

***This packet contains valuable information.
Students should keep it as reference material.***



CARSON TAHOE
— HEALTH —



CLINICAL STUDENTS ORIENTATION GUIDE & HANDBOOK



Welcome to Carson Tahoe Health

Carson Tahoe Health (CTH) is committed to the health and well-being of the communities we serve. CTH is a comprehensive health provider with many locations in northern Nevada.

We treat our healthcare system in the same manner we treat our patients - with care, respect and a commitment to do our very best. That is what drives us every single day, and it is what separates us from other hospitals.

At CTH we make every effort to create a positive, healing environment, one that is focused around our patients individual needs, encompasses state-of-the-art programs and technologies and nurtures a first-rate medical team comprised of some of the most respected experts in their field.

This Orientation Guide & Handbook was developed to provide you with key information as you begin your experience with Carson Tahoe Health Team. Depending upon your assignments, additional unit specific orientation may be required.

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CARSON TAHOE
— H E A L T H —

Our Mission

To enhance the health and wellbeing of the communities we serve.

Our Core Values

Putting Patients First
Treating Everyone with Dignity and
Respect

Our Culture

“The Carson Tahoe Way”

Safety







Kindness & Compassion

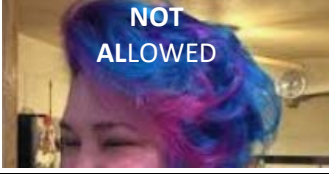





Expertise & Competency


Efficiency




Created by us and our patients, for us and our patients.

CHAPTER 1 - KEY POLICIES & HIGHLIGHTS Some data may be Regional Medical Center specific.

<p>RMC Parking - You are to use the top portion of Parking lot 4. See page 20.</p>	
<p>Identification (All locations) You are required to wear a school issued photo identification as well as an access / name badge issued by the CTH Education department that will contain authorized rotation dates.</p>	
<p>Personal Hygiene/Dress Code Your personal appearance is crucial to the overall impression of CTH. Personal hygiene is a vital requirement as well as safe and appropriate dress.</p>	
<p>Jewelry is limited to small, stud type earrings, nothing dangling that can get caught or snagged. No loose bracelets like charm bracelets.</p>	
<p>No visible piercing jewelry. Tattoos must be in good taste *(? Ask if you are unsure.) and/or covered</p>	 <p style="text-align: right;">*?</p>
<p>CTH maintains a Caregiver ID program for staff delivering patient care. Those employees are issued scrubs that identify their role in patient care. The attire expectations for students doing clinical studies at CTH facilities are as follows:</p> <p>No tank tops, crop tops or blue jeans.</p> <ul style="list-style-type: none"> You are required to wear your school 'uniform' (which is often a logo polo shirt or school logo scrubs) while doing your rotations. Uniforms are to be clean and well maintained. If your school does not have a uniform, you are to wear black scrub pants and a white scrub top. These also must be clean and well maintained. <p>Shoes should be closed toe (no sandals) Specific departments, like OB and Pediatrics, require shoes to be white.</p>	

<p>Hair Color needs to be neutral and natural looking.</p>	
<p>The CTH staff member you work most closely with will inform you of any department specific dress requirements.</p>	
<p>Telephone Usage (All locations)</p> <p>CTH telephones are for CTH business transactions only. In case of an emergency, ask the CTH staff member you work most closely with for permission to use the CTH phone.</p>	
<p>Cell Phone Usage</p> <p>Personal calls are only allowed to call your instructor or during your break times</p> <p>NEVER USE YOUR CELL PHONE IN PATIENT CARE AREAS. NEVER RECORD AUDIO, VIDEO OR TAKE PICTURES IN PATIENT CARE AREAS OR OF VISITORS OR IN ANY AREAS OF MEDICAL RECORDS.</p>	
<p>Staff Communication/Vocera/SBAR (RMC)</p> <p>The primary tool used for staff communication at CTH is Vocera, a hands free wireless communication device. <u>VOCERA REMINDER</u>: Vocera calls are not private. When a call is answered, ask if the recipient is in a “safe place”, meaning can they talk about confidential information. If not, arrange to have them call you back from a secure landline.</p> <p>The Situation-Background-Assessment-Recommendation (SBAR) technique is used for reporting changes in a patient’s condition and for hand off reporting. All communication among the healthcare team follow CTH Professional Performance Standards.</p>	
<p>Any harassment, overt or subtle, is strictly prohibited at any CTH facility</p> <p>CTH has zero tolerance of discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual’s age, ancestry, color, gender, gender identity, marital status, national origin, physical disability, race, religion, sexual orientation or veteran status are all considered harassment</p> <p>If you feel you have experienced harassment, it is your responsibility to report this immediately to the CTH staff member you are working most closely with.</p>	
<p>NO SMOKING ALLOWED ON ANY CTH CAMPUS.</p>	

<p>Illness / Injuries (All Locations)</p> <p>If you should incur an injury or become ill during your rotation it must be reported immediately to the CTH staff member you are working most closely with.</p> <p>If you chose to seek medical treatment, emergency care will be provided by CTH at your expense or parent/guardian.</p>	
<p>Weapons (All Locations)</p> <p>Weapons are not allowed in any CTH facility or office (federal, state, county or city law enforcement personnel being exceptions).</p> <p>Private security agents, collection agents, bail bondsmen, and individuals with concealed weapons permits are not peace officers and will be required to remove their weapons. Weapons held will be secured as any other valuable belongings of a patient or visitor.</p> <p>If you observe or suspect a weapon on the premises, it is your responsibility to report this immediately to the CTH staff member you are working most closely with.</p>	
<p>Violence in the Workplace (All Locations)</p> <p>CTH is firmly committed to providing an environment free from acts of violence or threats of violence and have established a strict policy prohibiting any person from threatening or committing acts of violence.</p> <p>This includes all students participating in clinical rotations, patients, visitors, staff performing company related business or operating an owned or leased company vehicle. This policy applies to anyone associated with or visiting CTH and includes, but is not limited to verbal abuse, threats to do harm, stalking, causing physical injury to another person, intentionally damaging CTH property or the property of another person.</p> <p>If you observe any form of violence, or behavior that may be construed as violent, it is your responsibility to report this immediately to the CTH staff member you are working most closely with.</p>	
<p>Inmates/Persons in Custody (All Locations)</p> <p>Inmates (persons in the custody of city, county, state or federal law enforcement personnel) at CTH for medical treatment will remain under constant (often armed) guards. No one is to enter an inmate's room, under any circumstances including medical emergencies, without the attending officer/guard.</p>	

<p>Drug and Alcohol Free Workplace (All Locations)</p> <p>CTH prohibits the unlawful manufacture, distribution, possession or use of any controlled substance or alcohol at any CTH facility. It is strictly against policy to be under the influence of said substances while at work. If you suspect or become concerned about the behavior of a staff member, report this at once to the CTH staff member you are working most closely with.</p>	
<p>CTH Cafes</p> <p>The Sage Cafe is located on the first floor, northeast section of the Regional Medical Center (RMC) building.</p> <p>The Mid-Town Café is located on the main floor, southwest section of the Specialty Medical Center (SMC).</p>	
<p>24-7 Kiosk (RMC)</p> <p>There is a Starbuck's kiosk in the main lobby offering beverages and light food 24-7.</p>	

CHAPTER 2 - PROGRAMS & INITIATIVES

Improving Organizational Performance

Performance Improvement at CTH is about **Putting Patients First**. We strive for excellence in all we do; patient safety, quality care and comfort for our patients and their families. The organization is committed to continually improving the performance of our health care delivery and financial systems.

As a student at CTH your actions can have a direct impact on the patients overall experience. Any patient or family concerns should immediately be reported to the CTH staff member you are working most closely with.

Core Measures

Centers for Medicare/Medicaid Services (CMS) require hospitals to submit data on selected core measures. They expect hospitals to use this data to improve processes. Ask the Charge Nurse for more information on this important topic.

Population/Age Specific and Cultural Diversity Care

CTH staff provides age/population and cultural diverse care to the patients and communities it serves. Patients deserve to be respected as individuals by having their specific needs, values and beliefs considered when receiving care. Each department has a unique mix of patient populations. For more information, refer to the “Age/Population Quick Reference Guide”, found on the unit.

Key points to consider:

- Consider what groups or “populations” are being cared for.
- Respect factors that need to be considered; i.e. diagnosis, procedures performed, Psychosocial, physical, age related or spiritual needs and preferences regarding how the patient wishes to be identified and addressed.
- Modify care to meet the needs of the patient; i.e. special or adaptive equipment, education, dietary modifications, use of an interpreter, etc.?
- Consider communication strategies; i.e. providing instructions/information both verbally and in writing, include family, caregivers as appropriate, use of videos, etc.

Patient Abuse and Neglect

It is the goal of CTH to protect patients in our care by preventing, prohibiting and/or identifying cases of suspected or actual abuse or neglect. In compliance with Nevada law, all potential or actual cases of verbal, sexual, physical or mental abuse are reported for investigation. Reporting is mandatory for patients <18 or >60 years of age. Should patient behavior or statements lead you to believe that abuse may exist you must report this information at once to the CTH staff member you are working most closely with.

Patient Rights and Responsibilities

Patients are informed upon admission of the Patient’s Bill of Rights and Responsibilities. A complete copy of this document is available from Admissions.

All patient rights and responsibilities apply to the person who may have legal responsibility to make decisions regarding medical care on the patient’s behalf.

Patient Relations Team

We have a Patient Relations Team that work with staff to address care concerns, should they arise, and ensure patient satisfaction.

Advance Directives

The Patient Self Determination Act became effective in 1991 and requires all medical institutions that receive federal funding to inform patients of their right to refuse treatment and also offer information about advance healthcare planning and documentation.

An Advance Directive is a document that allows a person to state in advance what kinds of treatment they want or do not want under medical circumstances that would prevent a person from communicating their wishes. The Advance Directive must be in the medical record.

Many patients have a personal physician with orders for life sustaining treatment (POLST) which acts as an Advance Directive.

All patients are asked on admission if an Advance Directive is on file and are given the opportunity to complete one if they wish.

If you have questions about Advance Directives, ask the CTH staff member you are working most closely with.

Administrative Coordinator (AC)

As a resource to all staff, an Administrative Coordinator (AC) is working at the RMC 24/7 and may be reached at any time by the CTH staff member you are working most closely with.

The AC oversees patient flow, staffing and is involved with all patient care issues that are beyond the Charge Nurse's area of responsibility. The AC would also be the Incident Commander for Disasters when Hospital Administrators are off duty.

Deteriorating Patient / Rapid Response Team (RRT)

If a patient's condition appears to be worsening the purpose of the Rapid Response Team (**RRT**) is to enable staff or even family members to request additional assistance directly from specially trained individual staff

- If you observe a sudden change in a patient, initiate an **RRT** by dialing **5555** from any RMC phone, including patients' room phone. State you need the **RRT** and give the room/location of the patient.
- Advise the CTH staff member you are working most closely with that you have initiated the **RRT**.
- The Team provides **early and rapid intervention** and clinical expertise, advanced assessment skills as well as facilitating, when necessary, a more timely transfer to a higher level of care.

Interpreter Services

Patients who are identified as limited English proficient will be provided Interpreter Services as needed. The RMC utilizes a video interpretation service known as STRATUS VIDEO. STRATUS VIDEO is a remote video interpretation platform used to provide language interpretation services for deaf and non-English speaking patients. STRATUS VIDEO units are located in the RMC Emergency Department and throughout the building.

Certain off-site areas utilize STRATUS VIDEO as well as having access to the "Language Line" for over-the-phone interpreters.

There are several bilingual staff members who have undergone Interpreter Services training, To access one of these staff members notify the CTH staff member you are working most closely with who will notify the Administrative Coordinator.

Compliance Program

CTH has adopted a Compliance Program to demonstrate our commitment to ethical and legal business practices, compliance with laws, regulations and accreditation standards, and ensuring service of the highest level of integrity and concern.

CTH prohibits retribution, retaliation, or harassment for making a good faith effort to report an issue involving non-compliance.

Should you have questions regarding compliance, please ask the CTH staff member you are working most closely with.

Code of Conduct

The Code of Conduct is an important component of the CTH Compliance Program. It provides guidance in carrying out duties within appropriate ethical and legal standards. These obligations apply to relationships with patients, providers, payers, regulators, vendors, contractors, business partners and one another.

The policies set forth in the Code of Conduct are mandatory and are included in the Hospital Policies and Procedures. Copies of the Code are available in the Compliance department.

Confidentiality/HIPAA

(Health Insurance Portability and Accountability Act of 1996)

Information found in the patient's medical, billing record and/or demographic information that can identify the individual are examples of Protected Health Information (PHI).

As a student, any private information that you see, hear or say, is considered confidential and can only be used or disclosed for specific purposes related to an individual's treatment, payment of services or the operations of the healthcare organization. Patients/individuals have rights to access their PHI (with some exceptions).

HIPAA allows for both criminal and civil penalties for certain types of breaches in confidentiality and may include fines and/or jail time

Violation of CTH Privacy Policies and Procedures will result in disciplinary action, including termination of your clinical rotation.

Some measures to protect privacy of patient information are:

- Shred or destroy documents containing PHI that contain patient information - shred boxes are located throughout the hospital.
- When discussing PHI, make sure that you are in an area where you cannot be overheard
- Keep patient records out of public areas
- Do not download or photograph PHI to any portable device
- Do not discuss patient PHI when using Vocera

If you have questions regarding the sharing of PHI, ask the CTH staff member you are working most closely with.

HIPAA allows for both criminal and civil penalties for certain types of breaches in confidentiality and may include fines and/or jail time

Violation of CTH Privacy Policies and Procedures will result in disciplinary action, including termination of your clinical rotation.

Any questions or concerns can be directed to the CTH staff member you are working most closely with.

Identity Theft

In order to protect our patients, CTH has developed a policy and process to follow up on any suspected instances of identity theft. If you are aware of something that causes you to believe that the patient you are caring for is using someone else's identity, **notify the CTH staff member you are working most closely with immediately.**

CHAPTER 3 – ENVIRONMENT OF CARE

Emergency Preparedness

CTH has an emergency preparedness program covering most major situations. The Management Plan and Environmental Management Program describes the risk, safety and daily management activities that have been put in place to achieve the lowest potential for adverse impact on the safety and health of patients, staff and other people coming to the organization's facilities.

Safety Data Sheets (SDS) provide information on the safe handling and management of toxic, corrosive and otherwise potentially dangerous chemicals used in the organization. This information is especially helpful in the event of contamination or a chemical spill.



This symbol/LINK is on every desktop for easy access to this vital information.

Complete sets of SDS for the organization are located in the Emergency Department. SDS pertaining to a department's operation are located in your department.

Electrical Safety

Check all electrical equipment before use. Inspect equipment for loose or bent plugs, loose connections, frayed wires, or other visible damage.



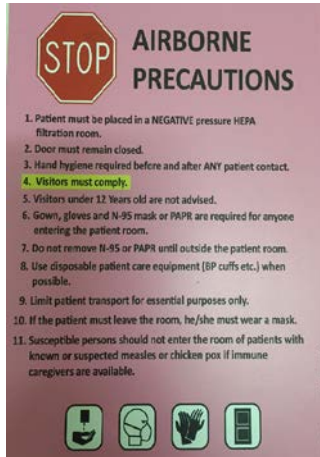
- Report damaged medical equipment to the CTH staff member you are working most closely with who will tag it immediately and notify the Bio-Medical Department AND remove from service until it is repaired.
- Bio-Medical Staff will inspect all new medical electrical equipment or patient prior to use.
- Outside electrical patient devices must be checked by Watch Engineer prior to use.

Patient Isolation

There are many reasons for a patient to be isolation. Precautionary signs are placed outside the room or on the door indicating type of isolation and processes to follow.


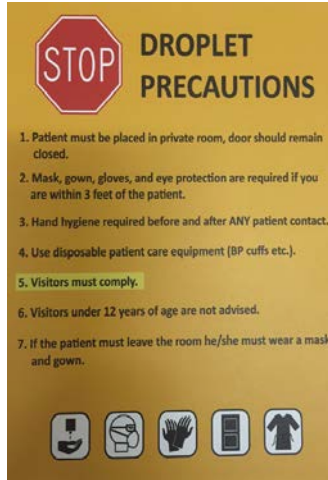
NON-STAFF ARE NEVER TO ENTER AIRBORNE PRECAUTION ROOMS. (PINK SIGNAGE)

Isolation Notice Signage




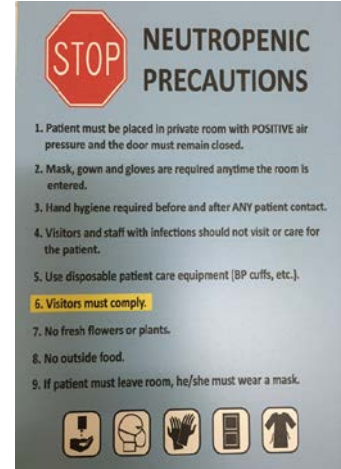
STOP AIRBORNE PRECAUTIONS

1. Patient must be placed in a **NEGATIVE** pressure HEPA filtration room.
2. Door must remain closed.
3. Hand hygiene required before and after **ANY** patient contact.
4. **Visitors must comply.**
5. Visitors under 12 Years old are not advised.
6. Gown, gloves and N-95 or PAPR are required for anyone entering the patient room.
7. Do not remove N-95 or PAPR until outside the patient room.
8. Use disposable patient care equipment (BP cuffs etc.) when possible.
9. Limit patient transport for essential purposes only.
10. If the patient must leave the room, he/she must wear a mask.
11. Susceptible persons should not enter the room of patients with known or suspected measles or chicken pox if immune caregivers are available.


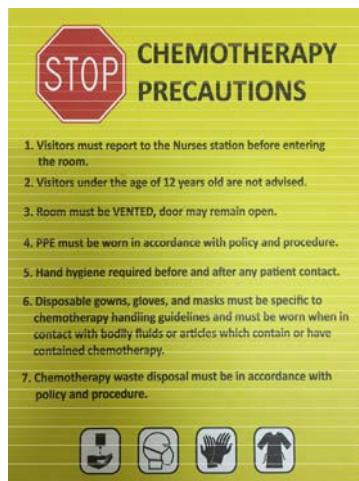
STOP DROPLET PRECAUTIONS

1. Patient must be placed in private room, door should remain closed.
2. Mask, gown, gloves, and eye protection are required if you are within 3 feet of the patient.
3. Hand hygiene required before and after **ANY** patient contact.
4. Use disposable patient care equipment (BP cuffs etc.).
5. **Visitors must comply.**
6. Visitors under 12 years of age are not advised.
7. If the patient must leave the room he/she must wear a mask and gown.


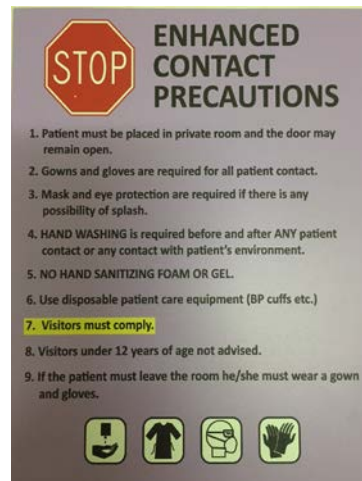
STOP NEUTROPENIC PRECAUTIONS

1. Patient must be placed in private room with **POSITIVE** air pressure and the door must remain closed.
2. Mask, gown and gloves are required anytime the room is entered.
3. Hand hygiene required before and after **ANY** patient contact.
4. Visitors and staff with infections should not visit or care for the patient.
5. Use disposable patient care equipment (BP cuffs, etc.).
6. **Visitors must comply.**
7. No fresh flowers or plants.
8. No outside food.
9. If patient must leave room, he/she must wear a mask.


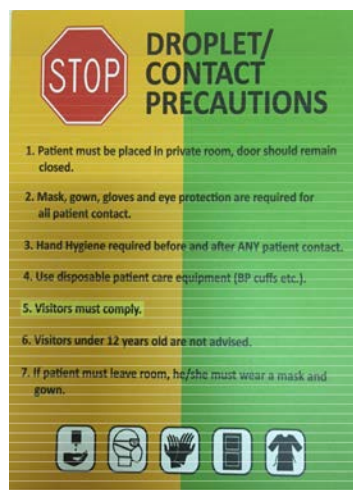
STOP CHEMOTHERAPY PRECAUTIONS

1. Visitors must report to the Nurses station before entering the room.
2. Visitors under the age of 12 years old are not advised.
3. Room must be **VENTED**, door may remain open.
4. PPE must be worn in accordance with policy and procedure.
5. Hand hygiene required before and after any patient contact.
6. Disposable gowns, gloves, and masks must be specific to chemotherapy handling guidelines and must be worn when in contact with bodily fluids or articles which contain or have contained chemotherapy.
7. Chemotherapy waste disposal must be in accordance with policy and procedure.


STOP ENHANCED CONTACT PRECAUTIONS

1. Patient must be placed in private room and the door may remain open.
2. Gowns and gloves are required for all patient contact.
3. Mask and eye protection are required if there is any possibility of splash.
4. **HAND WASHING** is required before and after **ANY** patient contact or any contact with patient's environment.
5. **NO HAND SANITIZING FOAM OR GEL.**
6. Use disposable patient care equipment (BP cuffs etc.).
7. **Visitors must comply.**
8. Visitors under 12 years of age not advised.
9. If the patient must leave the room he/she must wear a gown and gloves.

STOP DROPLET/CONTACT PRECAUTIONS

1. Patient must be placed in private room, door should remain closed.
2. Mask, gown, gloves and eye protection are required for all patient contact.
3. Hand Hygiene required before and after **ANY** patient contact.
4. Use disposable patient care equipment (BP cuffs etc.).
5. **Visitors must comply.**
6. Visitors under 12 years old are not advised.
7. If patient must leave room, he/she must wear a mask and gown.




STOP CONTACT PRECAUTIONS

1. Patient must be placed in private room and the door may remain open.
2. Gowns and gloves are required for all patient contact.
3. Mask and Eye protection are required if there is any possibility of splash.
4. Hand hygiene is required before and after **ANY** patient contact or contact with the patient's environment.
5. Use disposable patient care equipment (BP cuffs etc.).
6. **Visitors must comply.**
7. Visitors under 12 years old are not advised.
8. If the patient must leave the room he/she must wear a gown and gloves.



Other safety measures to minimize your risk to exposure to blood and body fluids are:

- Dispose of all sharps in approved puncture resistant containers found in all patient rooms.
- Do not bend or break contaminated needles or other sharps.
- Always use sharps re-sheathing device. Avoid recapping needles, but if necessary, use the one-handed scoop technique.
- Eye protection is required whenever there is a risk of a splash to the face.
- Do not eat, drink, or apply cosmetics in patient care areas; this includes the nurses' stations.
- Dispose of infectious waste in appropriate infectious waste containers, such as the red bags.
- Dispose of sharps containers when they are 3/4 full.
- Do not place food in medication refrigerators.

Airborne Precautions – Negative Pressure Rooms

In addition to BSI, Airborne Precautions are indicated for patients with known or suspected infectious tuberculosis, measles, chickenpox or SARS. Patients, for whom airborne precautions should be observed, will have a bright pink sign affixed to the wall immediately outside the door. To prevent spread of infection, patients are placed in rooms with appropriate air filters.

YOU ARE NEVER TO ENTER AIRBORNE PRECAUTION ROOMS. (PINK SIGNAGE)

Droplet Precautions: (Private Rooms or Cohorting)

Droplet precautions are indicated for patients with known or suspected Adenovirus, Diphtheria, Haemophilus Influenza, German measles, Meningitis, Legionella, Influenza and sometimes Pneumonia.

Patients for whom droplet precautions should be observed will have an **orange sign** affixed to their door. If you are to provide patient care or other support to patients in rooms with airborne or droplet precautions, you should follow all directions / precautions on the isolation signage.

If patients with respiratory precautions need to leave their room for a test or procedure, they should (if possible) wear a surgical mask.

Any questions about airborne or droplet precautions should be directed to the CTH staff member you are working most closely with. If there are questions, the Infection Control Specialist will be called to consult.

Contact Precautions: Private Room or Semi-Private Rooms

In addition to BSI, contact precautions are indicated for patients with known or suspected MRSA, VRE, Clostridium Difficile, RSV, ESBL, and Acinetobacter and any other multi-drug resistant organisms, infectious gastroenteritis and wound precautions. Patients in contact precautions will have a **green** sign posted outside of the room. If you are to provide patient care or other support to patients in rooms with contact precautions, you should follow all directions / precautions on the isolation signage.

Any questions about contact precautions should be directed to the CTH staff member you are working most closely with. If there are questions, the Infection Control Specialist will be called to consult.

Neutropenic/Protective Precautions

In addition to BSI, Neutropenic precautions are required when a patient's WBC is <1.0 . These patients are placed in Positive Pressure rooms with a **light blue sign** on the closed door. The purpose of these precautions is to protect severely immunocompromised patients from infection. If you are to provide patient care or other support to patients in rooms with neutropenic / Protective Precautions, you should follow all directions / precautions on the isolation signage.

Any questions about neutropenic / protective precautions should be directed to the CTH staff member you are working most closely with. If there are questions, the Infection Control Specialist will be called to consult.

When using disinfectant products or wipes, know the amount of time the product must remain wet to provide adequate kill time. This information is found on the product container label.



CHAPTER 5 - LABORATORY

Specimen Labeling - Important things to know

All laboratory specimens **must** be labeled at the patient's bedside with the following information (at a minimum):

- Patient Name
- Patient DOB
- Date of Collection
- Time of Collection
- Initials of Collecting Staff Member

Culture Specimens must have the collection site on the label as well. Specimens that do not meet this requirement will be rejected by the lab.

Pathology Specimens must be accompanied by a completed requisition. All the requested information needs to be filled out. If any preservative is added, you should write the additive on the outside of the container with a sharpie.

Critical Lab Values must be received by a licensed caregiver. The lab staff will require that you read back the information given to you and ask for your name so they can document the transfer of information.

Blood Bank Specimens must be collected in the presence of lab staff.

Line draws are acceptable if they are witnessed by a lab assistant and the collector appropriately documents the collection on the specimen.

Arm Bands are not to be removed unless the patient is being discharged from the healthcare system. This means the patient retains the original armband when moving from the Emergency Department to In-Patient status or In-Patient to Rehab status, etc.

If an armband is lost, a call must be placed immediately for a replacement, to both registration and the blood bank.

CHAPTER 6 - ADVERSE DRUG REACTION (ADR)

Significant Adverse Drug Reaction (ADR)

Definition: Any unexpected, unintended, undesired, or excessive response to a drug that:

- requires discontinuing the drug
- requires changing the drug therapy
- requires modifying the dose (except for minor dosage adjustments)
- necessitates admission to the hospital
- prolongs stay in the healthcare facility
- necessitates supportive treatment
- significantly complicates diagnosis
- negatively affects prognosis, or results in temporary or permanent harm, disability or death.
- If you observe a potential ADR, report it immediately to the CTH staff member your are working most closely with.



CHAPTER 7 - HEALTH REQUIREMENTS

Immunizations

As a student, you or your school shall provide proof of immunizations in accordance with CTH requirements, prior to patient care rotations. Immunizations shall remain current throughout the term of their clinical rotations.



Respirator Fit testing



CTH makes the determination if Respirator Fit testing is required, based on exposure. Respirator Fit testing with N-95 masks, if required, will be provided by appointment with CTH employee health.

Bloodborne Pathogens Safety Precautions

ALWAYS:

- Handle all blood and body fluids as if they are infectious.
- Dispose of sharps properly.

HBV, HCV & HIV FACT: Most common portals of entry for HBV, HCV and HIV are Infected blood splashing on broken skin or mucous membranes of your eyes, nose or mouth.

The risks of infection are real and should be taken seriously. You can protect yourself by using safe work practices. Research, better surveillance, preventative treatment and advances in technology will continue to give us a sharper image of blood borne pathogens. The more we know about preventing the risks, the better we can protect ourselves.

Contact the CTH staff member you are working most closely with who may then contact Infection Control with any questions regarding blood borne pathogens.

CHAPTER 8 - PATIENT SAFETY

Patient Safety Officer

The primary role of the Patient Safety Officer is oversight of the facility patient safety program. This role facilitates performance improvement that supports error reduction and other contributing factors to adverse events.

Patient Safety Initiatives

Patient safety is a national issue and concern. Organizations nationwide are working to improve safety and quality through collaboration, data collection, and performance initiatives.



BLS/ACLS Requirements

You are required to have BLS and possibly ACLS.

Incident/Occurrence Reporting

Incidents/occurrences shall be defined as ANY unusual event, or circumstance, that varies from or is inconsistent with the normal routine operation of the healthcare system, its staff, care of a particular patient, including an unusual or unexpected response by the patient to standard treatment or medical intervention and may include such variances as:

- Falls
- Errors
- Equipment Failure
- Medication Events
- Safety/Security
- Unanticipated/Poor Outcomes (Code Blue)
- Omission in Treatment
- System Problems
- Procedures
- Patient Care Concerns
- Accidents involving patients, visitors, or employees that could have or did result in injury (no matter how slight) or death.

If you witness an incident, you shall immediately report to the CTH staff member you working most closely with who will then also advise the Charge Nurse of ANY incident/occurrence that develops while a student is providing care.

The following types of incidents require **immediate notification** to the Charge Nurse who will notify Patient Safety Officer, Risk Manager, or the Quality & Outcomes Department:

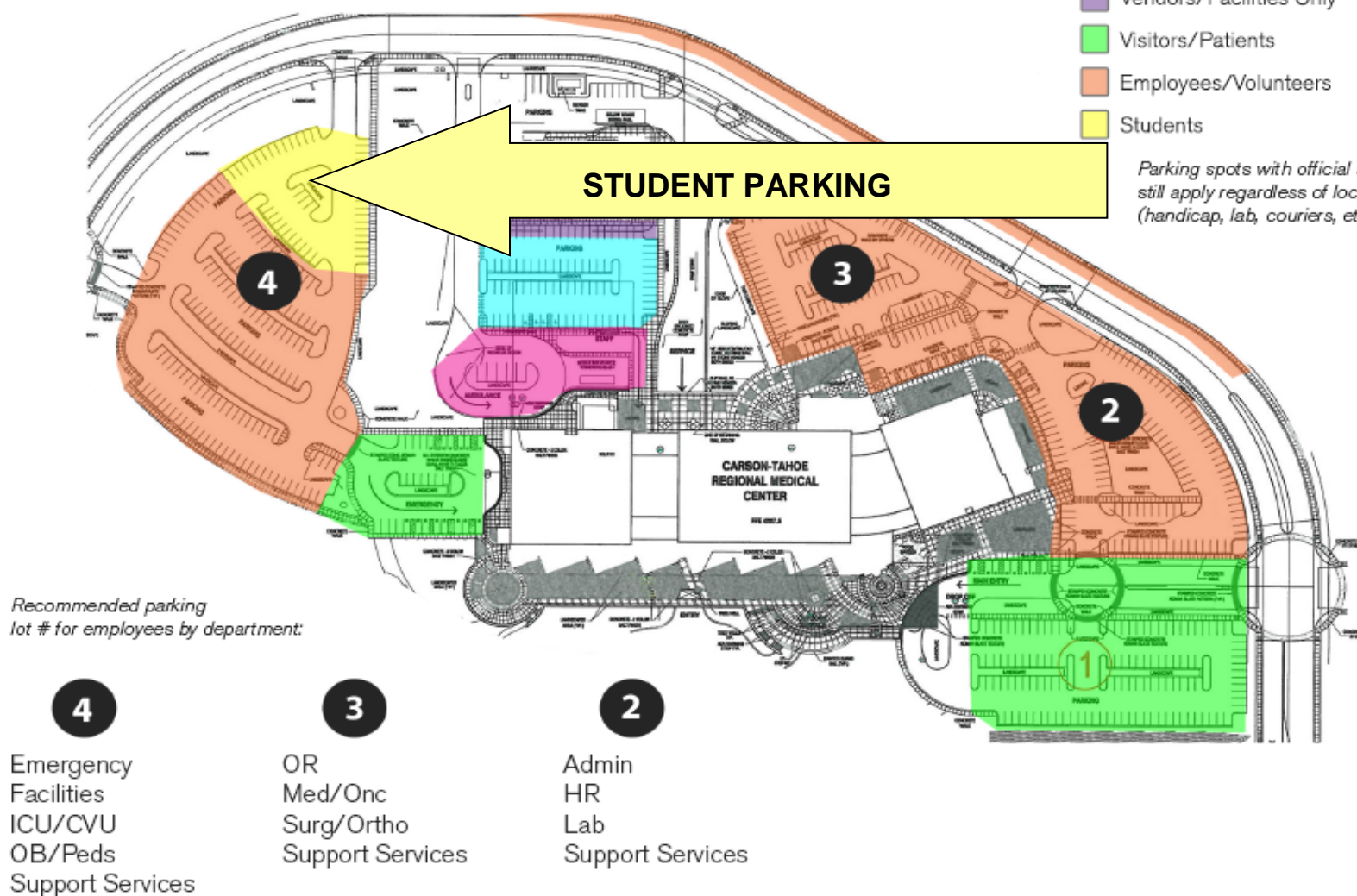
- Serious Patient, Visitor or Employee Injury
- Equipment Failure
- Threatened Lawsuit
- Complaint Regarding Quality of Care
- Sentinel Events

Carson Tahoe Regional Medical Center Parking Map - Please remember that the green parking areas (parking lot #1 and ED) are reserved for patients and visitors only. In respect for their needs employees are expected to park in the below designated areas.

Designated Parking Areas

- Emergency Medical Vehicles Only
- Physician Parking Only
- Vendors/Facilities Only
- Visitors/Patients
- Employees/Volunteers
- Students

Parking spots with official signs still apply regardless of location (handicap, lab, couriers, etc.).





Chapter 9

EMERGENCY PREPAREDNESS CODE PROCEDURES

Legend:

Preceptor/Mentor – Staff member you work most closely with.

Charge/Lead Staff – Every shift has a designated Charge/Lead Staff. Ask your Preceptor who that is for each of your shifts.

AC – Administrative Coordinator

Responsible for all activity, including emergency response. Ask your Preceptor who that is for each of your shifts.

Code Black – Evacuation Procedure

The Evacuation Plan (i.e. “**Code Black**”) is used to help everyone safely exit/evacuate a section of or the entire hospital when it is not safe to remain in the building. Specific information regarding patient preparation and priority for evacuation can be found in the Emergency Operations Plan Manual.

FOLLOW YOUR PRECEPTOR’S, CHARGE NURSE OR AC INSTRUCTIONS.

The decision to evacuate is to be determined by the Incident Commander (usually this position is held by the Administrative Coordinator AC).

Code Blue – Medical Emergency

If you discover someone who has suffered cardiac or respiratory arrest, (they are unconscious and do not appear to be breathing) **you should immediately call for help and begin CPR on the patient until help arrives.**

FOLLOW YOUR PRECEPTOR’S, CHARGE NURSE OR AC INSTRUCTIONS.

Code Gold – Controlled Access or Lockdown

A **Code Gold** is used to limit flow of patients, staff, and visitors to certain entrances in order to increase observation, safety, and monitor people entering and leaving the facility.

FOLLOW YOUR PRECEPTOR’S, CHARGE NURSE OR AC INSTRUCTIONS.

Code Grey – Response to Threat of Violence

When employees feel threatened by a combative person (physical or verbal abusive behavior by patients, families, visitors, staff or physicians) and need security assistance STAT they will do the following.

FOLLOW YOUR PRECEPTOR’S, CHARGE NURSE OR AC INSTRUCTIONS.

Code Noelle – Maternal Hemorrhage

****Only trained clinical staff should follow appropriate procedures based on mother’s status.**

FOLLOW YOUR PRECEPTOR’S, CHARGE NURSE OR AC INSTRUCTIONS.

Code Orange – Hazardous Material Spill/Exposure

Code Orange should be called whenever a hazardous **chemical spill/release** is discovered.

FOLLOW YOUR PRECEPTOR’S, CHARGE NURSE OR AC INSTRUCTIONS.

Activation Activation of **Code Orange** (spill) is called by any staff member that has knowledge of or is involved in a chemical, biological or radiological material spill or release.

Code Pink – Infant/Child Abduction

In the event that an infant or child is reported missing or cannot be located immediately, a **CODE PINK** will be paged overhead and/or will pop up on all computer screens. **ALL STAFF WILL IMMEDIATELY RESPOND!**

FOLLOW YOUR PRECEPTOR'S, CHARGE NURSE OR AC INSTRUCTIONS.

Staff Response

1. All non-critical staff go immediately and monitor the entrances/exits and stairwells of their closest locations.

Code Red – Fire Emergency

Code Red should be immediately called whenever any one of the following indications of a real or suspected fire are observed. Avoid panic, remain calm!

FOLLOW YOUR PRECEPTOR'S, CHARGE NURSE OR AC INSTRUCTIONS.

IF YOU ARE THE FIRST TO NOTICE SIGNS OF A FIRE

1. Seeing smoke or a fire.
2. Smelling smoke or other burning material.
3. Feeling unusual heat on a wall, door or other surface.

LET THE FIRST STAFF MEMBER YOU SEE KNOW IMMEDIATELY.

Code Silver – Active Shooter

A **Code Silver/Active Shooter/Active Assailant** is called in the event an individual(s) is actively shooting or using another weapon to cause grave bodily harm to persons in the hospital or on the campus. Emergency activation can be made by any staff member that recognizes the threat.

FOLLOW YOUR PRECEPTOR'S, CHARGE NURSE OR AC INSTRUCTIONS.

Avoid panic, remain calm!

Code White – Bomb Threat

A **Code White** is activated if there is the possibility of a bomb, a bomb threat, or the receipt of a suspicious package, letter, or item.

FOLLOW YOUR PRECEPTOR'S, CHARGE NURSE OR AC INSTRUCTIONS.

Avoid panic, remain calm!

Code Yellow – Emergency Operations Plan Activation

The **Emergency Operations Plan (EOP)** will be activated by any internal/external event or disaster which will adversely affect the operations of the facility or the safety of patients and staff. This includes events causing difficulties in providing 'normal' care to our patients or a surge in the number of patients being treated.

FOLLOW YOUR PRECEPTOR'S, CHARGE NURSE OR AC INSTRUCTIONS.



BADGING INFORMATION & I.T. ACCESS

If you are a student who is also on staff at CTH you may not wear your staff badge while acting in the capacity as a student. You must always use your student badge to swipe in & out from hospital and various departments. Additionally, you must use your Student I.T. Access Sign-on, not your staff access sign-on while doing student clinical time.

Please call C.J. Ojanpera at (775) 445-7305 or Leanna Keith at (775) 445-7301 or email cj.ojanpera@carsontahoe.org and leanna.keith@carsontahoe.org to verify your badge is ready to pick up. Put **BADGE PICK UP VERIFICATION** in the subject line of an e-mail.

NURSING STUDENTS I.T. ACCESS

Username Initial Log In to Active Directory/Hospital Network: *(first name. last name.stu)*

- **Jane Doe** = jane.doe.stu
- **PW** = Carsontahoe1

You will be prompted to change your password.* New passwords must be at least 12 characters in length and contain 3 of the following 4 elements;

- capital letter
- lowercase letter
- number
- special character (!\$&*, etc.)

New passwords are compared to a list of 65 million unacceptable passwords. Make it as complex as possible, do not use your name or common phrases such as "Ilovedog123". Be creative.

Initial Log In to SCM: Sample for John Doe

(stu last name first initial)

- **John Doe** = studoej
- **Password:** = Carsontahoe1

*You will be prompted to change your password. It is recommended to use the same password as above.

Please call CJ 445-7305 or Leanna 445-7301 before you call I.T. if you have any problems signing in.