CLINICAL ORIENTATION MANUAL

Collaborative Project of Collegiate Nurse Educators of Greater Kansas City and Kansas City Area Nurse Executives

2004--2005
INTRODUCTION

Changes in the health care delivery system, including managed care, shorter hospital stays, acuity of inpatients, and availability of clinical sites for nursing education, have mandated changes in clinical nursing education. The Collegiate Nurse Educators of Greater Kansas City (CNE) and Kansas City Area Nurse Executives (KCANE) established a joint Task Force in 1994 to explore issues of common concern and interest, including the impact of these changes on nursing education and practice. One major area of concern which impacted both nursing education and the practice setting was faculty and student competency and orientation required in the clinical setting. The practice of individual agency orientation and documentation requirements were costly in terms of both time and money.

Consequently, the joint Task Force developed both a generic clinical orientation agreement and an orientation handbook. The agreement includes a description of assumptions regarding faculty and staff roles in clinical education, documentation and record keeping requirements for faculty and students, as well as agency specific and faculty orientation expectations. The orientation handbook is a generic orientation--based on Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Occupational Safety and Health Administration (OSHA) and Medicare regulations and recommendations from the Association of Professional Infection Control (APIC)--for faculty use with students. This handbook is designed to be used at the beginning of the clinical education program with review and retesting for competency on an annual basis thereafter. Students and faculty are expected to demonstrate 90% competency annually prior to clinical experiences. Test results will be kept on file at the nursing program.

This document will be updated on an annual basis. The Greater Kansas City Area Nurse Executives will suggest revisions to the Chair of the Collegiate Nurse Educators of Greater Kansas City. It will be the responsibility of each agency to assure that updated versions of the document are being used by those programs who are not members of Collegiate Nurse Educators.

This joint endeavor involving education and practice will provide multiple benefits in terms of educational, staff, and clerical time and costs and JCAHO competency documentation. In addition, by minimizing time spent on orientation, students will have more time at the bedside to prepare for the workforce.

For further information, contact the Kansas City Area Nurse Executives and/or the Collegiate Nurse Educators of Greater Kansas City.
ACKNOWLEDGEMENT

Many people have contributed to the development of the clinical agreement and handbook. In particular, thanks go to the members of the Kansas City Area Nurse Executives (KCANE), the members of the Collegiate Nurse Educators of Greater Kansas City (CNE), the Association of Professional Infection Control, orientation modules from a variety of health care agencies, Johnson County Community College for the preparation of the manuscript, and Mary Dailey (KCANE) and Susan Fetsch (CNE) who chaired this effort. The involvement of so many people in education and practice is indeed a model of collaboration.
# Table of Contents

Collegiate Nurse Educators Clinical Orientation Handbook

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Safety</td>
<td>1-3</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>3-4</td>
</tr>
<tr>
<td>Electrical Safety</td>
<td>5</td>
</tr>
<tr>
<td>Radiation Safety</td>
<td>6-7</td>
</tr>
<tr>
<td>Infection Control</td>
<td>8-12</td>
</tr>
<tr>
<td>OSHA Regulations for Bloodborne Pathogens and Tuberculosis</td>
<td>13-16</td>
</tr>
<tr>
<td>Vancomycin Resistant Enterococcus (VRE)</td>
<td>17-18</td>
</tr>
<tr>
<td>Infection Control Recommendations for Home Care Patients with VRE</td>
<td>19</td>
</tr>
<tr>
<td>Hazardous Communication</td>
<td>20-21</td>
</tr>
<tr>
<td>Risk Management</td>
<td>22-23</td>
</tr>
<tr>
<td>Computer Guidelines</td>
<td>24-25</td>
</tr>
<tr>
<td>Disaster Preparedness</td>
<td>26-28</td>
</tr>
<tr>
<td>Utility Safety</td>
<td>29-30</td>
</tr>
<tr>
<td>Patient Rights and Professional Ethics</td>
<td>31</td>
</tr>
<tr>
<td>A Patient’s Bill of Rights</td>
<td>31-33</td>
</tr>
<tr>
<td>Patient Safety</td>
<td></td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>33-34</td>
</tr>
<tr>
<td>Policies and Procedures</td>
<td>34</td>
</tr>
<tr>
<td>Organizational Compliance</td>
<td>34</td>
</tr>
<tr>
<td>HIPAA, Privacy Security</td>
<td></td>
</tr>
<tr>
<td>APPENDIX A - Evaluations</td>
<td>35-43</td>
</tr>
<tr>
<td>APPENDIX B - CNE/KCANE Orientation Competency Examination</td>
<td>44-52</td>
</tr>
<tr>
<td>APPENDIX C - CNE/KCANE Orientation Competency Exam Key</td>
<td>53</td>
</tr>
<tr>
<td>APPENDIX D - Amendment A</td>
<td>54-56</td>
</tr>
<tr>
<td>APPENDIX E - CNE/KCANE Confidentiality Statement</td>
<td>57</td>
</tr>
<tr>
<td>APPENDIX F – Participating Schools and Agencies</td>
<td>58</td>
</tr>
</tbody>
</table>
HOSPITAL SAFETY

GENERAL SAFETY RULES:

1. Use approved procedures for all job functions.
2. Report all accidents/incidents to the appropriate person.
3. Know and comply with safety rules and use the safety equipment provided.
4. Report all unsafe or hazardous conditions.
5. Obey safety signs and notices.
6. Smoke in designated areas only.
7. Know personal responsibilities in the event of a fire or other disaster.
8. Keep personal work areas neat and clean.
9. Refrain from horseplay.
10. When in doubt, ask the person in charge.

SAFETY STATEMENT:

It is the goal and intent of health care agencies to do all that is reasonable to provide a safe and healthy environment. Active cooperation and commitment at all levels are necessary ingredients in attaining and maintaining this goal.

SAFETY PHILOSOPHY:

Safety should never be considered a priority because priorities get shifted around as the institution demands. Rather, safety should be considered a value associated with every one of the activities in a work routine. Regardless of work priorities or employer demands on a particular day, safe practices should occur. Safety should become an aspect of each routine that is never questioned, never compromised.

GENERAL SAFETY:

A. Lifting and Carrying

Lifting is so much a part of everyday routine that most persons give it little advance thought. This sometimes results in pulled muscles, strains, and sprains of the back. Many back injuries can be prevented by proper utilization of body mechanics to avert strain when lifting and carrying heavy or bulky materials.
The following procedure is designed to make safe use of the body as a perfect and safe lifting device. Before lifting, think about the load you’ll be lifting. Ask yourself the following: Can I lift it alone? Do I need mechanical help? Is it too awkward for one person to handle, or should I ask for help? If the load is manageable, use the following techniques to avoid injury:

1. Tuck your pelvis - by tightening your stomach muscles you can tuck your pelvis which will help your back stay in balance while you lift.

2. Bend your knees - Bend at your knees instead of at your waist. This helps you maintain your center of gravity and lets the strong muscles in your legs do the lifting.

3. Hug the load - Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.

4. Avoid twisting - twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

5. Make sure that your footing is firm when lifting and that your path is clear. Use the same techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift.

HANDLING MATERIALS:

All hospital personnel who handle any type of materials should:

- Wipe off greasy, wet, slippery, or dirty objects before trying to handle them.
- Keep hands free of oil and grease and wear protective gloves when applicable.
- Always use appropriate equipment for material handling such as hand trucks, dollies, carts, etc.
- Get a firm grip on the object. Keep fingers away from pinch points.
- Be alert to the possible hazard of burns associated with the handling of hot applications.

AVOIDING CUTS AND PUNCTURES:

People who practice the following simple measures spare themselves cuts and punctures:

- Put away sharp tools when not in use.
- Avoid trying to catch a sharp object or glass object if it starts to fall.
- Dispose of broken glass and crockery immediately.
- Wrap ampules, glass tubing, flask stoppers, and similar items in a towel before twisting, pulling or pushing.
- Avoid digging into a waste basket. If trying to locate an object, hold it by the sides and dump onto a sheet of paper.
- A major hazard is hypodermic needle punctures which can cause infection and transmit diseases. All needle cuts and punctures must be treated immediately.

PREVENTING FALLS:
Falls can be prevented if you:

- Never, under any circumstances, leave articles on stairs or in a passage way.
- Wet-mop only half of a corridor or stairway, leaving the other half for safe passage of traffic. Use “wet floor” signs and block off areas.
- Keep halls and stairs free of water, sand, and paper. Avoid climbing on storage room shelving. Never use crates, boxes or other substitutes for ladders.
- Keep handholds and stair rails in good condition.

SECURITY:

- Make sure your vehicle is secured prior to leaving.
- Keep all valuables secured while at work. Don't leave purses under desks or in lockers that are not locked.

All agencies have security available to assist with crime, disturbances, or other appropriate needs. Be familiar with how to access security.

FIRE SAFETY

Fire can be a devastating event. It can occur unexpectedly and move quickly. Because fire is so dangerous and the first few minutes are critical, many agencies use acronyms to associate with actions. RACE and SAFE (used at Children's Mercy Hospital) are acronyms used in the Kansas City metropolitan area (see below). Because the order of action varies, you should be familiar with the acronym used in each health care agency. In addition, you should be familiar with the agency's evacuation plan, location of exits, fire extinguishers, fire hoses, and fire doors.

FIRE SAFETY RESPONSE:

- Protect the safety of people in immediate harm. Evacuate if necessary, but if not in immediate danger, await evacuation orders. A calm firm manner is essential to avoid panic. Movement of patients should always be toward a section having an exit such as a stairway. Do not move to elevators or toward a dead end hall. Patients on oxygen should have someone assigned to stay with them if they are not in immediate harm. Agency personnel will coordinate shut off of oxygen zone valves.

- Concurrently pull an alarm or notify someone else to sound an alarm. It is essential to alert the fire department so they can be en route while other activities are being performed. DO NOT CONTACT THE FIRE DEPARTMENT DIRECTLY. To activate the alarm, grasp lever and pull down sharply. Be sure to pull hard. This will activate the alarm system.

- Avoid spread of fire. Close the door to the room or area involved. Close all open doors and windows. Turn off fans and air conditioners. Wet blankets or towels at the base of the door at the fire location can help prevent spread of fire and smoke.

- If possible and it does not put you in danger, extinguish the fire with a fire extinguisher.
Remember the acronym **PASS** for using an extinguisher (see below). If you cannot safely extinguish the fire, leave the area. Seal off the room with a damp towel or blanket at the base of the door.

<table>
<thead>
<tr>
<th>R-Rescue</th>
<th>S-Sound the alarm</th>
<th>P-Pull the pin</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-Alarm</td>
<td>A-Alert others</td>
<td>A-Aim at the base of the fire</td>
</tr>
<tr>
<td>C-Confine</td>
<td>F-Fight the fire</td>
<td>S-Squeeze the lever</td>
</tr>
<tr>
<td>E-Extinguish</td>
<td>E-Evacuate the area</td>
<td>S-Sweep from side to side</td>
</tr>
</tbody>
</table>

**PORTABLE FIRE EXTINGUISHER: TYPES AND USE:**

Types of fire extinguishers in health care facilities correspond to three categories of fire: Class A, Class B and Class C. The proper extinguisher should be used on the type of fire as designated by the class of fire labeled on the extinguisher. Some extinguishers are the A-B-C type and can be used on any kind of fire regardless of the class.

1. **CLASS A.** Class A fires involve ordinary combustible materials, such as wood, paper, cloth, rubber, and many plastics. Class A extinguishers rely on water based solutions or dry chemicals, and are identified by a green triangle containing the letter A.

2. **CLASS B.** Class B fires involve flammable liquids, greases, oils tars, oil based paints, lacquers and the like. Class B extinguishers employ such substances as foam, dry chemicals or carbon dioxide. These extinguishers are labeled with a red square containing the letter B.

3. **CLASS C.** Class C fires are located in or near live electrical equipment. These extinguishers utilize carbon dioxide or dry chemical, and are marked with a blue circle containing the letter C.

4. **CLASS A-B-C.** This type of extinguisher is capable of fighting class A, B, or C fires and is marked with the letters A, B, and C.

Remember the acronym: **PASS** when using a portable fire extinguisher:

Remember portable extinguishers are to be used in suppressing manageable fires (waste basket) only. Fires that go beyond the manageable stage should be fought by those trained to do so and the area evacuated.
ELECTRICAL SAFETY

All agencies seek to provide an electrically safe environment for patients and personnel through properly chosen and maintained equipment, proper grounding of equipment, and an alert, concerned and knowledgeable staff.

The first thing that you need to do is to examine the electrical equipment on your unit for any of the following signs of danger:

- Plug does not fit properly in outlet
- Feels unusually warm to touch
- Smells as if burning
- Makes noise or pop when turned off
- Has power cord longer than 10 feet
- Gives inconsistent readings
- Knob or switch is loose or worn
- Tingles when you touch it
- Third or grounding pin on the plug is missing
- Cord is frayed (most frequently occurs where cord comes out of equipment)

If any of these are found, tag them immediately and notify the Facilities Department or Engineering Department or Biomedical Engineering Department. DO NOT USE DEFECTIVE EQUIPMENT. Make sure that long cords are rolled up or otherwise secured where possible and don't ever roll beds or equipment over power cords. Last NEVER PULL OUT A PLUG BY PULLING THE CORD--instead grasp the plug and pull firmly.

"Leakage Current" (low levels of current on the surface of equipment or cords) can occur with defective equipment and can cause microshock to the patient. Patients at especially high risk for microshock include those with indwelling cardiac catheters, pacemakers, and chest tubes or drains. To reduce the possibility of injuring a patient from microshock, NEVER touch a patient and an electrical device or cord at the same time.

- All electrical equipment brought into hospitals must pass electrical safety criteria.
- The use of patient owned electrical device, except those powered by batteries, is not permitted.
- For hospital and/or staff owned electrical devices, contact the Facilities Department or Biomedical Engineering or the Engineering Department for safety criteria or inspection.

Extension cords are a frequent cause of electrical faults, improper grounding, and accidents involving falls and fire. The use of extension cords can cause hazards and increase the probability of sparks, and/or electrical shock. In addition, use of extension cords may cause excessive voltage drop resulting in low efficiency, equipment malfunction or damage, and subsequent patient safety problems. For these reasons, the use of electrical extension cords is restricted. If an extension cord is required, contact the Engineering or Facilities Department.
RADIATION SAFETY

Objectives:

1. Discuss the significance of time, distance, and shielding when protecting against radiation exposure.
2. Identify diagnostic and therapeutic interventions that may lead to exposure to radiation.
3. Describe the appropriate response if a radiation exposure occurs during a diagnostic procedure.

Curriculum Content:

You can reduce your risk by three simple factors: time, distance, and shielding.

- Any decrease in the amount of time spent helping with a procedure will decrease your radiation exposure.
- By increasing the distance from the source of radiation (the x-ray tube, the fluoro beam, or an injected nuclear medicine patient) you also decrease your radiation exposure. By merely stepping back one step during a portable exam you can cut your exposure by more than half. Six feet of distance is an acceptable distance when possible.
- By either placing shielding between yourself and the source of radiation, or by properly wearing a lead apron if you are assisting with an exam. During an exam you may be asked to step behind a leaded barrier. If you are female you will be asked if there is any possibility of your being pregnant. If so, you will likely be asked to wait outside the exam room until the procedure is complete. If it is absolutely necessary for you to assist with an exam and you are pregnant, there is still no reason to be alarmed if you wear the proper shielding. Use protective wear for both you and the patient whenever working in an exposed area.

A. Lead Aprons - worn correctly will protect all blood forming organs. But remember, aprons that don't wrap around don't cover your back--so don't turn around so that your back faces the beam.

B. Gloves - should be worn when holding a patient.

C. Thyroid collars - should be worn for persons needing to remain at the head or foot of the fluoroscopy table.

D. Remember, just because you may not be planning another child is no reason not to protect your hands, eyes, thyroid, and blood forming organs!!!
Everyone is exposed daily to various kinds of radiation which include heat, light, ultraviolet, microwave, and ionizing radiation. Ionizing radiation such as x-rays, radiation therapy, and gamma rays used in nuclear medicine are potential sources of radiation exposure in the health care setting. Sources of background radiation include terrestrial, (from soil and rocks); cosmic, (from outer space); and normal human radioactivity found in the body. We are exposed to approximately 125 mR per year from natural radiation which amounts to approximately 2% of the maximum permissible yearly dose. Radiation exposure from medical diagnostic procedures contributes 4-11% of a person’s average yearly dose.

If radiation exposure occurs during a diagnostic procedure, notify the appropriate people that an exposure has occurred. If the exposure is related to a spill, for example urine, prevent the spread of contamination by covering the spill with absorbent paper. Limit the movement of people in the room and don’t allow others to enter if it is not necessary. Notify the responsible parties for further directions.
INFECTION CONTROL OBJECTIVES

At the completion of this unit, the student will:

1. Describe the single most important way to prevent the spread of infections.
2. Describe modes of transmission of infectious organisms.
3. Describe the fundamentals of isolation precautions in the health care setting.
4. State the importance of Standard Precautions and describe and demonstrate the appropriate use of personal protective equipment.
5. List the required components of the OSHA regulations to prevent the transmission of bloodborne pathogens and tuberculosis.
6. State where to find additional information about Infection Control in the hospital setting.

INTRODUCTION

The following information regarding infection control issues and Standard Precautions is generic. Each health care facility with which you are affiliated will have its own specific policies and procedures.

- It is your responsibility to learn where the personal protective equipment is located in each health care setting.
- Isolation precautions may differ from one health care setting to another. Always read and follow the signs that are posted by the door to a patient’s room.
- If you should sustain a needle stick injury or blood exposure, notify your instructor at once. The follow-up offered may differ from one facility to another.

Additional information about infection control will be found in the health care setting’s infection control policies. Please contact the infection control practitioner for that facility if you need clarification of a policy or procedure.

HANDWASHING

Washing your hands is the most important way to prevent the transmission of infections from patient to patient, from health care provider to patient, from patient to health care provider, or from one health care provider to another. Frequent handwashing removes germs that you may have picked up on your hands through various types of contact.

When washing your hands, it is important to use an adequate amount of soap, lots of running water, and lots of friction (rubbing your hands together). Antibacterial gels should not replace the use of soap and water.

What is the correct way to wash my hands?

- Turn on the faucet
- Wet hands and lather well with approved soap
- Wash, using vigorous rotary motion and friction for at least 10 to 15 seconds
- Be sure to wash all parts of your hands, including palms, between fingers, backs of hands, and around your wrists and thumbs.
- Rinse under running water, letting water run toward your fingertips
• Dry your hands thoroughly with paper towels
• Use the paper towel to turn off faucet.

When should I wash my hands?

• Before and after work shift
• Before and after contact with each patient
• After contact with soiled material or equipment
• Before and after eating or smoking
• After using the toilet
• After blowing your nose or covering a sneeze
• Before handling food or administering medications
• Before any contact with your eyes or contact lenses
• Whenever you think they may be contaminated
• After removing gloves.

STANDARD PRECAUTIONS

Healthcare workers face the risk of acquiring infections from patients. Several bloodborne diseases have been transmitted in the healthcare setting, including Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV). Since 1987, there have been 52 documented and 114 possible cases of occupational HIV transmission to healthcare workers in the United States (CDC, 1997). Other types of infections can also be transmitted to healthcare workers through contact with patients’ blood or body fluids.

Standard Precautions were developed to protect healthcare workers from the risk of occupational exposures to infectious organisms. Standard/Universal Precautions require the use of protective barriers, called personal protective equipment (PPE), to prevent contact with infectious agents that may be present in blood and body fluids. Types of PPE include latex, vinyl or synthetic gloves, masks and eye protection, moisture resistant or impervious gowns, and other apparel as needed. It is not always known when patients are infected with bloodborne or other infectious agents. Therefore, use Standard Precautions each time you anticipate contact with the blood or body fluids of every patient.

Gloves:
With Standard Precautions, latex, vinyl or synthetic gloves are worn to provide a protective barrier and to prevent gross contamination of the hands when touching blood, body fluids, secretions, excretions, mucous membranes, and non-intact skin. Wearing gloves does not replace the need for handwashing, because gloves may have small, imperceptible defects, may be torn during use, or hands can become contaminated when removing gloves. You may need to change gloves if they become contaminated during the care of one patient. Gloves must be changed between patient contacts, and hands must be washed after gloves are removed.

Face and Eye Protection:
Various types of masks, goggles, and face shields are worn alone or in combination to provide barrier protection. The mucous membranes of the eyes, nose, and mouth must be covered during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

Gowns and Protective Apparel:
Various types of gowns and protective apparel are worn to prevent contamination of clothing and to protect the skin of healthcare workers from blood and body fluid exposures. Moisture impervious gowns, leg coverings, boots, or shoe covers provide protection when splashes or large quantities of infective
material are present or anticipated.

The type of protective barrier depends on the type of exposure you anticipate. Every healthcare facility has a variety of PPE available. It is your responsibility to locate the PPE during your orientation to each facility, and to wear it when you anticipate contact with blood or body fluids.

TRANSMISSION OF INFECTIONS

Requirements for transmission of infections:
Infectious organisms can be readily transmitted from one person to another. In order for this to occur, the following elements are required:

- An infectious microorganism - bacteria, virus, fungus, or protozoan.
- A source of the infectious microorganism - this is usually a person, environmental source, or contaminated equipment or device.
- A susceptible host
- A method of transmission - contact, droplet, airborne, common vehicle, or vector borne

Methods of transmission:

- Contact Transmission - the most significant and frequent mode of transmission of organisms in the health care setting and includes two types of contact transmission.
  1. Direct Contact - person to person involving direct contact with an infectious person or infectious materials. This type of transmission can occur during patient care, i.e., when turning a patient or whenever direct person-to-person contact occurs. Direct contact can also occur between two patients, or a patient and health care provider.
  2. Indirect Contact - This type of transmission occurs when an infectious organism is carried from the source of transmission to a susceptible host. They can be transmitted by inanimate objects, i.e., surgical instruments, needles, etc., or on contaminated unwashed hands or gloves that were not changed between patients.
- Droplet Transmission - Droplets carrying an infectious organism are expelled from the source person during coughing, sneezing, talking, and during certain procedures such as suctioning. These droplets can be propelled a short distance in the air (approximately 3 feet) and can be deposited on the conjunctivae, nasal mucosa or mouth of a susceptible host.
- Airborne Transmission - Tiny particles (<5 microns in size) of evaporated droplets or dust particles containing the infectious organism can remain suspended in air currents for long periods of time. They can be inhaled by a susceptible host, who may then become infected.
- Common Vehicle Transmission - Infectious organisms can be transmitted to large numbers of people from a common source, i.e., contaminated food, water, medications, devices or equipment.
- Vector-Borne Transmission - Infectious organisms are transmitted by vectors, i.e. crawling or flying insects, rats, or vermin. This is possible in the hospital setting, but not likely.

TRANSMISSION-BASED ISOLATION CATEGORIES

In 1996, the Centers for Disease Control and Prevention (CDC) recommended the following transmission-based isolation categories to prevent the transmission of infections in the hospital setting. When indicated, Transmission-Based Isolation precautions are used in addition to Standard Precautions. These recommendations prevent the spread of infections by interfering with the mode of transmission. They may not be practiced in all of the hospitals with which you are affiliated. It is your responsibility to become familiar with and follow the isolation signs at each facility.
Contact Precautions are used to prevent the transmission of infections that are spread through direct or indirect contact.

- Contact Precautions are utilized for patients known or suspected to be colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces or items in the patient’s environment.
- Personal protective equipment (i.e., gloves and gowns) are worn to prevent contact with infectious microorganisms.
- Private rooms are generally used for patient placement, unless otherwise specified by the facility.

Droplet Precautions are used to prevent the transmission of organisms that are carried in droplets generated by the infected patient.

- Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large particle droplets > 5 microns in size) that can be generated by the patient when coughing, sneezing, talking, or during a cough-inducing procedure, or during procedures that produce aerosolization of body fluids.
- Droplets containing infectious microorganisms are propelled a short distance through the air. Risk of transmission is to a susceptible host who is within approximately 3 feet of the patient.
- Personal protective equipment, (i.e., a mask) is worn to prevent contact with the droplets.
- Special ventilation is not required.

Airborne Precautions are used to prevent transmission of organisms that are carried in air currents by dust particles or tiny droplet nuclei (<5 microns in size) that contain the organisms.

- Organisms transmitted in this manner can be suspended in the air for long periods of time and can be dispersed in air currents. Therefore, they can infect susceptible hosts near or far from the infected patient.
- Special ventilation in a negative air pressure isolation room is required.
- Personal protective equipment, (i.e., a mask) is worn to prevent inhalation of droplet nuclei.
- Additional precautions are required for patients with known or suspected pulmonary tuberculosis (see below).

TUBERCULOSIS PRECAUTIONS

Tuberculosis Precautions are used for patients with known or suspected pulmonary tuberculosis (TB). The name for these precautions will vary from one facility to another - terms sometimes used include AFB Precautions, Special Airborne Precautions, Stop Sign Precautions. In some facilities, students may not be allowed to care for these patients. If you have any questions, check with the Infection Control Practitioner for that facility. In addition to the requirements for Airborne Precautions:

- Special respiratory devices (i.e., N95 respirators or power operated air purifying respirators) may be required.
- A special OSHA-mandated isolation sign may be required.
What is Tuberculosis (TB)?

- TB is a communicable disease caused by a bacterium called Mycobacterium TB. These are very small microorganisms that are spread through airborne transmission.
- When people who are infected with TB in their lungs or throat cough, sneeze, or laugh, infectious particles are expelled into the air and may be inhaled by other people.

How Much TB is There?

- According to the Centers For Disease Control and Prevention (CDC), an estimated 10 to 15 million persons in the United States are infected with Mycobacterium Tuberculosis. Without intervention, about 10% of these persons will develop TB disease at some point in life.

Symptoms

- Chronic cough (for longer than 2 weeks), night sweats, loss of appetite, weight loss, coughing up blood, fatigue, weakness.
- TB can affect parts of the body other than the lungs, although it is generally not infectious when this occurs.
- There are 2 stages of TB infection – the first is inactive non-infectious (latent) infection. The second stage is active infectious TB. About 10% of people who have latent TB eventually develop active infectious TB.
- A positive TB skin test indicates infection with TB, but not everyone with a positive skin test has active infectious TB.

Prevention of Transmission in the Hospital

- Early identification of infectious patients.
- Isolation in negative air flow rooms.
- Respiratory protection (N-95 respirators). Fit-testing is required before wearing the N-95 respirator.
- Follow-up for anyone who may have been exposed.
- Annual skin tests for everyone (unless they have had a positive skin test in the past).
OSHA REGULATIONS FOR BLOODBORNE PATHOGENS AND TB

What is OSHA?

- OSHA stands for the Occupational Safety and Health Administration, and is a branch of the Federal Government’s Department of Labor. The purpose of OSHA is to make sure that everyone in the United States has a safe work environment.

- OSHA develops standards that are enacted into law, and can survey any work place without prior notice. Employees are required to follow OSHA standards, and can be fined many thousands of dollars if they do not comply.

- Please note that students are not specifically addressed in the OSHA standards, but are expected to comply with the policies and procedures of all health care facilities with whom they are affiliated.

- OSHA has developed two standards outlining infection control activities in health care facilities, the **Bloodborne Pathogens Standard**, and the **Occupational Exposure to Tuberculosis Standard**. For both of these standards, health care facilities are required to develop Exposure Control Plans to identify steps the facility is taking to comply with the OSHA standard. The purpose of the Exposure Control Plans is to identify employees at risk for occupational exposure to both bloodborne pathogens and TB, so that appropriate training, prevention, and exposure management can be provided.

As students, it is important for you to be familiar with the requirements of these Exposure Control Plans.
## OSHA EXPOSURE CONTROL PLANS
### KEY ELEMENTS

<table>
<thead>
<tr>
<th>BLOODBORNE PATHOGENS</th>
<th>TUBERCULOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard/Universal Precautions</strong> are observed in the care of every patient</td>
<td><strong>Identification, Evaluation and Treatment of Patients who have TB:</strong></td>
</tr>
<tr>
<td></td>
<td>• Screen for signs and symptoms of active TB</td>
</tr>
<tr>
<td></td>
<td>• Radiologic and bacteriologic evaluation of patients with signs and symptoms of TB</td>
</tr>
<tr>
<td></td>
<td>• Prompt isolation in negative pressure room</td>
</tr>
<tr>
<td></td>
<td>• Prompt initiation of treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Protective Equipment (PPE): Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clothing penetrated by blood or other potentially infectious materials must be removed immediately.</td>
</tr>
<tr>
<td>• All used PPE must be disposed of properly in the patient’s room.</td>
</tr>
<tr>
<td><strong>Respiratory Protection:</strong> All persons entering the room must wear an approved TB mask or respirator.</td>
</tr>
<tr>
<td>• Masks may vary from one facility to another.</td>
</tr>
<tr>
<td>• Special fit-testing and a fit check should be done before wearing respirator.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Handwashing: Must be done immediately or as soon as feasible at the following times:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• after the removal of PPE.</td>
</tr>
<tr>
<td>• following contact with blood or other potentially infectious material.</td>
</tr>
<tr>
<td>• prior to and following patient care.</td>
</tr>
<tr>
<td>An alcohol-based waterless handwashing agent can be used if handwashing facilities are not immediately available. Hands are to be washed with soap and water as soon as feasible, even if waterless handwashing agent is used.</td>
</tr>
<tr>
<td><strong>Mantoux (PPD) Skin Testing:</strong> Annual skin testing for employees (some high-risk employees may need to be tested more)</td>
</tr>
<tr>
<td>• Post-exposure skin testing should be done 2 weeks after exposure to a confirmed case of pulmonary TB.</td>
</tr>
<tr>
<td>• PPD should be read 48 to 72 hours after administration.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needle Puncture Prevention: Contaminated sharps shall not be bent, recapped, or removed by hand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If no other alternative is possible, a needle can be recapped using a one-handed technique or a recapping device.</td>
</tr>
<tr>
<td>• Sharps must be discarded uncapped in a labeled, puncture-resistant container that is close to the area of use.</td>
</tr>
<tr>
<td>Sharps containers must never be overfilled.</td>
</tr>
<tr>
<td><strong>Reporting:</strong></td>
</tr>
<tr>
<td>• In Missouri, positive PPD skin tests and AFB cultures are reported to the Health Department by the facility’s Infection Control Practitioner or the lab.</td>
</tr>
<tr>
<td>• In Kansas, tests positive for Mycobacterium TB are reported to the Health Department by the facility’s Infection Control Practitioner or the lab.</td>
</tr>
<tr>
<td>• All positive PPD skin tests should be reported to the infection control practitioner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimens: Mouth pipetting or suctioning of blood or other body fluids is prohibited.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All containers used to collect or transport specimens must be leakproof.</td>
</tr>
<tr>
<td><strong>Air Handling and Ventilation:</strong> All patients with known or suspected TB must be placed in a negative pressure isolation room. The door to the isolation room must be closed to maintain negative air pressure.</td>
</tr>
<tr>
<td>• When a patient is in TB isolation the negative pressure must be checked every 24 hours.</td>
</tr>
<tr>
<td>BLOODBORNE PATHOGENS</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Infectious Waste:</strong> Blood and other potentially infectious body substances in</td>
</tr>
<tr>
<td>amounts sufficient to cause infection are discarded in red bags or containers</td>
</tr>
<tr>
<td>labeled “Infectious Waste.” All contaminated sharps are considered infectious</td>
</tr>
<tr>
<td>waste.</td>
</tr>
<tr>
<td><strong>Hepatitis B Vaccine:</strong> Is offered free of charge to all employees who have</td>
</tr>
<tr>
<td>occupational exposure to blood or other potentially infectious material.</td>
</tr>
<tr>
<td><strong>Post-Exposure Evaluation and Follow-Up:</strong> Post-Exposure Evaluation and</td>
</tr>
<tr>
<td>Follow-Up varies from one facility to another. All employees with occupational</td>
</tr>
<tr>
<td>exposure to blood or body fluids via needlestick, sharps injury, splash to mouth,</td>
</tr>
<tr>
<td>nose or eyes, or to non-intact skin should be evaluated and counseled by the</td>
</tr>
<tr>
<td>Employee Health Nurse.</td>
</tr>
<tr>
<td><strong>General Policies:</strong> Eating, drinking, applying cosmetics or lip balm, and</td>
</tr>
<tr>
<td>handling contact lenses is prohibited in work areas where there is a likelihood</td>
</tr>
<tr>
<td>of occupational exposure to blood or other potentially infectious materials.</td>
</tr>
<tr>
<td>All contaminated items will be disinfected with a hospital-approved disinfectant</td>
</tr>
<tr>
<td>before use on another patient. Spills of blood or body substances must be</td>
</tr>
<tr>
<td>cleaned up immediately and the area disinfected with a hospital-approved</td>
</tr>
<tr>
<td>disinfectant.</td>
</tr>
</tbody>
</table>
References


January, 2001 - This information was developed and approved by the Greater Kansas City Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC).
Vancomycin Resistant Enterococcus (VRE)

- **Enterococcus** is a type of bacteria normally found in everyone’s gastrointestinal tract.
- **Vancomycin resistance** means that this bacteria cannot be killed by most antibiotics.

People most likely to get infected with vancomycin resistant Enterococcus are those who:
- Are very ill
- Have been in the hospital a long time
- Have a serious disease that harms the body’s ability to fight infection
- Have been treated with many antibiotics

Everyone normally has many different bacteria on their skin and inside their bodies.

**Colonization** is a situation where bacteria are present but are not causing infection. There are no symptoms with colonization, and VRE can colonize individuals for months to years. Colonization usually precedes infection.

**Infection** with VRE occurs when the bacteria multiply, invade the body, and cause signs of infection such as fever, pus, or redness.

People who are colonized or infected with VRE can spread it to other people. VRE can also be spread through contact with contaminated surfaces or objects.

**Contact Isolation** is used for patients colonized or infected with VRE to prevent the spread of this bacteria. The following measures are implemented:
- The patient is placed in a private room, if available. Two patients with VRE can share a room.
- The patient may leave the room for medically essential purposes only.
- A “Contact Precautions” sign is placed on the door.
- Antimicrobial soap for washing hands is used by health care providers.
- Staff wear gloves and a gown when they plan to touch the patient or a contaminated object.
- Certain items such as thermometers and a stethoscope are used only for the isolated patient.
- Other items are carefully disinfected before being used for other patients.
- Hands are washed carefully.

**Isolation measures for visitors:**
- Visitors should not be unduly alarmed. The risk of VRE infection is low in healthy adults and children.
- Visitors should wear gloves when visiting the patient, especially if touching the patient.
- If the visitor plans to have substantial contact with the patient (such as assisting in care) they should wear a gown.
- Gloves and gown should be removed before leaving the patient’s room.
- Hands should be washed carefully before leaving the room.
- After visiting a patient with VRE, visitors should not visit other patients in the hospital, especially those who fall in the risk categories listed above.

There is no magic treatment for getting rid of VRE. Sometimes, when people are no longer taking antibiotics, their normal bacteria grow back and VRE goes away. This process can take several months. Before Contact Isolation measures are stopped in the hospital, three cultures in a row, one week apart, must show that the bacteria are gone. Once patients leave the hospital and go home, they can return to
their normal routine, including going out in public. Most activities in the community involve minimal risk of transmission.
INFECTION CONTROL RECOMMENDATIONS
FOR HOME CARE PATIENTS WITH VRE

- Wash hands frequently and thoroughly with antimicrobial soap. CDC recommends washing hands after using the toilet, before preparing food, before and after eating, after contact with any body fluid, before handling infants, and whenever they may be contaminated. Clorhexidine gluconate or Triclosan are the recommended antimicrobial agents. 30 seconds of friction with soap under running water are recommended. Dry hands thoroughly and then turn off the faucet with a paper towel (the handle of the faucet is considered “contaminated”).
- Clean bathrooms and bedside commodes at least once daily with a 1:10 solution of bleach and water. Make up new solution each day. For any items that are not compatible with bleach, use an all-purpose antimicrobial household cleaner.
- Use regular laundry detergents, have water and dryer temperatures as high as is compatible for the items you are washing, and use bleach when possible.
- No special measures need to be taken with dishes or utensils. Wash in warm, soapy water and use the dishwasher when possible.
- Trash, for the most part, can be handled as you normally do. Place items that are grossly contaminated with stool or other body fluids in a plastic bag, tie the bag securely, and place in larger trash bag or receptacle in garage or other isolated area.

INFECTION CONTROL MEASURES FOR HEALTH CARE PROVIDERS

In order to minimize the risk of transmitting VRE to other patients, the following additional measures for health care providers are recommended:

- Wash hands when you enter and leave the patient’s home.
- Practice standard (universal) precautions, as usual.
- Wear gloves and a moisture-resistant gown if you are going to have contact with body fluids, especially stool, that may harbor a high concentration of infectious organisms.
- As soon as possible, remove gloves and gown and wash your hands.
- Dedicate items such as a stethoscope, walker, and thermometer to this patient, and don’t use for other patients. When the patient no longer needs these items, or if items must be shared with other patients, thoroughly disinfect with a hospital-approved disinfectant between patients.

April, 2000. This information on VRE was developed and approved by the Greater Kansas City Chapter of the Association for Professionals in Infection Control and Epidemiology Added to manual May, 2000.
Hazardous Communication

Community Right To Know Law

All employees and students shall comply with federal, state, local and institutional regulations and guidelines when working with chemicals which pose a hazard to the worker, other persons or the surrounding community. Each employee is responsible for their own personal safety and health and for the safety and health of others nearby and for the protection of the environment. The Right-to-Know Law was enacted to protect employees by making available pertinent information about any chemicals with which they might be working. There are three components to a Hazardous Communication Program: training, labels and Material Safety Data Sheets (MSDS).

Regulations list many specific hazardous chemical wastes and define criteria for other categories. Generally, if a substance is ignitable, corrosive, reactive, or toxic, it is hazardous. All hazardous material must be labeled and it must be handled, packaged, transported and disposed of according to directions. Be sure that anything dumped into the drain or the trash is approved for that disposal process (i.e., mercury may not be disposed in this manner). If there is a question, each facility has a designated person usually identified as the Safety Officer in charge of the Hazardous Communication Program.

Every work area is responsible for having readily available information from Material Safety Data Sheets (MSDS) for all chemicals used at that work area. Common substances which may be considered hazardous include bleach and other disinfecting solutions. For nurses, chemotherapeutic or anti neoplastic agents are among the most hazardous substances. Special training is often required before a nurse may administer such medications.

Labels
Each person is responsible for knowing about the chemicals used in the course of work in that setting. Each container must be labeled with the chemical name, and not merely its function. Care must be taken to use the container in such a way that the label remains legible and not smeared or covered by the contents of the container. (Put the label against the palm of your hand when pouring.) Always use containers in such a way that the labels will continue to be readable. If a label is missing or damaged, notify someone, such as your clinical faculty, the unit secretary or the nurse in charge of the area, who will correct the problem. Labels must tell you what the chemical is, any danger or hazard that may exist with that chemical or ingredients and the name, address and telephone number of the manufacturer. Always read the label before you use the contents of a bottle or can or other container.

Another warning label is that of the National Fire Protection Association (NFPA). It is a four part colored diamond. There is a numerical rate 0 (mild) to 4 (greatest) if there is a hazard in that particular category.

MSDS
Material Safety Data Sheets (MSDS) should be available in a work area for every chemical used in that area. Know where they are kept and how to access them. Even more information about the chemical can be found here.

- The name of the substance, the manufacturer and the date the MSDS was prepared are identified.
- Other names the chemical(s) may be called or listed and exposure limits.
- Physical characteristics are described. This may include how a chemical looks or smells, melting
and boiling points, how easily it dissolves or if it does not, and whether it floats or sinks in water.

• Fire and explosion data tells you if a substance is flammable or combustible and the lowest temperature it could catch fire. It also tells you the safest way to put out a fire with this chemical.

• Reactivity tells you what happens when that chemical comes in contact with air, water, or other chemicals. This part tells you when it might burn, explode or release dangerous vapors.

• Health Hazards lists how a chemical might enter your body. This might be inhalation, ingestion, absorption (through skin) or injection.

• Use, handling and storage describes how to clear up a spill or leak in addition to handling, storage and disposal of the chemical.

• Special protection and precautions explains any need for personal protective equipment (PPE) (such as goggles or a respirator) or signs or other equipment (such as a ventilation hood over a lab or pharmacy area) when using the chemical.
Risk Management

Risk Management involves all medical and facility staff. It provides for the review and analysis of actual and potential risk/liability sources involving patients, visitors, staff, and facility property. The range of this review and analysis extends to inpatient, outpatient, and emergency department settings, including building and grounds assessments. Risk Management consists of the following components:

- Identification and management of clinical (i.e. patient) areas of actual/potential risk
- Identification and management of non-clinical (i.e. visitor, staff) areas of actual/potential risk
- Identification and management of probable claims events
- Management of property loss occurrences
- Review and analysis of customer surveys and patient complaints
- Review and analysis of risk assessment surveys
- Operational linkages with the hospital Quality Management, Safety and Performance Improvement Programs
- Provision of risk management education
- Compliance with State Risk Management and applicable Federal statutes, including the Safe Medical Devices Act
- Risk Management incorporates facility policy and procedures in implementing the above functions.
- A coordinator of Risk Management usually coordinates the risk evaluation and loss prevention activities that evolve as a result of information obtained through the risk identification mechanisms described above.
- The coordinator also implements and coordinates those elements of the agency's Risk Management Plan required by state statutes by coordinating the statutorily required Risk Management activities of the hospital staff, medical staff and review committees.
- Additionally, the coordinator assists the agency's professional underwriter claims investigator(s) and legal counsel by providing information concerning probable and actual claims, assisting with claims investigations, and otherwise assisting with the claims process.

Indicators of Risk

Agencies utilize an incident reporting system to identify and investigate incidents, acts or practices in anticipation of litigation and to identify and categorize clinical, non-clinical and property related sources of risk. In addition to this system, through the operational linkages with other departments, safety practices and trends may identify clinical, non-clinical and property related sources of risk. Information obtained from risk survey assessments and customer surveys is also used to identify and categorize potential and actual risk sources.

- If a risk indicator determines the existence of a risk/liability concern or an opportunity for performance improvement, a plan of action is developed to reduce/eliminate the identified concern. Action plans may be developed by the Coordinator, individual hospital or medical departments, statutorily prescribed Risk Management Review Committees, and/or interdisciplinary groups.
- Further risk indicator monitoring and evaluations will provide follow-up information to determine whether implemented action plans were effective in resolving the identified risk/liability concern and improving performance. At appropriate intervals, the effectiveness of any action plan is evaluated, and further action undertaken as indicated. The action evaluation process is documented in Risk Management reports and/or committee and department meeting minutes.
Risk Management Report

In addition to ongoing communication within the agency, the coordinator will report trended findings, conclusions, recommendations, actions taken, and follow-up of Risk Management activities at least quarterly. Agencies may have specific follow-up policies and procedures. Any confirmed "reportable incident" must be reported to the State Board of Nursing.

Initiation of Review

Risk Management review of any nursing staff incident, act or practice involving patient care, that may constitute a "reportable incident" is originated by any one of multiple triggers. These trigger mechanisms include, but are not limited to, the following:

- incident reporting system
- patient complaints
- peer complaints
- committee referral

Students in collaboration with the faculty member and nurse assigned to the patient, must complete incident reports as indicated by the agency.

Referral to Risk Management Coordinator

Once the Risk Management review process is initiated by one of the trigger mechanisms described above, the particular incident, act or practice is referred to the coordinator for initial peer review of the incident. All incident reports involving patient care are referred directly to the coordinator within 24 hours of the incident as required by law.

The hospital coordinator or designee will perform an investigation and make a preliminary determination of reportability of any referred incident, and or practice involving nursing "health care providers". The investigation may include medical record review, interviews with staff, policy and procedure review, professional literature reviews, and nursing expert consultations.

If an incident, act, or practice is deemed reportable, the affected nursing "health care provider" will be notified in writing of this fact and given the opportunity to be heard. Each agency may have specific policies and procedures for informal and formal hearings.
Computer Guidelines

Student Agreement

Prior to beginning clinical assignments, nursing students shall agree to the following:

1) Agency policies regarding when and how to sign on and off the terminal will be strictly adhered to.
2) ID’s and Passwords:
   a) Personal sign-on and passwords will not be disclosed to anyone.
   b) No attempts will be made to learn another’s sign-on or password.
   c) No attempts will be made to access information in any system by using an I.D. and password other than one’s own.
   d) No attempt will be made to access any unauthorized information from any system.
   e) If there is reason to believe the confidentiality of an I.D. or password has been compromised, it will be reported to the appropriate authority immediately.
3) Records duplication electronically or by other means may occur only as needed within the patient care setting and as needed for patient care as directed by the agency’s staff. In no case may any information be duplicated for any other reason.
4) Patient records will be protected from indiscriminate viewing.
5) Discarded printed forms will be protected in designated area.
6) Communication of confidential information via unsecured computer communication systems, i.e. e-mail and various network systems, will not be utilized. Confidential information includes patient, financial and personnel information.
7) Information about computer system itself will not be disclosed to unauthorized individuals. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens and documentation created by the agency’s employees or outside sources.
Computer Guidelines
Documentation Systems

BASIC CATEGORIES OF NURSING DOCUMENTATION SYSTEMS:

1. Care Planning Systems
   Includes assessment, diagnosis, intervention, and outcome components of care.
   Based on nursing diagnostic schemes or patient problem lists.

2. Three Components of Direct Patient Care System
   Independent of medical care
   Interdependent with medical care
   Dependent on medical care

3. Discharge Care Planning Systems
   Provides for continuity of care
   Usually contains the following:
   - Summary of admission assessment
   - Summary of the learning needs upon discharge
   - Multi-disciplinary plan of unresolved outcomes
   - Medication and procedures
   - Summary of selected patient outcomes achieved during hospitalization
   Uses of computerized discharged plans might include:
   - Quality assurance
   - Audit
   - Research
   - Prospective payment categorization

4. Case Management Systems
   Focus on the patient outcome rather than interventions

DISASTER PREPAREDNESS

General Information
Disasters can be external or internal or a combination for a health care organization. External events include event(s) outside the facility which produce large numbers of victims. Internal disasters are event(s) which interrupt services and produce victims. Sometimes disasters are both, i.e. earthquakes with building damage, tornadoes, floods.

Health care delivery systems will need to respond to multiple emerging problems simultaneously with hospitals absorbing a large number of patients. The greater Kansas City area has a collaboration among first responders, government, voluntary agencies (American Red Cross, etc.), and health care organizations to provide a unified approach to meeting the needs of victims. Specifically, health care organizations work within the HOSPITAL EMERGENCY ADMINISTRATIVE RADIO (HEAR) system of initiating an organized community response. One hospital is the communication center for receiving information and dispatching victims to the metropolitan hospitals. Once alerted, the hospital headquarters for the HEAR system begins hospital notification. Hospitals then begin their individual disaster protocols. They respond to the HEAR network with available beds, surgical suites, etc. The HEAR system then directs ambulances to various locations throughout the metropolitan area based on various factors.

Both sides of the state line (Missouri/Kansas) utilize a single triage identification system for victims.

Essentially a hospital disaster plan mobilizes resources to meet the disaster needs--assessing capacity to receive victims, available staff including physicians, equipment and supplies. Each institution plan will vary because it is very specific to a location or hospital network, i.e. St. Luke’s Healthcare system. The hospitals begin to ready their facilities by reviewing potential patients who could be discharged if necessary, arranging for triaging large numbers of casualties, surgical suites that could be available, extra equipment or supplies necessary, temporary morgue area, support services for victims/families, security, media communication, staff reserves, child day care needs of staff, disaster service administration and communication. The disaster plan begins to be implemented before the first casualty arrives at a facility.

Essential to any disaster service is teamwork and cooperation among all workers and volunteers. Traits needed by all staff and students include:

- Willingness to perform tasks as assigned by supervisor (for student nurses this may be the instructor getting directions and conveying them to students).
- Following the institution disaster protocols as requested. This may mean student nurses might be part of a staff/volunteer "pool" and complete tasks which are not as complex as students may feel capable of performing. Students should not feel their value is minimized, as it takes a team of people to be effective,
- Putting personal communication needs on "hold" for a while and not tying up communications systems for personal use,
- Observing patient confidentiality and NOT PERPETUATING RUMORS,
- Staying where you are assigned until directed to do otherwise.

Hospital staff participate in community wide disaster drills periodically. Their safety committees and assigned personnel write and revise their disaster plans on an ongoing basis. All institutions will have a manual which spells out very specifically personnel, responsibilities, and protocols to follow in a disaster situation.
General Communication Considerations
In a community disaster several major utilities could be disrupted including communications. Rumors are the unfortunate offspring of disasters. Stress levels among victims and care providers is high. Rumors start quickly and spread like an epidemic. Get information necessary to perform tasks assigned, do not encourage or spread unsubstantiated information. Rumors can be a barrier to the effective treatment of victims.

The media has the job of reporting to the public. Media persons are not the enemy of health providers, they simply have a different job. However, health care providers must protect patient confidentiality. All hospitals have a process for one department to deal with the media. The media loves the personal story of victims and others, and have been known to attempt interviews with any available staff, volunteer, student. Only authorized personnel should provide information to the media in any health care institution in a disaster.

Since student nurses are not familiar with all hospital staff, students should follow the directions of their faculty if present, otherwise, authorized health care personnel; i.e. nursing supervisors, etc. For a variety of reasons, unqualified persons are sometimes drawn to disaster situations and there have been cases where lay impostors directed patient care.

All staff and students have personal family needs. Unfortunately in a disaster, the welfare of individuals may not be known by loved ones for a period of time. Schools have a deep and abiding interest in and concern for their students. The school retains communication responsibilities for student populations.

Greater Kansas City Healthcare Council Terminology
Alert announcements to hospitals from the HEAR system.
- Type I Alert - confirmed multiple casualty incident
- Type II Alert - limited multiple casualty incident
- Type III Alert - no known or suspected casualties, information only

Triage Identification
Victim Care priority used in the metropolitan Kansas City area from most severe to least severe is:
1 = Red: Persons most severely injured, who will likely need major surgery capability and hospitalization in an ICU bed,
2 = Yellow: Persons with significant injuries which require quick attention to prevent their condition from worsening and who may require hospitalization after treatment,
3= Green: Persons who are “walking wounded”, have non-life threatening injuries which must eventually be treated to restore the patient’s normal functioning, and who may not require hospitalization.
For deceased victim,
4= Black: D O A patients, code blue patients, transported to the morgue.

ESSENTIAL SERVICES PROVIDED
Triage
Not all victims will present at the hospital triaged and tagged from the EMS system; the “walking wounded”, victims brought in cars, can be expected during a disaster. The hospital will then need to classify victims according to the accepted priority of care rating system. Volume of victims vary dependent on the nature of the disaster. For example, if the disaster was an airplane crash with multiple
victims, the expected volume would probably be less than a tornado. Sometimes, the most severe casualties are not the first to present to the hospital. To the extent possible, prompt patient identification is an important aspect of the triage service area.

**Treatment**

Utilizing the HEAR system, various hospitals will receive various types and quantities of victims according to treatment options available, distance, severity of trauma, etc. In some instances, where victims or first responders are contaminated due to the disaster event, special protection and processing protocols will be used to protect cross contamination. Hospital disaster plans focus on swift processing of triaged casualties to the appropriate level of care. The victim may or may not be served in the emergency department. In some instances, victims would be sent directly to other service areas to expedite prompt and efficient care. Personal effects and other aspects of patient needs such as protection of personal effects, etc. are some of the additional services needed and provided. Hospitals will continue with ongoing in or out patient care needs while simultaneously serving disaster victims.

**Emotional Support**

Hospitals provide various support services to victims, their families, and to care providers as needed. Social Service staff along with chaplaincy staff are usually assigned in disaster plans to respond to various key locations such as triage area, family/friend waiting areas, temporary morgues. In addition, the community mental health resources mobilize to assist in support services. It is well for health care providers to support one another and be aware of personal limitations. Physical fatigue is often a precursor to emotional fatigue. Care provider’s families could be disaster victims adding to stress in providing health care services.

Health care providers have a commendable, courageous heritage in disaster response working within various institutions and organizations. Students have played a role in this heritage along with staff and volunteers. Organization prior to a disaster enables more effective service delivery, and the Kansas City metropolitan area has responded to that challenge. The metropolitan system along with individual institutions review, practice and make changes on an ongoing basis to disaster protocols to constantly improve the quality of services available.
Utility Safety
(Service interruption of major utilities)

Health care organizations depend on uninterrupted utility services so patient care can be provided. Utilities generally include environmental control (heat and air conditioning), water, electricity, communication, plumbing. Some utilities enable other essential services such as various patient monitoring, elevators, computers, patient care equipment in surgery and other locations, telephones, pagers, the medical vacuum (suction) system, medical gasses, the tube system, the nurse call system. These utilities could be undamaged but rendered non-functional because of electrical or other outages. Or these systems themselves could be damaged.

To ensure essential services are not interrupted by an electrical outage, hospitals have emergency generators which are routinely tested and which automatically switch on for certain critical areas in a power outage. Since the intent is to provide emergency service to essential care areas, not all areas of a hospital receive power. Not every electrical outlet in any department would necessarily work. Outlets connected to emergency power are color identified. Some areas of the building will be dark in a power outage, so it is important for each work area to have working flashlights and at least one approved extension cord. All unnecessary equipment should be turned off. Staff should be prepared when power is restored to "turn on" equipment, this reduces damage to equipment due to a power surge. Elevators should not be used for ordinarily traffic, usually several elevators in the hospital are on emergency power and should be reserved for patient care services. Health care providers should be aware that electronic door closing may be compromised in the event of a fire emergency and be prepared to monitor and ensure fire doors are closed manually if necessary.

Sanitary, running water is an integral part of utilities necessary for providing patient care. If this utility is disrupted, conservation becomes essential. Most hospitals have arrangements for a portable sanitary water supply in the event of an emergency. Check with your faculty or supervisor for ongoing directions about water conservation if this utility is disrupted. Plumbing is a part of a hospital utility system and problems can and do occur. If identified, get directions on getting the problem fixed by contacting the appropriate department immediately.

Although it is uncommon, heating system failures could be a critical utility failure, especially for a prolonged period of time in very cold weather. Hospitals have made arrangements for transfer of patient populations if this ever becomes necessary due to any utility failure which would seriously compromise patient care. Air conditioning can be another utility failure which could pose serious problems especially in today's non-opening window environments. The air filtration system is part of the heating and cooling process along with humidification or dehumidification. Any aspect of any of these systems could fail requiring immediate and ongoing plans for care of patients.

Communications interruptions impact everyone in health care. Hospitals have developed a process for communication among patient care areas and other critical areas of the hospital. Certainly when communications are disrupted, rumors gain a real foothold. As health care providers, our job is to continue to do our jobs, deal with facts, follow the directions of our faculty and/or supervisor and be part of the solution not part of the problem. Hospitals designate certain priority telephones. Usually health care institutions have:

- overhead paging codes for communication disruptions,
- protocols for locations and use of emergency phones,
- a system of “runners” (persons who walk between departments ensuring necessary written or verbal communication occurs),
• two way radios,
• other mechanisms to ensure needed communication among departments and outside organizations including:
  - government-- local/state, emergency preparedness, police, fire, public utilities, etc.,
  - health care corporate headquarters,
  - vendors,
  - voluntary organizations,
  - churches, etc.

Students may be directed to support internal communication as “runners”.

If a utility in your work area is compromised, know how to notify the support department immediately so restitution of service is begun as quickly as possible. If you discover a dangerous electrical or other device; disconnect, and follow the institution protocol for tagging the equipment and support department (probably Engineering or Biomed) notification.

Look for current inspection stickers on medical equipment, all organizations are required to ensure medical equipment used in providing patient care has had safety checks completed, usually by an Engineering or Biomedical department. Ongoing preventive maintenance (“PMs”) on various patient care equipment including fire extinguishers is also standard protocol in hospitals.

Medical gasses are critical to some areas of patient care along with medical vacuum (suctioning). Interruptions of these utilities often need immediate (“stat”) remedy. If you are in an area using any of these systems, be sure you follow directions if these utilities are interrupted.

Many institutions have a “tube” system to transmit physician orders, diagnostic test results, medications, etc. from patient care areas to various departments within the facility. This is a part of the utility system that can fail. When this happens, there may be a need for additional “runners” to hand carry items. While it is inefficient and inconvenient, and can slow down patient care processes to some degree, it is not usually the magnitude of a major environmental or electrical failure.

Computers are an essential part of health care delivery. Organizations have protocols for alternative processes which are initiated until the computer system is functional. Computer system failure can be a casualty of electrical power failure within the facility, a systems problem outside of the facility or a combination of problems including utility interruptions.
PATIENT RIGHTS AND PROFESSIONAL ETHICS

A variety of documents guide the health care professional's behavior in the clinical setting. Included in these documents are policies and procedures, professional codes and patient's bill of rights. A Patient's Bill of Rights and American Nurses Association Code of Ethics provide guidance for the nursing student's behavior in the clinical setting. These documents are included for your review. In addition, agencies are likely to have policies and procedures that relate to patient rights such as policies on:

- Advanced directives
- Care of the dying
- Institutional patient rights statement

As a nursing student, you are to be familiar with these documents which convey the expected behavior of a professional nurse.

A PATIENT’S BILL OF RIGHTS

1. The patient has the right to considerate and respectful care.

2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis.

   Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

   Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents or trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

4. The patient has the right to have an advance directive (such as living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

Health care institutions must advise patients of their rights under state law and hospital policy to make
informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully and legally valid advance directives.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient’s privacy.

6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, services and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask and to be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that my influence the patient’s treatment and care.

10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12. The patient has the right to be informed of hospital policies and practices that relate to patient care treatment and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available to the institution. The patient has the right to be informed of the hospital’s charges for services and available paying methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depend, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do
not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital’s obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital’s rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements when necessary.

A person’s health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

*Patient’s Bill of Rights – American Hospital Association, 1992.*

**PATIENT SAFETY AND MEDICAL/HEALTH CARE ERROR REDUCTION**

As a nursing student, it is important to understand your role in the provision of an environment that contributes to the maintenance and improvement of patient safety. JCAHO has identified six national patient safety goals that were implemented in January 2003. These goals are as follows:

1. Improve the accuracy of patient identification
   - Use at least two patient identifiers (neither to be the patient’s room number) whenever taking blood samples or administering medications or blood products
   - Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a “time out” to confirm the correct patient, procedure and site, using active (not passive) communication techniques

2. Improve the effectiveness of communication among caregivers
   - Implement a process for taking verbal or telephone orders or critical test results that requires a verification “read-back” of the complete order or test result by the person receiving the order or test result
   - Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to use. The following is the “Do Not Use” abbreviation list:
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Intended Meaning</th>
<th>Misinterpretation</th>
<th>Correct Way to Write</th>
</tr>
</thead>
<tbody>
<tr>
<td>U or u</td>
<td>Unit</td>
<td>Easily mistaken as a zero, a four, or cc</td>
<td>Write “units”</td>
</tr>
<tr>
<td>IU or iu</td>
<td>International Unit</td>
<td>Mistaken as IV (intravenous) or 10 (ten)</td>
<td>Write “international units”</td>
</tr>
<tr>
<td>Q.D. or q.d. or QD or qod</td>
<td>Latin for once daily</td>
<td>Easily mistaken as QID or QOD</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D. or q.o.d. or QOD or qod</td>
<td>Latin for every other day</td>
<td>Easily mistaken as QD or QID</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Trailing zero (X.O mg)</td>
<td>Decimal point can easily be missed</td>
<td>Never write a zero by itself after a decimal point (X mg)</td>
<td></td>
</tr>
<tr>
<td>Lack of a leading zero (.X mg)</td>
<td>Decimal point can easily be missed</td>
<td>Always use a zero before a decimal point (0.X mg)</td>
<td></td>
</tr>
<tr>
<td>MS</td>
<td>Morphine Sulfate</td>
<td>Confused for Magnesium Sulfate</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>MS04</td>
<td>Morphine Sulfate</td>
<td>Confused for Magnesium Sulfate</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>MgS04</td>
<td>Magnesium Sulfate</td>
<td>Confused for Morphine Sulfate</td>
<td>Write “morphine sulfate” or “magnesium sulfate”</td>
</tr>
<tr>
<td>A.S. or AS or a.s. or as A.D. or AD or a.d. or ad A.U. or AU or a.u. or au</td>
<td>Left Ear Right Ear Both Ears</td>
<td>Mistaken for wrong ear</td>
<td>Write “left ear” Write “right ear” Write “both ears”</td>
</tr>
<tr>
<td>T.I.W. or TIW or t.i.w. or tiw</td>
<td>Three times a week</td>
<td>Mistaken for three times a day or twice weekly</td>
<td>Write “3 times weekly” or “three times weekly”</td>
</tr>
<tr>
<td>ug</td>
<td>Microgram</td>
<td>Mistaken for mg (milligrams)</td>
<td>Write “mcg”</td>
</tr>
</tbody>
</table>

These abbreviations have been determined by the Institute for Safe Medication Practices and the Joint Commission for the Accreditation of Healthcare Organizations to be unsafe and may not be used in any clinical documentation.

3. Improve the safety of using high-alert medications
   - Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units
   - Standardize and limit the number of drug concentrations available in the organization

4. Eliminate wrong-site, wrong-patient, wrong-procedure surgery
   - Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available
   - Implement a process to mark the surgical site and involve the patient in the marking process

5. Improve the safety of using infusion pumps
   - Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization

6. Improve the effectiveness of clinical alarm systems
   - Implement regular preventive maintenance and testing of alarm systems
• Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit

7. Reduce the risk of health care acquired infections
   • Comply with current CDC hand hygiene guidelines
   • Manage as sentinel events all identified cases of unanticipated death or major loss of function associated with health care acquired infection

It is the student’s responsibility to understand how these recommendations are being implemented in clinical settings as they relate to their role as a student.

**CODE OF ETHICS**

The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

The nurse safeguards the client’s right to privacy by judiciously protecting information of a confidential nature.

The nurse acts to safeguard the client and public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.

The nurse assumes responsibility and accountability for individual nursing judgments and actions.

The nurse maintains competence in nursing.

The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

The nurse participates in activities that contribute to the ongoing development of the profession’s body of knowledge.

The nurse participates in the profession’s efforts to implement and improve standards of nursing.

The nurse participates in the profession’s efforts to establish and maintain conditions of employment conducive to high-quality nursing care.

The nurse participates in the profession’s efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

*Code of Ethics – American Nurses Association: Code for nurses with interpretive statements, 2001*

**POLICIES AND PROCEDURES**
Agencies also have specific policies and procedures with which you should be familiar. Adherence to these policies and procedures can impact delivery of patient care, ethics, legalities, and regulatory standards. These policies and procedures may include some or all of the following and are not meant to be exclusionary:

- Pain management
- Restraints
- Falls
- Adverse drug reaction
- Assessment of abuse and neglect
- Handling hazardous medications
- Nursing procedures
- Risk and incident reporting
- Workplace violence

Students are responsible to know how to access the information on agency specific policies and procedures. Ask agency staff for clarification of a policy or procedure.

ORGANIZATIONAL COMPLIANCE

Organization has in place an Organizational Compliance Plan (Corporate Responsibility Plan or Organizational Integrity Program), which has as its goal to ensure that the Organization complies with federal, state, and local laws and regulations. It focuses on risk management, the promotion of good corporate citizenship, including a commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. Student acknowledges Organization’s commitment to organizational responsibility and agrees to conduct all business transactions which occur pursuant to this Agreement in accordance with the underlying philosophy and objectives of organizational responsibility adopted by Organization.

HIPPA, PRIVACY AND SECURITY

The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and violations may result in fines and penalties.

The main purpose of the HIPAA regulations is to ensure that protected health information or PHI is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient’s medical record, but it also includes ID bracelets; insurance cards, procedure codes, dictation tapes, photographs and so on.

Patients will receive a Notice of Privacy Practices when visiting any healthcare facility. This document will tell them how their health information will be used by that facility. The notice should also outline several rights patients have regarding their PHI. This includes the right to see a copy of any PHI kept by the facility, the right to request an amendment to their PHI, the right to receive an accounting of
disclosures and the right to request restrictions on the release of PHI.

**As a student, your role in HIPAA will be to:**
- Learn about HIPAA
- Meet with your faculty member to discuss how your role as a student may be affected by HIPAA
- Refrain from sharing PHI with anyone who does not have a need to know it
- Ask yourself “Do I have a need to know this information as a student?” before looking at PHI
- Report known or suspected privacy or security breaches to your faculty member.

**Your role in privacy will be to:**
- Limit patient specific information discussed in hallways, elevators, cafeterias and other public areas
- Control patient information that you have in your possession.
- Dispose of PHI in an appropriate manner.
- Access only the minimum amount of patient information necessary to fulfill your role as a student

**Your role in security will be to:**
- Keep print-based medical records in a secure area
- Use a password (not to be shared) to access PHI through a computer
- Prevent the viewing of PHI on a computer screen through use of a screensaver or repositioning of the PC

**HIPAA Glossary**

**HIPAA:** Health Insurance Portability and Accountability Act of 1996

**Minimum Necessary:** Principle that individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure.

**PHI:** Individually identifiable health information transmitted or maintained in any form or medium. Examples include name, social security number, employer, telephone/fax number, medical record number, patient account number, address, relatives, dates, email address, health plan identification, vehicle identification number.

**Notice of Privacy Practices:** A document that informs individuals in plain language how their health information (PHI) will be used and disclosed; provides an explanation of their rights and the provider’s responsibilities; and indicates how to file complaints and to change their PHI.

**Use and Disclosure:** An individual’s PHI may not be used or disclosed without valid authorization. Use and disclosure must be consistent with the terms of the authorization.

**Privacy Rule:** This rule created national standards to protect individual medical records and other personal health information.

**Each individual clinical facility will expect students to complete training related to HIPAA compliance based on their respective policies and procedures and confidentiality statements related to HIPAA may be required in addition to the general confidentiality statement in the Clinical Orientation Manual.**
APPENDIX A

EVALUATIONS

- FACULTY EVALUATION OF CLINICAL EXPERIENCE
- STUDENT EVALUATION OF CLINICAL EXPERIENCES
- AGENCY EVALUATION OF STUDENTS IN A CLINICAL ROTATION
FACULTY EVALUATION OF CLINICAL EXPERIENCE

The educational programs utilize faculty, student and agency data to assess the strengths and limitations of student learning in clinical settings. Decisions regarding continued utilization of settings will be made based upon analysis of these data. The agency utilizes data in a like manner. The management of raw data is determined by individual programs and agencies who are working together. Faculty and student data are reviewed by the faculty assigned to the clinical setting. The data are forwarded to the appropriate agency person, i.e. nurse manager, preceptor. All data (raw and summary) are considered confidential.

Please complete the following tool to evaluate your experience:

Name: ________________________________________  Semester/Year: __________

School: ____________________________  Unit: ________________

Agency: ____________________________

Directions: Either circle the response or darken the appropriate space on the scantron sheet that best reflects your experience.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I was adequately oriented to the hospital and or clinics where my students were assigned.
   | 1  | 2  | 3  | 4  | 5  |

2. My students were adequately oriented to the hospital and or clinics assigned.
   | 1  | 2  | 3  | 4  | 5  |

3. The nurse manager/charge nurse of the assigned clinical area was available for communication prior to the start of the rotation in order to facilitate the student experience.
   | 1  | 2  | 3  | 4  | 5  |

4. The nursing staff were helpful and facilitated the learning objectives of the students.
   | 1  | 2  | 3  | 4  | 5  |

5. My students and I felt welcome in our assigned clinical areas.
   | 1  | 2  | 3  | 4  | 5  |

6. Space to hold clinical conference was made available.
   | 1  | 2  | 3  | 4  | 5  |

7. Managers/charge nurses were available as resources when needed.
   | 1  | 2  | 3  | 4  | 5  |

8. The agency guidelines/practices for student placement facilitated student learning.
   | 1  | 2  | 3  | 4  | 5  |

9. The coordinator of student placements was responsive to our requests/needs.
   | 1  | 2  | 3  | 4  | 5  |

Please add any additional comments about your clinical rotation and/or comments that would enhance your responses to the above questions.

7/98, 6/00, 6/02
STUDENT EVALUATION OF CLINICAL SETTINGS

The educational programs utilize faculty, student and agency data to assess the strengths and limitations of student learning in clinical settings. Decisions regarding continued utilization of settings will be made based on analysis of these data. The agency utilizes data in the like manner. The management of raw data is determined by individual programs and agencies who are working together. Faculty and student data are reviewed by the faculty assigned to the clinical setting. The data are forwarded to the appropriate agency person, i.e., nurse manager, preceptor. All data (raw and summary) are considered confidential.

Please evaluate your clinical setting using the following questionnaire. Circle the response or darken the appropriate space on the scantron sheet that best reflects your experiences in questions 1-8. Use the comments section of the scantron for the following information.

School: ____________________________ Instructor: ____________________________

Facility: ____________________________ Unit: ____________________________

Hours assigned: ________________________ Semester/Year: ________________________

**Add NA to Scale**

<table>
<thead>
<tr>
<th><strong>Strongly Disagree</strong></th>
<th><strong>Strongly Agree</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

1. The information provided in the orientation manual was an adequate orientation to the standards such as fire safety, OSHA requirements, etc.

2. Orientation to the setting was adequate.

3. Staff were receptive and willing to collaborate.

4. Staff were helpful in meeting my learning needs.

5. Staff encouraged independent thinking.

6. Staff provided appropriate feedback as needed.

7. Staff modeled a commitment to quality nursing care and the profession of nursing.

8. The experience I had in this setting enhanced my learning and assisted me in meeting my clinical objectives.

ANSWER QUESTIONS 9 AND 10 IN THE "COMMENT" SECTION OF THE SCANTRON.

9. If you had to identify one nurse who was helpful and friendly, who would it be? (specify name and unit)

10. EVALUATION OF CLINICAL ROTATION
    (a) Clinical experiences that were most beneficial to your learning. Please explain:
(b) Clinical experiences that were least beneficial to your learning. Please explain:

(c) Comments or suggestions:

Thank you!
The educational programs utilize faculty, student and agency data to assess the strengths and limitations of student learning in clinical settings. Decisions regarding continued utilization of settings will be made based upon analysis of these data. The agency utilizes data in a like manner. The management of raw data is determined by individual programs and agencies who are working together. Faculty and student data are reviewed by the faculty assigned to the clinical setting. The data are forwarded to the appropriate agency person, i.e. nurse manager, preceptor. All data (raw and summary) are considered confidential.

Please indicate the extent to which you agree with the following statement for each topic listed below. (Check one for each topic or darken the appropriate space on the scantron sheet):

| Program whose students you are evaluating (select school from options in Questions 1-3): |
| 1. 1 - Avila  
2 - CMSU  
3 - Graceland  
4 - Johnson County Community College  
5 - Kansas City Kansas Community College |
| 2. 1 - MidAmerica Nazarene University  
2 - Missouri Western State College  
3 - Park College  
4 - Penn Valley Community College  
5 - Research College of Nursing |
| 3. 1 - St. Luke's College  
2 - UMKC  
3 - University of Kansas  
4 - Webster University  
5 - William Jewell College |

** Add NA to responses

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Uncertain</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

4. Students were generally prepared for delivery of patient care for their level of experience.

5. Students were motivated to take advantage of learning activities.
6. Students gave the appropriate information in reporting patient status and patient care.
   1  2  3  4  5

7. Students made appropriate clinical decisions for their level of experience in delivering patient care.
   1  2  3  4  5

8. Students maintained confidentiality of all information.
   1  2  3  4  5

9. Students were adequately oriented to this specific setting.
   1  2  3  4  5

10. Students were adequately oriented to the appropriate standards such as fire safety, OSHA, etc.
    1  2  3  4  5

11. The instructor was available when needed.
    1  2  3  4  5

12. How often did you work with students this semester?
    1 (1-2 times)  2 (3-5 times)  3 (bi-weekly)  4 (every week)  5 (not at all)

Comments:

1. Name of Staff (optional)________________________

2. Agency: ______________________________

3. Unit: ______________________________

4. Semester/Year: ______________________________

7/98, 6/00, 6/02
APPENDIX B

CNE/KCANE
ORIENTATION COMPETENCY EXAM

Student Name:_____________________
Nursing Program:___________________
Date:_____________________________

Information: Schools must retain performance evaluation on this exam until the student's graduation, dismissal or withdrawal from the nursing program. The exam is set up for scanning or hand scoring as determined by the school. 90% competency is expected as students enter the clinical setting.

DIRECTIONS: For multiple choice questions, select the most appropriate answer. Use a test scan form to record your chosen answer or circle your chosen answer as directed by your school. For true-false questions, mark a to select true, b to select false.

HOSPITAL SAFETY

1. Safety is best considered:
   a. a rule
   b. a value
   c. a priority
   d. a compromise

2. When lifting and carrying you should:
   a. tuck your gluteus muscles
   b. bend at the waist
   c. lift it yourself to assess heaviness
   d. "hug" the load

3. Falls can be prevented if employees
   a. use handholds and stair rails
   b. wet mop corridors one at a time
   c. use shelving or other "props" to increase height
   d. keep linens on floor until housekeeping can pick up

FIRE SAFETY

4. In the event of a fire, the first action a nurse would take after discovering the danger is:
   a. Remove all patients, staff and visitors
   b. Report the fire
   c. Protect the safety of those in immediate harm.
   d. Await evacuation orders
5. When reporting a fire, the nurse should:
   a. Report concern only after confirming the source of a smoke odor
   b. Pull the alarm and call the agency operator
   c. Alert the personnel through the speaker system
   d. Call the fire department

6. Wet towels or blankets at the base of doors near the fire location can do all but which one of the following:
   a. Extinguish the fire
   b. Help prevent drafts
   c. Seal off the room
   d. Limit smoke spread

7. Class A fire extinguishers can be used on:
   a. flammable liquids
   b. any type of fire
   c. ordinary combustible materials
   d. electrical equipment

8. Class C fire extinguishers can be used on:
   a. flammable liquids
   b. any type of fire
   c. ordinary combustible materials
   d. electrical equipment

9. When evacuation is deemed necessary and fire or police administration is on the scene, nurses should:
   a. Evacuate all patients in the agency
   b. Evacuate all patients except those on oxygen
   c. Evacuate the area as directed by rescue personnel
   d. Always use posted evacuation routes

**ELECTRICAL SAFETY**

10. Which of the following is not a sign of a potential electrical danger?
    a. Improperly fitting plug
    b. Unusual warmth to touch
    c. Loose knob or switch
    d. Secured power cord

For true-false questions, mark a to select true, b to select false.

11. To protect a patient from microshock the nurse should never touch a patient and an electrical device at the same time.
    a. True    b. False

12. The use of the patient's own electrical devices is not a safety concern.
13. The use of an extension cord is an electrical safety risk.
   a. True  b. False

RADIATION SAFETY

14. The duration of exposure to radiation (time) has a determining effect on an individual's side effects.
   a. True  b. False

15. The further the distance from the radiation source, the less likely an individual will be affected.
   a. True  b. False

16. Placing an appropriate shield between you and the radiation source decreases your exposure.
   a. True  b. False

17. Radioactive isotopes, radioactive implants, and portable x-rays may be sources of radiation exposure.
   a. True  b. False

18. Notify the Radiation Safety Officer in your institution if a radiation exposure/spill occurs.
   a. True  b. False

INFECTION CONTROL/BLOOD BORNE PATHOGENS

19. Each health care facility has unique Infection Control policies and procedures that must be followed.
   a. True  b. False

20. Frequent and thorough handwashing is the best way to prevent the transmission of infectious organisms.
   a. True  b. False

21. It is not necessary to wash your hands after you remove gloves.
   a. True  b. False

22. If I sneeze and cover my nose and mouth with my hands, I don't need to wash my hands because I haven't spread germs.
   a. True  b. False

23. Standard/Universal Precautions are used to prevent contact with the blood and body fluids of every patient.
   a. True  b. False

For multiple choice questions, select the most appropriate answer.
24. Which of the following is the most significant and frequent mode of transmission of organisms in the health care setting?
   a.   Contact Transmission
   b.   Droplet Transmission
   c.   Airborne Transmission

25. An example of a microorganism is:
   a.    bacteria
   b.    virus
   c.    fungus
   d.    protozoan
   e.    all of the above

26. The purpose of the OSHA Bloodborne Pathogens Standard is:
   a.    to prevent occupational exposure to blood and body fluids
   b.    to protect patients from infected employees

27. Post-exposure skin testing for TB should be done at:
   a.   1 week after the exposure
   b.   10-12 weeks after the exposure

Case Studies:
Mark the correct response for each question.

Case Study #1
Emily Browning has been coughing for over a month. She has been losing weight even though she hasn't been on a weight loss diet. She denies any night sweats but did mention she volunteered at a reservation in Alaska last year giving vaccinations. Mark, her nurse, is concerned she may have Tuberculosis and shares his assessment with Emily's physician. Mark's patient is placed on airborne precautions while she is assessed for active TB.

28. What personal protective equipment (PPE) should Mark use to care for Emily?
   a.   mask and eye protection
   b.   gown
   c.   gloves
   d.   OSHA approved respiratory device
Case Study #2
Sarah was working in the outpatient clinic area. One patient came in with an upset stomach. During her assessment the patient began vomiting. Sarah gave the patient an emesis basin. She measured the contents and emptied the emesis basin several times during the patient's visit.

29. What personal protective equipment should Sarah use to care for this patient?
   a. mask and eye protection
   b. gown
   c. gloves
   d. all of the above

30. If this patient was known to be infected with a blood borne pathogen, would Sarah's personal protective equipment be different?
   a. yes
   b. no

HAZARDOUS COMMUNICATION

31. MSDS stands for:
   a. Multi Service Danger Stabilization
   b. Material Safety Data Sheet
   c. Managing Substances that are Dangerous Services
   d. May Substitute the Drug Specifically

32. What are the three components of a Hazardous Communication Program?
   a. Administration, Professional staff, Support staff
   b. OSHA, NFPA and JCAHO
   c. PPE's, Training and Documentation
   d. Labels, MSDS and Training

33. What is the first thing you should do if a chemical such as bleach comes in direct contact with the back of your hand?
   a. Tell your instructor
   b. Fill out an incident report
   c. Rinse it well with lots of water
   d. Cover it with a dressing

34. The term "reactivity" tells you:
   a. The safest way to put out a fire
   b. What happens when a chemical comes in contact with air, water or other chemicals
   c. How the chemical might enter your body
   d. How a chemical looks or smells
RISK MANAGEMENT

35. Risk Management involves:
   a. education
   b. management of property loss occurrences
   c. clinical and non-clinical actual/potential risk
   d. all of the above

For true-false questions, mark a to select true, b to select false.

The following indicators (Questions 36-37) are used in health care agencies to identify actual and potential risk sources:

36. Information from customer surveys.
   a. True    b. False

37. Incident reports.
   a. True    b. False

COMPUTER

For multiple choice questions, select the most appropriate answer.

38. Patient, personnel and financial information are considered:
   a. Confidential information and should be shared only with authorized individuals
   b. Confidential information to be shared with any agency personnel requesting information
   c. Public information
   d. Confidential information to be shared only through computer screen viewing

39. Computer driven nursing documentation systems are used for all but which one of the following reasons?
   a. Inpatient care planning
   b. Discharge care planning
   c. Patient outcomes
   d. Patient surveys

DISASTER

For multiple choice questions, select the most appropriate answer.

40. During a disaster, communication to the public from the health care agency via the media should be initiated by:
   a. Faculty working with students
   b. Agency media department
   c. Students selected by supervisory personnel
   d. Victims of the disaster
41. During a disaster, students should:
   a. Perform tasks assigned by a supervisor (faculty or staff) as long as the student is competent
   b. Move to the area where the need appears to be the greatest
   c. Use undamaged communication systems to check on loved ones
   d. Push themselves to perform regardless of documented competency and fatigue

For questions 42-45, select the most appropriate color response.

Match the Kansas City area triage identification color with its defining characteristics.
   a. red   b. yellow   c. green   d. black

   _____ 42. D O A patients, code blue patients, transported to the morgue.
   _____ 43. Persons most severely injured, who will likely need major surgery capability and
             hospitalization in an ICU bed.
   _____ 44. Persons with significant injuries which require quick attention to prevent the condition from
             worsening and who may require hospitalization after treatment.
   _____ 45. Persons who are "walking wounded" , have non-life threatening injuries which must
             eventually be treated to restore the patient's normal functioning, and who may not require
             hospitalization.

UTILITY SAFETY

For multiple choice questions, select the most appropriate answer.

46. Outlets connected to emergency power are:
   a. marked by the words "power source"
   b. all outlets in a health care facility
   c. identified by color
   d. manually activated

47. Which of the following utility interruptions could pose the most immediate threat to a patient?
   a. heating system
   b. communications system
   c. "tube" or internal transmittal system
   d. medical gasses

PATIENT RIGHTS AND PROFESSIONAL ETHICS

For true-false questions, mark a to select true, b to select false

48. Ethical behavior for a health care provider is solely determined by an agency's policies and
    procedures.
    a. True  b. False
POLICIES AND PROCEDURES

For multiple choice questions, select the most appropriate answer

49. Policies and procedures may impact which one of the following?
   a. delivery of patient care
   b. ethics
   c. legalities
   d. all of the above

50. Which statement most accurately reflects best practice as it relates to pain management?
   a. all patients should receive information on pain management on admission
   b. all elderly patients should be assessed every four hours in relation to pain status
   c. all patients should have their pain assessed and managed in a timely manner
   d. all pediatric patients should have a parent present when pain medications are administered

ORGANIZATIONAL COMPLIANCE

For multiple choice questions, select the most appropriate answer.

51. The primary goal of an organizational compliance plan within an institution is to:
   a. ensure compliance with federal, state and local laws and regulations
   b. maintain consistency within each independent agency
   c. conduct efficient business transactions
   d. reduce liabilities

HIPAA, PRIVACY AND SECURITY

52. The purpose of HIPAA regulations is to:
   a. Eliminate the transmission of patient records
   b. Handle protected health information in a proper fashion
   c. Reduce the number of health plans who receive protected health information
   d. Increase the availability of all health information

Scenario #1
53. A minor is concerned about the possibility of having contracted sexually transmitted disease and requests to have a private conversation with the physician. Can the parent receive documentation related to this discussion at a later date without authorization of the minor?
   a. Yes
   b. No

Scenario #2
54. The American Red Cross, responding to a natural disaster in the Kansas City area, seeks to notify a patient’s next of kin of the patient’s condition. Can you provide this information to the American Red
Cross without an authorization?

a. Yes
b. No

PATIENT SAFETY
55. The primary goal of the implementation of the seven national standards for patient safety and medication error reduction is to improve patient safety, reduce risk to patients and families, and to encourage recognition and acknowledgement of risks and potential medical/health errors.

a. True
b. False

56. The “Do Not Use” abbreviation list may be used by health care facilities but is not a requirement.

a. True
b. False
APPENDIX C
CNE/KCANE
ORIENTATION COMPETENCY EXAM
**KEY**

(Exam key is a separated document for use by instructors only.)
APPENDIX D
Amendment A

_______________________ ("the agency") and ____________________ ("the school") agree that this Amendment A is made a part of the Agreement entered into on _____________ by and between ___________________ and ___________________.

In the event of a conflict between any of the terms and conditions of this Amendment A and the terms and conditions of the Agreement, the terms and conditions of this Amendment A shall control.

Both parties agree that the Agreement is hereby amended as follows:

A. Fundamental Responsibilities:

1. In order to continue the effective preparation of nurses to enter the profession, programs of nursing and health care agencies each have responsibilities to the educational process.

2. The primary role of the faculty member while in the clinical educational role is that of teacher to student.

3. The primary responsibility for patient care remains that of the agency’s staff nurse assigned to the patient regardless of student assignment to the same patient.

4. Faculty members are health care professionals who use discretion when assigning students to patient care. The selection of teaching opportunities is based on ability, experience, and clinical learning needs of the student(s). In addition, faculty members are responsive to the needs of the unit, e.g., time constraints of staff or crisis that may result in altered patient care and/or student assignments.

5. Faculty members meet the faculty guideline standards of the Boards of Nursing.

6. School clinical coordinators will communicate with agency education coordinators on an annual basis to confirm scheduling needs (including numbers of students and types of experiences).

7. Upon request, the school will provide student and faculty documentation of the information listed in Section B.

B. Schools using clinical agency for student nurse hands-on clinical experiences agree to:

1. Maintain student documentation including:
   a. 2 step TB screening on admission
   b. Annual TB (date, type, result)
   c. Measles/mumps. For students born on or after 1/1/57, provide adequate documentation of diagnosed disease.
   d. Laboratory evidence of immunity, or documentation of adequate vaccination.
   e. Varicella (Chickenpox). Adequate vaccination, diagnosed disease or, for those with a negative or uncertain history of varicella, serologic screening.
   f. Hepatitis B (can waive, if documented; titer optional)
   g. Rubella. For students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birthdate, should have proof of rubella immunity or prior vaccination.
   h. Tetanus-Diphtheria. Booster every 10 years after the initial series.
   i. Health insurance (or waiver)
   j. Current BCLS (AHA standards -- 2 year expiration date)
   k. Annually signed CNE confidentiality statement (see attached)
   l. Licensure of students who are RNs
   m. Color blindness screen (schools can administer)
   n. Certification of completion of criminal background check
2. Maintain faculty documentation including:
   a. Annual TB (date, type, result)
   b. Measles/mumps. For faculty born on or after 1/1/57, provide documentation of diagnosed disease, laboratory evidence of immunity, or documentation of adequate vaccination.
   c. Varicella (Chickenpox). Adequate vaccination, diagnosed disease or, for those with a negative or uncertain history of varicella, serologic screening.
   d. Hepatitis B (can waive, if documented; titer optional)
   e. Rubella. For faculty born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination. All women, regardless of birthdate, should have proof of rubella immunity or prior vaccination.
   f. Tetanus-Diphtheria. Booster every 10 years after the initial series.
   g. Health insurance or waiver
   h. Current BCLS (AHA standards -- 2 year expiration date)
   i. Annually signed CNE confidentiality statement (see attached)
   j. Licensure appropriate for the state
   k. Orientation exam
   l. Certificate of completion of criminal background check

3. Provide the agency with the following written information:
   a. Student roster
   b. Faculty roster (including license numbers)
   c. Proof of student and faculty (within the limits of the law) professional liability insurance, upon request
   d. Rotation requests - outlining clinical experience needs or course objectives
   e. CNE/KCANE standard evaluations for agencies and schools
   f. Certification of completion of criminal background checks of students and faculty

4. Provide an annual generic orientation for students which includes:
   a. Hospital Safety
   b. Fire Safety
   c. Electrical Safety
   d. Radiation Safety
   e. Infection prevention and control
   f. Bloodborne pathogens
   g. Hazardous communication
   h. Risk management
   i. Computer documentation information (theoretical)
   j. Disaster preparedness
   m. Utility failure
   n. Organizational compliance
   o. Patient rights and responsibilities
   p. Policies and procedures
   q. JCAHO compliance
   r. HIPAA information and confidentiality statement

5. Prepare students for the clinical environment by orienting them to:
   a. Agency specific documentation procedures
   b. Skills including medication administration as appropriate for the level of student
   c. Agency specific Code Blue procedures
   d. Agency specific dress codes
   e. Agency walking tour related to orientation in #4
   f. Agency specific safety procedures
6. New faculty orientation: No more than a maximum of 12 hours (total) for orientation may be required by the agency for faculty orientation, including orientation to the agency, unit and computer. Orientation time in addition of these 12 hours is at the professional discretion of the instructor/school. Faculty competency expectations are dependent on the level of care expected of the students during that clinical learning experience.

It is agreed that all other provisions of the Agreement shall remain in full force and effect.

In witness whereof, this Amendment is entered into the _____ day of ________, 200__. 

_________________________________  ________________________________
Signature   Date  Signature   Date

AMDMTA.CNER1197
Revised: 3/18/99; 7/1/04
APPENDIX E

CNE/KCANE
CONFIDENTIALITY STATEMENT

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families and clinical facilities. I understand I must maintain the confidentiality of all verbal, written or electronic information and in some instances the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals expected ethical behavior.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients.

During each clinical rotation in the clinical education program, I agree to follow each agency's established procedures on maintaining confidentiality.

_________________________________   __________________
STUDENT SIGNATURE   DATE

_________________________________
SCHOOL

_________________________________
EDUCATION PROGRAM
APPENDIX F

PARTICIPATING SCHOOLS AND AGENCIES IN THE COLLABORATIVE ORIENTATION MODEL FOR UNDERGRADUATE STUDENTS

SCHOOLS

Avila College
Central Missouri State University
Graceland University
Johnson County Community College
Kansas City Kansas Community College
MidAmerica Nazarene University
Missouri Western State College
Park University
Penn Valley Community College
Research College of Nursing—Rockhurst University
Saint Luke’s College
University of Missouri Kansas City
University of Kansas
Webster University
William Jewell College

AGENCIES

Baptist Lutheran Medical Center

Children's Mercy Hospital
Cushing Memorial Hospital
Independence Regional Health Center
Liberty Hospital
Medical Center of Independence
Menorah Medical Center
Mid-America Rehabilitation Hospital
North Kansas City Hospital
Olathe Medical Center
Overland Park Regional Medical Center
Providence Medical Center
Research Belton Hospital
Research Medical Center
Saint Joseph Health Center
Shawnee Mission Medical Center
St. Luke's Hospital of Kansas City
St. Luke’s South

Truman Medical Center - Lakewood
Truman Medical Center - Hospital Hill
Two Rivers Psychiatric Hospital
Kindred Hospital - Kansas City