We want your experience at Saddleback to be an excellent one! Everyone is here to help and answer questions, guide you along the way, and develop your pride in choosing an esteemed profession in healthcare.

MemorialCare® and SMMC are committed to providing a safe environment and quality care to all our patients.

This guide provides information about the hospital and clinical policies that will help you in preparing for your clinical rotation. Additional information and resources available to you when you are on campus are found on the SMMC intranet site including Policy & Procedures, For Clinicians, Micromedex, Care Notes, and Mosby Nursing Skills.

Contents:

- SMMC Mission, Vision, Values
- Parking, ID Badges, Hospital Maps
- Nursing Student Guidelines
- Communication
- MEWS, Rapid Response Team, Code Blue
- Patient Identification
- Medication Administration
- Fall Prevention, Clinical Alarms, Suicide Risk
- Cultural Diversity
- Newborn Abandonment Policy
- Abuse Reporting
- Infection Prevention
- Linen, Medical Waste, Chemical Spills, Medical Equipment
- Emergency Procedures
Saddleback Memorial Medical Center and MemorialCare®

Mission:
To enhance the health and well being of individuals, families and our community.

Vision:
Extraordinary People. Extraordinary Care. Every Time.

Core Values: the iABC’s

**Integrity:** Integrity is about doing the right thing, even when no one else is watching

**Accountability:** Being responsible for meeting the commitments we have made, including ethical and professional integrity, meeting budget and strategic targets and compliance with legal and regulatory requirements.

**Best Practices:** Requires us to make choices to maximize excellence and to learn from internal and external resources about documented ways to increase effectiveness and/or efficiency.

**Compassion:** Serving others through empathy, kindness, caring, and respect.

**Synergy:** Combining our efforts so that together we are more than the sum of our parts.

Parking
Please park toward the back of the visitor parking lot, on the Paseo de Valencia (street) side of the green belt dividing the lot. This will leave the parking spaces closest to the hospital for our patients and visitors. Parking in the mall puts you at risk for having your car towed.

Security ID Badges
Please wear your school name badge at all times while on campus.

SMMC LH - by floor

**Basement:** Conference Rooms 1 - 8; Professional Development, Café, Laboratory/Blood Bank, In-Patient Pharmacy, Simulation Lab

**First Floor:** OR, PACU, Outpatient Unit (OU), Radiology, Cardiovascular Lab, Cardiovascular Observation Unit (CVOU), Women's Surgical Unit (WSU), Admitting, and Emergency (ED).

**Second Floor:** ICU, 2E (Telemetry), 2W (Short Stay), 2S, 2N (Med Surg)

**Third Floor:** 3E (Orthopedics/Neuro) and 3W (Medical Oncoloty)

**Off-site:** Human Resources - located at 23961 Calle de la Magdalena, Suite 307 (next door to the hospital).
General Guidelines

Introduce yourself to the RN and any other caregivers assigned to your selected patient(s). Let them know the care you will be providing (e.g. AM care, medications, procedures) and how long you will be on the unit that day. Please keep them updated throughout the shift as appropriate.

Hospital staff has the ultimate responsibility for the patient. Staff nurses attempt to provide learning experiences for students, but must ensure the ultimate safety and care of our patients. Immediately report any change in patient status to the RN responsible for the patient. Report off to the patient’s RN when leaving on breaks and at the end of the day.

Direct supervision by your instructor or a staff RN is required when:

♦ Performing any procedure for the first time.
♦ Performing any invasive procedures. You may start IVs with immediate supervision if you have completed a course in IV therapy.
♦ Hanging IV infusions, injecting medications into an IV solution or administering add-A-line medications
♦ Transfusing blood or blood products
♦ Administering medications
  ◊ An RN or instructor must confirm the procedure and dosage of any medications requiring reconstitution or computation of dosage

Resources and references are available on the SMMC Intranet including SMMC Policies, Mosby Skills for clinical procedures, Epic Clinical Documentation Guidelines, IV Medication Guidelines.

Security and Confidentiality

Treat all information as if it were about you or a member of your family. Access only the information you need to care for your patients.

♦ Refrain from discussing patient information in public places.
♦ Use only your own ID and password to access Epic (the electronic medical record).
♦ Please limit printing from Epic and do not leave printouts lying around.
♦ Dispose of printouts or any papers with patient information in the grey bins, not in regular trash.
♦ Do not remove documents containing patient information from the hospital (lab reports, notes, etc.)

Documentation

Epic training is completed via a Web Based Training Module/exam. The HIPAA and Epic exam should be completed by at least 2 business days prior to the start of your rotation to ensure activation of your Epic Access code.

When logging on to Epic, your “N” number (provided by your instructor) is your user ID. The initial password is “password1$”. You will then be prompted to create your own password.

If you need to have your password reset, ask one of the staff members to assist you in calling the Helpdesk. (A staff member will be asked to confirm your identity, by your school badge, prior to resetting your password)

In addition to staff, the SMMC Epic Clinical Documentation Guidelines site on the SMMC Intranet is an online resource on what and where to document care provided to the patient. Please make every attempt to document the care you provide in a timely manner so that the information is available to other team members.
Communication

Effective communication is an essential element of working together for the common goal of patient safety and quality of care. Listed below are several tools adopted at SMMC to enhance communication.

To optimize nursing communication during patient hand-offs (shift to shift, new admissions from the ED, transfers between units), we use the **Professional Exchange Report** and **ED to Floor Handoff Report** in Epic. There are separate versions of the Professional Exchange Report for Adult, OB, and Newborn/NICU. The reports contain information and links to reports/chart activity organized in a manner to facilitate telling the patient’s story. Links to hand-off reports are available on the **Nursing Index Report** in the patient’s Epic chart.

When a patient is transported to a diagnostic area and not accompanied by nursing, the **Transportation and Safety Checklist** is used to communicate significant patient safety information. Nursing prints the report, fills in additional information (such as RN contact numbers), reviews the report with the person transporting the patient and sends the report with the patient.

In high risk situations, we use **SBAR** to facilitate clear and accurate communication.

- **S**: Situation
- **B**: Background
- **A**: Assessment
- **R**: Recommendation

The way we communicate with patients and families is also an essential element of quality care. **AIDET<sup>SM</sup>** is a proven framework for structuring patient interactions in ways that decreases patient anxiety, increases compliance and demonstrates that we care about a high level of service excellence.

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
<th>Be polite and respectful. Use a greeting, smile, make eye contact. Acknowledging a person sends a message that they are important to you.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
<td>Introduce yourself using your name, with your title if appropriate.</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
<td>Explain how long evaluation and diagnostic work-up will take, use key words for keeping the patient informed. Providing this information helps to manage patient expectations about time.</td>
</tr>
<tr>
<td>E</td>
<td>Explain</td>
<td>The plan of care, what tests and treatments are to be accomplished, and what you feel is going on.</td>
</tr>
<tr>
<td>T</td>
<td>Thank you</td>
<td>No matter if you are speaking to a patient or colleague or if on the phone or in person, at the end of the conversation add a “thank you”. You can personalize it to a thank you that fits the situation. (“Thank you for your suggestion”. “Thank you for your patience”. “Thank you for choosing Saddleback”.)</td>
</tr>
</tbody>
</table>

**Teach Back** is an evidence-based method for confirming understanding and improving retention when providing patient education.

- Provide content in small, manageable chunks using common, everyday language.
- Ask the patient to repeat in their own words what they understand or to demonstrate what they will do. Don’t assume that being able to verbalize steps equates to correct performance.

The RN can assist with there are language or hearing barriers:

**Language Interpreters** are available and should be used when there is a language barrier present. AT&T Language Line interpreters can be used via a language line phone that is available on each patient care unit.

**American Sign Language** interpreters can be accessed via the Dayle MacIntosh Center (800) 422-7444.
Patient Identification

Use at least 2 patient identifiers when providing care, treatment, and services. The primary patient identifiers are the patient's full name and date of birth. The patient's room or bed number is never used to identify any patient.

To prevent patient identification errors related to diagnostic testing, all specimens must be labeled immediately after collection and in the presence of the patient. All specimen labels need to include: the patient’s full name, medical record number, time & date of collection, initials of the person collecting the specimen and the source (if other than blood).

Medication Administration

- Medications must be administered under the supervision of a nursing instructor or staff RN.
- Saddleback Memorials uses bar code medication administration. Patient identification is verified and all meds are administered by bringing a computer to the bedside.
- Medication are dispensed a unit-dose or single-use packaging whenever possible. Unit dose packages are to be opened at the bedside.
- Medications that may be left at the bedside are limited to nitroglycerin tablets, antacids and non-medicated eye drops. There must be a physician order indicating the meds are to be kept at the bedside at the medication must be properly labeled by our inpatient pharmacy.
- All IV drug administration is to be done in accordance with the guidelines and requirements described in the SMMC’s on-line IV Medication Guidelines (a link to the guidelines is on the intranet For Clinician’s page).
- Meds requiring an independent double check by 2 RNs: Insulin (SQ and IV), PCA settings and continuous opiate infusions, Heparin IV, 3% Saline, Chemotherapy, Argatroban/lepirudin/bivalirudin, Epidural/Intrathecal/Intraspinal Opiates, Magnesium Sulfate concentrate / high dose (4 GM & 25 GM IV bags), Oxytocin, and Alteplase (tPA).

- Standard start times for new medication orders:
  - STAT: within 30 minutes
  - ASAP: within 1 hour
  - All other one time doses: within 2 hours
  - Time-critical scheduled meds*: within 1 hour
  - All other scheduled meds: within 2 hours

- Allowable medication administration time variances for scheduled medications:
  - Time-critical meds*: 30 minutes before or after scheduled time
  - Non-time critical meds: 1 hour before or after scheduled time

*Time critical meds include such meds as those given every 4 hours or more frequently, scheduled opioid for chronic/palliative care, immunosuppressive agents, meds with a critical relationship to meals such as insulin and oral hypoglycemic agents
Any patient with a central line receives a daily 2% Chlorhexidine (CHG) bath for

Instructions for bathing are shown to the right.
1. Do not use soap below the jawline. Soap may inactivate CHG
2. Dispose of all cloths in the trash. Do not flush them.
3. Use only CHG compatible lotion

Skin may feel sticky for a few minutes after CHG application. Do NOT wipe off. Allow to air dry.

Criteria for using Incontinence Pads

KEY POINTS
- There should never be more than three layers between patient and mattress
- Do not use bath blankets for moving patients
- Do not use incontinence pads for continent patients
- For additional guidelines on assistive devices for moving/transfer of immobile patients, see lifting algorithms posted as attachments to the Safe Patient Handling policy
Safe Patient Handling
In 2012, Governor Brown signed into law AB1136 Hospital Patient and Health Care Worker Injury Protection Act, known as Safe Patient Handling. The law requires direct patient care staff be educated and equipment be available to allow for zero patient manual lifting (ZPML). OSHA regulates this law and requires acute care hospitals to have a “Patient Protection and Healthcare Worker Back and Musculoskeletal Injury Prevention Plan.”

As students, you are required to adhere to Saddleback Hospital’s Safe Patient Handling Policy and Plan. All the hospital’s direct patient care staff have been trained in safe patient handling. The nurse is the coordinator of care for their patients. They will be able to assist you in assessing your patient’s mobility needs and accessing any necessary equipment. Please address your patient’s mobility needs with your nurse preceptor. All nursing unit charge nurses and inpatient rehab staff are “Superusers” and will also be available to advise you.

If you have any questions or concerns, please call Lori Conconi, Professional Development Department 949-452-3639.

Fall Prevention
We recognize that all hospitalized patients have the potential to fall and should have appropriate fall prevention measures in place (such as raised side-rails, bed in low position with wheels locked, non-skid slippers, etc.). Please be sure that patient personal items (phones, call lights, etc.) are within each reach and return the bed to the lowest position after providing care.

Patients who are identified as at risk for falls, have a yellow arm band and a “Fall Alert” sign on the outside door of the their room. Additional safety measures, (bed alarms, frequent toileting, observational rounds) are put in place based on individual patient need.

Clinical Alarms
The use of alarms is an important patient safety practice. Check all alarm settings for your patients when rounding. It is everyone’s responsibility to respond to alarms.

Stryker bed alarms: All patients should have bed alarm set at Zone 1. The patient does have the right to refuse the bed alarm. Patient refusal of bed alarms must be documented. The alarm is set at Zone 2 if the patient has had a fall during the current admission or within 6 months prior to admission.

When the patient is a fall risk, a chair alarm should be used when out of bed.

Pulse oximeter alarms are to be responded to in person. The oximeter should be plugged in to the call light system to facilitate prompt response.

Pre-Procedural Verification Process (Applies to all surgical and non-surgical invasive procedures.)
Prior to any surgical or non-surgical procedure, we are responsible to verify:

♦ Correct procedure for the correct patient at the correct site.
♦ All required documentation is available including: H&P, signed procedure consent form, nursing assessment and pre-anesthesia assessment, medications; diagnostic and radiology test results; any blood products, implants, devices, and/or special equipment.

For procedures preformed in the OR and other procedural areas, nursing completes a checklist (in Epic) prior to sending the patient from the unit. For bedside procedures, the verification process must be completed, but completion of the checklist is not required.

Time-out
A time-out must be conducted immediately before starting the invasive procedure or making the incision. All the team members must agree, at a minimum to the correct:

Patient identity, Side/Site, and Procedure to be done
Modified Early Warning Signs (MEWS) score is a tool to promote early identification of clinical changes in the patient and to prevent cardiac arrest. The clinical scores are documented with every vital sign taken in Med/Surg/Telemetry. The ICU, ED and PACU performs MEWS score at the time of transfer out of the unit.

### Modified Early Warning System (MEWS) Revised Scoring Grid (3/25/14)

<table>
<thead>
<tr>
<th>Score</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Temperature</strong></td>
<td>Less than 95.0°F 35.0°C</td>
<td>95.0 - 96.7°F 35.05 - 36°C</td>
<td>96.8-100.4°F 36.05 - 38°C</td>
<td>100.5-101.4°F 38.05 - 38.5°C</td>
<td>More than 101.4°F 38.55°C</td>
</tr>
<tr>
<td><strong>Heart Rate per minute</strong></td>
<td>Less than 40</td>
<td>40-49</td>
<td>50-105</td>
<td>106-120</td>
<td>More than 120</td>
</tr>
<tr>
<td><strong>Respiratory Rate per minute</strong></td>
<td>Less than 9</td>
<td>9-11</td>
<td>12-20</td>
<td>21-30</td>
<td>More than 30</td>
</tr>
<tr>
<td><strong>Systolic BP</strong></td>
<td>Less than 80</td>
<td>80-94</td>
<td>95-159</td>
<td>160-200</td>
<td>More than 200</td>
</tr>
<tr>
<td><strong>Pulse Oximetry</strong></td>
<td>Less than 90%</td>
<td>90-92%</td>
<td>93-100%</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### MEWS Score: GUIDELINES FOR ACTION for Direct Care RN

*Do not implement for Comfort Care patients*  
If DNR – use as appropriate for patients care plan

- **Score ≤ 2**  
  - Continue monitoring patient and document VS per policy

- **Score 3-4**  
  - Perform complete assessment
  - Assessed as appropriate:
    - Complete full set of Vital Signs and repeat in 1hr
    - Change in LOC/speech
    - Check for arrhythmia (on telemetry or portable monitor)
    - Subjective verbal cues
    - Assessment of pain
    - Peripheral perfusion (MAP)
    - Urine output
    - New symptoms
    - Jugular and heart sounds
    - Review recent WBC, H&H, K, Mg or bedside glucose
  - As appropriate:
    - Notify the Charge Nurse – use SBAR for collaboration of next steps
    - Notify the physician and be ready with SBAR
  - Increase frequency of monitoring until patient is back to baseline

- **Score 5-8**  
  - PRIORITY
    - Use SBAR
    - Notify Charge Nurse
    - Notify physician
    - Call RRT/CAT
  - Monitor and treat as appropriate:
    - Complete full set of Vital Signs
    - Always and IPF, - - - give oxygen as needed
    - Vital signs – place on Automatic IP Monitor
    - Urine output - place on Portable Monitor temporarily
    - Respiratory secretions - set up suction
    - IV access & prepare to bolus fluids
    - Blood sugar, if indicated
    - Code Cart – place in patient’s room if appropriate
    - Consider transferring to a higher level of care as appropriate
  - Increase frequency of monitoring/vital signs a 1 hour until patient is back to baseline
  - OR
    - Is transferred to higher level of care
Rapid Response Team and Code Blue
A Rapid Response Team may be called by staff or family members by dialing 21111.

Code Status orders used at SMMC are:
1. Full Code
2. “Allow Natural Death” (AND) (formerly Do Not Resuscitate),
3. Limited Code: In Limited Code, the physician order will specify the limitations to a full code response in the event of cardiopulmonary arrest. These limitations include: endotracheal intubation, chest compressions, electrical therapy/defibrillation, and/or ACLS medications. With a limited code order, a Code Blue is paged.

To initiate Code Blue, use the Code button on the wall panel or dial 21111. Be prepared to provide the team with a report of events leading to the calling of the code. For a cardiac arrest of a pregnant woman, ask the operator to page “OB Code Blue” and the OB/NICU staff will also respond. (Depending on the reason for admission, a pregnant woman may be admitted to any unit in the hospital). You may stay to participate in or observe the code blue response. However, if space is an issue, you may be asked to leave the room.

Suicide Risk
If a patient exhibits behaviors indicating a risk for suicide, an initial assessment is completed by an RN or MD within 24 hours of admission or by the completion of the ED visit. The assessment will help to determine the degree of lethality. A safety attendant will be assigned to the patient.

Sitters and Safety Attendants
For patients who are assessed to be at risk for harm, the hospital may decide it is appropriate to provide sitter or safety attendant:

A **Sitter** is a staff or registry PCT/PCA, a family member or other individual who stays with a confused or otherwise disabled patient.

A **Patient Safety Attendant** is a staff member who has been trained on maintaining a safe environment to prevent injury to the patient or others. In addition to providing individualized care, the safety attendant:
- Works with the primary nurse to clear the room of any sharp or dangerous items
- Remains with the patient at all times to ensure continuous observation (including bathroom visits, transfers to radiology or other departments, change of shift, etc.). The safety attendant is not to read, study, socialize, sleep or attend to anything but the patient, even when the patient is sleeping.
- Asks visitors if they have checked in at the nurse’s station prior to entering the room
- If visitors leave items, ask to inspect them to be sure no sharp or dangerous objects are present. If present, remove the items and notify the nurse.

Abuse Recognition and Reporting
SMMC requires any health practitioner or volunteer in the facility, who has knowledge of, or observes a patient whom he/she suspects has suffered an injury as a result of an abusive relationship to report this to the local law enforcement agency. Assistance with reporting can be obtained from the social service or chaplaincy departments.

Newborn Abandonment Policy
California law does not hold parents and/or legal custodians criminally liable for abuse and neglect when they voluntarily surrender newborns 72 hours old or younger to any public or private hospital or fire station.

**Based on the California law,** SMMC authorizes the emergency department (ED) registered nurses to accept custody of these newborns and implement other mandatory responsibilities.
Infection Prevention

MemorialCare® has a goal for reducing hospital-acquired infections to the “Zero Zone” (rare to none) and increasing hand hygiene compliance to 100%.

Hand Hygiene
Hand hygiene is the single most important thing you can do to prevent the spread of infection. All staff and students are expected to perform hand hygiene before direct (ungloved) patient contact, before preparing or administering medications, and after patient contact or any situation during which microbial contamination of hands is likely.

Alcohol-based hand cleanser dispensers are located throughout the hospital. Soap and water is recommended when hands are visibly soiled or when providing care for patients with diarrhea.

Artificial nails and nail tips have been implicated in hospital acquired infections and are prohibited for all direct patient care providers.

Personal Protective Equipment (PPE) is clothing or equipment that puts a barrier between you and a patient’s blood or body fluids. When required, don PPE before entering the room. Remove & discard before exiting the room except for masks when in an airborne isolation room.

Isolation Precautions

Standard Precautions are used for all patients regardless of diagnosis.

Transmission Based Precautions are used for patients known or suspected to be infected or colonized with epidemiologically important pathogens that can be transmitted through the air or by direct contact. They are used in addition to, not instead of, Standard Precautions. Patients may be on more than one type of transmission based precautions for disease with multiple routes of transmissions.

<table>
<thead>
<tr>
<th>Precaution</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Airborne Precautions</strong>&lt;br&gt;<em>For microorganisms that remain suspended in the air for long periods</em></td>
<td>◊ Negative pressure rooms&lt;br&gt;◊ Both rooms doors remain closed&lt;br&gt;◊ An N95 mask is required when entering room&lt;br&gt;◊ A surgical mask is placed on patient for transport</td>
</tr>
<tr>
<td><strong>Droplet Precautions</strong>&lt;br&gt;<em>For microorganisms transmitted via droplets are dispersed in the air when an infected person coughs, sneezes or talks</em></td>
<td>◊ Private room (negative pressure not required). If a private room is not available, the patient will be cohorted with a patient infected with the same organism&lt;br&gt;◊ Wear a surgical mask upon entering the room&lt;br&gt;◊ Surgical mask on the patient for transport</td>
</tr>
<tr>
<td><strong>Contact Precautions</strong>&lt;br&gt;<em>To prevent transmission of infection from direct person to person spread.</em></td>
<td>◊ Wear gloves upon entering the room&lt;br&gt;◊ Use a gown if there’s a potential for contamination of your clothing&lt;br&gt;◊ Wear a mask if the patient has MRSA in the respiratory tract&lt;br&gt;◊ Reusable equipment is cleaned prior to being taken out of the room</td>
</tr>
</tbody>
</table>
Linens
- Use linens judiciously, only bringing to the patient room the necessary amount of linen.
- Use Standard Precautions with all soiled linen. Fold or roll soiled portion into center of bundle and keep away from uniform.
- Bag soiled linen in the area where generated. Do not fill linen bag beyond 2/3 of its capacity.
- Double bag linen if the outside of the bag is visibly soiled.

Medical Waste
Medical waste includes:
- Blood Products
- Any item soiled with blood to the extent that the blood separates from the item (drips)
- Body fluid filled containers
- All sharps/needles
- Pathological specimens, lab specimens
- Transfusion bags and tubing
Medical waste is disposed of in the red biohazardous waste bags/containers or in red sharps containers (needles and sharps).

Pharmaceutical Waste
Non-hazardous pharmaceutical waste is disposed of in a blue and white Pharma Safety Container:
- Tablets and capsules, except chemo & hazardous pharmaceutical waste
- Empty and partial bags of any IV solution with additives other than electrolytes or multivitamins
- Empty and partial vials or ampules
- Used ophthalmic, otic and nasal preparations
- Partial bottles of oral liquids including cough syrups and elixirs
- Used tubes of creams and ointments
- Control substance waste
Hazardous pharmaceutical waste is returned to pharmacy for disposal.
Plain IV solutions or solutions with electrolytes and/or multivitamins may be drained in the sink. The empty bag can be disposed of in the regular trash—ensure patient’s name is unreadable.

Chemical Spills
Building Services provides a team of trained employees to assist with pick up of chemical spills.

For large spills:
- Confine the spill area
- Call Building Services/Housekeeping Supervisor
- Refer to SDS for hazards/precautions

Safety Data Sheets (SDS) give detailed information about hazardous materials including chemical/generic name, ingredients, health hazards & first aid, fire hazards and transportation & handling instructions. We have an online SDS library for hazardous materials used at SMMC. You will find the link on the SMMC intranet home page.

Medical Equipment Malfunctions
If you encounter a piece of equipment that isn’t working properly notify the RN so that the equipment can be isolated and tagged for service.
# Emergency Procedures

In the event of an emergency, please follow the directions of SMMC staff.

To report an emergency, call 21111 from any in-house phone.

<table>
<thead>
<tr>
<th>Overhead Page</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Code Red</strong></td>
<td><strong>Code Pink</strong></td>
</tr>
<tr>
<td>Fire</td>
<td>Infant abduction</td>
</tr>
</tbody>
</table>
|               | ◆ Available staff report to nearest hospital exit and monitor for any suspicious persons; if exits are guarded, patrol hallways & stair wells
|               | ◆ Ask those leaving to remain until the emergency is over and attempt to obtain the ID of those who do leave.
|               | ◆ Ask politely to check contents of parcels and bags.
|               | ◆ Remain on guard until relieved by security or "Code Pink all clear" is paged. |
| **Code Gray** | Threat of violence |
|               | Security and other able-bodied personnel respond |
| **Code Silver** | Weapon or hostage situation |
|               | ◆ Security staff will respond and law enforcement will be summoned.
|               | ◆ Exit or stay away from area involved. Close all doors to rooms, exits, etc.
|               | ◆ Remain calm and assist law enforcement as necessary |
| **Code Yellow** | Bomb threat |
|               | If you receive a bomb threat over the phone:
|               | ◆ Keep the person on the line and obtain as much information as possible (location, detonation time, etc.)
|               | ◆ Listen for any background noises, accent, unusual phrases, etc. that could help identify the caller.
|               | ◆ Notify the hospital operator immediately; use a second person if necessary. |
| **Code Triage** | Disaster |
|               | “Code Triage Internal” is page for damage to the medical center
|               | “Code Triage External” indicates an external disaster with potential for multiple casualties
|               | Follow the directions of your instructor and hospital staff. |
**Professional Courtesy Behaviors**

Social conversations should be held to break times in an area where staff and patients cannot hear the conversation.

Students should not cluster together on the floors. No more than “two at a time” works best.

Be observant as to whether any staff or physicians need a computer. Limit computer time to less than 20 minutes per sitting.

Please be considerate of staff use the break rooms for breaks or meals. Ask your instructor for appropriate areas for you to use for breaks or other school related activities.

*Thank you for your attention to these professional courtesy behaviors.*