

Dear Student:

Welcome to the Elliot Hospital. We are pleased to have you as a student in our organization.

This packet contains some information, policies, procedures and guidelines that will assist you in gaining the most from your learning experience with us.

Please feel free to contact me should you have any questions or concerns. I can be reached at 663-4450.

We anticipate that your affiliation at Elliot Hospital will be a valuable learning experience for you.

Sincerely,

**Deborah Langton
Dept. of Nursing Practice, Education & Research**

ELLIOT HOSPITAL

GUIDELINES FOR AFFILIATING STUDENTS

Students seeking experience in the OR must make arrangements (your instructor can do this) with Sandie Buckley, OR Educator, sbuckley1@elliott-hs.org , or 663-2292.

Students will need to provide proof of TB skin test within 12 months prior to their experience, as well as immunity to Rubella and Rubeola, and their Hep B status if providing direct patient care. If immunity to Chickenpox is unknown, students are encouraged to receive the Varicella vaccine.

Students are obligated to refrain, both in and out of the hospital, from discussing any patient or any information about a patient with any person except in the line of duty.

Students may administer medication according to the hospital/department approved policies/procedures, at the discretion and under the supervision of the Instructor, Preceptor or RN knowledgeable of the patient, provided that the student has had appropriate theoretical preparation and instruction.

Students who experience needlestick injuries or exposure to blood/body fluids may seek counseling through Employee Health Services. All other injuries or illnesses may be handled through the Emergency Department, or as appropriate per the student's health care provider

Students are not permitted to sign or witness the signature of any legal paper or document.

Students on the 7-3 shift during the week will utilize the off-site parking facility at St. Pius X Church on Candia Road. Directions and shuttle van schedule attached. Students on the 3-11 and weekend shifts may utilize the parking lot on Massabesic Street directly behind the parking garage. Students are encouraged to notify the Security Department for escort should they feel the need when coming off a late shift. It is also recommended to exit the hospital in groups, if possible.

Revised 08/03/09

ELLIOT HOSPITAL

ENVIRONMENT OF CARE (EOC) REVIEW
FOR STUDENTS

- **The EOC (Safety) Committee and Safety Director are available to assist with concerns related to safety, security, life safety (fire), emergency preparedness, hazardous materials, medical equipment, and utilities.**

- **Hospital Safety Policies are provided in the EOC Manual accessible via "IKE" on the Safety home page (<http://ike/safety>)**

- **The Elliot Hospital Occurrence Report Form is used to report safety hazards and incidents. Completed forms are forwarded to Risk Management. Blank forms are available in all departments.**

- **In the event that you are injured or exposed to a harmful chemical or biological agent, Employee Health must be notified and receive a completed incident report ASAP (no later than one business day).**

- **Approved respirators are available which offer respiratory protection against tuberculosis and other health hazards. Respirator wearers are medically evaluated and fit tested as required by OSHA (contact Employee Health). PAPR's (Powered Air Purifying Respirators) are available via the respiratory Department to address urgent needs.**

- **Students are required to visibly display ID Badges at all times.**

- **Per OSHA regulation, safe work practices and controls such as protective devices must be used to minimize the risk of needle-stick injuries (unless it can be demonstrated that the safer alternatives are not feasible).**

- **Material Safety Data Sheets (MSDS's) for all hazardous materials used at the hospital is located in the Emergency Department. Sheets may also be accessed via "Safety" Page on IKE (intranet).**

FIRE (Code Red)

In the event of a fire in the Hospital,

R – Rescue from immediate danger

A - Alarm (Activate Pull Station and call 2111 to alert switchboard of location).

C - Contain (Close all doors/windows).

E – Extinguish (controllable/incipient fires only) and / or Evacuate as directed (Code Green)*.

Do not use elevators! Your building location is indicated on sticker above all fire alarm pull stations.

***Code Green. (Evacuation) in order of magnitude:**

- **Horizontal Evacuation (primary response); get beyond nearest smoke / fire doors (these doors are clearly marked)**
- **Vertical Evacuation; down stairwells (as necessary)**
- **Facility: outside of building (under Fire Dept. Direction)**

EMERGENCY MANAGEMENT (Disaster Plan)

- **Incident Command System (ICS) is the chain of command used to manage emergency situations. Department specific action checklists are maintained by each department in their EOC Binder. These checklists outline the responsibilities of departments and individuals within the Incident Command System (ICS).**
- **The Incident commander is the Administrator on call (AOC) or nursing supervisor until AOC responds. The AOC is supported by several “officers” in the command center (located in the Boardroom in administration) .**
- **The Medical Officer (Dr. Phelps) coordinates needs related to Physician roles. Do not report to or call the Hospital unless contacted (or specified by a dept. specific plan).**
- **Manchester Fire Dept. (MFD) performs decontamination of patients if necessary (usually at the scene). Secondary decon may be done under the direction of ICS with MFD support in the ED decon area or “garage “ decon (boiler house) for mass casualty events.**
- **Emergency power is provided to Red receptacles or those labeled Emergency power by back-up generators. Critical equipment should utilize these receptacles.**
- **Medical gas shut off valves should only be used in emergency situations and ONLY under the direction of Fire Department **and/or** nursing administration.**

Elliot Health System Standardized Emergency Codes

Specify Location

Title	Emergency Code	Description
Missing Patient/Person	Amber	<i>Specify Infant, Child or Adult.</i> Provide coordinated efforts among departments in locating a missing person and outline steps to be taken in the event of an actual or suspected abduction on the grounds of the hospital.
Fire	Red	In the event of a fire or suspected fire, those in danger must be alerted and rescued while appropriate steps are taken to ensure the safety and evacuation of all others while notifying those necessary.
Cardiac Arrest/Medical Emergency	Blue	In the event of a cardiac arrest/medical emergency, appropriate staff will respond within the hospital and on the grounds of the campus to ensure patient / staff safety and recovery. Off site facilities use 911 or appropriate emergency # for facility.
Cardiac Arrest/Medical Emergency - PALS	Blue PALS	In the event of a pediatric cardiac arrest/medical emergency, appropriate staff will respond within the hospital and on the grounds of the campus to ensure patient / staff safety and recovery. Off site facilities use 911 or appropriate emergency # for facility.
Hostage Situation/Person with a Weapon	Silver	Alert staff of the dangerous situation while keeping a safe distance and preventing others from entering the area.
Violent/Combative Patient	Grey	Alert staff to ensure adequate internal response and external support to manage situation.
Hazardous Materials Release/Spill	Orange	Alert staff of immediate danger and secure the substance release if possible, while alerting all the appropriate authorities of the spill so it can be mitigated as quickly and safely as possible.
Haz Mat Release/Spill - Radioactive	Orange MS1	Hazmat response for radioactive release/spill.
Haz Mat Release/Spill - Incoming	Orange EMS)	Hazmat response for incoming release/spill.
Bomb Threat	Black	Alert staff of a suspected bomb threat.
Surge Capacity	Purple	Alert all appropriate personnel to assist in patient flow activities.
Internal situation	White - Internal	Activation of the emergency operations plan for an internal event.
External situation	White - External	Activation of the emergency operations plan for an external event in order to continue patient care while addressing the needs of the community.
Evacuation	Green	Evacuation
Infant delivery outside L&D	Pink	Infant delivery outside L&D
Medical Assistance Hospital Premises	Medical Alert Response	Medical Assistance Hospital Premises
Security Alert	Code 1	Potential or an actual incident of theft or vandalism in progress within Elliot Hospital or EHS property

Latex Allergy

Latex is a milky fluid derived from the rubber tree *Hevea brasiliensis*. It is used to make natural rubber which, along with other chemicals, is used to produce thousands of latex products we use everyday. Latex products contain two types of compounds that can cause medical problems: proteins naturally present in latex and chemicals added during the manufacturing process. Some of the proteins in latex can cause a range of mild to severe allergic reactions. The added chemicals can cause skin rashes and irritation. Repeated exposures to proteins in natural rubber latex through skin contact or inhalation can result in latex allergy.

Several types of synthetic rubber are also referred to as latex, but synthetic rubber does not release the proteins that cause allergic reactions.

Thousands of common items contain latex!

- Latex allergy means sensitivity to contact with certain proteins in latex
- Most allergic reactions to latex are mild
- However, some can be life threatening
- Reactions can become more severe with each latex contact
- This means that even small exposures can cause reactions once the sensitization has occurred
- An estimated 8%-12% of healthcare workers are hypersensitive to latex

Contact with latex happens in one of three ways:

- Latex items touch the skin or mucous membranes
- Latex is breathed from the air
- Latex enters the blood through a break in the skin. The development of latex allergy requires contact with latex
(However, not everyone exposed to latex will become hypersensitive)

Latex Exposure

Remember:

- Contact with latex must occur for latex allergy to develop
- Contact with more and more latex products may be contributing to rapid increases in the latex allergy rate
- Stretchy latex products are more likely to trigger latex sensitivity than hard products
- Latex protein particles may shed when the products are used
- Healthcare workers are at increased risk for latex allergy
- Patients may develop latex allergies, (they are screened for existing allergy)
- People with a history of some food allergies
- Those that have had many medical treatments or many/long surgeries

Types of Reactions

Latex can cause three types of contact reaction.

Two are allergic reactions:

- Type I or immediate hypersensitivity reaction
 - Breathing powder from latex gloves can trigger a Type I reaction in a sensitized person
- Type IV or delayed hypersensitivity reaction or allergic contact dermatitis.

The third is an irritation reaction:

- Irritant contact dermatitis

A skin irritation reaction (irritant dermatitis) can occur in people who:

- Wear gloves frequently
 - Are frequently exposed to glove powder. Note that an irritation reaction is not an allergic reaction. Symptoms of an irritation reaction to latex are skin problems such as redness and itching.
- Minimize contact with latex and (airborne latex particles) to avoid sensitivity

INFECTION CONTROL STUDENT ORIENTATION 2008-09

Prepared by:

Lynda Z. Caine, RN, BSN, CIC, Infection Control

Infection Control and Prevention includes...YOU

- ❖ **Good infection control and prevention practices help:**
 - ❖ **Protect patients from "HAI" or health care associated infections**
 - ❖ **Protect staff and visitors from infections**
- ❖ **Every single one of us is responsible for infection control and prevention!**

Patient Safety Goals #7*

Reduce the risk of health care associated infections

- ❖ Comply with current Centers for Disease Control and Prevention hand hygiene guidelines
 - **No artificial nails**
 - **Hand washing – at least 15 seconds**
- ❖ Implement evidence based guidelines and practices to prevent health care associated infections related to multi-drug resistant organisms
- ❖ Implement evidence based guidelines and practices to prevent central-line associated bloodstream infections
- ❖ Implement best practices for preventing surgical site infections
- ❖ Manage as sentinel events all identified cases of death or permanent loss of functions related to a health care associated infection

*The Joint Commission

Chain of Infection

- ❖ GERMS - that causes disease
- ❖ CARRIER - patient or health care worker
- ❖ SUSCEPTIBLE PERSON
- ❖ WAY OUT - coughs and sneezes
- ❖ WAY TO TRAVEL - hands, dirty items
- ❖ WAY INTO OTHER PERSON - breathe, cuts

OBJECTIVE - BREAK THE CHAIN!

Think... everything you touch has been touched by someone else!

Hand Hygiene is.....the single most important thing you can do to prevent infections in YOURSELF, YOUR FAMILY AND YOUR PATIENTS! Clean YOUR hands:

- After toileting & before eating
- After patient contact & removal of PPE
- Whenever hands are visibly soiled
- ❖ Soap & Water: Use friction for 15 seconds, rinse, use paper towels to shut off faucet, then dry hands
- ❖ Alcohol Hand Gel: Use a squirt of hand gel and briskly rub your hands together for 15 seconds

Gel is not effective against *Clostridium difficile* - use soap & water

Hand gel is flammable, so be sure to let it dry

Keep yourself healthy

- ❖ Manage stress
- ❖ Get exercise and rest
- ❖ Eat healthy and drink water
- ❖ Practice good personal hygiene and hand hygiene
- ❖ Clean and disinfect your home environment
- ❖ Don't share personal items (razor, toothbrush)
- ❖ Cover cuts & non intact skin
- ❖ Practice safe sex
- ❖ Stay home if you are sick
- ❖ Take antibiotics only when needed
- ❖ Immunizations
 - ❖ Hepatitis B series (3 shots)
 - ❖ Annual Influenza Vaccine
 - ❖ Chickenpox (Varicella)
 - ❖ Tdap vaccine (Tetanus, Diphtheria, Acellular Pertussis combination)

Isolation Precautions for Direct Caregivers

Two levels of precautions for protection

1. STANDARD PRECAUTIONS
2. EXPANDED PRECAUTIONS (Airborne Infection, Contact & Droplet)

Risk is reduced when precautions are used consistently and properly
Infectious diseases are spread by...

- ❖ Airborne – Breathe `Em In
- ❖ Bloodborne – Needlesticks, Cuts & Splashes, Non intact skin
- ❖ Contact – Touch `Em (direct contact with patient or with dirty environment, then touch eyes, nose or mouth)
- ❖ Droplet – Sneezes & Coughs

STANDARD PRECAUTIONS for Bloodborne Disease protection

- ❖ HIV
- ❖ Hepatitis B
- ❖ Hepatitis C
- ❖ ???
- ❖ "ALWAYS treat EVERY patient and their blood and body fluids as potentially infectious"
- ❖

STANDARD PRECAUTIONS ALWAYS!

THINK: "If it is wet & warm & not yours, you need barrier protection!"

- ❖ Gloves with ANY contact with blood & fluids
- ❖ Masks, goggles & gowns if splashing likely
- ❖ Change gloves & gowns between patients
- ❖ Proper labeling "Biohazard = Beware!"
- ❖ Caution around blood & body fluids (BBF)
- ❖ No food, drink, cosmetics around BBF
- ❖ Do not take bloody clothes home

OSHA Rules

- ❖ Use needleless and safety devices
- ❖ Use sharps safety devices correctly
- ❖ Never bend needles or recap with two-hands
- ❖ Dispose of used sharps safely, as soon as possible
- ❖ Replace full sharps containers if needed
- ❖ Use caution with soiled laundry and trash
- ❖ Separate regulated medical "red bag" waste (dripping wet blood or bloody fluids or flaking dried blood) from regular trash
- ❖ Clean, disinfect & decontaminate reusable items

What to do if you have a Bloodborne Exposure?

- ✓ Needlestick from contaminated sharps
- ✓ Splash to mucous membranes
- ✓ Blood on non-intact skin
- ✓ Wash area and do basic first aid
- ✓ Inform Supervisor ASAP
- ✓ Inform Instructor
- ✓ Complete Incident Report

AIRBORNE INFECTION ISOLATION (AII) PRECAUTIONS

- ❖ Measles
- ❖ Chickenpox
- ❖ Tuberculosis

REQUIRES:

- ❖ Negative pressure air flow private room
- ❖ Blue Airborne Precautions sign & in EPIC
- ❖ Surgical mask for patient during transport
- ❖ Fit-tested N95 respirator or PAPR for staff

DROPLET PRECAUTIONS for Droplet Disease protection

- ❖ Influenza
- ❖ Meningitis
- ❖ Pertussis
- ❖ Diphtheria

Spread during CLOSE contact with infected person's droplets from coughs & sneezes

- ❖ Green Droplet Precautions sign & in EPIC
- ❖ Surgical mask for personnel when in close contact with patient (~ 3 feet)

Respiratory Hygiene & Cough Etiquette

Be polite AND stop spread of infections:

- ❖ Please cover your cough and sneeze
- ❖ Cover your cough and sneeze with your ARM not your hand!
- ❖ Use a tissue
- ❖ Ask for and wear a MASK if you have a cough and fever

CONTACT PRECAUTIONS for Contact Disease protection

- ❖ Multidrug-Resistant Organisms "MDROs", including MRSA & VRE
- ❖ Lice
- ❖ C. difficile
- ❖ RSV
- ❖ Rotovirus
- ❖ Norovirus
- ❖ Etc.

CONTACT PRECAUTIONS

- ❖ Orange Contact Precautions sign
- ❖ Wear gloves whenever entering room
- ❖ Change gloves frequently during care
- ❖ Wash hands after glove removal
- ❖ Use waterless hand gel
- ❖ Wear gowns when providing direct care
- ❖ Wear mask if patient coughing
- ❖ Dedicate equipment for patient use
- ❖ Education for personnel, patients & families
- ❖ Use our hospital-approved disinfectants
- ❖ Cavi-Wipes
- ❖ Wet Task with 3M #25 Quat Disinfectant
- ❖ DisPatch Wipes (contains bleach)

Follow directions: Wear gloves, thoroughly wet surface with disinfectant to clean, then wipe again to disinfect

Summary: Prevention and control

- ❖ Keep yourself healthy
- ❖ Know the infection control hazards of your job and how to reduce risks
- ❖ Clean your hands frequently and thoroughly
- ❖ Cover your coughs and sneezes
- ❖ Clean and disinfect equipment
- ❖ Use proper clean & sterile technique
- ❖ Use Personal Protective Equipment
- ❖ Use Standard and Expanded precautions
- ❖ Report exposures

Resources

- ❖ Infection Control Policies on IKE
- ❖ Control of Communicable Disease Manual
- ❖ Infection Control Director – 663-2216
- ❖ Infection Control Coordinator – 663-2195
- ❖ NH Bureau of Communicable Disease Control – 271-4496

WHAT IS CONFIDENTIALITY?

The way in *which* healthcare personnel relate to patients determines to a great extent the ethical environment of a facility. The ethical basis of interactions with the patient is the trusting relationship that exists between the patient and every healthcare employee.

PHOTOGRAPHS : There is also a confidentiality issue when taking photographs. No photographs may be taken without express written consent of all those involved.

Code of Conduct

EHS is committed to helping all our employees, staff physicians, and contractors to act in a way that preserves the trust and respect of the community that we serve.

- Our goal is to do the right thing.
- Doing the right thing means...
 - Having a working knowledge of the rules and regulations that apply to your role.
 - Being aware of EHS policies that apply to you.
 - Knowing how to get help with any questions.
- Let us know when there is a problem that you think needs to be fixed.
- How do you know when to report a problem?
 - *Does it break the law?*
 - *Does it violate an EHS policy?*
 - *Does it make you feel uneasy or nervous?*
- EHS strictly enforces a non-retaliation policy for reporting compliance problems.
 - No adverse action will be taken against any individual who reports a problem in good faith.

Patient Rights

All patients have the right to:

- Be treated with respect, dignity, and consideration.
- Receive care without regard to age, race, color, religion, creed, ancestry, gender, sexual orientation, marital status, citizenship, veteran status, physical or mental disability, cultural, economic, educational background, or the source of payment of care.
- Participate actively in medical care decision-making.
- Be informed fully of their healthcare needs, treatment, and outcomes.
- Be provided language interpretation services at no cost, including sign language services for deaf or hard of hearing patients.
- File a grievance and be informed of any actions taken.

For more information, please refer to the "EHS Patient Rights and Responsibilities" pamphlet available in patient care areas throughout the health system.

- Protecting the privacy of our patients is the responsibility of EVERYBODY AT EHS
- We respect the confidentiality of patient information in all forms, including...
 - Spoken information and conversations
 - Written documentation, notes, and orders
 - Electronic records and data
 - Billing and financial information

- Any access to patient information is permitted only as required to do your job.
- Without a valid, job-related purpose, you must never access or disclose health or payment information belonging to...
 - You or your spouse, children, and other family members...
 - Your neighbors...
 - Your friends...
 - Celebrities or “VIPs”...
 - *...or any other EHS patient, unless you have a legitimate, job-related reason.*
- All electronic access to EHS clinical information systems is monitored for compliance.

Safeguard Privacy:

- Do not place confidential info in regular trash or unlocked recycling bins. Shred documents when no longer needed.**
- Do not leave unsecured patient info in plain sight. Be diligent about restricting patient records from public eyes.**
- Do not share your electronic password with anybody. Do not use a password that belongs to somebody else.**
- Be careful to log-off a computer workstation before leaving the area.**
- Be aware of your surroundings. Use caution before discussing patient info in public areas like elevators, hallways, and waiting rooms.**
- Be alert for “red flag” warning signs that confidential info is being misused (for example: medical identity theft, insurance fraud).**

It is important to report all privacy complaints and/or electronic security breaches, so that EHS can respond appropriately.

When in doubt, ask for help!

Speak with the department manager / supervisor, or contact the EHS Compliance Department

Welcome to the Elliot Hospital Security

Directions to St. Pius Church Parking

- 1 . Begin at 1 Elliot Way on Elliot Way and go East for 90 feet 0.0 mi
- 2 . Continue on Nelson St and go East for 600 feet 0.1 mi
- 3 . Turn right on Mammoth Rd,RT-28A and go South for 0.2 miles 0.2 mi
- 4 . Turn left on Candia Rd and go East for 0.7 miles 0.7 mi
- 5 . Turn right on Sarto St and go South for 70 feet to 575 Candia Rd 0.0 mi



Driving Direction to St. Pius Offsite Parking Lot

From Hampton Area

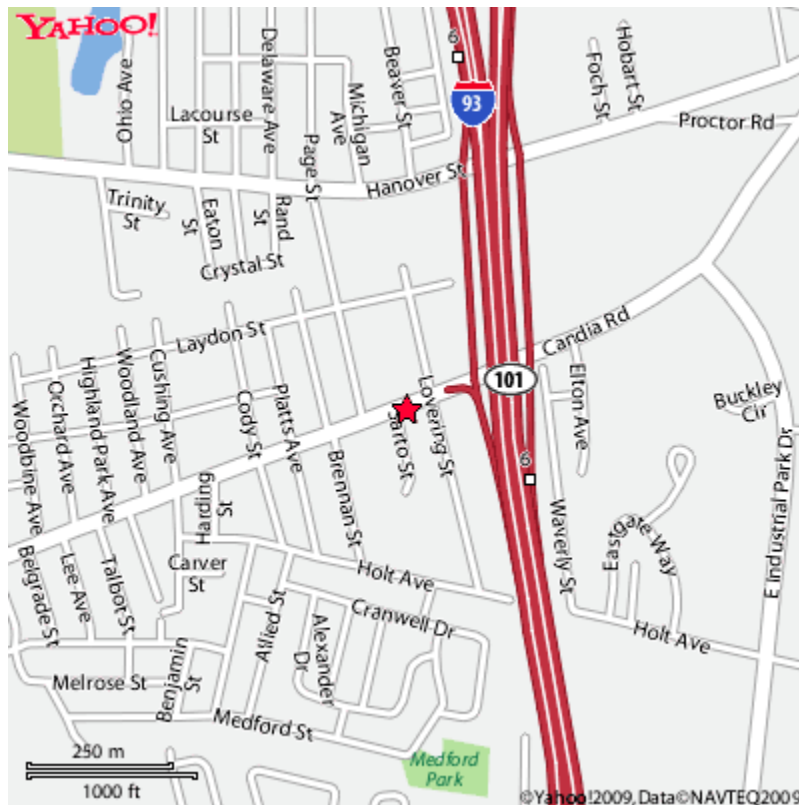
Take Rte. 101 West to Manchester. When entering Manchester area, take Rte. I-93 North towards Concord. Merge onto I-93 North. Take the Wellington Rd. exit number 8. Keep right at the fork in the ramp. Merge onto Wellington Road. Turn left onto Mammoth Road (2nd set of lights). Follow Mammoth Road until you reach Candia Road. (third set of lights). Take a left onto Candia Road and follow until you reach St. Pius church just before the overpass. Take a right onto Sarto Street, lot is behind.

From Salem Area

Take I-93 North to Exit 6, Candia Road. Turn left onto Candia Road. Go under highway through set of lights and St. Pius is on your left. Take a left onto Sarto Street for parking. Lot is behind St. Pius church.

From Concord Area

Take I-93 South to Exit 6, Hanover Street towards Candia Road. At the end of the ramp, go straight to second set of lights (Candia Road). Take a right onto Candia Road. St. Pius church is on your left. Take a left onto Sarto Street for parking lot behind the church.



OFF-SITE PARKING VAN SCHEDULE

NEW REVISION AS OF July 13th 2009

TO ELLIOT A.M.		Lot 7 P.M. Pick-up TO ST. PIUS	
Departure (St. Pius)	Arrival (Elliot)	Departure (Elliot)	Arrival (St. Pius)
*5:45	5:50	*2:14	2:19
6:01	6:06	2:30	2:35
6:17	6:22	2:46	2:51
6:33	6:38	3:02	3:07
6:41	6:46	3:10	3:15
6:49	6:54	3:18	3:23
6:57	7:02	3:26	3:31
7:05	7:10	3:34	3:39
7:13	7:18	3:42	3:47
7:21	7:26	3:50	3:55
7:29	7:34	3:58	4:03
7:37	7:42	4:06	4:11
7:45	7:50	4:14	4:19
7:53	7:58	4:22	4:27
8:01	8:06	4:30	4:35
8:09	8:14	4:38	4:43
8:17	8:22	4:46	4:51
8:25	8:30	4:54	4:59
8:33	8:38	5:02	5:07
**8:41	8:46	5:10	5:15
		5:18	5:23
		5:34	5:39
		5:50	5:55
		**6:10	6:11

Revised on: 7/13/09

TOTAL TRIPS: 20

*First pickup for AM and PM runs **Last pickup for AM and PM runs

STUDENT EVALUATION OF EXPERIENCE

Clinical Unit: _____ Date: _____

School: _____ Student: _____

Please use the following scale for each statement:

**5 -Excellent 4 -Good 3 -Satisfactory 2 -Fair 1 -Poor
N -Not Applicable**

1.) There was sufficient orientation to facilitate this learning experience.

5 4 3 2 1 N

2.) The environment was conducive to student learning.

5 4 3 2 1 N

3.) The staff was receptive and willing to assist student.

5 4 3 2 1 N

4.) The staff was effective as professional role models.

5 4 3 2 1 N

5.) The observational experience was interesting and stimulating.

5 4 3 2 1 N

6.) The learning objectives for this experience were known to me and were met.

5 4 3 2 1 N

7.) The assignments of this observation was a meaningful educational experience.

5 4 3 2 1 N

Additional Comments:

*** Please have each student complete this evaluation form after every experience and return to Dept. of Nursing Practice, Education & Research at your earliest convenience. You may make a copy for your records.**