each student a scanned or copy of Confidentiality statement and Student safety quiz
must be sent to:  St. Luke’s Education Department at 915 East First Street, Duluth MN 55805

Education Contacts:  Nursing & RT Students:
Sarah Motschenbacher smotschenbacher@slhduluth.com (218) 246-5522
Sue Tierney stierney@slhduluth.com (218) 249-5763
All other students:
Robin Hutchinson rhutchinson@slhduluth.com (218) 249-5139
ACKNOWLEDGEMENT OF CONFIDENTIALITY

St. Luke’s has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. I understand that in the performance of my duties as an employee/physician/volunteer/student/consultant/other of St. Luke’s, I may have access to confidential patient information even though I may not be directly involved in providing patient services. I understand that such patient information must be maintained in the strictest confidence.

I understand and agree that, unless directed by my supervisor, I will not at any time during or after my employment/assignment with St. Luke’s:

- Disclose any confidential patient information to any person whatsoever;
- Permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control;
- Use patient information, other than as necessary in the course of my employment/assignment;
- Disclose proprietary information including business practices, quality improvement or statistical information;
- Access the Protected Health Information of my family, including my parents, spouse or adult children without proper prior written consent;
- Access my own Protected Health Information (paper or electronic), or the Protected Health Information of my dependent children (paper or electronic) without contacting the Medical Record Department and following proper procedures.

I understand access to paper or electronic patient information must, at all times, be related to the performance of my job. Protected health information includes information in medical records, business services records or any other facility records/reports containing patient information.

When patient information must be discussed with other healthcare practitioners in the course of my work, I will use discretion to ensure that others who are not involved in the patient’s care cannot overhear these conversations.

I understand it is my responsibility to hold in confidence my computer access password, and to notify Information Technology immediately if I feel security of my password has been compromised in any way.

Any violation of patient confidentiality will result in disciplinary action up to and including termination.

__________________________  _______________________
(SIGNATURE)                 (DATE)

__________________________  _______________________
(PRINTED NAME)              (DEPARTMENT)
PUT YOUR BEST FOOT FORWARD

Professionalism profession or a professional person definition:
The conduct, aims, or qualities that characterize or mark a professional person. (Merriam-Webster, 2009)

Nine standards to describe competent level of behavior in the professional nurse:
- Quality of Practice
- Leadership
- Education
- Research
- Practice evaluation
- Collaboration
- Ethics
- Resource utilization

PATIENT CARE AREAS
- Dress will be appropriate to the work environment and reflect a positive impression.
- Nametags must be worn in an easily visible spot on an outer layer of clothing above the waist.
- All clothing will be clean and in good repair.
- Clothing will be appropriate size.
- Undergarments must not be visible through clothing.

- All direct care students in patient care areas will wear patient care attire OR lab coats over business casual:
  - Pants: white or solid color.
  - Tops: white, solid color or print to coordinate with bottoms. No hooded attire or sweatshirts
  - Modest neckline, no cleavage.
  - Skirts/dresses will be 2 inches above the knee or longer.
- Lab Coats/Scrub Jackets:
  - If worn will be white or coordinate with the prints/colors of uniform chosen for the day.
- No open toe shoes or shoes with openings across the foot; hose/stockings are required at all times.
- No clothing with logos.
- Jewelry is conservative and does not present a safety hazard.
  - Piercings are limited to ears; earrings to jaw length or smaller, no tongue or eyebrow piercing jewelry allowed during work hours.
  - Nails will be clean and presentable; nail polish will not be chipped. No artificial nails in direct patient care areas.
- Tattoos will be covered when possible.
- Make-up is not excessive.
- Grooming will be appropriate to the work setting and reflect a positive impression.
  - Perfumes/colognes/after shaves/scented lotions are not acceptable in the health care environment.
  - Effective personal hygiene is a must; regular bathing, use of deodorants and good oral hygiene will avoid offending patients, visitors, and coworkers.
  - Hair will be clean, dry and well groomed. Hair on chest will be covered with a shirt.
  - Facial hair will be neatly trimmed.
- Tobacco Free Campus:
  - Tobacco product use is also prohibited on public property within 100 feet of St. Luke’s properties located within the City of Duluth. This means all individuals are prohibited from tobacco use of any kind on sidewalks, streets, and public properties adjacent to St. Luke’s sites within the City of Duluth.
- Employees/students may not smell of smoke at any time during work hours.
Corporate Compliance

Patients have the right to confidentiality and privacy

A patient’s medical records are confidential. Copies of medical records can be released to a person or organization outside the hospital/clinic only with the written permission of the patient or an authorized representative. We all need to remember that keeping patient information confidential is a full time job. Do not talk about a patient, the patient’s care or condition away from the hospital or clinic. At work, when you need to discuss a patient, only talk with employees who are responsible for the patient. Be careful about where your conversations take place. Never discuss a patient in a public place such as the cafeteria, hallway, or elevator. Be careful to maintain confidentiality when copying, printing, faxing, or viewing records on a computer. Only people who are directly involved in patient care, coding or managing patient records, or processing financial information are allowed access to patient information from computer systems.

We will provide emergency medical care to any patient who comes to the hospital and requests care, regardless of ability to pay.

Treatment is not delayed to collect financial or insurance information. Patients are transferred to another facility only if they request a transfer or if another hospital can provide services not available at this facility.

Patients have the right and responsibility to participate in decisions about their care and treatment.

Patients are provided with information about their rights. Patients are informed of the risks, alternatives to, and benefits of their treatment or procedure. Services are provided within our capabilities and we seek to avoid unnecessary or non-effective care. Patients have the right to personal, communication and treatment privacy. They have the right to file a Health Care Directive. If a patient is unable to represent him or herself, a designated representative will be involved in care decisions. If a patient is hearing impaired or has difficulty with the English language, an interpreter or translator will be provided.

All patient care services and supplies are accurately billed according to applicable federal and state laws.

We bill only for those medically necessary services provided to the patient. Employees or contractors are prohibited from knowingly preparing claims that are incorrect or false, and employees are responsible for reporting illegal or unethical conduct to the appropriate authorities.

Medical facilities have a document retention policy, which specifies that important documents are maintained in a safe and orderly manner for an appropriate period of time.

Only those individuals in the organization with the appropriate authority can review confidential documents. Documents that have outlived their useful life or the time period we are legally required to keep them are appropriately destroyed. The exception would be documents connected with an investigation or legal action. These documents would not be destroyed according to schedule, but would be retained until any investigation is completed.

Antitrust laws were written to assure that there is fair competition between health care providers that serve the same population and geographic area.

Discussing various business practices with representatives from other health care providers could inadvertently violate these laws. Topics that should not be discussed include information about pricing patient services, the terms of provider relationships, and any discussion about dividing markets among competitors, or supplier agreements. It’s important to remember that you should avoid discussions of this type if they occur in an informal situation as well as in a structured meeting.
Hospitals are prohibited by federal laws from providing supplies or services to physicians or other health care providers and practitioners that are in a position to refer business unless they are charged fair market value for the supply or service.

Hospitals are accredited by several agencies, including the Joint Commission on Accreditation of Health Care Organizations. During the accrediting surveys, we provide complete and truthful information about our procedures and practices. We use different forms of advertising in newspapers, on radio and television, and on billboards, to educate the public on various health and safety issues and to provide information about our programs and services. Services and capabilities are represented accurately and fairly to the public.

**Corporate Compliance Program**

Corporate compliance programs ensure compliance with all ethical and legal standards, including the Code of Ethics, policies and procedures and safety program. Compliance is also concerned with making sure we follow all federal, state and local laws and regulations relating to safety, hazardous waste management, correct billing and coding, and the federally funded health care programs (Medicare and Medicaid).

Compliance program objectives must be consistent with the corporate mission. A Compliance Committee works with the Compliance Officer to develop and implement the program, evaluate education programs, monitor the success of the program, and develop corrective action.

You contribute to the compliance program by carrying out your job responsibilities in an ethical, effective and professional manner, by following the Code of Ethics, and by reporting potential compliance problems or concerns.

You should report any practice that does not agree with policies and procedures or any procedure that you think is an improper billing or coding practice. If something doesn’t feel right or look right, or if you have any doubts, ask anyway. Sometimes all that is needed is an explanation, but it’s better to know what is correct than to keep wondering. If the question is not a compliance issue, you will be assisted in contacting the appropriate person or department. There will never be any retaliation against anyone who reports a compliance concern.

Sometimes, you hear the words “fraud” and “abuse” used when you hear about corporate compliance. “Fraud” is defined as the intentional deception or misrepresentation made by an individual or company who knows the claim to be false, and has the intent of receiving something of value. An example of fraud would be billing insurance companies for services or supplies that the patient never received. “Abuse” is defined as an incident or practice by a health care provider that is inconsistent with accepted medical, business, or fiscal practices. An example of abuse would be furnishing supplies or services that are not medically necessary.

If you report a compliance concern, you can expect to be asked for specific information about the incident or practice. You will not be subject to retribution or retaliation for reporting a concern. The Compliance Officer is responsible for ensuring that an independent investigation is completed, and will notify you of the results of the investigation. Requests for anonymity will be honored up to the limits of the law and to the extent reasonably possible.

**If you have concerns about practices, working conditions, or procedures you have observed, be sure to talk to your supervisor and let them know about your concerns.**

You may also talk directly to our Compliance officer: **Mary Gabrys 249-5357**

There is also a Compliance Hotline, which can be used as an anonymous reporting method if you so choose.

**St. Luke’s Hotline** number is 725-6025.
What Students Need to Know About Infection Prevention & Control at St. Luke’s

Purpose
The purpose of an organizational Infection Prevention & Control Program is to prevent healthcare-associated infections (HAIs) among patients, visitors, volunteers, and students. This is accomplished through the implementation of a system-wide infection control program based on evidence-based practice and regulatory requirements, and applies to all hospital and clinic settings.

Hospitalized patients are at greater risk of developing infections especially patients with any invasive devices—some examples are IV’s, urinary catheters, nasogastric tubes, and ventilators. Patients admitted with illness and those having surgery are also at higher risk of developing a healthcare-associated infection.

All individuals involved in patient care activities are expected to be familiar with basic information about infectious disease transmission and recommended measures to prevent and/or reduce its spread. This information includes the following:

The Spread of Infection—The Chain of Infection
The spread of infection requires the presence of three (3) “main ingredients”:

1. **An Infectious Agent (germ).** This can be a bacterium, virus, parasite, or other microorganism. Humans encounter infectious agents on a daily basis. Many infectious agents normally live in or on our bodies and in our environment but will not result in an infection unless the right conditions are present.

2. **A Means of Transmission.** This is a way for an infectious agent to spread from one individual to another. The most common means of transmission is by hands! Certain infectious agents can also be spread through the air, in food or water, or by hand contact with contaminated equipment/supplies.

3. **A Susceptible Host.** This is an individual who is more likely to become infected if they come in contact with an infectious agent. This can include persons who have not had recommended immunizations (shots), individuals whose immune systems do not work properly (such as people who have HIV, are receiving medications or treatments that alter the body’s immune system, or are elderly) or individuals who have a surgical/open wound or an invasive device - like an IV catheter, ventilator, urinary catheter.
INFECTION PREVENTION BASICS

YOU play a major part in preventing the spread of infections to patients, visitors and other patient care workers. Most work-related infections can be prevented by following facility-specific infection prevention & control policies:

HAND HYGIENE

Hand hygiene is the single most important procedure of interrupting transmission of infections to patients and employees.

Wash (Sanitize) Hands

- Before and after handling food
- After using the washroom
- UPON ENTERING AND EXITING PATIENT OR EXAM ROOM
- Before and after patient contact
- Before inserting or accessing an invasive device (e.g. IV or urinary catheters or tubing)
- Between dirty & clean cares involving same patient
- When visibly soiled
- Before putting on gloves and after removing exam or surgical gloves

With

- Alcohol-based (waterless) hand rubs (recommended in patient care areas)
- OR
- Soap and Water Always use when hands are visibly soiled or when gloved hands have been in contact with feces. Recommended in caring for patients with clostridium difficile diarrhea.

How

<table>
<thead>
<tr>
<th>Alcohol-based (“water-less”) hand sanitizers</th>
<th>Soap &amp; Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply 1 “squirt” of hand sanitizer.</td>
<td>1. Wet hands.</td>
</tr>
<tr>
<td>2. Spread thoroughly over all hand surfaces.</td>
<td>2. Apply soap.</td>
</tr>
<tr>
<td>3. Rub hands together until dry (about 15</td>
<td>3. Rub hands together for at least 15 seconds (sing Happy Birthday song!)</td>
</tr>
<tr>
<td>seconds).</td>
<td>4. Dry hands and turn water off with paper towel.</td>
</tr>
</tbody>
</table>

Fingernails

- Fingernails must be kept clean and well-groomed
- Fingernails are to be trimmed to ¼ inch
- Nail polish, if worn, should be fresh and free of chips

Artificial Nails

- Artificial nails (includes nail extenders, gel nails, & shellac) have been associated with healthcare associated infections and ARE NOT ALLOWED to be worn by direct patient care providers.

Jewelry

- IN Patient Care Areas, hand jewelry must be kept to a minimum (i.e., wedding/engagement bands).

Other

Small cuts/abrasions on hands are to be covered with a clean band-aid or transparent dressing.

RESPIRATORY HYGIENE/ETIQUETTE

To prevent the spread of respiratory illnesses, in addition to hand hygiene, everyone must practice good respiratory hygiene practices:

- ALWAYS cough and sneeze into your sleeve or upper arm
- OR
- Cough and sneeze into a tissue and discard immediately.
- DO NOT cough or sneeze into your hand because the germs on your hands can be spread to anything you touch!
**IMMUNIZATIONS**
Healthcare facilities are committed to reducing the risk of transmission of vaccine-preventable diseases by following Centers for Disease Control and Prevention (CDC) and Occupational Health and Safety (OSHA) guidelines.

**Routine Immunizations**
Healthcare students are required to provide evidence of protection (vaccine or blood test) against the following vaccine-preventable diseases prior to the start of clinical rotations:
- Chickenpox
- Measles, mumps, rubella
- Pertussis (whooping cough)

**Other Immunizations**
- **Hepatitis B Vaccine** is recommended for all individuals whose job duties involve expected contact with blood and body substances.
- **Influenza Vaccine** is recommended each flu season for all healthcare workers because they can spread the flu to patients and others even if they are not sick.

**TESTING FOR TUBERCULOSIS & (TB) EXPOSURE**
Testing for past exposure to TB is required for all students prior to the start of clinical rotations. In the rare event of an unprotected exposure to a person with active TB disease, Infection Prevention and Control, and Occupational Health will coordinate follow-up testing.

Persons who have tested positive for TB exposure are to be aware of and report signs and symptoms of TB disease immediately to their clinical instructor.

**INFECTION CONTROL – RELATED WORK RESTRICTIONS**
When you’re sick or have certain conditions, you can place patients and/or your co-workers at risk. Do not come to your clinical rotation unless cleared by your clinical instructor. Common examples of illnesses that require work restriction include:
- Chickenpox
- Vomiting/Diarrhea
- Rashes/exanthems (lesions) of unknown cause
- Flu (high fever, muscle aches, cough)
- Hand/arm casts if assigned to patient care areas

**Standard (Universal) Precautions are used with all patients**
Standard Precautions refers to the routine use of personal protective equipment (PPE) when contact with blood or body substances is likely to occur. To prevent exposure to unknown cases of infectious disease, PPE use should be based on the task being performed, and not rely on a known diagnosis.

**Gloves:**
- Are to be worn when touching blood & body substances, mucous membranes, rashes, and the non-intact skin of all patients.
- Are to be worn when performing invasive procedures such as obtaining blood specimens and starting IVs.
- Are to be worn for handling all items and surfaces soiled with blood or body substances.
- Must be removed, and hands sanitized, immediately after completing the task they are worn for, or as soon as patient safety permits.
- Must be worn to enter any ICU patient room regardless of Isolation Status.

**Facial Protection** (masks/goggles or face shield):
- Are to be worn when performing cares or procedures that are likely to generate droplets of blood or other body substances. Examples include: surgical procedures, wound irrigations, intubations, bronchoscopies, and trach cares.
- A surgical mask is to be worn when placing a catheter or injecting material into the spinal canal or subdural space (i.e. during myelograms, lumbar puncture and spinal or epidural anesthesia.)

**Cover Gowns:**
Are to be worn when performing cares or procedures that are likely to expose skin or clothing to splashes of blood or other body substances.

*The only exception to the wearing of personal protective equipment is in a rare situation in which the employee chooses not to use PPE because in his/her professional judgment its use would have prevented the delivery of*
PERSONAL PROTECTIVE EQUIPMENT (PPE) REMOVAL
PPE must be removed and discarded, and hands sanitized, before touching non-contaminated items and environmental surfaces, when exiting a patient/exam room, and between patients.
PPE must be removed in the correct order and using the correct method to prevent contamination of skin and clothing:

Step 1: Remove GLOVES by grasping the outside of one glove with your opposite hand and peeling it away from hand, turning the glove inside out. Holding the removed glove in your gloved hand, slide 2 fingers of your ungloved hand under the cuff of the remaining glove. Peel the second glove away from hand, turning it inside out to cover the other glove. Discard in trash receptacle.

Note: Gloves ARE ONE-TIME USE.

Step 2: Remove GOGGLES/FACE SHIELD Use clean hand to remove by band or earpiece. Discard in trash receptacle.

Note: Goggles / face shields ARE ONE-TIME USE.

Step 3: Remove GOWN: by unfastening ties and peeling it off turning it inside out and holding it away from body. Discard cloth gowns in linen hamper/paper gowns in trash receptacle.

Note: GOWNS ARE ONE-TIME USE.

Step 4: Remove MASK by grasping elastic band (or untying) from the back of your head and bringing the band up and overhead to remove. DO NOT REMOVE BY TOUCHING FRONT OF MASK. Discard in trash receptacle.

Note: All masks except TB (N95) respirators ARE ONE-TIME USE.

OTHER: All linen, trash, and eating utensils precautions.

SHARPS SAFETY
Needlesticks and injuries caused by scalpels or other sharp instruments account for the majority of blood and body fluid exposures in healthcare settings. Precautions must be taken to prevent injuries:

- NEVER recap or break or bend needles.
- Do not remove needles from syringes. Approved exceptions are removal of activated safety needles from syringes:
  - used for administration of IV medications
  - for the purpose of “sharper” injection needle for IM or Subcut injections
  - containing Laboratory specimens (A mechanical device must be used for removal)
- Place disposable needles and syringes, scalpel blades, and other sharp items in puncture-proof containers immediately after use.
- Locate sharps containers as close as possible to the point of use.
- Secure sharps container in an upright position to prevent contents from spilling.
- REPLACE SHARPS CONTAINERS WHEN ¾ FULL. SEAL container and place in designated biohazard area for pick-up. Alert your instructor if sharps container is ¾ full. Housekeeping will replace the container.
- Never enter a sharps container. In the unlikely event that a valuable item (i.e. jewelry, medical equipment) is accidentally disposed of in a sharps container:
  - label the container with a “DO NOT DISCARD” label
  - notify your immediate supervisor and the Housekeeping Supervisor on duty to coordinate retrieval following facility-approved procedures
- Check all linen and trash for sharps before placing into receptacle.
- Discard items that are capable of puncturing a trash bag into a Sharps container.
- Never compact trash or enter trash bags to retrieve items.
- Always handle trash bags by holding them away from your body to prevent puncture injuries.
- Place reusable needles and sharps in a puncture-proof container for transport to reprocessing areas.
- USE SHARP SAFETY DEVICES when available.
  - Do not alter safety mechanisms
  - Use a ONE-HANDED technique and a hard surface to activate safety devices – DO NOT activate safety devices with 2 hands or by using other body parts (e.g. leg, arm).
  - The following sharp safety devices are commonly available:
    - Blood transfer devices
    - IV catheters
    - IV tubing
    - Lancets (e.g. for blood glucose testing)
    - Needles and syringes
    - Needle-less, prefilled medication syringes
    - Phlebotomy devices
    - Scalpels

### Waste Management and Proper Disposal

Waste management and disposal is in accordance with the Minnesota Infectious Waste Control Act of 1989 and regulations from the Western Lake Superior Sanitary District (WLSSD). All waste is designated as infectious waste, pathological waste, objectionable waste, sharps or general waste, and is separated at the point of generation.

**Standard Precautions** are to be used for waste handling activities. Always wear gloves for any trash handling activities in patient care areas. Discard trash and other waste in the appropriate waste container as follows:

<table>
<thead>
<tr>
<th>Infectious (RED BAG) Waste</th>
<th>Regular Trash</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Blood, blood products, or other body fluids (pleural, pericardial, cerebrospinal, synovial, amniotic, peritoneal) in containers/lab instruments</td>
<td>- IV tubing and solution containers</td>
</tr>
<tr>
<td>- Items that are dripping and saturated with the above fluids</td>
<td>- Urinary catheter tubings and drainage bags</td>
</tr>
<tr>
<td>- Blood bags and administration tubing</td>
<td>- Ventilator tubing</td>
</tr>
<tr>
<td>- Tubing and drainage collection devices (i.e. hemovacs, JP bulbs, pleurovacs) that cannot be emptied and rinsed of all visible blood OR contaminated with blood that can “flake” off</td>
<td>- Cast padding with serous drainage</td>
</tr>
<tr>
<td>- Wound dressings that are soiled with an areas of blood greater than 2 inches in diameter</td>
<td>- Diapers, Tripads, etc</td>
</tr>
<tr>
<td>- Any regular trash that is grossly contaminated with blood</td>
<td>- Respiratory suction canisters</td>
</tr>
<tr>
<td></td>
<td>- Items soaked with urine, vomitus, saliva, sweat or feces</td>
</tr>
<tr>
<td></td>
<td>- Regular trash from isolation rooms</td>
</tr>
</tbody>
</table>

To prevent contamination of the environment and exposure to waste handlers:
- Clamp or tie off tubing on drainage collection devices (e.g. chest tubes, hemovacs, JP bulbs) that cannot be emptied.
- Securely cap all ports on suction canisters that cannot be emptied.
- **Replace infectious waste bags when ¾ full.** Do not compact. Close by grasping and tying top corners of trash bag.

**BLOOD SPILL CLEAN-UP**

To clean up blood or body substance spills - Always wear gloves!
- Use paper towels and dispose in infectious waste container.
- Remove and discard soiled gloves and perform hand hygiene.
- Put on clean gloves.
• Disinfect the soiled area with disinfectant solution
• If a blood spill kit is used, follow directions in kit.

OTHER SAFE WORK PRACTICES
• Handle all blood and body fluid specimens as BIOHAZARD (infectious).
• Do not eat or drink beverages in areas where blood and body fluid exposure is likely.
• Do not handle contact lenses or apply lip balm in areas where blood and body fluid exposure is likely.
• Do not store blood and body fluids in areas/refrigerators where food or medications are stored.
• Clean ALL patient rooms/environmental surfaces the same way, making sure to disinfect high-touch surfaces (bedrails, bedside tables, etc.,) on a daily basis to prevent the spread of contact-transmitted organisms.
• Clean/Disinfect/Sterilize all patient equipment and instruments according to hospital policies.

Report exposures to blood or body fluids

1. Wash the exposed area thoroughly with soap and water.
   - Rinse mucus membranes with normal saline or tap water.
2. Report the incident promptly to your instructor and the clinical area.

Prompt reporting will assure evaluation of preventive medication needs.

IN ADDITION TO STANDARD PRECAUTIONS

Some diseases, because of the mode of transmission (e.g., droplet, airborne), require precautions in addition to Standard Precautions. These precautions are referred to as Transmission-based Precautions (or ISOLATION) and consist of the following categories:
• AFB (TB precautions)
• Airborne/Contact
• Contact
• Droplet
• Full Barrier

The following is a list of several common diagnoses/conditions that require isolation. Please check with clinical staff regarding appropriate isolation protocols.

<table>
<thead>
<tr>
<th>Diagnoses/Conditions that require Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess (Open/draining or requires frequent drsg.changes)</td>
</tr>
<tr>
<td>Adenovirus, pneumonia in infants and Young Children</td>
</tr>
<tr>
<td>Avian Influenza</td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
</tr>
<tr>
<td>C. Difficile diarrhea</td>
</tr>
<tr>
<td>Cough/Fever/Pulmonary Infiltrate in patient with hx recent travel (10-21 days) to countries with active outbreaks of SARS, Avian Inf</td>
</tr>
<tr>
<td>Decubitus Ulcer, Pressure sore, (open/draining)</td>
</tr>
<tr>
<td>Diarrhea Illnesses in diapered or incontinent persons</td>
</tr>
<tr>
<td>Diphtheria, Erythema infectiosum (Fifth’s Disease)</td>
</tr>
<tr>
<td>Hand, Foot, Mouth Disease (in diapered children)</td>
</tr>
<tr>
<td>Haemophilus Influenza (Blood or spinal fluid)</td>
</tr>
<tr>
<td>Hemorrhagic fevers, Ebola, Lassa Fever</td>
</tr>
</tbody>
</table>
Herpes Zoster/Shingles-disseminated lesions
Impetigo
Influenza A or B
Lice, head and body
Measles (rubeola)

Meningitis, viral in infants and young children
Meningococcal disease
Multi-drug resistant organisms such as MRSA & VRE
  (Methicillin-Resistant Staphylococcus Aureus & Vancomycin-Resistant Enterococci)
Mumps (infectious parotitis)
Mycoplasma Pneumonia, lab confirmed
Necrotizing Fasciitis, Group A Strep
Pertussis (whooping cough)
Plague, Pneumonic
Poliomyelitis
Rubella (German measles)
RSV (Respiratory Syncytial Virus), Parainfluenza
SARS (Severe Acute Respiratory Syndrome)
Scabies
Scalded Skin Syndrome (Ritters Disease, staphylococcal)
Smallpox
Tuberculosis, pulmonary

Contact Infection Prevention & Control

Jane Gilbert-Howard, RN, MS, CIC
Phone: 249-5608
Pager 788-5689

Revised 7/11
Perspectives Dining
The Perspectives Dining program was implemented May 1, 2011.

Call Center Phone number: Extension 7600
Perspectives Dining Hours: 7:00am – 7:00pm.
- Patient’s can pre-order meals
- Meals will be delivered within 1 hour
- Bag lunches are available from SPD outside of the Perspective Dining Hours

Room Service Ambassador Responsibilities: (The ambassador is the communication link between Nursing and the Nutrition Services Department)
- Room Service Ambassadors will be assigned to nursing units and they will deliver menus and assist patients in placing their orders.
- Ambassadors will deliver and assist in picking up patient trays.
- Ambassadors can assist in recording of the intake on I & O sheet when they pick up the patient trays.
- Ambassadors will not enter isolation rooms. When a patient is in isolation the ambassador will notify the assign nurse of the patient’s tray arrival.

Diet Orders-Menu Ordering
The Menu Ordering option (within each diet order) must be accurate for all patients. The Menu Ordering Options are:
- **Eligible** - Patients who can order food without assistance (these patients can independently call in their requests for food to the call center).
- **Needs Assistance** - Patients that need assistance with ordering (a room service ambassador will assist the patient in placing their food order). NOTE: This has nothing to do with feeding assistance.
- **Ineligible** - Patients that are unable to participate in the Perspectives Dining program (i.e. patients who are confused, unable verbalize what they would like to order, etc.). Patients who are ineligible to participate will automatically have a pre-set standard meal sent to their room based on their diet order.

Diet orders must be updated in Meditech before the call center can process a patient meal order. **Do not call** the call center with diet order updates. Place diet orders in Meditech and the Perspectives Dining system will be updated (so the patient can order meals).

Advancing Diet Orders
Diet orders must be advanced in Meditech before the call center will be able to process requests for updated diets. For example, if a patient is on a full liquid diet and then is advanced to regular, the order must be updated in Meditech (or the patient will not be able to place an order for a regular meal). Please note that if the advanced diet order is set for the next meal the diet will not change until the next meal time. For example: a patient on a full liquid diet for breakfast has an advanced order to change to regular for lunch. Perspectives dining will not be able to send a regular diet for breakfast. Dialysis patients should order their breakfast tray the night before.

NPO Status
A NPO Sign will be placed on the patient’s door if they have an NPO order. This will help ensure the Room Service Ambassadors are aware of the NPO order.
Diabetic Patients
Patients will be encouraged to order at standard meal times. The Ambassador will communicate with the nursing team on when a patient with diabetes is scheduled to get their meal. This communication is to help ensure that their blood sugar is checked prior to the arrival of the meal. A worksheet will be kept on all units at the nursing station for patients that require blood glucose testing. These patients should have the “Blood Glucose Testing” ordered in Meditech on their diet and also made a “Needs Assist”. The ambassador will update the sheet with the expected meal delivery times for these patients so nursing can better gauge when to take blood sugars and administer insulin.

Meal Time Medications
Patients who are on meal time medications will be encouraged to order meals at standard meal times.
- Standard Meal Times are:
  - Breakfast 0730-0830
  - Lunch 1130-1230
  - Dinner 1700-1800

Calorie Counts
The Ambassador and or the Nursing team will be recording the percent consumed by each food item (who ever is picking up the tray). The completed meal ticket will be attached to the I&O record in the patient room. Nursing will review the meal ticket and place the meal ticket in the calorie count envelope to be calculated by the clinical dietitian.

Fluid Restrictions
When a patient is on a fluid restriction, Nutrition Services will be responsible to send 50% of the fluid content on the tray. If a patient is on a 1000ml fluid restriction or less, Nutrition Services will not send any fluids up on the patient’s tray.

I&O Documentation
The Room Service Ambassadors will record the patient’s intake and percent of meal consumed on the I&O sheets if they are picking up the patient tray. If a patient does not have an I&O sheet, the ambassador will record the patient’s intake and percent of meal consumed on the meal ticket. The meal ticket will then be taped to the patient’s bathroom door (the meal ticket also lists the patient’s order for food).

Allergies
Be sure to confirm all patient allergies upon admission and clarify food allergies. Patients who have a food allergy entered in Meditech will not be able to order any food items containing the allergen. For example, if a patient has a milk allergy entered in Meditech they will be unable to order pancakes (which have milk listed as an ingredient). If a patient is lactose intolerant, and is not allergic to milk, the intolerance should be entered as a part of the diet order within Meditech, not as a food allergy.
RADIATION SAFETY

Types of ionizing radiation devices
- X-ray machines
- Mammography
- Fluoroscopy
- Nuclear Medicine Drugs or Pharmaceuticals
- Radiation Therapy

Personnel who work around radiation on a regular basis will be monitored using film badges. This helps measure their occupational dose of radiation which assists in the management of our Radiation Safety Program.

All healthcare personnel should follow these three basic precautions to minimize their exposure to radiation:

TIME
Limit the amount of time you spend near sources of radiation.

DISTANCE
Maximize the distance between yourself and any radiation. Maintain a safe distance of at least 6 feet.

SHIELDING
Place shielding such as a lead apron between yourself and the radiation source to decrease the exposure.

Unborn babies are especially sensitive to radiation. You may declare a pregnancy to your supervisor immediately if you think you are pregnant.

Always use STANDARD PRECAUTIONS!

QUESTIONS or CONCERNS?
Call Scott Studden, Director of Diagnostic Imaging (218) 249-5661
**Code Red**
(If fire, visible smoke or flame is discovered)

**Rescue**
All persons in danger

**Alarm/Alert**
Pull fire alarm
Call emergency number to report fire, type, location

**Contain/Confine**
Close all doors
Inform patients/visitors of situation

**Extinguish**
Consider own safety
Use the fire extinguisher

**Pull the pin**

**Aim the hose**

**Squeeze the trigger**

**Sweep at base of fire**

**Movement during a Code Red**
Elevator use is not allowed;
Use stairs for essential travel.
Do not go through closed doors

St. Luke’s Emergency Number 5220
Emergency Codes – Plans are available via St. Luke’s Intranet

<table>
<thead>
<tr>
<th>Situation</th>
<th>St. Luke’s Duluth</th>
<th>Safety Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass casualty incident</td>
<td>Code Plan 1 (MCI)</td>
<td>Mike Marturano</td>
</tr>
<tr>
<td>Fire</td>
<td>Code Plan 3 (Code Red)</td>
<td>249-6013</td>
</tr>
<tr>
<td>Cardiac/respiratory arrest</td>
<td>Code Plan 4 (Code Blue)</td>
<td></td>
</tr>
<tr>
<td>Infant/child abduction</td>
<td>Code Plan 5 (Code Orange)</td>
<td></td>
</tr>
<tr>
<td>NP - Assist at area</td>
<td>Code Plan 6</td>
<td></td>
</tr>
<tr>
<td>Lockdown</td>
<td>Code Plan 8</td>
<td></td>
</tr>
<tr>
<td>Violence threat</td>
<td>Code Plan 9</td>
<td></td>
</tr>
<tr>
<td>Hazardous weather</td>
<td>Code Plan 10</td>
<td></td>
</tr>
<tr>
<td>Hazardous material spill</td>
<td>Code Plan 11</td>
<td></td>
</tr>
<tr>
<td>Bomb threat</td>
<td>Code Plan 13</td>
<td></td>
</tr>
<tr>
<td>Evacuation needed</td>
<td>Code Plan 14</td>
<td></td>
</tr>
<tr>
<td>VIP</td>
<td>Code Plan 17</td>
<td></td>
</tr>
<tr>
<td>Rapid Response Team</td>
<td>Rapid Response</td>
<td></td>
</tr>
<tr>
<td>Trauma patient(s)</td>
<td>Code Green</td>
<td></td>
</tr>
<tr>
<td>Weapon (potential of inflicting serious harm/or person being held against their will)</td>
<td>Code Plan 9</td>
<td></td>
</tr>
<tr>
<td>Emergency phone</td>
<td>5220</td>
<td></td>
</tr>
</tbody>
</table>

Emergency Codes are listed on the back of your ID badge.

Material Safety Data Sheets (MSDS)
Intranet Access Instructions

St. Luke’s has created an electronic database (eBinder) containing material safety data sheets for the hazardous chemicals used throughout the organization. The eBinder is organized by Division (Hospital or Clinic) and by Facility (department or clinic location). Retrieving MSDSs can be completed from any networked PC with intranet access. Printing MSDSs requires printer connection. Searching for a specific MSDS can be performed by searching by Location (individual department or clinic location) or by a text search.

To access the MSDS eBinder via St. Luke’s intranet:

From Intranet Home Page→Employer or Safety Tabs→Material Safety Data Sheets (MSDS)
Hazardous Waste Awareness for Healthcare Workers

St. Luke's Hospital

What Is This About?

- The Proper Identification and Disposal of Hazardous Waste
Who Needs This Training?

- Anyone who may come in contact with, dispense, or deliver any pharmaceutical, must be trained on proper disposal, including:
  - Nursing Personnel
  - Pharmacists and Pharmacy Technicians
  - Surgical Technicians
  - Anesthetists
  - Lab Personnel
  - Clinical Assistants
  - Radiology Technicians
  - Physicians and other Licensed Independent Prescribers

- ***All Training Must Be Documented***

Why Train?

- Laws enacted in 1976 to protect environment apply to every business, school, hospital, etc.
- Subject to fines in excess of $32,500 per day per violation.
Why Train?

- USGS research shows pharmaceuticals in surface water across the country.
- Studies show bacterial resistance to common antibiotics.
- Public Wastewater Treatment Plants do not treat or test for pharmaceuticals in the water.

What Does This Apply To?

- Hazardous drugs are identified in the Pharmacy.
- The Pharmacy places a message that appears in the AcuDose and in the Bedside Medication Verification (BMV)
How Do I Comply?

- Step 1: Place items on hazardous medications list into appropriate waste container
- Step 2: Close container
- Step 3: Label must be visible

Dual Waste

- Is Hazardous and Infectious
- Blood in Medicated IV Tubing
- Syringe with Medication and Needle
  - Place in specially labeled Dual Waste Sharps Box Pink Container
Containers you may see around the Hospital

For Aerosol Inhalers

For Hazardous Pharmaceuticals

For Dual Waste

For Nicotine and Warfarin

Epinephrine Not Hazardous?

- Epinephrine was removed from the list why?
  - Hazardous waste regulations are always changing.
  - 10/15/2007 EPA review the P-listing for Epinephrine. The result Epinephrine salts are no longer P-listed waste. They are now just MN Hazardous waste.
  - 11/11/2009 MPCA review the MN01 ruling for Epinephrine salts. The result Epinephrine salts below the percentage used at the Hospital and Clinics are not hazardous waste.
**P-Listed Waste**

- P-listed wastes are acutely toxic—even the EMPTY containers are Hazardous waste.
  - Items that are on the list:
    - Nicotine
    - Warfarin/Coumadin
    - Physostigmine
    - Arsenic Trioxide
    - Phentermine
- Collect Empty wrappers/containers in the Blue and white container.

**A Pill dropped on the floor**

**What do I do now?**

- If the pill/capsule is a controlled substance, witness waste following correct procedures and sewer.
- If the pill/capsule is a known hazardous medication, place in appropriate container.
- If the pill/capsule is a known non-hazardous medication, toss into regular trash.
- If the medication is an unknown, place into the black box.
Important Notes

- NO NEEDLES in the Black MEDS container!
- These containers are moved and emptied by people – Help Protect Their Safety

Important Notes

- DO NOT place DEA regulated medications (controlled substances) in the Black boxes. Witness waste following correct procedures.
- Crimp and secure IV tubing, then wrap around bag before placing into container
- DO NOT EMPTY CONTENTS of Hazardous Pharmaceuticals DOWN THE DRAIN
- Remove Patient Labels
### Non-Pharmaceutical Hazardous Waste

- **Aerosol Cane**
  - Flammable
  - That are not empty, place in the Aerosol container

- **Liquid Gel Hand Sanitizer**
  - Flammable
  - That are not empty, place in Black Box for disposal

- **Concentrated Cleaners**
  - Corrosive/Flammable/Toxic
  - That are not empty, contact Housekeeping for disposal

### Non-Pharmaceutical Hazardous Waste

- Maintenance department will properly store and recycle the following:
- **Electronics - Circuit Boards** - Recycle
- **Batteries For Recycle**
  - Lead Acid
  - Ni-cad, Ni-MH, Nickel Cadmium batteries
  - Lithium Ion, Li ion
- **Please throw away Alkaline Batteries**
- **If you’re unsure if it’s a Hazardous Waste, call housekeeping, and they will move it to the Hazardous Waste Storage room for evaluation.**
Contact

- For questions, training documents, or help with the proper disposal of non-pharmaceutical chemical waste contact:
  - Mike Marturano, Safety Officer, 249-6013
  - Gina Lemke, Pharmacy Director, 249-5292
  - Laurie Carlson, Housekeeping, 249-3070

Quiz Questions...

- Where do you dispose a used damp alcohol pad?
  - [ ] A. Pharmaceutical Black Box
  - [ ] B. Regular Trash
  - [ ] C. Flush it down the drain
  - [ ] D. Red Bag
Information on the appropriate hazardous waste disposal bin to use is available online at:

or Hospital Hazardous Waste Disposal Poster
Harassment in the Workplace

Your work environment should be free from harassment in all forms including offensive language and behavior regarding an individual’s race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, or sex. Workers are cautioned to consider their behavior and comments from the perspective of anyone who might be offended by them.

Forms of harassment include, but are not limited to:

**Sexual harassment:** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical contact of a sexual nature

**Verbal harassment:** Epithets (nick names and slang terms), derogatory comments or slurs

**Remarks** about a person’s body or sexual activities

**Unnecessary touching,** patting, pinching, hugging, inappropriate closeness

**Rudeness or refusal to cooperate** with an employee because of his or her gender

**Retaliation** against an employee for making a complaint about sexual harassment

**Visual harassment:** derogatory posters, cartoons, or drawings

Both Federal and Minnesota statutes prohibit harassment in the workplace. All reports of harassment by co-workers, supervisors or third parties will be promptly and thoroughly investigated. Any complaints of harassment and actions taken to resolve such complaints will be treated as confidentially as possible consistent with identifying the problem. If the investigation confirms the complaints regarding the alleged offender, it will result in disciplinary action against that individual.

Any student who experiences/is witness to harassment or inappropriate behavior should report it to their instructor, faculty or advisory staff. No one who reports what he/she believes to be an incident of harassment may be subjected to retaliation of any kind for making the report.
Why is it so Important to Protect Patient Information?

Health care providers have a legal and ethical obligation to protect patients’ confidential health information, including the information in paper patient records, billing records, computer systems, and in the knowledge base of their employees.

Patients will be more comfortable sharing information with their healthcare providers if they are sure that their private medical information will remain confidential and used to provide quality health care.

Failure to comply with law and health care facility policy and in appropriately access, use or disclose health information is not an option. Health care facilities and the law provide a range of penalties for noncompliance depending on the context of the violation and the offender’s intent.

Two Types of Protected Health Information (PHI)

1. Electronic (Computerized) PHI – Medical Records and Business Office Records
   Access to protected health information is audited on a monthly basis.

   When you leave your workstation, remember to not leave patient information visible on your computer screen. **Always log off your computer when leaving your workstation!**

   **Password Reminders**
   - It is each individual’s responsibility to keep his or her system passwords private.
   - Do not share your passwords with others or post where people can see them.
   - Direct any password concerns to the IT Department, 249-2447.

2. Paper PHI - Medical Records and Business Office Records
   Securely store all paper PHI. Do not leave records where others could access them inappropriately.

   Do not leave PHI on printers, copiers or fax machines.

   Always use a Shred-It bin to dispose of paper documents or labels that include patient information.

   Always use an interdepartmental courier envelope when sending PHI to another department.

Education
All students are required to sign a confidentiality statement as part of their yearly safety orientation.
Tips to Help You Remember to Keep Patient Information Confidential

✔ Treat patient information the way you would want your own information treated.

✔ You may not electronically access information about yourself, your spouse, children (minor or adult), parents, siblings or any other family members or friends. This information must be authorized and processed through the Medical Record Department.

✔ Do not discuss patient information outside the facility.

✔ Do not discuss patient information in public areas within the health care, such as elevators, hallways, restrooms, cafeteria, waiting rooms or stairways.

✔ Do not discuss patient information with anyone unless they need it to carry out their job duties.

✔ Do not copy and distribute confidential information to unauthorized people. Always refer them to the Medical Record Department.

✔ When release of information by telephone is permitted by policy, verify identity of caller before releasing information.

✔ It is not acceptable to access anyone’s patient information for any reason that is not in your job description.

✔ Talk to your supervisor about re-directing work for your family and friends who are patients.

✔ Do not give patient information when voice paging or leaving telephone messages.

Public Information Hospitals

Information contained in the general patient directory of a hospital is considered public. Unless a patient has requested otherwise, his/her presence and location in the hospital may be disclosed if the patient is requested by name.

If you have further questions about Information privacy:  
St. Luke’s contact Diane Larson – Privacy Officer at 249-5367
Patient Rights: A Simplified Overview

Refer to the Minnesota Patient Bill of Rights for complete detail

Every patient’s civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed. The health care facility shall encourage and assist in the fullest possible exercise of these rights.

1. Information about Right
On Admission patients shall be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community

2. Courteous Treatment.
Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility

3. Appropriate Health Care
Patients shall have the right to appropriate medical and personal care based on individual needs. This right is limited where the service is not reimbursable by public or private resources.

4. Physician’s Identity
Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, of any, of the physician responsible for coordination of their care.

5. Relationship with Other Health Services
Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider.

6. Information about Treatment
Patients shall be given by their physician’s complete and current information concerning their diagnosis, treatment, alternatives, risks and prognosis as required by the physician's legal duty to disclose

7. Participation in Planning Treatment
Notification of Family Members:
Patients shall have the right to participate in the planning of their health care.
If a patient who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts as required to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient has been admitted to the facility.

8. Continuity of Care
Patients shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

10. Experimental Research
Written, informed consent must be obtained prior to patient's participation in experimental research.

11. Freedom from Maltreatment
Patients shall be free from maltreatment as defined in the Vulnerable Adults Protection Act.

12. Treatment Privacy
Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program.

13. Confidentiality of Records
Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility.

14. Disclosure of Services Available
Patients shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges.

15. Responsive Service
Patients shall have the right to a prompt and reasonable response to their questions and requests.
16. Personal Privacy
Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.

17. Grievances
Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens.

18. Communication Privacy
Patients may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose.

19. Personal Property
Patients may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.

20. Services for the Facility
Patients shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

21. Protection and Advocacy Services
Patients shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law.

22. Right to Communication Disclosure and Right to Associate
Upon admission to a facility, where federal law prohibits unauthorized disclosure of patient identifying information to callers and visitors, the patient, or the legal guardian or conservator of the patient, shall be given the opportunity to authorize disclosure of the patient's presence in the facility to callers and visitors who may seek to communicate with the patient.

23. Isolation and Restraints
A minor patient who has been admitted to a residential program as defined in Section 7 has the right to be free from physical restraint and isolation except in emergency situations involving likelihood that the patient will physically harm the patient's self or others.

24. Treatment Plan
A minor patient who has been admitted to a residential program as defined in Section 7 has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires inpatient treatment.

Minnesota Department of Health
Revised 07/01/2007
Color Coded Wrist band standardization in Minnesota

The Color codes wrist band standardization program is to promote statewide the standardization of “alert” wrist band colors used in hospitals. This initiative is being coordinated by the Minnesota Hospital Association.

**Yellow color**

**FALL RISK**

Yellow color

**Green color**

**LATEX ALLERGY**

Green color

**Purple color**

**DNR**

Purple color

**Pink color**: Alerts the health provider that the patient’s extremity should be handled with extreme care.

**Allergy**

Red color

**Swallowing Risk**

The **Blue Wrist Bands** are used to reduce risk of patients being provided with unsafe food or liquids that may result in aspiration.
PARKING

Please consider car-pooling with your fellow students. Parking is at a premium in the hospital district. Patient parking is our first priority.

Hospital employees pay to park in designated lots and have special identification stickers in their cars. If your car is parked in a lot without proper parking identification, it will be towed at your expense. (The bill is about $100.00)

Parking meters on the streets surrounding the hospitals are frequently monitored and tickets are common. There is free parking on the streets and avenues within 2-3 blocks walking distance of the hospitals. Plan an extra 10 minutes for parking and walking in to your clinical setting.

SECURITY

We encourage everyone at the hospitals and clinics to use the buddy system. Walk with someone to your car. If no one is available, you may ask hospital Security to escort you.

Be aware of your surroundings at all times.

Bring only essential personal items and a minimal amount of cash with you.

Keep valuables in a safe place.

Please alert your supervisor or hospital Security of any suspicious activity or persons.

Security Office (218) 249-5318
Non-urgent calls
Safe Patient Handling

What is it?
- It is a process to minimize the likelihood of a patient, student or staff being injured during patient lifting, transferring and handling related activities.
- Patient handling, manual lifting and transferring should be minimized as much as reasonably achievable.

Risks to patients and staff
- Manual lifting poses a high risk of musculoskeletal injury to caregivers. Patient handling tasks that place caregivers at a high risk for injury are repositioning tasks, bathing patients in bed, making occupied beds, turning patients in bed, tasks with long duration, transferring and lifting tasks.
- Patient transferring and patient handling can cause patient’s discomfort and increase the likelihood of skin shear.

Prevention Measures
- If a patient is non weight bearing, use available equipment to transfer or move the patient.
- Allow the patient to move themselves as able.
- Use proper body mechanics
- When moving a patient, make a plan and initiate the plan when equipment and staff are ready. Take your time.
- You must be educated on the equipment prior to using.
- Find out what the hospital’s policy/plan is for safe patient handling. FOLLOW the policy

PERSONAL ELECTRONIC DEVICES

It is the policy that personal electronic devices will be turned off and not in use during clinical hours. Any use of such equipment is limited to personal break or lunch time away from the patient care areas.

Utilization of this type of equipment in the patient care areas sends a message to the patient and their visitors that the patient is not the priority, may compromise safety due to distraction. Use of these devices in patient care areas is unacceptable.

Thank you for respecting the patients by not using these devices while you are on clinical rotations.
IDENTIFY Patients Correctly

- Use patient’s full name and birth date before: Giving meals, taking blood or specimens, or doing treatments/procedures.
- Label blood and other specimen containers in the presence of the patient.
- Two RNF’s must check and document that the correct blood is administered to the correct patient per Clinical Policy S-15, Blood & Blood Products.

USE Medication Safely

- Label all medications, med containers or other solutions, and filled syringes at time of preparation, unless immediately administered.
- Two individuals verify med/solution labels visually & verbally when person preparing the med is not the person administering it.
- Remove & discard labeled containers at end of procedure (Exception: Multi-dose vials)
- Use order sets to order anticoagulants: Anticoagulation (Int Med 39), Anticoag Bridging Pre-op (Hosp 76) and Anticoag Bridging Postop (Hosp 77).
- Order appropriate labs for monitoring patients on anticoagulants per Clinical Policy A-21 Anticoagulation Therapy.

IDENTIFY Suicide Risks

Complete the Suicide Risk Assessment for patients with a primary diagnosis of emotional or behavioral disorders. Address the patient’s immediate safety needs.

IMPROVE Communication

- Communicate and document critical results in a timely manner to the physician per Management policy, Critical Results Reporting, (C-30).
- Promote clear and complete “hand off communication” among caregivers.
- Provide an opportunity to ask and respond to questions.
- Use the blue transport form (NURS 1605) when transporting a patient.

RECONCILE Patient Medications

- Complete Medication Reconciliation Form (MRF) by asking patient/family for a complete list of the patient’s current medications.
- Document, at time of discharge in the EMR, that a current med list was faxed to the physician with whom the patient has their next appointment.
- Send or fax the MRF to the next department or facility when the patient is transferred, referred or discharged.
- Refer to St. Luke’s intranet for a list of clinics not requiring faxing. Select: Phone Directory→Telecommunication Resources Page→Clinic Directory→Review the discharge list of medications with the patient/family prior to discharge. Send a current medication list home with the patient/family.

PREVENT Infections

- Wash hands with hand sanitizer or soap and water before entering and upon exiting a patient’s room, and before and after glove use.
- Get a flu shot AND keep other immunizations up-to-date.
- Follow national “best practices” to prevent CLABs (Central Line Associated Bacteremias), VAPs (Ventilator-Associated Pneumonias) and Surgical Site Infections.
- Support prudent use of antibiotics to help prevent the development of multi-drug resistant organisms such as MRSA & VRE.
- Follow Isolation Precaution/Procedures to help prevent the spread of infections especially those caused by multi-drug resistant organisms.
- Educate surgical patients about surgical site infection prevention.
- Educate patients about central line associated bloodstream infection prevention, MRSA, VRE & clostridium difficile (c. diff) infection prevention, as applicable.

Universal Protocol

- Conduct a TIME OUT immediately prior to any surgical procedure, including invasive bedside procedures, and verify correct patient, procedure & site/site. All team members must participate and actively communicate.
- Mark each site before procedure per Management policy S-22, Surgical Site Verification.

* In addition, the following remain Joint Commission requirements: Verbal read backs, Prohibiting use of dangerous abbreviations, Look alike/sound alike medications, Preventing harm from falls, Early response to changes in patient condition (Rapid Response Team) and Patient involvement in their care as a patient safety strategy.
STUDENT GUIDELINES

Nursing Student /Intern Clinical Guidelines

Purpose:
To provide guidelines for Nursing Student /Intern clinical experiences at St. Lukes. These guidelines are an addendum to the Student Clinical Experiences at St. Luke’s Policy, Management E-4 and I-11.

Definitions:

- **Clinical rotation** – a student group (up to 10) supervised by a school faculty member and assigned to a specific unit for specific dates and times.
- **Preceptor** – A SLH staff nurse who has agreed to supervise a student during a specified time frame such as during a capstone or summer internship.
- **Capstone Experience** – a student clinical experience in which a St. Luke’s staff is supervising the student and off-site faculty consultation is available if needed.
- **Summer Nurse Intern** – The student must be enrolled in a nursing program and a summer nurse intern class. The student is supervised by a preceptor who is a St. Luke’s staff member.
- **Refresher RN or LPN** – has a license or permit to practice in their job role. The refresher is a clinical experience with a preceptor who directly supervises the student’s clinical activities.

All Nursing Student/Intern Clinical requests will be coordinated through the Education Department.

Clinical Responsibilities:
St. Luke’s is responsible for the safety and quality of care provided to its patients by the students who are participating in the clinical experience program at our facility. Students and instructors will abide by the relevant policies and procedures of St. Luke’s. St. Luke’s may take immediate action to suspend participation if the student/instructor’s conduct threatens the safety or welfare of patients, visitors or staff.

St. Luke’s Nursing Staff
- Will retain accountability and responsibility of patients who are being cared for by students
- Work jointly with the students and instructor to ensure safe patient care

Instructor
- Determine student clinical learning activities and communicate these with assigned unit staff
- Guide and evaluate students
- Work jointly with St. Luke’s Nursing Staff and student to ensure safe and complete patient care
- Discuss any issues, problems or questions with any aspect of a patient’s care with the Primary RN who is assigned to the patient or Charge Nurse.
- Create patient care assignments and learning experiences prior to the clinical experience. Assignments facilitate learning and minimize disruption to unit operation and patient care.
- Students are directly supervised by a faculty/preceptor competent in the clinical area; the instructor is responsible for the actions of the student.
- Create an assignment reference sheet for the unit staff indicating the student-patient assignments as well as information on the student group’s level/abilities and any specific learning outcomes.
Students
- Provide designated care to assigned patients
- Work jointly with St. Luke’s Nursing Staff and instructor/preceptor to ensure safe patient care
- Will receive report from, and report back to, the hospital RN who retains ultimate responsibility and accountability for the required patient care.
- Report/Discuss any abnormal findings, issues, problems or questions with any aspect of your patient’s care with the Clinical Instructor and RN who is assigned to your patient.

Complete all assigned documentation and give oral report to the primary nurse and communicate with the instructor prior to leaving the unit

Rosters
Student Final Clinical Site Location Request/Computer Access Information forms will be completed and sent to the SLH Education Coordinator 3 weeks prior to the beginning of the clinical experience. This form provides information to obtain badges and computer access. The following required information, will be on the roster
- Instructor contact information
- Student’s last name, first name and middle initial,
- Onsite clinical unit,
- Start and end date of clinical experience and hours.
- 4 digit identifier
- Accompanying request for any simultaneously occurring observation experiences (Student Observation Experience Request Form)
- See Clinical Request Form Guidelines for further request form information

Patient Documentation
- Student nurses are expected to document on routine assessments and interventions such as physical assessment, vital signs, I & O, Pain Evaluation and Re-Evaluation, Repositioning and Activity, Devices and Activity, Hygiene, Safe Patient Handling, Safety and Morse Fall Screen, notes (shift summary and Non-narcotic prn effectiveness), and Education Record. Additional unit specific documentation may be required so the student should communicate with the assigned primary nurse regarding additional documentation requirements (active interventions in PCS).
- Instructors should review the documentation of their students.

Students will not perform:
- The students are not authorized to perform the following activities at any time:
  - Administration of blood or blood products
  - Receive verbal or telephone orders
  - Verify informed consent

Medication Guidelines
- Faculty or preceptor will complete the following activities with each student before the student administers any medications.
  - Deem the student competent in medication administration
  - Check all medications for appropriateness of administration
  - Consult the RN accountable for the patient
  - Students can only administer meds under the supervision of their Instructor or Preceptor who verify the student has read the Medication Administration policy (M-15) and has the necessary knowledge about the medication(s) to be administered.
## Medication Guideline Grid

<table>
<thead>
<tr>
<th>Category</th>
<th>Clinical Rotations</th>
<th>Observation only</th>
<th>Instructor present</th>
<th>Summer Nurse Interns</th>
<th>Capstone Students</th>
<th>Refresher RN and LPN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMV class attendance</td>
<td>Trained by Clinical Instructor</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>All medication administration will be under direct supervision of the instructor/preceptor</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Titrated medications or continuous medication infusions such as Heparin, Insulin, Integralin, Nitroglycerine</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>TPN, PPN under direct supervision</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>PCA under direct supervision</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Epidural Infusions</td>
<td>No</td>
<td>No</td>
<td>Instructor only</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Birthing Center - Medication Administration to postpartum patients but no medication administration to Laboring patients or infants in the Nursery</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Acu Dose privileges’</td>
<td>No</td>
<td>No</td>
<td>Instructor only</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Student/Instructor Access

Nursing Instructors will have access to AcuDose. Students will access medications in AcuDose with their instructor/preceptor.

Glucose Monitors –
- Instructors will complete yearly education or competencies for the blood glucose monitoring. Students who are supervised by their instructor will perform blood glucose using the instructor’s badge.
- Students during a Capstone experience will perform blood glucose using their preceptor’s badge.
- **Instructor: student ratio** On the Medical Surgical Units the Instructor: student ratio will be limited to 1:10.
- Specialty Units may require a higher Instructor: student ratio (fewer students/instructor) which will be determined by the Nurse Manager/Nurse Director of that clinical area.

### Instructor Orientation

- All clinical faculties must receive SLH specific training prior to supervising clinical rotations at SLH to include information such as policies, equipment, medication administration, and the patient documentation.
- Instructor Orientation will be provided by SLH annually. Schools must identify a specific faculty member as a “Super User” to train any of their school faculty unable to attend Instructor Orientation or hired subsequent to the SLH training.
- Meet with the Nurse Manager or Clinical Supervisor from the clinical unit.
- SLH suggests Instructors spend 8 hours shadowing on the Nursing Unit and/or with other clinical instructors.
- SLH suggests clinical faculty receive training provided by the school to include clinical supervision.
- Clinical Faculty will then train their clinical students.

Students will wear appropriate uniform and both their school issued as well as the SLH issued identification badge at all times while on duty at SLH. Students are expected to follow other items of the hospital dress code (Human Resources Policy D-4)
Student Orientation:

Each student will be provided an orientation to his or her unit by the clinical instructor and documentation of completion via the St. Lukes Nursing Unit Orientation Checklist will be sent/delivered to Education (3E) at the conclusion of the first clinical day.

Evaluation of Clinical Experience

- Each educational facility will have an evaluation process for each student clinical experience.
- Each Educational facility is encouraged to evaluate each group clinical experience and provide feedback to St. Luke’s
- Each SLH Nursing Unit is encouraged to provide feedback of each group clinical experience to the Education Department who can share the information with the school.

Conflict Resolution - between Nursing Staff and Instructor/student

- Attempt to resolve concern between personnel directly involved.
- If a discrepancy involves a patient safety issue and can not be resolved, contact the Clinical Supervisor, Nursing Manager or Administrative Nursing Supervisor to intervene.
- Primary RN is ultimate responsible for the patient, which includes decision making related to the patient’s care.
- Resolution should take place in a private area outside of patient’s room.
- Unresolved conflict issues should be forwarded to Nurse Manager, Clinical Supervisor and Clinical Site Coordinator (Education Coordinator)

Observation Experiences

- Observation experiences for students who are part of a clinical group will be arranged at the same time as clinical rotations are arranged (See Student Observation Experience Request Form). Students can also participate in observation experiences which are occurring on their clinical unit; Students will not be sent to other nursing units to observe occurrences or procedures.