

CLINICAL ORIENTATION MANUAL

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

2026 — 2027

INTRODUCTION

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 (KCCNE) 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 Joint Commission, 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 ensure that updated versions of the document are being used by those programs who are not members of KCCNE.

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

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 (KCCNE) 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, at either the request of the education partner or the clinical partner, must be submitted by the first Monday in February for consideration for implementation in the next academic year. The COM meeting will take place on the third Tuesday of February annually. As such, any proposed changes to the manual for 2027-2028 must be submitted by Monday February 1, 2027, and the COM meeting will take place on Tuesday February 16, 2027.

Clinical Orientation Manual 2026-2027

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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. 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.
- If a needle cut or puncture occurs while in a clinical setting, contact the educators affiliated with the clinical and educational partners.

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. Do not climb on storage room shelving. Never use crates, boxes or other substitutes for ladders.
- Keep handholds and stair rails in good condition.
- Identify the fall risk tool in the clinical setting where you are for clinicals.
- Review the fall prevention policy and guidelines.

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 above the waist 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, using the department/unit evacuation plan, 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

A - Alarm

C - Confine

E - Extinguish

S - Sound the alarm

A - Alert others

F - Fight the fire

E - Evacuate the area

P - Pull the pin

A - Aim at the base of the fire

S - Squeeze the lever

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.

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.

1. **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.
2. **CLASS C.** Class C fires are located in or near live electrical equipment. These extinguishers utilize carbon dioxide or dry chemicals, and are marked with a blue circle containing the letter C.
3. **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 portable extinguishers are to be used in suppressing manageable fires (waste baskets) 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 a staff member. DO NOT USE DEFECTIVE EQUIPMENT. 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, NEVER PULL OUT A PLUG BY PULLING THE CORD— 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 micro shock include those with indwelling cardiac catheters, pacemakers, and chest tubes or drains. To reduce the possibility of injuring a patient from micro shock, NEVER touch a patient and an electrical device or cord at the same time.

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

RADIATION SAFETY

You can reduce your risk associated with radiation 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 lead 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 people who need 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

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, or the preceptor or charge nurse, if instructor is not onsite. 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.

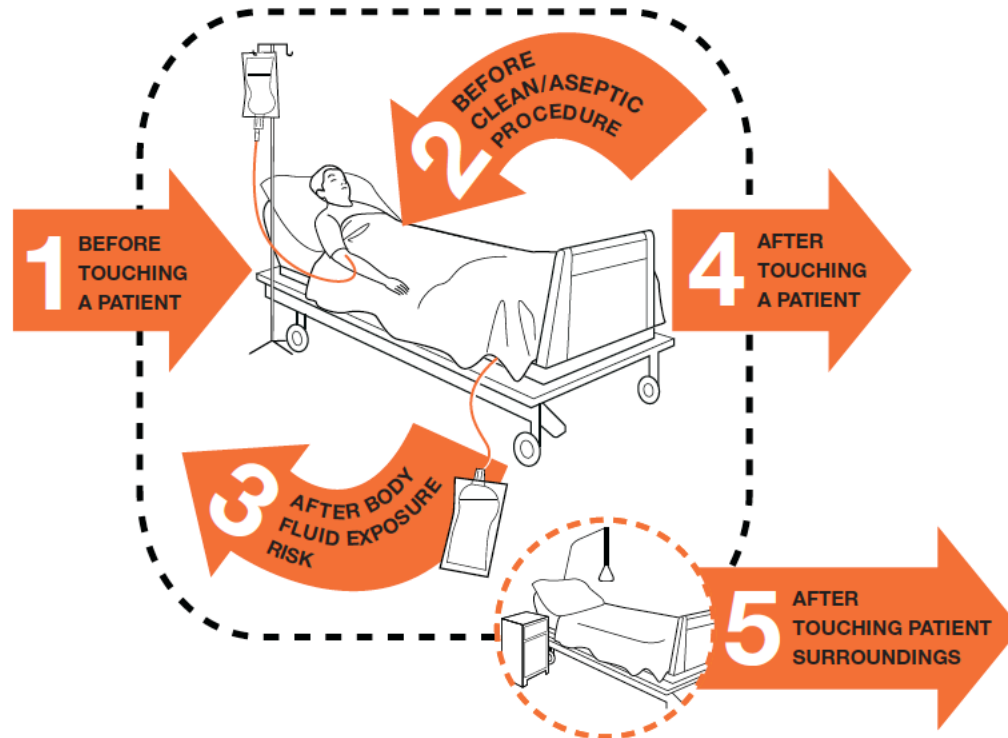
When washing your hands with soap and water, it is important to use an adequate amount of soap, lots of running water, and lots of friction (rubbing your hands together). Soap and water must be used if your hands are visibly soiled.

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 20 seconds
- 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.

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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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 15-20 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
- before administering medication
- 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.
- Hand hygiene compliance is monitored by direct observation and/or infection rates.

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. 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. People who are coughing or

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) is 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 an 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 in the 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 to 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), provisional reporting, 10,388 people were diagnosed with TB disease in 2024, a 7.9% increase compared with 2023. 572 people died of TB-related causes in 2023. Additionally, 13 million people could have latent TB infection (LTBI).

<https://www.cdc.gov/tb-data/2024-provisional/index.html>

<https://www.cdc.gov/tb-surveillance-report-2024/communications/index.html>.

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 may be required by clinical partners. 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/covid/prevention/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 workplace 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, splashes 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 are 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.

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 reviewing 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 stays 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 (sharing 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

- 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 gowns 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/healthcare-associated-infections/>

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 of 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 do not use it, 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). Label 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 Standard: Safety Data Sheets

The Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)) 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 required new SDSs to be in uniform 16 section 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 include 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 list 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 list the chemical's characteristics.

Section 10: Stability and reactivity list 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.

Section 12: Ecological information (non-mandatory) provides information to evaluate the environmental impact of the chemical(s) if it were released to the environment.

Section 13: Disposal considerations (non-mandatory) provide guidance on proper disposal practices, recycling or reclamation of the chemical(s) or its container, and safe handling practices.

Section 14: Transport information (non-mandatory) provides guidance on classification information for shipping and transporting of hazardous chemical(s) by road, air, rail, or sea.

Section 15: Regulatory information (non-mandatory) identifies the safety, health, and environmental regulations specific for the product that is not indicated anywhere else on the SDS.

Section 16: Other information indicates when the SDS was prepared or when the last known revision was made.

For more information, go to www.osha.gov/dcsp/osp/statestandards.html.

RISK MANAGEMENT

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.

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, which 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, tabletop drills, and education.

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. The 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.

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/>.

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 patients' 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:

Advanced Directives
Care of the Dying
Institutional Patient Rights Statement

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/>

ANA CODE OF ETHICS (2025)

- 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 recipient(s) of nursing care, whether an individual, family, group, community or population.
- Provision 3: The nurse establishes a trusting relationship and advocates for the rights, health, and safety of recipient(s) of nursing care.
- Provision 4: Nurses have authority over nursing practice and are responsible and accountable for their practice consistent with their obligations to promote health, prevent illness, and provide optimal care.
- Provision 5: The nurse has moral duties to self as a person of inherent dignity and worth including an expectation of a safe place to work that fosters flourishing, authenticity of self at work, and self-respect through integrity and professional competence.
- Provision 6: Nurses, through individual and collective effort, establish, maintain, and improve the ethical environment of the work setting that affects nursing care and the well-being of nurses.
- Provision 7: Nurses advance the profession through multiple approaches to knowledge development, professional standards, and the generation of policies for nursing, health, and social concerns.
- Provision 8: Nurses build collaborative relationships and networks with nurses, other healthcare and non-healthcare disciplines, and the public to achieve greater ends.
- Provision 9: Nurses and their professional organizations work to enact and resource practices, policies, and legislation to promote social justice, eliminate health inequities, and facilitate human flourishing.
- Provision 10: Nursing, through organizations and associations, participates in the global nursing and health community to promote human and environmental health, well-being, and flourishing.

2026 HOSPITAL NATIONAL PERFORMANCE GOALS (NPGs)

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: The hospital ensures that the correct patient receives the correct care at the correct time.

- NPG.01.01.01: The hospital has a process in place to correctly identify patients when providing care, treatment, and services.
- NPG.01.02.01: The hospital reports critical results of tests and diagnostic procedures on a timely basis.
- NPG.01.03.01: The hospital manages the flow of patients throughout the hospital.
- NPG.01.04.01: The hospital has a process for handoff communication.
- NPG.01.05.01: The hospital improves the safety of clinical alarm systems.
- NPG.01.05.02: The hospital recognizes and responds to changes in a patient's condition.
- NPG.01.05.03: Resuscitative services are available throughout the hospital.
- NPG.01.05.04: The hospital develops and implements process for post-resuscitation care.
- NPG.01.05.05: The hospital reviews resuscitation cases to identify opportunities for improvement.
- NPG.01.06.01: The hospital conducts a pre-procedure verification process.
- NPG.01.06.02: The hospital marks the procedure site.
- NPG.01.06.03: The hospital performs a time-out before the procedures.

Goal 2: The governing body and leadership team foster a culture of safety

- NPG.02.01.01: The mission, vision, and goals guide the hospital's actions.
- NPG.02.02.01: The hospital addresses conflicts of interest and ethics.
- NPG.02.03.01: The hospital's leaders design work processes to focus individuals on safety and quality issues.
- NPG.05.04.01: The hospital has a workplace violence prevention program.

Goal 3: The hospital has an emergency management system

- NPG.03.01.01: Hospital leaders provide oversight and support of the emergency management program.
- NPG.03.02.01: The hospital develops an emergency operations plan based on an all-hazards approach.
- NPG.03.02.02: The hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency.
- NPG.03.02.03: The hospital has a staffing plan for managing all staff and volunteers during an emergency or disaster incident.
- NPG.03.02.04: The hospital has a plan for providing patient care and clinical support during an emergency or disaster incident.
- NPG.03.02.05: The hospital has a plan for safety and security measures to take during an emergency or disaster incident.
- NPG.03.02.06: The hospital has a plan for managing resources and assets during an emergency or disaster incident.
- NPG.03.03.01: The hospital has a disaster recovery plan.
- NPG.03.04.01: The hospital has an emergency management education and training program.
- NPG.03.05.01: The hospital plans and conducts exercises to test its emergency operations plan and response procedures.
- NPG.03.06.01: The hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.

Goal 4: The hospital prioritizes excellent health outcomes for all.

- NPG.04.01.01: Improving health outcomes for all the hospital's patients is a quality and safety priority

Goal 5: The hospital prioritizes infection prevention and control.

- NPG.05.01.01: The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.
- NPG.05.02.01: The hospital implements processes to support preparedness for high consequence infectious diseases or special pathogens.
- NPG.05.03.01: The hospital complies with either the centers of Disease Control and Prevention hand hygiene guidelines and/or the current World Health Organization hand hygiene guidelines.

Goal 6: The hospital prioritizes pain management and safe prescribing procedures.

- NPG.06.01.01: Pain assessment and pain management, including safe opioid prescribing, are identified as an organizational priority.
- NPG.06.02.01: The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment.
- NPG.06.03.01: The hospital collects data on pain assessment and management.

Goal 7: The hospital respects the right to safe, informed care.

- NPG.07.01.01: The hospital respects the patient's right to receive information in a manner the patient understands.
- NPG.07.02.01: The hospital honors the patient's right to give or withhold informed consent.
- NPG.07.03.01: The hospital assesses the patient who may be a victim of possible abuse, neglect, and exploitation.
- NPG.07.04.01: The hospital treats the patient in a dignified and respectful manner.

Goal 8: The hospital reduces the risk for suicide.

- NPG.08.01.01: The hospital reduces the risk for suicide.

Goal 9: The hospital develops and implements safe transplant practices.

- NPG.09.01.01: The hospital uses standardized procedures for managing tissues.
- NPG.09.02.01: The hospital investigates adverse events related to tissue use or donor infections.

Goal 10: The hospital performs waived testing in a safe and consistent manner.

- NPG.10.01.01: Policies and procedures for waived tests are established, current, approved, and readily available.
- NPG.10.02.01: The hospital Staff performing waived tests are competent.

Goal 11: The hospital maintains workplace and patient safety.

- NPG.11.01.01: The hospital manages security risks.
- NPG.11.02.01: The hospital assesses and manages the patient's risk for falls.
- NPG.11.03.01: The hospital manages utility systems.

Goal 12: The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.

- NPG.12.01.01: The hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determines how staff function within the organization.

- NPG.12.02.01: The nurse executive directs the implementation of a nursing staffing plan(s).
- NPG.12.03.01: For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: The psychiatric hospital develops and implements staffing plans according to law and regulation.
- NPG.12.04.01: The hospital verifies that staff complete all requirements for employment and practice within their scope of practice.
- NPG.12.05.01: The hospital provides education and training and evaluates staff competence.
- NPG.12.06.01: The hospital evaluates staffing during performance improvement activities.

Goal 13: The hospital safely performs imaging services.

- NPG.13.01.01: The hospital defines and verifies qualifications and education requirements for imaging services staff.
- NPG.13.02.01: The hospital's imaging services have a designated leader and follow current safe imaging practices.
- NPG.13.03.01: The hospital manages imaging safety risks.
- NPG.13.04.01: The hospital monitors quality improvement projects related to imaging safety.

Goal 14: The hospital has a medication management program that focuses on safety.

- NPG.14.01.01: The hospital safely manages pharmaceutical services.
- NPG.14.02.01: The hospital selects and procedures medications.
- NPG.14.03.01: The hospital labels all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
- NPG.14.04.01: The hospital reduces the likelihood of patient harm associated with the use of anticoagulant therapy.
- NPG.14.05.01: The hospital maintains and communicates accurate patient medication information.
- NPG.14.06.01: The hospital has an active antibiotic stewardship programs.

Please visit the following website for an elaboration of each of these goals with rationales:

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

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.

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.

HOSPITAL CORE MEASURE SETS

Accountability Measures

Core measure sets and accountability measures are standardized, evidence-based metrics identified by CMS (Center for Medicare and Medicaid Services) and/or Joint Commission that have been shown through the best scientific evidence to decrease the risk of complications, prevent recurrences, and improve patient outcomes overall.

Key areas include:

- Preventive care
- Behavioral health
- Chronic disease management, and
- Hospital readmissions

For details about key core and accountability measures sets

<https://www.cms.gov/medicare/quality/measures/core-measures>

For additional details about quality measures, including performance measurement areas of focus, go to

<https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement>.

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 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)
- 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 ensure 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, to continue problem-solving, out of public view/hearing

This will often work in calming the situation/person enough to have a quieter 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.**

PROFESSIONAL INTERACTION/REPRESENTATION FOR NURSING STUDENTS

All nursing students are expected to behave professionally in all settings, interactions, and communications. The following sections delineate specific behaviors related to different settings and 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 their 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, including nursing stations, and in viewing areas of patients and/or families.

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 *Social Media Principles*
<https://www.nursingworld.org/social/>

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.

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.

1. 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. Faculty are also required to wear appropriate identification that clearly identifies them and their role in the clinical setting.
2. 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.
3. 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.
4. Good hygiene such as bathing, use of deodorant and brushing teeth is expected.
5. Perfumes, colognes, and scented toiletries should be avoided, as some individuals may have adverse reactions to the scents.
6. 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.
7. Make-up should be conservative and in good taste. Skin/pimple patches are not allowed. False eyelashes are not allowed.
8. Jewelry acceptable while in uniform in the clinical setting includes watch (no "smart" watches), one plain band (simple with no raised stones*), and simple post earrings in the ears. Flesh or clear spacers must be worn in other piercings or gauges. Unacceptable body piercings include, but are not limited to, ear gauges or spikes, nose rings, tongue rings, eyebrow rings or posts, and lip rings.

9. No hooded sweatshirts (or sweatshirts of any kind) or hooded jackets are allowed in the clinical setting.
10. Undergarments should be worn but not visible.
11. Refer to individual schools and clinical agencies policies regarding tattoos.
12. 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.
13. Shoes worn in the clinical setting must be closed toe and heel. Shoes made of non-permeable material are recommended.

**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.

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
- follow procedures for accessing medical records
- not access your own medical records

Reasonable Safeguards to protect PHI

- **Social Media, Photography, and Recording:** Students must NEVER photograph, video record, audio record, or otherwise capture images, video, or sound within any clinical facility. Students must NEVER post, share, or reference any patient information, clinical situations, staff interactions, or hospital environments, on any social media or online platform, regardless of whether patient identifiers are included.

- Students must NEVER remove, print, copy, photograph, or electronically capture any part of a patient’s medical record or facility documentation under any circumstances.
- 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.
- 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.
- 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 NO 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.

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 generally, 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.

ABUSE, NEGLECT, AND MANDATORY REPORTING (STUDENTS)

Abuse, Neglect, and Mandatory Reporting

Students must understand their responsibilities related to recognizing and reporting suspected abuse, neglect, or exploitation in healthcare settings. Abuse and neglect may involve children, older adults, vulnerable adults, or dependent individuals and may take the form of physical, emotional, sexual, or financial harm, as well as failure to provide necessary care or supervision.

Students are required to:

- Report immediately any concern for possible abuse, neglect, or exploitation to the assigned RN or preceptor, and to their faculty if present.
- Understand that students do not initiate state mandatory reports themselves; the clinical facility will determine when and how a formal report must be filed.
- Maintain patient dignity and safety by reporting concerns promptly and discreetly.

Common indicators may include unexplained injuries, poor hygiene, malnutrition or dehydration; fearfulness; withdrawal; inconsistent explanations; or signs of sexual, emotional, or physical harm. Students must comply with all applicable state laws regarding mandatory reporting, including Kansas and Missouri requirements, and must follow the reporting process of the clinical facility. **Failure to report suspected abuse or neglect may result in removal from the clinical setting.**

RESTRAINTS: STUDENT ROLE & SAFETY REQUIREMENTS

Restraints: Student Role & Safety Requirements

Clinical partners follow CMS Conditions of Participation and Joint Commission standards regarding: the use of restraints to maintain patient safety.

Students must comply with the following requirements:

- Students may assist with restraint-related tasks **only under direct staff RN supervision.**
- Students may not independently apply, initiate, adjust, or discontinue any restraint.
- Students must promptly report patient distress, altered circulation, safety concerns, or equipment issues to the supervising RN.

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APPENDIX A: EVALUATIONS

It is expected that students, faculty and staff complete the KCCNE 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

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:

	N/A 0	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5
1. I was adequately oriented to the hospital and/or clinics where my students were assigned.	0	1	2	3	4	5
2. My students were adequately oriented to the hospital and/or clinics assigned.	0	1	2	3	4	5
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	5
4. The unit personnel welcomed me as part of the health care team.	0	1	2	3	4	5
5. The unit personnel welcomed the students as part of the health care team.	0	1	2	3	4	5
6. Space was provided for clinical conferences.	0	1	2	3	4	5
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	5
8. A leader (unit manager, charge nurse, or educator) were available for help or questions.	0	1	2	3	4	5

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, 3/25

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:

	N/A 0	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5
1. My orientation to the setting was adequate.	0	1	2	3	4	5
2. The staff engaged me in learning opportunities that will prepare me for my future nursing role.	0	1	2	3	4	5
3. The staff was receptive to me as a part of the health care team.	0	1	2	3	4	5
4. The staff treated me with respect and courtesy.	0	1	2	3	4	5
5. The staff provided appropriate feedback on my performance.	0	1	2	3	4	5
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 1-5.)

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, 3/25

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.

	N/A 0	Strongly Disagree 1	Disagree 2	Uncertain 3	Agree 4	Strongly Agree 5
2. Students were generally prepared to deliver care, based on their level of experience.	0	1	2	3	4	5
3. Students sought opportunities for learning.	0	1	2	3	4	5
4. Students made appropriate clinical decisions for their level of experience.	0	1	2	3	4	5
5. Students demonstrated professional behavior.	0	1	2	3	4	5
6. The college instructor was available when needed by students.	0	1	2	3	4	5
7. The college instructor was available when needed by staff.	0	1	2	3	4	5

	N/A	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
	0	1	2	3	4	5
8. The college instructor demonstrated competency in the setting.	0	1	2	3	4	5
9. The college instructor demonstrated professional behavior.	0	1	2	3	4	5
10. The college instructor sought opportunities for student learning.	0	1	2	3	4	5

Additional Comments:

7/98, 6/00, 6/02, 6/07, 5/10, 4/14, 4/16, 3/25

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:	<input type="text"/>
-------	----------------------

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

My Name: (Optional)

Night Shift Other

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

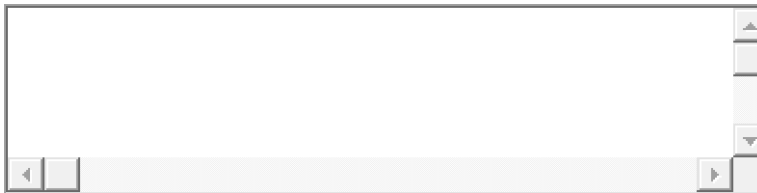
6. This preceptor provided supervision, support and direction throughout my capstone experience.

Strongly Disagree Disagree Uncertain Agree Strongly Agree

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

An empty rectangular text box with a light gray border. On the right side, there are three vertically stacked square buttons with upward-pointing triangles. On the bottom side, there are two square buttons with left-pointing triangles and two square buttons with right-pointing triangles.

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

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9. Comments or suggestions:

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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:

KCCNE/KCANE ORIENTATION COMPETENCY EXAMINATION 2026 - 2027

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% 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. Employees of healthcare facilities can help prevent falls when they:
 - 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, using the acronym RACE, 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 combustibile materials
 - d. electrical equipment
8. Class C fire extinguishers can be used on:
 - a. flammable liquids
 - b. any type of fire
 - c. ordinary combustibile 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 micro shock 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 may be 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 (time) has a determining effect on an individual's side effects.
a. True b. False
15. The further the distance from the radiation source, the less likely an individual will be affected.
a. True b. False
16. Placing an appropriate shield 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 leader (unit manager, charge nurse, or educator) 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 multiple choice 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?
- contact transmission
 - droplet transmission
 - airborne transmission
25. An example of a microorganism is:
- bacteria
 - virus
 - fungus
 - protozoan
 - all of the above
26. The purpose of the OSHA Bloodborne Pathogens Standard is:
- to prevent occupational exposure to blood and body fluids
 - to protect patients from infected employees
27. It is appropriate to use alcohol-based cleansers (i.e. hand sanitizers) for the following:
- the patient is in contact isolation
 - to remove blood from the hands
 - there is no visible soiling of the hands and isolation is not ordered
 - 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 **except**:
- initiate** (use standard precautions on all patients)
 - identify** (thorough assessment of patients to determine recent travel to affected country, recent contact with a known patient with Ebola, or suspicious symptoms)
 - implement** contact isolation (with all patients until Ebola virus status is known)
 - 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?
- mask and eye protection
 - gown
 - gloves
 - 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 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

34. 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

35. 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 true-false questions, 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:

36. Information from customer surveys.
- a. True
 - b. False
37. Incident reports.
- a. True
 - b. False

Computer Guidelines/Information Security

For multiple choice questions, select the most appropriate answer.

38. 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
39. 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
40. Security incidents related to electronic medical records must 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.

41. 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
42. 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

Patient Rights and Professional Ethics

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

43. 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.

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

Personal Conduct Policy

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

45. It is inappropriate to text message, record, or take photographs in patient care areas, including nurses stations and in viewing areas of patients and/or families.
 - a. True
 - b. False
46. 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
47. 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.

48. 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

49. The purpose of HIPAA regulations is to:
- eliminate the transmission of patient records
 - handle protected health information in a proper fashion
 - reduce the number of health plans who receive protected health information
 - increase the availability of all health information
 - e.
50. Which of the following describes the correct handling of patient information?
- Students may photograph only the parts of the medical record that don't include PHI.
 - Students may copy information if needed for an assignment
 - Students must never remove, print, copy, or photograph any part of a medical record.
 - Students may share de-identified cases on social media.

Scenario #1

51. 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?
- Yes
 - No

Scenario #2

52. 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?
- Yes
 - No

Patient Safety

53. The primary goal of the implementation of the Joint Commission National Performance Goals 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.
- True
 - False
54. What is the "Speak-up" initiative?
- nurses speak up to physicians if they have a concern
 - patients speak up for advice or concerns about their own health care
 - physicians speaking up for patients
 - family members speaking up for patients
55. A "time-out" is performed before starting a procedure and includes:
- a standardized fashion of rushing through a procedure
 - identifying correct patient, correct site, and procedure to be done
 - only being done for one procedure
 - nonverbal communication between team members

Abuse, Neglect, and Mandatory Reporting

56. If a student suspects abuse, neglect, or exploitation of any patient, the student must:
- file a state mandatory report form immediately.
 - report it first to the assigned staff RN or preceptor and notify the clinical faculty.
 - confront the suspected individual.
 - post a request for advice from peers online

57. Which of the following may be a sign of possible abuse or neglect?
- a. unexplained injuries
 - b. malnutrition
 - c. dehydration
 - d. fearfulness
 - e. withdrawal
 - f. all of the above

Restraints

58. Students may assist with restraint-related tasks only under the direct supervision of the staff RN.
- a. True
 - b. False
59. When may a student remove a restraint?
- a. at their discretion if care is delayed.
 - b. only in an emergency, or when directed by the staff RN.
 - c. a student may never independently discontinue any restraint.
 - d. whenever the patient is uncomfortable.

Social Media

60. 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.
61. Students must NEVER record, photograph, video or audio capture any part of the clinical environment or post about patient care or clinical activities on social media.
- a. True
 - b. False
62. It is acceptable for a student to print or copy small portions of a medical record if no identifiers are visible.
- a. True
 - b. False

APPENDIX C

KCCNE/KCANE Orientation Competency Exam 2026 - 2027

****KEY****

(Exam key is a separate document for use by instructors only.)

APPENDIX D: REQUIREMENTS FOR LIVE CLINICAL SETTINGS

The participating members of the Collegiate Nurse Educator Group of Greater Kansas City (KCCNE) 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: Fundamental Responsibilities:

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).

Confidential Information:

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.

Requirements for ALL Students and Faculty in Live Clinical Settings

Every nursing student and faculty member 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 accommodation to students or faculty in regard to vaccinations. These guidelines are required by clinical sites for patient safety, regardless of personal beliefs.

FITNESS FOR DUTY: There is no “light duty” in clinical rotations – nursing students and nursing faculty must be fully fit for duty according to clinical partner policy. National Council of State Boards of Nursing (NCSBN) defines “fitness for duty” as the physical, mental, and emotional capability to safely perform assigned nursing duties. The NCSBN Scope of Nursing Practice Decision-Making Framework (https://www.ncsbn.org/public-files/2016_Decision-Making-Framework.pdf) guides this process, and requires nurses to possess current competence, knowledge, and judgment to practice safely..

The following information is used as a guideline for Fitness for Duty; however, each institution may address unique needs individually. To safely supervise and demonstrate patient care with students in clinical areas, faculty must be “fully fit for duty.” To safely demonstrate patient care, students must be “fully fit for duty.” Expectations from the clinical facilities may include, but are not limited to the following physical and working environment demands:

- Noise
- Temperature Changes
- Hazards
- Balancing
- Carrying
- Climbing
- Crawling
- Crouching
- Eye/Hand/Foot Coordination
- Grasping
- Handling
- Hearing
- Kneeling
- Lifting**
- Pulling**
- Pushing**
- Reaching
- Repetitive Motions
- Running
- Sitting
- Standing
- Stooping
- Talking
- Walking

**The nursing student and faculty member must have the ability to push and pull 25 pounds (e.g., position clients), support 25 pounds of weight (e.g., ambulate client), lift 25 pounds (e.g., pick up a child, transfer client), move light objects weighing up to 10 pounds (e.g., IV poles), move heavy objects weighing from 11 to 50 pounds and carry up to 25 pounds frequently, but any of these limits may occasionally be exceeded. The nursing student and faculty member should have sufficient motor functions to be able to execute movements required to demonstrate, provide and supervise general care and treatment to patients in all healthcare settings. A clinical faculty member/instructor must possess the motor skills necessary for assessment and therapeutic procedures such as palpation, percussion, auscultation, and other diagnostic maneuvers and procedures. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional uses of the senses of touch, vision and hearing. The clinical faculty member/instructor must be able to demonstrate, perform and supervise basic life support (including BLS), transfer and position patients, and position and reposition self around patients. Nursing student and faculty member must also be able to operate equipment typically found in the healthcare environment (e.g., automated medication dispense systems, safety assistive devices, computers utilized for housing the electronic health record (EHR), glucometer, IV pump, cardiac monitor, electric and manual blood pressure equipment, electric beds, etc.)

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.

Requirements for ALL Students and Faculty¹ in Live Clinical Settings

Tuberculosis Screening	TB Screening
	<p>The CDC recommends that all healthcare personnel, including students and faculty in live clinical settings, have a baseline TB test for <i>M. tuberculosis</i> infection. This baseline TB skin test (TST) or blood test (IGRA) will be required prior to starting the nursing program, and <i>may be required annually thereafter, depending on the facility to which the student and faculty is assigned for clinical activities</i>².</p> <p>https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/baseline-testing.html.</p> <p>Key Points</p> <ul style="list-style-type: none"> • Tuberculosis (TB) screening programs for health care personnel are part of TB infection control plans. • CDC recommends all U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). <p>TB Screening and Testing for Health Care Personnel</p> <ul style="list-style-type: none"> • The TB screening process for health care personnel includes; <ul style="list-style-type: none"> ○ A baseline individual TB risk assessment and symptom evaluation (see Appendix E). ○ A “TB test” (e.g., TB blood testing or 2-step TB skin testing), and ○ Additional evaluation for “TB disease” as needed. • Health care personnel should be considered at increased risk (e.g., high risk) for TB if “any” of the following “risk factors” are present (see Appendix E): <ul style="list-style-type: none"> ○ Exposure to TB disease. ○ Time spent in countries where TB is common (e.g., born in or frequent travel to countries with a high rate of TB), and ○ Current or planned immune system suppression (e.g., HIV infection or taking medication that suppresses the immune system). • Use an individual TB risk assessment and symptom evaluation to help interpret test results and determine whether health care personnel are at increased risk. Health care personnel at lower risk for TB who have a positive test result for TB infection should have a second TB test (either a TB blood test or TB skin test). • For example, health care personnel who do not have any TB symptoms are unlikely to be infected (based on risk factors for exposure) and are at low risk for progression to TB disease should receive a second TB test if their first test result is positive. • Health care personnel are considered to have TB infection only if both the first and second test results are positive and should then be evaluated with a chest x-ray (per the CDC, for an adult a standard posteroanterior (PA) view is typically sufficient) and additional screening with a healthcare provider.

TB Symptom Evaluation

Symptoms of active TB disease include:

- A cough that lasts three weeks or longer
- Chest pain
- Coughing up blood or sputum (phlegm from deep inside the lungs)
- Weakness or fatigue
- Weight loss
- Loss of appetite
- Chills Fever
- Night sweats

Option #1: Baseline TB Blood Test for Health Care Personnel

If baseline testing is performed using a TB blood test (also known as Interferon Gamma Release Assay or IGRA).

- Administer TB blood test following proper protocol.
- Review result, using the individual TB risk assessment and symptom evaluation form to help interpret test results (see Appendix E).
 - If the result is negative, consider not infected.
 - If the result is positive **AND** the health care personnel is at low risk, administer a second (blood) test.
 - If the result of the second test is also positive (for health care personnel at low risk) **OR** the health care personnel is at high risk, consider the health care personnel to be infected with TB and **evaluate for TB disease with a healthcare provider.**
- Document result.
- **Using a TB blood test for baseline testing of health care personnel does not require two-step testing.**
- **TB blood tests are the preferred TB test for people who have received the Bacille Calmette-Guerin (BCG) vaccine.**

Option #2: Baseline Two-Step TB Skin Test for Health Care Personnel

If the Mantoux tuberculin skin test (TST) is used for baseline testing of health care personnel, **two-step testing is required.**

Two-step TB skin test process

The TB skin test should be placed and read by a designated, trained health care provider*.

Step 1

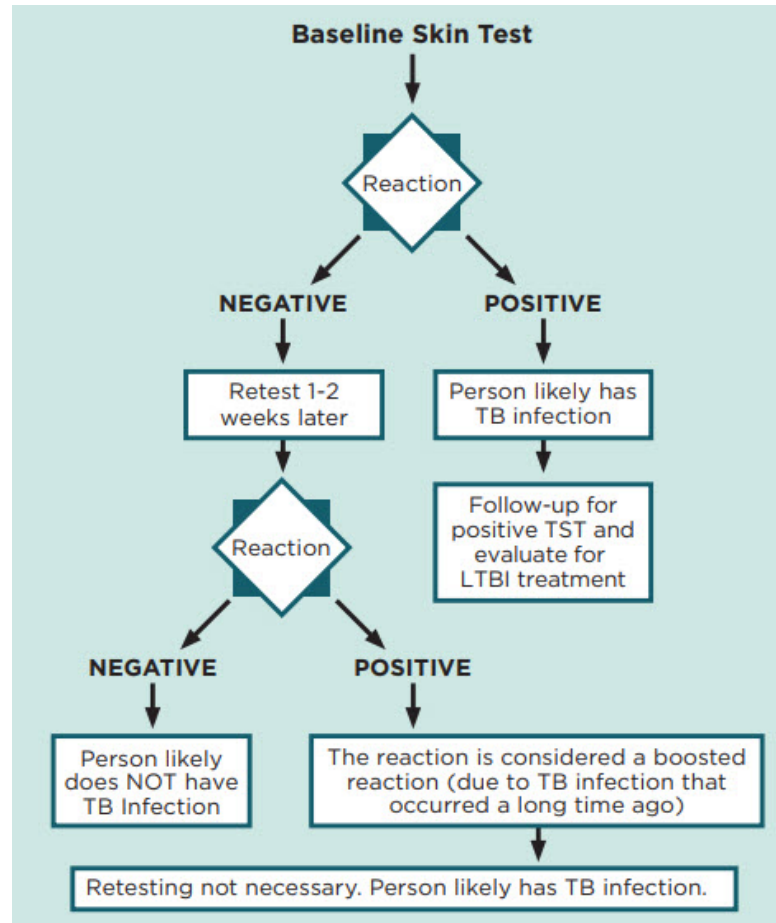
- Administer first TB skin test following proper protocol.
- Review result, using the individual TB risk assessment and symptom evaluation form to help interpret test results (see Appendix E).
 - If the result is negative, a second TB skin test is needed (see Step 2). Retest the health care personnel 1 to 3 weeks after the first TB skin test result is read.

- If the result is positive **AND** the health care personnel is at low risk, **administer a second test**.
- If the result of the second test is also positive (for health care personnel at low risk) **or** the health care personnel is at high risk, consider the health care personnel to be infected with TB and **evaluate for TB disease with a healthcare provider**.

- Document result.

Step 2

- Administer second TB skin test 1 to 3 weeks after the first TB skin test result is read following proper protocol.
- Review results. If positive, consider the health care personnel to be infected with TB and **evaluate for TB disease with a healthcare provider**. Use the individual TB symptom evaluation risk assessment form (Appendix E) to help interpret test results. If negative, consider not infected.
- Document result.



	<ul style="list-style-type: none"> • If the second test result of a two-step TB skin test is not read within 48-72 hours: <ul style="list-style-type: none"> ○ Administer a TB skin test as soon as possible (even if several months have elapsed). Read the result within 48-72 hours. ○ If a person fails to return within 72 hours and has a negative test result, repeat the TB skin test. • If a person has had a documented negative TB skin test result within the previous 12 months, a single TB skin test can be administered. This additional TB skin test represents the second stage of two-step testing. • A second TB skin test is not needed if the person has a documented TB skin test result from any time during the previous 12 months. <p>Screening Health Care Personnel with a Prior Positive TB Test Result</p> <ul style="list-style-type: none"> • Health care personnel with a documented history of a prior positive TB test result should receive an individual TB symptom evaluation and risk assessment (See Appendix E) upon hire (i.e., pre-placement). Repeating the TB test (e.g., TB blood test or TB skin test) is <i>not</i> required. • Health care personnel with a prior positive TB test should also receive a chest x-ray or provide documentation of a normal chest x-ray. Repeat chest x-rays are <i>not required</i> unless health care personnel develop signs or symptoms of TB disease or as part of the repeat evaluation prior to starting treatment for latent TB infection. • Conduct an <u>annual</u> TB symptom evaluation and risk assessment. • Health care personnel with untreated latent TB infection should receive a yearly TB symptom screen to detect early evidence of TB disease and to re-evaluate the risks and benefits of treatment for latent TB infection. • Treatment is <i>strongly encouraged</i> for health care personnel diagnosed with latent TB infection. Short course, rifamycin-based regimens are the preferred treatment options for latent TB infection because they have higher completion rates. <p>*In Kansas and Missouri, trained personnel authorized to interpret a TB skin test (Mantoux) generally include physicians (MD/DO), physician assistants/associates (PAs), advanced registered nurse practitioners (ARNPs), and licensed nurses (RN/LPN), and document the result as positive or negative AND the induration in millimeters.</p>
Measles (Rubeola), Mumps, Rubella-MMR	Provide documentation of 2 (two) MMR vaccinations at least 28 days apart. If documentation of the two immunizations is not available, serological proof of immunity (+) IgG titers for measles (rubeola), mumps and rubella is required. If documentation of the two immunizations is not available, AND there is no proof of immunity (i.e., IgG titers for measles, mumps, and/or rubella is negative), two doses of the MMR vaccine (at least 4 weeks apart) should be received. <i>A repeat titer following the vaccination is not recommended per the CDC.</i>
Varicella (Chicken Pox)	Provide documentation of 2 (two) varicella (chicken pox) immunizations at least 28 days apart. If documentation of the two immunizations is not available, serological proof of immunity (+) IgG titer for varicella is required. If documentation of the two immunizations is not available, AND there is no proof of immunity (i.e., IgG titer for varicella), two doses of the varicella vaccine (4 to 8 weeks apart) should be received. <i>A repeat titer following the vaccination is not recommended per the CDC.</i>

<p>Hepatitis B</p>	<p>Receive a series of two Heplisav-B vaccines OR receive a series of three Engerix or Recombivax vaccines followed by a post-series surface antibody titer at least 4-8 weeks after the last vaccine is given. Documentation of a positive (+) titer without immunization will NOT be accepted.</p> <p>Though not recommended, this vaccine can be waived (See Hepatitis B Fact Sheet & Waiver Form—Appendix F).</p>	<p>If Hepatitis B titer is negative after initial vaccines:</p> <ol style="list-style-type: none"> 1. Receive <i>one</i> additional vaccine (first of a possible second series) 2. Do a HepB surface antibody titer at least 4- 8 weeks later. <ol style="list-style-type: none"> 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.
<p>Tetanus-Diphtheria-Acellular Pertussis (Tdap)</p>	<p>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.</p>	
<p>Influenza</p>	<p>Show documentation of seasonal flu vaccine per annual CDC announced date (usually available sometime in September).</p> <p>Some clinical facilities may require flu vaccination earlier than others. Check with your program administrator for seasonal flu vaccination deadlines.</p>	<ul style="list-style-type: none"> • 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. <i>[Clinical Partners may not honor an accommodation— please allow 4-6 weeks for this process to take place.]</i> • 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.

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 KCCNE/KCANE Orientation Competency 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.

COVID-19 Vaccination	Clinical agencies in the KC metro may require COVID-19 vaccination to participate in clinical activities. Some may also consider personal belief exemptions, religious or medical exemptions, and some may not..	
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 or American Red Cross and be the Basic Life Support (BLS) course . This must be kept current throughout the program. Courses for lay rescuers such as “heartsaver” are not acceptable. The course must include a physical hands-on validation of skills. While most schools and clinical partners require BLS to have been taken through the American Heart Association or American Red Cross, some may allow a BLS course through another agency. Check with your program administrator for the most current information. Note: Prior to purchasing a CPR class, check with your school first!! Your school may have a list of CPR providers.	
Color Blindness	Color blindness screen must be performed once at the beginning of the program and results documented. If a student or faculty is identified as being color blind, the educational partner must notify the clinical site so appropriate accommodations can be made. Screening must be completed online in Clinical Student and not upload separate documentation.	
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. <i>For faculty: If teaching in the same facility where they are employed, the requirement might 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.</i>	
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. <i>[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]</i>	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: <ul style="list-style-type: none"> ● AMPHETAMINES ● BARBITURATES ● BENZODIAZEPINES ● COCAINEMETABOLITES ● MARIJUANA METABOLITES ● METHADONE ● MDA (SASS) 	<ul style="list-style-type: none"> ● MDMA(ECSTASY) ● OPIATES ● PHENCYCLIDINE ● PROPOXYPHENE ● METHAQUALONE ● OXYCODONE ● OXYMORPHONE
	**NOTES: <ol style="list-style-type: none"> 1. A dilute test result will require further testing. Check with individual schools for policies regarding dilute test results and repeat testing.. 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. 	

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 KCCNE/KCANE Orientation Competency Exam. Clinical faculty may be required to upload information into Clinical Student. ²Some clinical facilities in the KC metropolitan area do not require annual TB screening. Check with your school’s administrator for further instruction.

Annual signed KCCNE/KCANE Confidentiality Statement (See Appendix G).

Annual KCCNE/KCANE Clinical Orientation Manual Exam pass of 90% or better (See Appendix B).

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.*

Education partners will provide the clinical partner with the following:

- Student and faculty 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.
- KCCNE/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.

Education partners will prepare students and faculty 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 always wearing educational program's student or faculty ID.
- 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, 4/11/22, 2/21/23, 2/20/24, 2/25/25, 2/17/2026

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 KCCNE/KCANE Orientation Competency Exam. Clinical faculty may be required to upload information into Clinical Student.

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

Appendix E TB Symptom Evaluation and Risk Assessment Form

KCCNE/KCANE follows CDC guidelines for all US healthcare personnel that include TB testing and/or TB screening using a risk assessment and symptom evaluation (below), and annual TB education for all employees. For your safety, and to reduce the risk to patients and other healthcare personnel, you are encouraged to notify your school/facility if you experience any TB exposures, risk factors, or signs and symptoms as noted below.

Printed Name: _____

Date of Birth: _____

Date: _____

Please answer the following questions as accurately as possible: (circle one: explain any “yes” answers)

1. Have you ever had a **positive** Tuberculosis (TB) test? Yes No If yes, year positive: _____
 If yes, date of last Chest X-Ray: _____ Result: _____ Country of birth: _____
 If yes, did you complete a course of medication to treat TB? Yes No If yes, type and duration: _____

2. **Have you had any of the following in the past year:**

A cough for more than 3 weeks?	Yes	No	
Coughing up blood?	Yes	No	
Fever, chills, and night sweats with no known cause?	Yes	No	
Unexplained loss of appetite or weight loss?	Yes	No	
Chest pain with breathing or coughing?	Yes	No	
Constant fatigue?	Yes	No	

3. Have you recently been evaluated for any unexplained illness**? Yes No _____

4. Have you had close contact with someone who has **active** TB**? Yes No _____

5. Have you lived or visited for more than 1 month in a country **other than** Australia, Canada, New Zealand, the United States, and western or northern Europe**? Yes No If yes, where? _____

6. Is your immunity suppressed for any reason, for instance due to organ transplant, long term use of steroids (prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication**? Yes No _____
 If yes, please explain: _____

****Healthcare personnel are considered at increased risk (i.e., high-risk) for TB if questions 3, 4, 5 and/or 6 above are marked “Yes”. If questions 3, 4, 5 and/or 6 are marked “Yes”, this document must also be reviewed/signed by a licensed healthcare provider (NP, PA, DO, MD).**

To the best of my knowledge, the above statements are true and accurate. I agree to make known to my school any changes in my general health, specifically any of the signs or symptoms noted above.

Student/Clinical Faculty Signature: _____ Date: _____

Form Reviewed by School Representative (must be RN): _____ Date: _____

Comments (if applicable): _____

APPENDIX F: HEPATITIS B 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.

Student or Clinical Faculty Signature

Date

Student or Clinical Faculty Printed Name

Revised: 3/31/2025, 2/27/2026

APPENDIX G

**KCCNE/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/Clinical Faculty Signature

Date

Student/Clinical Faculty Printed Name

School

Education Program (ex. ADN, TBSN, ABSN, MSN)

APPENDIX H

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.

ACTION REQUESTED

Each education partner 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  language used.
 - Name, Social Security Number and Address Verification
 - Felony/misdemeanor criminal record search in all jurisdictions of residence within the past 7 years
 - National Sex Offender Registry
 - Missouri Family Care Safety Registry (MO FCSR) which includes following:
 - State criminal history records maintained by the Missouri State Highway Patrol
 - Child abuse/neglect records maintained by the Missouri Department of Social Services
 - Missouri Department of Health and Senior Services Employee Disqualification List
 - Missouri Department of Mental Health Disqualification Registry Report
 - Missouri Sex Offender Registry
 - Child-care facility licensure records maintained by the Missouri Department of Elementary and Secondary Education
 - Foster parent licensure records maintained by the Missouri Department of Social Services
 - Kansas Department of Health and Environment
 - Kansas Department of Aging and Disability Services
 - Office of the Inspector General (OIG)
 - General Services Administration (GSA)/Excluded Parties List System (aka SAM- System for Award Management)
 - United States Treasury - SDN and Blocked Persons List
 - Office of Foreign Assets Control (OFAC)

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.

APPENDIX I

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

Education Partners

Avila University Baker
University
Benedictine College
Cass Career College
Chamberlin University
Concorde Career College
Donnelly College
Emporia State University
Graceland University
Highland Community College
Johnson County Community College
Kansas City Kansas Community College
Metropolitan Community College – Penn Valley
MidAmerica Nazarene University
Missouri Southern State University
Missouri Western State University
Neosho County Community College
Ottawa University
Park University
Pittsburgh State University
Rasmussen University
Research College of Nursing
Saint Luke's College of Nursing and
Health Sciences at Rockhurst
University
University of Central Missouri
University of Kansas
University of Missouri – Kansas City
University of Saint Mary
William Jewell College

Nominal Education Partners

Creighton University
Fort Hayes State University
Missouri Valley College
Truman State University

Clinical Partners

AdventHealth Ottawa
AdventHealth Shawnee Mission
AdventHealth South Overland
Park
Amberwell Health-Atchison
Amberwell Health-Hiawatha
Belton Regional Medical Center
Cass Regional Medical Center
Center for Behavioral Medicine
Centerpoint Medical Center
Children's Mercy
Kansas City VA Medical Center
Lee's Summit Medical Center
Liberty Hospital
Menorah Medical Center
North Kansas City Health
Overland Park Regional Medical Center
Providence Medical Center
Research Medical Center
Research Psychiatric Center
Saint John Hospital
Saint Luke's Health System
Anderson County Hospital Crittenton
Hedrick Medical Center
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. Joseph Medical Center
St. Mary's Medical Center
University Health, Lakewood
University Health, Truman Medical Centers
(downtown)
The University of Kansas Health System
Main Hospital Campus (39th & Rainbow)
Strawberry Hill Campus
Marillac Campus
Olathe Hospital Campus
Paola Hospital Campus