

KELLOGG COMMUNITY COLLEGE

NURSING STUDENT CLINICAL ORIENTATION MANUAL

2023.2024



Kellogg Community College
Nursing Education
Nursing Student Clinical Orientation Manual

This manual was designed to assist the nursing student in becoming familiar with some of the policies and procedures that are used by the facilities that you will attend for clinical experience.

Both hospitals and nursing homes function under standards which are set for them by accrediting bodies as well as state and federal government regulations. You need to familiarize yourself with these standards, policies, and procedures so that you can function as an informed student nurse while you are learning in a specific facility. It is required that staff in these facilities undergo review of this information every year and it will be required of you to do that as well.

You will receive any updates that need to be added to this manual over the course of a school year and it should be part of the materials that you bring to orientation at all facilities that you attend. You will be required to obtain a new clinical orientation manual each school year and to take a competency test over the information contained in the manual.

Upon completion of your orientation at each facility you will be asked by your clinical instructor to sign a form for the facility which will indicate that you have reviewed the contents of this manual and completed orientation to the clinical facility. You may also be asked to sign a confidentiality form for each facility that you are assigned a clinical rotation. If you have any questions concerning this clinical orientation manual, please direct them to your classroom faculty in the course you are enrolled in or to your clinical instructor.

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The Patient Care Partnership: Understanding Expectations, Rights and Responsibilities and The Rapid Model for Guarding Resident's Rights

**The Patient Care Partnership:
Understanding Expectations, Rights and Responsibilities**

(Copied from the American Hospital Association Website - July 2012)

http://www.aha.org/content/00-10/pcp_english_030730.pdf

A Patient's Bill of Rights was first adopted
by the American Hospital Association in 1973.

Introduction

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision-making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.



The Patient Care Partnership

Understanding Expectations, Rights and Responsibilities

What to expect during your hospital stay:

- High quality hospital care.
- A clean and safe environment.
- Involvement in your care.
- Protection of your privacy.
- Help when leaving the hospital.
- Help with your billing claims.



American Hospital
Association



The Patient Care Partnership

Understanding Expectations, Rights and Responsibilities

When you need hospital care, your doctor and the nurses and other professionals at our hospital are committed to working with you and your family to meet your health care needs. Our dedicated doctors and staff serve the community in all its ethnic, religious and economic diversity. Our goal is for you and your family to have the same care and attention we would want for our families and ourselves.

The sections explain some of the basics about how you can expect to be treated during your hospital stay. They also cover what we will need from you to care for you better. If you have questions at any time, please ask them. Unasked or unanswered questions can add to the stress of being in the hospital. Your comfort and confidence in your care are very important to us.



What to Expect During Your Hospital Stay

High quality hospital care.

Our first priority is to provide you the care you need, when you need it, with skill, compassion and respect. Tell your caregivers if you have concerns about your care or if you have pain. You have the right to know the identity of doctors, nurses and others involved in your care, and you have the right to know when they are students, residents or other trainees.

A clean and safe environment.

Our hospital works hard to keep you safe. We use special policies and procedures to avoid mistakes in your care and keep you free from abuse or neglect. If anything unexpected and significant happens during your hospital stay, you will be told what happened, and any resulting changes in your care will be discussed with you.

Involvement in your care.

You and your doctor often make decisions about your care before you go to the hospital. Other times, especially in emergencies, those decisions are made during your hospital stay. When decision-making takes place, it should include:



Discussing your medical condition and information about medically appropriate treatment choices.

To make informed decisions with your doctor, you need to understand:

- The benefits and risks of each treatment.
- Whether your treatment is experimental or part of a research study.
- What you can reasonably expect from your treatment and any long-term effects it might have on your quality of life.
- What you and your family will need to do after you leave the hospital.
- The financial consequences of using uncovered services or out-of-network providers.

Please tell your caregivers if you need more information about treatment choices.

Discussing your treatment plan. When you enter the hospital, you sign a general consent to treatment. In some cases, such as surgery or experimental treatment, you may be asked to confirm in writing that you understand what is planned and agree to it. This process protects your right to consent to or refuse a treatment. Your doctor will explain the medical consequences of refusing recommended treatment. It also protects your right to decide if you want to participate in a research study.



Getting information from you. Your caregivers need complete and correct information about your health and coverage so that they can make good decisions about your care. That includes:

- Past illnesses, surgeries or hospital stays.
- Past allergic reactions.
- Any medicines or dietary supplements (such as vitamins and herbs) that you are taking.
- Any network or admission requirements under your health plan.

Understanding your health care goals and values.

You may have health care goals and values or spiritual beliefs that are important to your well-being. They will be taken into account as much as possible throughout your hospital stay. Make sure your doctor, your family and your care team know your wishes.

Understanding who should make decisions when you cannot.

If you have signed a health care power of attorney stating who should speak for you if you become unable to make health care decisions for yourself, or a "living will" or "advance directive" that states your wishes about end-of-life care; give copies to your doctor, your family and your care team. If you or your family need help making difficult decisions, counselors, chaplains and others are available to help.

Protection of your privacy.

We respect the confidentiality of your relationship with your doctor and other caregivers, and the sensitive information about your health and health care that are part of that relationship. State and federal laws and hospital operating policies protect the privacy of your medical information. You will receive a Notice of Privacy Practices that describes the ways that we use, disclose and safeguard patient information and that explains how you can obtain a copy of information from our records about your care.

Preparing you and your family for when you leave the hospital.

Your doctor works with hospital staff and professionals in your community. You and your family also play an important role in your care. The success of your treatment often depends on your efforts to follow medication, diet and therapy plans. Your family may need to help care for you at home.



You can expect us to help you identify sources of follow-up care and to let you know if our hospital has a financial interest in any referrals. As long as you agree that we can share information about your care with them, we will coordinate our activities with your caregivers outside the hospital. You can also expect to receive information and, where possible, training about the self-care you will need when you go home.

Help with your bill and filing insurance claims.

Our staff will file claims for you with health care insurers or other programs such as Medicare and Medicaid. They also will help your doctor with needed documentation. Hospital bills and insurance coverage are often confusing. If you have questions about your bill, contact our business office. If you need help understanding your insurance coverage or health plan, start with your insurance company or health benefits manager. If you do not have health coverage, we will try to help you and your family find financial help or make other arrangements. We need your help with collecting needed information and other requirements to obtain coverage or assistance.





**American Hospital
Association**

While you are here, you will receive more detailed notices about some of the rights you have as a hospital patient and how to exercise them. We are always interested in improving. If you have questions, comments or concerns, please contact:

THE RAPID MODEL FOR GUARDING RESIDENT'S RIGHTS

R = RESPECT

A = AUTONOMY

P = PRIVACY

I = INDEPENDENCE

D = DIGNITY

These five components are essential in identifying what is an expectation to assure resident's rights. Keep these five key points in mind, and resident's rights will be easy to remember. All caregivers are responsible for complying with respecting the rights of residents and seeing that others do so as well.

Respect: Go a step beyond looking at clients as nursing home "residents". Most of them are also our "elders" with a wealth of wisdom and a long lifetime behind them. Even if physically ill or confused, respect residents for the contributions they have made and the human beings that they are.

Autonomy: All people have the right to make decisions (within their own ability). This may include setting their own schedule, choosing their own clothing, or more important decisions, such as choosing their code status.

Privacy: Privacy during care involves closing doors and pulling curtains. We also need to assure privacy when residents have visitors or during physician rounds. Another important part of privacy is not discussing the resident's care needs where other residents or visitors are listening. Please knock on the door to a resident's room before entering.

Independence: Encourage all residents to do as much for themselves as they can. Assist them to become as independent in their activities of daily living as possible.

Dignity: Each resident has a right to a feeling of self-worth. Dignity involves being as "normal" as possible – taking part in any care decisions, dressing in clothes versus hospital gowns, being called by their given name, and being conversed with during care. It is the core of good nursing care.

NOTE: Remembering the RAPID model and life's golden rule (do unto others as you wish they would do unto you) will be the best guides for maintaining and guarding resident's rights.

Resources:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.

Confidentiality, HIPAA & Privacy

Confidentiality and privacy are two very basic ethical principles as well as consumer rights. All clients are entitled to privacy. The Health Insurance Portability & Accountability Act (HIPAA) is governmental regulations enforcing privacy acts that all clients are entitled to.

Did you know....

For each client that is admitted to a care facility, there are approximately 75 people who will need to access that individual's private information from a chart or computer.

What is confidentiality?

Every client's right to keep personal matters (health, financial, personal, etc) private and limiting disclosure of such information to only those that must know. We are guaranteed privacy by the Constitution. The American Nurses Association (ANA) has supported this. So any information that a student learns, in regards to a client's personal matters, must be protected. This is such a serious issue that the government, especially Congress, took the initiative and passed The Health Insurance Portability & Accountability Act (HIPAA) in 1996.

When does confidentiality apply?

Always. Anytime a student learns information about a client. This information includes verbal, written, or technologically processed forms of communication/documentation. It also includes time of assessment, providing care, examinations, and during procedures. The client has a right to keep ALL information private and confidential. For example, it is not acceptable to perform vital signs or other procedures, empty drainage bags, or interview a client in "open" areas.

Who has access to confidential information?

- 1) Only caregivers involved in the direct care of the client may access information as it relates to the client's treatment.
- 2) Other individuals that the client has agreed to disclose information to (this should be confirmed by a signed document with an access code).

What about family members and significant others?

No one has the right to the client's personal information – not even their spouse or child. The client must authorize a family member or significant other to have access to their personal information in a written document that can be placed with the client's medical record.

How can the student protect the client's privacy?

- Wear identification badges (ID) visibly and ask other to do so.
- Never authorize "non-staff" access to nursing station, charts, etc.
- Don't post black boards with client information; however, if required, use only the client last name with a room number, but no other information.
- Charts must be kept from public view: utilize nurse servers at rooms or keep behind the nurses desk; the names are to be turned upside down and toward the nurses desk; wall charts are to be turned backwards, not exposing the client's name.
- Utilize covers on clip boards.

- Faxes must always have cover sheets.
- Call the receiver of a fax to notify that you are sending client information.
- Shred any information not necessary for the client's chart (assignments, notes, etc.).
- Confine conversations to isolated and private areas.
- Keep your voice low.
- Don't participate in casual conversations about clients in public areas (elevators, cafeterias, restaurants, parking lots, etc.).
- Don't participate in the "rumor mill" or spread gossip.
- Knock on the door when entering a client's room.
- Shut the door of a client's room when caring for the client.
- Pull the curtain "Always" when providing care for the client.
- Never give out client information over the phone.
- Don't discuss the client's care with other clients.
- Never share computer access passwords with other people/staff.
- Blank out the computer screen when you have completed your task.
- Change your computer access passwords frequently and never use your social security number, birthday, family member names as passwords.
- Stay well educated about the security systems where you work.
- Discuss confidentiality with the client; identify if the client wishes to have information disclosed and to whom; set up a code for those that may access information.
- Always place telephone calls on HOLD, never lay a phone down to reference material.

What are the consequences for breaching confidentiality?

- As a student, it may jeopardize your standing in the nursing program.
- As a nurse, the Board of Nursing may suspend or revoke your license.
- Employer disciplinary action may be as severe as termination with no re-hire.
- The client could file a lawsuit against you with legal penalization.
- Criminal action proven can lead to a significant fine and possibly jail time (\$250,000 and/or 10 years imprisonment if found guilty of selling client information or \$25,000 if found guilty of unintentional disclosure).

HIPAA and HITECH Continued

Privacy and Security Rules were adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Privacy Rule gives patients more control over their protected health information (PHI).

The Security Rule addresses the confidentiality, integrity, and availability of electronic PHI or ePHI.

The Health Information Technology for Economic and Clinical Health Act

HITECH changes to HIPAA

- Significantly expands the scope, penalties, and compliance challenges of HIPAA
- Changes the application of the provisions of the HIPAA Privacy Rule and the HIPAA Security Rule
- Increases the penalties for HIPAA violations
- Expands the definition of a Business Associate
- Provides additional methods of enforcement
- Requires proactive auditing of covered entities

- Both the Department of Health and Human Services (HHS) and the Federal Trade Commission (FTC) have issued proposed rules pursuant to HITECH

HIPAA Privacy Key Terms

PHI:

Protected Health Information is individually identifiable health information created, received, transmitted and/or maintained by a covered entity

ePHI:

Electronic protected health information

Examples of PHI Include:

- Names and addresses
- Dates (date of service, DOB)
- Telephone/fax numbers & e-mail addresses
- Social security numbers
- Medical record numbers
- Full face photos
- License/vehicle identification numbers
- Account numbers/fin
- Any other unique identifying number, characteristic or code
- Unique diagnosis or medical information; Any content of which might serve to identify the patient

PHI may be sent, communicated, or stored in any form

- Paper
- Electronic (including faxes, e-mails, smart phones, electronic files, and databases)
- Oral (discussions, conversations)

HIPAA Privacy - TPO

TPO – no need for authorization:

- Treatment: activities related to patient care
- Payment: activities to pay or get paid for healthcare services
- Operations: day-to-day core activities (e.g., Medical record audits)

HIPAA Privacy

Minimum Necessary:

- ONLY information needed to perform your job functions

NPP: Notice of Privacy Practices

- Informs patient what his/her rights are regarding PHI and how PHI is used and protected by Bronson

HIPAA Privacy-Patient Rights

Examples of Patients' Rights:

- Inspect and request a copy their records
- Request that PHI in their records be amended
- Ask for limits on how their PHI is used or shared
- Get a list of disclosures made of their PHI

Breach

- Unauthorized acquisition, access, use or disclosure of protected health information (PHI)

RULES

- If security of "unsecured PHI" is "breached" we must provide notice without reasonable delay:
- To the impacted individual
- To the media
- To Department of Health and Human Services (HHS)

HITECH Enforcement Context Post HITECH Civil Monetary Penalty(s)

Violation Category – Section 1176(a)(1)	Each violation	All such violations of an Identical Provision in a Calendar Year
(A) Did not know	\$100 - \$50,000	\$1,500,000
(B) Reasonable cause	\$1,000 - \$50,000	\$1,500,000
(C) (i) Willful neglect – Corrected	\$10,000 - \$50,000	\$1,500,000
(C) (ii) Willful neglect – Not Corrected	\$50,000	\$1,500,000

Expanded Penalties:

- HITECH creates a private right of action that can be brought by state attorneys general on behalf of individual patients for HIPAA violations
- \$100 per violation
- Maximum of \$25,000 per year
- Courts can award damages, court costs and attorney's fees against HIPAA violators

HIPAA Responsibilities

Your commitment to protecting PHI means:

- You speak in soft tones when discussing PHI
- Use (but DO NOT share) computer passwords
- Lock cabinets that store PHI
- DO NOT leave PHI unattended
- Promptly pick up output from printers and fax machines
- Remember to use a fax cover sheet with confidentiality language

HIPAA Security

Appropriate safeguards:

- Never share passwords
- Log off computer if you are walking away from it
- Always wear your ID badge
- Report all strange computer behavior or security incidents to security officer immediately
- Periodic security awareness and training
- Restricted access to varying functional components of its information systems using role-based access and password protection
- Minimum password requirements and changes

Resources:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.

Bronson Battle Creek, Risk Management Office (July 2013).

Patient Safety and 2023 National Patient Safety Goals

PATIENT SAFETY

Patient safety is the primary goal for all health care providers and patient care organizations. These health care providers and patient care organizations follow patient safety-related standards that are written by The Joint Commission. The purpose of The Joint Commission Goals is to promote specific improvements in patient safety. The Goals highlight problematic areas in health care and describe evidence and expert-based solutions to these problems. Recognizing that sound system design is intrinsic to the delivery of safe, high quality health care, the Goals focus on system-wide solutions whenever possible.

PATIENT SAFETY GOALS FOR 2023

INCLUDES: Hospitals and Critical Access Hospital Care, Long Term Care, Behavioral Health Care, and Home Care.

*Note: Changes to the Goals and Requirements are indicated in **bold**. Gaps in the numbering indicate that the Goal is inapplicable to the program or has been “retired,” usually because the requirement was integrated into the standards. For the entire listing of Goals go to: <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>*

- | | |
|----------------|---|
| Goal 1 | Improve the accuracy of patient identification |
| NPSG.01.01.01 | Use at least two patient identifiers when providing care, treatment, and services. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment. |
| Goal 2 | Improve the effectiveness of communication among caregivers. |
| NPSG.02.03.01: | Report critical results of tests and diagnostic procedures on a timely basis. |
| Goal 3 | Improve the safety of using medications. |
| NPSG.03.04.01 | Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. For example, medicines in syringes, cups, and basins. Do this in the area where medicines and supplies are set up. |
| NPSG.03.05.01 | Reduce the likelihood of patient harm associated with the use of anticoagulant therapy |
| NPSG.03.06.01 | Maintain and communicate accurate patient medication information. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor. |
| Goal 6 | Reduce the harm associated with clinical alarm systems. |
| NPSG.06.01.01 | Improve the safety of clinical alarm systems. |
| Goal 7 | Reduce the risk of health care associated infections. |
| NPSG.07.01.01 | Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines. Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve |
| hand cleaning. | |
| Goal 9 | Reduce the risk of patient harm resulting from falls. |
| NSG.09.02.01 | Reduce the risk of falls. |

Goal 14 Prevent health care-associated pressure ulcers (decubitus ulcers).
NPSG.14.01.01 Assess and periodically reassess each patient's and resident's risk for developing a pressure ulcer and take action to address any identified risks.

Goal 15 The organization identifies safety risks inherent in its patient population.

NPSG.15.01.01 Reduce the risk for suicide.

NPSG.15.02.01 Identify risks associated with home oxygen therapy, such as home fires.

Goal 16: Improve health care equity.

NPSG.16.01.01: Improving health care equity for the organization's patients is a quality and safety priority.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery™

UP.01.01.01 Conduct a preprocedural verification process. Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01 Mark the procedure site. Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 A Time-out is performed before the procedure. conduct a final assessment that the correct patient, site, and procedure are identified.

Resources: [National Patient Safety Goals | The Joint Commission](#)

Consumer Rights

Consumer rights are principles of care based on ethics and governmental regulations. Consumer rights are basic “rights” that each individual is entitled to. They are designed to help health care providers maintain the dignity of clients and to assure just treatment as human beings. Basic rights can include practices in allowing choices, providing privacy, providing confidentiality, practice of sexuality, practices of handling money, right or declination of religious practices, making daily decisions, and even accepting or declining care. It is important to treat clients as worthwhile human beings and treat them with dignity and respect.

Ethical principles:

Ethics: Is a systematic inquiry into principles of “right and wrong” and “good and evil” as they relate to professional conduct.

Standards of professional conduct: Behavior that each health care provider is expected to maintain. Standards of professional conduct not only include following “legal” rules but following ethical principles and consumer care issues such as consumer rights. When standards of conduct are broken, it usually results in suspension (facility or license) to loss of employment or loss of licensure.

Commonalities in Ethics:

Participating in ethical practices includes some very basic questioning:

Is it right?

Is it balanced?

How does it make us feel?

Who is/may be injured?

Is it just?

Would I like to be treated like that?

When a care provider can answer that what they are doing is right, balanced, does not cause injury to the client, is just, and that we would accept being treated in the same manner, many times the practice is legitimate or ethical and the treatment/behavior is appropriate. If those questions are answered in the opposite manner, it is considered that the practice is not legitimate or ethical and that the treatment/behavior is not appropriate.

Sometimes it is difficult to decide what is best for the given situation or client. In times when there is conflict of ideas in relationship to ethics, it is common that a selected team is chosen to review the situation and make a decision about the treatment of care. Many facilities have “Ethics Committees” who specialize in addressing ethical issues and decisions. If the nursing student suspects a client is in jeopardy of having their “rights” violated, it is best to consult with their clinical instructor and possibly obtain a consultation with the ethics committee.

Ethics are influenced by:

Ethical practices and decisions are influenced by a variety of issues. That is often why there can be discrepancies in what makes an ethical issue just or unjust. It is important to know that there are influencing factors that may weigh into how ethical decisions are made. Common influencing factors include and are not limited to:

Age	Gender	Beliefs	Values	Culture
Attitudes	Obedience	Environment	Religion	Education
Race	Ethnicity	Media	Sense of justice	History of exposure

When ethics go wrong:

When a care provider's judgment is clouded, he/she may not provide appropriate care for a client. Also, when a care provider has different ethical influencing factors, they may treat a client differently and often inappropriately. Common inappropriate behavior may include:

- Abuse:** Non-accidental physical, emotional, spiritual, psychological, or sexual mistreatment. (Example – physical hitting and taunting of a client).
- Neglect:** Not attending to a basic need of a client. (Example – not attending to regular client rounds or deliberately leaving a client on a soiled incontinent pad).
- Endangerment:** Placing a client in a dangerous situation when the client may have no control. (Example – using “hot” water above 105 degrees to bathe a client in a coma could subject them to burns).
- Exploitation:** Inappropriately or illegally using a client's money or belongings. (Example – cashing a client's social security check and using the money to buy yourself things or charging a client in a facility for a service when they already have paid for that service).

Who is at risk for mistreatment?

- Dependent people who require care given by someone else.
- The very young (infants and children).
- The aged (elderly).
- Pregnant women.
- The ill.
- Those with psychological or physical conditions.
- Females are at a higher risk.

Causes of wrongful behavior:

Studies have shown that there are usually contributing factors to wrongful behavior or even abusive behavior. Some of those include:

- Short staffing.
- Inadequate supervision.
- Care providers with violent/impatient temperaments.
- Unsafe/poor facility environment.
- Employee “burn-out”.
- Substance abuse.
- Learned behavior or living in an environment when the behavior is encountered.
- Psychological issues.

Even though these issues have been proven to promote abusive or wrongful behavior, it does not justify the behavior. It is UNACCEPTABLE to treat clients in any manner that is unethical or abusive.

Procedure for reporting wrongful behavior:

- Note exact facts (witnessed facts and quotes).
- Notify clinical instructor and charge nurse/immediate supervisor.
- Notify the Director of Nursing/Administrator if suspected that they will not be notified by the charge nurse/immediate supervisor.
- An option for anonymity reporting: call 1-800-882-6006 for the Department of Public Health.
- Call 911/police in an emergency situation.
- Call special services if necessary (Child Protective Services, Adult Protective Services, etc.).

Investigation process:

- The Director of Nursing must notify the Department of Public Health of the situation.
- The situation will be investigated.
- A formal investigation is filed externally/internally.

Consequences of not reporting abuse, being accused of abuse and being found guilty:

- As a student, it may jeopardize your standing in the program.
- There may be a monetary fine of \$500.00 or more for not reporting abuse.
- The Board of Nursing may suspend or revoke a nursing license.
- Employer disciplinary action may be as severe as termination with no re-hire.
- A lawsuit may be filed with legal penalization.
- Criminal action found may lead to a significant fine and possible imprisonment.

Resources:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.

Customer Service

Today's marketplace is extremely competitive. To stay in business, all industries – including healthcare – must provide not just good customer service, but exceptional customer service. That means that, as students, you must meet and exceed the customer's needs and expectations, go the extra step to assist them, and always put the customer first. You also need to remember that the customer includes the client and their family, co-workers, visitors, physicians, and the community.

To meet and exceed the customer's needs and expectations, it is important to remember that there is no one way that is the right way. The customer and their needs and expectations are very diverse. You will serve and work with people from different cultures, races, and socioeconomic backgrounds. They are male and female, young and old, and they think, look, and talk differently. You must constantly be aware of diversity when dealing with the customer.

To provide exceptional customer service, you must remember that you are responsible for satisfying the customer's needs and expectations. We cannot afford to tolerate the "It is not my job" attitude and thinking. The customer does not know or care what your position or job description is.

The Ten Deadly Sins of Customer Service:

1. I don't know.
2. I don't care.
3. I can't be bothered.
4. I don't like you.
5. I know it all.
6. You don't know anything.
7. We don't want your kind here.
8. Don't come back.
9. I'm right and you're wrong.
10. Hurry up and wait.

In 11 seconds of contact, a customer forms 7 impressions about you and the facility you are working in!

1. Neat and clean.
2. Responsive and friendly.
3. Courteous and sincere.
4. Knowledgeable and confident.
5. Patient.
6. Empathetic.
7. Professional.

Telephone Techniques

Answering the telephone:

It is important to be prepared mentally and physically to answer a ringing telephone.

1. Have a positive attitude about the call when the telephone rings instead of thinking of it as an interruption. See the call as an opportunity to be of assistance to a customer.
2. Focus on the caller.
3. Physically and mentally turn away from distractions.
4. Have a paper/message pad and pencil available next to the phone.
5. Turn off noisy equipment that will make hearing the caller difficult.
6. Stop talking or laughing before you pick up the phone.
7. Take a deep breath to help your voice to be clearer.
8. Smile – the warmth and friendliness will come through your voice.
9. Learn the specifics of answering the telephone, taking messages, and transferring a call for your assigned area.

Taking messages:

It's important when taking a telephone message that all the information be accurately written. The following guidelines are the correct procedure for taking messages:

1. Date all messages.
2. Note time of call.
3. Record caller's first and last name and verify the spelling.
4. Record area code and telephone number and extension if indicated.
5. Record complete message.
6. Sign your name legibly on the bottom of the message form/paper.

Using voice mail:

Don't play phone tag! Leave a meaningful message.

Use their name.

Give your name.

Give purpose of call.

Give needed information.

Ask for action.

Give your number slowly.

Give best time to reach you.

State urgency.

Be brief.

Communicate more effectively – some tips to help you:

Choose your words carefully.

- Always be polite – use please, thank you and you are welcome.
- Explain things simply and clearly in language appropriate to the customer.
- Avoid using technical terms, slang, jargon, or medical terminology.

Use an appropriate tone of voice.

- Do not speak loudly or shout but do speak loud enough to be heard.
- Be sincere and avoid sarcasm.
- Do not patronize or “talk down” to customers.

Pay attention; be a good listener.

- Show interest.
- Focus on what the customer is saying.
- If you do not understand something, ask the customer to explain.
- Do not interrupt.
- Always ask if there are more questions.

Watch your body language.

- Smile and make body contact.
- Avoid slouching, turning away, crossing your arms or legs, or pointing a finger when speaking to a customer.

Make sure you understand – get it straight.

- To make sure you understand and make the customer aware that you understand, summarize in your own words what you think the customer said.
- If explaining technical information, ask the customer to repeat what you said in his or her own words, but be tactful – emphasize that you are checking to make sure you explained the information clearly.

Be aware of issues that may affect clear communication.

- Language or cultural differences.
- The customer’s age – young or old.
- Disabilities or health conditions that affect how the customer communicates.

If you are having difficulty in communicating, ask for help.

Resource:

Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.

Michigan's Right to Know Law

Michigan Right to Know Law:

The Occupational Safety and Health Administration (OSHA) has developed the "Employee Right to Know" law. This law is designed to protect the employee from chemical hazards in the workplace.

The law states that the employee has the right to know the hazards of any chemical they work with. It requires manufacturers to provide employers with the proper information on the chemicals they use. It incorporates guidelines to help the employee and the employer make the work environment a safer place.

Material Safety Data Sheet (MSDS):

MSDS's provide the following detailed information on a particular chemical:

- Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.
- Hazard(s) identification includes all hazards regarding the chemical; required label elements.
- Composition/information on ingredients includes information on chemical ingredients, trade secret claims.
- First-aid measures includes important symptoms/effects, acute, delayed; required treatment.
- Firefighting measures lists suitable extinguishing techniques, equipment, chemical hazards from fire.
- Accidental release measures list emergency procedures; protective equipment; proper methods of containment and cleanup.
- Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).
- Physical and chemical properties list the chemical's characteristics.
- Stability and reactivity list chemical stability and possibility of hazardous reactions.
- Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.
- Ecological information – what happens if the chemical is released into the environment?
- Disposal considerations – instructions or limitations for proper disposal.
- Transport information – how to safely ship the chemical.
- Regulatory information – any regulations that apply to the chemical as issued by OSHA or the Environmental Protection Agency, etc.
- Other information includes the date of preparation or last revision

Hazardous Material:

- Flammability – susceptibility of materials to burning.
- Reactivity – susceptibility of materials to release of energy (detonation, or of explosive decomposition).
- Health Hazard – Chemicals that can affect your health are known as carcinogens, toxic agents, corrosives, sensitizers, neurotoxins, nephrotoxins, reproductive toxins and agents that damage lungs, skin, eyes, and mucous membranes.
- Protective Equipment – Using the appropriate personal protective equipment such as gloves, goggles, respirators, or masks significantly reduces your risk of exposure to hazardous substances.

Labeling:

- Common and or chemical name.
- Name and address of the manufacturer.
- Potential health hazards.

Exposure:

- Duration – acute effects/chronic effects. Some hazards cause immediate reactions like a rash, burn, nausea, headache, or dizziness. Other effects may show up later as health problems in the form of allergies, damage to internal organs, or even cancer.
- How it enters the body – The ways your body can be exposed to chemical hazards include inhalation, skin and mucous membrane absorption, ingestion, and injection.

Cylinder Gases:

- Flammable/non-flammable.
- Compressed gas.
- Toxic inhalant.

Chemicals and Postings Within the Facilities:

Each facility you will work in will have a Hazardous Waste Manual. It will contain all the chemicals used within the facility. In hospital facilities you will find Hazardous Waste Manuals on each unit that will contain an MSDS for each of the chemicals used on that unit. A complete file of MSDS for the facility is usually located in the Emergency Room, Materials Management, and Occupational Health Services. Information can also be obtained from the Department of Public Health.

Your Responsibility:

- Become familiar with the program.
- Do your best to follow it.
- Before using any chemical substances, read the label carefully.
- Never use a product from an unlabeled or illegibly labeled container.
- After reading a label, if more information is needed, refer to the Material Safety Data Sheet located in the department you are in.
- Clean up chemicals and hazardous waste materials.

Exposure Information:

- Chemicals can enter the body in four ways:
 1. Inhalation.
 2. Ingestion.
 3. Injection.
 4. Through the skin.
- Eye contact – Flush with water (up to 15 minutes).
- Skin contact – Wash three times – remove contaminated clothes.
- Ingestion – Contact ER or Occupational Health immediately.
- **All exposures please fill out a facility incident report.**

Although chemicals are part of our everyday world, they can present hazards. Knowing how and where to find chemical information, and what to do in the event of a problem, will help all of us to work safely with the chemicals we encounter.

Resource:

Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.

MiOSHA (Revised 11/08/21). Right to Know Hazard communication Compliance Guide. www.michigan.gov/miosha

Fire Safety and Emergency Conditions

FIRE SAFETY

Fire safety is critical. As a health care worker, you can anticipate annual in-service on fire safety. Never take the information for granted. Take the time to learn and memorize what you would need to do during a fire emergency. Be sure to learn where your fire alarms, equipment, and exits are located at each clinical site that you work and how to respond to a fire. Once in a clinical setting, you will be informed of the facilities “code” words for fire alarm activation. You will also be informed as to your specific role during a fire alarm. The information below is generalized but used by many institutions.

Prevention is the key:

- No smoking in rooms.
- No smoking with oxygen.
- Avoid electrical circuit overload.
- Avoid use of faulty equipment – observe for faulty wiring and send for service.
- Use 3-prong (grounded) electrical cords.
- Know where the fire alarms (pull boxes) are.
- Know where the fire extinguishers and hoses are.
- Know where the exits are.
- Know the fire plan for the unit you are working.
- Update your fire safety knowledge regularly.
- Never prop open “fire doors”.

How to react if a FIRE occurs:

Keep calm. Your clients are your first concern and responsibility. If you were to find a fire in your immediate area, you should follow the steps of the **R.A.C.E.** acronym, which is:

- R = rescue/remove** all clients, visitors, and staff from immediate danger.
- A = activate** the fire alarm system by pulling the nearest fire pull box. Then initiate the facility policy for fire).
- C = contain/confine** the fire and smoke by closing all doors and windows, lights should be left on in the area to assist the fire fighters.
- E = extinguish fire/evacuate** – if the situation is safe and the fire small, attempt to extinguish the fire. If the situation is unsafe, close the door to the room and begin to evacuate clients following the facility’s evacuation policy. **Never use an elevator during a fire.**

How to use a fire extinguisher:

To properly use a fire extinguisher, you should follow the **P.A.S.S.** acronym, which is:

- P = pull** the fire extinguisher pin. Twist the pin to break the plastic band and then pull the pin.
- A = aim** the fire extinguisher nozzle at the base of the fire. Do a quick squeeze and release of the handle to test the extinguisher.
- S = squeeze** the fire extinguisher handle while holding the extinguisher upright, starting approximately 12 back from the fire.
- S = sweep** the extinguisher nozzle from side to side, covering the area of the fire.

Types of Fire Extinguishers:

Type A = Water – use on paper and wood fires only.

Type BC = Carbon Dioxide (CO₂) – use on electrical and grease/oil fires.

Type ABC = Tri-Class Dry Chemical – use on all types of fires.

Halotron = Halon – use on computers and electrical equipment (Removes O₂ from room).

Use the right type of fire extinguisher for the fire that you are trying to extinguish. Most facilities, on the nursing units, carry the ABC (Tri-class dry chemical) fire extinguisher which is used to extinguish all types of fires.

If Clothing Catches Fire: STOP, DROP, & ROLL**Evacuation Routes:**

You should be familiar with the primary and secondary evacuation routes to the nearest exits in your work area. The secondary route should be used when the primary route is blocked for some reason. It is important to review these routes before they are needed to ensure you can safely exit the building during a fire.

Evacuation Procedure During a Fire:

- Move horizontally first: this means to evacuate/move the clients to the opposite end of the floor, away from the fire area.
- Move vertically if fire spreads this means to evacuate/move the clients to the next lowest level or out of the building.
- Do not use the elevators for evacuation or personal use.
- Evacuate ambulatory clients first, then those who will need assistance.
- Be aware of 1–2-person evacuation transfers and carries with a blanket to be able to evacuate non-ambulatory clients down the stairwells.
- When a room has been evacuated, close the door, and place a pillow outside of the door.

Remember:

Most victims of a fire die because of smoke and fume inhalation. Stay as close to the ground as possible because heat and smoke rise. Cover your nose and mouth to prevent breathing in the dangerous smoke and fumes.

Resources:

Taken, in part, from the Nursing Student Orientation Manual developed by the Community Health Center of Branch County. Verbal permission given by Connie Winbigler, R.N., B.S., Associate Nursing Officer.

United States Department of Labor. Occupational Safety and Health Administration; Hospital-wide Hazards-Fire.

Retrieved August 2, 2022, from <https://www.osha.gov/etools/hospitals/hospital-wide-hazards/fire-hazards>

Portland Fire and Rescue. Fire Safety in Health Care Facilities: A self-teaching fire and life safety program. Retrieved from <https://www.portlandoregon.gov/fire/article/740255> on August 2, 2022.

EMERGENCY SITUATIONS

Emergency conditions, just like fire safety, need to be reviewed on an annual basis. Take time to learn and memorize how you would respond during these situations. Remember, during an unexpected event, you want to be prepared. Once in a clinical setting, your clinical instructor will inform you of the facility's special "emergency codes". Your clinical instructor will also inform you as to your specific role during these emergencies. The information below is generalized but used by many institutions.

Adverse Weather Situations:

- **Thunderstorm Watch** = weather conditions are favorable for developing into a thunderstorm.
- **Thunderstorm Warning** = a thunderstorm (maybe with lightening, high winds, and hail) is occurring. These can develop into tornados.
- **Tornado Watch** = weather conditions are favorable for developing into a tornado.
- **Tornado Warning** = a tornado has been detected.
- **Flood Warning** = heavy amounts of rainfall may cause flooding to occur, especially low-lying areas and areas near rivers and lakes.

What to do During Adverse Weather Conditions:

Your clients are your first concern and responsibility.

- Students should report to the nurse's station for specific instructions.
- Stay calm and help to keep your client's calm.
- Stay indoors.
- Be aware of weather changes.
- Be tuned to a radio, T.V., or weather systems during storm situations.
- Be prepared: know where your vital equipment is in case of loss of electricity (flashlights, water, portable oxygen for clients who will need it, medications, life-support equipment for those clients on ventilators, etc.)
- If your facility has a back-up generator, in case of electrical failure, it will come on usually within a few minutes of electrical loss. Some facilities have different electrical outlets that are specifically for use when the generator is on. If that is the case, in the facility in which you are working, you will need to switch your client's life-sustaining electrical equipment over to those outlets (**i.e., red outlets signify alternate generator-accessed electrical sources**).
- Encourage visitors not to leave or travel in the weather.
- Draw curtains and position clients in the room away from windows.
- Be prepared to evacuate clients from their rooms to a non-windowed area in case of a tornado (hallway, basement, bathroom, etc.).
- If a client is not able to be evacuated from a room, move the bed as far from the window as possible, pull the privacy curtain (if available), cover the client with extra blankets, and shield the side rails with extra pillows.

Bomb Threat:

Stay calm. Do not leave the facility unless you are directed to do so.

If you are the person receiving the threat:

- Get someone's attention and warn them of the situation (note, etc.)
- Keep the person talking on the phone.
- Note descriptions in voice (accent), sounds in the background, details, etc.
- Notify Security/Supervisor.
- Call internal code or 911.
- Be prepared to evacuate clients if ordered to do so.
- Be prepared to participate in the "search".
- Identify "unusual" items that don't typically belong on the unit.

Abduction:

Prevention is the key: be conscientious about application of alarm bands and setting alarms.

Don't give out alarm codes.

Respond to all alarms immediately.

Stay calm and keep family calm.

Notify Security/Supervisor.

Call internal code or 911.

Know your facility exits, check all exits, and assign a watch person at all exits.

Be prepared to participate in unit/facility search.

Client Elopement:

Prevention is the key: Clients at high risk for elopement should be monitored regularly. Typically, these clients will have a monitoring device such as a "wander guard" wrist or ankle bracelet applied.

Don't give out code alarms.

Assess for "wander guard" band placement regularly.

Don't prop doors open and keep alarms to doors set.

Respond to all alarms immediately.

Stay calm and keep family calm.

Notify Security/Supervisor.

Call internal code or 911.

Know your facility exits, check all exits, and assign a watch person at all exits.

Be prepared to participate in a unit/facility search.

If client cannot be found in the facility or on the grounds, notify police (911) immediately.

Infection Control

Basic Terms:

Nosocomial infection – an infectious process that the client can develop, after admission to a facility, from poor infection control practices used by the facility and its employees. (i.e., facility acquired infection).

Asepsis – a process of utilizing equipment and technique that is without any microorganisms.

Sepsis – an ill state where microorganisms and their poisonous products have entered the bloodstream.

Chain of infection – the process by which a microorganism is transferred from one location to another, typically with human contact. By breaking the chain of infection, workers can prevent disease transmission (i.e. good hand washing).

Healthy Life-Style Management: Keeping yourself healthy is as important as any other infection control practice. The following are suggestions to keeping you healthier:

Practice good infection control habits that will help to break the chain of infection:

- Wash your hands often (before and after client contact and before eating).
- Practice good hygiene of your body (shower or bathe daily).
- Wear a clean uniform daily and change out of your uniform as soon as you get home.
- Avoid hugging your children until you have changed out of your uniform.
- Avoid wearing your uniform into "public" areas such as grocery stores and restaurants after the conclusion of your shift.
- Keep your nursing shoes in your locker and avoid wearing them home.
- Avoid touching your face with your hands.
- Keep your clients clean and practicing good hygiene.

Maintain a balanced lifestyle which includes:

- Eating a well-balanced diet.

- Exercising regularly.
- Obtaining adequate sleep.
- Caring for your spiritual needs.
- Practicing stress-relieving activities (meditation, imagery, massage therapy, reading, exercising, cooking, hobbies, etc.).
- Cleanliness.

Maintain healthy medical practices by:

- Scheduling regular check-ups.
- Seeking follow-up with a health care provider when ill.
- Not reporting to work with illnesses such as the fever, flu, bronchitis, etc.
- Maintaining appropriate immunizations and testing, such as:
Annual TB test or chest x-ray if unable to have TB test.
Hepatitis B immunization series.
Annual influenza immunization.
Up-dated childhood immunizations boosters and tetanus toxoid vaccine every 10 years.
Others as the Center for Disease Control (CDC) suggests.

Who is responsible for infection control?

Everyone is responsible for infection control. If you notice unacceptable behavior, you need to address the issue with the person involved and with your supervisor. Be a good role model and demonstrate proper infection control practices always. Educate your clients on infection control practices.

Communicating about infection control issues:

Many facilities have a nurse in charge of infection control issues. The Infection Control Nurse is your resource to education and assistance. They should also be contacted if you are caring for a client with an infectious process, especially contagious illnesses or “reportable” (to the Health Department) illnesses. Report any necessary information to the infection control nurse by utilizing the voice-mail system, written communication or direct contact. Each facility will have a listing of how this person can be contacted.

Be aware of the primary clinical manifestations of developing infection and notify your charge nurse/infection control nurse when these arise so appropriate follow-up care can be given. Classical clinical manifestations of infection include elevation of temperature (or with the newborn and elderly, lower body temperature), development of pus or thicker drainage from a body cavity or wound, redness or swelling of wound, foul or strong odor of body or wound drainage, increase warmth of an area of the body or wound, or increased pain in an area of the body or wound. Also symptoms such as diarrhea can also indicate an infectious process. Report clinical manifestations of infection to the physician as soon as possible.

Protecting ourselves and our clients:

- **Handwashing** is the most important thing that we can do to prevent the spread of infection. You should always wash your hands before and after caring for a client. You should also wash your hands before and after eating, toileting, applying lip balm or make-up. Also, wash hands after picking up items from the floor, sneezing, or blowing your nose.
- Never eat or drink in “work” areas. Food items should be kept limited to break room and cafeteria only.
- Keep your stethoscope clean. Cleanse with alcohol before and after each client use.
- Follow **universal precautions** with every client.
- Communicate necessary isolation with posting signs or indications on the cardex.

- Utilize personal protective equipment always:
 - Use gloves for protection against human secretions.
 - Use masks when dealing with air-borne or respiratory conditions.
 - Use eye shields, glasses, or goggles to prevent splashes into the eyes such as during suctioning or dealing with secretion containers.
 - Use gowns (disposable versus cloth) with all contact precautions. Use a gown only once, do not save or hang on the door.
 - Use shoe covers if potential for body secretion spills onto shoes.
 - Use specialized HEPA/TB masks when caring for TB clients.
 - Use disposable equipment when possible.
- Utilize specialty Equipment:
 - Door signs indicating precautions/isolation.
 - Special rooms (private/negative pressure rooms) for contagious conditions such as TB, MRSA, VRE, etc.
 - HEPA machines/filters.
 - Approved HEPA TB masks/garb.
 - Sharps containers.
 - Disposable equipment.
 - Red bag for infectious material handling of excessive human secretions such as with saturated wound dressings.
 - Non-recapping supplies or not recapping used needles and disposing into a sharps container immediately.

Keep the infectious process within the client's room, do not transmit. Utilize double bagging and appropriate disposal. Follow isolation policies and procedures. Wash hands before leaving room and prior to any other client contact.

Common infection control health conditions:

Be aware of common health issues in your community and facility. Know how these diseases can be transmitted and what precautions you should take. Some of the more common conditions are: Tuberculosis (TB)

- Hepatitis (focus is on Hepatitis B).
- Human Immunodeficiency Virus (HIV).
- Methicillin-Resistant Staphylococcus Aureus (MRSA).
- Vancomycin-Resistant Enterococci (VRE).

Resources:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website. Lab Sessions in Nursing 141 Lab session – covers infection control, handwashing, dressing changes, linen care, hygiene, personal protective equipment, etc.

Student & Clinical Instructor Orientation Information, Bronson Healthcare Group 2019-2020 pdf. Retrieved from <https://www.bronsonhealth.com/app/files/public/3527/Student-Clinical-Instructor-Orientation-Information.pdf>

Risk Management and Incident Reports

Risk management programs: Designed to identify, analyze, and treat risks.

The following elements are included in a risk management program.

- **Safety program:** The aim is to provide a safe environment in which the basic safety needs of clients, employees, and visitors are met.
- **Products safety program:** The aim is to ensure safe and adequate equipment; this involves ongoing equipment evaluation and maintenance.
- **Quality assurance program:** The aim is to provide quality healthcare to clients; this involves ongoing evaluation of all systems used in the care of the client.

Note: Nurses with legal questions often find risk managers a helpful resource.

Incident, Variance, or Occurrence Report:

An incident report, also called a variance or occurrence report, is used by healthcare agencies to document the occurrence of anything out of the ordinary that results in or has the potential to result in harm to a client, employee, or visitor. These reports are used for quality improvement and should not be used for disciplinary action against staff members. They are a means of identifying risks. More harm than good results from ignoring mistakes. Incident reports improve the management and treatment of clients by identifying high-risk patterns and initiating in-service programs to prevent future problems. These forms also make all the facts about an incident available to the agency in case of litigation.

The nurse responsible for a potentially or actually harmful incident or who witnesses an injury is the one who fills in the incident form. This form should contain the complete name of the person or people involved and the names of all witnesses; a complete factual account of the incident; the date, time, and place of the incident; pertinent characteristics of the person or people involved; and of any equipment or resources being used; and any other variables believed to be important to the incident. A physician completes the incident form with documentation of the medical examination of a client, employee, or visit with an actual or potential injury.

In some states, incident reports may be used in court as evidence. The nurse documenting a client incident should include a complete account of what happened in the client's record; additionally, the nurse should prepare the incident report. **Documentation in the client record, however, should not include the fact that an incident report was filed.**

Resource:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.

Computer Securities

The increasing use of computerized patient information systems to store and analyze patient data has necessitated the development of policies and procedures to ensure the privacy and confidentiality of patient information. Policies should specify what types of patient information can be retrieved, by whom, and for what purpose. Patient consent is necessary for the use and release of any stored information that can be linked to the patient.

The American Nurses Association, the American Medical Record Association, and the Canadian Nurses Association offer the following guidelines and strategies for safe computer charting:

- Never give your personal password or computer signature to anyone – including another nurse on the unit, a float nurse, or a doctor.
- Do not leave a computer terminal unattended after you have logged on.
- Follow the correct protocol for correcting errors. To correct an error after storage, mark the entry “mistaken entry,” add the correct information, and date and initial the entry. If you record information in the wrong chart, write “mistaken entry” and sign off.
- Make sure the stored records have back-up files – an important safety check. If you inadvertently delete a part of the permanent record, type an explanation into the computer file with the date, time, and your initials and submit an explanation in writing to your manager.
- Do not leave information about a patient displayed on a monitor where others may see it. Keep a log that accounts for every copy of a computerized file that you have generated from the system.
- Follow the agency’s confidentiality procedures for documenting sensitive material, such as a diagnosis of acquired immunodeficiency syndrome or human immunodeficiency virus infection.
- Do not look up information on yourself, family, friends, co-workers, etc.

Resource:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.

Body Mechanics and Back Safety

Utilization of proper body mechanics can prevent back injuries and protect the health of an individual. The concepts of body mechanics include body alignment or posture, balance, and coordinated body movement. Good posture or alignment will help to reduce the stress on body parts, maintain balance, and promote healthy physiologic functioning of the body. Balance will help to maintain a center of gravity and provide stability. Balance can be increased by broadening the base of support (spread feet further apart) and lowering the center of gravity (by flexing the hips and knees). Coordinated body movement means that the care provider utilizes major muscle groups and takes advantage of the body's natural levers and fulcrums. Lift everything twice by thinking about how to do it mentally before doing it physically. The following are some helpful hints to utilize when applying body mechanics:

- 1) Develop a habit of correct posture (correct alignment) and broaden your base of support and lower your center of gravity when performing activities.
- 2) Utilize your longest and strongest muscles of the arms and legs to help provide the power when performing strenuous activities (back muscles are less strong and easily injured).
- 3) Contract your gluteal muscles of the buttocks downward and your abdominal muscles upward to stabilize your pelvis (internal girdle) when stooping, lifting, reaching, or pulling.
- 4) Work close to an object that is to be lifted or moved to help bring your center of gravity close to that of the object being moved. This increases the use of your leg muscles rather than your back.
- 5) Utilize the weight of your body (by rocking) as a force to help pull or push an object.
- 6) Slide, roll, push, or pull an object rather than lift it to reduce the amount of energy expended.
- 7) Elevate the client's bed to a comfortable level when performing care activities or changing linens.
- 8) Ask for help from other care providers and use mechanical help (i.e. Hoyer lift).

Remember: Develop good habits of body mechanics and be a good role model to others.

Preventing back problems is more effective than treating them after they occur.

Resource:

Current Nursing 141 (The Fundamentals of Nursing) Textbook and Companion Website.

List of Acceptable and Unacceptable Abbreviations

Official "Do Not Use" List¹

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate" Write "magnesium sulfate"
MSO ₄ and MgSO ₄	Confused for one another	

¹ Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf

Preceptor Program for Clinical

Kellogg Community College preceptors program occurs in the last course in the nursing program, called, The Transition course (NURS 286). This preceptorship helps students make the transition into practice as a registered nurse. The following requirement for the preceptor program is outlined below and in accordance with the Michigan Board of Nursing Board Rules:

1. A preceptor is paired in a 1 to 1 relationship with the nursing students for the NURS 286, and actively participates in the education, mentoring and evaluation of the nursing student in the clinical setting (R 338.10299 (y)).
2. Each preceptor shall be approved by the faculty of the program of nursing education (R308.10305c (a)).
3. Preceptors shall possess a minimum of 1 year of clinical nursing experience with supervisor experience recommended but not required (R308.10305c (b)).
4. Preceptors shall hold an unencumbered license in the state where the clinical experience occurs (R308.10305c (c)).
5. The lead faculty or clinical instructor of the course shall ensure that each preceptor is provided education and/or orientation that includes the roles and responsibilities of the student, lead faculty, clinical instructor, and preceptor (R 338.10305c (d)).
6. The nursing program shall maintain documentation of preceptor education (R 338.10305c (d)).
7. Before the preceptor begins the clinical experience a list of End of Course Student Learning Outcomes must be given to the preceptor by the lead faculty, student, or clinical instructor prior to instructing students. (R308.10305c (d)).
8. The lead faculty member of NUR 286 shall retain authority and responsibility for the student's learning experiences and shall confer routinely and periodically with the clinical instructor who supervises and mentors the preceptor and student (R308.10305c (f)).
9. The preceptor shall have access to the lead faculty and/or the clinical instructor immediately by phone or other means of telecommunication during clinical hours (R308.10305c (h)).
10. Preceptors shall not be used to replace clinical instructors in the nursing program (R308.10305c (i)).
11. Preceptors shall precept only 1 nursing student during any scheduled work time or work shift (R308.10305c (j)).
12. The clinical instructor will provide post conferences and clinical site visits throughout the semester.
13. The clinical instructor will supervise, mentor, and assist with orientation of the preceptor.
14. The clinical instructor will communicate any concerns with the student, preceptor or clinical site to the lead instructor.