Intentionally Left Blank
STUDENT, INTERN, AND FACULTY ORIENTATION MANUAL

TABLE OF CONTENTS

INTRODUCTION ...................................................................................................................................................... 1
Welcome ................................................................................................................................................................. 1
Mission and Values .............................................................................................................................................. 1
Instructions .......................................................................................................................................................... 2
Clinical Nursing Checklist ............................................................................................................................... 3
Nursing Clinical Profile ..................................................................................................................................... 4
Nursing Preceptorship Checklist ..................................................................................................................... 6
Nursing Preceptorship Profile ........................................................................................................................ 7
Student/Intern Checklist .................................................................................................................................... 8
Student/Intern Profile ...................................................................................................................................... 9
Directions for Accessing and Completing Student E-Learning ..................................................................... 10
Student E-Learning Lessons Outline ............................................................................................................ 13

GENERAL INFORMATION ................................................................................................................................. 15
Objectives ........................................................................................................................................................... 15
General Information ......................................................................................................................................... 16

ETHICS & SPIRITUAL CARE ................................................................................................................................. 17
Ethics ................................................................................................................................................................. 17
Spiritual Care .................................................................................................................................................... 18

INTERPRETER SERVICES & CULTURAL DIVERSITY .......................................................................................... 19
Interpreter Services .......................................................................................................................................... 19
Cultural Diversity .......................................................................................................................................... 20

PATIENTS’ RIGHTS ............................................................................................................................................... 21
Information and Decision Making ................................................................................................................... 21
Pain Management ............................................................................................................................................ 21
Advanced Care Directives .............................................................................................................................. 22
Abuse, Neglect & Assault ................................................................................................................................. 22
Privacy (HIPAA) .............................................................................................................................................. 23

RISK MANAGEMENT .......................................................................................................................................... 24
Reportable Events ............................................................................................................................................... 24
Quality Risk Event Reporting .......................................................................................................................... 24
Compliance Hotline ....................................................................................................................................... 24
National Patient Safety Goals .......................................................................................................................... 24

ENVIRONMENTAL SAFETY ................................................................................................................................ 26
Hospital Policy/Reporting ................................................................................................................................. 26
Reporting Environment Safety Concerns ........................................................................................................ 26
Procedures for Associate Injury, needle stick or blood/body fluid exposure .................................................. 26
Emergency Response/Evacuation ..................................................................................................................... 26
Evacuation Maps .......................................................................................................................................... 26
Emergency Disaster Kits ................................................................................................................................ 26
Evacuation Equipment .............................................................................................................................................. 26
Emergency (Red) Phone ............................................................................................................................................ 26
Equipment Safety ...................................................................................................................................................... 26
Cleaning of Equipment .............................................................................................................................................. 26
Broken Equipment .................................................................................................................................................... 26
Electrical Safety ......................................................................................................................................................... 26
PM Requirements ..................................................................................................................................................... 26
Chemicals/Waste/Air Quality ....................................................................................................................................... 27
No Smoking Policy .................................................................................................................................................. 27
Radiation Safety ........................................................................................................................................................ 27
MRI Safety ................................................................................................................................................................. 27
Safety Data Sheets (SDS) ........................................................................................................................................... 27
Chemical Exposure .................................................................................................................................................... 27
Emergency Code Response ....................................................................................................................................... 28

INFECTION PREVENTION ........................................................................................................................................... 29
Hand Hygiene ............................................................................................................................................................ 29
Standard Precautions ................................................................................................................................................ 29
Transmission-based Precautions ............................................................................................................................... 29
Isolation Guideline .................................................................................................................................................... 30

OCCUPATIONAL HEALTH ........................................................................................................................................ 31
Aerosol Transmissible Disease Exposure Control ................................................................................................. 31
Tuberculin (TB) Skin Test & Screening .................................................................................................................. 32
Bloodborne Pathogens CalOSHA – Title 8 (Section 5193) ......................................................................................... 32
Bloodborne Pathogen Exposure Control ................................................................................................................ 33
Needlestick/Body Fluid Exposure ........................................................................................................................... 33
Vaccines ........................................................................................................................................................................ 33
Safe Patient Handling ............................................................................................................................................... 33
Body Mechanics ........................................................................................................................................................ 33
Accident Reporting .................................................................................................................................................... 33

DIRECTORY ........................................................................................................................................................................ 34
Mission Way Navigation App Instructions .............................................................................................................. 34
Mission Viejo Campus Map .................................................................................................................................... 35
Mission Hospital Mission Viejo Map ....................................................................................................................... 36
Mission Hospital Laguna Beach Hospital Map ....................................................................................................... 37
Phone Directory ........................................................................................................................................................ 38

POST TEST ....................................................................................................................................................................... 39
Post Test ........................................................................................................................................................................ 39
Orientation Confirmation Form .................................................................................................................................. 44

ADDITIONAL FORMS .................................................................................................................................................... 45
Essential Duties and Responsibilities of Nursing Clinical Instructors ........................................................................ 45
Student/Patient Assignment Form ............................................................................................................................ 46
Student Exit Evaluation ................................................................................................................................................ 47
Nursing Clinical Instructor Exit Evaluation ........................................................................................................... 48
Welcome!

We are truly blessed you have chosen to join us here at Mission Hospital and Mission Hospital Laguna Beach. Whether you are a student, intern, or faculty, you will be actively involved in the continued growth and success of our Ministry. Each day, every member of the Mission Hospital team is focused on delivering the promise of our mission: “To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of the people in the communities we serve.” To achieve our mission, we have an organizational culture that emphasizes the values of dignity, excellence, service, and justice. These are values that people of all faiths, or with no particular religious belief, can believe in and carry out in their everyday work; and they affect how we treat our patients, families, and one another. As you will learn over the coming days and weeks, you are at a remarkable Ministry with a strong legacy of service to those in need through millions of dollars in charity care throughout our community. Mission Hospital is committed to a balanced approach with programs that focus on health, and wellness, as well as treating the ill with the most clinically advanced care in a compassionate setting with the highest standards of clinical quality and safety. In pursuit of this goal, we have been recognized as a leader in several key areas, including:

- Earned Magnet® recognition in 2012 and re-designation in 2017 for our commitment to nursing excellence
- Awarded the Gold Beacon Award of Excellence for our Critical Intensive Care Unit
- Named one of Orange County’s Top Workplaces by the Orange County Register in 2016
- Given a Five Star Rating for overall hospital quality by the Center for Medicare and Medicaid Service
- Named the first and only designated Regional Trauma Center in south Orange County
- Certified Comprehensive Stroke Center by The Joint Commission
- Designated South Orange County’s Cardiac Receiving Center by Orange County Emergency Medical Services (EMS)
- Designated South Orange County’s Stroke-Neurology Receiving Center by Orange County Emergency Medical Services (EMS), and the only one providing advanced stroke care
- Designated Premium Surgical Spine Specialty Center by United Healthcare
- CHOC Children’s at Mission Hospital, in a unique partnership with Mission Hospital, serves as the only designated pediatric healthcare center in south Orange County

This partial list of accolades is only possible through the continued passion, and shared dedication of our talented team. Together, we know we can achieve even more in the years to come. We look forward to partnering with you in the continued service of our “Dear Neighbor.”

Sincerely,

The Mission Hospital Team
**Instructions**

Before you begin your training at Mission Hospital, please review this orientation manual and complete the required paperwork contained within it. Although this manual is lengthy, it is filled with the information needed to inform you of our policies, procedures, and expectations for a positive experience at Mission Hospital.

Please select the appropriate checklist and use it as a guide to complete the hospital requirements for instructor, student, and intern training. These include:

1. **Nursing Clinical Checklist** for groups of nursing students who will be training with their school instructors on-site. (page 3)

2. **Nursing Preceptorship Checklist** for nursing students who will be training without their school instructors on-site. (page 6)

3. **Student/Intern Checklist** for non-nursing students and interns who will be training without their school instructors on-site. (page 8)
Nursing Clinical Checklist

- Student Processing/Approval can take up to 2 weeks (or longer if forms are submitted incorrectly), so please plan ahead.

- Confirm that the Affiliation Agreement for student training at Mission Hospital will be current throughout the students’ term. If not, please be aware this process can take time.

- Complete the two page Nursing Clinical Profile (typed with all Health Clearance info at the bottom of page checked off) and email to the hospital student coordinator. (page 4-5).

- Complete BOTH PAGES of the Electronic Medical Record (EMR) Computer Access Excel spreadsheet (emailed as a separate attachment) and submit to the hospital student coordinator with the Nursing Clinical Profile. Please make sure it is completely and correctly filled out with instructor name on the first row. If any changes (i.e. change of instructor, additions/deletions of students) a new Excel spreadsheet will need to be emailed to the student coordinator and the process will start over. The hospital student coordinator will email you the user IDs and passwords within 2 weeks after receiving a complete and correct spreadsheet.

- After you receive notification from the hospital student coordinator that the Nursing Clinical Profile was approved, the next step is for the student/instructor to contact Veronica Sanchez at Veronica.Sanchez@stjoe.org to arrange for the Student/Instructor ID badge. Please send the jpeg pictures of the instructors/students via email to Veronica. Then schedule an appointment with Veronica to pick up the badges for the Student/Instructor Photo ID badge.

- Students and Instructor complete the applicable computer training modules at www.sjhcieedu.org. See instructions (pages 10-12).

- Students and Instructor review the entire Student, Intern & Faculty Orientation Manual and post-test, and sign and email Orientation Confirmation forms (page 44) to the student coordinator.

- Instructor(s) review, sign, and date the Essential Duties and Responsibilities of Nursing Clinical Instructors – One for each instructor who will be on-site (page 45)

- Schedule a one hour POCT training with Christine.Esber@stjoe.org (as applicable for students and instructors who will conduct blood glucose monitoring)

- Use the Nursing Student/Patient Assignment Sheet (page 46) to communicate student/patient assignments to hospital staff. Complete it and give it to the charge nurse(s) at the beginning of each shift for posting in the unit(s)

- Make binder with class objectives, instructor/student contact info and rotation schedule and place on each of the floors where students are training. Please pick up the binders at completion.

At the end of the term...

- Email a completed Student Exit Evaluation (page 47) and Clinical Nursing Instructor Exit Evaluation (page 48) to the hospital student coordinator

- Return all badges to Security. (Lost badges may result in a $10.00 replacement fee each and/or the school being unable to have future students train at Mission Hospital.)
# Nursing Clinical Profile

<table>
<thead>
<tr>
<th>School/Academic Program</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Address</td>
<td></td>
</tr>
<tr>
<td>Total # hours required</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Title:</th>
<th>Clinical Departments (pre-approved):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Departments (pre-approved by manager):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Clinical Days</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Instructor Name</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Work Phone</td>
</tr>
<tr>
<td>E-mail</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

## Clinical Placement Information

**Primary objectives of learning experience**

**Electronic Medical Record (EMR) computer access needed?**

- [ ] Yes
- [ ] No

## Forms and Documentation

I certify that the students in this rotation have completed the following requirements that are checked and that supporting documentation for verification purposes is maintained at this academic institution. (All items are required.)

**Signature of Instructor or Designee**

**Printed Name and Title**

**Date** ______________

- [ ] Background check free of convictions
- [ ] Current AHA BLS Provider Certification exp ________
- [ ] Current student professional liability insurance
- [ ] Computer orientation completed
- [ ] Proper PPE donning and doffing training and student return demonstration validated
- [ ] Instructor license current
- [ ] Health clearance
- [ ] Hepatitis B series or titer
- [ ] Influenza vaccine/declination (11/1/19-4/30/20)
- [ ] MMR titer
- [ ] TB screening (annual)
- [ ] Td/Tdap current
- [ ] Varicella titer

*Print, complete and email to Mission Hospital student coordinator*
Nursing Clinical Profile

Instructor and Student List

School/Academic Program

Term   Start Date ___________   End Date ___________

Please type Information below

<table>
<thead>
<tr>
<th>Instructor(s) Name</th>
<th>DOB</th>
<th>Last four digits of SSN#</th>
<th>Influenza Vaccine (V) or Declination (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Names   DOB


Print, complete and email to Mission Hospital student coordinator
Nursing Preceptorship Checklist

- Student Processing/Approval can take up to 2 weeks (or longer if forms are submitted incorrectly), so please plan ahead.

- Confirm that the Affiliation Agreement for student training at Mission Hospital will be current throughout the student’s term. If not, please be aware this process can take time.

- Email course objectives to hospital student coordinator.

- Email a completed Preceptorship Profile form; signed by your instructor, school student coordinator, or other school designee; to hospital student coordinator. (Page 7). If the student is a current Mission Hospital employee, the background check requirement is waived.

- Review the entire Student, Intern & Faculty Orientation Manual and post-test. Sign and email Orientation Confirmation of Information form (page 44) to the Student Coordinator. This must be received prior to starting your training at Mission Hospital. This is not needed for students who are Mission Hospital employees.

- After you receive notification from the hospital student coordinator that the Preceptorship Profile was approved, you may call Safety & Security (949-364-1400 x2254) to make an appointment to get your Student Photo ID badge. Please bring proof of immunizations with you.

- If you will need to access patients’ Electronic Medical Records (EMR), the hospital student coordinator will complete a Security Access Request (SAR) for you and send you your user ID and password. This process can take up to 2 weeks. Please do not contact the I.T. department directly.

- If you will need to access patients’ Electronic Medical Records (EMR), complete the applicable computer training modules at www.sjhcedu.org. See instructions. (pages 10-12)

- If you will need to perform blood glucose testing during your training, schedule a one-hour POCT training session with Christine.Esber@stjoe.org.

At the end of your preceptorship

- Email a completed Student Exit Evaluation (page 47) hospital student coordinator

- Return your badge to Security. (Lost badges may result in a $10.00 replacement fee each and/or the school being unable to have future students train at Mission Hospital.)

This is your guide. Do not send to Mission Hospital student coordinator
Nursing Preceptorship Profile

<table>
<thead>
<tr>
<th>Student Name</th>
<th>DOB</th>
<th>Student ID/Last 4 digits of SS #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**School/Academic Program**

<table>
<thead>
<tr>
<th>Phone</th>
<th>Total # hours required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instructor Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Placement Information**

Primary objectives of learning experience:

Qualifications/Credentials/Specialty of Preceptor required:

Electronic Medical Record (EMR) computer access needed?  Yes  No

Site of student training:  Mission Hospital Mission Viejo  Mission Hospital Laguna Beach

**Forms and Documentation**

I certify that the student/intern in this rotation has completed the following requirements that are checked and that supporting documentation for verification purposes is maintained at this academic institution. (All items are required.)

Signature of Instructor or Designee  
Printed Name and Title  
Date

- Background check free of convictions
- Current AHA BLS Provider Certification exp
- Current student professional liability insurance
- Computer orientation completed
- Proper PPE donning and doffing training and student return demonstration validated
- Instructor license current
- Health clearance
- Hepatitis B series or titer
- Influenza vaccine
- Declination (11/1/19-4/30/20)
- MMR titer
- TB screening (annual)
- Td/Tdap current
- Varicella titer

*Print, complete and email to Mission Hospital student coordinator*
Student/Intern Checklist

☐ Student Processing/Approval can take up to 2 weeks (or longer if forms are submitted incorrectly), so please plan ahead.

☐ Confirm that the Affiliation Agreement for student training at Mission Hospital will be current throughout the student’s term. If not, please be aware this process can take time.

☐ Email course objectives to hospital student coordinator.

☐ Email a completed Student/Intern Profile form; signed by your instructor, school student coordinator, or other school designee; to the hospital student coordinator. (page 9). If the student is a current Mission Hospital employee, the background check requirement is waived.

☐ Review the entire Student, Intern & Faculty Orientation Manual and post-test. Sign and email Orientation Confirmation of Information form (page 44) to the Student Coordinator. This must be received prior to starting your training at Mission Hospital. This is not needed for students who are Mission Hospital employees.

☐ After you receive notification from the hospital student coordinator that the Student/Intern Profile was approved, you may call Safety & Security (949-364-1400 x2254) to make an appointment to get your Student Photo ID badge. Please bring proof of immunizations with you.

☐ If you will need to access patients’ Electronic Medical Records (EMR), the hospital student coordinator will complete a Security Access Request (SAR) for your Electronic Medical Record (EMR) computer access and email you your user ID and password. This process can take up to 2 weeks. Please do not contact the I.T. department directly.

☐ If you will need to access patients’ Electronic Medical Records (EMR), complete the applicable computer training modules at www.sjhcedu.org. See instructions. (pages 10-12)

At the end of your preceptorship

☐ Email a completed Student Exit Evaluation (page 47) to the hospital student coordinator

☐ Return your badge to Security. (Lost badges may result in a $10.00 replacement fee each and/or the school being unable to have future students train at Mission Hospital.)

This is your guide. Do not send to Mission Hospital student coordinator.
# Student/Intern Profile

<table>
<thead>
<tr>
<th>Student/Intern Name</th>
<th>DOB</th>
<th>Student ID/Last 4 digits of SS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td>Home Phone</td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

## School/Academic Program

<table>
<thead>
<tr>
<th>School Address</th>
<th>Total # hours required</th>
<th>Course Title</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>

## Instructor Name

<table>
<thead>
<tr>
<th>Instrutor Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>E-mail</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

## Clinical Placement Information

- Primary objectives of learning experience:
- Qualifications/Credentials/Specialty of Preceptor required:

**Electronic Medical Record (EMR) computer access needed?**
- Yes
- No

**Site of student training**
- Mission Hospital Mission Viejo
- Mission Hospital Laguna Beach

## Forms and Documentation

I certify that the student/intern in this rotation has completed the following requirements that are checked and that supporting documentation for verification purposes is maintained at this academic institution. *(All items are required.)*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background check free of convictions</td>
<td></td>
</tr>
<tr>
<td>Proper PPE donning and doffing training and student return demonstration validated</td>
<td></td>
</tr>
<tr>
<td>Current AHA BLS Provider Certification exp</td>
<td></td>
</tr>
<tr>
<td>Current Student/Intern professional liability insurance</td>
<td></td>
</tr>
<tr>
<td>Health clearance</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B series or titer</td>
<td></td>
</tr>
<tr>
<td>Influenza vaccine</td>
<td>11/1/19-4/30/20</td>
</tr>
<tr>
<td>Declination</td>
<td></td>
</tr>
<tr>
<td>MMR titer</td>
<td></td>
</tr>
<tr>
<td>TB screening (annual)</td>
<td></td>
</tr>
<tr>
<td>Td/Tdap current</td>
<td></td>
</tr>
<tr>
<td>Varicella titer</td>
<td></td>
</tr>
</tbody>
</table>

*Print, complete and email to Mission Hospital student coordinator*
Directions for Accessing and Completing Student E-Learning

The purpose of this document is to provide directions for accessing and registering for the Clinical Informatics Education website for Students. From this site, students will view the MEDITECH e-learning modules to meet training requirements.

Please note, our information systems are continually reviewed and changed to ensure patient safety and improve efficiency of patient care. Therefore, the screens you will see in the e-learning modules may be slightly different than what you will actually see in the clinical setting. However, the overall functionality will be the same.

Follow the steps below to register and log into St. Joseph Health Clinical Informatics Education website.

1. Click on the following link or copy and paste the link into your web browser.
   http://www.sjhcedu.org

2. Click the Need to Register link and enter the following information.
   a. Name: Enter your full name.
   b. Role: Click the drop-down arrow and select Student
   c. Region: Select Southern CA.
   d. Email (User Name): Enter the email address you would like to use as your user name.
   e. Password: Enter a password to be used for logging in to the website.
   f. Click the Register button.

The Clinical Informatics Education website appears.
3. Click the **Southern California** link.

4. Click the **Nursing** link (**ALL students click the Nursing link, including non-nursing students**).
The Training Resources page appears with links to the MEDITECH e-learning modules. Students should only use functionality that is within their scope of practice regardless of what is reviewed in a training lesson.
5. There are a number of modules available. **Complete only those which are applicable to the rotation.**

6. Click the **Student Attestation Form** link located under “Travelers, Registry, and students should print an attestation form here”. Print the appropriate Attestation Form for your role BEFORE starting the lessons. Once you complete all of the assigned lessons, sign the form and turn it in to your agency representative or instructor.

7. Next, complete the following steps:
   a. Print your name in the blank at the top of the attestation form.
   b. Enter the date you completed each module in the Date Completed column.
   c. When all assigned modules are completed, date and sign the form.
   d. Submit the form per your school’s guidelines.

8. If you have any issues with logging in or accessing the e-learning modules, please contact support@scorpionhealthcare.com.

9. When finished, click the **Logout** button in the upper right-hand corner.

   You are returned to the Clinical Informatics Education Login page.

**Note:** Be sure to remember your user name and password for future.
## Objectives

By the end of orientation, the learner will be able to:

1. Describe the mission and values of the St Joseph Health System and identify standards of conduct that are consistent with the organization's values.
2. Describe how to access Interpreter Services and when to use them.
3. Describe the Federal and State laws that address protection of patient privacy (HIPAA), conduct expectations with regard to the law, and implications for disclosing protected patient information.
4. Describe expectations with regard to protecting patients’ rights and reporting abuse.
5. Describe the hospital risk management/incident reporting program and how to report a quality risk event (QRE).
6. Describe behaviors and procedures required to prevent the spread of pathogens (germs) in the hospital.
7. State the emergency number for all codes.
8. Codes.
9. Describe the fire procedure “RACE” and extinguisher use “PASS”.
10. Identify what information is available from SDS’s and container labels.
11. Name 3 three things to do to protect yourself from radiation.
12. Describe the hospital policy for accident reporting, needle stick/body fluid exposures and ergonomic issues.
13. Describe good body mechanics techniques to use when lifting.
## General Information

| Code and Standards of Conduct | • Mission Hospital strives to create a work environment that fosters respectful and constructive relationships among and between patients, visitors, volunteers, students, physicians, and employees in accordance with the hospital’s Core values. Any individual who provides care, treatment, or service on behalf of the hospital will conduct themselves with acceptable behavior.  
• Mission Hospital and your school require professional and responsible conduct while on the Mission Hospital campus. It is also important for you to work effectively with others and to carry out your assigned duties as required by your instructor/preceptor |
| Security | • ID badges must be worn above the waist at all times while on campus. ID badges must be returned at the end of the student’s training. If a badge is lost, there is a $10.00 replacement fee.  
• Student lockers are not provided. Due to limited space on the units, all students are requested to only bring equipment and supplies that can be personally carried. Mission Hospital is not responsible for lost or stolen items. Any valuables should be left at home. |
| Parking | • Students on campus at Mission Hospital Mission Viejo are required to park in the employee parking structure off of Crown Valley Parkway in Mission Viejo. Parking lot #1 on the map. From Crown Valley Parkway, turn into the **driveway between Los Altos and Bellorente**. Do NOT enter Los Altos Entrance/Do not take a ticket. The student badge will allow access through the gate. You may park on any level. The hospital is on the level 4.  
• Students on campus at Mission Hospital Laguna Beach can park in the parking structure behind the hospital. |
| Cell Phone Use | • Cell phones may not be used in patient care areas except for patient care needs. For the consideration of others, you are encouraged to use your cell phone only in the lobby areas and outside of the hospital. |
| Meals | • Mission Hospital Mission Viejo has a cafeteria on-site in the basement. Mission Hospital Laguna Beach has a cafeteria on the first floor. If you choose to bring your lunch, you may eat in the cafeteria or outside. Eating at work stations is not allowed. |
## Ethics

<table>
<thead>
<tr>
<th>When would you need an Ethics Consult?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient’s decision making capacity being questioned</td>
</tr>
<tr>
<td>• Patient being misled about treatment alternatives, risks, foreseen suffering or probable outcome</td>
</tr>
<tr>
<td>• Patient being pressured into making a decision by others</td>
</tr>
<tr>
<td>• Patient’s choice being disregarded</td>
</tr>
<tr>
<td>• Patient requests to forego life-sustaining treatment</td>
</tr>
<tr>
<td>• Patient request to forgo artificial nutrition and hydration</td>
</tr>
<tr>
<td>• No surrogate available</td>
</tr>
<tr>
<td>• Patient’s advance directive not being honored</td>
</tr>
<tr>
<td>• Patient/surrogate insisting upon physiologically futile treatment</td>
</tr>
<tr>
<td>• Surrogate or healthcare provider insisting that treatment be continued after patient has been pronounced dead by neurologic criteria i.e. “brain death”.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request a Consult</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contact Spiritual Care Office x5399</td>
</tr>
<tr>
<td>• After hours contact Administrative Supervisor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consultation Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dr. Ajit Ahluwalia – Chair of Healthcare Ethics Committee</td>
</tr>
<tr>
<td>• Lisa Jacoby – Director Spiritual Care and Ethics</td>
</tr>
</tbody>
</table>
### Spiritual Care

| Chaplains | Empower people to move toward experiencing the healing power of the sacred by helping people connect with their own beliefs, values, faith observances, inner strengths or religious identity on their journey to wholeness.  
Spiritual Care chaplains serve all religious faiths and are available for prayer, consultation, counseling, or other spiritual care needs of patients and their families and staff. They maintain confidentiality and provide a supportive context within which patients, staff and employees can discuss their needs and concerns.  
Spiritual Care should always be notified in case of death and impending death. |
|---|---|
| Patients and Families | Coping with critical illness, new diagnosis (e.g. terminal illness), chronic illness, long-term illness  
Deaths  
Emotional/spiritual distress (e.g. sad, anxious, depressed, isolated, frightened)  
Grief/loss coping  
Bioethical concerns; clarifying value issues  
Codes: Traumas, Blue, Pink  
Spiritual/religious identity concerns  
Sacramental requests  
Facing crisis  
Referrals to community religious/spiritual resources |
| Staffing | Interfaith staff consists of:  
Chaplains  
Pastoral Volunteers  
Clinical Pastoral Education (CPE) interns  
Coverage is 24/7 for Mission Hospital and CHOC Children’s at Mission. |
## Interpreter Services

<table>
<thead>
<tr>
<th>What is an Interpreter?</th>
<th>Interpreter An individual who mediates spoken or signed communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Interpreter</td>
<td>The objective of the professional interpreter is for the complete transfer of the thought behind the utterance in one language into an utterance in a second language. Professional interpreters abide by a code of professional ethics and practice what is called, “transparent interpreting” (California Healthcare Interpreters Association).</td>
</tr>
<tr>
<td>Interpreter Associates</td>
<td>Bilingual employees must attend a mandatory Sixteen (16) hour Interpreter Associates class and successfully complete the Interpreter Skills Test to become an Interpreter Associates”.</td>
</tr>
</tbody>
</table>
| Interpreter Associate Availability | • Sunday from 1 PM to 7PM  
• Monday and Wednesday from 7 AM to 7:30 PM  
• Tuesday, Thursday and Fridays from 7 AM to 3:30 PM |
| Telephonic Interpreter | • Over-the-phone Medical Interpreters are available in over 200 languages, 24 hours a day, 7 days a week, 30-second connection time.  
  o Mission Viejo 1.800.264.1552 Access Code: 829650  
  o Laguna Beach 1.866.425.0217 Access Code: 830608 |
| Video Interpreter | • Video Interpreters are available via IPad 24/7  
• This service includes American Sign Language (ASL). |
| When to Use In Person vs. Over the Phone Interpreters | • Telephone/Video interpreter should be used any time an in person interpreter is not available.  
• Use an in-person Interpreter whenever possible for End of life decisions, Trauma, Advanced Directives, etc.) |
| Language Identification Bands | If a patient is determined to be LEP during the admitting process they will be issued a BLUE Language Identification Bracelet. The bracelet has the patient’s primary language and information on how to contact Pacific Interpreters. |
## Cultural Diversity

<table>
<thead>
<tr>
<th>What you Need to Know About Other Cultures</th>
<th>American hospitals are increasingly serving an ethnically diverse patient population. In order to provide optimal care, it is essential to understand that not all cultures share the same beliefs regarding health and illness, nor do they agree on what is appropriate treatment for disease, or what is proper behavior when ill.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actions Speak Louder Than Words</td>
<td>Different cultures have different non-verbal communication and “personal space” – the amount of space we need between us and another individual in order to feel comfortable. It is important to consider this and take cues from the patient.</td>
</tr>
<tr>
<td>Attitude</td>
<td>Understanding that different people’s ways of doing things may be different, but equally valid is essential. It is important to realize that cultural beliefs and traditions are adaptations to different environmental circumstances, and evolved because they lead to the survival of its members. The healthcare practitioner who tries to understand the beliefs and values of his or her patients will be much more effective than one who merely sees them as strange.</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Knowing something about different cultures’ beliefs, values, and traditions is important. While no one can be expected to know everything about every culture, we can learn something about the most common patterns of the populations we commonly serve, while keeping in mind the fact that there is tremendous variation both within each group, and among individuals.</td>
</tr>
</tbody>
</table>

For more information please contact Horacio Rodriguez, Manager, and Cultural Integration Services at 949.364.1400 X4721 or Horacio.Rodriguez@stjoe.org.
### Patients’ Rights

**Combines Title 22 and other California Laws, Joint Commission and Medicare Conditions of Participation requirements**

#### Information
- Receive information about their health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms they can understand and to participate in the development and implementation of their plan of care; including ethical questions that arise in the course of care, issues of conflict resolution, withholding resuscitative services and forgoing or withdrawing life-sustaining treatment.
- Know the name of the physician who has primary responsibility for coordinating their care and the names and professional relationships of other physicians and non-physicians they will see.
- Be advised if the hospital/personal physician proposes to engage in or perform human experimentation affecting their care or treatment and to refuse to participate in such research.
- Examine and receive an explanation of the hospital’s bill regardless of the source of payment.

#### Decision Making
- Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as needed in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Request or refuse treatment, to the extent permitted by law. However, they do not have the right to demand inappropriate or medically unnecessary treatment or services.
- They have the right to leave the hospital even against the advice of physicians, to the extent permitted by law.

#### Freedom from Abuse, Neglect and Assault
- When there is a reasonable suspicion of abuse, assault or neglect, hospitals and healthcare providers are required by law to make certain reports for suspected abuse. This includes child, elder/dependent adult abuse, assaultive behavior or abusive conduct.
- Reports must be made to APS 800-451-5155 as soon as possible with written report faxed within 48 hours 714-704-6161.
- Types of reportable abuse:
  - Physical (bruises, fractures, bodily injury, burns)
  - Neglect (failure to thrive, malnutrition, withholding medical or personal care)
  - Emotional/Psychological (willful infliction of mental suffering by threat or intimidation)
  - Financial (theft or misuse of finances, property or possessions)
  - Assault/Sexual abuse (rape, deadly weapon)
  - Maternal Substance Abuse
- If you suspect abuse, report it immediately to the instructor and preceptor. A Quality Risk Event (QRE) must be completed.
# Patients’ Rights

<table>
<thead>
<tr>
<th>Freedom from Restraint</th>
<th>• Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.</th>
</tr>
</thead>
</table>
| Advanced Directives    | • An Advanced Directive is used to say who the patients want to speak for them and what kind of treatments they want in the event they are unable to speak for themselves.  
  • The federal Patient Self-Determination Act (PSDA), effective in 1991, defines an advance directive as "a written instruction, such as a living will or durable power of attorney for health care, recognized under state law and relating to the provision of such care when the individual is incapacitated." The law requires all hospitals, skilled nursing facilities, home health agencies, and hospice programs participating in Medicare and Medicaid to provide written information about advance directives to all adult individuals who receive medical care from them.  
  • Patients have a right to  
    o choose and adult that they trust to speak for them when medical decisions must be made. If they do not want to list a person to make decisions, they may use the advanced directive to outline their medical treatments preferred.  
    o identify a “surrogate” decision maker with the physician.  
  • Advanced directives must be notarized, or signed by two witnesses that are not the healthcare provider or medical staff, not the appointed surrogate, not financially responsible for patient, and not related to patient by marriage, blood or adoption.  
  • For more information, or an advanced directive form contact Spiritual Care or Care Management (x5399 or x2134). |
| Pain Management        | • Appropriate assessment and management of their pain, information about pain, pain relief measures and to participate in pain management decisions. They may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform the patient that there are physicians who specialize in the treatment of severe chronic pain with methods that include the use of opiates. |
| Emergency Care         | • In 1986, Congress passed the Emergency Medical Treatment and Active Labor Act (EMTALA), which established criteria for emergency services and safe transfer of patients between hospitals.  
  • The law applies to all hospitals receiving federal funds, such as Medicare.  
  • Requires hospitals to provide a screening exam to determine if an emergency condition exists, provide stabilizing treatment to any emergency patient or to any woman in active labor before transfer, and continue treatment until a patient can be discharged or transferred without harm.  
  • Delineates strict guidelines for the transfer of a patient who cannot be stabilized.  
  • Negligently or knowingly and willfully violating these provisions can lead to termination or suspension from Medicare, and physician, hospital, or both can be fined up to $50,000 for each knowing violation of the law. |
### Patients’ Rights

<table>
<thead>
<tr>
<th>Significant Other Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have a family member (or other representative of their choosing), and their own physician notified promptly of their admission to the hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Privacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HIPAA, Health Insurance Portability and Accountability Act, is a wide-reaching Federal law that protects the privacy of a patient’s personal and health information</td>
</tr>
<tr>
<td>• Protects an individual’s identifiable medical history and condition, as well as financial payment history.</td>
</tr>
<tr>
<td>• Extends to cover all communication of patient information, including oral, written, and social media posts</td>
</tr>
<tr>
<td>• Facilities must self-report confidentiality violations to both the state &amp; patients</td>
</tr>
<tr>
<td>• Fines up to $250,000 for violations by hospitals and individuals</td>
</tr>
<tr>
<td>• For licensed staff, violations may be reported to the appropriate licensing board for review</td>
</tr>
<tr>
<td>• When using or disclosing Protected Health Information (PHI) the hospital will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure or request.</td>
</tr>
<tr>
<td>• This is not meant to interfere with treatment</td>
</tr>
<tr>
<td>• Rule allows for incidental uses or disclosures of PHI</td>
</tr>
</tbody>
</table>

One of the primary rights of a patient is that of privacy. This means that everything you may know about the patient is confidential. Confidentiality means that the patient has the right to expect that all matters pertaining to him or his care will be disclosed only to those who need the information in order to give appropriate care. **Any release of information about a patient must be controlled and governed by the rule, “Need to Know”**.

**What you see here, what you say here, let it stay here when you leave here.** This is good advice for all of us who are directly or indirectly involved in patient care. Anything that a patient says or does, anything that affects his care, any diagnostic information, procedural information, or even his/her presence in the hospital, is confidential.
## Risk Management

### Department Information
- Risk Management
- x2288

### Reportable Events
- Unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function
- Event that disrupts ability to provide patient care
- Event that is inconsistent with usual patient care
- Event that goes against policy, procedure, usual practice
- Event that results in injury, physical or emotional
- Intent to sue or threat to sue
- Near miss/ good catch – event that could cause harm but did not reach the patient
- Event involving hostility directed toward patient, visitor, or staff
- Patient or visitor fall
- Complaints or grievance

### Quality Risk Event Reporting
To complete a QRE go to Mission Shortcuts
- Event Reporting System QRE RL6
- Call Risk Management immediately

### Compliance Hotline
If you have a concern about compliance issues, HIPAA, workplace harassment or patient safety:
- Call the Compliance Hotline at 866-913-0275 (toll-free)
- Submit or follow-up on a concern online at: [www.stjoe.org/hotline](http://www.stjoe.org/hotline)
- Reports may be made anonymously

## 2018 National Patient Safety Goals

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

### Identify patients correctly
- NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion

### Improve staff communication
- NPSG.02.03.01 Get important test results to the right staff person on time.
## 2018 National Patient Safety Goals

<table>
<thead>
<tr>
<th>Use medicines safely</th>
<th>NPSG.03.04.01</th>
<th>Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NPSG.03.05.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td></td>
<td>NPSG.03.06.01</td>
<td>Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
</tr>
<tr>
<td>Use alarms safely</td>
<td>NPSG.06.01.01</td>
<td>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
</tr>
<tr>
<td>Prevent infection</td>
<td>NPSG.07.01.01</td>
<td>Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td></td>
<td>NPSG.07.06.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
</tr>
<tr>
<td>Identify patient safety risks</td>
<td>NPSG.15.01.01</td>
<td>Find out which patients are most likely to try to commit suicide.</td>
</tr>
<tr>
<td>Prevent mistakes in surgery</td>
<td>UP.01.01.01</td>
<td>Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body</td>
</tr>
<tr>
<td></td>
<td>UP.01.02.01</td>
<td>Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td></td>
<td>UP.01.03.01</td>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>
### Environmental Safety

#### Hospital Policy/Reporting

**How to Report an Environmental Safety Concern**
- Call 5000 and or Safety Dept. x2254
- NOTE (Patient Safety Concerns, CallQuality)

**Procedures for an associate injury, needle stick, or blood/body fluid exposure**
- Rinse effected area & follow departmental procedures for exposure control, notify manager/supervisor
- Fill out Injury packet and contact Employee Health

#### Disaster Response/Evacuation

<table>
<thead>
<tr>
<th><strong>Evacuation Maps</strong></th>
<th>Posted on stairwells and elevator lobbies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Disaster Kits</strong></td>
<td>Located in cabinets on wall or in backpacks on the unit</td>
</tr>
<tr>
<td><strong>Evacuation Equipment</strong></td>
<td>Evacuation equipment is available where applicable. MV=Tower 1 Helipad/ LB=Disaster Storage in 1st floor of parking Garage</td>
</tr>
<tr>
<td><strong>Emergency (Red) Phone</strong></td>
<td>RED PHONE is available during power outage. During phone line failure. (Red outlets are on generator power)</td>
</tr>
</tbody>
</table>

#### Equipment Safety

**Broken Equipment**
- Label with Red Tags in soiled utility rooms (unit specific) and Contact Biomedical Engineering (x5000)

**Electrical Safety**
- Do not use equipment if the cord has cracked insulation or exposed wires.
- Do not use a plug or outlet that appears burned, heats up when used, or is loose.
- Keep cords away from water.
- Do not unplug equipment with wet hands or if you are standing in water.
- Grasp the plug when removing it from an outlet; do not pull on the cord.
- Use three-prong *(grounded)* hospital grade plugs in all patient care locations.
- Plug all essential equipment into red outlets.
- Report all electrical shocks immediately - no matter how small and remove the equipment from use.
- Inform patients of the hospital’s policy regarding use of personal electrical appliances, such as blow dryers. Contact Biomedical Engineering or Maintenance for safety checks.
- Do not use equipment that smells hot or makes unusual noises.

**PM Requirements**
- Contact Biomedical Engineering (x5000) if equipment does not display an inspection label or if the label has expired.
## Environmental Safety

### Chemicals/Waste/Air Quality

<table>
<thead>
<tr>
<th>No Smoking Policy</th>
<th>Mission Hospital is a non-smoking environment. Smoking is totally prohibited both inside and outside on the upper and lower campus.</th>
</tr>
</thead>
</table>
| Radiation Safety  | Three primary ways to protect yourself from exposure:  
   - **Time** - When dealing with patients who have been treated with therapy dose, limit the time you spend with patient  
   - **Shielding** - Use appropriate lead aprons, gloves and glasses when working around x-ray equipment which is in use  
   - **Distance** - Generally, if you are at least 6 feet away from the source, you receive less than 3% exposure  
   - A film badge dosimeter is required for any person working in fluoroscopy or close proximity of ionizing radiation under California regulation.  
   - Film badges must be worn on the collar outside the lead apron, when a lead apron is worn.  
   - The following departments are required to wear a film badge when participating in an exam/procedure where ionizing radiation is being emitted:  
     - Imaging  
     - Operating Room  
     - Cardiovascular & EP  
     - Endoscopy  
     - Emergency |
| MRI Safety        | The Magnetic field of the MRI system is always on, and dangers always exist, even when a patient is not being imaged.  
   - Remove **ALL** metallic belongings before entering the MRI system room  
   - Make sure ahead of time that any equipment being brought in to the area is nonmagnetic or otherwise acceptable for use in the MRI system room. |
| Safety Data Sheets (SDS) | Formerly MSDS  
   - Located on Mission Shortcuts/SDS  
   - Refer to this guide for details on chemical and physical dangers, safety procedures, and emergency response techniques for hazardous materials in your work area. |
| Chemical Exposure | • Rinse area, locate SDS for chemical, follow instructions  
   • Notify Instructor/Preceptor  
   • Seek Medical Attention if instructed.  
   • When safe to do so, fill out injury report |
# Emergency Code Response Dial 711

<table>
<thead>
<tr>
<th>Code Blue</th>
<th>In the event of an <strong>Adult Medical Emergency</strong> (18 years and above). A code team responds to appropriate area to deliver care to patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code White</td>
<td>In the event of a <strong>Child Medical Emergency</strong> (0-18 years of age). A code team responds to appropriate area to deliver care to patient</td>
</tr>
</tbody>
</table>
| **Code Trauma Red Trauma (MV Campus Only)** | - Code Trauma – In the event of a **Multi-System Injury**.  
- Code Red Trauma – In the event of a **Multi-System Injury** and going **directly to the operating room**. |
| **Code Red** | In the event of a fire RACE:  
- **Alarm** with pull station or calling 711  
- **Contain** by closing all patient doors,  
- **Extinguish** with Fire Extinguisher by using the PASS technique (Pull Aim Squeeze Sweep)  
- When relocating patients, take them to the next smoke compartment.  
- Do not block doors ever! |
| **Code Orange** | In the event of a hazardous spill/release including Radiation  
- Small spill = staff can clean up  
- Medium spill = call x5000 for help  
- Large spill = Code Orange --> Call 711 and or 9-911 if offsite |
| **Code Triage** | In the event of a major **internal or external disaster**  
- Report to charge RN or supervisor and follow department plan |
| **Code Yellow** | In the event of the hospital receiving a **bomb threat** or discovering a suspicious looking device which may resemble a bomb. |
| **Code Pink** | In the event of an **infant/child abduction**  
- Monitor exits and stop anyone matching description or that could be carrying something that could contain an infant/child.  
- Notify security 5000 immediately for non-compliance. If suspect leaves the area do not try to stop them but follow them and call 911 from your cell phone if you are outside. |
| **Code Purple** | In the event that a **patient is missing** from their designated care area, and meets one of the following criteria:  
- All legal Psychiatric holds patients (5150, 5585 & 1799 having activesuicidal/homicidal ideation)  
- Gravely disabled – unable to provide food, shelter, clothing  
- All patients who have a safety attendant  
- Confused, disoriented or otherwise appearing to lack mental capacity |
| **Code Grey** | In the event of a **combative person**  
- Remain in the background and protect yourself from injury |
| **Code Silver** | In the event of person(s) with **weapon or hostage situation**  
- DO NOT respond to the location of the incident |
| **Code Stroke** | In the event of person(s) with **signs of a stroke**.  
- Common signs of a stroke are facial asymmetry, arm weakness, speech difficulty. Time saves brain tissue. Call immediately! |
<table>
<thead>
<tr>
<th>Department Information</th>
<th>Infection Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• x7575</td>
</tr>
</tbody>
</table>

**Hand Hygiene**

- Wash your hands with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash when they are dirty, before eating, before entering a room; when you leave a room, before you don and after you doff gloves.
- Use soap and water for 20 seconds or hand sanitize. Both require rubbing all parts of the hand.
- For C. difficile patients only use soap and water as sanitizers are not effective in killing this bug.
- Cough or sneeze into your sleeve, tissue or crook of your elbow but never a bare hand (the next person or thing you touch will be contaminated).
- Keep fingers and hands off your T-Zone which is your eyes, nose or mouth.
- **Artificial fingernails are not allowed on students providing direct, hands-on, care of patients.**

**Standard Precautions**

- Reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.
- Use appropriate PPE (gloves, gown, mask, eye protection, or face shield) when it can be reasonably anticipated that contact with blood or body fluids, secretions and excretions (except sweat) could occur in the care of all patients regardless of their diagnosis or presumed infection status.
- PPE is not to be worn outside the patient's room.
- Do not have food or drink, apply cosmetics, or handle contact lenses in a patient care area (OSHA law).
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Use the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

**Transmission Based Precautions**

- Contact, Special Contact (Enteric), Droplet, Airborne
- Implemented by nursing for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically-important pathogens for which additional precautions are needed to prevent transmission.
- For some diseases that have multiple routes of transmission (e.g., SARS) more than
- Transmission-based precautions for category may be used.
## Isolation Guideline

<table>
<thead>
<tr>
<th>ISO LATION TYPE</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DISEASE EXAMPLES</strong></td>
<td>Note: Precautions are applied to all entering room, including visitors. Any exception must be cleared through Infection Prevention, ext. 7575. <strong>Patient Education</strong> for a pathogen or disease is found on CareNet. Document that information and education were given.</td>
</tr>
<tr>
<td><strong>POSITIVE AIRBORNE</strong></td>
<td>Standard Precautions apply to all patients receiving care in the hospital regardless of their diagnosis or infection status. It applies to blood, body fluids, secretions, excretions, and contaminated items.</td>
</tr>
<tr>
<td><strong>DROPLET</strong></td>
<td>Aerosolizable spore-containing powder (Anthrax) Avian Influenza Varicella disease: chickenpox or shingles Measles Monkeypox Novel pathogens Smallpox SARS (severe acute respiratory syndrome) Tuberculosis (TB): suspect /confirmed Varicella zoster or Herpes zoster disseminated in any pt, and localized in an immunocompromised pt.</td>
</tr>
<tr>
<td><strong>CONTACT</strong></td>
<td>Diphtheria (pharyngeal) Group A Strep Haemophilus influenzae type b Influenza—FLU Meningitis Mumps Mycoplasma pneumonia Neisseria meningitidis Pertussis Parvovirus B19 Pneumonic Plague Rubella Streptococcus pneumoniae Viral hemorrhagic fever Infants/young children (&lt;6 years): Pharyngitis (Herpes simplex virus) Scarlet fever</td>
</tr>
<tr>
<td><strong>PRIVATE ROOM</strong></td>
<td>No (except for neutropenic or transplant patients) Yes - door closed. Keep room vacant 1 hr post dc of infectious patient to allow for air exchanges Preferred. Okay to cohort. Terminal clean at dc of isolation is required. Preferred. Okay to cohort (e.g. MRSA with same sensitivity). Terminal clean required at dc of isolation.</td>
</tr>
<tr>
<td><strong>NEGATIVE PRESSURE</strong></td>
<td>No Yes – Check for green light (Mission). Monitor daily. No</td>
</tr>
<tr>
<td><strong>HAND HYGIENE (soap &amp; water or alcohol rub)</strong></td>
<td>Yes Yes Yes Yes. Note: Alcohol rub is ineffective for C.difficile – use soap and water only.</td>
</tr>
<tr>
<td><strong>GLOVES</strong></td>
<td>Yes, if you are going to be in contact with body substances. Yes, if you are going to be in contact with body substances. Yes, if you are going to be in contact with body substances. Yes, if you are going to be in contact with body substances.</td>
</tr>
<tr>
<td><strong>GOWN</strong></td>
<td>Yes if you expect to be in contact with body substances. Yes if you expect to be in contact with body substances. Yes if you expect to be in contact with body substances. Yes if you expect to be in contact with body substances.</td>
</tr>
<tr>
<td><strong>MASK</strong></td>
<td>Monitor daily. Yes, regular mask N95 for high risk procedures Yes but only if pathogen in respiratory (sputum or bronch) secretions</td>
</tr>
<tr>
<td><strong>Positive Air Purifying Respirator (PAPR)</strong></td>
<td>No Yes, when performing high risk procedures (e.g. sputum induction, bronch, intubation) See ATD Policy. No No</td>
</tr>
<tr>
<td><strong>GOGGLES/FACE SHIELD</strong></td>
<td>Protect face and eyes if a splash is likely. Protect your face and eyes if exposure from splash likely. Required for SARS. Protect your face and eyes if exposure from pt’s sputum is likely. Protect your face and eyes if a splash is likely.</td>
</tr>
<tr>
<td><strong>DEDICATED EQUIPMENT</strong></td>
<td>No. Yes. Leave stethoscope in room. If you use your own, clean in-between pts with alcohol swab. Yes. Leave stethoscope in room. If you use your own, clean in-between pts with alcohol swab. Yes. Leave stethoscope in room. If you use your own, clean in-between pts with alcohol swab.</td>
</tr>
<tr>
<td><strong>MISCELLANEOUS</strong></td>
<td>Clean gown for patient Cover all open wounds Only immune personnel should care for pts with chicken pox or measles. No mask is required if immune. Only immune personnel should care for pts with mumps or rubella. No mask is required if immune. C.difficile pts are placed in “Contact Precautions – Soap and Water Only” Bleach wipes used in C.diff rooms. Use after cleaning with Sanimaster.</td>
</tr>
</tbody>
</table>
## Occupational Health

### Department Information

**Occupational Health Hours**
- Monday through Friday Day Shift
- Medical Office Building #3 Ste., 150
- X7374 General Line
- X7376 Work Injury Report & Follow-Up

**From Outside:**
- 949-364-1400 X7374

### Aerosol Transmissible Disease Exposure Control

- **TRANSMISSION** of aerosol transmissible pathogens occurs through dissemination of airborne droplet nuclei, small particle aerosols or dust particles containing the infectious agent. Once aerosolized these particles may be inhaled by a person.
- **SIGNS and SYMPTOMS** of an ATD depend on the pathogen. Anytime an employee has been exposed to an aerosol transmissible pathogen, Occupational Health should be consulted so the employee may be made aware of incubation time, signs and symptoms to watch for, specific vaccines to be administered if indicated, and follow up needed. Not all exposures require prophylaxis; all exposures should be reported to Occupational Health.
- **ISOLATION** for ATD: Airborne Isolation is required with a private room utilizing negative air pressure. Doors and windows must remain closed. Room remains empty for 1 hour post discharge.
- **ISOLATION** for ATD: Airborne Isolation is required with a private room utilizing negative air pressure, and doors and windows must remain closed.
- **RESPIRATORY PROTECTIVE EQUIPMENT:** A fit tested N-95 respirator must be used by the healthcare worker when entering an isolation room which is occupied or has been occupied within the past hour by a suspected or confirmed ATD. N-95s respirators are used once and discarded.
- **USE of PAPRs:** High hazard procedures, or those procedures in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens, require the healthcare worker to use a powered air purifying respirator (PAPR). These procedures include: sputum induction, bronchoscopy, autopsy, and intubation. Fit testing is not required for a PAPR however, orientation to the equipment, cleaning and storage of the PAPR is necessary.
- **SURGE:** In the event of a surge of patients with aerosol transmissible diseases, the hospital’s emergency management system is activated. Depending on the needs of the patient, i.e. emergency room visit and discharge, or admission to the hospital, the hospital is prepared to respond to an influx of these types of patients.
- **Reporting Exposure:** Anytime an employee has been exposed to an aerosol transmissible pathogen, Occupational Health should be consulted.
- The Airborne Transmissible Disease and TB Exposure Control Plans can be found in Lucidoc on Mission Shortcuts.
### Occupational Health

#### Tuberculin (TB) Skin-Test & Screening

We are mandated by OSHA, CDC, JCAHO and hospital policy to comply with TB screening requirements.

**Requirements**
- **Negative Skin-test**
  - Two-step skin tests
- **Positive Skin-test**
  - TB Health Questionnaire with a copy of a chest x-ray within the last 12 months.
- **Annual Requirements**
  - TB test is required every twelve [12] months if negative reaction

#### Bloodborne Pathogens

- Bloodborne pathogens are those pathogenic (disease causing) microorganisms that are present in human blood. They include but are not limited to HIV, HBV, and HCV.
- Transmission of bloodborne pathogens occurs when infected fluids from one person enter the body of another person through needle stick injuries, cuts, scrapes and other breaks in the skin; splashes into the mouth, nose, or eyes, oral, vaginal or anal sex; or by sharing infected drug needles. Pregnant women who are infected with these pathogens can pass them to their babies.
- **HIV** is the human immunodeficiency virus, which causes AIDS. HIV attacks the immune system, making the body less able to fight off infections, tumors, and other illness. In previous years, HIV infection eventually proved fatal, but new medications are increasing the potential for a long, relatively healthy life.
- The good news is that medications are making the lives of HIV infected persons healthier. These same medications are given to healthcare workers if they are exposed to HIV. There is no HIV vaccine.
- **HBV** is the hepatitis B virus. This virus attacks the liver. HBV can cause:
  - **Active HBV** which is a flu-like illness that can last for months. HBV symptoms include fatigue, possible stomach pain, loss of appetite, and nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin and eyes) and darkened urine will often occur. However, some persons become infected without any symptoms. The incubation period is 45 - 180 days.
  - **Chronic HBV carrier state** in which the person may have no symptoms, but can pass HBV to others. The virus can lead to severe liver disease, cirrhosis, or liver cancer.
- The good news is that the HBV vaccine is very effective. The vaccine is given in a series of 3 injections. There is no need for a booster if you have documented antibodies from the vaccine. **HBV vaccine is strongly recommended for all healthcare workers with potential exposure to sharps, body substances, or patients.**
- **HCV** is the hepatitis C virus. The symptoms of HCV are the same as for HBV. The incubation period for HCV is 6 - 7 weeks, and many people with acute infection develop chronic HCV infection and have the potential for transmission of HCV to others. HCV can lead to liver failure.
- Unfortunately, there is no vaccine for HCV, nor is there any routine recommendations for medication that can be taken after exposure to prevent infection.

---

**Student Training Orientation Manual** | 32 | Revised 10.2017
### Occupational Health

<table>
<thead>
<tr>
<th>Bloodborne Pathogen Exposure Control</th>
</tr>
</thead>
</table>
| - The Bloodborne Pathogen Exposure Control Plan can be found in Lucidoc on Mission Shortcuts.  
- “Sharps” includes any device with acute rigid edges or protuberances capable of cutting or piercing including needles, syringes, blades, and needles with attached tubing, broken glass items and items with potential to break which are contaminated with other medical waste  
- Don’t use a sharp unless you have been taught how (prevent exposure)  
- Sharps must go in a rigid, puncture proof container  
- Biohazardous waste includes recognizable fluid blood or blood products or containers of body fluids and laboratory or pathology waste and must go in a red bag |

<table>
<thead>
<tr>
<th>Needlestick/Body Fluid Exposure</th>
</tr>
</thead>
</table>
| - Notify your instructor or preceptor immediately  
- Notify Occupational Health right away (x7374)  
- Procedures found on Mission Shortcuts – Occupational Health |

<table>
<thead>
<tr>
<th>Vaccines</th>
</tr>
</thead>
</table>
| - Vaccines are available to employees for no fee. The available vaccines include Hepatitis B series, Varicella, MMR, TDAP and influenza.  
- Annual influenza vaccines or mask are required |

<table>
<thead>
<tr>
<th>Safe Patient Handling</th>
</tr>
</thead>
</table>
| - When transferring or repositioning a patient, safe patient handling equipment should be used.  
- Equipment is located on units  
- Call x5000 for Lift Team assistance as needed. Do not try to lift a patient alone. |

<table>
<thead>
<tr>
<th>Body Mechanics</th>
</tr>
</thead>
</table>
| **Golden Rules**  
- Think about and prepare for the task at hand  
- Test the load  
- Keep feet hips width apart  
- Move body as a smooth controlled unit  
- Hinge at your hips  
- Keep back straight – maintain the 3 natural curves  
- Avoid twisting  
- Keep shoulders, hips, knees and feet facing the same direction  
- Avoid excessive reaching – especially overhead  
- Use the strong muscles of your hips and legs to lift, push and pull  
- Ask for help if too heavy |

<table>
<thead>
<tr>
<th>Accident Reporting</th>
</tr>
</thead>
</table>
| - Notify your instructor or preceptor.  
- Notify Occupational Health  
- Complete accident form immediately and thoroughly for all incidents (Procedures found on Mission Shortcuts – Occupational Health)  
- Supervisor accident investigation done to prevent further injuries.  
- To clean up spills notify EVS (Environmental Services) or “711” for large spill  
- To repair malfunctioning equipment, notify Biomedical Engineering or Facilities. |
## Mission Way Navigation App

<table>
<thead>
<tr>
<th>New App Available</th>
<th>Mission Hospital is proud to provide a free app for smartphone devices call Mission Hospital Find My Way that provides staff, patients and guest turn-by-turn directions on the Mission Viejo campus – anywhere from the parking structure to inside the hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to get this App?</td>
<td>Download this app from the Apple Store or Google Play. There is also a web version at <a href="http://mission-dev.connexient.com/web/">http://mission-dev.connexient.com/web/</a> to view directions online, share, email and/or print instructions.</td>
</tr>
</tbody>
</table>
Intentionally Left Blank
Mission Conference Center
26726 Crown Valley Parkway

Medical Office Buildings 1,2,3
27800 Medical Center Road

CHOC Children’s
at Mission Hospital
27700 Medical Center Road
5th Floor of Tower 1

Mission Medical Plaza
26800 Crown Valley Parkway

Mission Medical Tower
26732 Crown Valley Parkway

Mission Surgery Center
26730 Crown Valley Parkway

Student Parking: Enter
# Phone Directory

<table>
<thead>
<tr>
<th>Phone Directory</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna Beach Hospital Phone Number</td>
<td>949-499-1311 – Dial “O” ask for department</td>
</tr>
<tr>
<td>Mission Viejo Hospital Phone Number</td>
<td>949-364-1400</td>
</tr>
<tr>
<td>Emergency Code In House</td>
<td>711</td>
</tr>
<tr>
<td>RRT (Rapid Response Nurse)</td>
<td>X1818</td>
</tr>
<tr>
<td>Security</td>
<td>X2254</td>
</tr>
<tr>
<td>Equipment, Supplies, Maintenance, Transport</td>
<td>X5000</td>
</tr>
<tr>
<td>3E-3rd floor Tower 1</td>
<td>X2111</td>
</tr>
<tr>
<td>3W-3rd floor Tower 1</td>
<td>X2131</td>
</tr>
<tr>
<td>Acute Rehabilitation Unit - Pavilion</td>
<td>X4002</td>
</tr>
<tr>
<td>Cardiac Telemetry-4th floor Tower 1</td>
<td>X4351</td>
</tr>
<tr>
<td>Cat Scan</td>
<td>X7501</td>
</tr>
<tr>
<td>Central Supply (supplies)</td>
<td>X4603</td>
</tr>
<tr>
<td>CICU-4th floor Tower 1</td>
<td>X4836</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>X2202</td>
</tr>
<tr>
<td>Labor &amp; Delivery -2nd Floor Tower 1</td>
<td>X 2195</td>
</tr>
<tr>
<td>Laboratory</td>
<td>X7426</td>
</tr>
<tr>
<td>Medical Telemetry-Pavilion</td>
<td>X2193</td>
</tr>
<tr>
<td>NSI -2nd floor Tower 2</td>
<td>X 2822</td>
</tr>
<tr>
<td>Nutrition-Dietary</td>
<td>X4672</td>
</tr>
<tr>
<td>OB -2nd Floor Tower 1</td>
<td>X 2151</td>
</tr>
<tr>
<td>PCSU-4th floor Tower 2</td>
<td>X 6250</td>
</tr>
<tr>
<td>Radiology</td>
<td>X7500</td>
</tr>
<tr>
<td>SDCU-Pavilion</td>
<td>X7481</td>
</tr>
<tr>
<td>SICU-3rd floor Tower 2</td>
<td>X 2173</td>
</tr>
</tbody>
</table>
Intentionally Left Blank
Student Orientation Post-Test

Select the correct answers from the choices below each question. More than one answer may be correct. Select all that apply.

**Mission and Values**

1. List ways that you can act out each of Mission Hospital’s Core Values.
   - Dignity – Conducting yourself and treating others with honor and respect.
   - Service – Being helpful.
   - Excellence – Being outstanding. Exceeding expectations.
   - Justice – Acting with a sense of fairness.

**Spiritual Care**

2. What services can Mission Hospital Chaplains be called to provide?
   - a. Assistance with coping (i.e. with critical illness, new diagnosis, chronic illness, etc.)
   - b. Community referrals for religious/spiritual resources
   - c. Consultation for bioethical issues
   - d. Emotional support (i.e. with death, terminal illness, fear, etc.)
   - e. Interpreter services
   - f. Prayer and spiritual support
   - g. Notary services

**Interpreter Services & Cultural Diversity**

3. Which Interpreter Service resources do we have at Mission Hospital?
   - a. Medical interpreter Associates
   - b. Telephone Interpreters
   - c. Video/IPad Interpreters
   - d. Video/IPad ASL Interpreters

4. Should bilingual family members be used to interpret rather than using Interpreter Services.
   - a. Yes
   - b. No
5. Which are ways that patients’ cultures can be honored?
   a. Asking about diet preferences
   b. Adjusting personal space according to patient comfort
   c. Facilitating spiritual practices
   d. Knowing what all people of the same race believe
   e. Honoring choices for significant other presence
   f. Supporting individual healthcare decisions

**Patients’ Rights**

6. Which are patient rights?
   a. The right to emergency treatment even if unable to pay
   b. The right to treatment that is not medically indicated
   c. The right to euthanasia
   d. The right to pain control
   e. The right to refuse treatment
   f. The right to leave the hospital against medical advice

7. Which situation is considered a reasonable suspicion of abuse and is reportable?
   a. A patient tells you that an employee touched her private parts during a bath and made her uncomfortable
   b. A patient tells you that a student made unwelcome advances.
   c. When a confused patient grabs a healthcare provider’s uniform, you see the provider hit the patient’s hand to get away.
   d. A patient tells you that his wife hits him when she gets angry.

8. What do you do if you suspect a patient may have been abused?
   a. Nothing if you aren’t certain
   b. Investigate to determine if the suspicion is valid
   c. Inform your instructor or preceptor immediately
   d. Document what you saw or heard on a QRE
   e. Report it to APS/Ombudsman/Sheriff

9. Which does HIPAA give patients’ rights to do?
   a. Obtain copies of their medical record and test results
   b. Keep health records private
   c. Access a minor child’s health record
   d. Access a spouse’s health record

10. What can happen if someone violates HIPAA?
    a. $250,000 fine
    b. 10 years in prison
    c. Professional license revoked
    d. Termination from job
**Risk Management**

11. The following statement(s) are true about the QRE process:
   a. QREs are not to be completed by students
   b. When in doubt, fill it out
   c. Reportable occurrences include such things as pressure ulcers, and medication errors
   d. A QRE should be filled out immediately or no later than 24 hours post occurrence

12. What 2 patient identifiers may be used prior to treatment, tests, procedures, medication administration, and obtaining blood samples?
   a. Patient name & date of birth
   b. Patient name & medical record #
   c. Patient name & room number #
   d. Patient name & diagnosis

**Environmental Safety**

13. What information is contained in Safety Data Sheets (SDS)?
   a. Storage requirements for hazardous materials
   b. Hazardous material labeling requirements
   c. PPE required for hazardous materials handling
   d. First aid measures to take if you are exposed to a hazardous material
   e. Acute and chronic effects of hazardous materials exposure
   f. How to clean up hazardous materials spills

14. What does RACE stand for?
   a. Run, Aim, Clamp, Expel
   b. Rescue, Alarm, Contain, Extinguish
   c. Respond, Assess, Cry for help, Exit

15. What does PASS stand for?
   a. Pop the plug, Arc the hose, Stand, Swipe
   b. Push the port, Activate, Spray, Swish
   c. Pull the pin, Aim, Squeeze, Sweep

16. Which is true of red electrical outlets?
   a. All essential medical equipment (like ventilators) should always be plugged into red outlets
   b. Red outlets should only be used during emergencies when the power goes out.
   c. Non-essential electrical equipment should not be plugged red outlets because that will drain the generators during an emergency power outage.

17. Which are ways to protect yourself from radiation?
   a. Keeping a safe distance when an x-ray is being done
   b. Wearing a lead shield when in an area where radiation is used
   c. Turning your back to the source
   d. Limiting time near sources of radiation
18. Where is smoking allowed at Mission Hospital?
   a. Any area outside of the hospital buildings
   b. In the parking lot only
   c. At the seating areas near the cafeteria
   d. Nowhere

**Emergency Codes**

19. Mission Hospital & CHOC Children’s at Mission Hospital utilize a standard Emergency Code System. Please match the following Codes with the correct definition.

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>A. Patient – Danger to themselves, safety risk, or missing</td>
</tr>
<tr>
<td>White</td>
<td>B. Person(s) with Weapon/Hostage</td>
</tr>
<tr>
<td>Trauma</td>
<td>C. Disaster (Internal/External)</td>
</tr>
<tr>
<td>Red Trauma</td>
<td>D. Hazardous Material Spill/Release</td>
</tr>
<tr>
<td>Red</td>
<td>E. Combative Person(s)</td>
</tr>
<tr>
<td>Orange</td>
<td>F. Medical Emergency (Adult)</td>
</tr>
<tr>
<td>Triage</td>
<td>G. Multi-System Injury / Go to OR</td>
</tr>
<tr>
<td>Yellow</td>
<td>H. Fire</td>
</tr>
<tr>
<td>Pink</td>
<td>I. Medical Emergency (Child 0 – 18)</td>
</tr>
<tr>
<td>Purple</td>
<td>J. Bomb Threat</td>
</tr>
<tr>
<td>Gray</td>
<td>K. Child Abduction (Age 1 – 18)</td>
</tr>
<tr>
<td>Silver</td>
<td>L. Infant Abduction</td>
</tr>
<tr>
<td>Elopement</td>
<td>M. Multi-System Injury</td>
</tr>
</tbody>
</table>

20. What number should you dial for an Emergency Code in the hospital?
   a. 711
   b. 911
   c. 0
   d. 1818

21. What are the signs of a stroke?
   a. facial droop
   b. slurred speech
   c. extremity weakness
   d. hyperglycemia

22. What should you do in the event of an infant/child abduction?
   a. Listen carefully to the description announced overhead
   b. Watch for people who fit the description
   c. Stand by an exit to secure the area
   d. Stop people with bags, carts, bins, etc that could contain an infant
   e. Call for help/Security immediately for noncompliance
   f. Follow the person if they refuse to stop and call 911 from your mobile phone
   g. Gather identifying information (description, license plate, etc.)
**Infection Prevention**

23. What is the proper personal protective equipment (PPE) to wear for airborne isolation?
   a. Gloves
   b. N-95 mask
   c. PAPR
   d. Regular face mask

24. How many seconds must hands be washed with soap and water?
   a. 5
   b. 10
   c. 15
   d. 20

25. Alcohol hand sanitizer is not effective for C. Difficile, so you should always wash with soap and water if patient has which?
   a. A cough
   b. A rash
   c. Diarrhea
   d. An open wound

**Occupational Health**

26. What should you have to do if you need to lift a patient?
   a. Ensure lift equipment is used instead of manually moving the patient
   b. Do it by yourself to be helpful and efficient
   c. Call 5000 to get assistance from the Lift Team

27. What should you do if you are injured at Mission Hospital?
   a. Complete an accident form for all incidents
   b. Don’t tell anybody, it’s embarrassing
   c. Only report it if you think it’s serious

Answer Key: 2)abcdef 3)abcd 4)b 5)abcdef 6)ade 7)abcd 8)cde 9)abc 10)abcd 11)bc 12)ab 13)a 14)abcdef 15)b 16)c 17)ac 18)abd 19)d 20)FGHDCILKEBA 21)abc 22)abcdefg 23)abc 24)d 25)c 26)ac 27)a
Orientation Confirmation

I have received the Mission Hospital Student, Intern & Faculty Orientation Manual containing information related to:

1. Mission Hospital Mission & Values
2. Code of Conduct
3. Security
4. Ethics & Spiritual Care
5. Interpreter Services & Cultural Diversity
6. Patient Rights, Including HIPAA
7. Risk Management & Patient Safety
   a. Quality Risk Event Reporting
   b. Compliance Hotline
   c. National Patient Safety Goals
8. Environmental Safety
   a. Reporting
   b. Disaster Response & Evacuation
   c. Equipment & Electrical Safety
   d. No Smoking Policy
   e. Radiation and MRI Safety
   f. Chemical Exposure
   g. Emergency Code Response
9. Infection Prevention
   a. Hand Hygiene & Cough Etiquette
   b. Standard & Isolation Precautions
10. Occupational Health Requirements
    a. ADT Exposure Control
    b. Bloodborne Pathogen Safety
    c. Needlestick/Body Fluid Exposure
    d. Safe Patient Handling & Body Mechanics
    e. Injury Reporting

My signature below indicates that I have read and understand the information provided in the Student, Intern & Faculty Orientation Manual; and I will adhere to applicable hospital policies and regulatory requirements during my training at Mission Hospital. If I have questions, I understand that I can ask my school instructor, the hospital student coordinator, and/or a preceptor for clarification.

Signature  ______________________________________ Date ______________________
Name (Print) _____________________________________________________________
School _________________________________________________________________
Instructor ________________________________________________________________

Print, complete and email to Mission Hospital student coordinator.

Student Training Orientation Manual  44  Revised 10.2017
Intentionally Left Blank
Essential Duties and Responsibilities of Nursing Clinical Instructors at Mission Hospital

1. The instructor is expected to determine applicable orientation requirements and schedule as needed.
2. The instructor must coordinate with the hospital student coordinator for regular rotations and preceptorships.
3. The instructor must not allow students to start training or “shadow” until the required clearance is complete (security/health).
4. The instructor understands that obtaining student badges may take up to 2 weeks and students cannot train at Mission Hospital without wearing the Mission Hospital student badge.
5. The instructor understands that student badges are assigned to each student and are not to be shared with other students. If a student is having a continued issue with a Mission Hospital student badge then Safety & Security should be notified and a new badge should be obtained. In addition, the Student Coordinator should be notified.
6. The instructor is responsible to ensure that all student badges are returned to Security at the end of the rotation.
7. The instructor is responsible to orient nursing students to the hospital and applicable policies and procedures, and ensure that they have completed the orientation post-test and online computer training modules prior to starting training on the units. Problems with orientation shall be directed to the student coordinator.
8. The instructor is responsible to evaluate the students’ performance of skills and other nursing activities and supervise them appropriately to ensure patient safety. Instructors must provide appropriate clinical supervision to the students and must not rely on the Mission Hospital staff to provide supervision to students.
9. The instructor must provide Student/Patient Assignment sheets, that include a mobile phone number with which he/she can be reached during training, and post it on the units prior to each shift.
10. The instructor is expected to ensure completion of the Clinical Nursing Instructor & Student Exit Evaluations and submit them to the student coordinator.

I have read and will adhere to the expectations above.

Signature __________________________________ Date ____________________

Name (Print) _________________________________________________________

School ______________________________________________________________

Print, complete and email to Mission Hospital student coordinator.
Intentionally Left Blank
Nursing Program

Student/Patient Assignments

Instructor ______________________  Assistant ______________________

Rotation ______________________  Cell Phone ______________________

Date _____/_____/______  Unit ________________________________

Start Time ______________________  End Time ______________________

Focus __________________________

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Rm/Bed #</th>
<th>Patient Initials</th>
<th>Age</th>
<th>Patient Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Print, complete and post on units where students are training.*
Student Exit Evaluation

Please take a few minutes at the end of the term to complete this evaluation to help us to ensure good student experiences at Mission Hospital.

1. How helpful was your Preceptor in providing you with opportunities to meet your course/training objectives?
   - [ ] Almost always
   - [ ] Often
   - [ ] Sometimes
   - [ ] Seldom
   - [ ] Never

   Please explain ________________________________________________________________

2. How welcoming was the staff during your training at Mission Hospital?
   - [ ] Extremely
   - [ ] Very
   - [ ] Moderately
   - [ ] Slightly
   - [ ] Not at all

   Please explain ________________________________________________________________

3. How likely would you be to seek employment at Mission Hospital?
   - [ ] Definitely
   - [ ] Likely
   - [ ] Possibly
   - [ ] Unlikely
   - [ ] Definitely Not

   Please explain ________________________________________________________________

4. Please rate your overall experience with Mission Hospital.
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Average
   - [ ] Fair
   - [ ] Poor

   Please explain ________________________________________________________________

Name _____________________________________________ Date ________________

School ___________________________________________ Program __________________

Department or Units where you conducted most of your training ______________________

____________________________________________________________________________

Preceptor(s) _________________________________________________________________

Thank you for your input.
Print, complete, and email to Mission Hospital student coordinator.
Intentionally Left Blank
Clinical Nursing Instructor

Exit Evaluation

Please take a few minutes at the end of the term to complete this evaluation so we can continue to improve the clinical experiences of students and instructors at Mission Hospital.

1. How helpful was the student coordinator in assisting you with onboarding?
   - [ ] Almost always  
   - [ ] Often  
   - [ ] Sometimes  
   - [ ] Seldom  
   - [ ] Never

Please explain ____________________________

2. How good were the quality of learning opportunities for your students?
   - [ ] Excellent  
   - [ ] Very Good  
   - [ ] Average  
   - [ ] Fair  
   - [ ] Poor

Please explain ____________________________

3. How welcoming was the staff during your training at Mission Hospital?
   - [ ] Extremely  
   - [ ] Very  
   - [ ] Moderately  
   - [ ] Slightly  
   - [ ] Not at all

Please explain ____________________________

4. Please rate your overall experience with Mission Hospital.
   - [ ] Excellent  
   - [ ] Very Good  
   - [ ] Average  
   - [ ] Fair  
   - [ ] Poor

Please explain ____________________________

5. Please share any additional feedback that you have.

______________________________

Clinical Instructor ____________________________  Date ______________

School ____________________________  Rotation ____________________________

Thank you for your input.

Print, complete, and email to Mission Hospital student coordinator.