

Orientation

STUDENT

Orientation Book

Mount Nittany Medical Center provides the finest care and service to every patient, every day.

Welcome to Mount Nittany Medical Center

The information presented in this booklet is designed to give you basic information about the Medical Center. Please review this booklet and follow the guidelines to ensure your safety and the safety of all patients, staff, volunteers and visitors.

VISION STATEMENT

Mount Nittany Medical Center will enhance its position as the preferred regional healthcare destination for both patients and medical professionals — providing vital clinical centers of excellence and superior access to care — supported by a commitment to medical education and backed by a culture of advancement and accountability — moving Life Forward.

MISSION STATEMENT

Mount Nittany Medical Center will provide every patient with the finest, patient-centered care in a safe and comfortable environment, continually improving access to care, and striving to enhance the quality of human life for everyone we serve.

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Patient Safety

It is the duty and responsibility of every staff member to report any situation or event that does or may compromise patient safety. Mount Nittany Medical Center encourages the reporting of all patient safety issues through its Non-Punitive Reporting Policy (Administrative Policy #6026). No retaliation disciplinary actions are taken against employees when they report safety or quality of care concerns.

Reporting can be accomplished in several ways:

- Complete a Hospital Event Report
- Contact the Patient Safety Officer, at 231-7829 or gmler@mountnittany.org

- Contact a member of the Patient Safety Team (team members information is located on the Intranet under “Patient Safety Concerns”)
- Call can be made to the Patient Safety Hotline **814-231-7809**.

You may also contact the Joint Commission directly with any patient safety concerns @ www.jointcommission.com or (630) 792-5636.

The Patient Safety Committee meets regularly to look into patient safety issues. The Committee sees part of its role to making sure the “loop is closed” concerning patient safety issues. We want to make sure that there is proper follow up on issues and that they are resolved and not left hanging. Also, the Committee takes a proactive approach to patient safety and promotes a Medical Center wide patient safety culture.

Joint Commission: National Patient Safety Goals

The purpose of the Joint Commission’s National Patient Safety Goals is to promote specific improvements in patient safety. The requirements highlight problematic areas in health care and describe evidence and expert-based solutions to these problems. The requirements focus on system-wide solutions, wherever possible. Each year, the goals and associated recommendations are re-evaluated; some may continue while others will be replaced because of emerging new priorities. New goals and recommendations are announced in July and become effective on January 1 of the following year.

As of January 1, 2011, all Joint Commission accredited healthcare organizations are surveyed for implementation of the following requirements-or acceptable alternatives-as appropriate to the services the organization provides. Failure by an organization to implement any of the applicable requirements (or an acceptable alternative) for a National Patient Safety Goal will result in a special Requirement for Improvement for that goal.

2011 National Patient Safety Goals

- 1) Improve the accuracy of patient identification.
 - a) Use at least two patient identifiers when providing care, treatment, and services. Note: The patient’s room number or physical location is not to be used as an identifier.
 - b) Eliminate transfusion errors related to patient misidentification.

- 2) Improve the effectiveness of communication among caregivers.
 - a) Report critical results of tests and diagnostic procedures on a timely basis
- 3) Improve the safety of using medications.
 - a) Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. Note: Medication containers include syringes, medicine cups, and basins.
 - b) Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- 4) Reduce the risk of health care associated infections.
 - a) Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the World Health Organization (WHO) hand hygiene guidelines.
 - b) Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals. Note: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), and multidrug-resistant gram-negative bacteria.
 - c) Implement evidence-based practices to prevent central line-associated bloodstream infections. Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.
 - d) Implement evidence-based practices for preventing surgical site infections.
- 5) Accurately and completely reconcile medications across the continuum of care.
 - a) A process exists for comparing the patient’s current medications with those ordered for the patient while under the care of the hospital. Note: This standard is not in effect at this time.
 - b) When a patient is referred to or transferred from one hospital to another, the complete and reconciled list of

medications is communicated to the next provider of service, and the communication is documented.

Alternatively, when a patient leaves the hospital's care to go directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, the original referring provider, or a known next provider of service. Note: This standard is not in effect at this time.

- c) When a patient leaves the hospital's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family. Note: This standard is not in effect at this time.
- d) In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed. Note: This standard is not in effect at this time.

- 7. The hospital identifies safety risks inherent in its patient population.
- 8. The organization meets the expectations of the Universal Protocol.
 - a. Conduct a pre-procedure verification process.
 - b. Marks the procedure site.
 - c. A time-out is performed before the procedure.

Banned Abbreviations

The following abbreviations are banned from use in hand-written orders and documentation. Nurses and other caregivers will not act on any order that includes any of these abbreviations or unsafe use of zeros until the order is confirmed by contacting the ordering practitioner. The nurse or other caregiver documents confirmation in the medical record.

Banned Abbreviations:

Banned from written documentation	WRITE
QD or OD	Daily or Qday
QOD	every other day
µg	micrograms or mcg

U or u	unit(s)
IU	international unit(s)
MSO ₄ or MgSO ₄ or MS	morphine sulfate or magnesium sulfate
T.I.W.	Three times per week or Three times weekly
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears)	"Left ear", "Right ear", or "Both ears";
O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes)	"Left eye", "Right eye", or "Both eyes".

Use leading zeros but not trailing zeros with decimal points:

.5 mg has been read as 5 mg

Write: 0.5 mg

1.0 mg has been read as 10 mg

Write 1 mg

Patient Confidentiality

The reputation of our Medical Center as a caring place is improved if we constantly protect patient confidentiality.

Confidentiality of patient information and the right to privacy are fundamental values in the health care setting. Unfortunately, breaches of confidentiality can occur easily and often unintentionally unless we keep these concerns always in mind.

Seek Privacy

When talking to patients about their personal information, be aware of others in the area that may overhear your conversation and move to a private place. Pulling privacy curtains is important for visual protection but conversations can still be heard.

Avoid Public Discussions

Avoid patient discussions in public areas or where others may overhear your conversation. Even if patient names aren't used, the description can be interpreted, correctly or incorrectly, if overheard.

Get Proper Authorization

Make sure the patient wants information shared, even with close family members. Special rules apply and are required for mental health diagnoses, drug and alcohol abuse, and certain infectious diseases. The right to confidentiality may only be waived by the patient by a

signed authorization directed to the Medical Center for release of the medical information.

Protect Written Records

Keep all patient information covered and limit access to authorized persons only. Do not leave information where others can see it easily or accidentally. Position computer screens so information is not visible to unauthorized persons.

Phones and Fax Machines

Confirm the identity of the requester before releasing information over the phone or by fax. Fax information only for patient care purposes and not for purposes, which may be effectively served by regular mail or messenger service. Follow Medical Center policy for use of faxes (*see Administrative Policy 6036 and Administrative Policy 4013 for release of information*).

Outside Inquiries

Uncomfortable situations can occur when we are asked about patients and their medical condition outside of work--at church, in the grocery store, in the neighborhood. Others generally mean well and we like to respond positively without compromising patient privacy. A simple response of "I can't discuss that kind of information" or a suggestion that the person may want to contact the family is appropriate.

Media Requests

If the inquiring party identifies a patient by name, the condition of the patient may be released by an authorized Medical Center official (see Admin. Policy 1014). Exceptions to this includes patient preference, Mental Health Unit patients, or if the next of kin has not been notified of a death.

HIPAA regulations

The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), effective April 2003, provides the right to privacy for our patients. These rights are outlined in our Privacy Notice, which is available to all patients. We have a responsibility to protect their personal identifiable health information in written, oral, and electronic format. Information is to be accessed only by those who have a need to know to complete their job. Patients must provide written authorization to use their information. Never discuss patient information with your family or friends.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) law was enacted by Congress to improve the transfer of health information and decrease administrative time and cost. It is our duty to keep all

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Personal Health Information (PHI) private and confidential. PHI includes patient name, social security number, address, diagnosis, treatment, identification numbers, photographs, etc., in written, oral or electronic form. Protect patient records from view of others, position computer screens away from traffic areas, protect your computer password, dispose of unneeded copies in locked shred box, be aware of the volume of your voice, and promptly collect documents from fax machines, copiers, and printers. Refer to Medical Center policies, your supervisor, or the Privacy Officer for guidance. When handling patient identifiable information, ask yourself "How would I want my private information handled?"

Customer Service

Making every interaction better today than it was yesterday!

The Medical Center has thirty-six customer service standards. The standards are grouped into categories that have become our five service objectives: Positive Impressions, Teamwork, Great Explanations, Service Recovery, and Showing Care and Concern.

Utilizing scripting provides our customers with the perception that we live our mission statement, we value them, we provide a high level of service performance, and as a game plan for sticky situations.

We have several Universal Scripts and Behaviors to guide employees, students and volunteers. They are simple, but the impact of everyone consistently using them is profound. It is our expectation that you will use the Universal Scripts and Behaviors in your daily work.

For a good greeting:

Use names with appropriate titles:

Mr., Mrs., Ms. - it shows respect

Greet patients, visitors, staff and physicians in hallways and elsewhere:

Greet everyone with Eye contact, Smile, and Positive greeting.

Before providing a service or treatment:

"Hello, My name is _____. I am from _____ and I will be _____."

Before leaving a patient or customer:

"Is there anything else I can do for you? I have the time."

Someone is looking lost or in place of giving directions:

"May I take you where you are going?"

Someone is upset or anxious; Service Recovery:

"How can I make this better for you?"

Before providing service or treatment; on admission:

"We will take very good care of you (your ____) today."

Reply to being thanked:

"You're welcome" or "It was my pleasure."

A blameless apology is one that expresses compassion for the person's state of mind:

"I am sorry this is so upsetting for you."

Turn the patient over to someone else, by saying:

"This is (the name of the person), she is going to take you to x-ray." People feel more secure when staff work as a team

After providing service or treatment; on discharge:

"Thank you for choosing Mount Nittany Medical Center."

Demonstrate respect for every individual, including fellow staff members.

Telephone etiquette

When answering the telephone, use the following:

- Greeting
- Department
- Name
- How may I help you?

Please remember to always:

Keep our facility looking its best; everyone picks up trash in the hallways.

EMPATHY – the ability to share in another's emotions, thoughts, or feelings.

What can you do to practice empathy?

Accept and acknowledge the person's point of view.

Use a blameless apology when the person is upset or frustrated.

Listen patiently without interruption or jumping to conclusions

Ask questions to clarify the situation fully and before responding

Repeat what the other has said to ensure mutual understanding

FEEDBACK

Providing feedback to the members of our team is very important to our ongoing success and growth. Using

key words and sincerity will help make this communication more comfortable and assist in building positive, strong teams.

Positive feedback messages

I really appreciated your help today.

I enjoy working with you, ____.

Thanks for making ____ go smoothly.

You make a difference to our patients. You make a difference to our team. You make a difference here.

Negative feedback messages

When you do ____ the result is ____, next time try ____.

I would like us to work better together; can we talk about what happened today?

At our last department meeting everyone agreed to ____; I noticed that you did not _____. It is important that everyone does for insert reason.

***Make sure you wear your name badge
between the neck and diaphragm area where
people can easily read it!
This is Mount Nittany Medical Center's
policy.***

**Fall Reduction**

In May 2011, an organization wide initiative was implemented to help to reduce patient falls. We have had an increase in the number of falls in patients who are alert and oriented. These patients are frequently under the age of 65 and have come from home or a place where they are mostly independent and expect the same level of independence while hospitalized. We will reduce falls by educating these patients about the risks of falling, explaining to them why being in the hospital is so different, providing education to their families and caregivers about the risks of falling, and working together as a team.

There are three different steps in this program and all inpatients will be assigned a step (risk level) by the registered nurse.

Green level – universal fall risk

- The lowest level. These patients will have green socks on.
- Reinforce the need to “Call Don’t Fall”.
- Beds in lowest position, items in reach, call bell in reach, path to bathroom is clear of clutter.
- Staff will perform hourly rounding.



Yellow level – moderate fall risk

- Same precautions as above plus:
- This patient will have a yellow fall sign outside their door.
- Yellow “Fall Risk” bracelet placed on their wrist and be given yellow socks.
- Bed alarm is turned on and may have an additional alarm used.
- If unsteady, stay with them for toileting and ambulation.



Red level – high fall risk

- Same precautions as above plus:
- The patient will have a red fall sign outside their door and be given red socks.
- Patient will be placed on an every 3 hour toileting schedule.
- Staff supervision with toileting, showering, dressing, transport, and ambulation activities.
- RN may also consider additional measures.

What do I need to do? If you see someone with YELLOW or RED socks walking alone in the hospital, immediately go to them and stay with them while asking another staff member to call for assistance.

Working together, WE can help to prevent patient falls.

Fire Safety

The overhead page “**Code Red & (location)**” will alert



students and staff to a fire or explosion. In a fire, students must immediately proceed to the main lobby on the

first floor (do not use the elevators) and wait there until all clear is paged. The switchboard operator will communicate important information relating to the fire condition to students.

In a fire, the Medical Center staff will take the following steps:

Rescue patients from immediate danger.

Pull the nearest fire **Alarm** box. Dial **HELP** (4357) and give the operator the room number and location of the fire.

Contain the fire by closing windows, doors, vents, and chutes. Turn off fans, air conditioners, and local oxygen. Keep the lights on.

Extinguish the fire while awaiting the arrival of the first responders and the fire department.

R	Rescue
A	Alarm
C	Containment
E	Extinguish

Students are not responsible for these steps but should follow instructions of Medical Center staff.

Electrical Safety, Utilities Management & Medical Equipment Management

ELECTRICAL SAFETY

Plugs, Receptacles & Cords:

- All plugs should be hospital-grade (look for the green dot). Use tamper-proof receptacles where children may be found.
- Plugs and receptacles should have a snug fit.
- Report any connection (plug & receptacle) that is warm to the touch. Do not use until it has been repaired or replaced.
- Never unplug devices by pulling on the cord. Use the body of the plug.
- Red receptacles will always have emergency power even though normal power may be lost.
- Inspect cords for worn or frayed wires or other defects. See that no plugs or insulation areas are broken.

Grounds:

- All electrical equipment should be properly grounded with a 3-prong plug or be double insulated. The 3rd prong is a safety feature that electrically connects the metal case of a device to the ground wire in the receptacle. (This provides a safe path to ground for any hazardous current leakage.)
- Never use a “cheater” adapter plug, which converts a 3-pronged plug into a 2-pronged plug. Never break off the ground pin.

Special Attention Areas:

- Report all electrical equipment that smokes, sparks, overheats or emits a suspicious odor.
- Keep in mind moisture increases the danger and severity of electrical shock hazard.

Severe Electrical Shock:

- Turn off the power to the electrical equipment involved. If this is not possible, use a dry piece of wood, rope, cloth or any insulating material to pull the victim free of the electrical device. Call for medical help.
- If CPR is indicated and you are competent to perform CPR, initiate CPR and dial HELP (4357).

EMERGENCY POWER

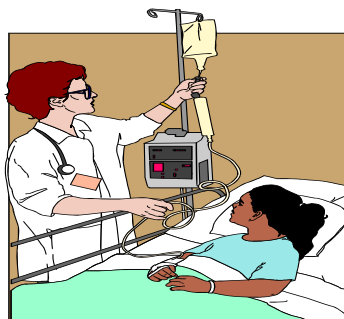
While on emergency power, the following receptacles will have power:

Receptacle Color:	Receptacle Cover Color
RED.....	RED
RED.....	ORANGE
ORANGE.....	RED

MEDICAL EQUIPMENT MANAGEMENT

Student's Responsibility:

- Be competent in use of equipment. Ask questions if you do not understand.
- Report equipment problems to Medical Center staff. Example: equipment malfunctions, equipment emitting unusual odors.



Oxygen Safety

OXYGEN E-CYLINDER & GRAB-N-GO SAFETY

- Do not use an oxygen cylinder with a pressure below 500 psi. Cylinders below 500 psi are considered empty.
- All oxygen cylinders must be transported or stored in approved carriers or holders. Approved holders include: trucks, multiple storage racks, single tank holders, wheelchairs, litters and code carts equipped with approved holders.
- Never cover cylinders with blankets or other materials.
- Never leave a cylinder propped or lying loose without a holder or carrier.
- Always use the liter flow that is ordered.
- All cylinders are turned off after use. Oil and grease can ignite spontaneously in an oxygen rich environment.

- Areas with the availability of piped in oxygen will not utilize oxygen cylinders during procedures except in an emergency.
- Cylinders in use, including those on code carts, will have regulator guards attached at all times. This protects the regulator, valve and neck of the cylinder. (Oxygen is delivered at 2500 psi.) **If the cylinder neck were to become detached this pressure would propel the cylinder at high speeds causing extensive damage and injuries.**
- Always identify the cylinder by the label, not just the color.
- Contact Respiratory Therapy with questions about oxygen safety.

Disaster Plan

Mount Nittany Medical Center's disaster plan is flexible and varies with the type and scope of disaster. The person in authority at the Medical Center at the time of the disaster will make the final decision regarding the extent the disaster plan will be implemented. Be guided by the instructions of Medical Center staff.

Security Management

The Security Management Program is designed to protect staff, patients, students, visitors, and Medical Center property from harm.

How to report security incidents:

In a serious emergency where you or another, are in danger of physical harm, **dial 4357**. Even if you cannot speak, the operator will be able to trace your call and send assistance. (Ex: A stranger has entered your office area and is threatening physical violence to the receptionist. You dial 4357 from your desk and leave the phone off the hook).

What are the Medical Center's identification procedures?

Patient, staff and student identification are an important part of security management. All patients will be issued an identification bracelet upon admission. All employees and Medical Staff will be issued an identification badge, upon hire, that must be worn at all times when on duty. **Students are responsible for wearing an identification badge at all times.**

Helpful Hints to Protect Your Personal Property:

Do not bring large amounts of money or valuable to with you.

Do not leave valuables lying around (under desks, chairs, coat racks, on counters or in locker rooms, etc.).

If you must bring valuables, have them locked up. Student lockers are available on the ground floor, north wing. If you do not have a safe place to lock them up, lock them in your vehicle or keep them on your person.

If you lose valuables or think they have been stolen, immediately notify the Security department.

If you see suspicious or strange people in your department, ask them why they are there. If you have a problem with them, notify security.

Infection Prevention & Control

The Infection Prevention & Control Program follows the standards and recommendations of several state and national agencies including the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), Department of Health (DOH), and The Joint Commission and is involved in many initiatives to assure the safety of our patients and everyone who contact them. A full-time Infection Prevention & Control Coordinator oversees a broad range of programs and activities to minimize the risk of preventable infections among patients, visitors and healthcare workers. Every healthcare worker plays an important role in the prevention of infection.

Standard Precautions

Standard Precautions are a way of preventing spread of infections between patients and health care workers and provide the foundation for the way we care for patients. With Standard Precautions, all body fluids of all patients are treated as infectious. Barriers such as gloves, gowns, goggles, masks and faceshields are used to prevent contact with these body fluids. These barriers are referred to as Personal Protective Equipment (PPE). PPE is available in all patient care areas in designated locations including Code Carts.

Careful handling of sharp instruments and needles are part of Standard Precautions, too. We are always looking for ways to prevent injuries with sharps and evaluate new technologies and techniques on an ongoing basis. If you experience an exposure to a patient's body fluids by accidental needlestick or other sharps accident, have body fluids splashed in your eyes, nose, or mouth or get them in an open cut or on chapped or open skin **immediately wash or flush the affected area**. Emergency eye wash stations are located in Soiled Utility rooms. Report the incident to your clinical instructor or a staff member as soon as possible. Medications to prevent some infections must

be given within hours of exposure. You will be referred to the Emergency Department for an initial evaluation of your injury.

More information on Standard Precautions is available in the Infection Prevention & Control Policy Manual

Transmission-based Precautions

Infectious illnesses may be transmitted through large droplets, through very tiny droplets that stay suspended in the air or by direct contact with the patient or patient-care equipment. Therefore Droplet Precautions, Airborne Precautions and Contact Precautions or a combination of these precautions in addition to Standard Precautions may be necessary. Airborne Precautions require a specially ventilated private room with the doors closed at all times and personnel must use special respirator masks. Patients on Droplet or Contact Precautions usually require a private room. Physician order for transmission-based precautions is required but precautions may be initiated as a Nursing decision. Signs with complete instructions are posted on the room doors of all patients on Droplet Precautions, Airborne Precautions and Contact Precautions and policies describing the precautions are located in the Infection Prevention & Control Manual.

Hand hygiene – why is it so important?

Hand decontamination is the single most important thing you can do to protect yourself and our patients from an infection. Many microorganisms can be transmitted on health care workers hands and studies have shown hand decontamination occurs much less frequently than we think. Our hand hygiene initiative, *Clean Team – In between make sure they're clean*, involves both healthcare workers and patients in the effort to ensure we clean our hands often. Get in the habit of washing your hands before and after all patient contacts or using the antiseptic hand rubs located just inside each patient room and in hallways. If your hands are visibly soiled, you must hand wash with soap and water.

In some studies, artificial fingernails and long natural nails have been associated with transmission of infection to high-risk patients. At MNMC, employees working in the Operating Room or other invasive procedure areas may not wear artificial fingernails and natural fingernails are recommended for all personnel who provide patient care or prepare patient care supplies or equipment. Nail length must not interfere with job performance.

Policies

A set of policies developed and approved by the Infection Prevention & Control Committee, Chief of the Medical Staff and President guide infection control practices. These policies are available in a searchable format on the Medical Center's intranet and print manuals are available in designated locations.

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Clinical Students:

Infection Prevention & Control Reminders

- Wash hands after touching blood, body fluids, secretions, excretions and contaminated items whether gloves are worn or not. Wash hands immediately after removing gloves.
- Wear gloves (clean, non-sterile) when touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes & non-intact skin.
- Wear a mask and eye protection or a face shield to protect mucous membranes during procedures likely to generate splashes or sprays of blood or body fluids.
- Wear gowns (clean, non-sterile) to protect skin and clothing during procedures likely to generate splashes or sprays of blood, body fluids.
- Handle used patient care equipment soiled with blood or body fluids in a manner to prevent skin and mucous membrane contact and contamination of clothing.
- Take care to prevent injuries when using sharp instruments, needles and scalpels. Never recap used needles or bend or break them. Dispose of used sharps in puncture-resistant containers. Never reach into a contaminated sharps container.
- Use resuscitation bags and mouthpieces instead of mouth-to-mouth resuscitation.
- Promptly report contaminated needle stick injuries, blood, or body fluid splashes in eyes, nose, or mouth or blood or body fluid contact with non-intact skin.

Environment of Care

Laundry - All laundry should be placed in hampers as close to the point of use as possible. Do not rinse or sort laundry. Laundry bags are fluid impervious to protect workers.

Waste - Hospital waste with visible blood and body fluids is disposed of in red biohazard bags. These bags receive special handling.



Blood/Body Fluid Spills - Environmental Services Department is responsible for cleaning blood and body fluid spills. Blood/body fluid spills must be cleaned and decontaminated as soon as possible after they are discovered.

Students are not involved in chemical spill management or clean up. Alert staff of any chemical spill.

Staff members take the following actions in the event of a chemical spill:

Stop - the flow if possible

People - rescue & remove

Alert - Call Environmental Services/medical personnel

Contain - if reentry is possible, attempt containment of spill & vapors

Environmental Services - will perform clean up

Other Important Notes:

1. A complete listing of all chemicals in the Medical Center and where they are located can be found at the glass-enclosed bulletin board near the cafeteria.
2. A copy of Mount Nittany's written Hazard Communication Program is posted in each Department. Other reference materials are available from Plant Services upon request.

Pastoral Care

The Pastoral Care Department welcomes you to the Mount Nittany Medical Center family. The Pastoral Care Department exists to address your spiritual needs as well as those of our patients.

The Centre Region population is a mixture of local people and a broad spectrum of members from the international community, bringing a rich mixture of religious backgrounds. State College, besides hosting an array of Christian Churches, is also home to a Mosque and Synagogue. Other faith groups Hindus, Bahais, Buddhists, and a variety of other religious groups may become patients in our facility. For this reason, Mount Nittany Medical Center healthcare workers must be sensitive to the religious diversity and spiritual practices of our patients.

Staff

Mount Nittany Medical Center employs a full-time Chaplain and Director of Pastoral Care. Additionally, a group of Pastoral Care Volunteers provide patient visitation, offer support, and assist with identifying patient religious affiliation. They provide a liaison to over 100 congregations in the Centre Region. Several larger congregations in State College have visitation teams that are supervised and assisted with their mission by the Pastoral Care Department. Our Lady of Victory Catholic Church provides on-call coverage and daily visits from Eucharistic Ministers for Catholic patients.

Spiritual Needs As They Affect Patient Care

Sensitivity to the spiritual needs of patients may involve all Medical Center departments; Nutrition & Culinary Service, Laboratory, Environmental Services, Nursing, and others. For example, some religious groups (Jewish, Muslim) have dietary restrictions. Others have restrictions about certain medical procedures or the use of blood or blood products.

Religious Holidays (Easter for Christians, Ramadan for Muslims, Rosh Hashanah for Jews) may involve times of prayer or fasting, and the need for Rites or Rituals, which may affect times of tests. The Jewish Sabbath (Shabbat) begins at Sundown on Friday evening and continues until sunset on Saturday night. As death nears, families may request prayers from clergy. Families and patients also derive support from Bible reading, prayer, receiving the Eucharist (Communion) or Anointing (Sacrament of the Sick) or Infant Baptism should an infant be at risk.

Protecting Patients from Religious Solicitation

Our Department assists those who desire spiritual support while maintaining a protective stance toward the patient's right to refuse unwanted religious solicitation. Medical Center staff is urged to be mindful of individuals or religious groups whose visitation is upsetting to patients.

Facilities

The **Meditation Room** is located near the Radiology Department on the first floor and is available around the clock to families and staff for prayer and meditation. Currently there are no in-house worship services.

A **Clergy Room** is provided for local clergy and pastoral care volunteers groups and is located conveniently near the main entrance.

Contacting the Chaplain

The Chaplain is available for consultation and referrals. The Chaplain's office (ext 7090) is located on the fourth floor (Room 457) near Rehab Services. Secretarial staff is available to answer calls during the day. Messages can be left on voice mail at night. Beeper numbers are listed in the Medical Center communication directory (Intranet) for emergency contact.

Please remember, there are Chaplains available in the Medical Center for you and for your patients 24 hours a day.

Radiation Safety

Natural sources of Radiation are everywhere: small doses of radiation from outer space are known as Cosmic Radiation: minerals and rocks in the earth give off small doses of radiation, carbon and potassium in your own body are naturally radioactive.

Regulations place strict limits on the amount of radiation that employees can receive at work.

The maximum per year for a radiology employee is approximately equal to the exposure from 1 CT Scan.

Most nurses, environmental services aides, and other workers only occasionally work around radiation sources and receive no significant exposure.

Radiation Sources in the Medical Center

1. Mobile X-Ray Machines
2. Isotopes used in Nuclear Medicine and Radiation Oncology.

Mobile X-Ray Machines (Conventional X-Ray Machine (Portable) and the Mobile Fluoroscope (C-Arm)).

- Only generate radiation during exposure-when making the image.
- Do not make the patient, film, or equipment radioactive.
- X-Ray Beam is highly directional. Only small amounts of radiation scatter away in other directions.

Three X-Ray Precautions or Methods to Reduce X-Ray Exposure

1. **Time** -Minimize the time that you are near a radiation source
2. **Distance** -Move as far away from radiation sources as possible.
3. **Shielding** - Wear a lead apron when working near a radiation source.

Isotopes are used in the Nuclear Medicine and Radiation Oncology Departments. They are also known as Radioisotopes, Radionuclides, or Nuclides.

Nuclear Medicine Patients Receiving Isotopes for Diagnostic Procedures:

1. A gamma camera tracks the isotope to locate tumors or evaluate organ function.
2. Radiation levels emitted from the patient are usually very low.
3. The most common isotopes used for routine diagnostic scanning usually loses most activity within a day.
4. Standard Precautions are to be used when caring for any patient who has been injected with an

isotope for a diagnostic examination. No additional precautions are required.

Nuclear Medicine Patients Receiving Isotopes for Therapy:

1. Used to treat tumors and hyperactive thyroids.
2. Radiation Safety precautions for these patients are given on an individual basis per treatment.
3. A Radiation precaution sign will be posted. Always check with the nurse/staff member in charge before entering the room of a patient with a radiation precaution sign posted.

Radiation Oncology Radiation Implants or Sealed Sources

1. These are temporarily placed near the tumor to destroy the tumor.
2. Radioactivity is generated when the source is placed and is eliminated when the source is removed.
3. Permanent implants involve placing small radioactive seeds with a relatively short half-life in the diseased organ, such as the prostate, and left there.
4. Patients receiving permanent implants usually are released on the same day as the implant, and are instructed how to minimize exposure to those they might come in contact with.
5. At Mount Nittany Medical Center, implants or sealed sources are primarily used in the Radiation Oncology Suite. Permanent implants are performed at the SurgiCenter.

Delivery of Radioactive Packages

1. Staff in Nuclear Medicine, Radiation Oncology, Security, Loading Dock, Emergency Dept, and Front Desk have received training in safe handling of radioactive packages.
2. If anyone not listed above is asked to accept a package that is labeled "radioactive", contact a staff member from the above list.

Only specifically trained Nuclear Medicine and Radiation Oncology Staff are authorized to handle or empty containers labeled "Radioactive Materials".

MRI Safety

Exclusion Zone:

- Restricted Area
- The magnetic field is always present and is an "Invisible Force".
- Must be screened for contra-indications and loose metal objects before entering this zone.
- All metal objects must be checked with a hand magnet prior to entering the Exclusion Zone.

- DO NOT ENTER THE EXCLUSION ZONE WITHOUT PERMISSION FROM THE MRI STAFF.

Patients being transported to MRI should be placed in the MRI Suite waiting area (which is located outside of the Exclusion Zone). Notify MRI staff of your arrival and await future directions.

Body Mechanics

The basic principles of body mechanics can be summarized as follows:

1. Maintain the normal back curves.
2. Do not remain in one position for extended periods.
3. Plan your movements ahead of time.
4. Ask for assistance when appropriate.
5. Maintain a wide, stable base while standing or lifting.
6. Lift with your legs, not with your back.
7. Pivot with your feet, don't twist your back.
8. Keep items close to your body when lifting or carrying.
9. Keep your stomach muscles firm while lifting.

Try incorporating one or two of these principles into your daily routine. Remember, proper posture and body mechanics can make a difference!

Patient Transfers

The purpose of patient transfers is to move a patient from one surface to another. It is important that the transfers are performed safely for both the patient and the staff. It is also important to remember that each situation is different and the suggestions below are to help ensure the safety of all involved.

Important! Do not lift patients under their arms. Support them with your arm around their back or with a gait belt. Lift Equipment (Sit-Stand & Patient Lifter) is available & stored on the in-patient units.

Health Sciences Library

Location and Hours

The Esker W. Cullen Health Sciences Library is located on the Ground Floor, across from the Doctors Lounge. The Library is open to students Monday through Friday from 8:30AM to 5 PM while it is staffed by a librarian. It is not open to students at other times, unless arrangements have been made with the Librarian.

Cultural Diversity

Is the coexistence of numerous distinct ethnic, racial, religious, or cultural groups within one social unit, organization, or population.

Our community has a diverse population. Resources for assisting you in meeting their individual needs are available through your manager or supervisor. Written information about cultural differences is available on the clinical units and in the Library.

Ethics

Medical ethics establish both positive and negative duties for healthcare providers. The many changes in our society and scientific advances present unique challenges for providers.

The four basic concepts of medical ethics are:

- **Beneficence:** the duty of the healthcare provider to promote good, and to act in the best interests of each of his or her individual patients.
- **Justice:** the duty of the healthcare provider to be fair to the community as a whole; especially with regard to the distribution of healthcare resources.
- **Non-maleficence:** the obligation of the healthcare provider to do no harm to the patient or society as a whole.
- **Respect for patient autonomy:** the duty of the healthcare provider to protect and foster the patient's ability to make informed decisions regarding their own health and future.

Ethical dilemmas arise as a result of conflicts among the four guiding principles. The Medical Center's Ethics Committee serves as a tool for use by hospital staff and medical staff. The Committee endorses the concept that final decision-making authority remains with the patient, family, and primary healthcare provider.

The Committee serves the following functions:

- Monitors and reviews patients' rights and ethical issues arising out of patient care at Mount Nittany Medical Center.
- Recommends changes and actions regarding ethical issues in the Hospital to the Medical Staff Executive Committee.
- Serves as advisor to any practitioner when so requested by that practitioner regarding patient care ethical issues at Mount Nittany Medical Center.

TELEPHONE HOTLINES

CARDIAC ARREST.....Dial HELP (4357)

Fire/Explosion.....Dial HELP (4357)

Missing Infant or Child.....Dial HELP (4357)

Security Emergency.....Dial HELP (4357)

CODED PAGES

Aggressive Patient Emergency "Code Gray" & Location

All Clear..... "Code Clear"

Armed Aggressive Pt. Emergency "Code Silver" & Location

Cardiac Arrest (Blue = Adult, White = Pediatric)..... "Code Blue" or "Code White" & Room No.

Cardiac Arrest Emergency Dept..... "Code Blue or Code White" -- ED -- __Mins.

In-House Medical Emergency..... "Code Purple" & Location

Disaster Standby "Code External Triage" Stand-by

Disaster Plan Implementation..... "Code External Triage" & Victim No.

Facility and/or infrastructure failures..... "Code Internal Triage" & Location

Fire or Explosion "Code Red" & Room No.

Main Computer is Down "State which system is off-line"

Main Computer is Restored..... "State which system is back on-line"

Lab or Radiology Computer is Down "Lab or Radiology computer off-line"

Lab or Radiology Computer is Restored "Lab or Radiology computer on-line"

Possible Missing Infant or Child..... "Code Amber" & Location

Missing Infant or Child..... "Code Amber" & Location"

Power Transfer in 10 minutes..... "Power Transfer in __ min."

Power Retransfer in 10 minutes..... "Power Transfer in __ min."

Severe Weather..... "Weather Alert" & Type of Weather expected

Bomb Threat "Code Yellow"

Trauma Team to Emergency Dept. Code "5" ED -- ETA __Mins.

Hazardous Materials Spill..... "Code Orange" and Location

Water Shutoff..... "Water Alert" & Time Off

Clinical Students

Fall Prevention

Refer to Fall Prevention/Intervention – Clinical Resources Manual

The admitting RN assesses all patients for fall risk and screens all patients for previous fall history, unsteady gait/weakness/use of assistive devices, mental status changes, and others as determined by the RN.

The Fall Prevention/Intervention procedure is implemented for all patients for whom a fall risk has been identified or who the RN has otherwise designated to be at risk.

A problem will be added to the Problem List for all patients identified to be at risk for falls.

A patient identified at fall risk will be identified with a yellow wristband. Bed tag and Kardex will be marked. The nursing staff will give “Safe Stay” handout. Refer to Fall Reduction section (pp.5-6) for more information.

Any student who sees a patient identified as fall risk and/or performing unusual activity will attend the patient and contact the clinical staff for assistance.

Fall risk factors are reassessed when changes in patient status occur.



Bariatric Equipment

Refer to Care of the Adult Bariatric Patient procedure, Clinical Resources Manual

The guideline applies to patients who are morbidly obese. It also applies to patients who are severely overweight and who weigh 350 pounds or more. The guideline is not applicable to obstetrical patients. Refer to the procedure for additional definitions.

With the exception of emergent situations, planning for the bariatric patient shall begin before the patient arrives at the Medical Center. This planning is intended to preserve the patient's rights and dignity and to ensure that services can be provided in an efficient and effective manner.

The Department will, upon notification of the need for service for a bariatric patient, assess availability of equipment and supplies to meet the patient's needs (please see Extended Capacity equipment list in the Care of the Adult Bariatric Patient procedure).

Bariatric inpatients are admitted to a private room whenever possible. This is to better accommodate equipment needs and maintain the patient's privacy and dignity.

Consideration should be given to placing bariatric patients in a room that meets the requirements for design as an Americans with Disabilities (ADA) room. These rooms are as follows: 259, 279, 280, 240, 241, 2403, and 4402.

Transport of the bariatric patient within the Medical Center requires planning and may require specialty equipment (see the Extended Capacity Equipment List). Prior to transport, the Department notifies Patient Transport Services that the patient meets the criteria as a bariatric patient.

To assist with urgent transfer and transport issues, a Bariatric Team has been designated. A transfer or transport is considered urgent if a delay in moving the patient would cause harm to the patient.

The Bariatric Team is made up of the following personnel:

- Orderly- Obtains and operates bariatric lift, obtains other bariatric transport equipment as needed.
- Physical Therapist/Occupational Therapist- Functions as the Bariatric Team Leader. The Team Leader is responsible for assessing the situation and obtaining resources, both staff and equipment, appropriate to the transfer needs. The Team Leader also assigns team member responsibilities, appropriate to their training, during the transfer.
- Clinical Coordinator- Functions as the Team Leader in absence of Physical Therapist and Occupational Therapist.
- Primary nurse- Assists with transfer and lifting.
- Maintenance- Adjusts bariatric lift to meet needs of patient transfer

The Bariatric Team can be activated urgently through the Medical Center operator who will page team members through the individuals' pagers.

Nursing Students

Assignments

Will be posted on the bulletin board in the Nurses' Station. *Under no circumstances* should a student call the Medical Center for assignments. Assignments will usually be posted by 1800 the day before each clinical experience. All students are to pick up assignments wearing either their uniform or lab coat and name pin. When using a chart or Kardex, please notify the staff as to where you are taking these items.

Absences

If you are going to be absent from clinical experience, the specific clinical unit is to be notified before your scheduled start time. Notification is done by calling 814-234-6702 and leaving your name, school name, and a brief message.

Report

Receive report on your patients from your Team Leader as soon as possible after arriving on the unit. Report off to your Team Leader and clearly state what you have and have not done. This includes whether 1200 or 1600 vitals have been taken.

Vital Signs

- All are to be recorded in the computer (PCS)
- The appropriate equipment will be used for patient's size and age specific characteristics
- All vital signs (temperature, blood pressure, pulse and respiration) are routinely checked at 0800 and 1600 hours.
- The clinician/nurse may take the vital signs more frequently than ordered based on the patient's changing status or physician order.
- All vital signs: q6 hours at 0600, 1200, 1800, and 2400. TID will be taken at 0800, 1600, and 2400. All vitals ordered QID will be taken at 0800, 1200, 1600, and 2000.
- If the patient has an elevated or hypothermic temperature, it is automatically retaken. Refer to Clinical Resource Manual Procedure "Vital Signs" for guidelines.

Patient Care

- Routine Care (bath and bed) is to be completed before you leave.
- Patients who are scheduled for the Operating Room do not have beds made until they leave for surgery.
- All pre-operative care, including vital signs, should be completed at least one hour prior to surgery.

Revised: 1/11, 4/11, 8/11

- All routine procedures that you are responsible for are to be completed.

Charting

- Most data entry is computerized and entered through the Meditech system.
- Appropriate data should be charted using the PIO Documentation System.
- Notes should be written on scratch paper first for instructor approval.
- Charts should be checked for physician orders not yet transcribed before returning the chart to the rack.
- All charting is done in black ink. Military times and the metric system are used in charting.



Supplies and Equipment

All supplies used with stickers are charged to the patient. Any patient care equipment that is no longer needed should be disposed of, cleaned, and/or returned to the appropriate department before you leave the clinical area.

Label all bedside commodes, urinals, and measuring devices (i.e. graduates) with the patient's name & room number.

Damaged linen should be placed in the linen hamper marked "Damaged/Torn Linen". This includes linen that is torn and gowns missing snaps, etc. Do not place dirty, soiled linen in this hamper or it will be treated as soiled & sent for cleaning instead of mending.

NOTE: The following items must be discarded in RED plastic bags: disposable patient care items soiled with blood, items with visible exudates, secretions, or excretions from patients including personal protective equipment (gloves, gowns, masks, face shields), urinary drainage bags, and wound dressings.

Patient Meals

Patient meals times are listed on each unit. Employees from Nutrition & Culinary Services serve trays to all patients and return trays to the carts when the meal is completed. If a patient does receive a meal, check with the Team Leader for the reason.

If a patient has not received a meal due to x-rays or other procedures, notify Nutrition & Culinary Services when the test is completed and request a meal. Testing departments

will notify the unit if the patient may eat after scheduled tests.

Before giving a tray to a patient with whom you are unfamiliar, confirm with the Team Leader whether the patient may eat.

Intake & Output - employees from Nutrition & Culinary Services will record the intake on the I&O sheet and the percentage of the meal consumed on the Dietary Intake Form when picking up trays. If you remove a patient's tray, you need to do the same.

Pain Management

Clinical Resource Manual – Pain Management

All patients undergoing care and treatment will be assessed for pain and all patients will be provided prompt response to reports of pain and management of their pain.

The patient's right to appropriate assessment and management of pain extends to all patients, including, neonates, toddlers, preverbal children and cognitively impaired adults who are unable to self-report pain.

All patients have a right to appropriate assessment and management of pain. Patients are responsible for notifying the physician or nurse if pain is not adequately controlled or if questions, problems or concerns about pain management arise.



Patients who are unable to self-report pain are assessed using an appropriate intensity scale.

Ongoing pain assessment is necessary to evaluate the changing nature of pain as well as the effectiveness of treatments for pain. The nurse is responsible for ongoing pain evaluation. Pain will be reassessed and documented regularly based on the needs of the patient. Reassessment will occur at least every eight hours; more frequently due to the patient's response to the prescribed plan or a change in diagnosis or condition

Ongoing pain assessment includes:

- Presence of pain
- Pain location
- Pain intensity rating
- Pain management goal
- Level of consciousness
- Intervention plan/comments

The pain intensity assessment tool utilized is identified in the medical record. Age, cognitive ability, patient preference and level of communication are considered when selecting a pain intensity scale. The following scales are approved for use:

- Wong-Baker Faces Pain Rating Scale
- Visual analog scale
- 0-10 scale for the cognitively impaired, based on assessment and observation of five areas: emotion, movement, verbal cues, facial cues and positioning/guarding
- FLACC scale for the neonate, toddler, and the preverbal child

Patients and families will be taught that pain management is a part of their treatment. To facilitate implementation of this educational process, all patients and families will be given a written explanation of why patients hesitate to report pain and the benefits of an effective pain management program. If the patient is unable to read or is a non-English speaking patient, a verbal explanation will be given based on the patient's assessed learning needs. All patient education will be documented in the medical record.

Restraint & Seclusion

Administrative Policy 5038 and Restraint and Seclusion, Clinical Resource Manual

All patients will be as independently functional as possible, and to the extent appropriate, free from physical and chemical restraint and seclusion techniques.

The term "restraint" includes either a physical restraint or a drug that is being used as a restraint. The same assessment, reassessment, and documentation procedures apply to all forms of restraints.

Restraints/seclusion will only be used when other less restrictive measures have failed.

Use of patient restraint/seclusion within the medical center is limited to those situations with adequate, appropriate clinical justification.

The purpose of restraint/seclusion is to prevent self-injury or injury to others while preserving the patient's rights, dignity and well-being.

The standards for restraint or seclusion are not specific to the treatment setting but to the situation the restraint is used to address. The decision is driven not by diagnosis but by comprehensive individual assessment.

Restraints/seclusion must be ordered by a physician. If the order is written by a physician other than the attending physician, the attending physician must be contacted as soon as possible to notify him/her of the order and circumstances surrounding the restraint/seclusion episode.

A physician's order is not necessary to discontinue restraint/seclusion.

In cases of violent, aggressive behavior that places the patient or others in danger a registered nurse (RN) may initiate restraints/seclusion. The physician will be notified immediately of the event and need for restraint, and a verbal order will be obtained. The physician must see the patient face-to-face to perform an assessment within one hour after the initiation of restraint/seclusion.

If restraints are applied there will be on-going observation and assessment by the RN based on the type and duration of the restraint (Clinical Resource Manual Procedure "Care of the Patient in Restraint and Seclusion).

The restraint policy does not include the restraints (e.g., shackles and handcuffs) used with patients from law enforcement and correctional facilities.

When a reduction in behavior/activity, which prompted the use of a restraint, occurs, there should be an early release from the restraint/seclusion in accordance with the patient's plan of care. If the patient's behavior/activity escalates after restraint/seclusion is discontinued, **a new order is required** for restraint/seclusion. A temporary release from restraint/seclusion to care for the patient's needs (for example, toileting, feeding, range of motion) is not considered a discontinuation of the order.

Important Reminders

Never discard any urine or stool specimens for patients with whom you are unfamiliar without first checking with the Team Leader or the individual giving the patient care.

Call bells should be accessible to your patients at all times. The procedure regarding answering call lights for patient other than your own will be discussed in orientation.

Students should park in the East Lot, which is designated for students. See diagram on next page.

Before you leave the clinical area, it is essential that you check that the upper side rails on the beds of your assigned patients are up and that the bed is in the low position. All documentation must be completed in the electronic medical record, chart, Kardex, and the Electronic Medication Administration Record (EMAR). Report is to be given to the Team Leader before leaving.

Never discharge patients until they have received their discharge instructions from an RN. The patient must be accompanied to the vehicle that will take them home

Student Parking Options

If you haven't noticed yet, you will when you first arrive at Mount Nittany Medical Center, we are under construction! Although we all look forward to the enhanced services the expansion will provide, it is expected that parking will be severely limited through 2013. To better serve our patients and their visitors, students are reminded **NOT** to park in designated visitor parking areas. Recommended student parking options follow.

For students arriving before 7 AM:

- Students are expected to carpool, if there are no other transportation options available. Parking space at Mount Nittany Medical Center is not guaranteed.
- Students groups should consider van pool options available through CATA. Charges incurred are the responsibility of the student.

For students arriving after 7AM:

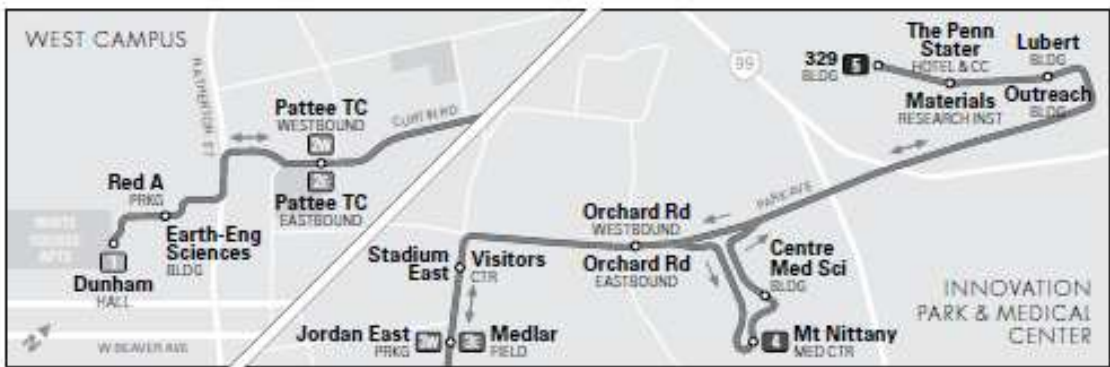
- CATA Red Link service to MNMC front entrance and is available at no cost to PSU students. This link runs every 17 minutes 7 AM to 10 PM. See schedule on next page.
- CATA's Park and Ride – from the east edge of Penn State's campus, near Medlar Field (baseball). The current rate to park there is \$15/month /car. Commuters then have access to service (at no charge) on the Red Link CATA bus to Mount Nittany Medical Center. See schedule on next page. Charges incurred are the responsibility of the student. Note: Per the CATA web site, Park and Ride is not available to PSU students or staff – see #1.

For students arriving after 4:30 PM and on the weekends:

- Students arriving after 4:30 PM on weekdays and on weekends (low patient and staff times/days) may park in Lot E in the back of the building, near the new Cancer Center.

For the latest CATA information please refer to www.catabus.com.

<http://www.catabus.com/ServiceSchedules/CATABUS/CampusService/Schedule/pdfs/RedLink.pdf>



RED LINK SCHEDULE

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Mount Nittany Medical Center

STUDENT AGREEMENT OF RESPONSIBILITY

Student:

School:

Field of Study:

Internship Dates:

This document contains a statement of responsibilities to be assumed by the student during the internship/clinical experience. The student is required to sign Mount Nittany Medical Center's **STUDENT AGREEMENT OF RESPONSIBILITY**, which includes an Oath of Confidentiality, prior to activity at Mount Nittany Medical Center. If the internship/clinical experience is governed by an Educational Affiliation Agreement between Mount Nittany Medical Center and the above-mentioned School, this Statement of Responsibility is prepared in accordance with that Agreement.

Definitions:

Faculty Member: - Employee/faculty of the school who directly supervises the student's educational experience.

Preceptor – Mount Nittany Medical Center employee who guides and directs a student's internship/clinical experience

The Student:

1. Agrees to work under the direct supervision of the Preceptor or the school's Faculty member during internship/clinical hours.
2. Agrees to conform to Mount Nittany Medical Center's dress code.
3. Agrees to assume responsibility for the completion of all internship/clinical assignments, such as written reports, required by the school.
4. Observes Mount Nittany Medical Center policies and procedures during the internship/clinical experience.
5. Agrees to comply with the health requirements as stated in Infection Control Policy 407, Health Policy: Students, Faculty and Contracted Patient Care Providers.
6. Adheres to scheduled hours and reports any absence promptly to the Preceptor/Faculty member. The student assumes the responsibility for making up the time missed through illness or family emergency.
7. Agrees, if appropriate, to maintain current professional liability insurance policy at limits recommended by the school.
8. Agrees to report any alleged, charged, or resolved ongoing incidents of criminal conduct to Mount Nittany Medical Center.

Oath of Confidentiality: I agree as a condition of my internship/clinical experience to treat all proprietary information relating to the business and operation of Mount Nittany Medical Center, information about individuals whom I encounter, all patient information available through any source, and all other information available to me through records and documents during my internship/clinical experience at the Medical Center in strictest confidence and keep the information, names and other forms of identities anonymous and I further agree that the information available to me will be used only for the purpose of my study/research/academic work. I understand that a violation of this confidentiality agreement by me may result in my suspension from the internship/clinical experience at the Medical Center and my breach of confidentiality will be reported to the agency/institution that I represent. Further, I understand that I may be subject to legal action for violation of this confidentiality agreement.

Release of Liability: I have reviewed important safety and customer service information provided to me and have had an opportunity to have questions answered about the information. I acknowledge that my internship/clinical experience at Mount Nittany Medical Center may involve observation of health care patient treatment and I hereby agree to release Mount Nittany Medical Center from any and all claims for injuries occurring to me as a result of my reaction (i.e. fainting, nausea, etc.) to the observation of health care patient treatment.

My signature below represents my agreement to be legally bound by the terms of this Agreement set forth above.

 Student Intern

 Date

MOUNT NITTANY MEDICAL CENTER**CONFIDENTIALITY STATEMENT**

I understand that in the performance of my duties or exercise of my privileges as an employee, volunteer, Medical Staff member, or other person authorized by Mount Nittany Medical Center, or as an applicant for any such positions, I may have access to and may be involved in the processing of confidential patient care information and/or confidential personnel information (together "confidential information", see definitions on the other side of this form) whether in electronic form, paper form or through direct observation. I understand that I am required to maintain the confidentiality of such information received by me at all times, both at work and off duty, and that my duty of confidentiality includes the proper safeguarding and disposition of confidential information in a manner that prevents unauthorized access and disclosure.

I understand that access to and use of confidential information for legitimate purposes is a privilege and not a right, and that loss of that privilege may occur if I violate the terms of this statement, among other potential penalties. I acknowledge that a breach of confidentiality occurs if I obtain access to confidential information of any kind or in any manner that is not consistent with the requirements of my job or role at the Medical Center. I acknowledge further that a breach of confidentiality occurs if I disclose confidential information by any means to any person or entity not authorized to receive it. I understand that these rules against access and disclosure specifically include confidential information about me and my family members, friends and co-workers.

I understand that a breach of my duty of confidentiality may result in disciplinary action including termination of my employment or privileges. I further understand that a breach of my duty of confidentiality may result in legal action or criminal charges against me individually, and that the Medical Center will maintain this statement on file indefinitely. I certify by my signature that I have received education concerning my obligation and duty to protect the privacy of confidential information as defined herein and within Medical Center policy.

I certify that I am the only person using and in possession of the confidential passwords for computer system access that may have been issued to me or specified by me. Misuse of passwords is a violation of my duty of confidentiality and I understand that any action taken using my passwords will be deemed an action taken by me. I understand that violations of professional standards for the protection of confidential information are violations of professional ethics and/or law and may be reportable to one or more of the following: the appropriate State Board of Licensure; the Secretary of Health and Human Services of the United States; and state or federal law enforcement officials.

I understand that the requirement of confidentiality and my personal liability for any breach of that confidentiality continue indefinitely whether or not I remain employed by or associated with the Mount Nittany Medical Center or any of its affiliated entities.

Printed Name: _____

Signature: _____

Date: _____

- ☐ **Employee**
☐ **Physician**
☐ **Contract Worker**

- ☐ **Volunteer**
☐ **Student**
☐ **Other:** _____

**MOUNT NITTANY MEDICAL CENTER
ADDENDUM TO CONFIDENTIALITY STATEMENT**

Confidential patient information is defined as any information that is paper-based, electronic, orally transmitted or observed that includes the identity of the patient and any associated data pertaining to the health of the patient, tests or therapies provided to the patient, health insurance data or billing data, address or telephone number, social security number, or any subset of patient data that may be used to identify the patient to whom it applies.

Examples of ***unauthorized access*** to confidential patient information include, but are not limited to, the following: viewing patient identifiable information in any form and/or by any means that is outside the scope of job or role; participating in or listening to conversations about patients not under one's direct job responsibility or role; viewing patient schedules or similar documents when not part of the job or role; loitering in patient care areas without legitimate business reason; sharing or other misuse of passwords.

Examples of ***unauthorized disclosure*** of confidential patient information include, but are not limited to, the following: conducting a conversation about a patient when unauthorized persons are present and the conversation could take place in a secure area; intentionally or unintentionally leaving patient records or computer screens or systems accessible to unauthorized persons; permitting unauthorized persons to be in restricted areas such as unit stations or HIM where inadvertent disclosure is likely; directly disclosing patient information to any person not authorized to receive it by patient permission, job or role; disclosing to any unauthorized person that a patient was seen in the Medical Center receiving services, such as "Mom, I saw Betty in the Medical Center yesterday waiting to have a CT scan. Do you know what is wrong with her?"

Examples of ***unauthorized disposition or disposal*** of confidential patient information include, but are not limited to, the following: disposal of any patient records or patient identifiable information in the regular trash or recycling bins instead of the shredding box, including labels or notes identifying the patient; removing patient records or identifiable notes from the Medical Center when not authorized to do so; sending patient records via interdepartmental mail; misdirecting patient reports or other patient information to persons other than the authorized recipient.

Confidential personnel information is defined as records and information relating to payroll, salary, performance evaluations and related matters, disciplinary actions, attendance, employee health, disability, ADA matters, insurance benefit utilization, prescriptions, beneficiaries, dependents, court orders, wage attachments, employment applications, social security numbers, other contents of personnel files, contents of Medical Staff applications and files, and peer review information.

Examples of ***unauthorized access to, disclosure of and disposition and disposal of*** confidential personnel information are identical to or similar to the examples cited above for confidential patient information. Access is restricted to those persons authorized by job or role, and only for legitimate business purposes. Disclosure to unauthorized persons is prohibited except as may be provided for in Medical Center or Human Resources policy or provided by law. All such information must be kept secure from unauthorized access or disclosure, transported by hand or secure computer transaction rather than interdepartmental mail, and disposed of by shredding or transporting to Human Resources according to related Medical Center policies.