



Student Orientation

Agnesian HealthCare (SAH, FDLRC, AHE, FSC, SFH, CLW, WMH)

***Must be completed BEFORE beginning clinical experience.**

***You may be required to do additional Net Learning orientation if you will be at Agnesian HealthCare for more than a 150 hour experience or 6 month period of time.**

Unit or Dept specific orientation must be completed on your first day.

Please read this orientation material and then use the link at the end to print out and sign the acknowledgment form

Student is able to locate / discuss the following: Location of the department and other departments they will be interacting with

- Location of patient treatment and waiting areas
- Equipment they will be using
- Supervisors and staff they will be working with
- **To notify switchboard of any emergency situation - dial 1-2-3-4 (off-site locations dial 911)**

MISSION

We at Agnesian HealthCare (AHC) provide compassionate care that brings *hope, health* and *wholeness* to those we serve by honoring the sacredness and dignity of all persons at every stage of life. We are rooted in the healing ministry of the Catholic Church as we continue the mission of our sponsor, the Congregation of the Sisters of St. Agnes.

VALUES

At the HEART of our healthcare ministries we affirm these values:

Honesty: We affirm honesty as we bring truth and fairness to all our relationships.

Excellence: We affirm excellence as we continually improve the quality of our services and the knowledge and competencies of our staff.

Compassion: We affirm compassion through our responsive presence to one another, to those seeking wholeness of body, mind, spirit and especially to the poor and vulnerable.

Respect: We affirm respect as we honor the individuality and God-given worth of all people by promoting human rights and giving witness to justice.

Stewardship: We affirm stewardship as we protect our spiritual, human, natural and fiscal resources for future generations and collaborate with others committed to improving our community's health.

Living our Mission

Service Standards

Standards guide our actions and behaviors and are to be visible everyday in our ministry for the patients, families and residents we are serving.

The following standards of behavior are expected of all Agnesian HealthCare associates and students who care for our patients:

- **Be the best for and to each other.**
- **Be nice- it matters**
 - Welcome everyone in a friendly manner
 - Go out of our way to make their visit or stay an outstanding one.
 - Our attitude determines how each of us functions every day; our customers expect us to be warm, friendly and "nice".
- **Create positive opinions with great first impressions.**
 - Be neat in appearance; look and act professionally at all times
 - Assure that exam rooms, waiting rooms, family areas and lobby locations are neat, clean, warm and friendly.
 - Our appearances convey our confidence and send a strong message of welcome, credibility and quality to our customers
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- **Be responsive, kind and professional.**
 - Give clear directions to “lost” visitors; take your time and take them to their location in a calm friendly and unhurried fashion.
 - If busy with another person as someone approaches, make eye contact, smile and acknowledge their presence.
 - Answer phones and call lights promptly. If unable to handle the request immediately, at least respond and give the patient a time frame when you will assist.
 - Talk to visitors and patients in our waiting areas; be proactive and check with them regarding their wait and their needs.
 - Smile and greet each person who visits your desk or area; use first impression behavior greeting people by stating “I am _____, how may I help you?”
 - Close your encounter by asking “Is there anything else I can do for you? I have the time.”
- **Check your communications.**
 - Listen more than talking in most situations
 - Honor confidentiality at all times.
- **Take ownership.**
 - Always find a way to help – and – do it in real time, not later
 - Be responsive and present; patients don’t need to know how busy we are.
- **Make it easy – and safe!**

CULTURAL DIVERSITY & SENSITIVITY

Be open-minded and respectful toward other’s beliefs, values and practices. It relates to generational differences and socioeconomic issues as well as ethnicity. Be open-minded and respectful toward other’s beliefs, values and practices. This will help you, your peers, staff and your patients feel more comfortable. People may belong to many different cultural groups. The culture of health care in the United States has its own beliefs, values and practices that may not be shared by all patients. Avoid making judgments about the patient’s beliefs and practices, consider similar practices and beliefs that you may have and ask questions to help you learn about the patient’s view of their illness and care.

Language Line is the preferred method of interpretation at Agnesian Healthcare (see the [Language Line](#) policy). If a face-to-face interpreter is needed, follow the Interpreter policy and use the interpreter list found on the intranet. There is more to communication than just language. Other aspects of communication that may be influenced by culture include: directness, gestures and facial expressions, distance, touch, forms of address and degree of formality.

WORKPLACE VIOLENCE

It is the intent of Agnesian HealthCare to provide a safe workplace for all students/associates. Agnesian HealthCare does not tolerate any type of workplace violence committed by or against students/associates, physicians or volunteers. Associates and non-associates are prohibited from making threats or engaging in violent activities. Examples of workplace violence include, but are not limited to:

- Verbal abuse such as name calling and putdowns
- Causing physical injury to another person
- Making threatening remarks
- Surveillance/stalking
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress
- Intentionally damaging of employer property or property of another associates.
- Possession of a weapon while on company property or while on company business
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

Any potential dangerous situation must be reported immediately to your instructor, the department director or the Human Resources department. Reports can be made anonymously and all reports will be investigated. Reports or incidents warranting confidentiality will be handled appropriately and information will be disclosed on a need-to-know basis.

TOBACCO-FREE FACILITIES

It is the policy of the organization to provide a tobacco-free environment. **Tobacco use is not permitted in any area or on Agnesian HealthCare grounds.**

PARKING

- Location: STUDENTS should park in lot #2 across Division Street (***See attached map***).

[Click here for Parking Lot Map](#)

MEETING LOCATION

- Meeting Location for clinical group rotations will be in the cafeteria area on the Plaza Level of the hospital.

***Note:** Please Do Not congregate at the front doors.

QUALITY IMPROVEMENT

Definition of Quality: ***Doing the right thing at the right time, and doing the right thing well***

To support our organizational vision, we follow the Baldrige Framework for Process Improvement. This framework looks at how we Align, Deploy, Learn from and Integrate (ALDI) our processes through 6 categories. They include a) Leadership, b) Strategic Planning, c) Focus on Patients, Other Customers and the Market, d) Workforce, e) Process Management, Measurement, f) analysis and management of knowledge as well as our g) results. We utilize Lean, DMAIC and PDSA as our model to effect our changes.

QUALITY IMPROVEMENT (QI) INDICATORS

Each department has selected indicators to measure areas of improved performance. All associates are expected to suggest better ways to do things, identify and report problems and recommend solutions to the problems as they occur. Agnesian HealthCare publicly reports quality and safety data.

ALWAYS follow the written policies and procedures. If you are unclear about how to do something, ask your instructor, assigned staff member or the department leader. Agnesian polices and procedures are found on the intro-net under the *Associate Resources* link.

PAIN MANAGEMENT

Agnesian HealthCare is committed to pain management. All patients, in any age group, will be screened at time of contact regarding acute or chronic pain. Interventions, when appropriate, will be identified and included in the patient's plan of care. Agnesian Healthcare utilizes a multidisciplinary team to work with the patient/family to establish an achievable pain rating goal and will develop a collaborative strategy to achieve that goal.

The patient's report of pain will be accepted as the key indicator of the amount of pain experienced. Multiple types of assessment tools will be used based on the patient's age, abilities and preference. Once a tool has been selected for pain measurement, the patient and their health care provider will establish a pain-rating goal. While acknowledging all forms of pain cannot be controlled in all patients 100% of the time, every effort will be made by the physician to:

- Assess the patient relative to the effect of pain during illness/recovery process in order to promote efficient comfort/recovery.
- Educate the patient and family to various forms of pain management techniques, and
- Promote competencies within the area of pain management striving to improve or enhance methodologies to control pain.

Initial therapy will be implemented to minimize the level of pain.

All patients will receive timely initiation of pain management therapy.

Patients will receive pain management that is individualized based upon patient feedback as to their pain intensity rating.

Communication with ancillary staff or healthcare providers regarding pain management will be documented in the patient care record.

In the inpatient setting, the patient's physician will be notified within 4 hours if the patient's pain rating is > 5 with the patient receiving the maximum amount of prescribed analgesics.

PATIENT SAFETY GOALS

AHC participates with the WHA in publicly reporting results of Patient Safety efforts through the National Patient Safety

1. a. *Improve the accuracy of patient identification*

- Use at least 2 patient identifiers (name and birth date) when administering medications, blood or a blood component. The Patient's room number or location may not be used. Any specimens collected (this includes blood) must be labeled in the presence of the patient.

b. *Eliminate transfusion errors related to patient misidentification.*

- Before blood or blood component can be administered, the patient is objectively matched to the blood during a two-person bedside/chair-side verification process. One of these individuals must be the person must be the qualified transfusionist who will administer the blood or blood component to the patient.

2. *Improve the effectiveness of communication among caregivers*

- Hand-off of communication is accurate and complete.

- SBAR (Situation, Background, Assessment, Request) is the preferred format of communication at Agnesian HealthCare. Use of SBAR ensures a standardized method of communication throughout the continuum of care.

- Verbal orders should be discouraged to decrease the chance of a medical error.

- "Read back"; Telephone Orders / Verbal Orders and critical test results and document that they are *read back* next to the order

- Do not use unapproved abbreviations. The list of unapproved abbreviations can be found in the policy and procedure section of the agn-web under Abbreviations; unapproved abbreviations.

- Critical test results and values need to be communicated to the Provider in a timely manner. A timely manner is defined as "within 30 minutes" at AHC. The call and resulting orders must be documented by the caller.

3. *Improve the safety of using medication*

- Labeling of solutions occurs; on and off the sterile field, even if only one medication is being used and/or when a medication or solution is transferred from the original packaging. The solution must be discarded if not labeled.

- Concentrated medications are prepared by Pharmacy.

- Prevent errors with look-alike/sound-alike drugs; Look-a-like, Sound-a-Like medications used by the hospital will be identified annually and actions will be taken to prevent medication errors.

- reduce the likelihood of patient harm associated with anticoagulant therapy; the hospital has a defined anticoagulation management program to individualize care provided to each patient receiving anticoagulant therapy

4. *Eliminate wrong site, wrong patient, and wrong procedure surgery.*

- Pre-op verification is complete.

- Surgical sites are marked by the provider of the service

5. *Reduce the risk of health care acquired infections*

- Hand hygiene guidelines are followed; hands are washed before and after each patient contact, artificial nails are not worn in patient care areas, waterless hand gel may be used to wash hands not obviously soiled.

- Sentinel events for all deaths associated with a healthcare related infection are investigated.

- The organization will implement evidence-based practices to prevent health care associated infections due to multidrug-resistant organisms in acute care hospitals.

- Evidence based and best practices are implemented to prevent central line associated bloodstream infections.

- Evidence based and best practices are implemented to prevent surgical site infections.

6. *Accurately and completely reconcile medications across the continuum of care*

- Obtain and document a complete list of patient's medications upon admission

- A complete list of patient's medication is communicated to next provider when the patient is referred to or transferred from one hospital to another.

- When a patient leaves the hospital's care, a complete and reconciled list of the patient's medications is provided directly to the patient and, as needed, the family and the list is explained to the patient and/or family.

7. *Reduce the risk of patient harm resulting from falls*

- Assess and reassess patient's risk for falling

- Take action to prevent falls. Patient's at risk for falls are identified by a yellow bracelet, a yellow dot on their door frame as well as on their chart.

- It is everyone's responsibility to monitor patients identified as being at risk for falls.

8. *Encourage patients' active involvement in their own care as a patient safety strategy*

- Identify the ways in which the patient and his or her family can report concerns about safety and encourage them to do so.

9. *The Organization identifies safety risks inherent in its patient population.*

- The hospital identifies patients at risk for suicide.

10. *Improve recognition and response to changes in a patient's condition.*

- The hospital selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual when the patient's condition appears to be worsening. Agnesian

HealthCare has implemented Rapid Response teams at St Agnes and at Waupun Memorial Hospital to assist with the assessment and treatment of patients whose condition is deteriorating.

MEDICATION MANAGEMENT

Medications are an important component of the treatment plan for our patients. Medication Management Policies are found on the Agnesian Intranet under *Associate Resources: Policies and Procedures*.

- Medications must be stored throughout the facility with appropriate security (locked) unless under direct observation.
- Medication orders should be written clearly.
- Always write then *read back* any verbal or telephone order.
- All medication orders must be reviewed by a pharmacist unless the patient would be harmed by the delay or unless the practitioner is present to oversee the process.
- Medications that are expired, out-dated and/or recalled must be returned to the pharmacy for appropriate disposal.
- High-risk concentrated electrolyte solutions are not stocked in patient care areas.
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MEDICATION OCCURRENCE TRACKING

All medication occurrences within Agnesian HealthCare are documented on the green Medication Occurrence Form PH-515-11 and submitted to the Department of Pharmacy.

A Medication Occurrence can include any of the following:

- **Adverse Drug Events** - Any undesired, unintended, or unexpected response to the administration of a FDA approved medication(s).
- **Medication Errors** - An unanticipated, unintended event or omission in the prescribing, preparation, dispensing, or administration of a medication.
- **Other Occurrences:** These can include but are not limited to medication delays, missing medication, improper or incomplete labeling and improper storage. (Near misses).

CODES AND ALARMS

DISASTER PREPAREDNESS - CODE DISASTER

In the event of an internal/external disaster, students/associates in each department should refer to the *Safety Manual* or look in the Associate Resources: Safety Policies on the intra-net and their department specific procedures to guide them in the response. There will be an overhead announcement identifying the code as Code Disaster (internal or external disaster).

Fire Alarm -FIRE SAFETY

Run the RACE for Safety: Fire is fast – it spreads quickly. A small spark can cause a room to fill with smoke or start a blaze in seconds to minutes. Take time to investigate any suspicious smell or smoke at once. The first three minutes after a fire is detected are critical.

Remember: Any student/associate should report Fire or suspicion of Fire.

RESCUE patients: Remove them from immediate danger; move to a safe fire zone. Clinic - evacuate.

ALARM: Activate the alarm by pulling down on the nearest fire alarm box, dial **1234** and announce **Fire Alarm Location**.

CONTAIN or confine the fire by closing the door to the fire's location.

EXTINGUISH the fire or evacuate as needed: The *System Fire Response Team* is directed by policy and training to respond to the scene of the fire with extinguishers.

Satellite Facilities: Remove patients from danger, close the door to the location of the fire, report the fire by dialing **911**, and evacuate building, gather in a designated safe location and make a head-count. Do not re-enter the building.

Your task is to identify and correct hazards, know the location of nearest fire alarm and extinguisher, and know the acronym **PASS**: (fire extinguisher rules)

- **P**ull the pin
- **A**im at the base of the fire
- **S**queeze the handle
- **S**weep side to side

Code Heart/Adult

Code Heart/Pediatric

Code Heart/Newborn- Resuscitation

- Remember: Any associate can report a Code Heart.
 - Call the Agnesian Operator; **1234**
- Report "Code Heart" and the location
- Any associate trained in CPR will initiate CPR; The Code Heart Team is designated by policy and training to respond to in-house emergencies.
- Code Heart/Newborn is called for neonates.
- Code Heart/Pediatric is called for children (newborn discharged from nursery to age 18). A Pediatrician will respond to Code if available.
- Satellite Facilities: Call 9-1-1

CODE MEDICAL– Medical Emergency; Grounds; this is for a person who needs immediate medical attention who has a pulse and is breathing.

- Any student/associate can initiate a Code Medical.
- Call the switchboard operator by dialing **1234**.
- Report Code Medical and the location of the Code Medical.
- At WMH, the Nursing Administrative Supervisor, ER designee, sleep-in staff, and any free staff will report to the location of the Code Medical. At WMH during the day shift, Plant Services will respond with hand held radio. At SAH, the Code Medical Team will respond.

Security Alert:

Missing Person:

- 1. Infant**
- 2. Child**
- 3. Adult**

Remember; any associate should report a **Security Emergency**.

- Call the Agnesian Operators; dial **1234**
- Report "Security Alert: and the location. The Security Alert team is directed by policy and training to respond to the scene of the Security Emergency
- **INFANT ABDUCTION**; Report to the Operators: Missing Person/Infant, with location and description
- **CHILD ABDUCTION**; Report to the Operators: Missing Person/Child, with location and description
- **ADULT ELOPEMENT/MISSING ADULT**: Report to the Operators: Missing Person/Adult, with location and description
 - the operator will notify security (or Plant Services at WMH) and the Administrative Supervisor/House Officer.
 - Police will be notified if it is suspected the person left campus or immediately if outside conditions would place the patient/resident at risk (i.e. excessive heat or cold).
 - All associates will be on the alert for any missing person.
 - Suspected elopement patients or abducted children should be approached cautiously. Assistance will be called as necessary.
 - Do not agitate or force an eloped patient/resident or potential abductor.

Satellite Facilities; call 911 for a Security Emergency.

For non-emergency incidents; call the Agnesian Operators (929-2300 and ask for the Security Officer on duty

- All security incidents should be reported to the Safety and Security office (ext 4756)

Internal/External Lockdown- Hostage Situation

Any associate can report a Security Alert; Lockdown.

- Call the Agnesian Operator; **1234** and announce Security Alert; Lockdown with details of the situation and the location
- Persons not involved will evacuate the area at risk. Authorities trained in hostage procedures will take control/command of the situation and provide direction.
- All associates/patients/families will not be allowed to travel within the building until the ALL CLEAR has been announced.

Weather Watch & Warning

- *Weather Watch*: A Watch is announced when a potential exists for a tornado or a wind damaging storm: It is announced to alert associates to the possibility of having to take future action.
- *Thunderstorm warning* is to inform students/staff of precautions to be taken and that a thunderstorm warning can quickly develop into a tornado warning.
- *Tornado Warning* is used to alert students/staff that a tornado has actually been sighted in the area. associates should do the following
 - Move patients, whose conditions permit, away from windows and into the corridors.
 - Patients who cannot be moved should be protected from flying debris. Move beds to inside walls of patient rooms, pull shades and curtains around beds, and cover patients with blankets.
 - Visitors and Staff not involved in patient care should move to the basement of the building.

Satellite Facilities:

- Severe Weather: Listen to the emergency radio network station for weather up-dates on changing weather conditions; be prepared to act.
- Tornado Warning: Patients, Visitors and Associates should move to the interior of buildings, away from windows or move to the basement if one is available. Take a battery-operated radio and flashlight, and listen to weather up-dates: Remain until the warning has ended.

Building Threat – Bomb Threat

A student/associates who receives a bomb threat by phone should:

- Note the exact time of the call.
- Keep the caller on the line as long as possible.
- Under no circumstances terminate the call.
- Speak slowly.
- Ask the caller to repeat the message.
- Ask the caller the exact location of the bomb.
- Ask the caller when the bomb will explode.
- Pay particular attention to any background noises on the phone.
- Immediately notify the Switchboard (**1234**) after receiving a bomb threat.
- Complete the Bomb Threat Report Form.
- Associates should assist in a search only under the direction of local authorities.

Satellite Facilities:

- Follow the same directions except call 911, evacuate and take directions from authorities.
- Associates should search a satellite facility only under the direction of authorities.
- All Bomb Threats should be reported to the Safety Officer: 926-4756.

Decontamination – Hazmat Situation

Notify the Agnesian Operators of an actual or pending Hazmat Situation

- A Decontamination Alert, along with the location will be announced.
- Security, House Officer/Administrative Supervisor should go to the location
- Designated associates will follow HazMat procedures.
- Other associates will remain away from identified location to prevent further exposures

Emergency Operations- Disaster Plan

- ***Implement Emergency Operations Plan*** with the required response (Surge/Evacuation/Vaccination, etc.) Upon announcement associates will respond according to the Emergency Operations Plan for their ministry/department as defined in their EOP and in their contingency plan.
- ***Implement Emergency Operations Plan/Surge Level (#)*** will be announced when expecting influx of patients from and external disaster. Upon announcement of this code, departments will follow their facility and departmental plans for Surge Capacity, based on the level of surge identified.
- ***Implement Emergency Operations Plan/Mass Vaccination Plan***; upon announcement of this code, responsible departments will begin the setup of a Mass Vaccination Clinic for the rapid prophylaxis/immunization of associates/staff as identified in the Mass Vaccination/Prophylaxis Clinic Plan and Interim Pharmaceutical Stockpile (IPS) policy.
- ***Satellite Facilities' Disruptions***; Call 9-1-1 if necessary and follow site specific procedures.

AGNESIAN HEALTHCARE EMERGENCY – Notice to Evacuate

- When “all clear” is announced, Associates may resume normal activities.

HAZARDOUS MATERIALS

A hazardous material is any solid, liquid, semi-liquid or gaseous material that could be a risk to your health or the environment:

- Material Safety Data Sheets (MSDS) - These describe the characteristics, safe handling, and health hazards of toxic substances. MSDS are located in the Hazardous Communication Program book or Safety Manual in your department.
- Labeling – Toxic substances in your work area must be labeled with the chemical (or product name and hazard warning).

Your responsibility as a student/associates:

- Locate the MSDS sheets and familiarize yourself with MSDS specific to your department; review the list of toxic substances in your department and how to read the MSDS and labels with your department leader.
- Plant Services maintains a library of all MSDS sheets for WMH.

OCCURRENCE FORMS

An Occurrence is defined as a potentially harmful event that occurs to a patient, volunteer, visitor, or property that puts the party at risk. This could be a safety hazard, hazardous substance spill, a fall, or any event or situation that is not a natural consequence of, for instance, the patient's treatment; it could result in an injury. An Occurrence Form must be completed even if there is no evidence of injury. All Occurrences are investigated by Department Directors to determine opportunities for improvement. There are separate forms for patients and staff as well as an occurrence form for medication errors. This form should be filled out as soon after the incident as possible. Forms are found on the intra-net under *Associates Resources; Forms*.

SENTINEL EVENT

A sentinel event is an “unexpected occurrence, involving death or serious physical or psychological injury, or the risk thereof.” Serious injury specifically includes loss of limb or function. To report a potential sentinel event, contact the unit Director or Nursing Administrative Supervisor (WMH) immediately.

EQUIPMENT SAFETY/MEDICAL DEVICE POLICY

Associates/students are responsible for reporting equipment in need of repair and removing it from use. Any student noting a piece of equipment is malfunctioning or is in need of repair needs to report this immediately to their instructor or an associates. A notice is sent to Plant Services so the equipment can be repaired or replaced. Any medical personnel who discovers, witnesses or is notified of a medical device which has or may have caused or contributed to a serious injury should immediately notify Safety/Risk Management. In addition, an Occurrence Form should be completed and sent to Risk Management within 24 hours. Associates must tag the equipment and leave the equipment in its original state, if possible, until an investigation is completed.

REDUCE THE RISK OF FALLS

To reduce falls, remember the following:

- Keep hallways clear.
- Wipe up spills immediately.
- Use a ladder or step stool to get objects out of your normal reach.
- Wear appropriate shoes for your work area (i.e. slip resistant).

PREVENTING PATIENT FALLS

Patient falls are a common risk for ill and debilitated patients. AHC has a Falls Prevention Program. If risk factors are present, the patient is identified with a **yellow** bracelet, and **yellow** dots in designated places.

Student/associates interventions with patients at risk for falls:

- Look for **yellow** bracelet on the patient, yellow dot on door and yellow dot on patient board.
- Don't leave these patients unattended when transporting or when the patient is transferred to another area.
- Let nursing know if the patient has indicated to you an unmet need, such as personal hygiene needs, a drink, etc. or is attempting to get up.
- Report ANY environmental hazards, correct if able, such things as slick floors, spills, etc.

LIFTING OBJECTS OR PERSONS SAFELY

Lifting techniques should be used when lifting patients or heavy objects:

- Plan how to move the object or the person beforehand.
- To keep your balance, stand with one foot ahead of the other with a wide distance between your feet.
- Keep your lower back in its normal arched position and keep your stomach muscles tight while lifting.
- Bring the load as close to your body as possible.
- Keep your head and shoulders up as you begin lifting.
- Lift with your legs and stand up in a smooth, even motion.
- Move your feet (pivot) if you need to change direction.

* Agnesian HealthCare embraces a Safe/No lift culture. Lifts are available on all units at Agnesian HealthCare to assist with the safe movement and transfer of our patients. Designated staff on each unit has been trained to utilize this equipment. It is the expectation that patients needing assistance with transfer, reposition or standing will have the lift equipment utilized. This is for the protection of the patient as well as the student/associates. Students will be trained by their instructor on the use of the lifts.

MEDICAL WASTE

Associates working in patient care areas must follow these medical waste guidelines:

- **ALL** blood and body fluids which are drippable, pourable or flakeable should be disposed in "Red Bag" trash.
- **ALL** sharps should be disposed of in designated SHARPS CONTAINERS.

HANDWASHING

Handwashing is the single most effective way to prevent the spread of infection. Hands are to be washed:

- Before and after using the restroom
- Before and after eating, drinking or smoking
- Before and after combing hair, applying makeup, or putting in or removing contacts
- Before and after each patient contact
- Before putting on and after removing gloves
- Artificial nails and nail jewelry are not to be worn by patient care associates or those handling patient care items
- Follow step by step directions for washing your hands
- Soap and water or waterless soap may be used.
- ***Please refer to the Infection Control/Blood Bourne Pathogen module on the FVHCA site for more detailed information.***

UNIVERSAL PRECAUTIONS/STANDARD PRECAUTIONS

Standard precautions are a way of protecting healthcare workers from direct contact with possible infectious material. Under Universal Precautions/Standard Precautions, the blood and certain other body fluids of ALL patients are considered possibly infectious. The correct personal protective equipment (PPE), which may include gloves, gown and head and/or foot coverings, should be used in accordance with Universal Precaution/Standard Precautions Guidelines. Personal protective equipment is required whenever potentially infectious material may be generated and eye, nose or mouth contamination can be reasonably anticipated. Students/associates need to know where this PPE is kept in their work area.

Please refer to the Infection Control/Blood Bourne Pathogen module on the FVHCA site for more detailed information.

BLOODBORNE PATHOGENS (INFECTION CONTROL MANUAL)

Anyone whose job puts them in contact with possible infectious material such as blood, semen, amniotic fluid and fluid from around the lungs, heart and joints, is offered the hepatitis B vaccine free of charge.

Please refer to the Infection Control/Blood Bourne Pathogen module on the FVHCA site for more detailed information.

BLOOD AND BODY FLUID EXPOSURES

If you are directly exposed to blood or other body fluids (e.g. needle stick), immediately clean the area with soap and water. IMMEDIATELY notify your manager and follow the Blood and Body fluid Exposure Policy.

Please refer to the Infection Control/Blood Bourne Pathogen module on the FVHCA site for more detailed information.

PATIENT EDUCATION

The goal of AHC's patient and family education is to ensure that all patients receive the same high level of education. Education is provided to patients regarding their diagnosis, prior to any procedure, administration of new medications, and whenever else the need arises.

CONFIDENTIALITY

AHC has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. Health information should not be accessed or communicated with anyone who does not need to know the information. In addition, staff, physicians, volunteers and students should be extra careful not to discuss sensitive health information in open areas where it can easily be heard by visitors and others.

- Patients that request not to be listed in the hospital directory will be noted as NFC (not full consent).
- Bedside charting should not be left in a visible position.
- Keep all computer passwords confidential.
- Sign off computer programs when leaving the terminal.

PATIENT RIGHTS

The staff and physicians of AHC respect the dignity and rights of each individual and take seriously our responsibility to provide the highest quality of medical care available. Patients receive a copy of Patient Rights and Responsibilities during admission. Rights/Responsibilities are also posted for the public in patient care areas.

PRIVACY NOTICE

Every patient receives a Privacy Notice describing the organization's legal duties and privacy practices concerning Protected Health Information. It also describes the patient's privacy rights and responsibilities.

PATIENT COMPLAINTS/GRIEVANCES

It is the responsibility of all staff and physicians to address the concerns of our patients immediately if possible. Written documentation is done on the patient complaint tracking form. This is to be completed on all unresolved complaints received via letter, phone or in person and sent to the director of the department involved. It is the goal of AHC to resolve complaints/concerns on the spot or at maximum within 15 days.

ADVANCED DIRECTIVES

Advanced Directives are the instructions describing preferences for end of life care and routine medical treatment decisions in the event that patients cannot speak for themselves. Patients are asked if they have Advanced Directives by the nurse on admission. These forms can be obtained from Care Management and at the Information Desk.

ACCESS TO PROTECTIVE SERVICES

We are committed to identifying, treating and referring victims of abuse, neglect, exploitation, or domestic violence. The safety of the victim is always our primary concern. Upon admission patients will be assessed, informed, and /or referred, as appropriate, when in need of such services.

PASTORAL CARE

Pastoral Care services is an ecumenical ministry which is available to meet the spiritual needs of patients, families and staff and makes referrals to local clergy when asked. Chaplains can be contacted by dialing (0) and requesting the chaplain on call.

REFUSAL TO CARE FOR PATIENTS

The organization maintains a mechanism for associates to identify their objections to participate in a practice which conflicts with personal, religious, cultural or ethical values. Discuss any conflicts with your Department Director.

COMPETENCY

Competency is the ability of the associates to do his/her job. There are mandatory competencies and there may be additional department competencies required for your experience.

RESTRAINTS:

Restraints initiated by correctional staff will follow the correctional facilities policies. At times, to accommodate assessment or treatment, removal of the restraints may be requested but final determination of appropriateness will rest with the approval of a supervisor from the institution where the inmate resides. Restraints that are initiated by hospital staff or physician will follow hospital policy. Please refer to the Agnesian HealthCare Policy and Procedure link on agn-web for the policy statement.

ORGANIZATIONAL CODE OF ETHICS

AHC has and operates in accordance with an Organizational Code of Ethics to address ethical behavior in all business practices especially the areas of marketing, admission, transfer, discharge, billing practices and relationships between Agnesian HealthCare and its staff to members of other health care providers, vendors, governmental bodies, educational institutions, and payers. If you have concerns, please contact your supervisor or Glen Trembl (Corporate Responsibility Officer) at ext.4401 or email at compliance@agnesian.com. A confidential anonymous message can be left on the Corporate Responsibility Hotline at 920-926-4404 or toll free at 1-800-337-7633.

*Please print out the acknowledgement form from the link below to verify that you have completed the Agnesian HealthCare facility orientation. The form will need to be returned to your school coordinator.
Thank you.*

[Please click here for the Clinical Agency Specific Orientation Form.](#)