CLINICAL ORIENTATION MANUAL

Collaborative Project of Collegiate Nurse Educators of Greater Kansas City and Kansas City Area Nurse Executives

2023 — 2024

INTRODUCTION

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Changes in the health care delivery system, including managed care, shorter hospital stays, acuity of inpatients, and availability of clinical sites for nursing education, have mandated changes in clinical nursing education. The Collegiate Nurse Educators of Greater Kansas City (CNE) and Kansas City Area Nurse Executives (KCANE) established a joint Task Force in 1994 to explore issues of common concern and interest, including the impact of these changes on nursing education and practice. One major area of concern which impacted both nursing education and the practice setting was faculty and student competency and orientation required in the clinical setting. The practice of individual clinical partner orientation and documentation requirements was costly in terms of both time and money.

Consequently, the joint Task Force developed both a generic clinical orientation agreement and an orientation handbook. The **agreement** includes a description of assumptions regarding faculty and staff roles in clinical education, documentation and record keeping requirements for faculty and students, as well as clinical partner specific and faculty orientation expectations. The **orientation handbook** is a generic orientation — based on The Joint Commission (TJC), Occupational Safety and Health Administration (OSHA) and Medicare regulations and recommendations from the Association of Professional Infection Control (APIC) — for faculty use with students. This manual does not take the place of any policies or procedures of a specific institution. Students and faculty are expected to follow the policies and procedures of the institution where clinical activities are occurring. This handbook is designed to be used at the beginning of the clinical education program with review and retesting for competency on an annual basis thereafter. Students and faculty are expected to demonstrate 90% competency annually prior to clinical experiences. Test results will be kept on file at the nursing program.

This document will be updated on an annual basis. The Greater Kansas City Area Nurse Executives will suggest revisions to the Chair of the Collegiate Nurse Educators of Greater Kansas City. It will be the responsibility of each clinical partner to assure that updated versions of the document are being used by those programs who are not members of Collegiate Nurse Educators.

This joint endeavor involving education and practice will provide multiple benefits in terms of educational, staff, and clerical time and costs and Joint Commission competency documentation. In addition, by minimizing time spent on orientation, students will have more time at the bedside to prepare for the workforce. Client and patient are used interchangeably in this manual.

For further information, contact the Kansas City Area Nurse Executives and/or the Collegiate Nurse Educators of Greater Kansas City.

ACKNOWLEDGEMENT

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Many people have contributed to the development of the clinical agreement and handbook. In particular, thanks go to the members of the Collegiate Nurse Educators of Greater Kansas City (CNE) and the Kansas City Area Nurse Executives (KCANE), and all the clinical and education partners who meet annually to review the manual. The involvement of so many people in education and practice is indeed a model of collaboration.

PROPOSED CHANGES TO THE MANUAL

Any proposed changes to the requirements of this manual, on either the request of the education partner or the clinical partner, must be submitted by February for consideration for implementation in the next academic year.

Collegiate Nurse Educators Clinical Orientation Handbook
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HOSPITAL SAFETY

General Safety Rules

1.   Use approved procedures for all job functions.
2.   Report all accidents/incidents to the appropriate person.
3.   Know and comply with safety rules and use the safety equipment provided.
4.   Report all unsafe or hazardous conditions.
5.   Obey safety signs and notices.
6.   No smoking is allowed on hospital grounds.
7.   Know personal responsibilities in the event of a fire or other disaster.
8.   Keep personal work areas neat and clean.
9.   Refrain from horseplay.
10. When in doubt, ask the person in charge.

Safety Statement

It is the goal and intent of clinical partners to do all that is reasonable to provide a safe and healthy environment. Active cooperation and commitment at all levels are necessary ingredients in attaining and maintaining this goal.

Safety Philosophy

Safety should never be considered a priority because priorities get shifted around as the institution demands. Rather, safety should be considered a value associated with every one of the activities in a work routine. Regardless of work priorities or employer demands on a particular day, safe practices should occur. Safety should become an aspect of each routine that is never questioned, never compromised.

General Safety — Lifting and Carrying

Lifting is so much a part of everyday routine that most persons give it little advance thought. This sometimes results in pulled muscles, strains, and sprains of the back. Many back injuries can be prevented by proper utilization of body mechanics to avert strain when lifting and carrying heavy or bulky materials.

The following procedure is designed to make safe use of the body as a perfect and safe lifting device. Before lifting, think about the load you'll be lifting. Ask yourself the following: Can I lift it alone? Do I need mechanical help? Is it too awkward for one person to handle, or should I ask for help? If the load is manageable, use the following techniques to avoid injury:

1. Tuck your pelvis — by tightening your stomach muscles you can tuck your pelvis which will help your back stay in balance while you lift.

2. Bend your knees — Bend at your knees instead of at your waist. This helps you maintain your center of gravity and lets the strong muscles in your legs do the lifting.

3. Hug the load — Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.

4. Avoid twisting — twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

5. Make sure that your footing is firm when lifting and that your path is clear. Use the same techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift.

Handling Materials

All hospital personnel who handle any type of materials should:

- Wipe off greasy, wet, slippery, or dirty objects before trying to handle them.
- Keep hands free of oil and grease and wear protective gloves when applicable.
- Always use appropriate equipment for material handling such as hand trucks, dollies, carts, etc.
- Get a firm grip on the object. Keep fingers away from pinch points.
- Be alert to the possible hazard of burns associated with the handling of hot applications.

Avoiding Cuts and Punctures

People who practice the following simple measures spare themselves cuts and punctures:

- Put away sharp tools when not in use.
- Avoid trying to catch a sharp object or glass object if it starts to fall.
- Dispose of broken glass and crockery immediately.
- Wrap ampules, glass tubing, flask toppers, and similar items before twisting, pulling or pushing.
- Avoid digging into a waste basket. If trying to locate an object, hold it by the sides and dump onto a sheet of paper.
- A major hazard is hypodermic needle punctures which can cause infection and transmit diseases.
- All needle cuts and punctures must be treated immediately.

Preventing Falls

Falls can be prevented if you:

- Never, under any circumstances, leave articles on stairs or in a passage way.
- Wet-mop only half of a corridor or stairway, leaving the other half for safe passage of traffic. Use "wet floor" signs and block off areas.
- Keep halls and stairs free of water, sand, and paper. Avoid climbing on storage room shelving. Never use crates, boxes or other substitutes for ladders.
- Keep handholds and stair rails in good condition.

Security

- Make sure your vehicle is secured prior to leaving.
- Keep all valuables secured while at work. Don't leave purses under desks or in lockers that are not locked.
- Student school identification must be worn at all times

All clinical partners have security available to assist with crime, disturbances, or other appropriate needs. Be familiar with how to access security.

FIRE SAFETY

Fire can be a devastating event. It can occur unexpectedly and move quickly. Because fire is so dangerous and the first few minutes are critical, many clinical partners use acronyms to associate with actions. **RACE** and **SAFE** are acronyms used in the Kansas City metropolitan area (see below). Because the order of action varies, you should be familiar with the acronym used for each clinical partner. In addition, you should be familiar with the clinical partner's evacuation plan, location of exits, fire extinguishers, fire hoses, and fire doors.

Fire Safety Response

- Protect the safety of people in immediate harm. Evacuate if necessary, but if not in immediate danger, await evacuation orders. *A calm firm manner is essential to avoid panic.* Movement of patients should always be toward a section having an exit such as a stairway. Do not move to elevators or toward a dead end hall. Patients on oxygen should have someone assigned to stay with them if they are not in immediate harm. Clinical partner personnel will coordinate shut off of oxygen zone valves.

- Concurrently pull an alarm or notify someone else to sound an alarm. It is essential to alert the fire department so they can be en route while other activities are being performed. DO NOT CONTACT THE FIRE DEPARTMENT DIRECTLY. To activate the alarm, grasp lever and pull down sharply. Be sure to pull hard. This will activate the alarm system.

- Avoid spread of fire. Close the door to the room or area involved. Close all open doors and windows. Turn off fans and air conditioners. Wet blankets or towels at the base of the door at the fire location can help prevent spread of fire and smoke.

- If possible, and it does not put you in danger, extinguish the fire with a fire extinguisher. Remember the acronym **PASS** for using an extinguisher (see below). If you cannot safely extinguish the fire, leave the area. Seal off the room with a damp towel or blanket at the base of the door.

R - Rescue	S - Sound the alarm	P - Pull the pin
A - Alarm	A - Alert others	A - Aim at the base of the fire
C - Confine	F - Fight the fire	S - Squeeze the lever
E - Extinguish	E - Evacuate the area	S - Sweep from side to side

Portable Fire Extinguisher: Types and Use

Types of fire extinguishers in health care facilities correspond to three categories of fire: Class A, Class B and Class C. The proper extinguisher should be used on the type of fire as designated by the class of fire labeled on the extinguisher. Some extinguishers are the A-B-C type and can be used on any kind of fire regardless of the class.

1. **CLASS A**. Class A fires involve ordinary combustible materials, such as wood, paper, cloth, rubber, and many plastics. Class A extinguishers rely on water-based solutions or dry chemicals, and are identified by a green triangle containing the letter A.

2. **CLASS B**. Class B fires involve flammable liquids, greases, oils tars, oil-based paints, lacquers and the like. Class B extinguishers employ such substances as foam, dry chemicals or carbon dioxide. These extinguishers are labeled with a red square containing the letter B.

3. **CLASS C**. Class C fires are located in or near live electrical equipment. These extinguishers utilize carbon dioxide or dry chemical, and are marked with a blue circle containing the letter C.

4. **CLASS A-B-C**. This type of extinguisher is capable of fighting class A, B, or C fires and is marked with the letters A, B, and C.

Remember the acronym: **PASS** when using a portable fire extinguisher:

Remember portable extinguishers are to be used in suppressing manageable fires (waste basket) only. Fires that go beyond the manageable stage should be fought by those trained to do so and the area evacuated.

ELECTRICAL SAFETY

All clinical partners seek to provide an electrically safe environment for patients and personnel through properly chosen and maintained equipment, proper grounding of equipment, and an alert, concerned and knowledgeable staff.

The first thing that you need to do is to examine the electrical equipment on your unit for any of the following signs of danger:

- Plug does not fit properly in outlet
- Feels unusually warm to touch
- Smells as if burning
- Makes noise or pop when turned off
- Has power cord longer than 10 feet
- Gives inconsistent readings
- Knob or switch is loose or worn
- Tingles when you touch it
- Third or grounding pin on the plug is missing
- Cord is frayed (most frequently occurs where cord comes out of equipment)

If any of these are found, tag them immediately and notify the Facilities Department or Engineering Department or Biomedical Engineering Department. <u>DO NOT USE DEFECTIVE EQUIPMENT</u>. Make sure that long cords are rolled up or otherwise secured where possible and don't ever roll beds or equipment over power cords. Last, <u>NEVER PULL OUT A PLUG BY PULLING THE CORD</u> — instead grasp the plug and pull firmly.

"Leakage Current" (low levels of current on the surface of equipment or cords) can occur with defective equipment and can cause micro shock to the patient. Patients at especially high risk for microshock include those with indwelling cardiac catheters, pacemakers, and chest tubes or drains. To reduce the possibility of injuring a patient from micro shock, <u>NEVER</u> touch a patient and an electrical device or cord at the same time.

- All electrical equipment brought into hospitals must pass electrical safety criteria.

- The use of patient owned electrical device, except those powered by batteries, is not permitted.

- For hospital and/or staff owned electrical devices, contact the Facilities Department or Biomedical Engineering or the Engineering Department for safety criteria or inspection.

Extension cords are a frequent cause of electrical faults, improper grounding, and accidents involving falls and fire. The use of extension cords can cause hazards and increase the probability of sparks, and/or electrical shock. In addition, use of extension cords may cause excessive voltage drop resulting in low efficiency, equipment malfunction or damage, and subsequent patient safety problems. For these reasons, the use of electrical extension cords is restricted. If an extension cord is required, contact the Engineering or Facilities Department.

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RADIATION SAFETY

Objectives

1. Discuss the significance of time, distance, and shielding when protecting against radiation exposure.
2. Identify diagnostic and therapeutic interventions that may lead to exposure to radiation.
3. Describe the appropriate response if a radiation exposure occurs during a diagnostic procedure.

Curriculum Content

You can reduce your risk by three simple factors: time, distance, and shielding.

- Any decrease in the amount of time spent helping with a procedure will decrease your radiation exposure.

- By increasing the distance from the source of radiation (the x-ray tube, the fluoro beam, or an injected nuclear medicine patient) you also decrease your radiation exposure. By merely stepping back one step during a portable exam you can cut your exposure by more than half. Six feet of distance is an acceptable distance when possible.

- By either placing shielding between yourself and the source of radiation, or by properly wearing a lead apron if you are assisting with an exam. During an exam you may be asked to step behind a leaded barrier. If you are female you will be asked if there is any possibility of your being pregnant. If so, you will likely be asked to wait outside the exam room until the procedure is complete. If it is absolutely necessary for you to assist with an exam and you are pregnant, there is still no reason to be alarmed if you wear the proper shielding. Use protective wear for both you and the patient whenever working in an exposed area.

  - Lead Aprons — worn correctly will protect all blood forming organs. But remember, aprons that don't wrap around don't cover your back — *so don't turn around* so that your back faces the beam.

  - Gloves — should be worn when holding a patient.

  - Thyroid collars — should be worn for persons needing to remain at the head or foot of the fluoroscopy table.

  - Remember, just because you may not be planning another child is no reason not to protect your hands, eyes, thyroid, and blood forming organs!!!

Everyone is exposed daily to various kinds of radiation which include heat, light, ultraviolet, microwave, and ionizing radiation. Ionizing radiation such as x-rays, radiation therapy, and gamma rays used in nuclear medicine are potential sources of radiation exposure in the health care setting. Sources of background radiation include terrestrial, (from soil and rocks); cosmic, (from outer space); and normal human radioactivity found in the body. We are exposed to approximately 125 mR per year from natural radiation which amounts to approximately 2 percent of the maximum permissible yearly dose. Radiation exposure from medical diagnostic procedures contributes 4 to 11 percent of a person's average yearly dose.

If radiation exposure occurs during a diagnostic procedure, notify the appropriate people that an exposure has occurred. If the exposure is related to a spill, for example urine, prevent the spread of contamination by covering the spill with absorbent paper. Limit the movement of people in the room and don't allow others to enter if it is not necessary. Notify the responsible parties for further directions.

INFECTION PREVENTION AND CONTROL OBJECTIVES

At the completion of this unit, the student will:

1. Describe the single most important way to prevent the spread of infections.
2. Describe modes of transmission of infectious organisms.
3. Describe the fundamentals of isolation precautions in the health care setting.
4. State the importance of Standard Precautions and describe and demonstrate the appropriate use of personal protective equipment.
5. List the required components of the OSHA regulations to prevent the transmission of bloodborne pathogens and tuberculosis.
6. State where to find additional information about Infection Prevention and Control in the hospital setting.

INTRODUCTION

The following information regarding infection prevention and control issues and Standard Precautions is generic. Each health care facility with which you are affiliated will have its own specific policies and procedures.

- It is your responsibility to learn where the personal protective equipment is located in each health care setting.

- Isolation precautions may differ from one health care setting to another. Always read and follow the signs that are posted by the door to a patient's room.

- If you should sustain a needle stick injury or blood exposure, notify your instructor at once. The follow-up offered may differ from one facility to another.

Additional information about infection prevention and control will be found in the health care setting's infection control policies. Please contact the Infection Preventionists for that facility if you need clarification of a policy or procedure. The Infection Preventionists are eager to help in any way they can.

HAND HYGIENE

Hand hygiene (i.e. hand washing with soap and water or use of a waterless, alcohol-based hand rub) is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Hand hygiene reduces or eliminates germs that you may have picked up on your hands through various types of contact.

When washing your hands with soap and water, it is important to use an adequate amount of soap, lots of running water, and lots of friction (rubbing your hands together). Soap and water must be used if your hands are visibly soiled.

What is the correct way to wash my hands?

- turn on the faucet
- wet hands and lather well with approved soap
- wash, using vigorous rotary motion and friction for a minimum of 20seconds

- be sure to wash all parts of your hands, including palms, between fingers, backs of hands, fingernails, and around your wrists and thumbs
- rinse under running water, letting water run toward your fingertips
- dry your hands thoroughly with paper towels
- use the paper towel to turn off faucet
- pat the hands dry to protect the skin
- use hospital approved lotions to help maintain skin integrity of the hands

In most other situations, waterless alcohol-based hand rubs are the preferred method for hand hygiene due to the superior efficacy of these agents to rapidly reduce bacterial counts on hands and their ability to kill many fungi and viruses. Alcohol hand rubs are not effective against spores (e.g. B. anthracis, Clostridium difficile). It is appropriate to use alcohol-based cleansers when there is NO visible soiling of the hands and isolation is not ordered.

What is the correct way to use alcohol-based hand rubs?

- apply appropriate amount of product to palm of one hand
- rub hands together, covering all surfaces of hand and fingers
- rub for 15 seconds or until hands are dry

When should I perform hand hygiene?

According to the World Health Organization (WHO), these are the moments when hand hygiene should be performed.

- before touching a patient
- before clean/aseptic procedures
- after body fluid exposure risk
- after touching a patient
- after touching patient surroundings/environment
- on entering and leaving a patient's room
- before putting on gloves
- when moving from a contaminated body site to a clean body site during patient care
- after removing gloves
- before and after eating
- after using the restroom
- before preparing all medications
- whenever the hands are visibly soiled

Other aspects of hand hygiene

- Germicidal wipes labeled for environmental surfaces should not be used on hands or skin. Wipes labeled as alcohol hand cleanser may be used in place of soap and water as appropriate.

- Provide patient/visitor education on appropriate hand hygiene practices while in a health care facility.

- Fingernails are the dirtiest part of the hand.

STANDARD PRECAUTIONS

Health care workers face the risk of acquiring infections from patients. Several bloodborne diseases have been transmitted in the health care setting, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). Other types of infections can also be transmitted to health care workers through contact with patients' blood or body fluids.

Standard Precautions were developed to protect health care workers from the risk of occupational exposures to infectious organisms. Standard Precautions require the use of protective barriers, called personal protective equipment (PPE), to prevent contact with infectious agents that may be present in blood and body fluids. Types of PPE include latex, vinyl or synthetic gloves, masks and eye protection, moisture resistant or impervious gowns, and other apparel as needed. It is not always known when patients are infected with bloodborne or other infectious agents. Therefore, use Standard Precautions each time you anticipate contact with the blood or body fluids of every patient.

Standard Precautions is not only the use of personal protective barriers, but includes any engineering controls that reduce the risk of exposure to bloodborne pathogens. These include safe work practices, use of safety devices, safe patient care equipment, safe linen practices, and good hand hygiene.

Gloves

With Standard Precautions, latex, vinyl or synthetic gloves are worn to provide a protective barrier and to prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin. Wearing gloves does not replace the need for hand hygiene, because gloves may have small, imperceptible defects, may be torn during use, or hands can become contaminated when removing gloves. You may need to change gloves if they become contaminated during the care of one patient. **Gloves must be changed between patient contacts, and hand hygiene must be performed before donning gloves and after gloves are removed.**

Face and Eye Protection

Various types of masks, goggles, and face shields are worn alone or in combination to provide barrier protection. The mucous membranes of the eyes, nose, and mouth must be covered during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Gowns and Protective Apparel

Various types of gowns and protective apparel are worn to prevent contamination of clothing and to protect the skin of health care workers from blood and body fluid exposures. Moisture impervious gowns, leg coverings, boots, or shoe covers provide protection when splashes or large quantities of infective material are present or anticipated.

The type of protective barrier depends on the type of exposure you anticipate. Every health care facility has a variety of PPE available. It is your responsibility to locate the PPE during your orientation to each facility, and to wear it when you anticipate contact with blood or body fluids.

TRANSMISSION OF INFECTIONS

Requirements for Transmission of Infections

Infectious organisms can be readily transmitted from one person to another. In order for this to occur, the following elements are required:

- *An infectious microorganism* — bacteria, virus, fungus, or protozoan.
- *A source of the infectious microorganism* — this is usually a person, environmental source, or contaminated equipment or device.
- *A susceptible host.*
- *A method of transmission* — contact, droplet, airborne, common vehicle, or vector borne.

Methods of Transmission

- *Contact Transmission* — the most significant and frequent mode of transmission of organisms in the health care setting and includes two types of contact transmission.

  - *Direct Contact* — person to person involving direct contact with an infectious person or infectious materials. This type of transmission can occur during patient care, i.e., when turning a patient or whenever direct person-to-person contact occurs. Direct contact can also occur between two patients, or a patient and health care provider.

  - *Indirect Contact* — this type of transmission occurs when an infectious organism is carried from the source of transmission to a susceptible host via a contaminated object or person. They can be transmitted by inanimate objects, i.e., surgical instruments, needles, contaminated surfaces and equipment, or on contaminated unwashed hands or gloves that were not changed between patients.

  - *Droplet Transmission* — Droplets carrying an infectious organism are expelled from the source person during coughing, sneezing, talking, and during certain procedures such as suctioning.
    These droplets can be propelled a short distance in the air (approximately 3-6 ft.) and can be deposited on the conjunctivae, nasal mucosa or mouth of a susceptible host. Historically the distance for which droplets travel has been stated as <=3 ft. Studies have indicated that the distance droplets travel depends on many variables and according to the CDC guidelines for isolation precautions (2007); it may be prudent to use a mask when within 6-10 ft. of a patient.

- *Airborne Transmission* — Tiny particles (<5 microns in size) of evaporated droplets or dust particles containing the infectious organism can remain suspended in air currents for long periods of time. They can be inhaled by a susceptible host, who may then become infected.

- *Common Vehicle Transmission* — Infectious organisms can be transmitted to large numbers of people from a common source, i.e., contaminated food, water, medications, devices or equipment.

- *Vector-Borne Transmission* — Infectious organisms are transmitted by vectors, i.e. crawling or flying insects, rats, or vermin. This is possible in the hospital setting, but not likely.

- *Respiratory Etiquette* — All patients entering the facility via any intake area (Emergency, Admitting, Outpatient Services), should be screened for evidence of respiratory diseases that can be

spread through airborne or droplet transmission. Persons who are coughing or sneezing should be educated on covering their mouth and nose to cough or sneeze, to use a tissue and to perform hand hygiene. If tissue is unavailable, sneezing and/or coughing must be directed toward sleeve. Patients who are coughing may also be provided with a surgical mask to wear while in waiting areas. Most health care facilities will have signage in intake areas, as well as tissue, waterless hand hygiene products and hand washing facilities. Employees and students are required to follow Respiratory Etiquette guidelines. Some hospitals or healthcare settings have "respirator etiquette stations" which include masks, tissues and hand sanitizer.

TRANSMISSION-BASED ISOLATION CATEGORIES

In 2007, the Centers for Disease Control and Prevention (CDC) recommended the following transmission-based isolation categories to prevent the transmission of infections in the hospital setting. **When indicated, Transmission-Based Isolation precautions are used in addition to Standard Precautions.** These recommendations prevent the spread of infections by interfering with the mode of transmission. They may not be practiced in all of the hospitals with which you are affiliated. It is your responsibility to become familiar with and follow the isolation signs at each facility.

Contact Precautions are used to prevent the transmission of infections that are spread through direct or indirect contact.

- Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient's environment.

- Personal protective equipment (i.e., gloves and gowns) are worn to prevent contact with infectious microorganisms.

- Private rooms are generally used for patient placement, unless otherwise specified by the facility.

Droplet Precautions are used to prevent the transmission of organisms that are carried in droplets generated by the infected patient.

- Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerosolization of body fluids.

- Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3-6 ft. of the patient. The maximum distance for droplet transmission is unresolved. As stated before historically it has been considered <=3ft. but according to the CDC guidelines it may be better to use 6-10 ft.

- Personal protective equipment, (i.e., a mask) is worn to prevent contact with the droplets.

- Special ventilation is not required.

Airborne Precautions are used to prevent transmission of organisms that are carried in air currents by dust particles or tiny droplet nuclei (<5 microns in size) that contain the organisms.

- Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient.

- Special ventilation in a negative air pressure isolation room is required.

- Personal protective equipment, (i.e., a mask) is worn to prevent inhalation of droplet nuclei. Respiratory protection with a NIOSH certified N95 respirator should be worn at all times. Use of a N95 respirator requires that a person be fit tested to wear an N95. Powered Air Purifying Respirators (PAPRs), which do not require fit testing, may be used in lieu of N95 respirators in isolation situations requiring respirator protection. Users must be trained on use of PAPRs.

- Additional precautions are required for patients with known or suspected pulmonary tuberculosis (see below).

TUBERCULOSIS PRECAUTIONS

Tuberculosis Precautions are used for patients with known or suspected pulmonary Mycobacterium tuberculosis (TB). The name for these precautions will vary from one facility to another — terms sometimes used include AFB Precautions, Special Airborne Precautions, and Stop Sign Precautions. If you have any questions, check with the Infection Preventionist for that facility.

In addition to the requirements for Airborne Precautions:

- OSHA requires those individuals working in hospitals with TB or possible TB patients wear Powered Air Purifying Respirators (PAPRs) or appropriately fit-tested N95 respirator masks.

- Hospitals purchase and use different brands of respirators: N95 masks or PAPR

- Employees must be fit tested for the specific brand of mask used.

- Based on the above, APIC recommends that nursing students be prohibited from caring for TB patients or entering rooms where TB patients are housed.

TUBERCULOSIS INFORMATION SHEET

What is Tuberculosis (TB)?

- TB is a communicable disease caused by a bacterium called Mycobacterium Tuberculosis. These are microorganisms that are spread through airborne transmission.

- When people who are infected with TB in their lungs or throat cough, sneeze, or laugh, infectious particles are expelled into the air and may be inhaled by other people. Not everyone infected with TB bacteria (a positive TB test) becomes sick. There are two TB-related conditions: Latent TB infection and active TB disease.

  - Latent TB Infection: TB bacteria can live in the body without making the person sick. The only sign of TB infection is a reaction to the tuberculin skin test or special TB blood test. People with

latent TB infection are not infectious and cannot spread TB bacteria to others, but must be treated to prevent developing the disease later.

- TB disease: TB bacteria become active if the immune system can't stop them from growing, and are multiplying in the body. People with TB disease may spread the bacteria to people they spend time with every day and must be treated.

How much TB is there?

According to the Centers for Disease Control and Prevention (CDC), in 2018, there were 9,025 reported cases of TB in the United States (a rate of 2.8 cases per 100,000 persons). It is estimated that up to 13 million people in the United States are living with latent TB infection (LTBI) *https://www.cdc.gov/tb/statistics/*.

Symptoms

- Chronic cough (for longer than 2 weeks), night sweats, loss of appetite, weight loss, coughing up blood, fatigue, weakness.

- TB can affect parts of the body other than the lungs, although it is generally not infectious when this occurs.

- There are three stages of TB infection — the first is exposure, the second is latent non-infectious infection. The person will have a positive PPD but will not be contagious. The third stage is active TB disease. This person may or may not be contagious depending on their age. About 10 percent of people who have latent TB eventually develop active TB disease.

Prevention of Transmission in the Hospital

- Early identification of infectious patients.
- Isolation in negative air flow rooms.
- Respiratory protection (N-95 respirators or PAPRs).
- Follow-up for anyone who may have been exposed.
- TB testing (upon hire) unless the employee has had a positive TB test in the past. Annual testing of employees is facility dependent. Some facilities that have low prevalence of TB have gone to testing every other year or only for exposure, and some facilities only test new employees or those who have an exposure.
- All positive TB tests and TB disease are reportable to the local Health Department, as required by State Department of Health regulations.

COVID-19

COVID-19, caused by the SARS-CoV-2 virus, affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue

- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Immunization for COVID-19 is now being required by many clinical partners and some education partners and is highly recommended by all. Your school will have the most current information regarding vaccination and allowable exemptions. For more information on COVID-19, go to *https://www.cdc.gov/coronavirus/2019-ncov/index.html/*.

OSHA REGULATIONS FOR BLOODBORNE PATHOGENS

What is OSHA?

- OSHA stands for the Occupational Safety and Health Administration, and is a branch of the Federal Government's Department of Labor. The purpose of OSHA is to make sure that everyone in the United States has a safe work environment.

- OSHA develops standards that are enacted into law, and can survey any work place without prior notice. Employees are required to follow OSHA standards, and can be fined many thousands of dollars if they do not comply.

- Please note that students are not specifically addressed in the OSHA standards, but are expected to comply with the policies and procedures of all health care facilities with whom they are affiliated.

- OSHA has developed a standard outlining infection control activities in health care facilities called the Bloodborne Pathogen Standard. To meet the requirements of this standard, health care facilities are required to develop Exposure Control Plans to identify steps the facility is taking to comply. The purpose of the Exposure Control Plan is to identify employees at risk for occupational exposure to bloodborne pathogens so that appropriate training, prevention and post-exposure management care is provided. As students, it is important for you to be familiar with the requirements of this Exposure Control Plan.

OSHA EXPOSURE CONTROL PLAN KEY ELEMENTS

Private Bloodborne Pathogens

Standard Precautions are observed in the care of every patient.

Personal Protective Equipment (PPE)

Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials.

- PPE is not to be worn outside of the procedure area or patient rooms
- Clothing penetrated by blood or other potentially infectious materials must be removed immediately.
- All used PPE must be disposed of properly in the patient's room.

Hand Hygiene should be done:
- before and after all patient contacts
- immediately following contact with high-risk body fluids
- immediately or as soon as feasible after removing PPE

When washing your hands, it is important to use an adequate amount of soap, lots of running water and lots of friction (rubbing your hands together). Antibacterial gels and alcohol hand rubs should not replace the use of soap and water if hands are visibly soiled or the patient has Clostridium difficile or Norovirus. In most other instances alcohol hand rubs or antibacterial gels are just as effective as soap and water.

Alcohol hand rub is to only be used on visibly clean hands. If they are visibly soiled or the patient has diarrhea, it is best to wash with soap and water.

Needle Puncture Prevention

Contaminated sharps shall not be bent, recapped, or removed by hand.

- The safety device, when available, is engaged immediately after use and before disposal in the nearest puncture-resistant container.

- If no other alternative is possible, a needle can be recapped using a one-handed technique or a recapping device.

- Sharps must be discarded uncapped in a sharps container or a labeled, puncture-resistant container that is close to the area of use.

- Sharps containers should be sealed and disposed of when the container is two-thirds to three-fourths full.

Specimens

- Mouth pipetting or suctioning of blood or other body fluids is prohibited.
- All containers used to collect or transport specimens must be leak proof.

Infectious Waste

- Blood and other potentially infectious body substances in amounts sufficient to cause infection are discarded in red bags or containers labeled ―Infectious Waste or Biohazardous Waste.

- All contaminated sharps are considered infectious waste.

Post-Exposure Evaluation and Follow-Up

- Post-Exposure Evaluation and Follow-Up varies from one facility to another.

- All occupational exposure to blood or body fluids via needle stick, sharps injury, splash to mouth, nose or eyes, or to non-intact skin should be reported and evaluated immediately by the clinical instructor. The sooner an exposure is reported the sooner it can be evaluated and it can be determined if the exposure warrants any prophylaxis or treatment.

General Policies

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials.

- All contaminated items will be disinfected with a hospital-approved disinfectant before use on another patient.

- Spills of blood or body substances must be cleaned up immediately in a manner that minimizes or prevents splashing, spraying or generation of droplets and the area disinfected with a hospital-approved disinfectant.

Information About Serious Communicable Diseases

- Students who leave the country may be screened upon return for possible exposure to serious communicable diseases.
- Individual education partners and hospitals may have policies related to processes and procedures for handling serious communicable diseases.
- Visit the CDC website at *www.cdc.gov/travel/diseases/* for more information related to travel outside the U.S. and disease prevention.

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MULTIPLE DRUG RESISTANT ORGANISMS (MDROS) AND OTHER MICROORGANISMS OF CONCERN IN HEALTH CARE SETTINGS (INCLUDING MRSA, VRE AND CLOSTRIDIUM DIFFICILE)

Definitions for MRSA, VRE, Clostridium difficile and Other Antibiotic Resistant Microorganisms

1. MRSA — methicillin-resistant staphylococcus aureus: staphylococcus aureus is normal flora of the skin and nares for most people. MRSA is a type of staph aureus which is resistant to some of the most commonly used antibiotics such as penicillins and cephalosporins. MRSA can be acquired as result of prolonged antibiotic use, direct contact with another person's infection or by touching surfaces or items contaminated with MRSA. While early strains of MRSA may have been health care- associated, it has become very common to see community-associated MRSA infections. MRSA is transmitted by contact although if detected in sputum it may be transmitted via droplets through coughing and sneezing or via suctioning and irrigation of wounds infected with MRSA.

2. VRE — Vancomycin-resistant enterococcus: enterococcus is normal intestinal flora of most people, including infants. Vancomycin-resistance is acquired as a result of prolonged antibiotic use, or exposure in health care facilities. It is not frequently seen in healthy individuals. Its primary route of transmission is contact.

3. VRSA and VISA — Vancomycin-resistant Staph. Aureus and vancomycin intermediately-resistant S. aureus: appears to be the result of "gene jumping" between VRE and MRSA organisms. Both are rare, but require special precautions in health care settings.

4. C difficile — is a spore forming bacteria which causes diarrhea or colitis in patients whose normal flora has been disrupted due to antimicrobial treatment. It can also be acquired in health care facilities if environmental surfaces contaminated with the spores are not properly cleaned or transmitted via health care worker hands if not properly washed. Alcohol based hand rubs are not effective against eliminating C. diff spores on hands. Diagnosis is made not by stool culture, but by detection of Toxin A or B in the stool sample. Treatment for C. diff requires oral Flagyl, or sometimes Vancomycin if Flagyl fails to improve symptoms. This organism lives in spore form for up to six months on surfaces in the patient environment, including bedrails, toilets and commodes if not cleaned.

5. Other resistant organisms — surveillance for emerging antimicrobial resistance is ongoing in most health care facilities by review of antibiograms and daily microbiology reports. Antibiograms list the most frequently encountered microorganisms and their sensitivity to antimicrobial drugs on the hospital's drug formulary. Various hospitals and facilities may have different antibiotic resistance issues, and therefore different infection control protocols. Examples: Resistant Acinetobacter, Pseudomonas and Streptococcus pneumoniae.

People at greatest risk for acquiring an antibiotic-resistant infection are those:

- with underlying illness
- those on prolonged drug therapy including antibiotics
- the very young
- the very old
- prolonged hospital stay or long term care facility
- immunocompromised individuals
- individuals undergoing invasive procedures or that have invasive devices

Normal flora is protective. Everyone is colonized with various bacteria on their skin and inside their bodies.

Colonization is a situation where bacteria are present but are not causing infection. There are no symptoms with colonization, and VRE, MRSA and Clostridium difficile (C. diff) can colonize individuals for months to years. Colonization may precede infection.

Infection occurs when bacteria invades a body space, multiplies and can cause fever, pus, redness (it may not be the same for the immunocompromised patient and may not always present the same).

People who are colonized or infected with VRE, MRSA or C. diff can spread it to other people. All organisms can also be spread through contact with contaminated surfaces or equipment. Transmission of infections in health care facilities can occur due to poor hand hygiene practices and improper disinfection of equipment and surfaces.

Contact Isolation is used for patients colonized or infected with VRE and C. difficile to prevent the spread of these bacteria. Note: isolation is not used in every hospital for MRSA patients, so review specific hospital policies.

1. A private room is preferred for Contact Isolation. Alternatively, patients with the same organism may be cohorted (share a room) dependent on each facility's isolation guidelines.

2. Follow specific hospital policy for transporting patients in isolation.

3. A sign indicating "Contact Precautions" or "Specific Precautions" in Addition to Standard Precautions will be placed on the door. Follow all recommendations.

4. Hand hygiene using antimicrobial soap and water or alcohol-based products should be used for any isolation precautions. For patients with C. diff, use soap and water only after completing care of the patient.

5. Use personal protective equipment (PPE) — gloves, gowns, masks and eye protection as listed on the isolation sign.

6. Certain items should be dedicated to the rooms and patients (thermometers, stethoscopes, cleaning equipment). If this is not possible, all items must be cleaned and decontaminated before taking them to the other patient rooms.

7. Duration of contact precautions — may be hospital-specific, but in general:

   a. Some hospitals require that all patients with a prior history of MRSA or VRE be placed in Contact Isolation on readmission until it is determined that they are infection-free.

   b. VRE — may require three consecutive weekly stool cultures negative for VRE.

   c. C difficile — until patient is diarrhea-free and not incontinent of stool, and has received the prescribed doses of antibiotic treatment.

Precaution Guidelines for Those Visiting Patients in Isolation

- Visiting COVID-19 patient guidelines may vary.

- Isolation for visitors should be reviewed at each facility as guidelines vary.

- Visitors should wear gloves when visiting the patient, especially if touching the patient.

- If the visitor plans to have substantial contact with the patient (such as assisting in care) they should wear a gown.

- Gloves and gown should be removed before leaving the patient's room.

- Hands should be washed carefully before leaving the room.

- It is important for all visitors, regardless of whether the patient they are visiting has a Multi-Drug Resistant Organism or not, when entering a room and when they leave should perform hand hygiene. This keeps everyone safe.

- If a visitor follows all above recommendations (hand washing, etc.) they can safely visit other patients in the hospital. Policies for visitation may vary.

Once patients are discharged from the hospital or health care facility, they should be instructed to follow discharge instructions for preventing transmission of antimicrobial-resistant organisms.

Additional information is available at: *https://www.cdc.gov/hai/infectiontypes.html/*

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INFECTION CONTROL RECOMMENDATIONS
FOR HOME CARE PATIENTS

Hand Hygiene

Staff should refer to hand hygiene guidelines. Family and caregivers should be instructed on appropriate hand hygiene to decrease transmission in the home setting.

Bag Technique and Home Visits

- The field bag is considered a clean area and is never used to store or transport dirty or potentially contaminated equipment.
- Staff is responsible for emptying and cleaning the field bag and equipment at least monthly or when visibly soiled.
- Clean blood or body fluid spill immediately and disinfect the area with appropriate disinfectant.
- Field bags are placed on a clean, hard surface in the home using a barrier dependent upon the conditions of the home environment and the scheduled/anticipated procedures.
    - The field bag or equipment is never placed on the floor unless no other option exists.
    - If one must be placed on the floor, a barrier must be used.
- Only equipment necessary to complete the visit is removed from the field bag and placed on an appropriate surface at the beginning of the visit.
- Staff must practice appropriate hand hygiene before re-entering the field bag for any reason, and prior to returning clean equipment to the bag.
- The field bag is kept closed during the visit to minimize the risk of contamination from family members, children, pets, insects or other sources of contamination.
- All non-disposable equipment removed from the field bag should be cleaned with an antimicrobial wipe prior to being returned to the field bag.
- Scales and equipment must be cleaned with an antimicrobial prior to being returned to the field bag and or removing from patient's home.
- If the home environment cannot accommodate appropriate cleaning/washing of scales and equipment, used items must be placed in a separate, sealed container for transport to an appropriate cleaning environment. This container must be kept separate from the field bag. Previously used or dirty items must never be taken to another patient home for cleaning.

Sharps

- Place all sharps in impervious containers and instruct patients and family members or caregivers to do the same. Acceptable home sharps containers may be composed of metal or hard plastic with a tight fitting lid. Clear plastic or glass containers are unacceptable.
- Instruct patients, family members/caregivers to tightly seal and dispose of container in the patient's routine trash removal system when the container is no more than ¾ full.
- Discard potentially infectious, non-sharp, waste in securely fastened plastic bags placed in the patient's routine trash removal system.
- Flush liquid blood/body fluids into the sewer system via the patient's toilet system.

Personal Protective Equipment

- PPE for Home Care staff is kept in the nurse's bag or the patient's home as appropriate. Plastic bags are stored with the PPE for disposal of PPE in the household trash after use.
- If staff's clothing is contaminated with blood or body fluid it will be changed prior to seeing the next client.

HAZARDOUS COMMUNICATIONS

Community Right to Know Law

All employees and students shall comply with federal, state, local and institutional regulations and guidelines when working with chemicals which pose a hazard to the worker, other persons or the surrounding community. Each employee is responsible for their own personal safety and health and for the safety and health of others nearby and for the protection of the environment. The Right-to-Know Law was enacted to protect employees by making available pertinent information about any chemicals with which they might be working. There are three components to Hazardous Material Guidelines: training, labels and Safety Data Sheets (SDS).

Regulations list many specific hazardous chemical wastes and define criteria for other categories. Generally, if a substance is ignitable, corrosive, reactive, or toxic, it is hazardous. All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions. Be sure that anything dumped into the drain or the trash is approved for that disposal process (i.e., mercury may not be disposed in this manner). If there is a question, each facility has a designated person usually identified as the Safety Officer in charge of the Hazardous Material Guidelines.

Every work area is responsible for having readily available information from Safety Data Sheets (SDS) for all chemicals used at that work area. Common substances which may be considered hazardous include bleach and other disinfecting solutions. For nurses, chemotherapeutic or anti neoplastic agents are among the most hazardous substances. Special training is required before a nurse may administer such medications.

All biohazard waste should be disposed of in properly marked containers.

Labels

Each person is responsible for knowing about the chemicals used in the course of work in that setting. Each container must be labeled with the chemical name, and not merely its function. Care must be taken to use the container in such a way that the label remains legible and not smeared or covered by the contents of the container. (Put the label against the palm of your hand when pouring.) Always use containers in such a way that the labels will continue to be readable. If a label is missing or damaged, notify someone, such as your clinical faculty, the unit secretary or the nurse in charge of the area, who will correct the problem. Labels must tell you what the chemical is, any danger or hazard that may exist with that chemical or ingredients and the name, address and telephone number of the manufacturer. Always read the label before you use the contents of a bottle or can or other container.

Another warning label is that of the National Fire Protection Association (NFPA). It is a four part colored diamond. There is a numerical rate 0 (mild) to 4 (greatest) if there is a hazard in that particular category.

Mechanisms that decrease the risk of exposure to hazardous substances include (but are not limited to) the following.

- personal protective equipment
- student wearing masks

- airborne precautions
  - precautions to prevent transmission of infectious organisms
- TB precautions
- TB information sheet
- consideration for H1N1
  - TB infection — exposure rates
- prevention of transmission in hospital
- IGRA's and who's using them
- OSHA exposure control
  - terminology for blood borne pathogens
  - OSHA exposure control
  - disposal of PPE
- multiple drug resistant organisms
  - definitions for MRSA, VRE, etc.
- contact isolation
  - duration of contact precautions
  - hospital specific policies
- isolation measures for visitors
  - hand hygiene
  - visiting patients in isolation — going from room to room

Hazardous Communication Safety Data Sheets

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs), (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of hazardous chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1: **Identification** includes product identifier, manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2: **Hazard(s) Identification** includes all hazards regarding the chemical; required label elements.

Section 3: Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4: First-aid measures includes important symptoms/effects, acute, delayed; required treatment.

Section 5: Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6: Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7: Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8: Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

Section 9: Physical and chemical properties lists the chemical's characteristics.

Section 10: Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11: Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

For more information, go to *www.osha.gov/publications/osha3514.html.*

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RISK MANAGEMENT

Risk Management involves all medical and facility staff. It provides for the review and analysis of actual and potential risk/liability sources involving patients, visitors, staff, and facility property. The range of this review and analysis extends to inpatient, outpatient, and emergency department settings, including building and grounds assessments. Risk Management consists of the following components:

- Identification and management of clinical (i.e. patient) areas of actual/potential risk.
- Identification and management of non-clinical (i.e. visitor, staff) areas of actual/potential risk.
- Identification and management of probable claims events.
- Management of property loss occurrences.
- Review and analysis of customer surveys and patient complaints.
- Review and analysis of risk assessment surveys.
- Operational linkages with the hospital Quality Management, Safety and Performance Improvement Programs.
- Provision of risk management education.
- Compliance with State Risk Management and applicable Federal statutes, including the Safe Medical Devices Act.
- Risk Management incorporates facility policy and procedures in implementing the above functions.
- A coordinator of Risk Management usually coordinates the risk evaluation and loss prevention activities that evolve as a result of information obtained through the risk identification mechanisms described above.
- The coordinator also implements and coordinates those elements of the clinical partner's Risk Management Plan required by state statutes by coordinating the statutorily required Risk Management activities of the hospital staff, medical staff and review committees.
- Additionally, the coordinator assists the clinical partner's professional underwriter claims investigator(s) and legal counsel by providing information concerning probable and actual claims, assisting with claims investigations, and otherwise assisting with the claims process.

Indicators of Risk

Clinical partners utilize an incident reporting system to identify and investigate incidents, acts or practices in anticipation of litigation and to identify and categorize clinical, non-clinical and property related sources of risk. In addition to this system, through the operational linkages with other departments, safety practices and trends may identify clinical, non-clinical and property related sources of risk. Information obtained from risk survey assessments and customer surveys is also used to identify and categorize potential and actual risk sources.

- If a risk indicator determines the existence of a risk/liability concern or an opportunity for performance improvement, a plan of action is developed to reduce/eliminate the identified concern. Action plans may be developed by the Coordinator, individual hospital or medical departments, statutorily prescribed Risk Management Review Committees, and/or interdisciplinary groups.

- Further risk indicator monitoring and evaluations will provide follow-up information to determine whether implemented action plans were effective in resolving the identified risk/liability concern and improving performance. At appropriate intervals, the effectiveness of any action plan is evaluated, and further action undertaken as indicated. The action evaluation process is documented in Risk Management reports and/or committee and department meeting minutes.

Risk Management Report

In addition to ongoing communication within the clinical partner, the coordinator will report trended findings, conclusions, recommendations, actions taken, and follow-up of Risk Management activities at least quarterly. Clinical partners may have specific follow-up policies and procedures. Any confirmed "reportable incident" must be reported to the State Board of Nursing.

Initiation of Review

Risk Management review of any nursing staff or student incident, act or practice involving patient care, that may constitute a "reportable incident" is originated by any one of multiple triggers. These trigger mechanisms include, but are not limited to, the following:

- incident reporting system
- patient complaints
- peer complaints
- committee referral

Students in collaboration with the faculty member and nurse assigned to the patient must complete incident reports as indicated by the clinical partner.

Referral to Risk Management Coordinator

Once the Risk Management review process is initiated by one of the trigger mechanisms described above, the particular incident, act or practice is referred to the coordinator for initial peer review of the incident. All incident reports involving patient care are referred directly to the coordinator within 24 hours of the incident as required by law.

The hospital coordinator or designee will perform an investigation and make a preliminary determination of reportability of any referred incident, and or practice involving nursing "health care providers." The investigation may include medical record review, interviews with staff, policy and procedure review, professional literature reviews, and nursing expert consultations.

If an incident, act, or practice is deemed reportable, the affected nursing "health care provider" will be notified in writing of this fact and given the opportunity to be heard. Each clinical partner may have specific policies and procedures for informal and formal hearings.

DISASTER PREPAREDNESS

Types of Disasters

Natural -   Avalanches, earthquakes, floods, tornadoes, forest fires, landslides, storms, epidemics, extreme heat, extreme cold, tsunami, volcano

Man-made -   Fires, explosions, chemical/biological/radiological accidents, transportation accidents (air, water, train, road), pollution (air, water, land), wars, civil disturbances, riots, cyber-attacks, biological weapons

Complex –   Combination of natural and man-made General Information

Natural or man-made, disasters can be scary, chaotic, and tragic events. ANA is helping to ensure disaster preparedness and response is robust in this country, and helps you be personally and professionally prepared for a disaster *(https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/)*. When a hospital receives an influx of a large number of victims, it is called a surge. Hospitals practice for their response to this increased number of patients with disaster drills, table top drills, and education.

The greater Kansas City area has a collaboration among first responders, government, voluntary agencies (American Red Cross, etc.), and health care organizations to provide a unified approach to meeting the needs of victims. Specifically, health care organizations work within the HOSPITAL EMERGENCY ADMINISTRATIVE RADIO (HEAR) system of initiating an organized community response.

The hospitals begin to ready their facilities by reviewing potential patients who could be discharged if necessary, arranging for triaging large numbers of casualties, surgical suites that could be available, extra equipment or supplies necessary, temporary morgue area, support services for victims/families, security, media communication, staff reserves, child day care needs of staff, disaster service administration and communication. The disaster plan begins to be implemented before the first casualty arrives at a facility.

In a community disaster several major utilities could be disrupted including communications. Rumors are the unfortunate offspring of disasters. A stress level among victims and care providers is high. Rumors start quickly and spread like an epidemic. Get information necessary to perform tasks assigned, do not encourage or spread unsubstantiated information. Rumors can be a barrier to the effective treatment of victims.

Student nurses might be part of a staff/volunteer "pool" and complete tasks which are not as complex as students may feel capable of performing. Students should not feel their value is minimized, as it takes a team of people to be effective. Since student nurses are not familiar with all hospital staff, students should follow the directions of their faculty if present, otherwise, authorized health care personnel; i.e. nursing supervisors, etc.

Triage Identification is from most severe to least severe is:

1 = Red: most severely injured, will likely need major surgery and hospitalization in an ICU bed

2 = Yellow: significant injuries which require quick attention to prevent their condition from worsening and who may require hospitalization after treatment

3= Green: persons who are ―walking wounded, have non-life threatening injuries which must eventually be treated to restore the patient's normal functioning, and who may not require hospitalization

4= Black: DOA (Dead on Arrival) patients, code blue patients, transported to the morgue

Goal of Disaster Triage: Do the greatest good for the greatest number of casualties

Legal Aspects of Disaster Nursing – Your faculty or supervisors will know the answers to the following issues in a disaster. Hospitals have policies, procedures, and protocols for emergency situations.

- Licensure – check this before responding

- Good Samaritan law – should cover attempts to help disaster victims

- Good rapport – disaster patients are afraid and need therapeutic communication

- Standard care – we do not lower our care in a disaster

- Standing orders – medications still need a physician's or APRN's order

- Written consent for operation and procedures – still required

- Correct identification of the patients – triage tags

- Drug maintenance – In a disaster medications are lost and patients are at risk

- Self-discharge of the patient – tracking patients is very important

- Documentation – triage tags, charts (computers may not be operational)

- Protection of patient property – label any clothes, jewelry, belongings with patient name or triage tag number

- Reporting – give thorough communication reports when transferring care

START Adult Triage
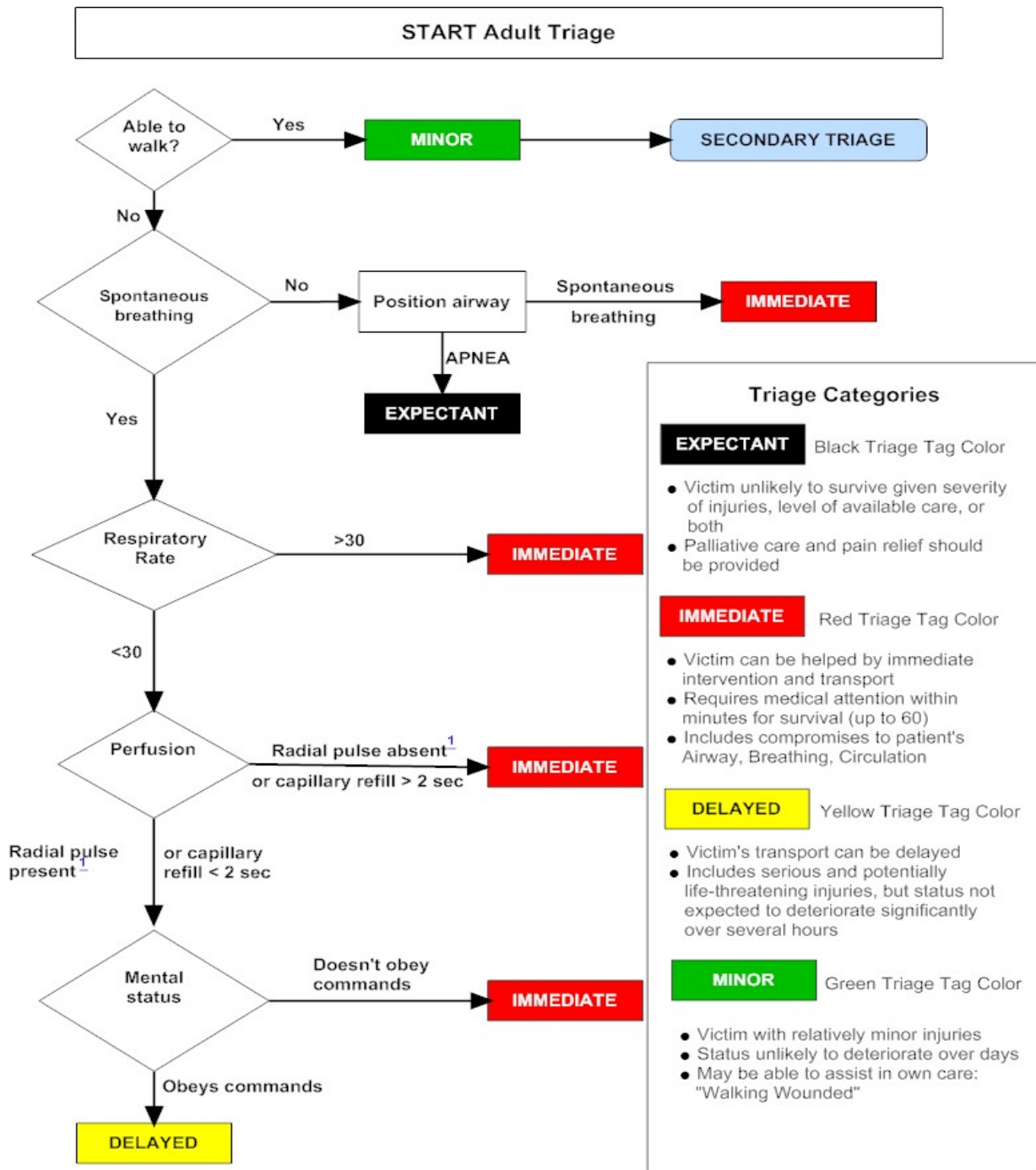
Not all victims will present at the hospital triaged and tagged from the EMS system; the "walking wounded," victims brought in cars, can be expected during a disaster.

Nurse responsibilities during a disaster:

1. Gather Facts

2. Assess Damage

3. Consider Probabilities

4. Assess Your Situation

5. Establish Priorities

6. Make Decisions

7. Develop Plan of Action

8. Take Action

9. Evaluate Progress

Training for all disaster situations is free on-line from the Federal Emergency Management Association (FEMA) at *https://fema.gov/training/*. On-line information regarding preparedness can be found at *https://ncdp.columbia.edu/about-us/what-we-do/*.

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UTILITY SAFETY
(Service Interruption of Major Utilities)

Health care organizations depend on uninterrupted utility services so patient care can be provided. Utilities generally include environmental control (heat and air conditioning), water, electricity, communication and plumbing. Some utilities enable other essential services such as various patient monitoring, elevators, computers, patient care equipment in surgery and other locations, telephones, pagers, the medical vacuum (suction) system, medical gasses, the tube system, the nurse call system. These utilities could be undamaged but rendered non-functional because of electrical or other outages. Or these systems themselves could be damaged.

To ensure essential services are not interrupted by an electrical outage, hospitals have emergency generators which are routinely tested and which automatically switch on for certain critical areas in a power outage. Since the intent is to provide emergency service to essential care areas, not all areas of a hospital receive power. Not every electrical outlet in any department would necessarily work. Outlets connected to emergency power are color identified. Some areas of the building will be dark in a power outage, so it is important for each work area to have working flashlights and at least one approved extension cord. All unnecessary equipment should be turned off. Staff should be prepared when power is restored to "turn on" equipment, this reduces damage to equipment due to a power surge. Elevators should not be used for ordinarily traffic, usually several elevators in the hospital are on emergency power and should be reserved for patient care services. Health care providers should be aware that electronic door closing may be compromised in the event of a fire emergency and be prepared to monitor and ensure fire doors are closed manually if necessary.

Sanitary, running water is an integral part of utilities necessary for providing patient care. If this utility is disrupted, conservation becomes essential. Most hospitals have arrangements for a portable sanitary water supply in the event of an emergency. Check with your faculty or supervisor for ongoing directions about water conservation if this utility is disrupted. Plumbing is a part of a hospital utility system and problems can and do occur. If identified, get directions on getting the problem fixed by contacting the appropriate department immediately.

Although it is uncommon, heating system failures could be a critical utility failure, especially for a prolonged period of time in very cold weather. Hospitals have made arrangements for transfer of patient populations if this ever becomes necessary due to any utility failure which would seriously compromise patient care. Air conditioning can be another utility failure which could pose serious problems especially in today's non-opening window environments. The air filtration system is part of the heating and cooling process along with humidification or dehumidification. Any aspect of any of these systems could fail requiring immediate and ongoing plans for care of patients.

Communications interruptions impact everyone in health care. Hospitals have developed a process for communication among patient care areas and other critical areas of the hospital. Certainly when communications are disrupted, rumors gain a real foothold. As health care providers, our job is to continue to do our jobs, deal with facts, follow the directions of our faculty and/or supervisor and be part of the solution not part of the problem. Hospitals designate certain priority telephones. Usually health care institutions have:

- overhead paging codes for communication disruptions

- protocols for locations and use of emergency phones

- a system of "runners" (persons who walk between departments ensuring necessary written or verbal communication occurs)

- two way radios

- other mechanisms to ensure needed communication among departments and outside organizations including:

  - government — local/state, emergency preparedness, police, fire, public utilities, etc.
  - health care corporate headquarters
  - vendors
  - voluntary organizations
  - churches, etc.

Students may be directed to support internal communication as runners.

If a <u>utility in your work area is compromised</u>, know how to notify the support department immediately so restitution of service is begun as quickly as possible. If you discover a <u>dangerous electrical or other device; disconnect, and follow the institution protocol for tagging the equipment and support department (probably Engineering or Biomed) notification.</u>

Look for current inspection stickers on medical equipment, all organizations are required to ensure medical equipment used in providing patient care has had safety checks completed, usually by an Engineering or Biomedical department. Ongoing preventive maintenance ("PMs") on various patient care equipment including fire extinguishers is also standard protocol in hospitals.

Medical gasses are critical to some areas of patient care along with medical vacuum (suctioning). Interruptions of these utilities often need immediate ("stat") remedy. If you are in an area using any of these systems, be sure you follow directions if these utilities are interrupted.

Many institutions have a "tube" system to transmit physician orders, diagnostic test results, medications, etc. from patient care areas to various departments within the facility. This is a part of the utility system that can fail. When this happens, there may be a need for additional "runners" to hand carry items. While it is inefficient and inconvenient, and can slow down patient care processes to some degree, it is not usually the magnitude of a major environmental or electrical failure.

Computers are an essential part of health care delivery. Organizations have protocols for alternative processes which are initiated until the computer system is functional. Computer system failure can be a casualty of electrical power failure within the facility, a systems problem outside of the facility or a combination of problems including utility interruptions.

PATIENT RIGHTS AND PROFESSIONAL ETHICS

A variety of documents guide the health care professional's behavior in the clinical setting. Included in these documents are policies and procedures, professional codes and patient's rights. For example, The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities includes high quality hospital care, a clean and safe environment, involvement in your care, protection of your privacy, help when leaving the hospital, and help with your billing claims. The *American Nurses Association Code of Ethics* is another document that provides guidance for the nursing student's behavior in the clinical setting. In addition, clinical partners are likely to have policies and procedures that relate to patient rights such as policies on:

<div align="center">

Advanced Directives
Care of the Dying
Institutional Patient Rights Statement

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As a nursing student, you are to be familiar with these documents which convey the expected behavior of a professional nurse.

Additional information is available at: *https://www.americanpatient.org/aha-patients-bill-of-rights/*

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The purpose of the National Patient Safety Goals (NPSGs) is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Goal 1: Identify patients correctly.
- Use at least two patient identifiers when administering medications, blood, or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments or procedures. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment. The patient's room number or physical location is not used as an identifier.
- Make sure the correct patient gets the correct blood when they get a blood transfusion.

Goal 2: Improve staff communication.
- Get important test results to the right staff person on time.
- ISBARR—this is a standardized way of communicating. It promotes patient safety because it helps individuals communicate with each other with a shared set of expectations. Staff and physicians can use ISBARR to share patient information in a concise and structured format. **ISBARR** stands for:
    - **Identify**-state your name, title and unit.
    - **Situation**-state "I am calling about (name of patient, room number and problem)
    - **Background**-state admission diagnosis and admission date, pertinent medical history, treatment, if pertinent.
    - **Assessment**-most recent vital signs and changes in vital signs or assessments.
    - **Recommendation**-what you think would be helpful.
    - **Read back**-re-state verbal orders, clarify how often to do vital signs, and when to call back.
- **Speak Up**
  Research shows that patients who take in decisions about their own health care are more likely to get better faster. The Speak Up program was designed to provide patients with advice on how to make their health care a good experience. The goal of the program is to help patients become more informed and involved with their health care. Patients are encouraged to:
    - Speak up if you have questions or concerns.
    - Pay attention to the care you get.
    - Educate yourself about your illness.
    - Ask a trusted family member or friend to be your advocate.
    - Know what medicines you take and why you take them.
    - Use a hospital, or other type of health care organization that has been carefully checked out.
    - Participate in all decisions about your treatment.

Goal 3: Use medicines safely.
- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups, and basins. Do this in an area where medicines and supplies are set up.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Goal 4: Reduce patient harm associated with clinical alarm systems.
- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Goal 5: Reduce the risk of Healthcare Associated Infections.
- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning. (See page 10 for the section on "when to perform hand hygiene")
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that care caused by catheters.

Goal 6: Identify patient safety risks.
- Find out which patients are at risk for suicide.

Goal 7: Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™.
- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Make the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made

http://www.jointcommission.org/standards/national-patient-safety-goals/hospital-national-patient-safety-goals/

Pre-Procedure Verification Process

An additional verification at the time of preadmission testing and assessment, as well as anytime the responsibility for care of the patient is transferred to another member of the procedural care team.

The verification checklist is used to review and verify that the following items are available and accurately matched to the patient:

- Relevant documentation (for example, history and physical, nursing assessment, and pre-anesthesia assessment).
- Accurately completed, and signed, procedure consent form.
- Correct diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly labeled.
- Any required blood products, implants, devices and/or special equipment for the procedure.

Mark the Procedural Site

The procedure site is initially marked before the patient is moved to the location where the procedure will be performed and takes place with the patient involved, awake and aware, if possible.

- The procedure site is marked by a licensed practitioner or other provider who is permitted by the hospital to perform the intended surgical or non-surgical invasive procedure. This individual will be involved directly in the procedure and will be present at the time the procedure is performed.

- The site marking preferably includes the surgeon's or person performing procedure initials.

- The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital.

Time-Out Performed Immediately Prior to Starting Procedures

The time-out is conducted prior to starting the procedure and, ideally, prior to the introduction of the anesthesia process (including general/regional anesthesia, local anesthesia, and spinal anesthesia), unless contraindicated.

- The time-out is initiated by a designated member of the team and is performed in a standardized fashion, as defined by the organization.

- The time-out involves interactive verbal communication between all team members, and any team member is able to express concerns about the procedure verification.

- During the time-out the team members agree, at a minimum on the following.
    - correct patient
    - correct site
    - procedure to be done

- When two or more procedures are being performed on the same patient, a time-out is performed to confirm each subsequent procedure before it is initiated.

The Joint Commission.

Official "Do Not Use" List

- This list is part of the Information Management standards
- Does not apply to preprogrammed health information technology systems (i.e. electronic medical records or CPOE systems), but remains under consideration for the future

Organizations contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols and dose designations from the software.

The Joint Commission
FACT SHEET

For more information

- Contact the Standards Interpretation Group at 630-792-5900.
- Complete the Standards Online Question Submission Form.

Official "Do Not Use" List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "o" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I	Write "every other day"
Trailing zero (X.o mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write o.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO_4 and $MgSO_4$	Confused for one another	

[1] Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

*Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Development of the "Do Not Use" List

In 2001, The Joint Commission issued a *Sentinel Event Alert* on the subject of medical abbreviations. A year later, its Board of Commissioners approved a National Patient Safety Goal requiring accredited organizations to develop and implement a list of abbreviations not to use. In 2004, The Joint Commission created its "Do Not Use" List to meet that goal. In 2010, NPSG.02.02.01 was integrated into the Information Management standards as elements of performance 2 and 3 under IM.02.02.01.

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HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS)

Background

The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. While many hospitals have collected information on patient satisfaction, prior to HCAHPS there was no national standard for collecting or publicly reporting patients' perspectives of care information that would enable valid comparisons to be made across all hospitals. In order to make "apples to apples" comparisons to support consumer choice, it was necessary to introduce a standard measurement approach: the HCAHPS survey, which is also known as the CARPS® Hospital Survey, or Hospital CARPS. HCAHPS is a core set of questions that can be combined with a broader, customized set of hospital-specific items. HCAHPS survey items complement the data hospitals currently collect to support improvements in internal customer services and quality related activities.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient's perspective on care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey is credible, useful, and practical. This methodology and the information it generates are available to the public.

In May 2005, the National Quality Forum (NQF), an organization established to standardize health care quality measurement and reporting, formally endorsed the CARPS® Hospital Survey. The NQF endorsement represents the consensus of many health care providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality organizations.

About the Survey

The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care. The survey also includes four screener questions and seven demographic items, which are used for adjusting the mix of patients across hospitals and for analytical purposes. The survey is 29 questions in length.

http://www.hcahpsonline.org

To view the patient survey, go to *https://hcahpsonline.org/globalassets/hcahps/survey-instruments/mail/effective-july-1-2020-and-forward-discharges/2020_survey-instruments_english_mail.pdf*.

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CORE MEASURE SETS
Accountability Measure List

Accountability measures are quality measures that meet four criteria that produce the greatest positive impact on patient outcomes when hospitals demonstrate improvement on them.

The criteria for classifying accountability measures include:

- Research: Strong scientific evidence exists demonstrating that compliance with a given process of care improves health care outcomes (either directly or by reducing the risk of adverse outcomes).
- Proximity: The process being measured is closely connected to the outcome it impacts; there are relatively few clinical processes that occur after the one that is measured and before the improved outcome occurs.
- Accuracy: The measure accurately assesses whether the evidence-based process has actually been provided. That is, the measure should be capable of judging whether the process has been delivered with sufficient effectiveness to make improved outcomes likely. If it is not, then the measure is a poor measure of quality, likely to be subject to workarounds that induce unproductive work instead of work that directly improves quality of care.
- Adverse Effects: The measure construct is designed to minimize or eliminate unintended adverse effects.

These criteria are based on The Joint Commission's experience implementing and evaluating the outcomes of quality measures for more than a decade. The criteria provide a more rational approach to the process of collecting and reporting quality data.

For details about core measures/accountability measures, go to *https://www.jointcommission.org/ core_measure_sets.aspx*

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ANA CODE OF ETHICS (2015)

Provision 1:   The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2:   The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.

Provision 3:   The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4: The nurse has the authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conductive to safe, quality health care.

Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing.

POLICIES AND PROCEDURES

Clinical partners also have specific policies and procedures with which you should be familiar. Adherence to these policies and procedures can impact delivery of patient care, ethics, legalities, and regulatory standards. These policies and procedures may include some or all of the following and are not meant to be exclusionary:
- pain management
- restraints
- falls
- adverse drug reaction
- assessment of abuse and neglect
- handling hazardous medications
- nursing procedures
- drug and alcohol impairment
- weapons (including but not limited to guns, knives, or any non-TSA approved)

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- fitness for duty — there is no "light duty" in clinical facilities — students must be fully fit for duty according to clinical partner policy
- risk and incident reporting
- workplace violence
- personal conduct policies

Students are responsible to know how to access the information on clinical partner specific policies and procedures. Ask clinical partner staff for clarification of a policy or procedure.

PERSONAL CONDUCT POLICY

Intimidating and disruptive behaviors can foster medical errors, contribute to poor client satisfaction, contribute to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. Safety and quality of client care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team. All individuals including employees, physicians, independent practitioners, and students will conduct themselves in a professional and cooperative manner.

The purpose of this policy is to ensure optimum patient care by promoting a safe, cooperative and professional health care environment, and to prevent or eliminate conduct that:

- disrupts others
- affects the ability of others to do their jobs
- creates a hostile work environment for employees, physicians and students
- interferes with an individual's ability to practice competently
- interferes with a student's ability to learn
- compromises client care and treatment
- adversely affects or impacts the community's confidence in the facilities ability to provide quality client care

Examples of these behaviors include but are not limited to overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusal to perform assigned tasks or exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. Overt and passive behaviors undermine team effectiveness and can compromise the safety of clients. All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

These unacceptable behaviors decrease staff and student morale, have a negative effect on an individual's feelings of safety in the environment, and undermine collaborative relationships essential to quality client care. Disruptive behavior is considered unacceptable in any health care/workplace environment.

An environment free from disruptive behavior and relationships will be supported and promoted by all health care personnel by:

- setting the organizational expectation for caring, respectful, courteous, and collegial relationships with all

- trying to diffuse disruptive behavior at the time of occurrence
- reporting all incidents of disruptive behavior
- taking consistent action at the supervisory level to assist the reported individual to decrease disruptive behavior

When confronted with disruptive behavior, individuals should:

- respond with courteous language and a calm, quiet demeanor…***unless in physical danger – in which case, you should move to protect self and others***
- acknowledge that the other person seems upset or frustrated
- state your desire to work with the other person in resolving concerns/ frustration
- courteously remind the other person that it is important to try to speak quietly and respectfully to one another in the work environment
- ask that the interchange be moved to a quiet place, if necessary/possible, in order to continue problem-solving, out of public view/hearing

This will often work in calming the situation/person enough to have a more quiet conversation.
Next:

- listen respectfully to the other person's concerns
- attempt one-to-one resolution, without further escalating the emotion

    * If the person is very angry/out of control and physical action/harm seems to be a possibility, DO NOT TRY TO INTERVENE. Call out quickly to other people close at hand to create a group around you/those involved. Contact the nurse manager, nursing instructor and Hospital Security.

ORGANIZATIONAL COMPLIANCE

Most organizations have in place an Organizational Compliance Plan (Corporate Responsibility Plan or Organizational Integrity Program), which has as its goal to ensure that the Organization complies with federal, state, and local laws and regulations. It focuses on risk management, the promotion of good corporate citizenship, including a commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Student acknowledges the organization's commitment to organizational responsibility and agrees to conduct all business transactions which occur pursuant to this Agreement in accordance with the underlying philosophy and objectives of organizational responsibility adopted by the organization.

DRESS CODE POLICY

The following minimum standards for dress were developed to support patient safety while promoting a professional image among nursing students. Individual school and clinical facility policies for dress should be reviewed for additional information.

- Students will be required to wear their school badge (ID), that clearly identifies them as a student, above the waist. Certain facilities may require additional identification to be worn while in the clinical setting.

- Hair should be neat and clean without extreme colors (acceptable colors are only those that naturally exist). To avoid contamination hair should be controlled so that it does not fall over the eyes, and in the immediate work area or on patients (ex. Long ponytails will be required to be pinned up to avoid falling into work areas). Head coverings worn for religious reasons or for protection must be appropriate and secured to prevent any cross-contamination.

- Facial hair should be short, clean, and well-groomed and must in no way interfere with the technical and professional requirements of a nursing student's work assignment. Some settings, such as the operating room, may require covering over a beard. If being fit-tested to utilize N95 masks, prior to fit-testing, all facial hair needs to be removed.

- Good hygiene such as bathing, use of deodorant and brushing teeth is expected.

- Perfumes, colognes, and scented toiletries should be avoided, as some individuals may have adverse reactions to the scents.

- Fingernails should be clean, well-groomed and no longer than ¼ inch from tip of finger to tip of nail. Artificial nails include bonding tips, wrappings, acrylic, and gel finishes are not allowed. In other words, any fingernails with which you were not born are considered artificial, and may not be worn by health care personnel who provide direct patient care. Nail polish may not be worn.

- Make-up should be conservative and in good taste. False eyelashes are not allowed.

- Jewelry acceptable while in uniform in the clinical setting includes watch (no "smart" watches), plain band (simple with no raised stones*), and one set of simple post earrings. Flesh or clear spacers must be worn in other piercings or gauges. If wearing a post piercing in the ear for alleviating migraines (Daith piercing), the sum total of ear piercings may not exceed three. A doctor's note for wearing a Daith Piercing may be requested.

- No hooded sweatshirts or hooded jackets are allowed in the clinical setting.

- Undergarments should be worn but not visible.

- Refer to individual schools and clinical agencies policies regarding tattoos.

- School uniforms should be clean and unwrinkled. Those bearing a school insignia must not be worn outside of the educational setting. It's the expectation that while in school uniform, students are functioning in their student nurse role and are subject to all applicable policies and procedures.

- Shoes worn in the clinical setting must be closed toe and heel and made of non-permeable material.

*
The rationale for not wearing rings with raised stones relates to the hygiene of wearing jewelry with settings/stones that can trap microorganisms.

Caveat: Students wearing uniforms, make-up, hair accessories, or jewelry deemed inappropriate may be asked to remove or alter the items being worn, at faculty or facility discretion.

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HIPAA, PRIVACY AND SECURITY

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and violations may result in fines and penalties.

The main purpose of the HIPAA regulations are to ensure that *protected health information (PHI)* is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record, but it also includes ID bracelets, insurance cards, procedure codes, dictation tapes, photographs and so on.

Patients will receive a Notice of Privacy Practices when visiting any health care facility. This document will tell them how their health information will be used by that facility. The notice should also outline several rights patients have regarding their PHI. This includes the right to see a copy of any PHI kept by the facility, the right to request an amendment to their PHI, the right to receive an accounting of disclosures and the right to request restrictions on the release of PHI.

As a student, your role in HIPAA will be to:

- learn about HIPAA
- meet with your faculty member to discuss how your role as a student may be affected by HIPAA
- refrain from sharing PHI with anyone who does not have a need to know it
- ask yourself "Do I have a need to know this information as a student?" before looking at PHI
- report known or suspected privacy or security breaches to your faculty member
- ask questions if you don't know what is expected of you

Your role in privacy will be to:

- limit patient specific information discussed in hallways, elevators, cafeterias and other public areas
- control patient information that you have in your possession
- dispose of PHI in an appropriate manner
- access only the minimum amount of patient information necessary to fulfill your role as a student

Your role in security will be to:

- keep print-based medical records in a secure area
- use a password (not to be shared) to access PHI through a computer
- prevent the viewing of PHI on a computer screen through use of a screensaver or repositioning of the PC

Reasonable Safeguards to protect PHI

- In communicating with the patient family and friends, only share information that is relevant to a family member or friend's involvement in care. If possible, ask the patient for permission to share information with another person. Students should always check with a facility's staff member prior to releasing information.

- Ask for guidance from a staff member if the patient is incapacitated or unable to agree/object to sharing information.

- FAX information: Fax only when necessary. Use care in insuring accuracy of FAX number. Use approved facility FAX coversheet. If possible, call recipient to indicate FAX is being sent.

- Verification: When a person or entity making a request for PHI is unknown to us, we must verify their identity or legal authority.

- If the patient has a Personal Representative (authorized by law to make health care decisions for the patient), the Personal Representative may exercise the patient's rights under the Privacy Rule. Staff/students are expected to make reasonable efforts to verify the identity of the Personal Representative by asking for identification, or ask for patient identifiers to confirm relationship with the patient.

- It is never appropriate for a student to answer questions by the news media regarding patients.

- Never remove a patient's medical record from the facility. In addition, please do not print out or make copies of the medical record or, take pictures of medical records.

- Homework assignments or class presentations related to the clinical experience must have all PHI removed (remove all identifiable patient information).

- In the case of a natural disaster, The American Red Cross may inquire about a patient's next of kin in order to notify them of a patient's status. This information can be provided to the American Red Cross without an authorization.

- Parents are allowed to see documentation regarding their minor child, even if the minor child asks for a private conversation with a health care provider. **Some content, such as related to sexual health and reproduction, is protected and can only be shared with a parent or guardian if the child authorizes.**

HIPAA GLOSSARY

HIPAA — Health Insurance Portability and Accountability Act of 1996.

Minimum Necessary — Principle that individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure.

PHI — Individually identifiable health information transmitted or maintained in any form or medium. Examples include name, social security number, employer, telephone/fax number, medical record number, patient account number, address, relatives, dates, email address, health plan identification, and vehicle identification number.

Notice of Privacy Practices — A document that informs individuals in plain language how their health information (PHI) will be used and disclosed; provides an explanation of their rights and the provider's responsibilities; and indicates how to file complaints and to change their PHI.

Use and Disclosure — Under <u>NO</u> circumstances should an individual's PHI be used or disclosed without valid authorization. Use and disclosure must be consistent with the terms of the authorization.

Privacy Rule — This rule created national standards to protect individual medical records and other personal health information.

Each individual clinical facility will expect students to complete training related to HIPAA compliance based on their respective policies and procedures and confidentiality statements related to HIPAA. Further training may be required in addition to the general confidentiality statement in the Clinical Orientation Manual.

PROFESSIONAL INTERACTION/REPRESENTATION FOR NURSING STUDENTS

All nursing students are expected to behave professionally in all settings and interactions/communications. The following sections delineate specific behaviors related to different settings/situations. Please remember, you are always representing your school and your nursing program in all settings.

CLINICAL EXPERIENCES:

All clinical experiences, including internships and capstones, are to be arranged by the school in conjunction with the clinical agency. Under no circumstances should a student attempt to arrange his/her own clinical experiences.

SOCIAL MEDIA/TECHNOLOGY GUIDELINES

Students are prohibited from using electronic devices in clinical setting for personal use. However, use may be permitted per school's policy for clinical purposes. Please note: social media policies may vary from institution to institution.

Text messaging, recording, or taking photographs are prohibited in patient care areas.

Students are prohibited from posting any information related to the clinical experience on social networking sites (i.e. Facebook, Twitter, Instagram, Snapchat, TikTok).

Students are expected to follow the *ANA's Principles for Social Networking* (See ANA Fact Sheet)

Tips to Avoid Problems:
1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers, or co-workers, even if they are not identified.
5. Do not take photos, videos, or audio recordings on personal devices, including cell phones and smartwatches.
6. Promptly report a breach of confidentiality or privacy.

AMERICAN NURSES ASSOCIATION

– FACT SHEET –

Navigating the World of Social Media

The number of individuals using social networking sites such as Facebook, Twitter, LinkedIn, and YouTube is growing at an astounding rate. Facebook reports that over 10% of the world's population has a Facebook presence while Twitter manages more than 140 million Tweets daily. Nurses are making connections using social media. Recently, the College of Nurses of Ontario reported that 60% of Ontario's nurses engage in social networking (Anderson & Puckrin, 2011).

Social networks are defined as "web-based services that allow individuals to 1) construct a public or semi-public profile within a bounded system, 2) articulate a list of other users with whom they share a connection, and 3) view and traverse their lists of connections and those made by others within the system" (Boyd and Ellison, 2007).

These online networks offer opportunities for rapid knowledge exchange and dissemination among many people, although this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to either enhance or undermine not only the individual nurse's career, but also the nursing profession.

Benefits

- Networking and nurturing relationships
- Exchange of knowledge and forum for collegial interchange
- Dissemination and discussion of nursing and health related education, research, best practices
- Educating the public on nursing and health related matters

Risks

- Information can take on a life of its own where inaccuracies become "fact"
- Patient privacy can be breached
- The public's trust of nurses can be compromised
- Individual nursing careers can be undermined

ANA's Principles for Social Networking

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

References

Anderson, J., & Puckrin, K. (2011). Social network use: A test of self-regulation. *Journal of Nursing Regulation, 2*(1), 36–41.

Boyd, S., & Ellison, N.B. (2007). Social network sites: Definition, history, and scholarship. *Journal of Computer Mediated Communication, 13*(1), 210–230.

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ANA
AMERICAN NURSES ASSOCIATION

COMPUTER GUIDELINES/INFORMATION SECURITY

Student Agreement

New federal information and security regulations were implemented in April 2005 to ensure that patient information housed in electronic medical records is secure. As students you may utilize electronic medical records for documentation of care. This will require that you be issued a password for access. The following are expectations regarding your participation in electronic documentation.

1. Clinical partner policies regarding when and how to sign on and off the terminal will be strictly adhered to.

2. ID's and Passwords

    a) Use a strong password that is not easily discernable to others.

    b) Personal sign-on and passwords will not be disclosed to anyone.

    c) No attempts will be made to learn another's sign-on or password.

    d) No attempts will be made to access information in any system by using an I.D. and password other than one's own.

    e) No attempt will be made to access any unauthorized information from any system.

    f) If there is reason to believe the confidentiality of an I.D. or password has been compromised, it will be reported to the appropriate authority immediately.

3. Policies vary, but as a general rule, students should not be printing patient information. All patient information should be shredded appropriately before leaving the facility if students are printing patient information. Copies of patient information should not be leaving the clinical site.

4. Patient records will be protected from indiscriminate viewing.

5. Communication of confidential information via unsecured computer communication systems, i.e. e-mail and various network systems, will not be utilized. Confidential information includes patient, financial and personnel information.

6. Information about computer system itself will not be disclosed to unauthorized individuals. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens and documentation created by the clinical partner's employees or outside sources.

7. Be aware of computer viruses, i.e., attachments ending in .vbs, .exe, .scr; email messages with suspicious subject lines even if sender is known; multiple email messages with the same suspicious subject line.

8. Report unusual computer activity that may indicate a virus or other malicious software has infected the computer you are using.

9. Report suspicious activity that may indicate someone has attempted to or has succeeded in accessing your account.

10. Always logout and exit the workstation when you have completed your activity.

11. Access information on a need-to-know basis only for those you are providing care in your current role.

12. Be alert to strangers/visitors in the environment — check visitor passes, ID badges — when in doubt, contact your faculty or nursing staff.

13. Know who and how to report security incidents to: Facility Security Information Officer or other designated official.

REFERENCES

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Revised: 4/12/18, 3/24/2021

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APPENDIX A

It is expected that students, faculty and staff complete the CNE evaluations, which are now available electronically on the MOKAN site.

Results are available to Education and Clinical MOKAN partners at: *https://mokan.system32.com*

Evaluations

- Faculty evaluation of clinical experience
- Student evaluation of clinical settings
- Clinical staff evaluation of students and clinical instructors in a clinical rotation

Capstone Evaluations:

- Evaluation of Goals of Capstone Experience
- Evaluation of Capstone Experience by Preceptor
- Evaluation of Capstone Experience by Student
- Evaluation of Capstone Experience by Supervising Faculty

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FACULTY EVALUATION OF THE CLINICAL EXPERIENCE AT

_____
(INSTITUTION)

Clinical Faculty: This evaluation is part of the systematic process of data collection used by Kansas City area nursing programs to determine program effectiveness and foster ongoing program improvement. Further, these data are required by the Missouri State Board of Nursing. Please complete and return to the **designated person** in the nursing school.

Thank you for your willingness to share your thoughts about your clinical experiences.

Please complete the following tool to evaluate your experience.

Name:_____ Semester/Year: _____

School:_____ Unit: _____

Agency:_____ Course: _____

Directions: Mark the response that best reflects your experience:

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
0	1	2	3	4

1. I was adequately oriented to the hospital and/or clinics where my students were assigned.

    0   1   2   3   4

2. My students were adequately oriented to the hospital and/or clinics assigned.

    0   1   2   3   4

3. I was able to share the purpose of the student learning experience with unit leadership/unit education coordinator prior to the clinical rotation.

    0   1   2   3   4

4. The unit personnel welcomed me as part of the heath care team.

    0   1   2   3   4

5. The unit personnel welcomed the students as party of the health care team.

    0   1   2   3   4

6. Space was provided for clinical conferences.

    0   1   2   3   4   NA

7. The students had learning experiences on this unit/location that will effectively prepare them for their roles as future registered nurses.

    0   1   2   3   4

Please add any additional comments about your clinical rotation and/or comments that would more fully explain your responses.

7/98, 6/00, 6/02, 4/14, 4/16

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STUDENT EVALUATION OF CLINICAL SETTINGS

Students: This evaluation is part of the systematic evaluation sponsored by Kansas City area nursing programs to determine program effectiveness and foster ongoing program improvement. Further, these data are required by the Missouri State Board of Nursing. Please complete and return electronically, or deliver to the designated person in your nursing program.

Thank you for sharing your thoughts about your clinical experiences.

Please complete the following:

School: _____   **Instructor:** _____

Facility: _____   **Unit:** _____

Days/Hours Assigned: _____   **Semester/Year:** _____

Course: _____

Please mark the best response:

	Strongly Disagree 0	Disagree 1	Uncertain 2	Agree 3	Strongly Agree 4
1. My orientation to the setting was adequate.	0	1	2	3	4
2. The staff engaged me in learning opportunities that will prepare me to be an RN	0	1	2	3	4
3. The staff was receptive to me as a part of the health care team.	0	1	2	3	4
4. The staff treated me with respect and courtesy.	0	1	2	3	4
5. The staff provided appropriate feedback on my performance.	0	1	2	3	4

6. If you had to identify one nurse or staff person who was helpful and friendly, who would it be? (specify name and unit)

Evaluation of Clinical Rotation: This information should relate to the experience you had in the clinical setting. Evaluations of your faculty member will take place in another survey.

7. The experience I had in this setting enhanced my learning and assisted me in meeting my clinical objectives. (Scale of 1-4.)

8.   What clinical experiences were most beneficial to your learning?

9.   What clinical experiences were least beneficial to your learning?

10. Comments or suggestions:

Thank you!

7/98, 6/00, 6/02, 4/14, 4/15, 4/16

CLINICAL STAFF EVALUATION OF STUDENTS AND CLINICAL INSTRUCTORS IN A CLINICAL ROTATION

Clinical Staff: This evaluation is part of the systematic process of data collection used by Kansas City area nursing programs to determine program effectiveness and foster ongoing program improvement. Further, these data are required by the Missouri State Board of Nursing. Please complete and return electronically, or to the **designated person** in the respective nursing school.

Thank you for sharing your thoughts about your experiences with our students.

Name of Staff (optional) _____

Name of School _____

Name of Faculty _____

(If name of faculty not known complete the following blanks) Unit: _____

Days/Hours Assigned: _____

Semester/Year: _____

Course: _____

Please mark the best response:

1. How often did you work with students from this school **this semester?**
    0 (not at all)　　1 (1-2 times)　　2 (3-5 times　　3 (bi-weekly)　　4 (every week)

    If you answered "not at all," thank you. There is no need to complete the rest of the survey.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	0	**1**	**2**	**3**	**4**

2. Students were generally prepared to deliver care, based on their level of experience.
    　　　　0　　　　1　　　　2　　　　3　　　　4

3. Students sought opportunities for learning.
    　　　　0　　　　1　　　　2　　　　3　　　　4

4. Students made appropriate clinical decisions for their level of experience.
    　　　　0　　　　1　　　　2　　　　3　　　　4

5. Students demonstrated professional behavior.
    　　　　0　　　　1　　　　2　　　　3　　　　4

6. The college instructor was available when needed by students.
    　　　　0　　　　1　　　　2　　　　3　　　　4

7. The college instructor was available when needed by staff.
    　　　　0　　　　1　　　　2　　　　3　　　　4

8. The college instructor demonstrated competency in the setting.

0	1	2	3	4
Strongly Disagree	**Disagree**	**Uncertain**	**Agree**	**Strongly Agree**
0	**1**	**2**	**3**	**4**

9. The college instructor demonstrated professional behavior.

0	1	2	3	4

10. The college instructor sought opportunities for student learning.

0	1	2	3	4

Additional Comments:

7/98, 6/00, 6/02, 6/07, 5/10, 4/14, 4/16

EVALUATION OF GOALS OF CAPSTONE EXPERIENCE

Evaluation of Student Goals of focus for Preceptors and Capstone Students: Based upon the BSN Essentials:
Thank you for precepting our student. We appreciate the time and effort you give to the next generation of nurses; your future team members. Your feedback is critical in helping to prepare the student to practice as a novice nurse at the end of this semester. Please complete this evaluation to the best of your ability. If you have questions, please contact the student's supervising faculty.

The capstone rotation is an immersion experience providing "opportunities for building clinical reasoning, management, and evaluation skills" (AACN, 2008). This experience supports the student as they integrate previous learning and continue to develop the roles of the baccalaureate generalist nurse at the novice level. The preceptor supports the student in meeting the four (4) goals outlined below. Use the descriptors listed to support the evaluation of meeting each goal.

1. Unsafe-Unable to perform or unsafe when attempting.
2. Dependent-Requires substantial guidance or prompting
3. Assisted-Needs little guidance or prompting
4. Supervised-Needs verbal cues only
5. Independent- Performs competently without cues

*Any criteria marked 3 or below please give a comment, example or explanation.

Goal	1	2	3	4	5
Develop self-confidence, professional image, and sense of belonging that facilitate the transition to competent and confident practice.					
Communicates effectively with patients and family					
Uses active listening to establish trust					
Promotes patient safety, rights and confidentiality					
Approaches challenges or obstacles with a positive attitude					
Arrives to clinical on-time, prepared with supplies and dressed appropriately					
Comments:					
Develop increasing autonomy in order to manage an assignment that more closely approximates a realistic workload of a novice nurse in this environment.					
Prioritizes patient care needs across assigned patient load					
Seeks assistance and/or uses resources when appropriate					
Demonstrates effective time management skills					
Accepts responsibility for actions and decisions					
Comments:					

Develop the roles of the baccalaureate generalist nurse at the novice level as provider of care including: **- evaluating client changes and progress over time** **- developing a beginning proficiency and efficiency in delivering safe care**					
Demonstrates adequate knowledge base when providing patient care					
Identifies pertinent patient information prior to providing care including medications, labs, diagnostics, etc.					
Performs baseline and focused assessments as indicated					
Provides patient-centered care					
Responds to changes in patient condition					
Develops/revises plan of care based on patient status					
Documents accurately and completely in a timely manner					
Comments:					
Develop the roles of the baccalaureate generalist nurse at the novice level as a designer, manager and coordinator of care including care transitions.					
Links theoretical concepts to practice					
Incorporates evidence-based practice in patient care					
Communicates relevant information accurately and concisely during nursing report					
Collaborates and communicates effectively with interdisciplinary team members					
Supervises and evaluates delegated care					
Provides effective patient and family teaching and documents accurately					
Anticipates and advocates for patient/family needs					
Comments:					

List 3 areas of strength:

1. _____

2. _____

3. _____

List 3 area of potential growth:

1. _____

2. _____

3. _____

Preceptor:_____Date: _____

Student:_____Date: _____

EVALUATION OF CAPSTONE EXPERIENCE BY PRECEPTOR

Preceptors: This evaluation is part of the systematic process of data collection used by Kansas City area nursing programs to determine program effectiveness and foster ongoing program improvement. Further, these data are required by the State Boards of Nursing. Please complete and return electronically.

Clinical Partner/Organization: (Drop Down)

Semester:

Year:

Name of School: (Drop Down)

Name of Student: (Initials ONLY)

Name of instructor/supervisor:

Unit:	▼

1. Were you the main preceptor for this student?

    Yes No

The Goals of focus for the Capstone Experience support the student as they integrate previous learning and continue to develop the roles of the baccalaureate generalist nurse at the novice level.

2. My orientation to the Goals of the Capstone Experience was adequate.

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

I was able to support the student in meeting the following 4 goals:

3. Develop self-confidence, professional image, and sense of belonging that facilitate the transition to competent and confident practice.

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

4. Develop increasing autonomy in order to manage an assignment that more closely approximates a realistic workload of a novice nurse in that environment.

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

5. Develop the roles of the baccalaureate generalist nurse at the novice level as provider of care including:
    - evaluating client changes and progress over time
    - developing a beginning proficiency and efficiency in delivering safe care

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

6. Develop the roles of the baccalaureate generalist nurse at the novice level as a designer, manager and coordinator of care including care transitions.

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

"Any student scheduling conflicts will be resolved between student, faculty, and EP (designated school representative). If needed, requests for accommodation will be sent to CP (designated hospital representative) for consideration. Neither students nor faculty will solicit preceptors from the clinical site."

7. Any scheduling conflicts were resolved as described above.

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

    If not, COMMENT:

8. The process we agreed upon to communicate absences, emergencies, etc. were followed

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

    If not, COMMENT:

9. The supervising faculty made rounds at least twice during the Capstone Experience

    Yes No

10. The supervising faculty was available either by phone, text, email or in person to answer any questions or concerns

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

11. The guidelines provided by the school, made me feel confident in my roles and responsibilities related to the students evaluation process

    Strongly Disagree Disagree Agree Strongly Agree Not applicable

12. Please provide any additional feedback :

EVALUATION OF CAPSTONE EXPERIENCE BY STUDENT

Students: This evaluation is part of the systematic evaluation sponsored by Kansas City area nursing programs to determine program effectiveness and foster ongoing program improvement. Further, these data are required by the State Boards of Nursing. Please complete and return electronically, or deliver to the designated person in your nursing program.

Thank you sharing your thoughts about your clinical experiences.

Please complete the following (Required items are shown in bold text)**:**

School:

Instructor:

Agency/Clinical Site:

Unit:

Semester:

Year:

Shift Assigned:
Day Shift   Night Shift   Other

My Name: (Optional)

Preceptor Name: (Provide Initials ONLY)

1. How often did you work with this preceptor this semester?

       All Shifts   Greater than 50% of the shifts   Less than 50% of shifts

2. I was adequately oriented to my clinical setting/unit where I was assigned.

      ○ Strongly Disagree ○ Disagree ○ Uncertain ○ Agree ○ Strongly Agree

3. This preceptor engaged me in learning opportunities that will prepare me for my role as a novice, generalist nurse.

      ○ Strongly Disagree ○ Disagree ○ Uncertain ○ Agree ○ Strongly Agree

4. The staff on the unit welcomed me as a part of their healthcare team.

      ○ Strongly Disagree ○ Disagree ○ Uncertain ○ Agree ○ Strongly Agree

5. This preceptor provided specific feedback on my performance in a professional manner.

      ○ Strongly Disagree ○ Disagree ○ Uncertain ○ Agree ○ Strongly Agree
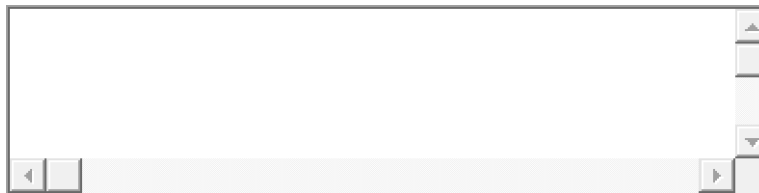
6. This preceptor provided supervision, support and direction throughout my capstone experience.

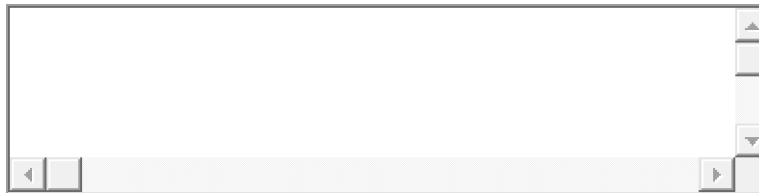○ Strongly Disagree   ○ Disagree   ○ Uncertain   ○ Agree   ○ Strongly Agree

7. What clinical experiences were most beneficial to your learning?

8. What clinical experiences were least beneficial to your learning?

9. Comments or suggestions:

EVALUATION OF CAPSTONE EXPERIENCE BY SUPERVISING FACULTY

Supervising Faculty: This evaluation is part of the systematic process of data collection used by Kansas City area nursing programs to determine program effectiveness and foster ongoing program improvement. Further, these data are required by the State Boards of Nursing. Please complete and return electronically.

Thank you for your willingness to share your thoughts about your clinical experiences.

Please complete the following tool to evaluate your experience (Required items are shown in bold text):

Semester:

Year:

School: (DROP DOWN)

Agency/Clinical Site: (DROP DOWN)

Directions: Choose the response that best reflects your experience:

1. I was adequately oriented to the hospital and/or clinics where my students were assigned.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree

2. My students were adequately oriented to the hospital and/or clinics assigned.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree

3. I was able to share the purpose of the student learning experience with the preceptor/unit educator/manager prior to the clinical rotation.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree

4. The unit personnel welcomed me during rounds.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree

5. The unit personnel welcomed the students as part of the healthcare team.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree

6. Space was provided for clinical conferences/private or confidential discussions if needed.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree   **Not Applicable**

7. The students had learning experiences on this unit/location that will effectively prepare them for their roles as novice, generalist nurses.

   Strongly Disagree   Disagree   Uncertain   Agree   Strongly Agree

Additional Comments:

APPENDIX B

CNE/KCANE ORIENTATION
COMPETENCY EXAM
2022 - 2023

Student Name:_____

Nursing Program:_____

Date:_____

Information: Education partners must retain performance evaluation on this exam until the student's graduation, dismissal or withdrawal from the nursing program. The exam may be administered by paper or electronic format and will be determined by the education partner. A minimum score of 90% (59/65) is required as students enter the clinical setting.

DIRECTIONS: For multiple choice questions, select the most appropriate answer. Use a test scan form to record your chosen answer or circle your chosen answer as directed by your school. For true-false questions, mark *a* to select true, *b* to select false.

Hospital Safety

1. Wearing student identification badges provides what service to the patient?
    a. promotes hospital safety and security
    b. identifies credentials and roles
    c. prevents infant abduction
    d. helps patient get to know the student

2. When lifting and carrying you should:
    a. tuck your gluteus muscles
    b. bend at the waist
    c. lift it yourself to assess heaviness
    d. "hug" the load

3. Falls can be prevented if employees
    a. use handholds and stair rails
    b. wet mop corridors one at a time
    c. use shelving or other "props" to increase height
    d. keep linens on floor until housekeeping can pick up

Fire Safety

4. In the event of a fire, the first action a nurse would take after discovering the danger is:
    a. remove all patients, staff and visitors
    b. report the fire
    c. protect the safety of those in immediate harm
    d. await evacuation orders

5. When reporting a fire, the nurse should:
   a. report concern only after confirming the source of a smoke odor
   b. pull the alarm and call the agency operator
   c. alert the personnel through the speaker system
   d. call the fire department

6. Wet towels or blankets at the base of doors near the fire location can do all but which one of the following:
   a. extinguish the fire
   b. help prevent drafts
   c. seal off the room
   d. limit smoke spread

7. Class A fire extinguishers can be used on:
   a. flammable liquids
   b. any type of fire
   c. ordinary combustible materials
   d. electrical equipment

8. Class C fire extinguishers can be used on:
   a. flammable liquids
   b. any type of fire
   c. ordinary combustible materials
   d. electrical equipment

9. When evacuation is deemed necessary and fire or police administration is on the scene, nurses should:
   a. Evacuate all patients in the agency
   b. Evacuate all patients except those on oxygen
   c. Evacuate the area as directed by rescue personnel
   d. Always use posted evacuation routes

Electrical Safety

10. Which of the following is not a sign of a potential electrical danger?
    a. improperly fitting plug
    b. unusual warmth to touch
    c. loose knob or switch
    d. secured power cord

For true-false questions, mark *a* to select true, *b* to select false.

11. To protect a patient from microshock the nurse should never touch a patient and an electrical device at the same time.
    a. True   b. False

12. The use of the patient's own electrical devices is not a safety concern.
    a. True   b. False

13. The use of an extension cord is an electrical safety risk.
    a. True   b. False

Radiation Safety

14. The duration of exposure to radiation (<u>time</u>) has a determining effect on an individual's side effects.
    a. True   b. False

15. The further the <u>distance </u>from the radiation source, the less likely an individual will be affected.
    a. True   b. False

16. Placing an appropriate <u>shield </u>between you and the radiation source decreases your exposure.
    a. True   b. False

17. Radioactive isotopes, radioactive implants, and portable x-rays may be sources of radiation exposure.
    a. True   b. False

18. Notify the Radiation Safety Officer in your institution if a radiation exposure/spill occurs.
    a. True   b. False

Infection Control/Blood Borne Pathogens

19. Each health care facility has unique Infection Control policies and procedures that must be followed.
    a. True   b. False

20. Frequent and thorough hand washing is the best way to prevent the transmission of infectious organisms.
    a. True   b. False

21. It is not necessary to wash your hands after you remove gloves.
    a. True   b. False

22. If I sneeze and cover my nose and mouth with my hands, I don't need to wash my hands because I haven't spread germs.
    a. True   b. False

23. Standard/Universal Precautions are used to prevent contact with the blood and body fluids of every patient.
    a. True   b. False

For <u>multiple choice</u> questions, select the most appropriate answer.

24. Which of the following is the most significant and frequent mode of transmission of organisms in the health care setting?
    a. contact transmission
    b. droplet transmission
    c. airborne transmission

25. An example of a microorganism is:
    a. bacteria
    b. virus
    c. fungus
    d. protozoan
    e. all of the above

26. The purpose of the OSHA Bloodborne Pathogens Standard is:
    a. to prevent occupational exposure to blood and body fluids
    b. to protect patients from infected employees

27. It is appropriate to use alcohol-based cleansers (i.e. hand sanitizers) for the following:
    a. the patient is in contact isolation
    b. to remove blood from the hands
    c. there is no visible soiling of the hands and isolation is not ordered
    d. it is never permissible to use alcohol-based cleansers

28. Understanding the importance of early recognition for infection control of the Ebola virus, health care providers will do all of the following **<u>except</u>**:
    a. **initiate** (use standard precautions on all patients
    b. **identify** (thorough assessment of patients to determine recent travel to affected country, recent contact with a known patient with Ebola, or suspicious symptoms)
    c. **implement** contact isolation (with all patients until Ebola virus status is known)
    d. **isolate** (when Ebola is suspected, isolate patient in a private room with a private bathroom, and close the door)

CASE STUDIES
Mark the correct response for each question.

Case Study #1
Emily Browning has been coughing for over a month. She has been losing weight even though she hasn't been on a weight loss diet. She denies any night sweats but did mention she volunteered at a reservation in Alaska last year giving vaccinations. Mark, her nurse, is concerned she may have Tuberculosis and shares his assessment with Emily's physician. Mark's patient is placed on *airborne precautions* while she is assessed for active TB.

29. What personal protective equipment (PPE) should Mark use to care for Emily?
    a. mask and eye protection
    b. gown
    c. gloves
    d. OSHA approved respiratory device

Case Study #2

Sarah was working in the outpatient clinic area. One patient came in with an upset stomach. During her assessment the patient began vomiting. Sarah gave the patient an emesis basin. She measured the contents and emptied the emesis basin several times during the patient's visit.

30. What personal protective equipment should Sarah use to care for this patient?
    a. mask and eye protection
    b. gown
    c. gloves
    d. all of the above

31. If this patient was known to be infected with a blood borne pathogen, would Sarah's personal protective equipment be different?
    a. yes
    b. no

Hazardous Communications

32. SDS stands for:
    a. Service Danger Stabilization
    b. Safety Data Sheet
    c. Substances that are Dangerous Services
    d. Substitute the Drug Specifically

33. What are the three components of a Hazardous Communication Program?
    a. administration, professional staff, support staff
    b. OSHA, NFPA and Joint Commission
    c. PPE's, training and documentation
    d. labels, MSDS and training

34. What is the **first** thing you should do if a chemical such as bleach comes in direct contact with the back of your hand?
    a. tell your instructor
    b. fill out an incident report
    c. rinse it well with lots of water
    d. cover it with a dressing

35. The term "reactivity" tells you:
    a. the safest way to put out a fire
    b. what happens when a chemical comes in contact with air, water or other chemicals
    c. how the chemical might enter your body
    d. how a chemical looks or smells

Risk Management

36. Risk Management involves:
    a. education
    b. management of property loss occurrences
    c. clinical and non-clinical actual/potential risk
    d. all of the above

For <u>true-false questions</u>, mark *a* to select true, *b* to select false.

The following indicators (Questions 37-38) are used in health care agencies to identify actual and potential risk sources:

37. Information from customer surveys.
    a. True   b. False

38. Incident reports.
    a. True   b. False

Computer Guidelines/Information Security

For <u>multiple choice questions</u>, select the most appropriate answer.

39. Patient, personnel and financial information are considered:
    a. confidential information and should be shared only with authorized individuals
    b. confidential information to be shared with any agency personnel requesting information
    c. public information
    d. confidential information to be shared only through computer screen viewing

40. The nursing student is in a clinical setting and notes that an electronic health record (EHR) for a family member, who is a minor child, exists in the setting. Since the student is the patient's parent, they would be allowed to access that EHR even though they are not providing care for that person.
    a. True   b. False

41. Security incidents related to electronic medical records <u>must</u> be reported to:
    a. CEO
    b. Chief Nursing Officer
    c. Facility Information Security Officer
    d. HELP desk

Disaster

For multiple choice questions, select the most appropriate answer.

42. During a disaster, communication to the public from the health care agency via the media should be initiated by:
    a. faculty working with students
    b. agency media department
    c. students selected by supervisory personnel
    d. victims of the disaster

43. During a disaster, students should:
    a. perform tasks assigned by a supervisor (faculty or staff) as long as the student is competent
    b. move to the area where the need appears to be the greatest
    c. use undamaged communication systems to check on loved ones
    d. push themselves to perform regardless of documented competency and fatigue

For questions 44 - 47, select the most appropriate color response.

Match the Kansas City area triage identification color with its defining characteristics.
    a. red   b. yellow   c. green   d. black

_____ 44.   D O A patients, code blue patients, transported to the morgue.

_____ 45.   Persons most severely injured, who will likely need major surgery capability and hospitalization in an ICU bed.

_____ 46.   Persons with significant injuries that require quick attention to prevent the condition from worsening and who may require hospitalization after treatment.

_____ 47.   Persons who are "walking wounded," have non-life threatening injuries which must eventually be treated to restore the patient's normal functioning, and who may not require hospitalization.

Utility Safety

For multiple choice questions, select the most appropriate answer.

48. Outlets connected to emergency power are:
    a. marked by the words "power source"
    b. all outlets in a health care facility
    c. identified by color
    d. manually activated

49. Which of the following utility interruptions could pose the most immediate threat to patient?
    a. heating system
    b. communications system
    c. "tube" or internal transmittal system
    d. medical gases

Patient Rights and Professional Ethics

For true-false questions, mark *a* to select true, *b* to select false.

50. Ethical behavior for a health care provider is solely determined by an agency's policies and procedures.
    a. True   b. False

Policies and Procedures

For multiple choice questions, select the most appropriate answer.

51. Policies and procedures may impact which of the following?
    a. delivery of patient care
    b. ethics
    c. legalities
    d. all of the above

52. Which statement most accurately reflects best practice as it relates to pain management?
    a. all patients should receive information on pain management on admission
    b. all elderly patients should be assessed every four hours in relation to pain status
    c. all patients should have their pain assessed and managed in a timely manner
    d. all pediatric patients should have a parent present when pain medications are administered

Personal Conduct Policy

53. A family member of a patient that you are caring for is angry and out of control. They are unhappy about the care their family member is receiving. The nursing student would:
    a. try to solve the problem alone
    b. call the police
    c. call out quickly to others around to help
    d. call other family members to intervene

54. An uncooperative and unprofessional health care environment includes:
    (choose all that apply)
    a. disrupting others
    b. creating a supportive environment
    c. compromising client care
    d. providing a safe environment
    e. singling out specific staff and disciplining them publicly at the nurse's station

Organizational Compliance

For multiple choice questions, select the most appropriate answer.

55. The primary goal of an organizational compliance plan within an institution is to:
    a. ensure compliance with federal, state and local laws and regulations
    b. maintain consistency within each independent agency
    c. conduct efficient business transactions
    d. reduce liabilities

HIPAA, Privacy and Security

56. The purpose of HIPAA regulations is to:
    a. eliminate the transmission of patient records
    b. handle protected health information in a proper fashion
    c. reduce the number of health plans who receive protected health information
    d. increase the availability of all health information

Scenario #1
57. A minor is concerned about the possibility of having contracted sexually transmitted disease and requests to have a private conversation with the physician. Can the parent receive documentation related to this discussion at a later date without authorization of the minor?
    a. Yes   b. No

Scenario #2
58. The American Red Cross, responding to a natural disaster in the Kansas City area, seeks to notify a patient's next of kin of the patient's condition. Can you provide this information to the American Red Cross without an authorization?
    a. Yes   b. No

Patient Safety

59. The primary goal of the implementation of the Joint Commission national standards for patient safety and medication error reduction is to improve patient safety, reduce risk to patients and families, and to encourage recognition and acknowledgement of risks and potential medical/health errors.
    a. True   b. False

60. The "Do Not Use" abbreviation list may be used by health care facilities but is not a requirement.
    a. True   b. False

61. ISBARR stands for:
    a. identify, situation, background, assessment, recommendations, read back
    b. integrate, standardize, background info, attitudes, records
    c. patient safety begins at response
    d. identify students beginning assessment, recommendations, record

62. What is the "Speak-up" initiative?
    a. nurses speak up to physicians if they have a concern
    b. patients speak up for advice or concerns about their own health care
    c. physicians speaking up for patients
    d. family members speaking up for patients

63. A "time-out" is performed before starting a procedure and includes:
    a. a standardized fashion of rushing through a procedure
    b. identifying correct patient, correct site, and procedure to be done
    c. only being done for one procedure
    d. nonverbal communication between team members

Social Media

64. What should a nurse or nursing student do if they encounter social media content that could harm a patient's privacy, rights or welfare?
    a. consult with the patient and/or their family to determine next steps
    b. contact the source of the posted information and request immediate removal
    c. notify the appropriate authorities
    d. all of the above

65. The transmission of identifiable patient information via social media is permissible if there is a medical emergency.
    a. True   b. False

APPENDIX C

CNE/KCANE Orientation Competency Exam
KEY

<u>(Exam key is a separate document for use by instructors only.)</u>

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APPENDIX D AMENDMENT A (REQUIREMENTS FOR CLINICAL SETTINGS)

The participating members of the Collegiate Nurse Educator Group of Greater Kansas City (CNE) and the Kansas City Area Nurse Executives (KCANE) have agreed to the following:

In the event of a conflict between any of the terms and conditions of this Amendment A and the terms and conditions of the Agreement, the terms and conditions of this Amendment A shall control.

Both parties agree that the Agreement is here by amended as follows: <u>Fundamental Responsibilities</u>:

1. In order to continue the effective preparation of nurses to enter the profession, education partners and clinical partners each have responsibilities to the educational process.

2. The primary role of the faculty member while in the clinical educational role is that of teacher to student.

3. The primary responsibility for patient care remains that of the clinical partner's staff nurse assigned to the patient regardless of student assignment to the same patient.

4. Faculty members are health care professionals who use discretion when assigning students to patient care. The selection of teaching opportunities is based on ability, experience, and clinical learning needs of the student(s). In addition, faculty members are responsive to the needs of the unit, e.g., time constraints of staff or crisis that may result in altered patient care and/or student assignments.

5. Faculty members meet the faculty guideline standards of the Boards of Nursing.

6. School clinical coordinators will use the MOKAN scheduling process to communicate with clinical partner education coordinators on an annual basis to confirm scheduling needs (including numbers of students and types of experiences).

<u>Confidential Information</u>:

1. Academic institutions and clinical facilities must comply with requirements set forth by federal regulations: the Family Educational Rights and Privacy Act of 1974 and Health Insurance and Portability Accountability Act to protect confidential student identification and personal information.

2. Facilities agree to protect confidential faculty and student information including, but not limited to, social security numbers, student ID numbers, health records, background checks and urine drug screens. Upon request, education partners will provide documentation that confirms that current students and faculty have met the criteria in Section B. During an accreditation visit or audit, the education partner may be required to provide more specific documentation to the facility within 24 hours when the school is in session. When school is not in session, an authorized school representative will provide the requested documentation.

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Requirements for <u>ALL</u> Students and Faculty in Live Clinical Settings

Every nursing student should maintain a personal record of TB, vaccination and immunity status. Documentation of this status will be required for every employer and every position in health care. Good records may prevent unnecessary blood tests and vaccinations. A facility's obligation to their employees is different than their obligation to a student. They are not required to make any accommodations to students in regard to vaccinations. These guidelines are required by clinical sites for patient safety, regardless of personal thoughts or spiritual conviction. [1]

NOTE: Information provided to your school may be shared with clinical agencies as needed. Some agencies may require additional identifying information such as SSN or birthdate for access to electronic health records. Students enrolled in nursing programs must be a minimum of 18 years of age.

Tuberculosis Screening	TB Screening	Unique Situations (Exceptions)
	The CDC recommends that all healthcare personnel, including clinical students, have a baseline TB test for M. tuberculosis infection. This baseline TB skin test (TST) or blood test (IGRA) will be required to have been done within one year of starting the nursing program and *may be required annually thereafter, depending on the facility to which the student is assigned for clinical activities.* [2] If submitting baseline screening with a skin test (TST), two readings will be required. While two TSTs within a three-week timeframe is ideal (see "2-Step process below"), having one within 12 months prior to admission is acceptable as the 1st step, with a second test being done just prior to the start of clinical activities (2 TSTs within 12 months) is acceptable as a "2-Step." Initial Two-Step TST Screening (if no other TST documentation available in the past 12 months): 1. If first TST is ***positive*** (+)—see guideline for + TST in next column. 2. If first TST is ***negative*** (-)—do the 2nd TST 1-3 weeks after the first test is read.	1. Newly discovered positive TB screening must have a chest X-Ray and complete the Missouri Department of Health & Senior Services TB Risk Assessment Form (see Appendix E). The positive TB test must be reported to the health department in the county where the student resides except for Kansas City, (Jackson County) Missouri, which is reported to the KCMO Health Department. Documentation of the new positive TB test(s), chest x-ray report and TB Risk Assessment Form should be provided to the Health Department. Documentation of the new positive TB test(s), chest x-ray report and TB Risk Assessment Form should be provided to the Health Department. Treatment is determined between the person testing positive, the health department and the person's personal physician. Treatment is not required unless mandated by the health department. 2. **Repeated chest X-rays** of persons with a positive TB screening <u>**are not indicated**</u> unless symptoms of TB are present, as indicated on the Missouri Department of Health & Senior Services TB Risk Assessment Form (see Appendix E).

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3. If 2ⁿᵈ TST is *positive* (+)— see guideline for + TST in next column.

4. If 2ⁿᵈ TST is negative (-)— considered a negative (-) baseline.

NOTES:

1. Be aware if receiving a live virus immunization (such as varicella, MMR or FluMist), you will need to either have your TB screening (TST or IGRA) done at the same time or **_wait 4 weeks_**. The TB screening must be done first, prior to receiving any other live vaccines.

2. If you have received a vaccination for COVID-19, **_you no longer need to wait_** to get a TB screening or any other vaccination as COVID-19 vaccine is inactive and therefore does not interfere. Likewise, there is no longer any regard to timing between COVID-19 vaccine and any other vaccine. They can be given together or at any other time.

3. Chest X-ray is not permitted in lieu of TB Screening.

4. Annual TB screening may be required depending on the facility where clinical activities are taking place². Check with your school administrator for requirements.

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3. **If IGRA or TST is positive (+):**
   a. Individual will provide documentation of a negative (-) chest X-Ray (two views―PA and lateral)
   b. Provide a MO Department of Health & Senior Services TB Risk Assessment Form (see Appendix E) signed by a provider.
   c. Then annually, the individual will submit a new Missouri Department of Health & Senior Services TB Risk Assessment Form (see Appendix E). **Annual chest X-Ray or TB screening is not indicated.**
   d. If the individual can provide documentation of completed treatment from a physician or health department for LTBI, no further annual requirement is needed. If there is no documentation of completed treatment, then an annual TB Risk Assessment form is required.

4. If an individual has documentation of having been vaccinated for TB (BCG) or has had TB (LTBI or disease) and can provide documentation of treatment, please see program administrator at the school of nursing for guidance prior to any TB screening.

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[1] Clinical faculty who are currently employed by the facility in which they are teaching, and have met standards for employment there, meet the requirements to take students to that facility. Faculty must maintain nursing licensure appropriate for the state in which they are teaching. Nursing faculty who are only making periodic clinical visits to evaluate internship/capstone students/courses and other similar precepted clinical experiences are not mandated to meet all the Amendment A (AKA Exhibit A) faculty requirements, but rather are only required to annually (a) sign the confidentiality form, and to (b) complete/pass the CNE Orientation Manual exam. Clinical faculty may be required to upload information into Clinical Student.

[2] Some clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school's administrator for further instruction.

	5. If traveling outside of the US into an endemic region (defined as any country with 25 cases per 100,000 or>), note the following: If traveling endemic region to provide <u>mission work including health care for ANY length of time</u> – recommend TB screening 8-10 weeks after return. If traveling to endemic region to <u>visit friends or relatives for 1 MONTH or GREATER</u> – recommend TB testing 8-10 weeks after return.	-
Measles (Rubeola), Mumps, Rubella-MMR	Provide documentation of 2 (two) MMR vaccinations at least 28 days apart, *OR* serological proof of immunity (+) positive IgG titers for measles (rubeola), mumps and rubella. *A post vaccination titer is not recommended per the CDC.*
Varicella (Chicken Pox)	Provide documentation of 2 (two) varicella (chicken pox) immunizations at least 28 days apart, *OR* serological proof of immunity (+) positive IgG titer for varicella. *A post vaccination titer is not recommended per the CDC.*

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[2] Some clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school's administrator for further instruction.

Hepatitis B	Receive a series of two (Heplisav-B) or three (Engerix or Recombivax) vaccines followed by a post-series surface antibody titer at least 4-8 weeks after the last vaccine is given. If documentation of an initial Hepatitis B immunization series is not available, documentation of a (+) titer is acceptable.
	
	Though not recommended, this vaccine can be waived (See Hepatitis B Fact Sheet & Waiver Form—Appendix E).
		If Hepatitis B titer is **negative** after initial vaccines:
		1. Receive _one_ additional vaccine (first of a possible second series)
		2. Do a HepB surface antibody titer at least 4- 8 weeks later.
		   a. If titer is positive, no further action needed.
		   b. If titer is still negative, receive vaccines to complete the second series and receive a Hepatitis B surface antigen test to determine if infection is present.
		3. After the last dose of a second series, re- titer after 4-8 weeks, and if still negative, **individual is considered a "non-responder" and will require additional treatment if exposed to Hepatitis B.**

Tetanus-Diphtheria-Acellular Pertussis (Tdap)	Show evidence of one dose of Tdap vaccine (usually given around age 11-12 years). A Td (tetanus-diphtheria) or Tdap is required every 10 years thereafter or, if wound injury occurs after 5 years.	
Influenza	Show documentation of seasonal flu vaccine per annual CDC announced date (usually available sometime in September). Some clinical sites may require flu vaccination earlier than others. Check with your program administrator for seasonal flu vaccination deadlines.	• In the rare occurrence a student has a medical contraindication or requests a religious exemption, an appropriate accommodation form must be completed, approved by a designated hospital representative, and on file. *[Clinical Partners may not honor an accommodation—please allow 4-6 weeks for this process to take place.]* • There is an alternative flu vaccine for those with severe egg allergies. • Wearing a mask at the clinical site may or may not be an option for non- immunized; Check at specific facilities for policy on non-immunized persons.

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[2] Some clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school's administrator for further instruction.

COVID-19 Vaccination *Highly recommended—Some education partners and most clinical partners are requiring this vaccination. Check with your school's administrator for the most updated information.*	Many clinical and education partners in the KC metro are now requiring COVID-19 vaccination to participate in clinical activities. Some will consider religious or medical exemptions, and some will not. Schools of nursing may accommodate an exemption request, but individuals must understand that a request may not be granted by either the EP or CP. Choosing to not vaccinate for COVID-19 puts students at risk of not being able to participate in clinical activities which could lead to non-promotion/progression in the program.
Health Insurance	Students may be required to provide documentation of personal health insurance. Some schools may allow a waiver for personal health insurance. Check with your school administrator for more information. Students should be aware that they are responsible for expenses incurred from an injury at a clinical site.
CPR	Basic Life Support (BLS)—must be through **American Heart Association** and be the Basic Life Support **(BLS) course listed under CPR & AED training for Healthcare Professionals**. This must be kept current throughout the program. Go to *https://cpr.heart.org/en/courses/basic-life-support-course-options,* and scroll down to the section where you can locate and register for a class. Courses for lay rescuers such as "heartsaver" are not acceptable. The course must include a physical hands-on validation of skills. While most schools require BLS to have been taken through the American Heart Association some schools may allow students to take a BLS course through the American Red Cross. Check with your program administrator for the most current information.
Color Blindness	Color blindness screen must be performed once at the beginning of the program and results documented. **Screening must be done using *Ishihara's Test*.**
Criminal Background Check	Students must complete a criminal background check per requirements of Appendix G on admission to their nursing program as a requirement of admission prior to the start of clinical activities. Schools will provide documentation of a criminal background checks for their students. If a student exits a nursing program and readmits, they will be required to submit a new criminal background check upon readmission. *For faculty: If teaching in the same facility where they are employed, the requirement <u>might</u> be considered met, but faculty should check with their program administrator to determine if an additional background check and drug screen need to be performed. If a faculty member leaves the employ of an educational institution and then returns at a later date to resume teaching, a new criminal background check will be required upon re-hire.*

Drug Screen The student will not use alcohol or drugs that impair their ability to perform the work of the profession or results in compromised patient care. It is the responsibility of every student to strive to protect the public from an impaired colleague whose capability is impaired because of alcohol or drug use. If there is suspicion that a student is impaired, the facility will contact the Clinical Faculty and Program Director, the student will be dismissed from the clinical site and may be required to submit a urine drug screen at the student's expense. Clinical partner policy will supersede education partner's policy for suspected drug or alcohol impairment in a clinical setting. A positive drug screen without appropriate documentation could jeopardize the student's ability to complete the clinical rotation. *[A positive drug screen for marijuana will be considered a failed drug screen, even if the marijuana is being used for medical purposes. The rationale of marijuana being used for medical purposes will not be accepted as a valid reason to waive a negative drug screen]*	Drug screens will also be obtained on admission to the nursing program as requirement of admission prior to the start of clinical activities. Refer to individual facilities used for requirements. The following list meets requirements at most facilities in the KC metropolitan area (as of March 2015). Some labs will refer to this as a 5 panel, a 9 panel or an 11 or 12 panel. Ensure with lab that these drugs are covered:

• AMPHETAMINES • BARBITURATES • BENZODIAZEPINES • COCAINE METABOLITES • MARIJUANA METABOLITES • METHADONE • MDA (SASS)	• MDMA (ECSTASY) • OPIATES • PHENCYCLIDINE • PROPOXYPHENE • METHAQUALONE • OXYCODONE • OXYMORPHONE

**NOTES:
1. A dilute test result will require further testing. Check with individual schools for policies regarding dilute specimens.
2. If a student exits a nursing program and readmits, they will be required to submit a new drug screen upon readmission.
3. If a faculty member leaves the employ of an educational institution and then returns at a later date to resume teaching, a new drug screen will be required upon re-hire.

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[2] Some clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school's administrator for further instruction.

Annual signed CNE confidentiality statement (See Appendix G).
Annual CNE Clinical Orientation Manual exam pass of 90% or better.
All faculty need to participate in institutional faculty orientation as directed by the clinical partner. **New Faculty Orientation**: Approximately 12 hours of orientation may be required by the agency for faculty orientation, including orientation to the agency, unit, and computer system. Orientation time **in addition to** these approximately 12 hours is at the professional discretion of the instructor/school. Faculty competency expectations are dependent on the level of care expected of the students during that clinical learning experience. ***Employees of the facility may still be required to participate in faculty orientation.*** **Faculty will provide the clinical partner with the following:** • Student roster. • Proof of student and faculty (within the limits of the law) professional liability insurance, upon request. • Rotation requests—outlining clinical experience needs or course objectives. • CNE/KCANE standard evaluations for clinical and schools. • Certification of completion of criminal background checks of students and faculty, upon request. • Changes of assigned students. **Faculty will prepare students for the clinical environment by orienting them to:** • Agency specific documentation procedures. • Skills including medication administration as appropriate for the level of the student. • Agency specific emergency procedures. • Agency specific dress codes, which includes wearing educational program's student ID at all times. • Agency specific safety procedures.

Revised: 3/18/99; 7/1/04; 5/30/07; 6/20/08; 3/25/10; 5/26/11; 2/28/12; 4/17/13; 4/25/14; 4/28/15, 4/28/16, 5/4/17, 3/6/19, 3/24/21, 4/11/2022

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[2] Most clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school's administrator for further instruction.

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Missouri Department of Health and Senior Services
Bureau of Communicable Disease Control and Prevention
Tuberculosis (TB) Risk Assessment Form

Patient's Name: _____ **Date of Birth:** _____ **Date:** _____

Address: _____ **Phone Number:** _____

A. Please answer the following questions (Sections A & B to be completed by Patient):	
Have you ever had a positive Mantoux tuberculin skin test (TST)?	☐ Yes ☐ No
Have you ever been vaccinated with BCG?	☐ Yes ☐ No
Have you ever had a positive Interferon Gamma Release Assay (IGRA) test?	☐ Yes ☐ No
Have you ever been diagnosed with or treated for TB Disease?	☐ Yes ☐ No

B. TB Risk Assessment

Have you ever had close contact with anyone who was sick with tuberculosis?	☐ Yes ☐ No
Have you ever traveled to one or more of the countries listed below? **If yes, please CHECK the countries.**	☐ Yes ☐ No
Were you born in one of the countries listed below? **If yes, please list the country:**_____ What year did you arrive in the United States? _____	☐ Yes ☐ No

Afghanistan	Cape Verde	Gabon	Kuwait	Myanmar	St. Vincent &	Tokelau
Algeria	Central African Rep.	Gambia	Kyrgyzstan	Namibia	The Grenadines	Tonga
Angola	Chad	Georgia	Lao PDR	Nauru	Sao Tome & Principe	Trinidad & Tobago
Anguilla	Chile	Ghana	Latvia	Nepal	Saudi Arabia	Tunisia
Argentina	China	Greenland	Lesotho	Nicaragua	Senegal	Turkey
Armenia	Colombia	Guatemala	Liberia	Niger	Serbia	Turkmenistan
Azerbaijan	Comoros	Guinea	Libyan Arab Jamihirya	Nigeria	Seychelles Sierra	Turks & Caicos
Bahrain	Congo	Guinea-Bissau	Lithuania	Niue	Leone	Islands
Bangladesh	Congo DR	Guam	Macedonia-TFYR	Northern Mariana	Singapore	Tuvalu
Belarus	Cote d'Ivoire	Guyana	Madagascar	Islands	Solomon Islands	Uganda
Belize	Croatia	Haiti	Malawi	Pakistan	Somalia	Ukraine
Benin	Djibouti	Honduras	Malaysia	Palau	South Africa	Uruguay
Bhutan	Dominica	Hungary	Maldives	Panama	Sri Lanka	Uzbekistan
Bolivia	Dominican Republic	India	Mali	Papua New Guinea	Sudan	Vanuatu
Bosnia & Herzegovina	Ecuador	Indonesia	Marshall Islands	Paraguay	Sudan - South	Venezuela
Botswana	Egypt	Iran	Mauritania	Peru	Suriname	Viet Nam
Brazil	El Salvador	Iraq	Mauritius	Philippines	Syrian Arab Republic	Wallis & Futuna
Brunei Darussalam	Equatorial Guinea	Japan	Mexico	Poland	Swaziland	Islands
Bulgaria	Eritrea	Kazakhstan	Micronesia	Portugal	Tajikistan	Yemen
Burkina Faso	Estonia	Kenya	Moldova-Rep.	Qatar	Tanzania-UR	Zambia
Burundi	Ethiopia	Kiribati	Mongolia	Romania	Thailand	Zimbabwe
Cambodia	Fiji	Korea-DPR	Morocco	Russian Federation	Timor-Leste	
Cameroon	French Polynesia	Korea-Republic	Mozambique	Rwanda	Togo	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2013, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to http://www.who.int/topics/tuberculosis/en/.

Have you ever had an abnormal chest x-ray suggestive of TB?	☐ Yes ☐ No ☐ No Response
Are you HIV positive?	☐ Yes ☐ No ☐ No Response
Are you an organ transplant recipient or donor?	☐ Yes ☐ No ☐ No Response
Are you immunosuppressed (taking an equivalent of > 15 mg/day of prednisone for $\geq$1 month, or currently taking prescription arthritis medication)?	☐ Yes ☐ No ☐ No Response
Are you a resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)?	☐ Yes ☐ No ☐ No Response
Do you have any medical conditions such as diabetes, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal)?	☐ Yes ☐ No ☐ No Response
Do you have a cough lasting 3 weeks or longer, chest pain, weakness or fatigue, weight loss, chills, fever and/or night sweats?	☐ Yes ☐ No ☐ No Response
Are you coughing up blood or phlegm?	☐ Yes ☐ No ☐ No Response

I hereby certify that this application contains no misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief.

_____   _____
Patient Signature (Required)   Date:

MO 580-3015 (11-13)

Tuberculosis (TB) Risk Assessment Form

C. Medical Evaluation (Section C to be completed by Health Care Provider – if needed)

Health Care Provider: If the answer to any of the TB Risk Assessment questions in Section B is YES or NO RESPONSE, proceed with additional medical evaluation as appropriate. Additional evaluation may include one or more of the following: TST, IGRA, sign and symptom review, chest x-ray, or sputum collection. If the patient is immunosuppressed and no previous TB test is documented, an IGRA is recommended.

1. **Tuberculin Skin Test (TST)** - Please provide a 2-step TST for those at high risk that have no documentation of a previous TST: Administer 1st step TST today and read in 48-72 hrs, if the 1st step TST is positive, document the results in millimeters (mm)of induration and follow the evaluation steps for a positive TST. If the 1st step TST is negative document the results in mm of induration. Results of mm of induration, transverse diameter; if no induration write "0" mm. The TST interpretation* should be based on mm of induration as well as risk factors. Place a 2-step TST in one to three weeks after the first TST was read and recorded. The 2-step should be read in 48-72 hrs and then follow the documentation procedures as outlined above .

   Date Given: _____   **Date Read**: _____
   Result: _____ mm of Induration   ***Interpretation**: Positive_____ Negative_____
   Date Given: _____   **Date Read**: _____
   Result: _____ mm of Induration   ***Interpretation**: Positive_____ Negative_____

   *TST Interpretation Guidelines (Please check all that apply).

   >5 mm is Positive: ☐ Recent close contacts of an individual with infectious TB
   ☐ Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
   ☐ Organ transplant recipients
   ☐ Immunosuppressed persons: taking ≥ 15 mg/d of prednisone for ≥ 1 month; taking a TNF-α antagonist
   ☐ Persons with HIV/AIDS

   > 10 mm is Positive: ☐ Persons born in a high prevalence country or who resided in one for a significant amount of time
   ☐ History of illicit drug use
   ☐ Mycobacteriology laboratory personnel
   ☐ History of resident, worker or volunteer in high-risk congregate settings
   ☐ Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes
   ☐ Children < 4 years of age
   ☐ Children and adolescents exposed to adults in high-risk categories

   >15 mm is Positive: ☐ Persons with no known risk factors for TB disease

2. **Interferon Gamma Release Assay (Please check the IGRA that is used)**
   QFT-G ☐ QFT-GIT ☐ **Date Obtained**: _____
   Result: ☐ Responsive (TB Infection Likely)   ☐ Nonresponsive (TB Infection Unlikely)   ☐ Indeterminate
   T- Spot ☐   **Date Obtained**: _____
   Result: ☐ Negative   ☐ Positive   ☐ Borderline/Equivocal
   Other: _____   **Date Obtained**: _____   **Result**: _____

3. **Chest X-ray: (Required if TST or IGRA is positive)**
   Date of Chest X-ray: _____   **Result:** ☐ Normal ☐ Abnormal
   Abnormal Chest X-ray Interpretation: _____

4. **Sputum Collection: If the patient has a positive TST or IGRA and a productive cough > 3weeks, with or without hemoptysis,** please collect three (3) consecutive sputum, one early morning and all must be at least eight (8) hours apart with a minimum of 2 milliliters of specimen per tube.

1. Date Obtained	Smear Result:	Culture Result:	2. Date Obtained:	Smear Result:	Culture Result:

3. Date Obtained:	Smear Result:	Culture Result:

   An isolate on any positive mycobacterium cultures should be sent to the Missouri State Public Health Laboratory, for further testing questions call 573-751-3334.

I have reviewed the above information with the patient and deemed: ☐ **No Further Evaluation Needed**   ☐ **Further Evaluation is Needed**

_____   _____
Health Care Provider Signature (Required)   Date:

All positive TST, IGRA, chest x-ray, smear and culture results suggestive of tuberculosis disease or latent tuberculosis infection should be reported to the Missouri Department of Health and Senior Services (fax number: 573-526-0235) or your local public health agency using this form. If you have any questions, please contact the Bureau of Communicable Disease Control and Prevention at 573-751-6113.

MO 580-3015 (11-13)

Hepatitis B Vaccine Fact Sheet and Waiver

What is Hepatitis B?
Hepatitis B is a liver disease that can lead to cirrhosis, liver cancer and even death.

How can you get Hepatitis B?
It is caused by a virus (HBV), which is very contagious and transmitted primarily by exposure of personnel to infected blood, skin puncture, body secretions, sexual contact, and from mother to newborn.

What are the signs/symptoms of Hepatitis B?
After exposure, symptoms usually occur after four to six weeks. They may be so minimal that they are attributed to the flu or so involved as to cause nausea and jaundice with elevated liver enzymes and possible permanent liver damage.

What precautions can be taken?
Precautions to prevent infection include isolation barriers (such as gloves), avoidance of accidental puncture wounds or cuts, and immunization.

How do you become immunized?
A person's immunity level can be elevated by inoculation with hepatitis B immune globulin. Three vaccines are currently available — Heptavax B, Recombivax and Energix. A series of three shots over a six-month period is necessary.

Who should be immunized?
Any person who will have potential contact with blood and infectious materials should be immunized. Your physician or County Health Department will be able to provide additional information regarding the vaccine and/or the disease.

Are all people who are vaccinated protected from getting Hepatitis B?
Although there is not a 100% guarantee that you will get immunized after the vaccination series, the chances are very high.

What are the possible side effects?
A sore, achy arm at the injection site is the most common. Other less common side effects include swelling and redness, warmth at the injection site, low-grade fever, fatigue, headache, joint aches, etc., which usually subside within 48 hours.

How long will the effects of the vaccine last?
It is not clear how long the vaccine is effective. However, booster shots are not routinely recommended within seven years of the vaccination.

What must you do if you opt not to get the Hepatitis B vaccine?
Neither any education partner nor any of the affiliated clinical partners in which students are assigned pays or provides for the provision of health care to students exposed to or infected with a disease while they are students with the college or at the clinical agency. Any student, therefore, who is diagnosed with an infectious disease or is exposed to an infectious disease, is responsible for their own health care. Should the student decide not to protect themselves from potential Hepatitis B infection by getting the HBV vaccine, that student must sign the attached Hepatitis B Vaccine Waiver Statement.

Hepatitis B Vaccine Waiver Statement

I have been informed regarding Hepatitis B and the recommended precautions that should be taken to protect myself from this disease. I also understand that due to my exposure to blood or other potentially infectious materials while in the clinical experiences of a health career program, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I understand that by not getting the Hepatitis B vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I further understand that neither the College or University at which I am enrolled, its health career programs nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B virus.

_____   _____

Signature   Date

_____

Print Name

Revised: 3/27/2023

APPENDIX G

CNE/KCANE Confidentiality Statement

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families and clinical facilities. I understand I must maintain the confidentiality of all verbal, written or electronic information and in some instances the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals expected ethical behavior.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients.

During each clinical rotation in the clinical education program, I agree to follow each clinical partner's established procedures on maintaining confidentiality.

_____   _____
Student Signature   Date

_____   _____
Faculty Signature (if applicable)   Date

_____
School

_____
Education Program

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CRIMINAL BACKGROUND CHECKS

KANSAS CITY METROPOLITAN HEALTHCARE COUNCIL

an affiliation of the Missouri and Kansas Hospital Associations

MEMO

June 18, 2009

TO: KCMHC Chief Executive Officers
                Collegiate Nurse Educators
                  c Kansas City Area Nurse Executives
                    KCMHC Human Resources Steering Committee
                Kansas City Criminal Background Check Work Group

FROM: R. Brett Moorehouse
                Executive Director

SUBJECT: Regional Background Check Guideline – REVISED

In April 2005, area hospitals/health systems and allied health/nursing schools adopted a formal guideline of universally accepted background checks for both Missouri and Kansas that area allied health/nursing schools would perform and area hospitals/health systems would accept for student clinical rotations. The guidelines were further updated in 2007 to include the Department of Health and Senior Services (DHSS) Employee Disqualification List.

Last year, the Missouri Department of Mental Health informed mental health providers that "all staff members in positions that have contact with consumers, or in some cases all positions, including contract employees, students and volunteers, have the required background screenings." This will require nursing students who use Missouri hospitals for mental health clinical rotations to comply with the DMH background screening protocols.

According to DMH Provider Employee Background Screening, General Information and Guidelines, dated July 8, 2008, the background screen must be accomplished through one of three mechanisms:

- Family Care Safety Registry
- Caregiver Background Screening (which authorizes a criminal background check from the Missouri State Highway Patrol, a DMH Employee Disqualification Registry Report and DHSS Employee Disqualification List Report)
- or, another clinical partner which does the same three checks

By adding the DMH Employee Disqualification Registry Report to the current Kansas City Regional Guidelines, area hospitals and nursing schools would be in compliance with the DMH protocols.

Please find the attached revised criminal background check guideline that includes the addition of the DMH Employee Disqualification Registry Report. For your information, there is no charge to educational institutions that access the DMH Employee Disqualification Registry Report.

Allied health/nursing schools based in Kansas and who do not utilize Missouri hospitals for mental health clinical rotations, are not required to perform the Missouri Department of Mental Health Disqualification Registry Report.

The new guidelines will be effective for all background checks conducted after August 1, 2009.

<u>ACTION REQUESTED</u>

Each nursing school and area hospital/health system is requested to review the regional guidelines with the appropriate internal administrative personnel.

Should you have other questions regarding the regional guideline, please feel free to contact me at 573/893-3700 ext. 1314 or *brett.moorehouse@allianceweb.org.*

rbm/bb

attachment

BACKGROUND CHECK

Regional Guideline for Allied Health/Nursing Schools and Area Hospitals/Health Systems
(Effective for all background checks conducted after August 1, 2009)

Allied Health/nursing schools and hospitals/health systems agree to the following regional guideline.

1. Allied health/nursing schools will check the following databases prior to placing an individual in a hospital/health system for a clinical rotation, including supervising nursing school faculty. Each component below is part of the MOKAN accepted criminal background check. For clarification, references in () indicate the MOKAN CLINICAL STUDENT language used.

   - Missouri Highway Patrol Criminal Background Check *(included in the MO FCSR check)*
   - Other State, including Kansas, Criminal Background Check *(included in OmniSearch Plus for 7 years)*
   - Kansas Department of Health and Environment *(included in Global Screen)*
   - Kansas Department of Aging and Disability Services *(included in Global Screen)*
   - Missouri Department of Health and Senior Services Employee Disqualification List *(included in MO FCSR check)*
   - Missouri Department of Mental Health Disqualification Registry Report *(included in MO FCSR check)*
   - Office of the Inspector General *(included in Healthcare Sanctions Registry)*
   - General Services Administration/Excluded Parties List System *(included in Healthcare Sanctions Registry)*
   - Missouri Sex Offender Registry *(included in MO FCSR check)*
   - Kansas Bureau of Investigation Registered Sex Offenders List *(included in MultiState Sex Offender Registry)*
   - Other State or National Sex Offender List *(included in MultiState Sex Offender Registry)*
   - Name, Social Security Number and Address Verification *(included in OmniSearch Plus for 7 years)*
   - United States Treasury — SDN and Blocked Persons List Web Site *(included in Global Search)*

   Some clinical and/or education partners may require employment verification as part of the criminal background check. See individual affiliate agreements for the most current guidelines.

2. Allied health/nursing schools based in Kansas and who do not utilize Missouri hospitals for mental health clinical rotations, are not required to perform the Missouri Department of Mental Health Disqualification Registry Report.

3. Hospitals/health systems will accept background checks where the above-listed databases are reviewed.

4. Hospitals/health systems and allied health/nursing schools will work together to facilitate the exchange of information obtained in the background check process.

5. Students may not be permitted at certain facilities pending results.

Notwithstanding these guidelines, allied health/nursing schools and hospitals/health systems are not prohibited from conducting any background check required by its institutional policies and procedures.

It is the student's responsibility to inform the school of any potential sensitive issues that could prohibit participation in clinical settings.

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APPENDIX I

Participating Educational and Clinical Partners in the Collaborative Orientation Model for Undergraduate Students

Education Partners

Avila University
Benedictine College
Graceland University
Highland Community College
Johnson County Community College
Kansas City Kansas Community College
Metropolitan Community College – Penn Valley
MidAmerica Nazarene University
Missouri Western State University
Neosho County Community College
Park University
Rasmussen University
Research College of Nursing
Saint Luke's College of Health Sciences
University of Central Missouri
University of Kansas
University of Missouri – Kansas City
University of Saint Mary
William Jewell College

Clinical Partners

AdventHealth Shawnee Mission
Amberwell Health
Bates County Memorial Hospital
Belton Regional Medical Center
Cass Regional Medical Center
Centerpoint Medical Center
Children's Mercy
Kindred Northland Hospital
Lee's Summit Medical Center
Liberty Hospital
Menorah Medical Center
Mid-America Rehabilitation Hospital
Mosaic Life Care Medical Center
North Kansas City Hospital
Olathe Medical Center
   Miami County Medical Center
Overland Park Regional Medical Center
Providence Medical Center
Research Medical Center
Research Psychiatric Center
Saint Luke's Health System
   Anderson County Hospital
   Crittenton
   Hedrick Medical Center
   Saint Luke's Cushing Hospital
   Saint Luke's East Hospital
   Saint Luke's Hospital of Kansas City
   Saint Luke's North Hospital
   Saint Luke's South Hospital
   Wright Memorial Hospital
St. John Hospital
St. Joseph Medical Center
St. Mary's Medical Center
University Health, Lakewood
University Health, Health Sciences District Two
Rivers Behavioral Health System
The University of Kansas Health System
VA Medical Center of Kansas City