



University/College/High School

**Student
Orientation
Manual**

Welcome to Saint Alphonsus Health System

On behalf of Trinity Health and the Saint Alphonsus Health System, we are pleased to provide you with a learning experience during your academic career. Since the inception of the Saint Alphonsus School of Nursing in 1906, students have served with the employees in the healing ministry of Jesus Christ. Our commitment expressed through our mission statement is as alive today as it was in 1894 when Saint Alphonsus was founded.

Please remember, clinical will be what you make of it. We will do our best to provide a positive experience for you, but you must be proactive in telling those you are working with what your educational focus and needs are. As you work to complete your clinical experience please take advantage of those experiences that would expand your professional knowledge base.

- If you have any questions, please do not hesitate to contact Clinical Education
 - Boise: 208-367-3014
 - Nampa: 208-463-5197
 - Ontario: 541-881-7402
 - Baker: 541-523-1734

Basic demographics of Trinity Health System

- The Trinity Health System serves people in 21 states from coast to coast with 82 hospitals, 89 continuing care facilities and home health and hospice programs that provide nearly 2.8 million visits annually. More than 87,000 employees, including 4,100 employed physicians, provide care in the system. Trinity Health has annual operating revenues of about \$13.3 billion and assets of about \$19.3 billion. They return almost \$1 billion to its communities annually in the form of charity care and other programs.

SAHS Demographics:

- Saint Alphonsus Health System is a four-hospital regional, faith-based Catholic ministry that is part of Trinity Health. Over 4,300 Associates and a 950+ medical staff serve 700,000 people in two states. Saint Alphonsus Health System is anchored by the only Level II Trauma Center in the region, Saint Alphonsus Regional Medical Center, providing the most experienced care to the most critically ill patients. Centers of Excellence include: Cardiovascular, Neuroscience, Oncology, Orthopedics, Trauma & Emergency and Women's & Children's.
- With a promise to keep care close to home for patients, Saint Alphonsus Health System is comprised of:
 - Saint Alphonsus Regional Medical Center, Boise
 - Saint Alphonsus Medical Center, Nampa
 - Saint Alphonsus Medical Center, Ontario
 - Saint Alphonsus Medical Center, Baker City
 - Saint Alphonsus Medical Group.

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values

- ◆ Reverence
- ◆ Commitment to Those Who are Poor
- ◆ Justice
- ◆ Stewardship
- ◆ Integrity

Our Guiding Behaviors

- ◆ We support each other in serving our patients and communities
- ◆ We communicate openly, honestly, respectfully and directly
- ◆ We are fully present
- ◆ We are all accountable
- ◆ We trust and assume goodness in intentions

Our Vision

Unified by our faith-based mission, Saint Alphonsus Health system will:

- ◆ Provide healing and hope, close to home
- ◆ Help our communities grow and thrive
- ◆ Be a trusted partner for life
- ◆ Deliver value in everything we do

Code of Conduct for Students

Sense of Ownership

- ◆ Take pride in this organization as if you own it. Accept the responsibilities of caring for our guests.
- ◆ Be an ambassador of Saint Alphonsus.
- ◆ Be a team player. Get involved.
- ◆ Adhere to policies and procedures.
- ◆ Live the values of this organization.
- ◆ Do the right thing.
- ◆ Follow chain of command to resolve issues.

Attitude

- ◆ Attitude starts with self. Be positive and optimistic.
- ◆ Our job is to serve our customers and provide high quality service with care and courtesy.
- ◆ Exceed expectations and anticipate needs.
- ◆ Acknowledge guests and fellow employees immediately. Smile and introduce yourself at once.
- ◆ Have a Can-Do attitude.
- ◆ SMILE

Appearance/Dress

- ◆ The objective of Saint Alphonsus is to promote a positive professional image. A professional clean and neat appearance is an essential element of establishing credibility and trust with our customers. Careful attention to personal hygiene is a primary concern, since we provide direct patient care.
- ◆ Please note the following:
 - ◆ Students are expected to comply with the dress code of their academic institution.
 - ◆ All students must wear visible name badges from their institution.
 - ◆ Personnel are expected to use good taste in selecting clothes worn on the job. Extreme styles, including hair color, should be avoided.
 - ◆ Hairstyles are to be clean and not interfere with patient care. Shoulder length or longer hair must be securely pulled back.
 - ◆ Well-trimmed beards, side burns and mustaches are acceptable.
 - ◆ Fingernails are to be neat, clean and groomed, at a length no longer than ¼ inch. Artificial nails are prohibited in patient care areas. Nail polish, if worn, must be well maintained.
 - ◆ Patient care staff should not wear perfume, cologne, or heavy aftershave lotion.
 - ◆ Shoes are to be kept clean with non-skid soles. Open toe shoes cannot be worn by patient care providers.
 - ◆ Wedding rings, watches, and small earrings are allowed for patient care staff.
 - ◆ No visible piercing is allowed with the exception of ear piercing. Excessive earrings cannot be worn.

Communication

- ◆ Commit to using Saint Alphonsus scripting whenever possible.
- ◆ Listen to guests and make eye contact.
- ◆ Be courteous.
- ◆ Do not use jargon. Keep patient information confidential.

- ◆ When someone appears to need directions, escort that person to his or her destination or a volunteer station.
- ◆ Know how to operate the telephones in your area. Provide the correct number before transferring a call. Get the caller's permission before putting him or her on hold and thank the caller for holding.
- ◆ Answer telephone calls within three rings, Identify your department and yourself and ask, "How may I help you?"
- ◆ White boards should be updated at each shift change.

Call Lights

- ◆ Anticipate patients' needs so they will not have to use their call lights.
- ◆ All employees and students are responsible for answering patient call lights.
- ◆ Make sure the call light is accessible to all patients at all times.
- ◆ Acknowledge call lights by the fifth ring and respond to requests within three minutes.
- ◆ Always address the patient by name.
- ◆ Ensure continuity of care by reporting to relief caregivers before leaving the floor.
- ◆ Check on patients before shift change and before going on break.

Elevator Etiquette

- ◆ Always smile at fellow passengers; hold the door open for others.
- ◆ When transporting patients in wheelchairs, always face them toward the door and exit with care.
- ◆ Pause before entering an elevator so you do not block anyone's exit. Step aside or to the back to make room for others.
- ◆ Guests are first when entering and exiting.
- ◆ Employees should use staff elevator when transporting patients or specimens.

Privacy

- ◆ Be sensitive to the patient's need for privacy and modesty.
- ◆ Make sure that patient information is kept confidential. Never discuss patients or their care in public areas.
- ◆ Knock before entering. Close curtains or doors during exams and procedures. Provide a robe or second gown if the patient is ambulating or in a wheelchair. Make sure all gowns are the right size for the patient.

Safety Awareness

- ◆ Report all accidents or incidents promptly.
- ◆ Report any safety hazard you see. Correct the safety hazard if appropriate.
- ◆ Use protective clothing, gear and procedures when appropriate.
- ◆ Handle repairs/disposal of equipment appropriately. Label everything.

General Student and Safety Information

Smoking

Smoke or use any tobacco product is strictly prohibited on any SAHS property (including parking lots, sidewalks, roads, landscaped areas and cars).

Illness or exposure

As a student in a hospital, you may be at risk for the potential exposure to infectious diseases and blood borne pathogens (i.e., viruses, bacteria and other microorganisms that are carried in a person's blood or other body fluids containing blood such as Hepatitis B, C or HIV).

- Report any illnesses promptly to your instructor. Do not report for a clinical experience if you have any of the following symptoms: diarrhea for 24 hours or more; temperature of 100° F or more; nausea and vomiting; a sore throat with elevated temperature; Streptococcus infection of the throat; infection that is manifested by a draining lesion (cold sore must be crusted over); productive cough due to an infectious condition.
- Published instructions regarding exposure to contagious or infectious diseases must be followed rigidly. Students are not allowed in airborne precaution isolation rooms which require fitted N-95 masks.
- If you have been exposed to a bloodborne pathogen, please notify your instructor, Employee Health Services and the unit/clinic manager immediately.
 - Boise: 208-367-3259 or 208-367-3908 or 855-6446 (pager)
 - Nampa: 208-463-5540 (limited hours. If they are closed contact Boise)
 - Ontario: 541-881-7316 (limited hours. If they are closed contact Boise)
 - Baker: 541-523-1734. After hours, contact the House Supervisor, x8123

Accidents to Students

If you are hurt or become ill while on the job, report immediately to your instructor, supervisor, and/or unit/clinic manager. If that is not possible and it is an emergency please go directly to the Emergency Room with an escort if possible. **Your health insurance will be billed for any services rendered by SAHS.**

Safety Program

Students are asked to cooperate in helping prevent injury to themselves, other employees, patients and visitors by observing the following rules:

1. Be sure to understand the safe way to perform any task given to you. If you have any doubts about the procedure, ask your instructor, supervising nurse or supervisor.
2. Your own good health is important. Report any illnesses promptly to your instructor.
3. Published instructions regarding exposure to contagious or infectious diseases must be followed rigidly. Students are not allowed in isolation rooms requiring fitted N-95 masks.
4. Inform yourself and keep posted on fire rules of the hospital, position of alarm boxes and your duties in case of fire.
5. Report to your immediate supervisor **immediately** any unsafe conditions, such as:

- a. Wet or slippery floors
 - b. Equipment left in halls or on walks
 - c. Defective equipment
 - d. Careless handling of equipment
 - e. Use of combustible materials near open flames
 - f. Other dangerous situations
6. Always be especially alert for safety factors when using wheelchairs and stretchers.
 7. Always walk, do not run in the halls or on the stairs.
 8. Keep your shoes in good repair.
 9. Practical jokes and horseplay will not be tolerated. They can result in injury to others.
 10. Never operate electrical equipment with wet hands.
 11. When not sure, ask.

Prevention of Accidents Resulting from Moving Things

Lifting: Look over the object to be lifted. Make sure it is not too heavy. Stand close to the object with your feet apart for balance. Make sure your footing is secure. Bend your knees keeping your back as straight as possible. Get a good grip and keep the weight of the object close to your body. Lift gradually, straighten your knees and stand. Use your leg muscles. Avoid quick, jerky motions. Avoid lifting any object above your shoulders.

Pushing and Pulling: Get a good grip on the object, hands inside handles. Keep your back as straight as possible. Brace your feet for maximum leg power. Bend your knees to get the best use of your body weight.

Carrying: Keep the load close to your body. Avoid twisting your body. Change direction by moving your feet. Face the spot directly where you will place the load. Do not change your grip while carrying the load.

Prevention of Falling Accidents

Spills: Pick up anything spilled or dropped on the floor. Liquids, paper and other items on the floor can be dangerous.

Stairs: Use handrails when going up or down stairs. Take one stair at a time.

Watch Out for Potential Obstruction: Cabinet doors and drawers should not be left open; keep them closed. Never leave boxes, etc. on stairs or in passageways. Keep carts out of the way. Wheeled vehicles/wheelchairs should be pulled through doorways so you lead the way and can see where you are going.

Be Alert to Hazards and Report the Problem to hospital staff and/or the facilities department

Electrical Safety

You are cautioned to exercise special care in the use of electrical equipment, being sure to use the grounding devices as instructed. Personal laptops/notebook style computers can be used if the equipment is inspected per policy by the nursing staff. Restricted equipment includes heating devices, coffee makers, curling irons without auto shut-off feature, extension cords, and radio transmitters.

Compressed Gas Cylinders (Oxygen)

Transport cylinders safely by using a portable cylinder carrier or stretcher cylinder holder and ensure cylinders are chained and secured in the carrier. Never carry a cylinder slung over your shoulder or by the cylinder neck, in a patient's bed or free-standing or lying on the floor.

Emergency Management

All Saint Alphonsus Facilities participates in the Hospital Emergency Incident Command System (HEICS), which is the standardized, and official emergency response program adopted by most city, county and state agencies. As a student you might be called upon to assist in an emergency. You will be expected to report to the reporting location for an assignment. In the event of an emergency you will dial **555** from any facility with the exception of medical clinics. From a medical clinic you will dial 911 first, then dial 555 (or 367-5555) to inform the switchboard of the issue.

Fire Management

It is your responsibility to locate the fire exits, fire alarms, fire extinguishers, and fire doors and have a plan in mind in the event of a fire.

R-RESCUE patients who are in immediate, life threatening danger

A-ALARM- announce a code red by dialing 444 to alert the operator, pull the fire alarm.

C-CONTAIN-the units are separated by large fire door that will automatically close when the fire alarm is activated. Ensure that there is nothing keeping them from closing.

E-EXTINGUISH

R-RRELOCATE (Oregon Facilities)

P-PULL the pin between the two handles

A-AIM at the base of the fire

S-SQUEEZE the handles together

S-SWEEP from side to side

Security

The Security Department has the responsibility of safeguarding patients, visitors, employees and property.

Hours are as follows:

Boise: Available twenty-four (24) hours a day, seven (7) days a week.

Nampa: 12th Ave Campus is Sunday 3pm-6am, Mon-Thur 4pm -6 am, Fri 2pm-8am, Sat 2pm-8am

Garrity: Mon-Fri 4pm-8am, Sat-Sun 1pm-8am

Ontario: Mon-Fri 7pm-7am, Sat-Sun 7pm-7pm

Baker: Not applicable

Policies and Procedures

Hospital policies can be found on the SAHS web page by clicking Quick Links and selecting Policy Procedure Manual (PPM)











Cell Phone use/Telephone Calls for and by Students

Students should not be contacted by telephone at the hospital except in an emergency. Students are not to use the hospital telephones for personal calls. Cell phones are NOT to be used while on duty and are permitted in break rooms or public areas only. If you have reference guides on your cell phone they must be approved for use by you clinical instructor and the facility. If it appears that your cell phone is being used for more than reference students may be asked to put their cell phone away or may be asked to leave the clinical setting

Emergency Codes

To active emergency codes dial 555 from any internal phone (clinics will dial 911 first)

Certain situations may arise in the hospital where immediate action is necessary but, at the same time, patients should not be disturbed. When this action may involve several persons in different locations, this information is best communicated over the public address system by one of the following codes:

	CODE RED – Fire/Smoke	
	RAPID RESPONSE – Urgent response and assessment needed for patient with declining medical condition	
	CODE BLUE – Cardiopulmonary arrest, Adult PEDIATRIC CODE BLUE – Cardiopulmonary arrest, Child, birth – 13 years old	 
	CODE GRAY – Combative person	
	CODE SILVER – Person with Weapon &/or Hostage Situation	
	AMBER ALERT – Infant or Child Abduction	
	CODE ORANGE – Hazardous Material Spill	
	CODE INTERNAL TRIAGE – Internal Disaster: Bomb or bomb threat; unplanned, significant computer downtime; significant flooding; major plumbing/power/utility disruption; major phone outage	
	CODE EXTERNAL TRIAGE – External Disaster: Mass casualties; flood, earthquake, severe weather, or other natural disaster; massive power outage; nuclear/biological/ chemical incidents	

Red Phones are single-line emergency back-up phones that provide access to other departments and outside phone lines. You do not need to dial 9 to get an outside line from a red phone. These should be reserved for emergency.

Patient and Visitor Accidents or Errors

If you witness or discover an accident or error in which a patient or visitor is injured, you should give all assistance possible and then report the incident to a nursing supervisor and to your own supervisor. A person who is seriously injured should not be moved until a physician or a nurse supervisor approves the move. Incident Reports must be completed for all accidents or errors to patients or visitors and signed by the department director.

Privacy and Confidentiality



What you see here
What you hear here
Is to stay here
When you leave here

- Expectations Related to PHI (Protected/Patient Health Information)
 - Know what makes up PHI and how to use it appropriately.
 - Access only the information needed to perform role. Do not access patient information – even your own –out of care, curiosity or concern
 - Appropriate use of social network tools (Face Book, Texting, Tweeting).
 - Appropriate disposal of paper and plastic containing PHI.
 - Appropriate ways to communicate patient or business sensitive information (secure e-mails, verify fax numbers, appropriate labeling of house and outside mail).
 - Do not discuss patient care activity outside of the clinical care setting.
 - Demonstrate respect for the privacy and dignity of patients and families at all times.
- PHI examples:
 - Name
 - Date of Birth
 - Medical Record Number
 - Diagnosis
 - Procedures
 - Medications
 - Test Results
 - Amount charged and paid
- Privacy and Social Media
 - Colleagues, physicians, students and volunteers must not post any information about a patient, including but not limited to:

- Photographs
- Films
- X-Rays
- Treatment, diagnosis or prognosis information
- Positive or negative comments
- Actions online should NOT be:
 - Discourteous
 - Abusive
 - Threatening
 - Abrasive
 - Defamatory
 - Racial
 - Offensive

Abuse, Neglect and Exploitation

- The following are considered forms of abuse:
 - Physical assault –the threat or use of force
 - Rape –any genital, anal or oral penetration without the victim's consent
 - Sexual molestation –any sexual contact, short of rape, without the victim's consent or any sexual act with a child
 - Domestic abuse –neglect or abuse of children, elders and vulnerable adults
 - Financial abuse –substandard care despite adequate resources and/or sudden transfer of assets to a family member or other caregiver
- Per Idaho state law: All forms of abuse (except domestic) MUST be reported.
- Per Oregon state law: All forms of abuse including domestic as defined above MUST be reported.

Infection Control

Hand washing:

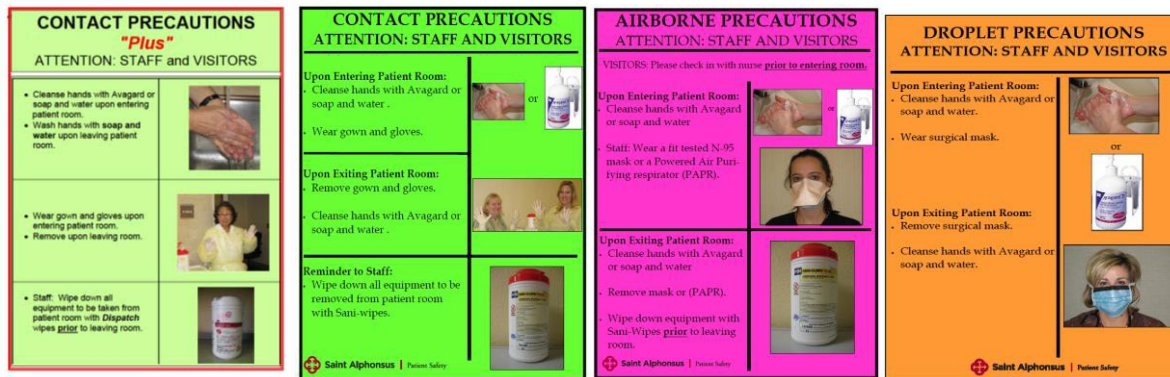
- A. Clean hands are the single most important factor in preventing the spread of dangerous germs and antibiotic resistance in the Health Care setting. The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Health care personnel, per policy, must avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients.
- B. Patient care employees must wash their hands according to the Center for Disease Control (CDC) guidelines, as follows:
 1. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash with soap and water. If hands are not visibly soiled, use an alcohol based handrub for routinely decontaminating hands in other clinical situations.
 2. Decontaminate hands before and after patient contacts, after removing gloves, before eating and after using the restroom.
 3. When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
 4. When washing hands with soap and water. Wet hands with water, apply soap and rub hands together vigorously for at least 15 seconds, covering surfaces of the hands and fingers. Rinse hands and dry thoroughly with disposable towel. Use towel to turn off the faucet.

Standard Precautions:

- All human blood or body fluid is to be considered potentially infectious.
- Appropriate personal protective equipment (PPE) will be utilized for any procedure in which exposure is possible. PPE includes:
- Gloves, gown, mask, eyewear, and face shields
- If exposed, immediately:
 - Wash area with soap and water
 - Flush mucous membranes with water
 - Report exposure to supervisor

Isolation Precautions

- Patients with infectious disease are placed in isolation
- Isolation rooms are identified by a sign on the door which describes the precautions necessary to enter the room and provide patient care.



Parking

Free parking is available for student at each facility.

Boise: Parking is designated by white lines. Do not park in spots with yellow lines as that is designed for customers.

Nampa: Parking is in the lot off of Juniper, behind the hospital. Parking in the front parking lot is prohibited.

Ontario: Staff/student parking is designated by yellow lines.

Baker: Parking is available in the back parking lot. Staff parking is designated by yellow lines.

Computer Access

If you are in a position that needs access to a computer or documentation system you will be granted access only to those computer programs necessary to complete your clinical rotation. Access is not guaranteed and can be revoked at any time during your rotation. Access request forms will need to be filled out prior to granting access. Should you have any issues with access please notify your clinical supervisor or instructor.

Kissler Library and Research Center

- Research computers are available in the library for students in Boise and Nampa.
- Access any of these resources through the SAHS Web/Kissler Department.
 - Lippincott Resources: comprehensive online clinical decision support tool for nurses
- The Boise librarian, Tina Slanc, is available for assistance and a brief introduction to library services can be arranged.
 - Located on the second floor of the Central Tower
 - Telephone 208-367-3993

Rapid Response Teams (RRT)

Rapid Response Teams (RRT) bring the expertise of Critical Care to the patient's bedside. The team consists of a Critical Care trained RN and/or a Respiratory Therapist. Rapid Response Teams can be called for the following:

- Concern for patients' condition or failure to respond to treatment
- Heart Rate less than 40 or greater than 130
- Systolic Blood pressure less than 90 mmHg or greater 180 (acute change)
- SpO2 less than 90%, dyspnea, compromised airway
- Respiratory Rate less than 8 or greater than 28
- Urinary output less than 50 mL in 4 hours (without pre-existing renal issues)
- Acute significant bleeding
- Chest pain or discomfort
- New, repeated, or prolonged seizures
- Acute neurological/mental changes
- Hypoglycemia
- Fever unresponsive to treatment

Crossing the Red Line

Prior to doing any clinical rotations in the OR you may be required to watch a video about crossing the red line. All PA, NP and Medical Students in Boise or Nampa must contact Holly Kaufman at 208-367-3173. PA, NP and Medical students in Ontario or Baker should contact the Medical Staff Offices. All other students will receive training if applicable during their student orientation.

COVID-19 and Clinical Rotations

Academic Year 2020-2021





Purpose

The purpose of this learning module is to ensure we are providing the safest possible care for our patients as well as providing a safe environment for our colleagues, resident physicians and students



What is the concern with COVID-19?

- COVID-19 is a novel coronavirus disease causing respiratory infection
- It is caused by a coronavirus called SARS-CoV-2 which can have mild to severe symptoms. Severe symptoms can lead to hospitalization and possible death
- The virus spreads easily and sustainably (going from person to person without stopping)



Commonly Used Acronyms

- PUI = Patient under investigation for COVID-19
- COVID positive or positive PUI = patient who has tested positive for COVID-19
- AGP = Aerosol generating procedure
- FURI Clinic = Fever/Upper Respiratory Infection clinic
 - Site where patients can receive COVID-19 tests



Symptoms

- People with COVID-19 report a wide range of symptoms that appear 2-14 days after exposure
- Symptoms include, but are not limited to:
 - Some people have no symptoms but can still spread disease
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell



Daily Preventative Measures

The best way to prevent the spread of the virus is to avoid being exposed by doing the following:



Wash
Hands



Avoid
Close
Contact



Cover
mouth/nose
with a face
mask when
around
others



Cover
coughs and
sneezes



Clean and
disinfect
touch
surfaces
daily



Daily Preventive Measures

- HAND HYGIENE, HAND HYGIENE, HAND HYGIENE!!!
- CDC recommends scrubbing hands with soap and water for 20 seconds
- Alcohol-based hand sanitizers – rub all surfaces of hands for 20-30 seconds and let dry
- Clean hands before and after EVERY patient contact, before and after you take off PPE, and before and after you eat or drink



Sanitize Now And Prevent (SNAP)

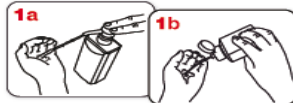
- If you observe someone not sanitizing their hands, snap your fingers to remind them.
- Now is the time to establish a habit of sanitizing your hands frequently. This is important for patient safety, our own safety, and is also a focus of Joint Commission.



SNAP CHAT...

Sanitize • Now • And • Prevent

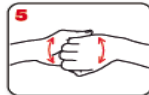
How to handrub? WITH ALCOHOL-BASED FORMULATION



Apply a palmful of the product in a cupped hand and cover all surfaces.



Rub hands palm to palm



backs of fingers to opposing palms with fingers interlocked



right palm over left dorsum with interlaced fingers and vice versa



rotational rubbing of left thumb clasped in right palm and vice versa



palm to palm with fingers interlaced



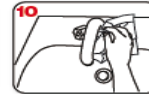
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



20-30 sec



...once dry, your hands are safe.



40-60 sec



...and your hands are safe.



WHO acknowledges the Hôpitalz Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.

Precautions while on Clinical Rotations

Your clinical rotation may look a little different than in the past

1. Hospitals and clinics are screening all colleagues, visitors and students that enter the facility
2. Should you have potential exposure, you will follow the same precautions as colleagues
3. Restrictions on patients/units you will be assigned to
4. Masking/PPE and social distancing guidelines must be followed
5. At this time, no meetings/conferences/learning events will be permitted at the facility unless pre-approved
6. You cannot come to the facility if you are ill



Entry Screening

- Upon entering any of our Saint Alphonsus Facilities you will be screened for COVID-19
- Screening includes a temperature check and screening questions which includes symptom and exposure questions



Screening Positive

- If you screen positive for symptoms/temperature
 - You will be asked to leave and will not be able to complete your clinical rotation at that time
 - You can return upon clearance by both the school and Saint Alphonsus
- If you screen positive for potential exposure but are symptom free
 - You may continue your clinical rotation, but must follow all mandated safety and tracking protocols



Screening Positive

- Both of these precautions are for the safety of everyone in our facility. It is expected that you answer these questions with honesty and integrity.
- Any resident or student who fails door screening should or has a potential COVID-19 exposure in or out of the hospital should:
 - Call the SAHS Colleague & Provider COVID-19 Hotline at 208-302-4719. A staff RN will assess and give recommendations on seeking medical care
 - Notify your supervisor/school



Assignment Limitations

- During your clinical rotations the patient types you are able to care for might change
 - Students are not to care for COVID-19 patients or PUI
 - Students are not to care for patients in Airborne Isolation Precautions with limited exceptions
 - Students are not to care for patients in the ED section reserved for respiratory illness
 - Students are not to care for patients in isolation requiring additional use of PPE in order to conserve PPE
 - Residents will care for PUI/COVID-19 patients with patient contact limitations to conserve PPE
 - Limited exceptions may be granted depending on student/resident type and rotation



Masking guidelines

- All colleagues, visitors and students must wear a mask when in the facility at all times
 - Patient facing = surgical mask
 - Non-patient facing = cloth mask
- N-95 masks or respirators are to be worn under certain conditions and are only to be used by those who are properly trained



Masking guidelines

- IT IS REQUIRED THAT ALL COLLEAGUES AND PROVIDERS WEAR A MASK AT ALL TIMES including when entering any facility, in public spaces in our buildings, when entering areas occupied by someone else, and in non-private workspaces. This includes patient-facing colleagues that may have to change into a procedural mask on their unit.
- Masks may be removed in private workspaces and for eating and drinking when proper social distancing can be observed



Mask Care

- It is our policy at Saint Alphonse, that in order to be good stewards of our resources, we conserve masks
- Procedure masks should be used for your entire shift if stored properly and if it is free from damage – the number of shifts you use your mask may change based on local policy
- Surgical masks should be stored in brown paper bags
- Conservation of PPE is a vital step in our ability to maintain students in clinical rotations
- It will be an expectation that students supply and maintain their own cloth masks
- Saint Alphonse will supply procedure masks either at the door or on your unit. Wear your own mask until you receive a procedure mask



Mask Care

- To safely store your mask:
 - Perform hand hygiene before taking off mask
 - Only touch the ear loops when taking the mask off
 - Place mask in paper bag, if possible leave ear loops extended over sides of bag
 - Perform hand hygiene before putting on your mask
 - Only touch the ear loops when putting the mask on; minimize touching the front part of the mask when adjusting the nose piece
 - Perform hand hygiene after putting on your mask



Procedure Mask Versus N-95 use

- Procedure Masks are to be worn by patient facing colleagues, residents and students at all times
- N-95 masks have higher filtration ability and should be worn for any patient in airborne precautions or when treating PUI or positive COVID-19 patients or when these patients are undergoing aerosol generating procedures (APG's)
- Close attention to conservation and extended use of N95 masks is critical to maintaining our supply



Examples of Aerosol Generating Procedures

Aerosol Generating Procedures

Procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols.

- CPR
- Sputum induction-not recommended
- Open deep oral suctioning
- Tracheal intubation/extubation
- High flow nasal cannula/Airvo
 - An oxygen supply system capable of delivering up to 100% humidified and heated oxygen at a **flow** rate of up to 60 liters per minute.
- Bipap/CPAP
- Nebulizer treatments
- Chest physiotherapy
- Tracheostomy
- Bronchoscopy
 - Lab, in support of procedure, can wait outside of room for specimen handoff
- NG Tube placement



Other PPE Precautions

- If you are in a discipline where you might interact with patients on patients in isolation please ensure you review the Isolation Precautions Policy and Procedure for your site.



Group Gatherings


- We request that you do not have large in-person group gatherings including, but not limited to
 - Educational gatherings
 - Group lunches
- Meetings are limited to groups less than 10 and all participants must stay 6 feet apart.
- Colleagues, residents and students can collaborate but ensure everyone is wearing a mask and that social distancing is considered
- Stagger breaks so that social distancing can occur during break periods as many breakrooms are small
- We ask that you comply with CDC and local safety practices, including hand hygiene, masking, and social distancing outside of work to keep yourself, and our patients and staff, safe and healthy



What to do when you are ill

- If you are feeling sick we always ask that you do not participate in clinicals. During this pandemic it is essential that this is followed
- Should you feel sick please follow your academic institutions guidelines for calling in sick
- Do not return until cleared by your school and Saint Alphonsus
- We have committed to do everything we can to ensure your clinical hours are met but the safety of our patients is the most important factor





We thank you for adhering to our new guidelines during this trying time. We hope you have a safe and productive clinical rotation. Should you have any questions please reach out to the resident or student coordinator at your site



Objectives

All student participants are expected to play their part in reducing the risk of infection for both patients and yourselves.

Upon completion of this presentation you should know:

- What are standard and isolation precautions and how to appropriately protect you and the patient
- How to clean equipment appropriately to reduce the risk of infection
- How to educate patients, family, and visitors appropriately about infection risks and prevention

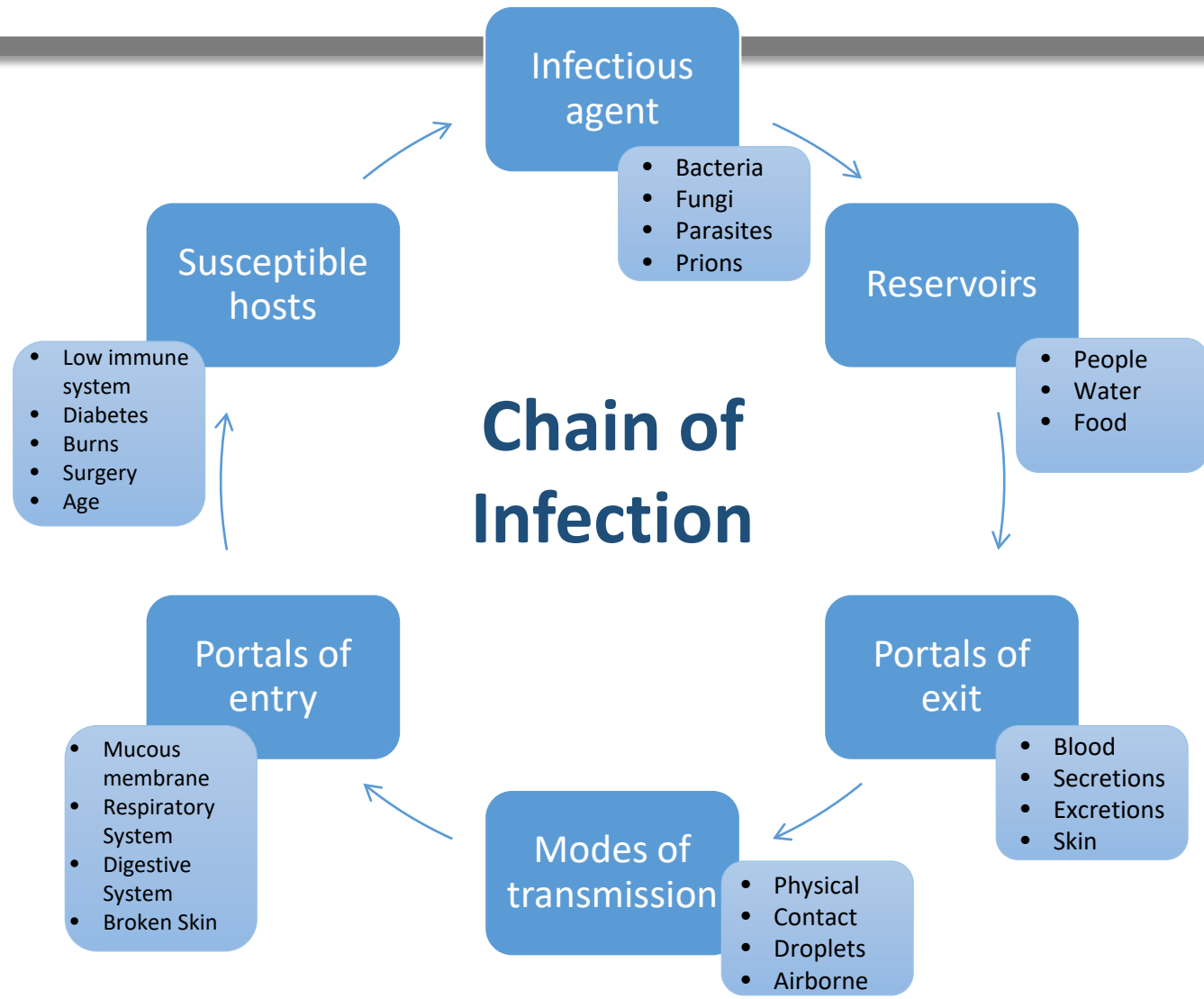
Reducing The Risk of Infection

In order to reduce the risk of infection for both patients and colleagues it is important to understand the Chain of Infection.

Some strategies to reduce risk:

- Proper hand hygiene
- Following proper isolation precautions
- Following policies and procedures when inserting invasive lines
- Patient and staff education

This presentation will go into more detail on the above strategies



Standard Precautions & PPE

Standard Precautions Overview

- Standard Precautions are to be used by all staff for all patients.
- If Standard Precautions are used, staff will be protected from blood or body fluid exposures and common skin contaminants.
- All staff and students are accountable for using Standard Precautions as needed.
- It is the responsibility of the facility to provide any equipment needed to implement Standard Precautions and to have it available at the point of use.

Standard Precautions Includes

- Hand hygiene
- Use of personal protective equipment (PPEs) as the situation determines: gloves, gown, mask, goggles.
- Use of sharps containers and biohazardous waste receptacles.
- Teaching the use of masks and teaching staff, patients, and visitors to cough into their sleeve when exhibiting symptoms of a cold or the flu.
- Cleaning equipment between patient use. Ensure to follow the manufacturers' instruction for use (IFU) regarding equipment cleaning.

Personal Protective Equipment

It is the responsibility of the department directors to obtain the appropriate Personal Protective Equipment (PPE), to inform staff and students of their location, and to enforce their proper usage.

PPE includes but is not limited to:

- Gloves
- Gowns
- Face protection (mask and/or eye shields, goggles)
- May also include shoe covers and hair covers

It is your responsibility to choose and use this protective equipment. It is your responsibility to take care of yourself.



Gloves

Gloves are to be used when:

- You expect contact with blood, body fluids/excretions, skin that is not intact and mucous membranes. This may include treating an open wound or handling dirty laundry.
- You are performing vascular access or drawing blood. NOTE: Do not tear off or remove the fingertip of the glove in order to find the vein.



Gloves

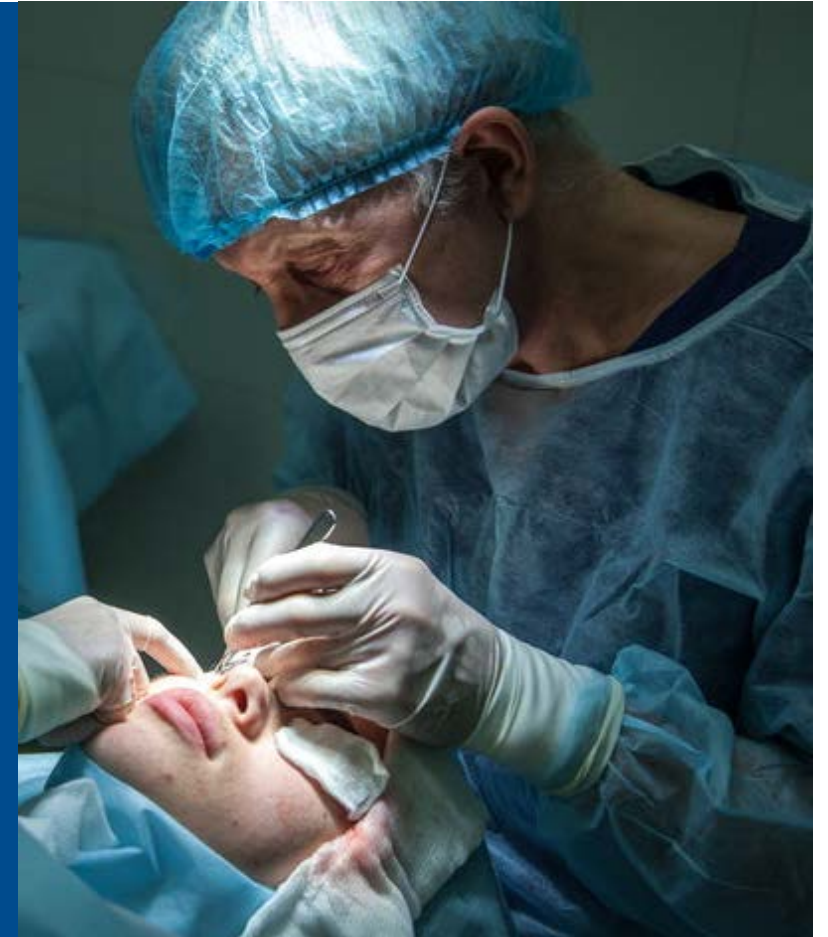


Gloves should be:

- Changed after contaminated.
- Changed between patients (before care of the next patient). NOTE: When performing several invasive procedures on the same patient, change gloves between each procedure to prevent contaminating another body part, piece of equipment, or environmental surface.
- Changed if torn or punctured.
- Changed when going from dirty to clean.
- Single use gloves are not meant to be washed or reused. Also, gloves are not considered to be a 100% effective barrier. Clean hands BEFORE and AFTER gloves.

Gowns & Face Protection

- Wear a gown when your clothing may be soiled with blood or body fluids.
- Choose the correct gown or lab coat for your purpose - fluid resistant gowns are available and should be used when exposure is possible and/or expected.
- Remove the gown or lab coat appropriately - use the correct technique AND remove the gown or lab coat so as to prevent transmitting pathogens from contaminated to uncontaminated areas.
- Use face protection (mask and/or eye protection, goggles, face shields, hoods, etc.) if splashes, spray, splatter or droplets can be anticipated. Glasses are NOT considered eye protection.



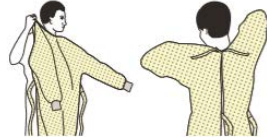
Donning and Doffing Procedures from CDC

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

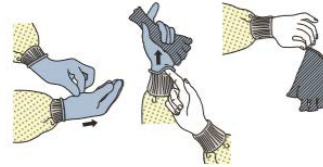


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

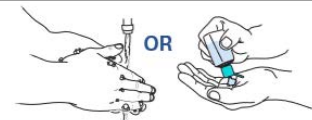


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

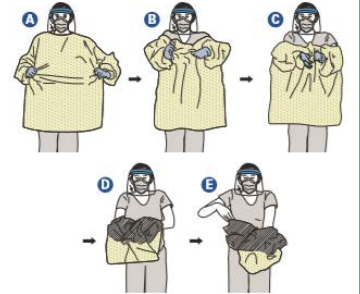


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

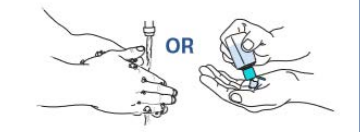


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Types of Isolation Precautions

Transmission Based Isolation

- There are three primary types of transmission based isolation
 - Contact Precautions
 - Droplet Precautions
 - Airborne Precautions



- When a patient is placed in a transmission based isolation, several actions should take place.
 - Place appropriate signage on the door.
 - Place an isolation cart at the doorway - includes PPE commonly used.
 - Provide education to the patient, family and visitors.
 - Document in the patient's electronic medical record.

Types of Isolation Precautions

Contact Precautions

Contact Precautions are intended to prevent transmission of infectious agents which are generally spread by direct or indirect contact with the patients environment.

Gloves and gowns should be worn with ALL interactions

Examples: MRSA, VRE, diarrheal illnesses such as norovirus and *C. difficile*, RSV

Droplet Precautions

Droplet Precautions are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Special air handling is NOT required.

Masks need to be worn within 6 feet of the patient (or entry to room)

Examples: *B. pertussis*, influenza virus, adenovirus, rhinovirus, *N. meningitides*, group A streptococcus

Types of Isolation Precautions

Airborne Precautions

Airborne Precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in air.

Patient should be placed in airborne isolation room (i.e. room with negative air exchange). Respiratory protection must be worn, such as N95 filtration mask, or powered air purifying respirator

Examples: Rubella virus (measles), varicella virus (chickenpox), *M. tuberculosis*

Respirators

- Airborne requires the use of an N95 respirator mask or Powered Air Purifying Respirator (PAPR) when entering the room. Staff need to be “fit tested” for the appropriate mask to use. Students should avoid exposure to these rooms unless clear documentation of organization's fit testing can be provided.

Fingernails & Jewelry



Fingernails and Jewelry can harbor organisms and spread infection, because of this it is important to ensure risk is decreased by following some simple hygiene guidelines:

- Fingernails are to be neat, cleaned and groomed at a length no longer than one quarter of an inch.
 - Nail polish, if worn, must be well maintained and free of chips.
 - Artificial nails or other foreign materials on the nails are not allowed if job duties involve patient care; either directly or indirectly via handling supplies used for patient care (i.e. Distribution, Linen, Pharmacy, etc).
 - Jewelry should be kept at a minimum.
-

Equipment Cleaning

Equipment Cleaning: Three Levels

Before sterilization or disinfection occurs, an item must be cleaned of visible dirt/debris. Be sure to follow the manufacturers' instruction for use (IFU) for all equipment and instruments.

1

LOW LEVEL DISINFECTION

Cleaning involves the removal of visible soil from objects. Examples are items used on intact skin, such as BP cuffs and thermometers.

2

HIGH LEVEL DISINFECTION

High level disinfection eliminates many or all pathogenic organisms, except spores. Examples are items used in procedures in clean areas, i.e. mouth, bowel, respiratory systems.

3

STERILIZATION

Sterilization destroys or eliminates all forms of microbial life with the use of chemicals or high temperature. Examples are items used in surgical procedures.

Ensure transporting of soiled instruments are in a puncture resistant sealable transport container that contains a biohazard label.

What and How To Clean

- ANY equipment used in providing care to a patient or is taken into a patient room is required to be cleaned before being used on the next patient. Note: make sure equipment/furniture is not torn or unable to be cleaned and clean items are not stored on the floor.
- “High touch” areas should be cleaned more often, i.e. door knobs, bedside tables, bedrails.
- Non-clinical staff should clean their work areas, i.e. keyboards, phones and work stations.
- Disinfecting wipes are typically used to clean items. Disinfection is based on dwell time of the disinfectant.
 - Dwell time is different for each chemical/wipe type. Please make sure you have reviewed the instructions for use (IFU) label and understand the dwell time.



Invasive Procedures

Invasive procedures, i.e. IV or Foley catheter insertion, pose a greater risk of infection. Introduction of organisms can occur upon insertion when sterile technique is not used and when contaminated or inappropriately sterilized equipment is used. After insertion, the introduction of organisms can occur when there is an inappropriate entry into the closed system, by leaving a device in longer than it is needed, and/or because education to staff and/or the patient on the care of the catheter has been poor.

Patient, Family & Visitor Education

WHEN TO EDUCATE

- Educate upon admission and throughout the patient's stay as appropriate. Education should be:
- Provided in terms the patient can understand
- Given in conjunction with written instructions for wound care, etc.
- Provided to the patient and those assisting at home

MANDATORY EDUCATION

- It is mandated that patients and family be educated about the risks of infection before:
 - Placement of a central line
 - Placement of a urinary catheter
 - Placement on a ventilator
 - Any surgical procedure

In Summary

Remember, all of us, including participants in our Student Services Experiences, are expected to play our part in reducing the risk of infection. Everyone benefits when each of us follows the procedures and precautions that have been outlined in this training.



Student Orientation Worksheet

Please circle site: Boise, Nampa, Ontario, Baker, SAMG

Student's Name	School and Program	
Assigned Unit	State Date	End Date:

ACKNOWLEDGED CONTRACT REQUIREMENTS

Initial

	I have received and read the Student Orientation Manual
	I have provided evidence of 2 negative skin tests (TST) within 12 months. or one Interferon Gamma Release Assay (IGRA such as QuantiFERON TB Gold or T-Spot) Blood test within 6 months that will NOT expire during my clinical assignment. If TST or IGRA is positive, I have provided evidence of a negative chest X-ray, completed medical evaluation and I have no symptoms of active TB“
	I have provided evidence of 2 MMR immunizations or a positive mumps, rubella and rubeola titer (Exempt if born prior to January 1", 1957)“
	I have provided evidence of 3 Hepatitis B immunizations or positive Hepatitis B titer if occupational exposure to blood is a risk’
	I have provided evidence of having had the chicken pox or shingles by physician diagnosis, documentation of two doses of vaccine, or varicella titer showing immunity“.
	I have provided evidence of a one—time dose of Tdap (tetanus, diphtheria, acellular pertussis)“
	I have provided evidence of an annual Influenza immunization if clinical assignment is during influenza season,’
	I have my own health insurance or am covered by the school’s health insurance”.
	I have completed Basic Life Support Training (CPR)* if required.
	I have received instruction on HIPAA regulation \n regards to confidential patient information. I agree that \ will not disclose any patient information to any person or use the information other than as necessary in my clinical activity. will be careful not to share this information in casual conversation
	I acknowledge I have received education and instruction on COVID-19 and the proper usage of Personal Protective Equipment (PPE) as part of the Student Orientation Manual.
	I further acknowledge I will abide by the recommendations and instruction provided during my clinical rotation(s).
	I agree to abide to Standards of Conduct while on the premises and to follow hospital policies and regulation
	I am aware of my scope of practice and will not do anything outside of my scope of practice and the scope allowed by Saint AlphonsLis Health System

The undersigned agrees to abide by the terms of the Educational Affiliate Agreement, including but not limited to the Responsibility of Student, non—excluded provider status, and confidential information. The undersigned further agrees to comply with the terms of other documents referenced in the Agreement, and certifies that s/he is not and at no time has been excluded from participation in any federally funded health care program, including Medicare and Medicaid, and agrees to immediately notify Saint Alphonsus Medical Center of any threatened, proposed, or actual exclusions.

‘Evidence provided is kept at the school and is accessible if requested by the hospital.

I verify that the above information is accurate and complete, and I agree to the provisions above.

Signature of Student _____ Date _____

Signature of Instructor _____ Date _____