

Tallahassee Memorial HealthCare

Instructor and Student
Orientation



**TALLAHASSEE
MEMORIAL**
HEALTHCARE



Administrative Welcome

Mark
O'Bryant,
CEO



HUMAN RESOURCES



TALLAHASSEE
MEMORIAL
HEALTHCARE

HUMAN RESOURCES INTRODUCTION





Human Resources Orientation

- Tobacco-Free Environment
- Professional Appearance Expectations
- Mobile Device and Social Media
- Diversity
- Harassment and Discrimination

Tobacco-Free Environment

Each student is responsible for supporting and promoting health and complying with TMH's tobacco-free policy.

- Students may not use tobacco in any form on the TMH Campus or other TMH Property.
(Includes cigarettes, cigars, electronic cigarettes, vaping and chewing tobacco)
- The use of tobacco products during break and meal periods is **strictly forbidden.**

Professional Appearance Expectations

*Professional Appearance is strongly connected to:
Patient and Employee Safety, Good patient outcomes and Good
patient perception of care!*

Universal Standards

- Clean, neat, mended
- Tuck in undergarments
- No hats – unless part of TMH uniform
- No denim or jeans
- No leggings, capri or yoga pants

Questions? Ask your instructor!

Jewelry and Piercings

If worn at all, jewelry must be appropriate for the work environment and should be limited to that which provides a simple, safe, conservative, and professional appearance.

Students may wear up to **two** piercings in each ear through two holes. Earrings may not touch the shoulder. Piercing of the nostril is allowed and one small stud or a clear or flesh colored retainer may be worn. No other jewelry may be worn in any piercing on the face, head, mouth, neck, hands, or other visible body parts, including the tongue.

Prohibited Tattoos

If you have tattoos, you must conceal the following while on duty:

- **Profanity or nudity**
- **Crime, gang or racial symbols/slogans/slurs**
- **Any other objectionable symbol or phrase**

Students providing hands-on patient contact, must not cover tattoos from the wrist to the fingertips in order to not impede proper hand hygiene for infection prevention.

Hair

- Hair is to be neat and clean
- Facial hair is acceptable, provided it is neatly trimmed.
- Hair longer than shoulder length is to be tied back or contained in a net if performing duties in patient care areas, laundry or as required by department dress code.
- Extreme hairstyles; hair glitter; and hair jewelry, beads feathers, flowers, etc. are not permitted. Barrettes, “scrunchies” and other such items must be conservative and professional in appearance.

Eyelashes and Nails

Eyelashes

- Artificial Eyelashes are prohibited

Nails

Fingernails are to be clean and neatly manicured with no chipped polish.

- **Clinical Staff** – fingernails may not be longer than $\frac{1}{4}$ inch from the tip of the finger. Colleagues with direct patient contact may not wear artificial nails of any kind. Artificial nails are defined as any covering applied to natural nails other than polish. This includes, but is not limited to tips, forms, wraps, appliques, acrylics, gel, and other items applied to the nail surface.
- Nail color and nail art must be conservative. Nail appliques and charms/nail jewelry may not be worn.

Parking

- Please park in “Lot C” on Surgeons Drive. The entrance is located between Physicians Drive and Tallahassee Community College – Ghazvini Center. The TMH free shuttle service rotates back and forth from the parking lot to the TMH Auditorium continuously.



Mobile Devices and Social Media



Cell Phones, Pagers and Electronic Devices

Communication devices are provided to specific colleagues and some members of the staff carry pagers or mobile telephones.

To ensure that attention is focused upon our patients, family members, and colleagues, devices should only be used while in non-patient care areas and during approved breaks from your instructor.

Social Media/Social Networking

While using Social Media, Students are expected to adhere to all applicable federal, state, and local laws. These laws include, but are not limited to:

- Health Insurance Portability and Accountability Act of 1996 (**HIPAA**),
- copyright,
- libel, and
- false advertisement laws.

Social Media/Social Networking

Students shall also follow TMH policies and procedures concerning confidentiality, release of patient information, computer, email and Internet usage, compliance and use of photographs and video.

Never take pictures or videos in patient care areas.

All rules and policies that apply to other TMH communications apply, including but not limited to:

- respecting Colleagues, patients, visitors and one another;
- protecting confidentiality, privacy and security;
- and the safeguarding and proper use of TMH assets.

Diversity at TMH

The promotion and enhancement of diversity at TMH is intended to promote nondiscrimination and value diversity in all employment and operational matters.

It reaffirms our commitment to equal employment opportunity without regard to race, color, sex, gender, gender identity, national origin, age, religion, marital status, disability, Vietnam era veteran status, sexual orientation, familial status, socioeconomic status, and/or any other consideration not directly and substantively related to effective job performance.



Diversity at TMH

Diversity is important because...

- Our workforce mirrors our patient and visitor population
- Diversity can make work more meaningful and interesting
- At TMH, we embrace our differences
- We have zero tolerance for those not willing to accept others who are different
- Move from “acceptance” to “value and appreciate”

All TMH staff are held accountable for supporting and promoting diversity within our workforce

Discrimination

TMH strictly prohibits any kind of discrimination

Gender/Sexual Orientation

Age

Race or Nationality or Multiculturism

Disability

Job title

Religion

Physical appearance

Education

Income



Harassment in the Workplace

Harassment is unwelcome behavior which is based on:

- race
- color
- religion
- sex
- national origin
- older age
- disability
- genetic information

Harassment becomes unlawful where:

- 1) enduring the offensive conduct becomes a condition of continued employment, or
- 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive.

Harassment and Discrimination

Tallahassee Memorial HealthCare, Inc. is committed to maintaining a work environment that is free of discrimination and harassment and will not tolerate harassment and/or discrimination in any form. It is the responsibility of each member of the TMH leadership team to take action to maintain a workplace free of sexual harassment.

Step 1: Talk to your instructor/faculty (usually the best first choice)

Step 2: Report the concern to Human Resources

TMH Policies and Procedures are available on our Intranet



Policy questions? Please contact:

Monique LeBort

HR/Colleague Relations Specialist

Ext. 15823

Monica Ross

Executive Director of Colleague Relations & HR Services

Interim VP, Chief Human Resources Officer

Ext. 12049

Corporate Compliance & Privacy



**TALLAHASSEE
MEMORIAL**
HEALTHCARE

CORPORATE COMPLIANCE INTRODUCTION



The TMH Culture of Compliance

*Corporate Compliance
& Privacy Officer and
HIMS Executive Director*
Mary E. Matthews



Purpose of TMH Compliance Program

- Promotes doing “the right thing”
- Reporting and Transparency
- Formalizes Education
- Prevent Errors
- Enhanced Communication
- Identify and Correct Issues





Core Components

- Provide Quality Care and Services
- Fair Employee Treatment
- Legally Compliant Business Practices
- Confidentiality and Respect for Privacy
- Compliant Coding, Billing and Collections Practices
- Avoid Conflicts of Interest
- Protect Assets, Property, and Information
- Safe Environment

Key Guidance and Resources

- Code of Conduct
- Online Policies and Procedures
- Spark Intranet
- Employee Handbook
- Compliance Team



Regulations and Enforcing Bodies

- Increased Oversight
- Targeted Data Extrapolation
- Reputational Harm
- Potential Civil Monetary Penalties



Transparency and Reporting

- Non-Retaliation
- Compliance Team 431-COMP or 2667
- Compliance Helpline at 877-772-6723 (anonymity)
- Human Resources
- Leadership





In Patient Care Responsibilities

Your Commitment:

- This is done by: **“Doing the right thing, the right way each and every time.”**
 - **The Right Thing:** Following clinical policy and procedure. Know the procedures for your role and follow them.
 - **The Right Way:** ...with COMPASSION. Treat our patients and your teammates with respect.
 - **Every Time:** Consistency brings positive outcomes. ERRORS may happen and can be handled. But...FAILURE happens when we are consistently not doing the right things.
- Lack of compassion and poor quality are symptoms when we fail our patients.



Inpatient Patient Care Responsibilities

Licensure

- The FIRST STEP to providing quality care is KNOWING which services you are eligible to provide. Know those rules that affect your position:
 - Hospital Policy & Procedure
 - Medicare Regulations
 - Commercial Insurer Regulations
 - State Practice Act
- These requirements support QUALITY because we have the right PEOPLE providing the right CARE



Inpatient Patient Care Responsibilities

Issues

- What if quality standards are not being followed at your location?
- Going along with questionable, unethical, or illegal practices impacts the quality of care. It also places your license and livelihood in jeopardy.
- When you are aware of patient care issues, your preceptor or manager should be your first point of contact. If your preceptor or manager is your concern, or they do not address your concerns, contact your Divisional Leadership or the Compliance Department.

Inpatient Patient Care Responsibilities

Expectations

- Often, our patients and their families do not know what to expect when they come to us.
- Communication is key to establishing realistic and attainable expectations.
- Explain: Take the time to explain the care provided.
- Listen: When we listen to patients and their families it helps to avoid misunderstandings in their care.



Inpatient Documentation Responsibilities

The medical record tells a story

Documentation is your story about the patient's time in our care. The story you write, whether it is correct or incomplete, is the final account of what happened with that patient.

REMEMBER! “If it wasn't documented in the medical record, it didn't happen.”

Your story has four audiences:

- The other medical professionals caring for our patient.
- Surveyors or lawyers determining if your care was appropriate.
- Billers/coders submitting claims for payment.
- Regulatory auditors determining the level of medical necessity and accuracy of codes.

If your record is incomplete or inaccurate, there are consequences for each of the four audiences:

- For Medical professionals, the patient's care suffers.
- For Surveyors or lawyers, this indicates that a lawsuit or investigation may be warranted.
- For Billers, the claim is rejected or pays at a reduced rate.
- For Regulatory auditors, requests for monies paid to the hospital may have to be returned to payer.



Inpatient Documentation Responsibilities

Who Can Tell the Story

- Only authorized individuals may enter information into the medical record and sign each entry. Those are:
 - Licensed/certified clinicians.
 - Individuals authorized in accordance with TMH policies and procedure.
 - Other personnel as determined by the applicable State Practice Act.
 - Medical Staff Rules and Regulations.
- Each audience is looking at the record for different reasons, but they are looking for the same information. Is it accurate? Is it complete? Is it timely?
- The documentation must be timely (to ensure accuracy). This generally means at the point of service or within the same day.



Inpatient Documentation Responsibilities

Errors and Corrections

- There are occasions when an entry in a medical record may need to be corrected. This should be done timely and using the right click, modify within the record. This will keep a detailed history of what was modified when and by whom.
- If you discover someone else has made an error:
 - Inform the person of the error so that he/she can make the correction.
 - If that person is unable to make the correction, the qualified clinician responsible for the record may correct the information following the correction policy and procedure.



Inpatient Documentation Responsibilities

Late Entries

- A late entry can be added to the medical record to supplement the existing notes to provide pertinent information needed to complete the medical record. The following are TMH's policies regarding late entries:
 - Late entries usually include information previously omitted from the evaluation or notes.
 - All information in the late entry must be accurate. Do not guess or make up information.
 - Making a late entry for the purpose of increasing reimbursement or “fixing” a medical record that is being reviewed is strictly prohibited.

Abbreviations

- Communication among clinicians is key to assuring safe delivery of patient care.
- Hospitals strive to ensure that written communication in the patient's medical record is understandable. Accepted terminology, definitions, abbreviations, acronyms, symbols and dose designations are available.

Patient Safety: Documentation

Remember

- An accurate, timely, and well documented record is the best tool to ensure:
 - Safe, high quality patient care.
 - Reduced liability for practitioners and the facility.
 - Appropriate reimbursement
- Complete all documentation on assigned patients promptly
- Have all documents reviewed by the TMH RN or faculty instructor
- Follow up and document the patient's response to any PRN medications

HIPAA Privacy Overview

Christy Griffin

*Manager/Corporate Compliance &
Privacy*



Remember HIPAA Privacy & Security



Privacy
"A Right"

Confidentiality
"A Responsibility"

Security
"A Safeguard"

Purpose of HIPAA

“Commonly know for safeguarding the privacy of patients, ensuring patient data is suitably secured, improving the portability of medical health insurance, and informing patients of breaches when their personal health data is compromised.”





HIPAA Objectives

- Limits the uses and disclosure of patient protected health information (PHI)
- Stipulates when patient information can be shared
- With whom patient information can be shared
- Under what conditions patient information can be shared
- Provides individuals access to their health information
- Ensures electronic health information (ePHI) is secured
- Access to ePHI is controlled
- Auditable track of PHI activity is maintained

Who is Responsible

- All **workforce** members of Tallahassee Memorial HealthCare, Inc. (TMH) are subject to HIPAA and have a **duty to protect our patients' health information** in all forms.
- Improper use or disclosure of protected health information can result in harm to our patients and reputational harm to TMH.
- Breaches of information privacy and security can result in **criminal and civil penalties** for both TMH and the offending workforce member.
- Workforce members can be subject to disciplinary action by TMH up to and including termination.



Patient's Family and Friends

- You may disclose PHI to members of the patient's family, friends, or any other person identified by the patient as being involved in their care or payment, **if the patient has agreed** to the disclosure.
- Disclose only PHI that is directly relevant to the involvement of the family member or friend with the patient's care or related payment.
- Use professional judgment about disclosing PHI in an emergency or when patient is unable to express agreement.
- You may disclose a patient's location, general condition, or death in order to notify, identify or locate a family member or personal representative of the patient.



Safe Disposal of PHI

PHI must be kept confidential even when it is thrown away.

- Paper records with PHI should be shredded or disposed of in a manner that the PHI can not be read or reconstructed (shredded or put in locked shredder bin).
- Pill bottles or patient care items with labels that contain patient information should be destroyed and never put in recycle bin or garbage can.
- Electronic media (CDs, DVDs, thumb drives, etc.) that contain PHI or confidential information can be taken to Health Information Management Services for destruction.



Who can access PHI

You may only access a patient's protected health information when doing so is for:

- treatment, payment, or healthcare operations (TPO)
- must be necessary to perform their job duties.
- access to a patient's protected health information without a job-related reason for doing so violates the HIPAA rules and could be subject to sanctions.

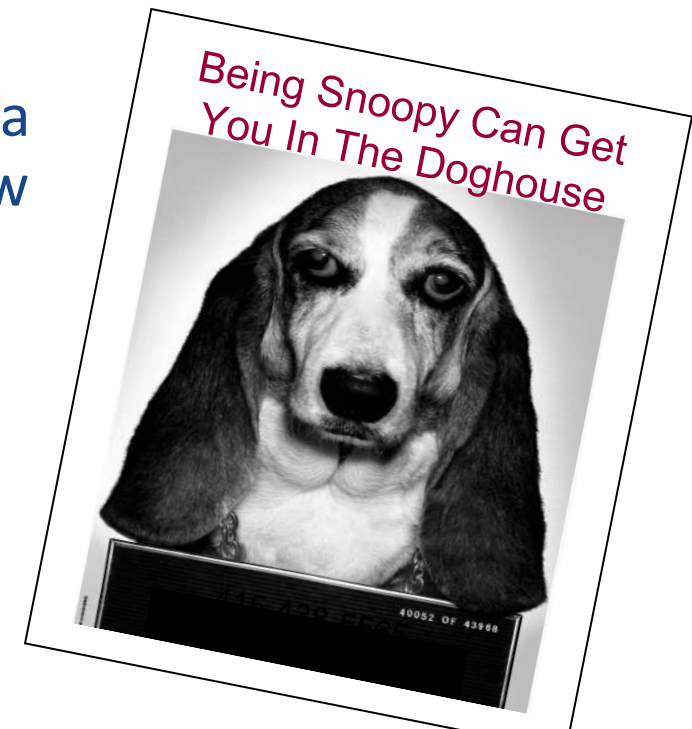


Access to Patient information

“Yours or Family Members”

You are only authorized to access protected health information when necessary to perform your job for treatment, payment and healthcare operations (TPO).

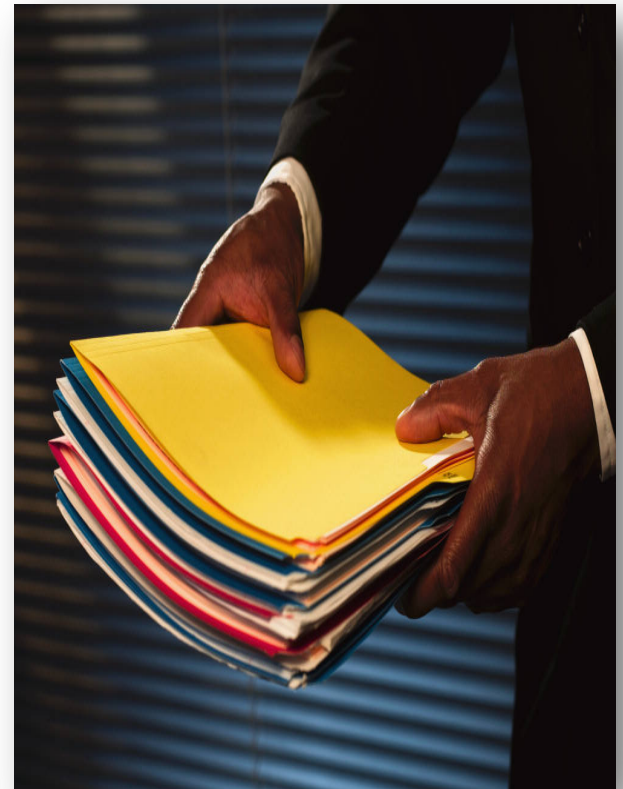
- You **may not** access your own medical record.
- You **may not** access the medical record of your family members (e.g., spouse, dependents).
- Remember, just because you have the ability to access a record does not mean you are authorized under the law to do so.



Minimum Necessary

HIPAA's Privacy Rule requires that you must make a reasonable effort to limit the use, disclosure or release of PHI to only the **Minimum Necessary** amount of data elements that are necessary to accomplish the intended purpose.

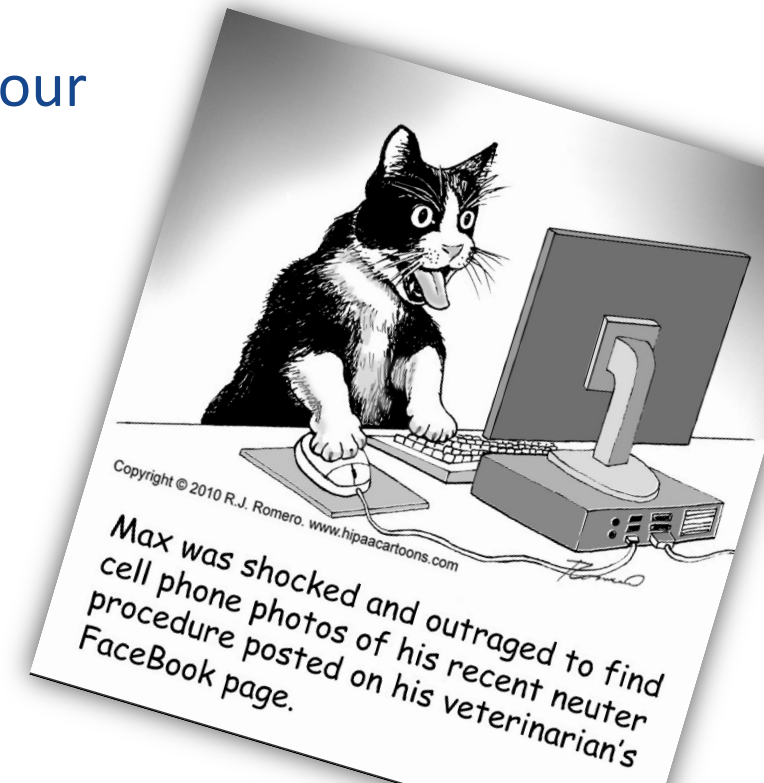
- TMH workforce members must apply *Minimum Necessary standards* when PHI must be disclosed or provided to someone outside of TMH. (for example, an attorney, contractor, business associate, auditor, etc.)
- Only share PHI with authorized personnel who have a need to know
- Minimum Necessary does not apply to use or disclosure of PHI for treatment purposes



Social Media Guidelines

It is extremely difficult to anonymize a patient. Although a patient's name may not be revealed in a post, it is possible that a patient could be recognized from other information that is stated in the post.

- Never post confidential information or photo of a patient on the internet, even if it does not include a patient's name.
- Think about the consequences that may result from your communications.
- Inappropriate posts of confidential information or photos can seriously damage TMH reputation, and result in individual liability for the responsible person(s).





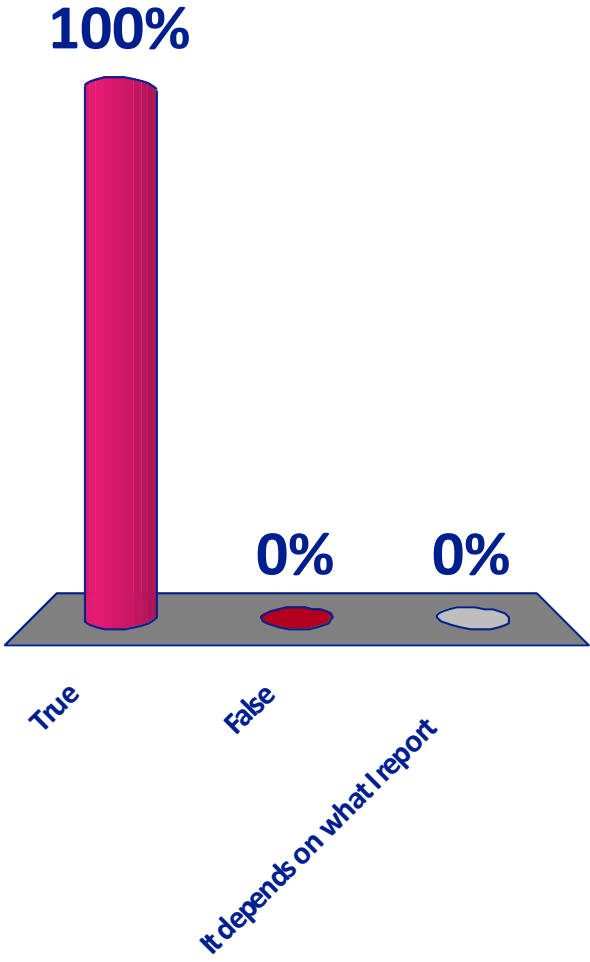
SCENARIO 1

You are an avid football fan. You attended the game on Saturday and saw the quarterback get injured and taken off the field by ambulance. When you get to work Sunday morning, you are curious and access the Cerner electronic medical record system to find out if the quarterback was admitted and how serious his injuries are.

SCENARIO 1

Is this a violation of HIPAA?

- ★ 1. Yes
- 2. No
- 3. Not if his medical condition was already reported in the Tallahassee Democrat





SCENARIO 2

I have a doctor appointment tomorrow and need to know the result of some lab work that was done when I came to the emergency room last month. Since these are my own records, I look at them in our Cerner computer system and write down the results.

SCENARIO 2

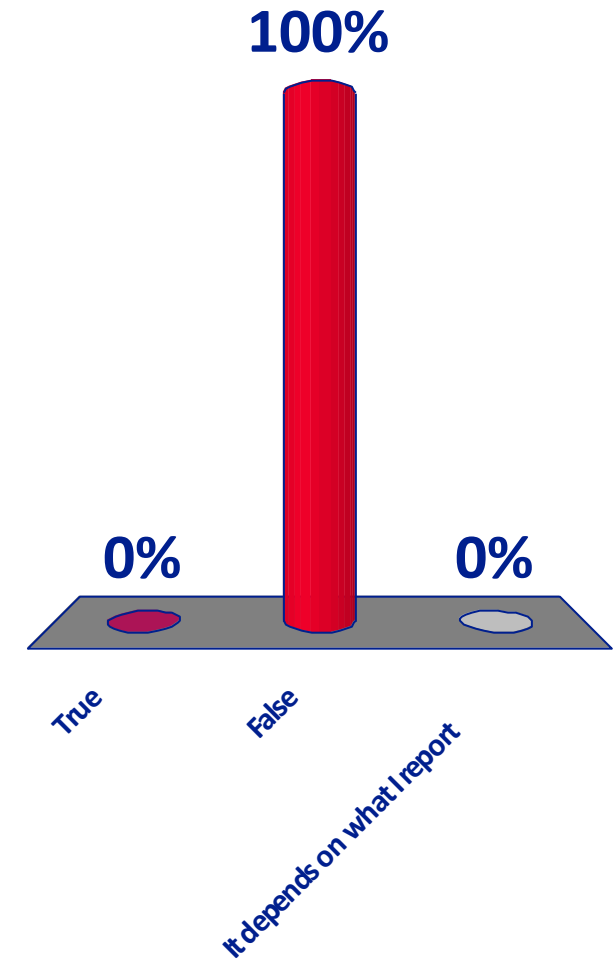
Is this OK?

1. Yes



2. No

3. Ok if I write down the results and do not print them



HIPAA Security Rule Highlights

Jay Adams

Director/Information Security Officer





What is Protected

The HIPAA Security Rule protects a subset of PHI that a covered entity creates, receives, maintains or transmits in electronic form.

- The Security Rule calls this information “electronic protected health information” (e-PHI).
- The Security Rule does not apply to PHI transmitted orally or in writing.

Common examples of e-PHI: emails that contain PHI, files saved on your computer/laptop/tablet that contain PHI, files saved on shared network drives that contain PHI, electronic medical records, digital photographs of patients, files on flash drives/DVDs/CDs that contain PHI, electronic schedules or calendars that contain PHI, text messages, etc.

Username & Password

You are responsible for all access that occurs under you login credentials.

- Do not share your username or password.
- Set your computer screen to “locked” when you step away from your workstation to avoid unauthorized access.
- Log out of all workstation computers when leaving them unattended or at end of workday
- Review HIPAA Security Policy “System ID and Password User Responsibilities”.





Information Security

Information Security Company Use and Ownership

- TMH will hold users accountable for their individual behavior associated with the Tallahassee Memorial name and all their activity conducted with Tallahassee Memorial Corporate information assets.
- Electronic communications reside on corporate resources. Therefore, this information is the property of TMH and is to be used for valid business reasons only. Information is a critical corporate asset and as such must be protected from misuse, improper access, and delays in processing.
- By completing this training, you agree to follow the Information Access Security and Patient Confidentiality Agreement and the Internet Usage Policy and abide by the rules and regulations in this training.



Information Security Policy Statement Recertification

Protect Our Patients

- Identity theft is one of the nation's fastest growing crimes. Too often, this crime is made possible by companies providing thieves easy access to documents that were not properly discarded.
- Take the necessary steps to protect our patients by following all policies and procedures associated with obtaining, using, and destroying personally identifiable information. This includes both financial and medical information.

Students are not to remove ANY patient information from the Building.

Transmission of e-PHI



TMH email should be used for business communications.



If PHI is to be transmitted over any external communications network, it must be sent in an approved encrypted form.



Never put PHI in the email subject line.



TMH secure texting platform Voalte is the only TMH approved texting platform that allows our clinicians to securely text patient health information (PHI).



Review HIPAA Security Policy “Electronic Communications”.



Review HIPAA Security Policy “Data Transmission and Encryption”.



When in doubt.....

Call the TMH Compliance and Privacy Office
(850) 431- 5339

Never release patient health information if you are unsure if the HIPAA requirements are satisfied!

We are here to help!



IT Security Incident Reporting

You must report any suspicious computer activity, emails, virus notification or other events to the following teams:

IT Service Desk

- Ext. 15272
- servicedesk@tmh.org

• Information Security Office

- Jay Adams
- Ext. 15955 or Ext. 15791
- jay.adams@tmh.org



Infection Prevention



**TALLAHASSEE
MEMORIAL**
HEALTHCARE

INFECTION PREVENTION INTRODUCTION



Infection Prevention Orientation

- Hand Hygiene
- Disinfecting Equipment
- Isolation



Infection Prevention Team

- Director: [Andrea Blyth-Cheggour](#)
- Team of 4 Infection Preventionists

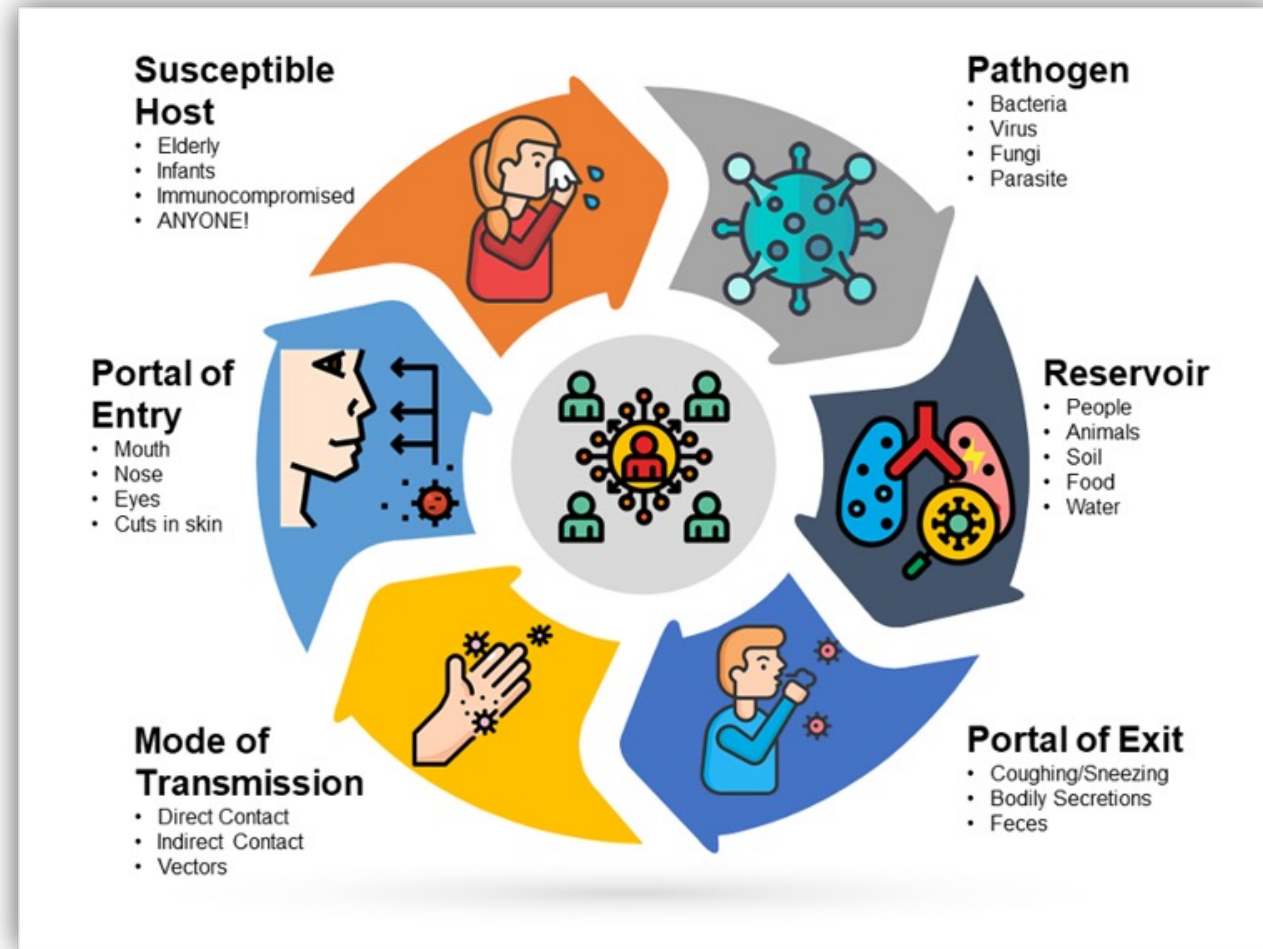
Telephone: (850) 431 6152 or Ext. 16152

Email: infectionprevention@tmh.org

Voalte: App/desktop search “Infection Prevention”
and select IP for your area or “IP on Call”



Break the Chain of Infection



Preventing Infections

- **YOU** can help prevent hospital-acquired infections
- Practice **STANDARD PRECAUTIONS**
 - Always wash or sanitize hands before and after touching a patient or patient's environment.
 - Ensure that equipment and work surfaces are cleaned and disinfected frequently
- Follow **ISOLATION PRECAUTIONS** when indicated.
 - Ensure that everyone entering the isolation room wears appropriate PPE
 - Use disposable or dedicated equipment



Hand Hygiene – Standard Precautions

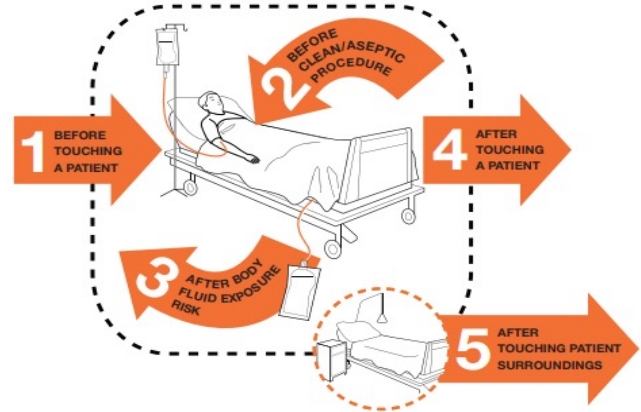
The **MOST IMPORTANT** component of Standard Precautions is hand hygiene.

Hand washing has evolved to “hand hygiene”, which means you have two options:

- Hand Sanitizer
20-30 seconds
- Hand Washing
40-60 seconds

The World Health Organization 5 Moments of Hand Hygiene practices prevent the spread of infection.

Your 5 Moments for Hand Hygiene



World Health Organization

Moment	When?	Why?
1 BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her.	WHY? To protect the patient against harmful germs carried on your hands.
2 BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure.	WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).	WHY? To protect yourself and the health-care environment from harmful patient germs.
4 AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.	WHY? To protect yourself and the health-care environment from harmful patient germs.
5 AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.	WHY? To protect yourself and the health-care environment from harmful patient germs.

Hand Hygiene Expectations

Sanitize/wash your hands

Every time you enter a patient's room (**CLEAN IN**)

Every time you leave a patient's room (**CLEAN OUT**)

Using the "Your 5 Moments" guideline (**CLEAN AGAIN**)

Gloves are not a substitute for hand hygiene!

You should perform hand hygiene

- ✓ Before putting gloves on
- ✓ After removing gloves



Things to Remember about Gloves

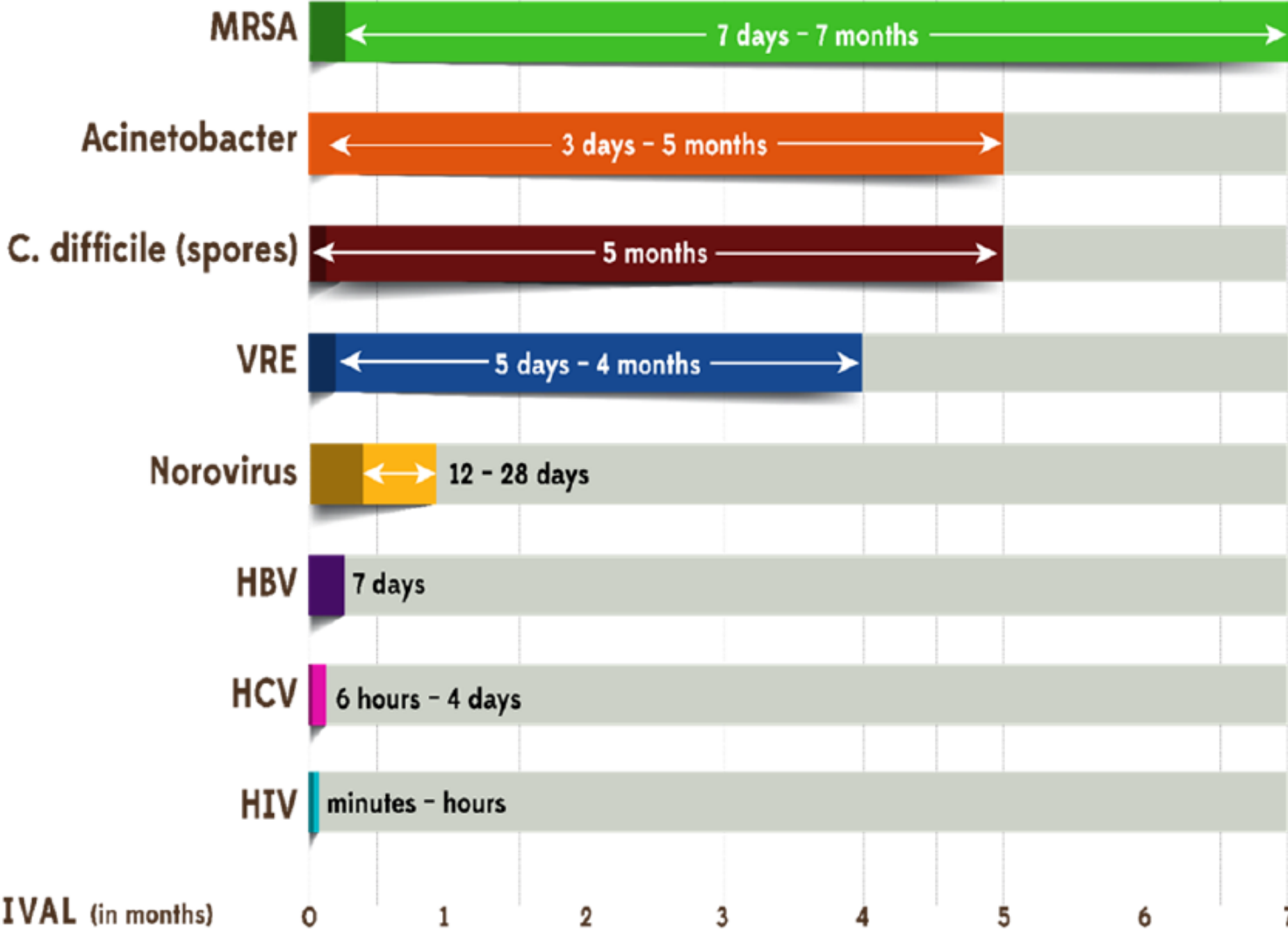
- Keep gloved hands away from face
- Avoid touching or adjusting other PPE
- Remove gloves if they become torn:
 - Perform hand hygiene
 - Don new pair of gloves
- Limit surfaces you touch
- Remove PPE at doorway, before leaving patient room/care area
- Remove respirator outside room, after door has been closed
- **Perform hand hygiene immediately after removing PPE**





High-touch surfaces are not limited to areas shown

PATHOGEN



**Survival
of Pathogens**

SURVIVAL (in months)

0 1 2 3 4 5 6 7

Super Sani-Cloth

ENVIRONMENTAL HYGIENE

SUPER SANI-CLOTH®



SUPER SANI-CLOTH® GERMICIDAL DISPOSABLE WIPE

Ideal for daily use in fast-paced environments that require the shortest contact times and broadest coverage of microorganisms.

Super Sani-Cloth® Benefits:

- Fast contact time allows for a quick room turnover
- Compatible with a broad range of surfaces and equipment in healthcare
- Meets CDC, OSHA and CMS Tag F441 guidelines
- Bactericidal, Tuberculocidal, Virucidal



EPA Reg. No. 9480-4

Contact Time
(Minutes)



of Microorganisms
Effective Against

30

Disinfection
Formulation

Alcohol
Quat

Effective against 30 microorganisms in 2 minutes including the following MDROs, bloodborne pathogens and viruses:¹

- *Acinetobacter baumannii*
- *Klebsiella pneumoniae*
- *Candida albicans*
- ESBL producing *E. coli*
- Influenza A
- MRSA
- VRE
- HIV
- HBV
- HCV

Sani-Cloth Bleach

ENVIRONMENTAL HYGIENE

SANI-CLOTH® BLEACH



SANI-CLOTH® BLEACH GERMICIDAL DISPOSABLE WIPE

Ideal for disinfecting high risk areas endemic with **Multidrug-Resistant Organisms, Clostridium difficile spores and Norovirus.**

Sani-Cloth® Bleach Benefits:

- Meets CDC, OSHA and CMS Tag F441 guidelines
- Bactericidal, Fungicidal, Tuberculocidal, Virucidal
- Compatible with a broad range of surfaces and equipment in healthcare
- For use when taking a pathogenic specific approach to disinfection

EPA Reg. No. 9480-8

Contact Time
(Minutes)



of Microorganisms
Effective Against

50

Disinfection
Formulation

1:10
Bleach
Dilution

Effective against 50 microorganisms in 4 minutes including the following MDROs, bloodborne pathogens and viruses:¹

- *C. difficile* spores
- *Acinetobacter baumannii*
- *Klebsiella pneumoniae*
- *Candida albicans*
- ESBL-resistant *E. coli*
- ESBL-resistant *Klebsiella pneumoniae*
- Norovirus
- MRSA
- VRE
- VRSA
- HIV
- HBV
- HCV

Sani-Cloth Wet Time

FYI: Number indicates Time it Needs To Stay Wet to kill the germs, **NOT** the time it takes it to dry.



PDI SANI-CLOTH® BLEACH GERMICIDAL DISPOSABLE WIPE
Bactericidal, Fungicidal, Tuberculocidal, and Virucidal in 4 minutes

Kills pathogenic organisms including

- C. difficile** Spores
- Multi-Drug Resistant Bacteria**
- MRSA** (Methicillin Resistant Staphylococcus aureus)
- ESBL** (Extended Spectrum Beta Lactamase)
- Acinetobacter baumannii**
- Staphylococcus aureus** (including MRSA)
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus epidermidis**
- Staphylococcus aureus**
- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus aureus**
- Staphylococcus epidermidis**
- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
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- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus aureus**
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- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
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- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus aureus**
- Staphylococcus epidermidis**
- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**

Disinfects in 4 minutes

KEEP OUT OF REACH OF CHILDREN
CAUTION See back panel for additional precautionary statements

Net Contents **65** Extra Large Wipes 7.5 x 15.0 in (19.0 x 38.1 cm) Net Wt. 3.0 lb (1.4 kg) (121 g)



Super Sani-Cloth® GERMICIDAL DISPOSABLE WIPE

EXTRA LARGE WIPE

Disinfects in 2 minutes

Kills pathogenic organisms including

- C. difficile** Spores
- MRSA** (Methicillin Resistant Staphylococcus aureus)
- ESBL** (Extended Spectrum Beta Lactamase)
- Acinetobacter baumannii**
- Staphylococcus aureus** (including MRSA)
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus aureus**
- Staphylococcus epidermidis**
- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus aureus**
- Staphylococcus epidermidis**
- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**
- Staphylococcus aureus**
- Staphylococcus epidermidis**
- Staphylococcus carnosus**
- Staphylococcus epidermidis**
- Staphylococcus saprophyticus**
- Staphylococcus pneumoniae**
- Staphylococcus sciuri**
- Staphylococcus saprophyticus**

Disinfects in 2 minutes

KEEP OUT OF REACH OF CHILDREN
WARNING See back panel for additional precautionary statements

Net Wt. 2.1 lb (953g)

Isolations

CONTACT/DROPLET WITH EYE PROTECTION

C-19 ISOLATION PRECAUTIONS

Keep door closed

Wear gown and gloves when entering room

Goggles or face shields required

Wear surgical mask when entering room (N95 if preferred)

Healthcare Worker

CONTACT ISOLATION



- Hand hygiene before donning gown/gloves and immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use Standard Precautions for all other aspects of care

ENTERIC CONTACT ISOLATION



- **Visitors are restricted.** Hand hygiene, gown and gloves to enter.
- Perform routine hand hygiene before donning gown/gloves and with **SOAP** and **WATER** immediately after removing gown/gloves
- Wear gown and gloves to enter room

ENHANCED CONTACT ISOLATION



- **Visitors are restricted.** Must wear gloves/gown to enter room.
- Hand hygiene before donning gown/gloves and immediately after removing gown/gloves
- Wear gown and gloves to enter room
- When transporting patient, place clean gown and sheet on patient and notify receiving department
- Use dedicated patient care equipment only
- Use Standard Precautions for all other aspects of care



DROPLET ISOLATION

- **Visitors are restricted.** Must wear surgical mask and eye shield
- Colleagues **must wear surgical mask** when entering the room
- Wear **eye protection**, gown, and gloves if within six (6) feet of the patient
- Limit patient transport to essential purposes only. Mask patient with surgical mask for transport and notify receiving department
- Use Standard Precautions for all other aspects of care
- Do not allow the patient to wait in a hallway before or after a procedure



AIRBORNE ISOLATION

- **Visitors are restricted.** Must wear a surgical mask to enter the room
- Colleagues wear N95 mask to enter room
- Keep door **closed** – this is a negative airflow room
- Limit patient transport to essential purposes only. Mask patient with surgical mask for transport and notify receiving department. Do not allow patient to wait in hallway before or after a procedure
- Use Standard Precautions for all other aspects of care
- Continue precautions for 30 minutes after patient has been discharged from a negative pressure room

Personal Protective Equipment (PPE) Regulations



Occupational Safety and Health Administration (OSHA) issues workplace health and safety regulations.

Regarding PPE, employers must:

- Provide appropriate PPE for employees
- Ensure that PPE is disposed of properly
- OSHA also specifies circumstances for which PPE is indicated
- CDC recommends when, what and how to use PPE



Donning PPE

Type of PPE used will vary based on the level of precautions required, e.g., Standard and Contact, Droplet or Airborne Isolation Precautions

GOWN

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



MASK OR RESPIRATOR

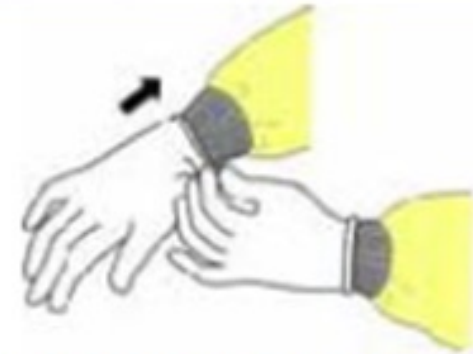
- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



Donning PPE

GLOVES

- Extend to cover wrist of isolation gown



SAFE WORK PRACTICES

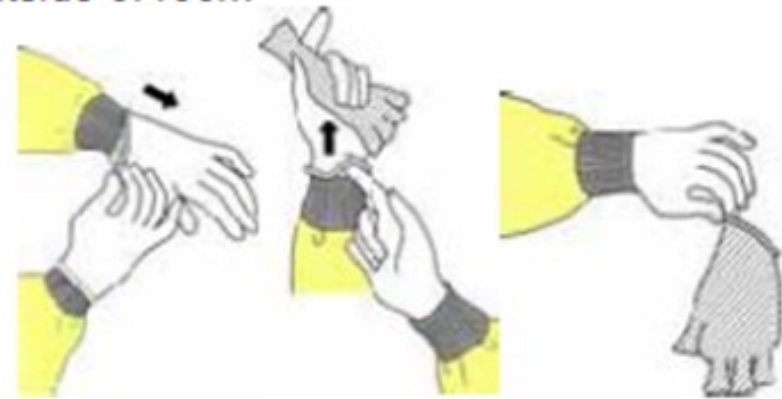
- Keep hands away from face
- Limit surfaces touched
- Change PPE torn or heavily contaminated
- Perform hand hygiene

Removing PPE

Remove PPE at doorway before leaving patient room or in anteroom; remove respirator outside of room

GLOVES

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



GOGGLES/FACE SHIELD

- Outside of goggles or face shield are contaminated!
- To remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



Removing PPE

GOWN

- Gown front and sleeves are contaminated!
- Unfasten neck, the waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle



MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom then top ties/elastics and remove
- Discard in waste container



HAND HYGIENE

Perform immediately after removing all PPE

Isolation Precautions: AIRBORNE ISOLATION

PURPOSE:

- Utilized to prevent transmission of tuberculosis due to *M. tuberculosis*, *M. bovis* or *M. africanum*, *Varicella*, *Measles*, *Variola*
- **For their safety, students should not be in this room - as they are not fitted with the correct mask to wear!**

(This is the N 95 Mask – and students are not fitted for these – only employees)



Contact Infection Prevention

Telephone: (850) 431 6152 or

Ext. 16152

Email: infectionprevention@tmh.org

Voalte: App/desktop search “Infection Prevention” and select IP for your area or “IP on Call”



General Safety





General Safety Rules

- No storage is permitted in the exit corridors. Temporary carts (with wheels/castors), are parked only on one side of the corridor
- Smoke and fire doors are not to be blocked or propped open
- Fire hose cabinets, fire extinguishers, or any component of a fire alarm system are not to be blocked
- Only approved ladders are used to work overhead
- The top of filing cabinets shouldn't be used as a bookshelf

General Safety Rules

- Storage areas are to be kept free of debris and clutter
- All flammable liquid/materials are to be stored in approved containers and cabinets
- Any spill is to be cleaned up promptly
- Safety Data Sheets (SDS) are available for all hazardous materials in the workplace



General Safety Rules

- An 18-inch clearance between storage and sprinkler heads is to be always maintained
- Compressed gas cylinders are to be in approved holders that are chained or safely secured. Gas cylinders must never be left free standing
- Extension cords, provided by Plant Engineering, are to be used only in temporary emergency situations
- Worn, tattered or bubbled carpet is to be repaired or replaced in a timely manner. All staff will report these deficiencies to Plant Engineering





General Safety Rules

- When driving vehicles on TMH property, all colleagues will obey Security directives. Patients, visitors and colleagues have the right-of-way as pedestrians
- All colleagues will yield to patients being transported throughout the facility
- Patient transport equipment such as wheelchairs and stretchers is to be left in a secure position when not in use
- All medical equipment is inspected by Clinical Engineering prior to placing the equipment into service. All medical equipment is inspected and dated annually.



General Safety Rules

- Defective equipment is not to be used under any circumstance. Defective equipment will be removed from service and taken to or reported to Clinical Engineering
- When lifting heavy objects, let your legs, not your back, do the lifting
- All corridors' intersections are to be approached with caution

Fall Prevention





Fall Prevention for the Adult Patient

Definition:

- A sudden, unintentional descent that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object (ex. trash can)

Goals:

- Falls and/or complications related to falls are prevented.
- A safe environment is maintained for the patient.



TMH 3 Step Prevention Program

- Fall Risk Assessment
- Tailored Fall Prevention Care planning
- Consistent Implementation of the Tailored Care Plan





















Falls Risk Assessment

- Patients will be assessed for fall risk:
 - On admission to the hospital
 - Every shift
 - On transfer from one nursing care area to another
 - After a fall has occurred
- Morse Score = adults
 - **Morse Score 55 or greater is considered a high risk for falls**
- Humpty Dumpty = pediatrics
- Risk score not a definitive predictor for fall risk
- Remember risk factors:
 - History of recent falls
 - 2 or more diagnoses
 - Use of walking aid to move
 - IV therapy (attached to equipment)
 - Gait
 - Mental Status

Fall Prevention Patient Engagement Poster

- Filled out with Patient and Family
- Posted in Patient's Room
- Updated every shift and as needed

 Patient Name: _____		Date: _____	
 Increased Risk of Harm If You Fall <input type="checkbox"/>		Fall Interventions <i>(Circle selection based on color)</i>	
Fall Risks <i>(Check all that apply)</i>		Communicate Recent Fall and/or Risk of Harm  	Walking Aids    Crutches Cane Walker
 History of Falls <input type="checkbox"/>	 Medication Side Effects <input type="checkbox"/>		IV Assistance When Walking 
 Walking Aid <input type="checkbox"/>	 IV Pole or Equipment <input type="checkbox"/>	Bed Alarm On 	Assistance Out of Bed    Bed Rest 1 person 2 people
 Unsteady Walk <input type="checkbox"/>	 May Forget or Choose Not to Call <input type="checkbox"/>	<small>Fall TIPS ©Brigham & Women's Hospital 2016; do not alter without written permission.</small>	



Fall Precautions

Universal – for all patients

- Position the call bell and possessions within reach
- Proactive hourly rounds
- Assess ability to ambulate and how much assistance needed
- Place BSC near bed, keep assistive devices nearby
- Non-skid footwear
- Assess medication effects
- Prompt response to call light

Fall Precautions

High Risk

(Morse >55 or Humpty Dumpty >12)

- Signage on door
- Scheduled toileting every 2-3 hours
- Keep bed in lowest position & locked when patient in bed
- Remain within arms length when patient OOB
- All four crib rails will be raised on pediatric patients
- Three side rails will be used while the patient is lying in bed
- Utilization of bed and chair alarms if indicated
 - even if family or a sitter is present in the room
 - Zone II for anyone high risk
 - ibed Awareness





Patient Safety: NO PASS ZONE

- N- Never pass by a call Light of alarm
- O- Observe the patient's privacy
- P- Provide the help they request OR
- A- Assess who can help
- S- Scope of Practice: Safety First
- S- Smile and use AIDET

Emergency Codes



Emergency Codes

Dial Phone #	Code	Condition
0	Code Red	Fire
0	Code Black	Bomb Threat
0	Code Pink	Infant/Child Abduction
88	Code Blue	Cardiac Arrest/Stroke Alert
0	Code Brown	Severe Weather
0	Code Grey	Violence/ Security Alert
0	Code White	Hostage Situation
0	Code Orange	Hazardous material spill
0	Code Yellow	Lockdown
0	Code Green	Disaster Internal/External
0	Code Silver	Active Shooter

Fire Procedures – *Code Red*

- Remember **RACE**:

R - Rescue the patient

A - Alarm, pull the alarm & call
0: Give location & type of fire

C - Contain the fire, close all
doors

E - Extinguish the fire

Fire Emergency Response



Rescue



Alarm



Contain



Extinguish



Fire Procedures – *Code Red*

- Use of Fire Extinguisher – Remember

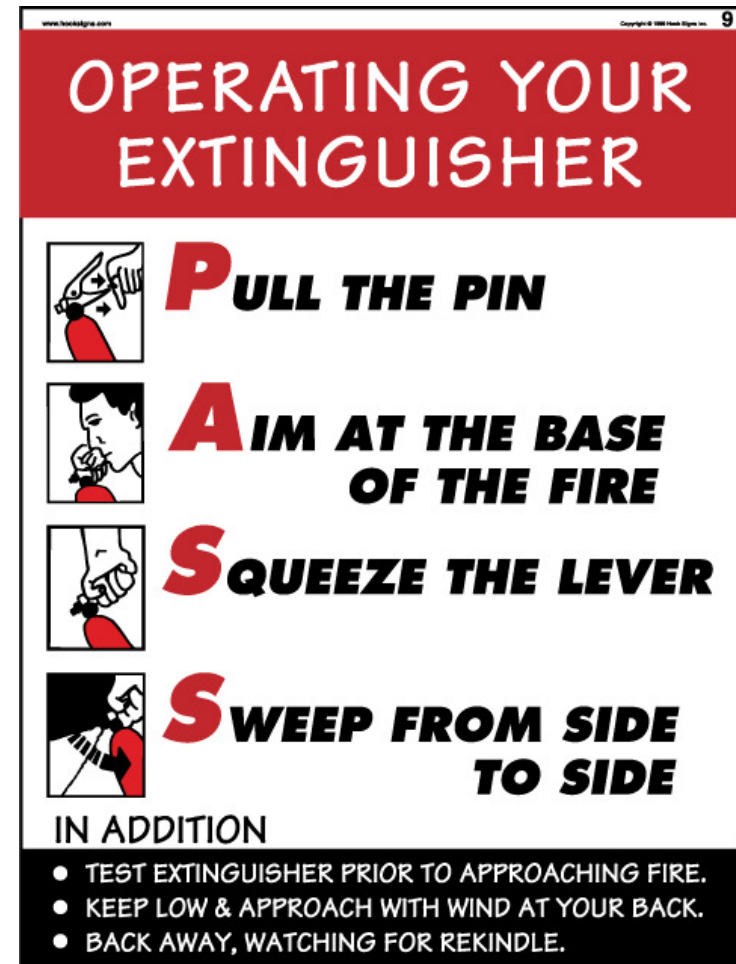
PASS:

P - Pull - safety pin at top of extinguisher

A - Aim - hose, nozzle, at the base of the flames

S - Squeeze - or press the handle

S - Sweep - from side to side at the base of fire until it goes out



Infant/Child Abduction – *Code Pink*

When an infant/child is discovered missing, the staff member will immediately institute the following

- Immediately notify the operator of a “Code Pink, age, race and sex” of abducted infant/child. Give the location of your unit.



Infant/Child Abduction – *Code Pink*

- Be on alert for the following:
 - A person physically carrying an infant instead of using the bassinet to transport the child or leaving the hospital with an infant/child on foot rather than a wheelchair and without a colleague escort.
 - A person carrying a large package (gym bag, duffel bag, backpack), particularly if the person is “cradling” or “talking” to the bag.
 - Be aware that a disturbance may occur in another part of the hospital, thereby creating a diversion that facilitates an infant abduction.
 - Stop anyone with an infant/child until a positive identification is made or until an all clear is called.

Bomb Threat – Code Black

- Remain calm, keep the caller on the line as long as possible and complete the “Bomb Threat Card.”
- Immediately hang up the phone and call Hospital Operator (Dial 0).
- If you find a suspicious package/item:
 - Avoid the item
 - Isolate the area
 - Notify the hospital operator
 - Remove patients and personnel from imminent danger
 - Use telephones only for emergencies
 - Prepare for and evacuate if necessary

Cardiac Arrest – Code Blue

- Dial 88 if your patient is having a cardiac or respiratory emergency
- Tell the operator:
 - CODE BLUE
 - Patient's Location
 - Name of attending physician
- If the patient is less than 14 years old:
 - Report to the operator "CODE BLUE 13"
- If the emergency is outside of the Main Hospital (ex. Rehab, Urgent Care, Behavioral Health)
 - **Dial 911**

Stroke Alert

Notify primary nurse & Charge Nurse

- If you think a patient, visitor, or co-worker is having a stroke
- Primary nurse and/or charge nurse can make the decision to call the MET team
- If the MET nurse believes the patient is having a stroke, he/she will call a “Stroke Alert”

Two Keys:

1. Early Identification
2. Early Interventions

Learn the symptoms of a stroke with BE FAST

B = Balance (sudden lost of balance)

E = Eyes = (sudden lost of vision)

F = Face (does their face look uneven?)

A = Arms (Does one arm drift down? Ask them to raise both arms)

S = Speech (Does their speech sound strange? Ask them to repeat a phrase)

T = Time (Time is brain. Brain cells die every second during a stroke)



Hazardous Material Incident - Code Orange

Chemical Spills – Think **C.L.E.A.N.**

C = Contain the Spill

L = Leave the Area

E = Emergency: eye wash, shower, medical care

A = Access SDS-Safety Data Sheet

N = Notify hospital operator (dial 0) and supervisor

Hazardous Material Incident - Code Orange

Safety Data Sheets (SDS) provide services and information to assist in protecting our colleagues while performing their everyday duties at TMH.

- Online access to search the national SDS database, as well the ability to view and/or print those sheets on demand from the web.
- 24/7 Hotline to speak to a 3E professional and get immediate information regarding any hospital based chemical or product. That number is **800-451-8346**.
- 24/7 access to faxed SDS upon request.
- You may still call ext. 15829 for information or questions regarding your need for a Safety Data Sheet.

Waste Disposal



Types of Medical Waste

- Solid Waste
- Infectious waste
- Chemical Waste
- Chemotherapeutic waste
- Radioactive waste
- Pathological waste



Types of Medical Waste

- Solid Waste – “regular trash” for the landfill is disposed of in clear liners
- Infectious Waste – leak resistant red bag or leak/puncture resistant red container with the biohazardous symbol
- Chemical Waste – leak proof containers that are properly labeled
- Chemotherapeutic Waste – leak proof black container; PPE worn to mix/administer in yellow container
- Radioactive Waste – yellow bags or containers that are labeled with a radioactive symbol



Handling/Containing Biomedical Waste (BMW)

- BMW by definition is, “waste that poses a threat of infection to humans”
- Always use universal precautions when handling waste
- Wear appropriate PPE (gloves, gown, safety glasses, mask)
- Perform hand hygiene after removing gloves



Separation of Biomedical Waste

- Separated at ***point of origin*** into the proper container
 - “Point of origin” is the where the BMW is generated
 - BMW containers should be available where needed
- Choices for proper BMW container:
 - Red biohazard bags
 - Labeled hard-sided box lined with a red biohazard bag
 - Sharps container – puncture resistant container specifically designed for sharps



Important

- If biohazardous waste is mixed with regular waste, all the waste becomes biohazardous!
- Each bag must be hand tied by gathering and twisting the neck of the bag and using a tie or hand knot to secure the bag, and each container must be securely closed
- IV tubing spikes are NOT sharps



Biohazardous Waste Disposal



Step 1

Bio-hazardous waste will be placed in appropriately labeled red bags at the point of origin. Bag shall not be filled more than 2/3 full.



Step 2

Twist Bio-hazardous waste bag, at the top.



Step 3

Flip down the twisted top of the bag.



Step 4

Use tie-back to securely tie bag. Tie-backs are inside Soiled Utility room cabinets.



Step 5

Bio-hazardous bag is securely closed.

Reminder: *Always wear gloves when handling Bio-hazardous waste. Never push waste down with your hands or feet. Always carry waste away from your body, and properly separate regular waste from Bio-waste and Chemo waste at the point of origin.*

Waste Disposal – Sharps Box

- Sharps – objects capable of puncturing, lacerating or otherwise penetrating the skin
- Medical sharps must always go in approved sharps containers
 - Examples: needles, syringe & needle combos, lancets, scalpels, broken glass, trocars, and any other sharp object
- Only sharps are to be placed in containers
- Other trash should go into the proper receptacles
- Never recap needles or scalpels
- Never attempt to re-open a closed sharps container



Pharmaceutical Waste – Black Box

- For any med waste not placed into the green box
- Inhalers, respiratory meds, gels, ointments, creams are included
- IV bags, vials or bottles with more than 3% volume of med remaining – leave tubing attached
- Partially chemo drugs with more than 3% volume
- Not for empty IV bags, vials, or bottles
- Not for sharps, tubing, wrappers, gloves, paper or other general trash
- No controlled substances



Controlled Drug Waste

- Green containers
 - Only for controlled substances
 - Contain a substance that is activated before the box is placed in use
 - Liquid from vials or IV bags are absorbed
 - Pills and patches will break down
 - Small opening in top to prevent retrieval of pills or patches
- Pills **MUST** be removed from package before placing into green container
- Liquids in a syringe or vial are squirted into the container
- Once the syringe, vial, or IV bag is empty it can go into the regular trash (Remember to remove the label!)



Trace Chemo – YELLOW box

- For chemo PPE (gowns, gloves, masks, etc.) that may be contaminated during chemo preparation or administration
- NOT for empty chemo containers – vials or bags with less than 3% volume can go into regular trash. Tubing can go into trash too.
- Vials or bags with more than 3% volume remaining go into BLACK boxes. Leave IV tubing attached.
- Sharps used to give chemo go into RED boxes.



Responsibilities



TMH Policies and Procedures

TMH is committed to provide quality, evidence-based care to all patients always

Two tools that will help instructors and students contribute to this commitment are:

1. Policies and Procedures
2. EBSOC/Dynamic Health Procedures

Important Note: If there is a difference between EBSOC/Dynamic Health Procedures and TMH Policy, TMH policy takes precedence



Policies/Procedures on Spark

Leadership Policies

- Patient Identification
- Human Resources Policies
- Dress Code/Professional Appearance
- Parking
- Cell Phone, Pagers and Electronic Devices
- Tobacco Free
- Internet Use

Nursing Policies and Procedures

- Nursing/Paramedic Student Responsibilities



TMH Policies and Procedures

EBSOC/Dynamic Health Procedures

- If procedure is not found on TMH's intranet, EBSOC/Dynamic Health Procedures is the resource to use.
- ALL TMH policies and procedures override EBSOC/Dynamic Health Procedures.
- EBSOC/Dynamic Health Procedures is available for access through the TMH Intranet. This point-of-care tool offers step-by-step procedural guidance to help you keep current with approved standards of care.

Instructor Responsibilities

- Collaborate with the Charge Nurse or Nurse Manager on patient assignments
- Oversee delegated procedures and waive testing for assigned students
- Accompany the student for all gastric, parenteral, sublingual and transdermal medications. Nursing students may administer oral medications independently only with the approval of the instructor or TMH RN
- Access the Pyxis machine
- If the medication to be administered is a controlled substance requiring wasting, 2 licensed nurses must waste or witness the waste, one of whom must be a TMH nurse

Students Responsibilities

- Receive a bedside SBAR handoff report at the start of the shift
- Provide a bedside SBAR handoff to the TMH nurse at the end of their shift
- Perform positive patient identification before the administration of a medication or performance of a procedure
- Follow up and document the patient's response to any PRN medications
- Complete all documentation on their assigned patients promptly
- Have all documentation reviewed by the TMH nurse or the faculty instructor
- Report all patient changes promptly to the TMH nurse

Patient Safety: Patient Identification

Procedures:

- Students may perform waive testing under the direct supervision of the TMH RN or faculty member
- Adhere to TMH's Patient Identification Policy which includes:
 - Identify the patient prior to any procedure
 - Positive identification prior to any medication administration or blood specimen collection
 - Prior to all medication administration, the patient's armband will be scanned
 - Comparison and verification patient's name and FIN number on their ID is identical to name and number on specimen label

Students: Communication with RN

Includes:

- Participation in SBAR handoff
 - Receive SBAR at start of the shift
 - Provision of SBAR to the RN at end of the shift
- Verification of procedures/treatments with the nurse/TMH preceptor with whom they are working prior to implementing the procedure or treatment
- Report on and off duty to the nurse/TMH preceptor
 - This includes when he/she is off the unit for breaks, meals, in-services, or other reasons.
 - Imperative they inform nurse when they leave for the day
- Report all patient changes promptly to the TMH RN
- If not assigned to a nurse/TMH preceptor, the student is to report off to the RN caring for the patient(s) the student is assigned to

Patient Safety: Procedures

Instructors/TMH RN will oversee delegated procedures for assigned students.

Examples:

- Dressing changes
- Foley catheter placement or removal
- Bedside blood glucose checks
- Start Peripheral IV



Patient Safety: Starting Peripheral IV

- RN, LPN and Paramedic students may start a peripheral IV after they have met their program's requirements for training in this skill.
- The instructor or a TMH nurse must be always present.
- A TMH nurse will take over if specimen (blood) collection is required after the IV start.

Patient Safety: Medication

Medication Administration Keys:

- Instructors/TMH RN will accompany students for all NG, PEG, and parenteral medications (including IVs).
- Instructors/TMH RN may allow students to administer PO meds unaccompanied (after med checks) and approval by faculty instructor
- Instructors are responsible for removing all medications from the Pyxis for students
 - Completion of Pyxis Tutorial required
- When wasting controlled substances, this must be done by 2 RNs. One of these RNs must be a TMH RN and the other may be the instructor



Instructor Needs to Know

- There are some procedures, students are not permitted to performed.
- These identified tasks are based on TMH policy and Florida Statues regarding nursing education programs
- These restrictions are not intended to be punitive towards the student. Instead, they are designed to support a safe, non-threatening learning environment while also reiterating the importance of safe patient care.



Students are Not Allowed to:

1. Enter an isolation room requiring an N95 mask
2. Collect laboratory or blood bank specimens
3. Set up, refill or program a PCA or PCEA pump
4. Administer chemotherapy, heparin, or insulin infusions
5. Accept verbal or telephone orders from a provider
6. Administer, regulate or discontinue blood products
7. Perform RN Review on electronic orders
8. Access to Pyxis

Important to Know

- Even though students are not permitted to perform the tasks previously described, he/she has opportunities to learn about these skills when the opportunity presents
- Learning opportunities include:
 - Observing the TMH RN when he/she performs these skills
 - Discussion and feedback from the TMH RN regarding these processes
 - Review TMH policies and procedures for such procedures/processes

In Conclusion

- Thank you for choosing TMH as an educational experience for your students
- We welcome you and look forward to having you at TMH

