

# Student Orientation Manual 2014-2015



**Welcome**

## **Introduction and Welcome to Students**

Welcome to the Pelham Medical Center. We value that you have chosen the Pelham Medical Center to complete your clinical requirements. We want to do everything we can to make you feel comfortable within our system. We are closely associated with Spartanburg Regional Healthcare System, so any competencies and/or computer classes taken at SRMC are the same for Pelham Medical Center and do not have to be repeated.

The following pages contain vital information for your safety as well as for the safety of our patients and other customers. Each unit will also provide you with unit specific orientation information on your first day. Located in the back of your Student Orientation Manual is a ***Confidentiality Agreement***. Read it carefully, complete, and turn in to your clinical instructor or appropriate person as directed.

## **Who to Contact**

If you have any questions about the specifics of your clinical experience while you are here, please feel free to contact the Pelham Medical Center Nursing Supervisor at 530-2077 or the Pelham Medical Center Hospital Educator, Juliet Brandau, at 530-4082. If you have general questions and concerns, please contact the Corporate Education Department: Cynthia Rice, the liaison for nursing students, paramedic students and PCT students for Spartanburg Regional Healthcare System, at 809-2122 or 560-6549. Gloria Graves is the coordinator for all non-nursing students. She can be reached at 560-6278.

Each time you are assigned to a new and unfamiliar clinical area you should become familiar with the Emergency Procedures, Infection Control Policies, Policy and Procedure location, fire alarms, fire extinguishers, fire escapes and evacuation routes. Most of this information can be accessed on the HUB, the hospital's Intranet. The HUB can be accessed by clicking on Internet Explorer on any hospital computer.

**\*Please be sure you are on the Pelham Medical Center HUB (as opposed to the SRMC Hub) when looking at policies/procedures as they differ from facility to facility.\***

Emergency Procedures can be found on the HUB by selecting:  
Departments→Emergency Management  
Or look for the red manual on each unit

Policies and procedures can be found on the HUB by selecting:  
Pelham Medical Center →PMC Policies and Procedures

Please review the Red Emergency Procedure Manual located on the units to identify what to do in the event of a Fire, Severe Weather, Cardiopulmonary Arrest, Child or Infant Abduction, Hazardous Materials Spill, Safety, and Security Issues.

## **Parking for Students**

Students should park in the lot behind the hospital or the lot behind the Gibbs Cancer Center Building and enter through the Front door.

## Immunization / Vaccination Student Requirements

The following requirements must be met prior to student clinical experience at SRHS:

- Hepatitis B immunization or signed declination
- Verification that the student is free from:  
(Written documentation of immunization or titer results is required for showing immunity. An equivocal result is interpreted as non-immune.)
  - Rubella
  - Rubeola
  - Mumps
  - Varicella
  - Tuberculosis by one of the following methods:
    - negative 2-step PPD, both steps placed and read within the past 12 months
    - previous positive PPD and Department of Health and Environmental Control clearance
    - negative IGRA within the past 12 months
    - positive IGRA with Department of Health and Environmental Control clearance
    - NOTE: An initial 2-step PPD is a requirement to establish a valid baseline for healthcare workers.
  - Tetanus (Td booster within past 10 years), Tdap is recommended.
  - Influenza vaccine during designated flu season yearly or compliance with SRHS influenza vaccination policy including policies for wearing a mask.

## Dress code for Students

All students are required to adhere to the Pelham Medical Center Dress and Grooming policy. A copy of the policy can be found in the back of the manual. All students must wear a name badge at all times.

## Injury and Exposure Guidelines

Safety in the work environment and prevention of injuries and exposures is everyone's responsibility. In the event you experience an injury, have an exposure to blood and body fluids (either through the skin e.g., needle stick or onto mucus membrane e.g., eyes, nose, mouth), or to a communicable disease during your clinical experience at Pelham Medical Center please follow these steps:

- **Perform First Aid:** For a splash into eyes, flush with water for 15 minutes. For a needle stick, cut, wound, or splash on mucus membrane (other than eyes), wash the exposed body part with lots of soap and water. Do not use caustic agents (e.g., bleach), antiseptics or disinfectants in the wound.
- **REPORT IMMEDIATELY TO YOUR INSTRUCTOR OR PRECEPTOR AND THE DEPARTMENT MANAGER.**
- **Call the Infection Preventionist on call 864-560-IPRN** during business hours Mon-Friday 0830-1700 or the Nursing Supervisor after hours weekends and holidays **530-2077**.
- **Complete the Non-Employee Exposure Report Form.** This form is available for printing from the Employee Health or Infection Prevention HUB page, or you can obtain a copy from the Nursing Supervisor.
- **Return the completed exposure report** to Infection Prevention or it may be returned to the Nursing Supervisor for forwarding to Infection Prevention.



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- If the severity of the injury requires emergent treatment, you may be instructed to go to the Emergency Center by the supervisor, Infection Prevention or your immediate supervisor.

#### **Pelham Medical Center Responsibilities:**

- Students who have a potential exposure to a blood borne pathogen will be provided with pertinent information about the source person's disease. Results will be given to students only.
- SRHS will accommodate schedule changes or leaves as needed should a student need to leave the assigned area/unit to have labs drawn or obtain prophylaxis meds at a location designated by the school.

#### **School Responsibilities in case of Injury or Exposure**

- Review the injury and exposure guidelines with students and educate on safe practices.
- Develop a process for appropriate exposure follow up and counseling as indicated.
- Establish a process for assuring appropriate baseline and follow up testing as indicated, thru the provider of their choice. Students should be fully informed by their school regarding this process and be able to identify contact information for the SRHS personnel who will facilitate the exposure management.
- In the event of an exposure to an unknown source of blood, baseline testing of the student is the responsibility of the school. All prophylaxis is the responsibility of the school.
- In addition to the following and above guidelines, all injuries and exposures to nursing students should be reported to Cynthia Rice, Clinical Liaison Educator (560-6549).

#### **Infection Prevention Guidelines**

#### **Students (all disciplines) under no circumstances are permitted to enter the room of a patient in Airborne Isolation.**

The following information is intended to help you have a *safe* learning experience at Pelham Medical Center. Review content carefully.

- **Infection Prevention Department**  
On Call 560-4776 or 560-IPRN
- **Infection Prevention Manual**  
Infection Prevention policies are located in Section 1200 of the Spartanburg Regional Policy Manual on the HUB.  
The *Exposure Control Plans* for Bloodborne Pathogens are found in 1200.600 of this section.
- **Personal Protective Equipment (PPE)**  
Locate the PPE on the unit where you are working.  
Gloves are available in all sizes.  
Each unit will have gowns, protective eyewear, and masks in the clean utility room.  
PPE can be disposed of in the regular waste unless heavily soiled with blood or body fluids.  
PPE is not to be worn outside the area where it is used.
- **Waste Disposal including Pharmaceuticals**  
Waste is separated into categories:

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1. Regular waste that does not include medication or IV antibiotics in clear bags (note: electrolytes are not considered medications)
2. Infectious materials in red infectious waste bags
3. Needles, broken glass and other sharps in red plastic sharps containers
4. Narcotics and controlled substances (must be witnessed) – green cactus smart sink
5. Pharmaceutical Waste: any non-controlled pharmaceutical remnant or Warfarin and/or Nitroglycerin product will be disposed of in the black bin on the units.
6. Chemotherapy: Yellow Bins

Dispose of all waste in the appropriate containers in the soiled utility room. All bulk fluid in containers is to be emptied down the toilet or hopper prior to disposal of the container, except for Chest Tube Collection Systems. Sharps containers are routinely collected by a disposal service. Report any overfilled sharps containers immediately to the charge nurse.

▪ **Linen**

Handle linen as little as possible. Bag all linen at the point of use.

Place all soiled linen in a yellow linen bag, even linen soiled with blood. Double bagging of linen should only occur if there is a risk of fluid leaking through.

All clean linen must be kept covered.

Once linen is in a patient's room it is considered soiled and **cannot** be used on other patients

▪ **Cleaning of a Blood Spill**

Put on gloves. Soak up the blood spill with an absorbent material (paper towels) and place in a red bag.. Disinfect the area with a disinfectant spray with the amount of time labeled on bottle. Disinfectant can be found on the housekeeping cart or in the soiled utility room. Notify housekeeper to re-clean the spill area.

• **Cleaning a Chemo Spill**

Chemo Spill Kits are located in the supply room on every floor. Call EVS for assistance.

▪ **Reporting Potentially Communicable Infections**

Students with potentially communicable infections shall not engage in activities that contribute to infection risks among patients. All students and clinical faculty in the healthcare setting should be familiar with illnesses that require reporting. It is the responsibility of individual students to report the development of an infection, rash, weeping or open wounds, and potentially communicable infections (examples include: chickenpox, herpes lesions- cold sores or shingles, conjunctivitis, and flu), to the clinical instructor immediately.

▪ **Hand Washing (Hand Hygiene)**

**Hand Hygiene is the most important means of Infection Prevention.** Keep fingernails short enough to wash under. Nail polish is not allowed in clinical areas. Artificial Nails are not allowed in clinical areas. Alcohol hand rub is available and may be used at any time if hands are not visibly soiled. The amount of alcohol hand rub dispensed from the wall is effectively means to disinfect hands. Apply 1 to 2 applications of sanitizer to hands and continue to rub palms, back of hands, fingers and wrists. Do not wipe, fling away, wave hands or other speed drying methods. Alcohol hand rubs are not used for





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patients with *C. difficile*; use soap and water instead. Hand hygiene should last a minimum of 20 seconds with either alcohol hand rub or soap and water.

**Overhead  
Announcement**

**Incident Management Codes**

Code Red	Fire
Code Blue:	Medical Emergency Adult
Code Blue, Jr:	Medical Emergency Child
Code PI:	Personal Injury (visitor or outpatient non-life-threatening injury such as a fall, etc.)
Code Pink:	Infant Abduction
Code Adam :	Child Abduction
Code Silver:	Person with weapon
Code Grey:	Hostage Situation
Code Search:	Bomb Threat
Code Gamma:	Radiological Event
Code Black:	Internal Disaster
-Alert Phase 1:	Horizontal Evacuation
-Alert Phase II:	Vertical Evacuation
Code MCI:	Mass Casualty

**Emergency Operator:** Call 23333 on any house phone. Call the emergency operator to report any incident management code (list above).

**Security:** Dial 23911 on any house phone. Call Security any time you need the assistance of a security officer. Also call Security in the event of a mercury spill.

**Risk Management**

Spartanburg Regional Medical Center: 560-2116

**Liability-Defined as a Visitor Injury**

Steps to follow:

1. Make sure the visitor is OK.
2. Page a Code PI (23333)
3. Do not force anyone to go to the Emergency Department. It must be their decision.
4. If the injured person asks, "How will my treatment for this injury be paid for?" You say, "I'm not sure." I'll take down the information and pass it on to Risk Management."
5. Notify Risk Management immediately if there is serious injury. A member of our Security staff will complete the Variance Reports.

They will need your assistance if you saw the incident occur or if you were the first one on the scene.

**NOTE:** If you see spills, clean them up immediately or call Environmental Services

## **Medical Liability- Defined as Patient Injury**

### **Steps to follow:**

1. Injury/medication error, surgical mishap, etc. Notify your clinical instructor, preceptor, and department supervisor. Document factual information in the patient's medical record.  
"Medication A stopped, Medication B started, Doctor notified."  
**Never chart in the patient record-“Variance Report was completed.”**
2. Assist the staff member in documenting the variance in Midas answering the questions as indicated. Call Risk Management to discuss in detail if variance resulted in a patient injury.
3. **Do not** make notes regarding the incident for your personal records. All written documentation should be in Risk Management. The Variance Report is sufficient. If additional notes are made they must be attached to the occurrence report. Never keep a copy for yourself.
4. If a lawyer calls you or anyone other than a SRMC or Pelham Medical Center employee regarding any incident, do not discuss with them but call Risk Management immediately: Call 612-8050 is the number on the call list, 24 hrs/day 7 days/ week.

## **Safe Medical Devices**

1. Any problem with equipment, which caused problems for a patient, must be reported by Risk Management to the FDA within ten days. Always save the equipment and any packaging.
2. Other supplies that cause injuries such as feeding tubes that rupture or tears must be kept for the Risk Management Department. (Save the packaging and send also.)

## **S.C. Lewis Blackman Hospital Patient Safety Act**

Lewis Blackman, a healthy, gifted 15-year-old, underwent elective surgery at MUSC. In one of the state's most modern hospitals, he bled to death over 30 hours while those caring for him missed signs that he was in grave peril. A state law in his name was established in 2005. The components of the law include:

- **Name Badges**- All clinical staff, trainees, students, interns, residents, and physicians **MUST WEAR ID BADGES**. Student badges must have a picture, legal name, school, and student title, and must be easily visible at all times. Students who provide direct patient care should always verbally identify themselves as a student who is assisting with their care. Patients have the right to refuse student care.
- **Establishing appropriate communication**- If a patient or family member has a concern get the primary nurse involved **immediately**.

## **Preventing Allegations of Sexual Misconduct**

- Have a third person of the same gender as the patient present during assessment, examination or care of the patient. Do not have a family member as the chaperone.
- Conduct consultations in privacy but not behind closed or locked doors.
- Confront patient in presence of third party if patient demonstrated sexually aggressive behavior.
- Consider cultural and diversity norms for the patient. A hug for patients may be acceptable by some patients and not for others. Be aware of your nonverbal communication and how it might be perceived.
- Avoid meeting with the patient outside the hospital unless accompanied by a third party.
- Be careful of using language or descriptions with sexual overtones.

### **Corporate Integrity and HIPAA**

The goal of Corporate Integrity is to assist employees, students and contract staff of SRHS in doing the right thing. The right thing includes, but is not limited to: compliance with all laws, rules, and regulations related to healthcare; policies of SRHS; and the basics of good common sense. If you feel that compliance to specific rules and regulations are not being followed, notify your instructor, supervisor, and/or department manager. Also, feel free to call the Hotline number listed below to report any non-compliance issues. Please sign the Confidentiality Agreement to assure that you will be compliant with all patient confidentiality issues.

**The Hotline number is (877) 298-7747.**

**This anonymous, toll-free hotline is available Monday-Friday, 9am – 8pm.**



## Pelham Medical Center Emergency Procedure Quick Reference

Event/Codes	Description	Initial Response	Secondary Response.	Follow Up
<b>“Code Search” Bomb Threat</b>	Notification of a bomb threat	Prolong conversation to obtain details about caller & threat if threat via phone.	Call Security 530-3911	Security shall organize bomb search. Do not touch if found. Fill out bomb threat form (HUB: Bomb Threat Plan)
<b>“Code Blue/ Blue Jr.” Cardiac Arrest</b>	Cardiac/Respiratory arrest	If in patient room press “code” button on bed, call emergency operator at 530-3333, initiate CPR	ACLS Protocols, Family Support, Call Chaplain	Complete Code Sheet
<b>“Code MCI” External Mass Casualty Disaster</b>	Red, Orange, Yellow, Green based on the level of response needed.	Remain in duty station Follow HICS protocols Prepare for influx of patients.	Implement unit/departmental plan according to phase.	Complete Emergency Management Incident Evaluation.
<b>“Code Red” Fire</b>	Fire, smoke or smell of something burning	<b>R=Rescue</b> <b>A=Alarm-pull station</b> <b>C=Contain-close doors</b> <b>E=Extinguish</b>	<b>O2 shut off or evacuation as required.</b>	Complete Code Red Evaluation Form.
<b>“Code Red Horizontal or Vertical” Evacuation</b>	<u>Horizontal evacuation</u> -move to next smoke compartment <u>Vertical evacuation</u> -down and possibly out of building	Evacuate ambulatory, wheelchair, and then bedridden patients taking records, if time permits.	Account for patient, visitors, and staff.	Report evacuation status to Command Center. Identify any missing patients, personnel, or others.
<b>“Code Black- Spill” Hazardous Material Spill</b>	Any spill which presents a hazard to people or environment	Call the emergency operator at 530-3333, Call SAFETY LINK at 2-HARM (530-4276) to request Material Safety Data Sheet (MSDS)	Evacuate area; avoid contact; use appropriate first aid (flush eyes, remove clothing, fresh air).	Complete Hazardous Materials/Chemo Spill Form.
Workplace Violence or Security Concern	Workplace violence or security related incident develops or appears imminent	Call Security 530-3911	Remain calm & follow directions of Security & Public Safety	Complete Variance Report.
<b>“Code Grey” Hostage Situation</b>	An individual being held against their will	Clear area Call Security 530-3911	Remain calm & follow directions of Security & Public Safety	Complete Variance Report.
<b>“Code Adam” Child Abduction</b>	Child Abduction: A child is missing or suspected to be kidnapped	Call the emergency operator 530-3333	Report to nearest exit and, if safety permits, secure the exit. Do not allow any person or persons to leave	Coordinate with Public Safety and family. Complete Variance Report.
<b>“Code Pink” Infant Abduction</b>	Infant is missing or suspected to be kidnapped.	Call the emergency operator 530-3333	Report to nearest exit and, if safety permits, secure the exit. Do not allow any person or persons to leave	Coordinate with Public Safety and family. Complete Variance Report.
<b>“Weather Alert-Tornado Warning”</b>	A tornado has been sighted in Spartanburg County and/or immediate area.	Close windows, blinds, and drapes. Move patients away from windows. Cover patients with blankets & pillows.	Security will watch the Weather Channel and observe outside.	Complete departmental disaster critique forms.
<b>“Code PI” Rapid Assessment (Personal Injury)</b>	Person with injury or outpatient needing higher level of care.	Call the emergency operator at 530-3333	Wait with injured party until Code PI Team responds.	Security completes Code PI Report, Manager completes SREO for employees.
<b>“Code Elope” Eloping Vulnerable Patient</b>	Eloping, vulnerable patient	Call the emergency operator at 530-3333.	Search for missing patient in your immediate work area monitoring exits.	Complete Variance Report.



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Security: 530-3911 Pelham Medical Center Emergency Operator: 530-3333 <b>Public Safety &amp; Fire Department: 911</b>	<b>Administrator On Call:</b> Call the emergency operator at 530-3333 and they will coordinate with Nursing Supervisor to contact the Administrator on Call.
	<i>Facilities: 530-2349</i>  <i>Environmental Services Supervisor: 530-2387</i>

<b>Poison Control (Mr. Yuk)</b> <b>1-800-922-1117 OR</b> <b>1-800-222-1222</b>	<b>Safety Link 2-HARM (530-4276)</b> <b>Pelham Medical Center Command Center- Meeting Rooms</b> <b>1/2- 530-2911, Fax: 530-2912,</b> <b>Email distribution: Command Center, VAP</b>
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**Pelham Medical Center Utility Failure Quick Reference**

Failure of:	What to Expect:	Who to Contact:	Staff Response:
<b>Electrical Power Failure</b> (Generators OK)	Turn non-essential lighting off. Only red (emergency) receptacles work.	Facilities 2-2FIX (530-2349)	Verify that all life support equipment is plugged into red receptacles. Reset controls if applicable. Monitor closely.
<b>Total Electrical Power Failure</b>	All lights out. Elevators out. Only battery-operated equipment works. Phones still work.	Facilities 2-2FIX (530-2349)	Manually ventilate ventilator dependent patients. Utilize flashlights. Manually regulate IVs. Use extra precautions in respiratory isolation rooms due to loss of negative pressure, keep isolation door closed.
<b>Elevator stopped between floors</b>	Elevator alarm bell will sound.	Facilities 2-2FIX (530-2349) Security 530-3911	Keep verbal contact with occupants. Reassure them until help arrives.
<b>Elevator out of service</b>	Floor-to-floor movement stops.	Facilities 2-2FIX (530-2349)	Plan for possible delays in food and service deliveries. Use alternate routes.
<b>Medical Gases</b> (Complete Failure)	Loss of pressure, alarm will sound on service that has failed.	Facilities 2-2FIX (530-2349) Respiratory CISCO phone 530-2998	Evaluate patient needs immediately. Use manual/portable life support equipment.
<b>Natural Gas; Failure or Leak</b>	Loss of heat, Possible gas odor	Facilities 2-2FIX (530-2349)	Facilities staff will notify Greer Public Works Department. Convert to alternate heat source.
<b>Sprinkler/Alarm/ Fire Suppression Failure</b>	Areas that are affected will be notified by Facilities.	In event of fire call the emergency operator at 530-3333 for Code Red announcement.	Review fire plan for department. Implement Interim Life Safety Measures as required. Minimize fire hazards. If a fire breaks out manually close fire doors.
<b>Boiler/Steam (Failure)</b>	Loss of heat in areas	Facilities 2-2FIX (530-2349)	Reassure patients. Provide extra blankets.
<b>Telephones</b>	No telephone service	Help Desk 560-4357	Use emergency phones or use personal cell phones.
<b>Patient Call System Failure (Nurse Call)</b>	Loss of communication from patient room to nurse	Facilities 2-2FIX (530-2349)	Monitor patients closely. Instruct patients on phone communication to nurse's desk.
<b>Water (Partial Failure)</b>	Loss of water pressure	Facilities 2-2FIX (530-2349)	Conserve water contact Food Services for bottled water 530-5300.
<b>Water (complete failure)</b>	No running water	Facilities 2-2FIX (530-2349)	Curtail water usage except for emergency needs. Do not flush toilets. Implement HICS. Contact Food Services for bottled water 530-5300

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<b>High Water Temperature</b>	Exceptionally hot water in general patient area	Facilities 2-2FIX (530-2349)	Discontinue use of hot water except in controlled situations.												
<b>Flooding</b>	Flooding from ceiling or floor	Facilities 2-2FIX (530-2349)	Avoid walking through flooding area. Barricade from visitors. Staff use appropriate PPE												
<b>Clinical Equipment (Critical) – Device Failure &amp; Basic Staff Response Plan</b>															
<b>Device</b>	<b>What to Expect:</b>	<b>Who to Contact:</b>	<b>Clinical Intervention:</b>												
<b>Blanketrol</b>	Device shuts down and alarms	CTS, Biomedical Engineering	Find alternate unit, tag item, use extra blankets/ice												
<b>Defibrillator</b>	No energy output	CTS, Biomedical Engineering	Find alternate unit, tag item, begin CPR												
<b>ECG Monitor</b>	No waveform display	CTS, Biomedical Engineering	Find alternate unit, tag item												
<b>External Pacemaker</b>	No pacing	CTS, Biomedical Engineering	Alternate unit, continue ACLS												
<b>Ventilator</b>	Device alarms and does not ventilate patient	Respiratory CTS, Biomedical Engineering	Manual ventilation with Ambu-bag, tag item												
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Contact</td> <td style="width: 25%; text-align: center;">EXT.</td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;"><b>Bio/Med/CTS</b></td> <td colspan="2" style="text-align: center;"><b>530-2633, or after hours (612-3068, or 1-800-825-1786)</b></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>Respiratory</b></td> <td style="text-align: center;"><b>530-2998</b></td> <td></td> </tr> </table>					Contact	EXT.		<b>Bio/Med/CTS</b>	<b>530-2633, or after hours (612-3068, or 1-800-825-1786)</b>				<b>Respiratory</b>	<b>530-2998</b>	
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# APPENDIX:

 <p>Spartanburg Regional Healthcare System</p>	<p><b>Spartanburg Regional Healthcare System Integrated Policy and Procedure Manual</b></p>	<b>Policy Number</b>	<b>IM1000.204</b>
		<b>Effective Date</b>	<b>06/14</b>
		<b>Approval Date</b>	<b>05/14</b>
	<p><b>Title:</b> <b>Dress and Grooming</b></p>	<b>Supersedes</b>	<b>02/12</b>
		<b>Origination Date</b>	<b>08/74</b>
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**TITLE:**

Dress and Grooming

**KEYWORDS:**

Dress; Grooming; Nails; Artificial Nails

**RESPONSIBILITY:**

It is the responsibility of each associate to adhere to this policy and management to enforce.

**POLICY:**

The purpose of this policy is to have associates present a professional image to internal and external customers while maintaining a safe environment.

**MEDICAL CENTER PROCEDURE:**

Spartanburg Regional strives to be a highly specialized healthcare organization, whose associates are dedicated, professional people interested in delivering quality care. Associates shall dress and groom in a manner that reflects the highest professional standards to those we serve and with whom we work.

It is the responsibility of the departmental managers to determine if an associate is properly dressed for work. Associates reporting to work in violation of this or other reasonable standards of professional appearance may be sent home without pay and expected to return to work in acceptable attire. Repeated violators may be subject to disciplinary action up to and including termination.

The Department Manager may make exceptions to the Dress Code guidelines listed below when it is appropriate to the working condition of the particular area of which the associate works. It shall be the Department Managers responsibility, however, to see that the associate presents the best possible appearance for customers.

Special consideration may also be given to Spartanburg Regional associates for certain events or holiday theme wear with advanced approval by the Department Director. Dates and specific guidelines shall be communicated to associates (i.e. Christmas uniforms worn during Christmas holidays).

**Minimum Dressing and Grooming Standards are listed below:**

1. Identification badges
  - a. Worn with picture and name visible
  - b. Worn above the waist for easy identification

- c. Not defaced with pins and stickers
2. Personal clothing and uniforms should be clean, neat and follow departmental guidelines.
3. Personal Protective Equipment (i.e. shoe covering, cover gowns, mask, etc.) should not be worn outside the individual work area.
4. Hair and beards should be clean and neatly trimmed.
5. Personal hygiene (dirty fingernails, body odor or strong cosmetics and scents) should not be offensive.
6. Length and type of fingernails:
  - a. This section is applicable to all who have direct patient contact, regardless of employment status and those who handle patient care products and equipment. Example are, but not limited to: nurses, physicians, transport and environmental services, therapists, phlebotomists, Certified Registered Nurse Anesthetist (CRNA) and other bedside ancillary support, both in- and out-patient settings. Supervisors, Clinical Unit Educators (CUE), Coordinators, “Charge” personnel and Managers are considered direct patient care. Directors are included if they provide hands-on care at any time during performance of their duties.
  - b. Artificial nails are not permitted, and nail polish is not permitted on associates providing direct patient care, or handling patient care products or items.
  - c. Long natural nails are not allowed. The expected length is no greater than ¼ inch beyond the tip of the finger. You may be asked to trim your nails by your manager or Infection Prevention.
  - d. Fingernails should be visually inspected for inflammation, wounds or broken skin surrounding the nails. Healthcare workers with unhealthy nail conditions may be referred to their healthcare provider for treatment or restricted from providing care according to Employee Health.
7. For the safety of patients and associates, refrain from wearing large earrings and long hanging jewelry. Jewelry worn on the fingers and wrist should be minimal.
8. No pierced ornaments should be worn in visible site other than the ear.
9. Direct caregivers shall wear hair pulled away from their face.
10. The following list is not allowed as professional clothing:
  - a. Shorts, skorts, tank tops, T-shirts, \*denim, halter tops, bare midriff shirts or shirts that expose the midriff at any time, leggings, stretch pants, low riding baggy pants, and warm up suits. (Associates who change into scrub suits may wear casual attire such as warm up suits and jeans as deemed appropriate by the department director.)
  - b. Crop, Capri and Gaucho pants (except on Business Casual Friday)
  - c. Tight fitting clothing
  - d. Clothes with messages
  - e. Skirts more than four inches above the knee
  - f. Visible tattoos
  - g. Sundresses without a jacket
  - h. Flip flops
- \* The use of denim should be limited to apparel with authorized Spartanburg Regional representation on casual Fridays or to authorized theme days permitting denim apparel.
11. Uniform guidelines must be followed:
  - a. Associates must follow the departmental uniform guidelines pertaining to colors for their area and job function.
  - b. Associates in uniform pants may wear shoes either with socks or with hose.
  - c. Associates in uniform skirts and dresses should wear shoes with hose.
12. Certain shoe types are required for safety:
  - a. Clinical areas, defined as having patients or specimens in the area, must wear closed toed shoes.
  - b. Other support areas defined as not having patients or specimens may wear open toed shoes.

\* Pantyhose/Stockings are not required unless they are part of the designated departmental uniform.

13. Customary formal business attire is expected for areas with outside contacts, visitors and/or clients within the hospital.

Friday Business Casual Day may serve as a designated day, occurring on a regular basis, when associates may work in clothes which are less formal than those required during their normal work hours. Associates required to wear uniforms for clinical and or safety reasons may not be eligible to participate in these designated days.

**Guidelines:**

- Associates must maintain a positive, professional image to outside customers, patients, visitors, and guests while dressed in “Business Casual” attire. (The use of denim may be limited to apparel with authorized Spartanburg Regional representation on casual Friday’s, or to authorized theme days permitting denim apparel.)
- Formal business attire should still be required for meetings and contact outside the system or with visitors within the system.
- If there is a question as to what is appropriate attire, associates are encouraged to ask their managers prior to wearing the questionable attire.

**PELHAM MEDICAL CENTER PROCEDURE:**

**DEPARTMENT UNIFORM GUIDELINES**

**ANCILLARY SERVICES**

Lab	Pink, Purple or Grey Scrubs
Pharmacy	Business Attire with Lab Coat (Pharmacist Only) Hunter Green, Olive Green, and Ceil Blue with minimal white Scrubs (Pharmacist & Pharmacy Technicians)
Radiology	Brown, Aqua, Khaki or with minimal Navy Scrubs
Rehab (OT / PT / Speech)	Business Attire with Lab Coat
Respiratory	Cobalt/Royal Blue
Stress Lab	Business Attire with Lab Coat (NP Only)

**BUSINESS OPERATIONS**

Food Service Cashier, Waitress*	Black Pants with White Bistro Shirt, Black Shoes *Waitress - Black Vest
Chef, Cook, Bus, Delivery*	Black Pants with Black Chef or Bistro Shirt, Black Apron, Chef Hat, Black Shoes *Delivery - White Vest
Gift Shop	Business Attire
Guest Services	Business Attire
Material Management	Khaki Pants with VH Polo (Classic Navy)
Patient Access Services	Business Attire
Volunteer	White Shirt with VH Vest

**PATIENT CARE SERVICES**

ISA / EST / SST / MT	Inpatient Service Associate: Cranberry Scrubs or Caribbean Blue Monitor Technicians: Cranberry Scrubs or Caribbean Blue Emergency Service Technician: Cranberry Scrubs or
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	Caribbean Blue
Nursing Personnel	Emergency Department: Black & White Scrubs Medical / Surgical: Black & White Scrubs Pain Center: Black & White Scrubs Stress Lab: Black & White Scrubs
OR Personnel	Arbor Green Scrubs
Administrative Assistants	Business Attire
Unit / Administrative Secretary	Cranberry Scrubs or Caribbean Blue

**PLANT OPERATIONS**

Bio-Med	Khaki Pants with Aramark shirt
EVS	Navy and Ceil Blue Scrubs
Facilities	Khaki Pants with VH Polo (Blue)

Scrubs worn by associates should have limited printing. In the event printing is present, the printing should only be in primary or secondary colors.

Violation of this policy may result in disciplinary action up to and including termination.

**RESOURCES/REFERENCES:**

IM1200.406 - Hand Hygiene  
CDC Guideline for Hand Hygiene in Health Care Settings, MMWR 2002; vol. 51, no. RR-16.

**REVIEWED BY:**


Eric Longino and Darla Pennington  
Audy Bates

Date: 05/01/14  
Date: 02/07/12, 03/02/10

**COMMITTEE APPROVAL:**

Human Resources  
The approval of the nursing director group

Date: 02/07/12  
Date: 01/12

 <p><b>Spartanburg Regional Healthcare System</b></p>	<p><b>Spartanburg Regional Healthcare System Integrated Policy and Procedure Manual</b></p>	<b>Policy Number</b>	<b>IM 400.812</b>
		<b>Effective Date</b>	
	<p><u><b>Title:</b></u> <b>Faculty and Student's Scope of Responsibility</b></p>	<b>Approval Date</b>	<b>05/14</b>
		<b>Supersedes</b>	<b>03/12</b>
		<b>Origination Date</b>	<b>05/97</b>
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**TITLE:**

**FACULTY AND STUDENT'S SCOPE OF RESPONSIBILITY**

**KEYWORDS:**

Faculty, Students, ADN, BSN, Nursing Students

**RESPONSIBILITY:**

Registered Nurses, Faculty registered Nurses, BS Nursing students, AD Nursing students

**POLICY:**

To provide practice guidelines for nursing faculty, nursing students, and student nurse preceptors.

**MEDICAL CENTER PROCEDURE:**

**I. Intravenous Therapy Guidelines**

- ADN and BSN students enrolled in an SRHS affiliated Nursing program may administer intravenous therapy as a part of the clinical experience.
- Students will have completed intravenous therapy instruction as part of their nursing curriculum requirements, demonstrated competency in a simulated lab environment on their school's campus
- Students will be directly supervised by their clinical instructor, a primary Registered Nurse, or approved SRHS RN preceptor when performing intravenous therapy in the clinical area.

**II. Intravenous Therapy Functions Students / Faculty Can Perform-**The following intravenous therapy functions are appropriate to be performed by approved nursing students with a faculty member, a primary Registered Nurse, or an approved SRHS RN preceptor present:

- Perform venipuncture in the superficial veins of the upper extremities
- Assess peripheral venous site for patency during clinical rotation and deliver maintenance care to site as needed.
- Hang and/or change intravenous therapy solutions using the Alaris Infusion Pump Guardrails. Label and change tubing according to policy. Refer to policies IM400.822- Peripheral Venous Device: Insertion and Removal and IM400.822.1- Peripheral Vascular Access Device: Site Care, Maintenance, and Changing Administration Set.
- Document interventions, and intake and output appropriately on the intravenous therapy record or electronic documentation or unit specific flow sheet.
- Use appropriate flush solutions with peripheral intermittent access devices and central intermittent access devices following hospital policy. Refer to primary nurse, patient's orders, and policy and IM400.805.1 Central Venous Access Device-(Excluding Hemodialysis and PICC Lines): Medication Administration, Infusion, and Flushing.
- Assess compatibility and administer medications as secondary infusions using the Alaris Infusion Pump Guardrails.
- Convert continuous intravenous therapy to intermittent access device and discontinue continuous intravenous therapy or intermittent access devices. Refer to policy IM 400.822.2 Conversion to Intermittent Access Device.
- Administer intravenous push medications. Students may administer IV narcotics under the direct supervision of the instructor, the primary registered nurse, or and approved SRHS preceptor. The narcotic must be co-signed by the person providing direct supervision.

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**III. Intravenous Therapy Functions Students / Faculty Must OBSERVE Only**

- Administration of blood and blood components
- Access of tunneled or implanted venous access devices
- Administration of chemotherapy
- Set-up and maintenance of Patient Control Analgesia Device pump
- Dec clotting of central venous catheters
- Withdrawing blood for testing purposes from central venous catheters
- Removal of central venous catheters and or introducers

**IV. Electronic Documentation**

- Nursing faculty who supervise students in the clinical area are required to attend the SRHS Electronic Documentation class and the Medication Administration class. Instructors are encouraged to repeat the classes at least every 3 years. It is the nursing faculty's responsibility to contact the Corporate Education Department to schedule classes.

**V. Retrieving Medications from Accudose or Narcotic Lock-Box**

- Unit specific Accudose codes are issued to clinical faculty. It is the responsibility of faculty to keep this code confidential. Faculty who remove medications from the Accudose and/or the narcotic lock-box for the purpose of the student to document and administer to the patient, must co-sign the medication in the electronic documentation system.
- RN Preceptors who remove medications from the Accudose and/or narcotic lock-box and allow the nursing student to document and administer the medication, must co-sign the medication in the electronic documentation system.

**VI. Medical Orders**

- Faculty and students should not sign-off orders in the patient's medical record. They can observe this process only.

**VII. Senior Practicum**

- Assigned faculty should be available in person or by telephone for consultation during clinical hours (days, nights, weekends).
- Preceptors for senior practicums are assigned by the Clinical Liaison Educator, in the Corporate Education Department, and approved by the Nurse Manager.
- Preceptors should have a minimum of 2 years nursing experience and demonstrated competencies in their work area.
- Each preceptor should view the Senior Practicum Preceptor Orientation PowerPoint (provided by the Clinical Liaison Educator). Documentation is kept on file by the Clinical Liaison Educator.
- Preceptors should co-sign all student documentation

**PELHAM MEDICAL CENTER PROCEDURE:**

**Same Process**

**RESOURCES/REFERENCES:**

SRHS Affiliating Schools of Nursing Agreement

South Carolina State Board of Nursing: <http://www.scstatehous.gov/coderegs/c091.php>

IM 400.822 Peripheral Venous Device: Insertion and Removal

IM 400822.1 Conversion to Intermittent Access Device

IM 400.822.2 Peripheral Vascular Access Device: Site Care, Maintenance, and Changing Administration Set

IM 400.805.1 Central Venous Access Devices-Medication Administration, Intravenous Infusion

CMS Conditions of Participation

**REVIEWED BY:**

Cynthia Rice, Juliet Brandau

Date: 05/14



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**CONFIDENTIALITY AGREEMENT  
SPARTANBURG REGIONAL HEALTHCARE SYSTEM**

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**PATIENT INFORMATION**

Patients have a right to privacy. They have a right to expect that details of their condition, treatment, and medical history. Personal and financial affairs will be kept confidential by all hospital employees and agents. It is not for an employee or agent to decide what information a patient would not object to having disclosed, for what one person considers another may consider being unimportant highly sensitive or embarrassing.

I understand that all information (written, verbal, electronic, or printed) concerning a patient’s medical condition or relating to or referring to a patient’s medical records, regardless of how such information is obtained, is confidential medical information. I agree not to disclose or discuss such information with anyone other than those individuals directly involved in the care of the patient or others with a legitimate business reason to know the information.

**CONFIDENTIAL BUSINESS INFORMATION**

I acknowledge that certain business information of SRHS is considered confidential information. Such confidential information includes patient or vendor lists, public relations and marketing information, patient account information, training and operations material, memoranda and manuals, personnel records and manuals, cost information, and financial information concerning or relating to the business, accounts, patients, employees, agents and affairs of SRHS. I acknowledge and agree that such information is the property of, and confidential to, SRHS, and further, that I will not publish or disclose, either directly or indirectly, any confidential information of SRHS.

**ELECTRONIC/COMPUTER SYSTEMS**

Electronic and computer systems include all computer-generated or stored data, voice mail, facsimile, and electronic mail services. The information transmitted by; received from, or stored in these systems is the property of Spartanburg Regional HealthCare System (“SRHS”). I hereby consent to SRHS monitoring my use of its electronic and computer systems at any time. I understand that such monitoring may include the printing and reading of all electronic mail entering, leaving, or stored in these systems.

I understand that electronic and computer systems are to be used solely for SRHS purposes and agree not to copy, modify or otherwise access the software without the appropriate written authorization. I further agree not to circumvent my password or security level. I acknowledge that software is protected by a variety of licensing agreements and laws and that any misuse of the software may subject me to legal liability as well as disciplinary action up to and including termination from hospital learning experiences.

I understand that any violation of this Confidentiality Agreement may result in disciplinary action, up to and including termination from hospital learning experiences. I understand that SRHS may have additional rights and remedies available to them in law or equity in cases of a disclosure of trade secrets or proprietary information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EXHIBIT A  
WAIVER AND RELEASE**

**This Waiver and Release** is entered into and signed as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, a student of \_\_\_\_\_ (“College”), located in \_\_\_\_\_, \_\_\_\_\_ (“Student”), to and in favor of Spartanburg Regional Health Services District, Inc., a public hospital corporation and political subdivision of the State of South Carolina (“SRHSD”). In the event that Student is under the age of eighteen (18), then this Waiver and Release is made with the consent and joinder of \_\_\_\_\_ as parent or legal guardian of Student (“Parent”).

**WHEREAS**, Student has been accepted for enrollment in an internship through College to take place on the premises of SRHSD (“Internship”), conditioned upon execution and delivery of this Waiver and Release; and

**WHEREAS**, Student and/or Parent are willing to execute and deliver this Waiver and Release in order to induce SRHSD to allow Student to participate in the Internship;

**NOW, THEREFORE**, for and in consideration of the mutual promises contained herein, and for the opportunity to participate in the Internship, Student and/or Parent hereby agree as follows:

- 1. Medical Condition and Coverage.** Student has consulted with a physician as to his personal medical condition, and represents that he suffers from no health-related issues which preclude or restrict participation in the Internship. Student is further aware of his medical condition and needs, and has arranged for adequate medical insurance to meet any and all needs for payment of hospital costs, and that Student and/or Parent assumes all risk and responsibility therefore. In the event that Student’s medical condition or needs change during the course of the Internship in any way that could affect his participation in the Internship, then Student and/or Parent agree to notify College and SRHSD of such change.
- 2. Conduct.** Student acknowledges that SRHSD may suspend and immediately remove from the premises and Internship any Student when their performance is unacceptable in reference to the Facility’s standards of behavior or their conduct is disruptive or detrimental to the Facility or its patients, within the sole judgment of SRHSD.
- 3. Assumption of Risk.** Knowing the dangers, hazards and risks associated with participation in the Internship, and in consideration of being allowed to participate, Student and/or Parent, on behalf of Student, his heirs, assigns, guardians, personal representative and all other persons claiming by or through him, voluntarily agrees to assume all risks and responsibility surrounding participation in the Internship, including transportation, and releases and forever discharges, holds harmless and agrees to defend and indemnify, SRHSD, its board, officers, agents, insurers, affiliates and employees from and against any and all damages or liabilities arising in any way out of or related to losses, damages, or injuries, including death, suffered by Student while participating in, or in transit to or from, the Internship, whether based upon tort (including without limitation premises liability), contract, or otherwise.
- 4. Release of Records.** Student understands and acknowledges that, by providing the information requested below, he is consenting to College and or SRHSD using such information in order to conduct a criminal records check, drug test health screening, and hereby grants permission for such checks, tests and/or screens to be conducted. Student further understands and acknowledges that he is to advise College of any arrests or criminal charges subsequent to completion of this form, and that failure to do so may result in dismissal from the internship program. Student grants permission to College and SRHSD to receive and exchange the criminal records check, drug test results and health screens if shared for the limited purpose of determining Student’s suitability to participate in the internship.

5. **Nonemployment.** Student acknowledges that the Internship constitutes a clinical learning experience for which the student will receive no monetary or other compensation from the Facility, and that the Internship does not create an employer/employee relationship as between the student and the Facility.
  
6. **Miscellaneous Provisions.** In signing this Waiver and Release, Student/Parent acknowledge that they are fully aware of the content of this waiver, and are executing and delivery this Waiver and Release freely and voluntarily, only after having fully read and understood the contents hereof. Student states that he is \_\_\_\_\_ years old, and if over the age of eighteen (18), fully competent to sign this Waiver and Release. This Waiver and Release shall be construed in accordance with the internal, substantive, laws of the State of South Carolina, without effect to any choice of laws provisions that would result in the application of the laws of any other state. The Court of Common Pleas for Spartanburg County, South Carolina, shall be the exclusive forum for any suits filed under or incidental to this Waiver and Release or the Internship, and all parties hereby consent to jurisdiction therein. This Waiver and Release shall be severable, such that in the event that any court of competent jurisdiction holds any term to be illegal or unenforceable, then the validity of the remaining portions of such provision and of this Waiver and Release shall not be affected thereby.

**IN WITNESS WHEREOF**, the undersigned party (and if under the age of eighteen, parties) has executed this Waiver and Release as of the date first written above.

**Witness**

\_\_\_\_\_  
  
\_\_\_\_\_

**Student**

\_\_\_\_\_  
Student Name:  
  
\_\_\_\_\_  
Student Date of Birth  
  
\_\_\_\_\_  
Student Current Address  
  
\_\_\_\_\_  
Student Gender  
  
\_\_\_\_\_  
Student ID



**Student / Faculty Responsibility Statement**

I, \_\_\_\_\_ received a copy of the  
(Name Printed)

***Student Orientation Manual for Pelham Medical Center.* I have reviewed the content and understand that compliance to hospital policies and procedures are my responsibility. It has been suggested to me to always keep a copy of the manual nearby so that I can refer to it as needed.**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_