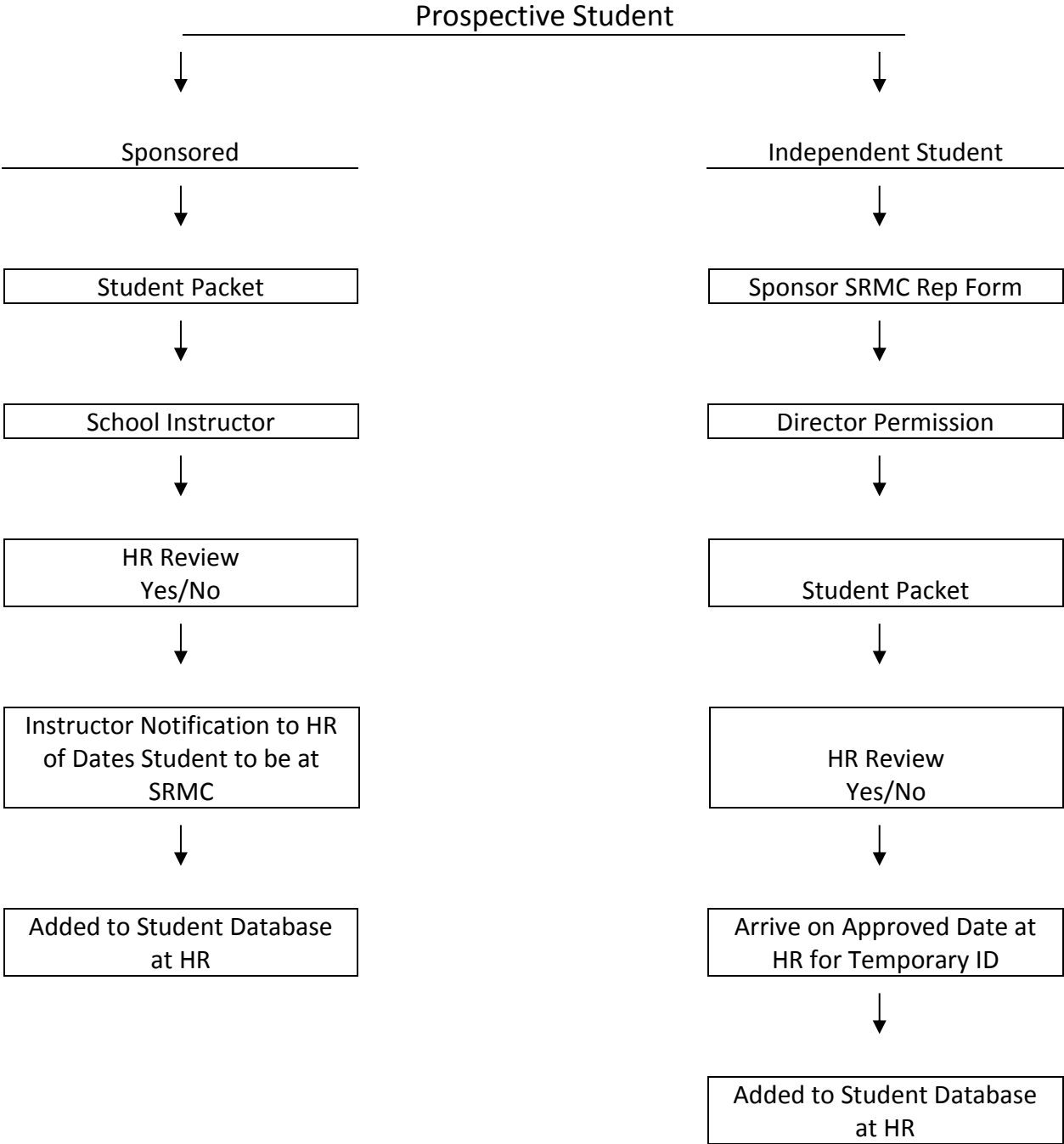


# Flow Diagram for Student Process Sampson Regional Medical Center



Adopted: May 1, 2012  
Connie/Students/Flow Diagram for Student Process

## Sampson Regional Medical Center Sponsored Student Information Form

<b>School Name:</b> _____ <b>School Representative:</b> _____ <b>Contact Information:</b> _____ _____ _____ _____		Rubella	Rubeola	Mumps	Hepatitis B Positive Titer or vaccination for Hepatitis B or waiver	Chickenpox Vaccination	Chickenpox Past Exposure	*Tuberculosis - Current with annual TB skin testing. If positive, negative CXR/review of S&S. (+) (-)	Tetanus (TDap)	Flu Vaccine	*Orientation Packet (Attached)	*Meditech User ID Request/Security Code of Ethics Form (Attached)	*Criminal Records check	*Drug Screen	Approved by SRMC HR Department
<b>1. Student Name:</b>															
<b>Emergency Contact Information:</b>															
<b>Proposed Time Frame:</b>															
<b>2. Student Name:</b>															
<b>Emergency Contact Information:</b>															
<b>Proposed Time Frame:</b>															
<b>3. Student Name:</b>															
<b>Emergency Contact Information:</b>															
<b>Proposed Time Frame:</b>															
<b>4. Student Name:</b>															
<b>Emergency Contact Information:</b>															
<b>Proposed Time Frame:</b>															
<b>5. Student Name:</b>															
<b>Emergency Contact Information:</b>															
<b>Proposed Time Frame:</b>															

**\*Required document to be attached**  
 These requirements are on file for the above listed students at \_\_\_\_\_ (School).  
 \_\_\_\_\_ (Signature of School Representative) \_\_\_\_\_ Date

# Sampson Regional Medical Center

## Meditech User ID Access Report

**Request for Student User ID**

Please submit this completed form to the MIS department **at least 3 business days** before the user will need access to Meditech so we will be sure they have the access they will need during their clinical rotation period.

Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's Initials: \_\_\_\_\_  
(must be 3 characters)

Meditech Access Needed: \_\_\_\_\_  
NUR (Nursing Documentation), eMAR (Medication Administration), PCI (viewing results)

Clinical Rotation Location: \_\_\_\_\_  
(ICU, 3<sup>rd</sup> floor Med/Surg, OB/Post Partum, Peds, SNU, ER, OR, PACU)

Student Rotation from: \_\_\_\_\_ to \_\_\_\_\_

College/School: \_\_\_\_\_

College/School Phone #: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_  
(MIS Coordinator)

Date Password given to employee \_\_\_\_\_ Given By: \_\_\_\_\_

# Sampson Regional Medical Center

## Security Code of Ethics for Students

As a student affiliated with Sampson Regional Medical Center, I realize that I have privileged and confidential information available to me. This information is essential in providing clinical experiences for students. I fully understand that it is my personal and professional responsibility to protect the privacy and integrity of information pertaining to Sampson Regional Medical Center's patients, staff, business and data resources.

I do hereby declare and understand that it is a breach of policy to obtain or disclose any information about Sampson Regional Medical Center or its patients, for any purpose, other than to further Sampson Regional Medical Center's goal of providing quality patient care. I understand that I am only to access patients who are assigned to me while I am a student in the clinical area under the supervision of an instructor. The codes that I use will be monitored to make sure that I access only patients assigned to me.

As a student I may be using the medical center information system to request patient services and to access patient information using an assigned security code. Any security code assigned to me shall be treated in the same manner as my signature. **THE MISUSE OF THIS CODE OR THE MISUSE OF INFORMATION OBTAINED THROUGH THE USE OF THIS CODE WILL BE CONSIDERED A BREACH OF MEDICAL CENTER POLICY. I FURTHER DECLARE THAT I FULLY UNDERSTAND THAT IT IS A BREACH OF TRUST TO DIVULGE MY ASSIGNED CODE TO OTHERS OR FOR ME TO USE ANOTHER STUDENT'S ASSIGNED CODE.**

Because of the significance of these risks, each student who will be using any of Sampson Regional Medical Center requires the acknowledgment of this policy information system.

**I FULLY UNDERSTAND THAT FAILURE TO ADHERE TO THIS SECURITY CODE OF ETHICS IS CAUSE FOR DISCIPLINARY ACTION UP TO AND INCLUDING IMMEDIATE DISCHARGE AND/OR PROSECUTION AS DESCRIBED IN THE SAMPSON REGIONAL MEDICAL CENTER PERSONNEL POLICY HANDBOOK.**

By signing this Code of Ethics, the user agrees to the following:

- Follow all rules and regulations for access and use of Sampson Regional Medical Center's Information Systems.
- I have read and understood all Policies and Procedures pertaining to my job function in which I have access to Sampson Regional Medical Center's Information Systems.
- I have read and understood Policies and Procedures concerning electronic protected health information.
- I have read and understood my responsibility to protect electronic protected health information.
- I have read and understood the consequences of not following Policies and Procedures concerning hospital information systems and electronic protected health information.

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Student Name

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Date

---

Witness

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Date

**Policy/Procedure**  
**Sampson Regional Medical Center**

**Title:** Role of Students at SampsonRegionalMedical Center

**Date Effective:** May 1, 2012

**Formulated By:** Administration

**Distribution:** All Departments

**Purpose:** To outline the mechanisms by which a student can be participate at Sampson Regional Medical Center (SRMC).

**Policy:** It is the policy of SRMC to foster student involvement in the health care industry. Our first priority is to the care and safety of our patients; therefore, it is the expectation that students and staff strictly adhere to this policy. Prospective students will only be allowed to participate at SRMC if they follow this procedure. Human Resources has ultimate authority on approving or denying student access to SRMC based on the information supplied.

**Procedure:**

**A. Types of Students**

Our organization recognizes three types of students: Sponsored, Independent, and Group Tour.

- **Sponsored Student** -- is a student that is part of a formal professional education curriculum. These students sponsoring organization will have a contract with SampsonRegionalMedicalCenter which clearly defines their capacity to interact with patients and their required supervision.

**Requirements:**

1. Student of a professional education curriculum that has a contract arrangement with SRMC defining their role and supervision
2. Be in good standing with their educational institution
3. Provide Emergency Contact information
4. Complete Student Orientation Packet (Just In Time Training)
5. Provide current immunization record
6. Provide a copy of appropriate Tuberculosis screening.
7. Submit to a Criminal records check
8. Submit to Drug screening

9. Identification badge that clearly identifies their student status and their educational institution

- **Independent Student** -- is a student that must have an educational purpose. They will serve strictly in an observatory capacity in regards to our patient's care.

Requirements:

1. Have a defined educational purpose
  2. Complete a SRMC Sponsorship request form
    - a. Including Department Director/VP permission
  3. Provide Emergency Contact information
  4. Complete Student Orientation Packet (Just In Time Training)
  5. Provide current immunization record
  6. Provide a copy of appropriate Tuberculosis screening.
- **Group Tour Students** -- are students that must have an educational purpose and are presenting to SRMC for one group tour activity. They will serve in an observatory capacity and must remain in public areas of the hospital.

Requirements:

1. Must have a defined educational purpose
2. Must have a designated instructor
3. Must have a sponsoring SRMC tour guide

**B. Approval Process for Prospective Students**

**Sponsored Student:**

1. Applicant reads and completes the Student Application Packet:
  - a. Acknowledgement of orientation signature sheet\*
  - b. Security Code of Ethics signature sheet\*
  - c. Immunization Record
  - d. Tuberculosis screening documentation
2. Application is returned to their sponsoring organization.

3. Sponsoring instructor completes student summary check-off sheet
  - a. Including student's emergency contact information
  - b. Criminal background
  - c. Drug screen
4. Sponsoring instructor provides student packages and summary to Human Resources
5. Human Resources approves or denies student.
6. Sponsoring instructor provides Human Resources with a list of student(s) and date(s) expected at SRMC
  - a. Must be submitted ten (10) business days prior to attending.
7. Human Resources will maintain a database of students at SRMC.

**Independent Student:**

1. Applicant completes a sponsorship request form.
2. Applicant and sponsor request director/VP approval.
3. Applicant reads and completes the Student Application Packet:
  - a. Acknowledgement of orientation signature sheet\*
  - b. Security Code of Ethics signature sheet\*
  - c. Tuberculosis screening documentation
4. Completed application is provided to Human Resources for approval.
  - a. Must provide at least ten (10) business days for processing
5. Human Resources approves or denies student.
6. Human Resources will maintain a database of students at SRMC.
7. Approved student will report to Human Resources on arrival of approved date
  - a. Human Resources will provide a temporary ID Badge
    - i. ID Badge will provide dates badge is valid

\*Minors require guardian's signature

**Group Tour Student:**

1. SRMC Sponsor must complete tour request form.
  - a. Educational purpose and scope must be clear.
2. Present request form to director/VP for permission.
3. Approved tour requests are presented to Human Resources for final permission.
  - a. Must provide five (5) business days for processing
4. Human Resources provides temporary ID Badges to SRMC sponsor for event.



*Orientation Packet  
For  
New Employees/Students/Volunteers*





## **Sampson Regional Medical Center**

### **OUR MISSION**

We serve our neighbors and friends in Sampson County and surrounding communities by providing quality hospital and community-based services that preserve and restore health, provide comfort, and maintain dignity for all who seek our care. We are committed to excellence in everything we do.

### **OUR VISION**

To be the healthcare provider of choice for:  
Our patients and their loved ones  
Our practitioners  
Our employees  
And the community at large

### **OUR VALUES**

Our core values are focused on our relationship with our patients, their loved ones, our practitioners, our employees, and all who seek care and comfort from our hospital.

**Compassion** is felt by our caring nature and presence with our patients, families and co-workers in everything we do.

**Respect** *for our patients, families, community, and our organization is the difference in good and Very Good. We strive to honor the privacy and integrity of our patients, families, and co-workers and remember that celebration is important to our culture.*

**Professionalism** sets the stage for the patient experience. Our patients, families, and co-workers expect to be in the hands of caring professionals at all stages of their care. We show our professionalism through attitude and appearance.

**Dependability** sets us apart. We show that we are reliable through our clear *communication to others, making safety a priority at all times, and always exhibiting teamwork. This is what everyone expects.*

**Stewardship** is important to our organization and community we serve. We recognize that ownership and accountability is an integral part of who we are.

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## Identification

Identification Badges must be worn while on duty. No one should be in a patient care area without being properly identified.



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## Patient Satisfaction

Sampson Regional Medical Center expects all personnel to treat patients and visitors with courtesy, dignity, and respect. Personnel and students on a rotation here are expected to assist Sampson Regional Medical Center by honoring the confidentiality of all patients and related items they may come into contact with during their stay at our institution.



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## Parking

Parking for employees and students is located on the corner of Woodrow and Beaman Street. Please leave the first row of parking for our patients and visitors.



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## Complaint Management

If you hear a patient or visitor complaining about the medical center services or facilities, you should notify the Nursing Supervisor (dial 0) or call Administration at 590-8719. Never ignore a complaint.



## Management of Visitors

Sampson Regional Medical Center has liberal guidelines for patient visitors, with some restrictions in critical areas and maternity services. Protective Services may be called if visitors become disruptive.



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## Patient or Visitor Injury

If you witness a patient who becomes injured, notify the nurse immediately or the nursing supervisor. If you notice that a visitor has been injured on the medical center campus, notify a nursing supervisor immediately. Persons injured on medical center property will be offered medical attention immediately. If you encounter someone that is unresponsive, notify the nearest medical center employee and/or dial medical center extension 444, tell them the situation and where you are located. If you are outside the hospital, dial 911 and begin CPR if you have been trained.



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## Reporting Variances

Variances/occurrences not consistent with the desired operation of the hospital or with safe, quality patient care should be documented on the appropriate variance report. Variance reports should be brief and factual. They should be given to manager or nursing supervisor immediately after completion for routing to Administration. If patient injury results, notify Risk Management immediately by calling Administration at 8719 or by calling the nursing supervisor when Administration is closed.

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## Infection Control

Universal Precautions are to be practiced by anyone providing patient care to prevent reasonably anticipated blood/body fluid exposure. Personal Protective Equipment (PPE) is located in PPE carts, Anterooms and/or assigned places in designated patient care areas.



- ❖ Hands must be washed prior to beginning patient care.
- ❖ Hand hygiene must be performed between all direct patient contacts and after gloves or Personal Protective Equipment (PPE) is removed.

- ❖ Alcohol based hand rubs may be used to decontaminate hands if they are not visibly soiled.
- ❖ Hands and other skin surfaces must be washed with soap and water immediately or as soon as feasible if contaminated with blood or other potentially infectious materials.

Isolation precautions are to be practiced when caring for a patient that has a communicable illness. Only the immediate caregivers and immediate family members should enter the patient's room and only when following the necessary precautions. Check with the nurse providing care for the patient. An isolation sign on the door will indicate the precautions that need to be taken. Negative pressure must be maintained by special ventilation if a patient has an illness that requires respiratory isolation. Persons that have not been "fit tested" for the N-95 mask should not enter negative pressure isolation rooms. Refer to the Exposure Control Plan that is on the intranet. Any items that are contaminated with blood must be placed in a red bag in a Biohazard container. Refer to the Medical Waste Policy in the Exposure Control Plan. Sharp items/instruments are to be disposed of immediately after use in a puncture resistant container. Once the container is three-fourths filled, it is to be properly closed and put in a red bag in a biohazard container.

Any blood or body fluid exposure from a needle stick, sharp object injury or mucous membrane exposure should be reported to the infection control coordinator or nursing supervisor immediately.

Refer to the Exposure Control Plan located on the intranet, if needed, for these or other Infection Control issues or you can notify the Infection Control Coordinator.

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## **Safety with Sharps**

Punctures and cuts from needles, scalpels, razor blades, and other sharp items can expose you to bloodborne pathogens.

To avoid infection from contaminated sharps, follow these safety precautions,

### **DON'T....**

- break or bend used needles
- point a sharp toward any part of the body
- use both hands to recap used needles
- use your bare hands to clean up broken glass
- reach into a container of contaminated needles
- open, empty, or clean sharps containers by hand

- overfill sharp containers (change when  $\frac{3}{4}$  full)
- remove used needles from disposable syringes by hand

### Do...

- take special care when you draw blood, administer medication, dispose of used needles, handle soiled linens, or collect and empty trash
- recap needles only when absolutely necessary. On those occasions, use either a mechanical device that holds the needle sheath or a one handed "scoop" technique.
- recognize puncture-resistant sharps containers
- regularly remove and replace sharps disposal containers
- use tongs or a brush and pan to clean up broken glass

## Preventing Back Injury

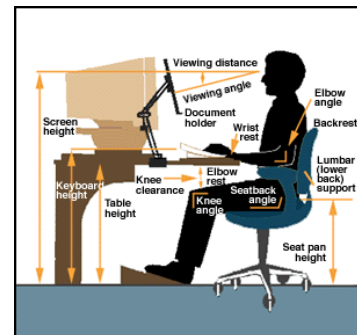
Lifting is a leading cause of back injury because pain only begins to be felt after hundreds or thousands of incorrect lifts. We are usually not aware of the harm we are doing to ourselves. Prolonged reaching and working overhead can cause injury to the lower back. Nutrition, general physical fitness and emotional stress affects back injuries. A workstation that is too low is harmful to the back because it encourages a forward bent position.



### WORKSTATION DESIGN

Ergonomically designed workstations need to:

- Be comfortable, with easy access to the various components of the space.
- Provide posture support for the back, arms, legs, & feet.
- Utilize chairs, tables, monitors, keyboards, and other elements of the workstation that are as flexible and adjustable as possible.
- Be designed to complement the type of work that needs to be done.



### LIFTING TIPS

- Never twist your body while lifting.
- Use the appropriate footwear when lifting.
- Make sure your walkway is clear.
- Use mechanical help or the assistance of a co-worker when necessary.
- Know where you will put the load down.
- Push, don't pull.



Improper  
Lifting



Proper  
Lifting



### 5 RULES OF LIFTING

1. Assess the object you are about to lift.
  - Be certain of how you intend to lift the object.
  - If it is heavy, get someone to assist you.
  - Think before you lift!
2. Bend at your knees, not at your waist.
  - Bend down with your knees and straddle the load that you are about to lift.
  - Avoid bending at the waist and keep your back straight.
  - Avoid fast, jerking motions while transferring objects.
3. Tuck your pelvis under and firm-up your stomach muscles just before you lift.
  - Tightening the stomach muscles helps support your back.
  - Keep your back arched if possible.
4. Hug the object that you are lifting close to your body.
  - Holding loads close to your body can minimize the effect of their weight.
  - Unnecessary and potentially dangerous amounts of stress and strain are placed on your back when objects are held away from your body.
5. Lift with your leg muscles.
  - Once you have a firm grip on the object, slowly straighten your legs. This will make your legs work harder, reducing the stress on your back.



### **WHEN ASSISTING PATIENTS, MAKE SURE THAT :**

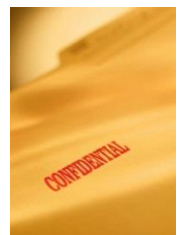
- The patient is wearing soft, non-slip soles.
- All furniture and assistive devices are securely positioned or locked so they don't move or slip during transfers.
- All work heights are at the level which requires the least amount of lifting and does not force you to bend at the waist.



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## **Confidentiality/HIPAA Regulations**

As an employee of SRMC or as a student at SRMC, you may at times have privileged and confidential information available to you. It is your personal and professional responsibility to protect the privacy and integrity of information pertaining to SRMC's patients, staff, business, and data resources.



As an employee of SRMC, you will be assigned a security code. Any security code that is assigned will be treated the same as your personal signature. You should never provide anyone else with your security code or leave it written where others may view. Also, never leave a computer without properly exiting the system; if not exited properly, one's name and security code could still be in the system and someone else could access patient information under your name. Both you and the individual would be violating the Security Code of Ethics.

You should never access any information on yourself or regarding yourself, for someone else, or on someone you are not providing care for as a patient. You should not look at anyone's chart (electronic or paper) if you are not providing patient care. You should not use the computer system to view the census of each unit. You should not pull up any information for physicians, unless you know that patient belongs to that physician.

Access of patient care information will be monitored on a regular basis by the risk management staff. If an employee has accessed patient information for any reason other than providing patient care or to perform other duties as indicated his/her job description, the employee may be immediately terminated. The employee must have a valid need-to-know patient information related to the patient's care.

Emails, both medical center system and Internet, is discoverable. Email belongs to the employer and not the employee. Email messages are not private and can be retrieved, even after they are "deleted." The employer has a right to access email and stored email information.

Failure to adhere to this Security Code of Ethics is cause for disciplinary action up to and including immediate discharge as described in the SRMC Personnel Policy Handbook.

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## **Patient's Rights**

We consider the patient to be a partner in their hospital care. SampsonRegionalMedicalCenter encourages respect for the personal preferences and values of each individual.

A patient has the fundamental right to receive considerate health care that safeguards their dignity and respects their cultural, psychosocial and spiritual needs.

A patient in the hospital has certain rights that include the following:



- the right to respectful treatment
- the right to privacy and confidentiality
- the right to be in communication
- the right to make informed decisions
- the right to participate in all aspects of their healthcare
- the right to impartial access to care
- the right to an advanced directive

## Age Specific Care

**INFANTS AND TODDLERS (0-3 YEARS)** are curious.

Health growth and development is characterized by:

- Physical - grows rapidly, especially the brain
- Mental - learns through his senses. That is, by playing, exploring. He communicates initially by crying, babbling, then eventually "baby talk" and simple sentences.
- Social/emotional - trusting, dependent, begins to develop a sense of self as separate from others and the world.



Key health care issues:

- Communication - provide security, physical closeness; promote healthy bonding with the parents
- Health - immunization schedules should be followed, provide proper nutrition; skin care, oral health and other routine medical screenings.
- Safety - ensure a safe environment for exploring and playing. Safety is a BIG priority due to this group's curiosity.



Some ways to demonstrate competency in working with this age group are:

- Involve the parents in childcare tasks, e.g. feeding, diapering, bathing, and so forth. The new parents may lack confidence in their abilities and that gets communicated to the child. Build trust by bolstering those skills.
- Provide safe toys and safe opportunities for play. Let them explore, but make the environment a safe one for exploration.

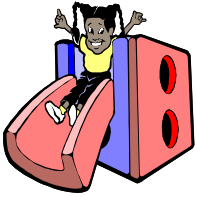


**YOUNG CHILDREN (AGES 4-6 YEARS)** are active.

Healthy Growth and Development is characterized by:

- Physical - grows more slowly than the infant; motor skills improve; begins dressing himself; is toilet trained.





- Mental - begins to use symbols; memory improves; imagination becomes quite vivid; likes to hear stories.
- Social/emotional - identifies with parents; becomes more independent; becomes sensitive to other's feelings.

Key health-care issues:

- Communication - give praise; rewards; set clear rules.
- Health - continue to keep immunizations and checkups on schedule; promote healthy habits (e.g. good nutrition, personal hygiene, etc.)
- Safety - promote the development of safe habits, e.g. use bike helmet, safety belts, etc.

Some ways to demonstrate competency in working with this age group are:

- Encourage the parents to allow the child to make some decisions-choose between foods, for example.
- Use games, toys and such to teach the child. Games and toys can also be used to reduce the child's fears.
- Encourage the child to ask questions, play with others and talk about feelings.
- Help parent to teach safety rules and help to reinforce them.

**OLDER CHILDREN (AGE 7 TO 12 YEARS)** are "doers".

Health growth and development is characterized by:

- Physical - grows slowly until puberty when they experience a growth "spurt".
- Mental - active, eager learner, understands cause and effect; can read, write and do math.
- Social/emotional - develops a greater sense of self; tends to focus on school activities, "fitting in" with peers to help establish identity; negotiates for greater independence.



Key health care issues for this group include:

- Communication - help the child to feel competent, useful.
- Health - keep immunizations and checkups on schedule; provide information on alcohol, tobacco and drug use. Good time to begin providing information on sexuality.
- Safety - promote safe habits (playground safety, peaceful conflict resolution, etc.).

Some ways to demonstrate competency in working with this age group are:

- Allow the child to participate in some decisions regarding their care (for example, allow them to determine which arm you take their BP in or which finger to stick for blood sugar testing, etc.)

- Build self-esteem - recognize their achievements, offer them opportunities to assist you in doing tasks.
- Guide the child in making healthy, safe lifestyle choices.
- Support the parents and assist them in talking with the child about peer pressure, sexuality, alcohol, drugs, etc.

**ADOLESCENTS (AGES 13 TO 20 YEARS)** are in transition.

Healthy growth and development is indicated by:

- Physical - growth occurs in "spurts"; matures physically and is capable of reproduction.
- Mental - begins to think abstractly (that is, they go beyond simple solutions to see the complexity of situations and anticipate different potential choices, outcomes, etc.)
- Social/emotional - develops their own identity; builds close relationships; tries to balance peer group with family interests; becomes very concerned about appearance; challenges authority.



Key healthcare issues for this age group include;

- Communication - provide acceptance and privacy; build teamwork, respect.
- Health - encourage regular checkups, promote sexual responsibility; advise against substance abuse; update immunizations.
- Safety - discourage risk taking (promote safe driving skills, violence prevention, etc.).

Some ways to demonstrate competency in working with this age group are:

- Treat the adolescent more as an adult than a child; avoid authoritarian approaches.
- Show respect - be considerate of how procedures, treatments, etc. may affect appearances, relationships, etc.
- Guide them in making positive lifestyle choices. Provide accurate, complete information to correct misinformation often received from peers.
- Encourage open communication between the teen and parents, peers.

**YOUNG ADULTS (AGES 21 TO 39)** build connections.

Healthy growth and development is characterized by:

- Physical - reaches physical and sexual maturity; nutritional needs are for maintenance rather than growth
- Mental - acquires new skills and information, which is used to make decisions and solve problems.



- Social/emotional - seeks closeness to others; sets career goals, chooses lifestyle, community; starts own family.

Key health care issues during this stage include:

- Communication - be supportive and honest; respect personal values
- Health - encourage regular checkups; promote healthy lifestyle (provide information on proper nutrition, exercise, weight control, etc.) inform about health risks e.g. heart disease, cancer, etc.) update immunizations.
- Safety - provide information on hazards at home, work.

Some ways to demonstrate competency in working with this age group are:

- Support the person in making health care decisions.
- Encourage healthy and safe habits at home and at work.
- Recognize commitments and responsibilities to family, friends, work and the community (time, money, etc.).

**MIDDLE ADULTS (AGES 40 TO 64 YEARS)** seek personal growth.

Healthy growth and development is characterized by:

- Physical - begins to age; experiences menopause (women) may develop chronic health problems.
- Mental - uses life experiences to learn, create, and solve problems.
- Social/emotional- hopes to contribute to future generations; stays productive, avoids feeling "stuck" in life; balances dreams with reality; plans retirement; may care for children and parents.



Key health care issues for this group may include:

- Communication - keep a hopeful attitude; focus on strengths, not limitations
- Health - encourage regular checkups and preventative exams; address age-related changes; monitor health risks; update immunizations.
- Safety - address age related changes (effect on senses, reflexes, etc.).

Some ways to demonstrate competency in working with this age group are:

- Address worries about the future- encourage talking about feelings, plans, etc.
- Help with plans for a healthy, active retirement.

**OLDER ADULTS (AGES 65 TO 79)** enjoy new opportunities.

Healthy growth and development is characterized by:



- Physical – ages gradually; natural decline in some physical abilities senses.
- Mental - continues to be an active learner, thinker; memory skills may start to decline.
- Social/Emotional - takes in new roles (grandparent, widow/er, etc.); balances independence and dependence; reviews life.

Key health care issues in this age group include:

- Communication - give respect; prevent isolation; encourage acceptance of aging.
- Health - monitor health closely; promotes physical, mental, social activity; guard against depression, apathy; update immunizations.
- Safety - promote home safety; especially preventing falls.

Some ways to demonstrate competency in working with this age group are:

- Encourage the person to talk about their feelings of loss, grief, and achievements.
- Provide support for coping with any impairments (avoid making assumptions about loss of abilities)
- Encourage social activity with peers. Encourage volunteerism, participation in a community groups, clubs.

**ADULTS (AGES 80 AND OLDER)** move to acceptance.

Health growth and development is characterized by:

- Physical ability; at increasing risk for chronic illness; major health problems.
- Mental - continues to learn; memory skills and or speed of learning may decline; confusion often signal illness or a medication problem.
- Social/emotional - accepts end of life and personal losses; lives as independently as possible.



Key health care issues associated with this group include:

- Communication - encourage the person to express feelings, thoughts, avoid despair; use humor, stay positive.
- Health- monitors health closely; promote self-care; ensure proper nutrition, activity level, rest; reduce stress; update immunizations.
- Safety - prevent injury; ensure safe living environment.



Some ways to demonstrate competency in working with this age group are:

- Encourage independence by providing physical, mental and social activities.
- Support end of life decisions by providing information, resources, etc.
- Assist the person in self-care- promote medication safety; provide ramps, bathroom handrails, etc

<http://www.medsrc.com/AgeSpecific.htm>

## Cultural Diversity Considerations for Health Care Providers



### DEFINITION OF CULTURE

**CULTURE-** A simple definition of culture is the thoughts, beliefs, and/ values of a social group. Culture consists of collective learned attitudes and feelings that are expressed through customs and traditions. Culture influences and guides behavior.

**ETHNIC DIVERSITY-** Ethnic diversity includes a variety of religions, races, and cultures. More than one in four Americans are now of either Asian, Hispanic, or African-American descent. The melting pot of the United States is exhibiting more diversity.

According to the 2000 Census, 25% of North Carolinians reported that they were a minority race. This is approximately double the portion for the United States as a whole. 22% of all North Carolinians are African American/Black, compared to 12% of the population nationally. 4.7% of North Carolina residents are Hispanic. North Carolina's Hispanic population grew by almost 400 percent from 1990 to 2000, compared to the national rate of growth of 58%. Over 1% of all North Carolina's residents are American Indians.

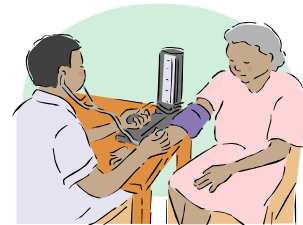
### RESPECTING CULTURAL PREFERENCES

- Patients must be cared for and treated in a manner in which their personal values, beliefs, cultural, and spiritual preferences are respected.
- People from various cultures may have a different perception of *locus of control* (their ability to influence health outcomes).
  - This perception can influence patient participation in their care.
  - Seek to optimize all patients' involvement in their care so that outcomes will advance these individuals on the healthcare continuum.
- Examine your feelings and reactions to cultural diversity.
  - This is the first step in oneself to understand what is necessary to care for people of other cultures.

- Discover activities and behaviors that enhance patient care and needs by understanding and respecting their cultural preferences.
- A well-rounded approach to a variety of cultures strengthens one's ability to promote positive healthcare behaviors and outcomes in all patients.

### **AREAS IN WHICH CULTURE PLAYS A ROLE IN HEALTH ISSUES**

- Patients should feel comfortable, respected, and safe regardless of their cultural backgrounds.
- Minimizing anxiety and fear enhances the healing process.
- Culture plays a role in various areas of healthcare:
  - Pain and illness
  - Care and treatment
  - Birth and death
  - Food preferences
  - Lifestyles
  - Social roles play



### **GUIDELINES IN COMMUNICATING WITH PEOPLE OF VARIOUS CULTURES**

- Learn as much as possible about the other culture(s) of patients.
- Explore the other culture(s) of co-workers.
- Treat everyone with respect.
  - Eye contact, tone of voice, gestures, body motion and facial expressions convey respect
  - Pay attention to nonverbal communication
- Recognize any cultural stereotypes you may possess and work toward correcting any misperceptions or biases.
- Develop an understanding and appreciation of cultural differences.
- Be open and flexible to cultural diversity.
- Quickly apologize if you feel that you may have offended someone of another culture.
- Seek out resources who may be able to help you understand links between culture and healthcare.
- Speak at a comfortable pace & repeat often if necessary. Confirm Understanding.
- Be conscious of the context in which communication takes place.



### **TECHNIQUES USED TO COMMUNICATE WITH PATIENTS**

#### **WHO SPEAK LITTLE OR NO ENGLISH**

- Use flash cards with pictures of the issues that you are asking about.
  - Patient can point to the item that is correct when choices are given on flash cards.
  - Simple pictures from other sources work well also.

- Nonverbal communication crosses all cultures.
  - Pointing to a body part and grimacing indicates that there is probably pain or discomfort in that body part.
- Translators can assist with assessments and critical situations in which time is important.
- Gesturing is risky to use in communicating with people of other cultures. For example, a “thumbs up” sign for Americans means good or okay, but for other cultures it can be an insult.

### **SERVICES FOR PATIENTS WITH A LANGUAGE BARRIER AT SRMC**

- A family member/support person may serve as an interpreter for the patient with a language barrier if requested by the patient.
- Communication charts for use with patients with language barriers are available in the ER, SNU, and OB. They may be used by other areas if needed.
- The following means of providing interpretation are available:
  - Hospital Service
  - Spanish Translation Service
  - Language Line Services

### **HOSPITAL SERVICE**

- If an interpreter is needed between the hours of 6:30PM – 6:30AM Monday-Friday, on weekends or holidays, call the switchboard operator.
- Give the following information to the operator.
  - Service Required: Phone service or need interpreter to come in.
  - The extension you want the interpreter to be connected to if interaction will be by phone. (Set up the conference call phone in the room where the patient will be located.)
  - The location the interpreter is to report to if the interpreter needs to come to the hospital.

### **SPANISH TRANSLATION SERVICE**

MARTTI Translation Unit

- Provides real time on the spot teleconference translation and sign language.
- Units are available through the Nursing Supervisor.

### **LANGUAGE LINE SERVICES**

- Available when an interpreter is not readily available on site.



- The service provides access to interpreters for more than 140 languages, 24 hours a day, seven days a week. A speakerphone should be used when possible.
- See policy for Providing Services for Patients With Speech, Visual and Hearing Impairments and for Patients With a Language Barrier in the Administrative Manual section on the SRMC Intranet.



## **PERSONAL SPACE**

- For Americans, most are comfortable with a personal space of 18 inches.
  - When a stranger gets closer than 18 inches, this can cause alarm and cause the person some anxiety.
  - In healthcare settings, patients commonly have to have care that intrudes on the 18 inches of space. Therefore, caregivers should announce their intent to the patient, what needs to be done, and how the resident can assist with the care.
- For other cultures, the personal space can range from 5 inches to 50 inches.

## **AUTOMATIC RESPONSES**

- Automatic responses are sometimes given by people of other cultures. The most common example is “yes”, which is sometimes given out of courtesy.
- Try to ask open ended questions, instead of a question that can be answered with “yes” or “no”.

**Treat each patient on an individual basis with respect to ensure quality care.**

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## **Pain Management**

If a patient exhibits any signs of pain notify that patient’s nurse. Patients are given a Patient’s Bill of Rights with Pain Management when they come into the SRMC. This explains the patient’s and SRMC’s responsibility in regards to pain management.



## SIGNS OF PAIN

- Verbal communication of pain
- Frequent shifting of positions
- Squirming
- Restlessness
- Grimacing and/or moaning
- Splinting of body parts
- Crying
- Sighing
- Refusal to eat



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## Organ Donation



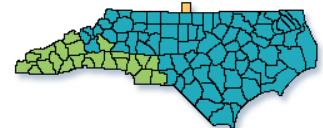
### 1998 HCFA REGULATION ON EYE, ORGAN, AND TISSUE DONATION

- Federal - HCFA Regulation : Hospital Conditions of Participation; Identification of Potential Organ, Tissue and Eye Donors
  - Requires hospitals to notify, in a timely manner, their designated organ procurement agency of individuals whose death is imminent or who have died in the hospital.
  - Requires that the individual designated by the hospital to initiate the request to the family must be an organ procurement representative or a trained designated requestor.

### CAROLINA DONOR SERVICES

Carolina Donor Services is the federally designated organ procurement organization serving 5.6 million people in 79 counties of North Carolina and Danville, Virginia. The area includes 104 hospitals, and 4 transplant centers which perform heart, lung, liver, kidney, and pancreas transplants. If a death occurs at SRMC or if death is imminent, the Carolina Donor Services must be contacted by the nurse or nursing supervisor.

Carolina Donor Services Coverage Map



### NC EYE BANK

Carolina Donor Services is SRMC's contact when a death occurs or is imminent. Carolina Donor Services will contact the NC Eye Bank as appropriate.



### SRMC'S EYE DONATION

- Before HCFA published the final rule on eye, organ, and tissue donation, SRMC had zero eye donations in 1998.
- In the year 2002 (the last statistics available), SRMC had 113 referrals for the eye bank with 6 of those being actual donors.

## Procedure for Responding to Unusual Clinical Events and Incidents



### CODES

While at SampsonRegionalMedicalCenter, one may hear various “codes” called overhead. These “codes” are to alert staff/students of various situations that may be occurring. SampsonRegionalMedicalCenter periodically will have drills of these “codes” to test the readiness and response of staff. When a drill is called, it is to be treated as if it were the actual event; staff is not informed that it is a drill until after response of the staff is evaluated.

The following are codes that one may hear overhead:

<b>Code Red</b>	- Fire
<b>Code Blue</b>	- Cardiopulmonary Arrest
<b>Code Pink</b>	- Baby/Child Kidnapping
<b>Code Yellow</b>	- Bomb Search
<b>Active Shooter</b>	- Person with a Weapon or Hostage Situation



### LIFE SAFETY

Sampson Regional Medical Center has a number of fire safety devices in all areas of the facility, including smoke and heat detectors, fire extinguishers, fire exits, fire alarm pull stations, sprinkler heads, and fire doors which automatically close. When the fire alarm system is activated in this facility, the Sampson County E-911 Center is automatically notified. If you ever smell smoke, see flames, or suspect the presence of fire, you must be prepared to handle it appropriately and quickly.

In our facility, we remember **RACE** in the event of fire:



- Rescue** -those in immediate danger first.
- Alarm** -pull the alarm pull stations. Notify other employees. Call 444 to report the fire.
- Confine** -close all doors to confine smoke and fire.
- Extinguish** -only if the fire is small and you are trained.



If you choose to use a fire extinguisher, remember **PASS** & follow these instructions

- Pull** -the pin.
- Aim** -the nozzle at the base of the flames.
- Squeeze** -the handles together.
- Sweep** -the extinguisher back and forth from side to side to extinguish the fire.



Anytime the fire alarm sounds, it should be considered a real fire until announced differently.

### **EVACUATION PLAN**

If it becomes necessary to evacuate your area, stay calm and remember to move person in the following manner:

1. Evacuate only upon orders of the Sampson Regional Medical Center CEO or designee.
2. Go beyond fire doors on the same floor level unless that route is blocked by fire.
3. If you cannot safely evacuate beyond the fire doors move down to the next floor level. Never move to the floor level above.
4. Each department has specific procedures that must be done during a fire. Please ask what you should do if the alarm is activated.

### **Disaster**

In the event of an external disaster, Sampson Regional Medical Center will place its disaster plan in effect. Please follow the directions given to you by the personnel in the area you are occupying. This may include discharging some patients that are deemed by a physician to be ready for discharge. This could include prisoner/patients. Officers should remain ready to assist with discharge of these patients should the need occur.



### **BOMB THREATS**

If a bomb threat is received while you are at SampsonRegionalMedicalCenter, the bomb threat plan will be activated.

Employees will be searching areas with which they are familiar. If you observe any unusual packages or items do not touch, call an employee familiar with that area.

At each area, there should be a laminated question sheet near the telephone. This is to be used in the event one receives a bomb threat telephone call. It is to be used to assist in gathering information from the caller.

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## **Chemical Safety**

The Material Safety Data Sheets (MSDS) are your guides to chemical safety. An MSDS gives more detailed information on a chemical and its hazards. It also gives you specific precautions for protecting yourself from dangerous exposure. Know how to read and interpret this information.

Before handling any chemical container, always read the label. Product information should be on the label. Warnings may be in words, pictures or symbols. Report any torn or illegible label to your supervisor.

MSDS are available 7 days/week by calling 1-800-451-8346. When calling, please know the product name and number, manufacturer name, and the UPC Code.

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## **Spill Clean Up Procedure/Emergency Response**

In the event of a spill, the responsible department director will take all appropriate precautions in accordance with the MSDS for the material involved. This medical center will use a universal absorbent material manufactured by Clean Sweep Environmental for control and cleanup of all chemical spills. Chemicals requiring special precautions are Formaldehyde, Ethylene Oxide, Xylene and Laboratory Chemicals.

Observe all safety precautions for the material involved. **DO NOT ATTEMPT TO CLEAN UP SPILLS UNLESS YOU HAVE BEEN TRAINED TO DO SO. NOTIFY ADMINISTRATIVE PERSON ON CALL OR NURSING SUPERVISOR.**

Clear the area of all personnel. Assist any person(s) who may have become contaminated, if it's possible to do without placing oneself at risk. Action needed if person is contaminated/injured: assess condition, remove material; shower to remove material; use eyewash station if needed; and seek medical attention provided by Emergency Services Department.

Contain the spill if this act can be accomplished safely. Close doors and avoid breathing vapors. If the spilled material is potentially flammable, all ignition and light sources should be turned off.

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## Electrical Safety



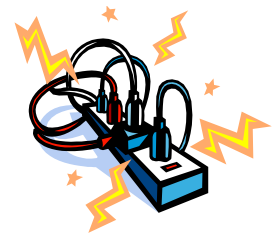
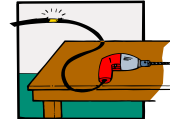
### KNOW HOW TO PREVENT ELECTRICAL ACCIDENTS

Always inspect cords. See that no plugs or insulation areas are broken. Keep cords away from rough, sharp, hot or greasy surfaces.

### ELECTRIC SMARTS

#### Don't . . .

- Overload outlets or motors
- Let grease, dirt, or dust build up on machinery
- Place cords near heat or water
- Run cords along the floor where they can be damaged
- Touch anything electric with wet hands
- Put anything but an electric plug into an electric outlet
- Use temporary wiring in place of permanent wiring



### IN CASE OF ELECTRICAL SHOCK

- If you see someone getting shocked while touching an electrical device, unplug the equipment.
- Think about your safety. You may need to turn off the main power switch in your area.



### BE ALERT FOR TROUBLE SIGNS

If a machine overheats, smokes or sparks, or if you feel a slight shock; unplug it - call a service person and place an order in the computer system.

### ***WATER + ELECTRICITY = TROUBLE***

Don't touch electrical equipment if you are in or near wet spots.

### GROUNDING MEANS PROTECTION

Grounding is a critical form of protection that connects the equipment to the earth. Electricity gets back to the power plant through the ground, the "earth-ground", not the ground prong.

Most tools and machines are grounded. Metal frames or covers on electrical equipment and 3- pronged plugs provide additional grounding.

## **THE U-SHAPED PRONG**

The u-shaped prong is a safety feature.



## **ELECTRICAL EQUIPMENT MALFUNCTIONS**

When electrical equipment malfunctions, or is dropped or damaged in any way, the equipment should be labeled "DEFECTIVE DO NOT USE" and shall be removed from service. The Bio-Medical Department or Plant Operations Department shall be notified as outlined in the Work Request Procedure.

During normal business hours (9am- 5:30pm) send Bio-Medical a work request for defective patient care related electrical equipment. Bio-Medical will remove the equipment immediately. After 5:30 pm send a work request to Bio-Medical, then call Security. An Officer will remove the equipment immediately. Bio-Medical will pick up the equipment from the main Security office the next business day.

During normal business hours (7:30 am – 9:00 pm) send Plant Operations a work request for defective patient care related non-electrical equipment. Plant Operations will remove the equipment immediately. After 9:00 pm send a work request to Plant Operations, then call Security. An Officer will remove the equipment immediately. Plant Operations will pick up the equipment from the main Security office the next business day.

## **EQUIPMENT MANAGEMENT POLICY REGARDING EQUIPMENT**

- Employees must receive training or orientation before using new equipment or existing equipment that has had major modifications.
- The employee's supervisor or department director is responsible for that orientation.

## **HAIR CARE APPLIANCES**

- Must pass a visual inspection by Clinical Technology Services (CTS) or Plant Operations
- Must be tagged with an inspection sticker by Clinical Technology Services (CTS) or Plant Operations

## **EXTENSION CORDS**

- Must be obtained from Clinical Technology Services (CTS) or Plant Operations

## **DAMAGED EQUIPMENT**

- Equipment that has been dropped or damaged should be:

- Labeled “Defective Do No Use”
- Remove it from service
- Notify Clinical Technology Services (CTS) or Plant Operations by
- Sending a work request through theMediTech system

**PILLOW SPEAKERS**

Please take those few seconds to remove the pillow speaker from the bed rail before the bed is moved for any reason, by anybody

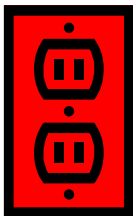
Repairs can cost in the hundreds of dollars and it leaves the patient with no way to contact a nurse.

**EXITS**

Exit lights are very important for egress in case of fire or smoke. If they are dark or partially dark, report this by placing a work request in the MediTech computer system. Report any lights that are not burning, whether the light is in the hallway, bathroom, exit, or outside.

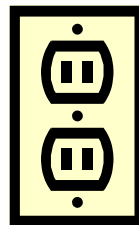


**ELECTRICAL RECEPTACLES**



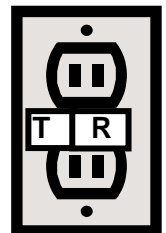
*Emergency Power Interrupter*

There is power in wet areas. these at all times.



*Normal Power*

There is no power when CP&L power is off.



*Ground Fault Circuit*

These are located in (GFCIs) monitor the current going in and out of an electrical device. If it's out of balance enough to shock someone,

the GFCI shuts off the power instantly so the extra current won't "leak" out & shock you.

### **WORK REQUESTS**

When sending in a work request on the MediTech computer system, please give the following information.

- A brief description of "What Is Wrong"
- Specific location
- The type of equipment and equipment ID number (small Sun Health sticker on equipment)
- Your name- Please DO NOT abbreviate.
- Your department code
- Your telephone extension

### **COMMODOES OR HOPPER**

Things to be placed in a commode or hopper are: body secretions and toilet tissue.

Things **NOT** to be placed in are paper towels, gloves, linen pads, sanitary pads, gauze or anything other than body secretions or toilet tissue.

If an accident happens, do NOT flush commode. Notify Plant Operations by sending a work request on the MediTech computer system.

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## **CPR (Cardiopulmonary Resuscitation)**

- The hospital uses American Heart Association Standards (AHA).
- All hospital employees must have a CPR class/training of some type annually
- Clinical areas must have at least a hands-on practice session every year
- CPR classes for hands-on practice, verification, and re-verification are offered each Month - Refer to the Monthly Education Calendar for times & dates



### **ADULTS**

For adults, the AHA chain of survival includes 4 links or actions. They are: #1 – Phone for help; #2- CPR; #3 – Early defibrillation; and #4 advance care.



**THE FIRST LINK** is early access involves early identification of patient collapse by a person who can activate the EMS system. The person arriving at the side of the collapsed victim must quickly determine if the



scene is safe, if the victim is responsive, and if there is any evidence that the victim sustained injuries. Tap or gently shake the victim and shout "Are you all right?" If no response, activate the emergency medical system by phoning 444 if the victim is located on the hospital's main campus or by phoning 911 if not on the hospital's premises.

By dialing 444, one can activate the hospital's established emergency medical response system to initiate an early response on-site. This number can be dialed from any telephone in the hospital with the exception of pay phones.

**THE SECOND LINK** is early CPR. CPR is most effective when it is started immediately after the victim's collapse. Bystander CPR is the best treatment that a cardiac arrest patient can receive until the arrival of a defibrillator and Advanced Cardiac Life Support (ACLS). Training in basic CPR has an additional effect on improving survival from out-of-hospital cardiac arrest. The CPR classes are offered here free to our employees. It is a requirement for our clinical areas.

**THE THIRD LINK** is early defibrillation. In the hospital, we have heart monitors/defibrillators, ambu bags and crash carts with medications and other equipment located in the Radiology Department, Cardiopulmonary Department, and on all of the nursing units. We also have an automated external defibrillator (AED) located at the outpatient rehabilitation center and on the hospital ambulance. Staff in those areas receive training on the utilization of the emergency equipment, as appropriate to their job descriptions.

**THE FOURTH LINK** is early advanced care provided by appropriately trained personnel. ACLS brings equipment to support ventilation, establishes intravenous access, administers drugs, controls arrhythmias, and stabilizes the victim for transport.

## **PEDIATRICS**

For pediatrics, there are four links or actions to the AHA Chain of Survival. They are:

#1 – Education in the preventions of cardiopulmonary arrest; #2- CPR; #3 – early access to emergency medical services; and #4 early and effective pediatric advanced life support.

As with the adults, the pediatric victim should be checked for responsiveness. The person arriving at the side of the collapsed victim must quickly determine if the scene is safe, if the victim is responsive, and if there is any evidence that the victim sustained injuries. Tap or gently shake

the victim and shout "Are you all right?" If no response, activate the emergency medical system by phoning 444 if the victim is located on the hospital's main campus or by phoning 911 if not on the hospital's premises.

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## **Abuse and Neglect**

"Abuse" is the willful infliction of physical pain, injury or mental anguish, unreasonable confinement or the willful deprivation by a caretaker of services necessary to maintain physical and mental health.



"Neglect" refers to adult or child who is not able to provide services necessary to maintain mental or physical health or is not receiving such from the caretaker.

If suspected, treat all life threatening injuries. Document verbatim how parent/patient/caretaker states the injury occurred. Use direct quotes when possible.

Document all visible signs of injury. Patient should be completely undressed and entire body surface assessed for:

- level of consciousness
- obvious deformities
- all lacerations – location and size
- location, size and shape of bruising
- skin color, temperature, and turgor
- if burn, location and shape
- any unusual odors
- anything else that appears detrimental to the patient

Call appropriate agency or their designee.

- Physician and/or Director of Nursing Unit/Nursing Supervisor should make the report or be aware the report is being made.
- During regular business hours Child/Adult Protective Services at the Dept. of Social Services is to be notified. After hours, the on call person is to be notified.
- Cases of battered women should be reported to appropriate law enforcement agency.

## **An Abused Child Is Any Child Less Than 18 Years Of Age Whose Parent Or Caretaker:**



- inflicts or allows to be inflicted a physical injury which causes a substantial risk of death, disfigurement, impairment of body organ or

- who creates or allows to be created a situation in which there is substantial risk of the above events or
- who commits or allows to be committed a sex act upon a child in violation of the law

## **Neglected Child**

- any child less than 18 years of age who does not receive proper care or supervision from his parent or caretaker
- has been abandoned
- is not provided necessary medical or remedial care
- lives in an environment injurious to his welfare
- has been placed for care or adoption in violation of the law



## **Abused Adult**

- any adult over the age of 18 years of age who has been physically harmed intentionally by a caretaker or spouse
- or has been placed in an environment which may create substantial risk of harm
- or has been exploited sexually or financially for others gain



## **Neglected Adult**

- any adult over the age of 18 years of age who is disabled and not receiving essential services from the caretaker
- or is denied access to medical treatment



## **Abuse by Caregivers**

- Patients and families are alleging abuse by caregivers more frequently.
- Abuse by caregivers may be physical or verbal.
- SRMC is required to report alleged abuse to the NC Department of Facility Services within 24 hours and to investigate and report follow-up within 5 days.
- To avoid alleged abuse complaints, follow The Standards of Behavior, be attentive to how you are being perceived, and ask for assistance as needed.

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## **Weapons**

Security officers are not sworn officers and do not carry firearms. Law Enforcement/Correction Officers on SampsonRegionalMedicalCenter property are reminded that they are responsible for their firearm. Patients, visitors, and employees may not carry firearms on SampsonRegionalMedicalCenter property.

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# **The Medical Center's Channels of Communications**

## **Clinical**

On the nursing unit: Nurse, Director of Nursing Unit or Nursing Supervisor, Senior Management on call  
In other clinical areas: Staff person, Director of Department or Nursing Supervisor, Senior Management on call

## **Security**

Security Officer – Dial 0

## **Administrative**

Dial 0 for assistance.

Shawn Howerton, CEO - 8718

Shawn Howerton, M.D., Chief Medical Officer – 8718

Jerry Heinzman, Chief Financial Officer – 8729

Kelly Lucas, CIO - 8726

Allison Taylor, CNO / VP Clinical Services – 8715

Amber Cava, VP Marketing & Foundation - 5422

Michael Gilpin, Vice President, Human Resources - 8750

## **Printed Resources**

Departmental Policy and Procedure Manuals

Unit Specific Policy and Procedure Manuals

Formulary Manual

Hospital Bylaws

Manual of Nutrition Care Management

Medical Staff Bylaws

Medical Staff Rules and Regulations

Nursing Service Employee Handbook

Patient Teaching Manual

Personnel Handbook

SRMC Administrative Manual – Policy Tech

SRMC Environment of Care Manual – Policy Tech

SRMC Exposure Control Manual – Policy Tech

SRMC Health Insurance Portability and Accountability Act – Policy Tech

SRMC Intranet

SRMC Medical Staff Manual – Policy Tech

SRMC Nursing Service Procedure Manual

SRMC Protocol Manual – Blue Book

SRMC Skilled Nursing Manual – Policy Tech

*Revised: June 2005, October 2005, April 2012; May 2014*

# **Orientation Packet for New Employees/Students/Volunteers**

## **Acknowledgement**

I have received my copy of the Orientation Packet for New Employees/Students/Volunteers. I have studied the orientation packet and understand the information contained in the Packet. Since the information in this Packet is necessarily subject to change as situations warrant, it is understood that changes in policies may supersede, revise, or eliminate the policies in this Packet.

I understand that this is not an employment contract and that management pledges to do all it can to further the interest of employees and to assure fair play, treatment, and working condition of all employees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
\*Guardian Signature

\_\_\_\_\_  
Date

\*Required for anyone under the age of 18 years.

This sheet must be signed and returned to the Personnel Department within 10 days.

***Retain in Employee's Personnel File.***