



STUDENT ORIENTATION MANUAL





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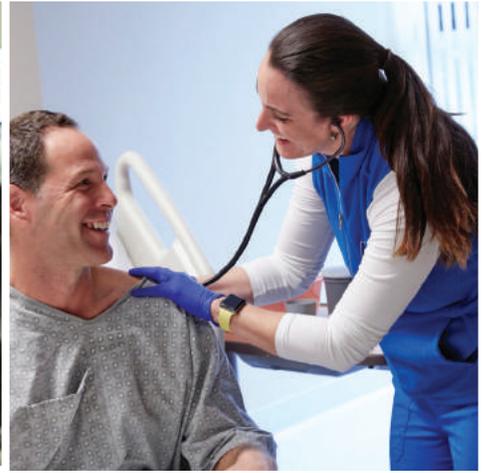
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Welcome to Valley Baptist Medical Center, Harlingen. We are glad you have chosen our facility for your clinical experience. We have high expectations that your clinical experience will be a positive one and look forward to assisting you.

In order to prepare you for your clinical experience, you are required to complete this orientation manual, either by reading and /or attending an instructor led class. There is a post test that will need to be completed with a passing score of 100%. This test will be turned in to your instructor.

Prior to your first clinical visit at the hospital, the requirements in the affiliation agreement (attestation sheet) along with any other requested documentation must be submitted to the Inservice Education Department.



MISSION

To provide quality, compassionate care in the communities we serve.

VISION

To consistently deliver the right care, in the right place, at the right time and to be a premier organization to work, where patient care and saving lives remain our focus.

VALUES

At Tenet Healthcare, our actions and behaviors define who we are, what we stand for and what we **CARE** about:

- **C**ompassion and respect for others and each other, supporting our communities and advocating for our patients
- **A**cting with integrity and the highest ethical standards — always
- **R**esults delivered through accountability and transparency
- **E**mbracing inclusiveness for all people in our workplace and in the communities we serve



Student Dress Code

The Student Dress Code must be followed at all times a student is on the hospital premises performing a student function. Students will comply with school and hospital specific student dress code requirements.

Identification Badges:

- While on duty, all students will wear a school identification badge with the name, picture, title and school visible at all times.
- Badges will be worn above the waist.

Personal Hygiene:

- Hair must be clean and neat with no extreme styles.
- Hair should be off the shoulders and contained (pulled back or pinned up)
- Hair color such as green, blue, purple and red is strongly discouraged.
- No perfume or cologne due to patient allergies.
- Nails must be clean and well- manicured. Artificial nails, acrylic overlays or nail jewelry are not to be worn.
- Make-up must be conservative and appropriate for the work setting.
- No chewing gum while on duty.

Jewelry:

- Patient safety must be considered when wearing rings to prevent cuts or scratches. Rings that interfere with patient care or proper handwashing must be removed when caring for the patient.
- A long chain must be worn under uniform.
- Earrings must not dangle from the ear lobe. Studs or posts are recommended.
- Ear gauges must have tone color plugs.
- Body piercings should not be visible.

Tattoos:

- All body tattoos must be covered.

Uniforms:

Students will wear designated school uniform. If special dress accommodations are needed, inform your instructor. The instructor will consult with the facility.

- Clothing will be clean, neat, well-fitting and in good state of repair.
- Student uniforms will be made of a non-clinging, non-transparent material.
- Undergarment color or style should not be visible.
- Uniform pants are to be no shorter than ankle length.
- Dress and skirt length should be no shorter than 2 inches above the knee
- T shirts, long or short sleeve, may be worn under uniform for warmth. Must be solid color with no design.
- No sweatshirts, hoodies or fleece jackets are allowed.
- No surgical gowns or patient gowns are to be worn.
- Shoes will be worn with socks, hose or other foot covering. Shoes and shoelaces are to be clean and kept in good repair. Open toe or open heel shoes are not acceptable.



Student Conduct Guidelines

Students are expected to:

- Conduct themselves in a professional manner at all times.
- Be familiar with and adhere to facility policies and procedures as well as policies set forth by their academic institution.
- Maintain dignity and confidentiality of staff, visitors and patients at all times according to HIPAA guidelines. Written information about patients that is needed for care plans or projects should not contain any type of patient identifier or Protected Health Information (PHI). Student's access to patient information is limited to assigned patients only. If there is a breach of confidentiality, the student will be dismissed from the clinical setting.
- Any patient information that is printed from an electronic record should never leave the building, even if patient identifiable information is "removed."
- When using charts, please make sure they are easily available for the physicians. Keep the physician dictation area available for physician use.
- Notify assigned clinical staff on the unit you are assigned when you go on break or leave for the day.
- Refrain from eating or drinking in patient areas including the nurse's station.
- Travel light and leave valuables at home. There may not be a secure area to store purses, backpacks, etc.
- Cell phone use is not allowed in patient care areas.
- VBHS facilities are smoke and tobacco free environments.



Student Illness/Injury

Illness:

- Students are NOT to attend clinical if they are feeling ill and/or having symptoms of an influenza-like illness or other contagious condition.
- The student will be asked to leave the facility if it is determined they are ill.

Injury:

- If the student is injured during the clinical rotation at the hospital facility, the student will report the incident to their instructor immediately. The instructor will report the incident to the Unit director or supervisor immediately.
- If the injury is of an emergent nature, report to the emergency department immediately.
- If the student receives a needle stick or other blood borne exposure, inform the Unit Director or supervisor immediately. The injured student will be given a BFNSE (Body Fluid Needle Stick Exposure) kit. Follow the instructions in the packet.



Ethics and Compliance Program

A Compliance Officer's role is to safeguard, monitor and audit internal controls in areas that are often a source of Medicare fraud and abuse. Early detection is the key to reducing the hospital's and company's exposure to civil damages and penalties, criminal sanctions, or administrative remedies such as exclusion from Medicare and Medicaid programs.

Key Compliance Requirements:

- Compliance, Privacy and Security policies can be found on e-Tenet and Valley Baptist intranet site.
- Internal Reporting of Potential Compliance Issues Policy- Com. RCC.4.21, requires to report compliance violations or compliance related concerns.
- Reporting Compliance issues:
 - Chain of Command
 - Open Door Policy
 - Ethics Action Line (EAL): 1(800) 8-Ethics, (1-800-838-4427) or ethics@tenethealth.com
 - Confidential toll free number available to all Tenet employees

Compliance Resources:

Rebekah H Batot
Hospital Compliance Officer
Valley Baptist Medical Center – Harlingen
Office (956) 389-4572
Cell (956) 495-6297
Fax (956) 389-5585
Email: Rebekah.batot@valleybaptist.net

Stefani Saxton, MHA, CHC
Hospital Compliance Officer
Office (956) 698-5675
Cell (956) 200-2064
Email: Stefani.saxton@valleybaptist.net



Abuse and Neglect

Abuse:

- Mental, emotional, physical, or sexual injury to a child or person 65 years of age or older or an adult with disabilities or failure to prevent such injury.

Neglect of a child:

- Includes failure to provide a child with food, clothing, shelter, and/or medical care, and leaving a child in a situation where the child is at risk of harm.

Neglect of a person 65 years of age or older or an adult with disabilities for personal or monetary benefit:

- Includes taking Social Security or SSI checks, abusing joint checking accounts, and taking property and other resources.

Texas law **requires any person** that believes a child or person over 65 years or older or an adult with disabilities is being abused, neglected or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline.

Abuse Hotline: 1-800-252-5400 24 hours/day, 7 days week

A person making a report is immune from civil liability, and the name of the person making the report is kept confidential. Any person suspecting abuse and not reporting it can be held liable for a Class B misdemeanor. Timeframes for investigating reports are based on the severity of the allegations.

If a student suspects abuse or neglect, they should report their suspicions to their instructor and the nurse director of the unit.



Drug Diversion and Impairment

- Health professionals, like anyone else, are susceptible to substance abuse and psychiatric illness.
- Left untreated, these problems can put them and their patients at risks.
- In the past, it was hypothesized that long working hours, stressful work conditions, and easy access to drugs were the main factors that predisposed healthcare workers to substance abuse. However, data does not support this.
- Many healthcare employees work under these types of conditions and do not develop substance abuse or dependence.
- A healthcare worker's reaction to the work environment (i.e. coping skills) and personality characteristics including underlying psychopathology such as depression and anxiety are much stronger risk factors for substance abuse.
- Family history of substance abuse is also a risk factor.

IDENTIFYING SUBSTANCE ABUSE

The following signs raise suspicion but do not necessarily mean that substance abuse problem exists:

- Social or professional isolation
- Friction with colleagues (labile mood, unexplained anger)
- Disorganized schedule
- Inaccessibility to patients and staff
- Frequent absences
- Rounding on patients at odd hours
- Decreased work and chart performance
- Inappropriate orders
- Slurred speech during off hour phone call for orders
- Changing personal appearance

Healthcare workers have an ethical responsibility to report anyone who may be endangering the lives of others through impairment.

WHAT SHOULD YOU DO IF YOU SUSPECT IMPAIRMENT OR DRUG DIVERSION?

- Report an incident to your instructor and director quickly, especially if patient safety is in jeopardy.
- An incident report through MIDAS must be filed
- You may report suspicions to:

ETHICS ACTION LINE: 1-800-8-ETHICS



Sexual Harassment

Sexual harassment is a form of sex discrimination that violates Title VII of the Civil Rights Act of 1964.

Unwelcomed sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The victim as well as the harasser may be a woman or a man. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcomed.

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. If this occurs in a clinical setting, your responsibility as a student will be to immediately inform your instructor from your school and the clinical director of the department.

It is unlawful to retaliate against an individual for opposing employment practices that discriminate based on sex or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII.

Prevention is the best tool to eliminate sexual harassment in the workplace.



Clinical Research Department

At Valley Baptist Medical Center we have a Clinical Research Department which oversees our clinical neuroscience research and clinical trials. We also house studies for our internal medicine residents and pharmacy residents and we serve our professional staff with their graduate or post-graduate research.

Being the First and Only Comprehensive Stroke Center in the Rio Grande Valley and south of San Antonio, we are capable of providing the highest level of care of complex stroke which can include research participation.

We are part of the NIH Stroke Network and Lone Star Stroke Consortium both aim to maximize efficiencies to develop, promote and conduct high -quality, multisite clinical trials focused on key interventions in stroke prevention, stroke treatment and recovery.

There are different types of clinical research that are used, depending on what the researchers are studying.

- Prevention Research looks for better ways to prevent disorders from developing or returning
- Treatment Research generally involves an intervention such as medication or new approaches to surgery or radiation
- Diagnostic Research refers to the practice of looking for better ways to identify a particular disorder or condition
- Screening Research aims to find the best ways to detect certain disorders or health conditions
- Quality of Life explores ways to improve comfort and the quality of life for individuals with a chronic illness
- Genetics studies aim to improve the prediction of disorders by identifying and understanding how genes and illnesses may be related.
- Epidemiological studies seek to identify the patterns, causes and control of disorders in groups of people.

Health research has a high value to society. It can provide important information about disease trends and risk factors, outcomes of treatment or public health interventions, functional abilities, patterns of care and health care costs and use. Most importantly by asking questions and assessing how we do things we can continue to improve our standard of care practices to improve and save lives.



Cultural Competence in Healthcare

The American Medical Association defines cultural competence as “the knowledge and interpersonal skills that allow providers to understand, appreciate, and care for patients from cultures other than their own.”

In striving to achieve cultural competence, the goal is to ensure that attitudes and behaviors of clinicians and organizational policies of health systems result in effective interactions with culturally diverse individuals.

To prevent errors and miscommunication in the provision of patient care, VBMC offers support services that include medically competent interpreter services, medically certified translation services, TDDY phones for the hearing impaired and sign language interpreters.

Some of the common cultural factors that can impact health care situations:

- Time expectations
- Use of home and folk remedies
- Communication preferences
- Views on death and dying
- Cooking and food preferences and taboos
- Social roles and family members
- Causes of illnesses
- Attitudes toward persons in authority
- Gender identity
- Spiritual/religious affiliation

Awareness of these types of differences and careful questioning of and listening to patients can help you identify potential cultural barriers and communicate more competently with the patients from all cultures.

Cultural competence requires displaying respect by communication effectively and paying attention to differences and similarities among various cultural beliefs or practices.

By communicating better, you will be able to avoid frustration and conflict, and improve the care you provide.



HCAHPS

Hospital-Consumer Assessment of Healthcare Provider Survey (HCAHPS)

What is HCAHPS?

The Hospital Consumer Assessment of Healthcare Providers Survey (HCAHPS) is the first nationally standardized inpatient survey whose primary goal is to complement existing survey vendor and hospital-based survey instruments to improve the quality of care being provided across the nation's hospitals.

The goals of HCAHPS are:

1. Improve quality of care through accountability and public disclosure of patient perceptions on various aspect of their inpatient care.
2. Empower consumers with quality of care information to make informed decisions about their healthcare.
3. Create incentives to encourage providers and clinicians to improve the quality of healthcare on communication, responsiveness, pain management, cleanliness and quietness on units, and instructions about medication at discharge.
4. Provide meaningful comparisons across hospitals by publicly reporting the results gathered through the standardized HCAHPS survey instrument and data collection methodology.

HIPAA/HITECH/PHI

Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology Economic and Clinical Health Act (HITECH) address Personal Health Information (PHI). These acts require hospitals to take steps to restrict and protect this information. It has multiple facets, but basically requires privacy, security, and limitations on accessing and/or disclosing a patient's information.

This includes not only written documentation, but also social media technology, e-mails, faxes, phone conversations, whiteboards, signs, and discussions. If you read, enter, or transmit patient information via any modality, you must take precautions to make sure it cannot be read, obtained, or overheard by others without a need to know. Think not only of computers, but of cell phones, pagers, PDAs and other digital devices, as well as conversations that carry over into public elevators or hallways, and translation of PHI by family members, friends or staff members.

What does this mean to you? Among other precautions, it means:

- Do not disclose patient information to someone without a need to know.
- Do not attempt to access such information if you do not have a legitimate need to know. **This includes your own records** (and those of children/family members) if you are treated here as a patient. You must follow policy to access your records just as any other patient would.
- Hospital employees and other individuals can be personally sued by patients and their families and/or fined by federal agencies if they are found to have inappropriately accessed a patient's medical record.
- Protect the integrity of computer systems by following password security policies, and signing off or covering the screen when you must leave.
- Protect written documentation, such as charts or flow sheets, by not leaving them open or accessible to others without a need to know.
- **Students are not allowed to print any PHI at any of Valley Baptist Health Care System hospitals.**
- Question those who ask to access information and verify their identities.
- Consult with primary nurse or unit charge nurse prior to releasing information.



Pastoral Care

SPIRITUAL CARE, CHAPLAINS and PASTORAL SERVICES / VBHS Pastoral Services: Ministry and Mission

The work of Professional Chaplains offer a distinct benefit to the 4 components of any healthcare delivery system: the patient and their family members, the professional healthcare, the organization itself and the community within which it resides.

SPIRITUAL RESOURCES/RITUALS

1. Contacting patient's own religious group
2. Connecting patient with community religious resources
3. Providing religious literature (Prayer, scripture, meditation, communion/Eucharist, confession, anointing of the sick)

CELEBRATIONS

1. News of good diagnosis or recovery (i.e. successful surgery)
2. Anniversaries and birthdays
3. Birth of babies

SPIRITUAL and EMOTIONAL CONCERN

1. Questions about meaning and purpose (Why is this happening to me GOD?)
2. Guilt and confession, anger and frustration, fear and anxiety, vulnerable patient and families

DYING and DEATHS

1. When the physician must give bad news to the patient and family
2. Facilitate grief of patient, family and friends
3. Facilitate grief of staff involved in death
4. Support Groups
5. No one dies alone (NODA)
6. How may all employees assist our most vulnerable patients and families

CODES and EMERGENCIES

1. Support families and friends of patient during Code Blue, Stroke Code, and Real Team Event
2. Support for patient, families and staff during emergencies
3. Offer care to visitors in waiting area who are also alerted by Codes call

FAMILY COMMUNICATIONS

1. Conflict between family members
2. Patient without family or friends to visit
3. Identifying primary contacts for information and communication
4. Employees who assess family communication difficulties may assist by referring to a chaplain

ETHICS CONSULTATIONS ASSISTANCE with ADVANCE DIRECTIVES-Directive to Physicians and Medical Power of Attorney

1. Discuss family concerns about DNR (do not resuscitate) decisions or withdrawal of life support
2. Any End-of-Life issues concerning patients and/or families
3. Employees may refer ethics concerns to a chaplain or their supervisor.

HELP IS HERE through PASTORAL SERVICES

- Debriefing a difficult case or death
- Emotional/spiritual support for the task at hand
- Dealing with personal issues at work
- Prayer
- Celebrations
- Blessings
- Crisis debriefing
- Stress management support
- In-services (death and dying issues, conflict management, self-care)
- Rituals to mark an important event
- Tea for the Soul

CREATING ENVIRONMENTS THAT HEAL

The C.A.R.E. Channel for relaxation and comfort. Beautiful nature images and instrumental music composed and produced to provide you with a healing environment.

Harlingen-Channel 11

If you need help, call Pastoral Services:

Harlingen (956) 389-1194

Email: pastoral.services@valleybaptist.net



TOSA

(TEXAS ORGAN SHARING ALLIANCE)

Almost 7 million people in 56 Central and South Texas countries received help from TOSA. It all started by four physicians in 1975. The mission of the organization is to save lives through the power of organ donations.

A person can save lives by donating an organ. The organ donation can be started by any individual (or their next-of-kin). Registration can be done online at www.DonateLifeTexas.org or when they receive or renew their driver's license at the Department of Motor Vehicle.

Donation Process

DECISION TO DONATE

Organ donation begins with an individual (or their Next-of-Kin) making the decision to be a life-saving donor. Texans can register their decision at www.DonateLifeTexas.org or when they receive or renew their Driver License or renew their registration at the Department of Motor Vehicles. If a patient who is a potential donor is not registered, his or her Next-of-Kin will have to make that decision at an already difficult time.

IDENTIFYING A POTENTIAL DONOR

Organ Procurement Organizations (OPOs) work closely with the hospitals in their service area and by law, hospitals must contact their OPO when a patient is a potential donor. The OPO staff is able to evaluate the patient to see if they meet certain criteria to donate as well as check the registry to see if the patient is a registered donor.

AUTHORIZATION FOR DONATION

If the patient is indeed a candidate for donation and has not registered their decision, the OPO must get consent for organ donation from the patient's Next-of-Kin. The OPO staff also obtains a social and medical history at that time.

Website: www.tosa1.org/donation

FOR MORE INFORMATION CALL: Organ, Tissue and Eye Donor Referral Line 800-275-1744



Teamwork

The Joint Commission is a strong proponent of teamwork. Their focus is on coordination of care and the *support of healthcare professionals for each other*. According to The Joint Commission, teamwork is essential for optimizing quality and safety in the care of hospitalized patients.

Shared Responsibility

Many of the duties and tasks of hospital personnel overlap. The team approach lightens the load for many of the providers who then don't have to replicate the work of other team members. While doctors usually assume the final responsibility for patients' treatment plans, a team approach allows other staff to take the lead when appropriate. A treatment plan may require final approval by the physician, but the primary duties of organizing the duties and follow-up care can be run by another member of the team.

Reduced Errors

Anyone can have a bad day, even surgeons and highly trained nurses. One of the benefits of working together as a team is that team members can communicate when they perceive a mistake is about to be made. To that end, every participant on the team must feel comfortable enough to speak up when they see something being done improperly. According to the American Academy of Orthopedic Surgeons, 75 percent of close calls and adverse medical outcomes result from poor communication. When team members work closely together, they learn to overcome barriers to effective communication among all team members, including the nurse aides, the social worker, the patient and the doctor.

Reduced Stress

Professionals in the medical field often undergo enormous stress from the patients who expect answers and healing as well as the lack of sufficient staffing in many hospitals. Hospital staff become disenchanted with their work when they continually must train new hires because of low retention rates. Caregivers become stressed when they cannot communicate with a decision maker regarding patients' care. Active teamwork policies in a hospital promote increased morale among the staff and subsequently reduces turnover.

Quicker Recovery

When patients are involved in their own treatment plans, they feel more empowered, and that they have some control over their recovery. Patients treated by a team of medical caregivers tend to have shorter hospital stays and reduced mortality rates. Patients are more satisfied with their treatment and tend to follow directions more effectively when they participate on the care team.

At VBHS, teamwork is practiced by:

- Shared Governance. These nursing councils empower the nurses to participate in decision-making within the hospital.
- Inclusion of patients and families in care planning and shift report
- Hourly rounding
- Use of AIDET in our interaction with our patients.
- Promoting a culture of safety

Kipling described teamwork this way: "It ain't the individual nor the army as a whole, but the everlasting effort of every bloomin' soul."



Social Media

Keeping patient information confidential is everyone's responsibility . . . and it is the law! All restrictions about disclosing Protected Health Information or any sensitive information we access through our jobs apply equally to our use of social media.

Follow these guidelines:

- Don't assume privacy anywhere on the internet, no matter what privacy settings you have in place.
- If it is negative, keep it offline.
- Ask your instructor or the Facility Privacy Officer if you have questions/concerns.
- Never post pictures of patients, family members, or staff, including pictures of patient's body parts affected by an illness or injury

Emergency Codes

The purpose of the emergency code calls is to quickly communicate an emergency and to mobilize expert assistance. Call 1-1200 in Harlingen to announce an emergency and activate the emergency response process.

956-389-1200		VBHS CODE MAP		956-698-1111	
CODE GREEN	Emergency Evacuation				
CODE ORANGE	CHEMICAL SPILL which may represent a hazard to people				
CODE ORANGE DECON	Decontamination team required				
CODE PURPLE	Emergency facility lock-down				
CODE MANPOWER	Disruptive / violent behavior requiring specially trained responders				
CODE BLACK	Notification of a BOMB on campus- Keep caller on phone				
	Missing Adult			CODE Adam/Eve	
	Hostage situation or someone with a weapon.			CODE SILVER	
	Notification of disaster or mass emergency event			CODE YELLOW	
	An infant is missing - Known kidnap			CODE PINK	
	Missing Child			CODE AMBER	
	FIRE, SMOKE or smell of something burning. (R.A.C.E.)			CODE RED	
	ADULT cardiopulmonary arrest			CODE BLUE	
	PEDIATRIC cardiopulmonary arrest			CODE BLUE PALS	

Rapid Response Team (RRT) Ext. 1-1200 “Activate RRT to Room _____”
 A team of clinicians (ICU RN, Respiratory Therapist and House Supervisor) that assist the staff members in assessing, intervening and rescuing a patient in the early signs of clinical deterioration.



Active Shooter - “Code Silver”

As defined by the federal government, an active shooter is “an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.” Even though they may wish to kill large numbers of victims, these assailants typically fall short of their objective.

What are Some of the Causes of an Active Shooter Situation?

- People with mental health issues
- Criminal activity (Gang violence, etc.)
- Disgruntled former patients or visitors/family
- Domestic violence issues
- Terroristic activity

There are many different reasons that could result in an active shooter incidence. We must be prepared to act to minimize the effects of such an incident.

What to do when faced with an active shooter



The new ABCs

Avoid

- If there is an immediate threat to you and everyone around you, it is time to GET OUT!
- Exit the building via the nearest exit. Encourage others to go with you, but do not spend time waiting for them or trying to convince them to go.
- Do not collect your belongings. Leave immediately. Do not stop to help the injured.
- Once outside where it is safe, report the incident by calling 911. Give as much information to the 911 dispatcher as you can.
- Do not re-enter the facility until the all clear has been sounded by the police and security departments.

Barricade

- If you are unable to get out, lock or barricade the door so no one can get in.
- Remain quiet, turn off cell phone, pagers or other electronic devices.
- Remain there until it is confirmed that all is clear.
- Make sure that when you call 911 to let them know there is situation that you give them your location.

Confront

- If CONFRONTED by the shooter and there is no other alternative, be prepared to fight.
- Enlist the help of everyone in the room with you to attack the shooter with whatever is available and immobilize him/her.
- Do not hesitate to use anything available to you to neutralize the threat
- Remember: This is your last resort.

What should staff do?

- Dial 911 and give as much information about the suspect
- Provide a description of the suspect, location and type of weapon
- PBX operator will page overhead "*Code Silver Active Shooter-Avoid, Barricade and Confront,*" every 5 minutes.
- PBX Operator will notify security and House Supervisor and send message on Everbridge.

Our Best Defense!

- Be alert of your surroundings at all times
- Report suspicious activity to Security
- Always know your routes of escape, no matter where you are at.
- Talk with your co-workers. Have a plan of how you would handle a situation such as this.
- We may not be able to prevent the incident, but we must be prepared to respond if it happens

Back Safety

Lower back strain is the most common injury. Healthcare workers are especially vulnerable because of the tasks involved in providing patient care. One way to avoid injury is to use proper body mechanics when lifting and/or transferring patients. Request staff assistance to prevent injury to the patient or to yourself.

Use the following guidelines:

Lifting

- Keep load close to your body.
- Bend the knees and hips.
- Tighten the abdominal muscles when you lift.
- Avoid twisting as you lift.
- Lift with legs and buttocks.
- Maintain natural curves of the back.

Pushing and Pulling:

- Stay close to the load.
- Avoid leaning forward.
- Push rather than pull whenever possible.
- Use both arms.
- Tighten stomach muscles when pushing.

Reaching:

- Reach only as far as is comfortable, usually at shoulder level
- Test weight by lifting corner
- Let arms and legs do the work, keeping the back straight
- Tighten the stomach muscles as you lift
- Arrange work area to minimize reaching.

Twisting:

- Kneel down on one knee.
- Maintain the natural curves of the back.
- Position yourself for the best possible leverage.
- Turn entire body, keeping feet and hips pointing in the same direction.

Bending:

- Maintain the natural curves of the back
- Bend the legs and hips rather than the back
- When leaning forward, move your whole body not just your arms

Sitting:

- Get a chair with good lumbar support
- Sit close to your work rather than leaning
- Change positions often to avoid fatigue. Keep arms and shoulders relaxed.



Fall Prevention

All patients are assessed at admission and follow-up assessments are performed every shift to determine a patient's risk for falls. All patients who are identified as "At Risk" for falls on any level will have interventions implemented to alert other healthcare workers, family and visitors of the fall potential.

Minimally, all of the following measures will be implemented at all times:

- A yellow colored armband is placed on the wrist.
- No slip yellow socks.
- A *Falling Star* sign identifying the patient is "At Risk" for falls is placed outside the patient's door frame and above the patient's head of bed.
- Hydration status is evaluated every 2 hours and actions taken to correct if appropriate.
- Ensure the bed is secured and locked in low position, call light is within reach and 2-3 side rails are up.

Students can assist these "High Risk for Falls" patients by:

- Hourly rounding (checking the patient every hour).
- Answer call lights promptly.
- Ensure the call light and personal possessions are in reach.
- Ensure the bed is the low position and the wheels are locked.
- Ensure the patient has a yellow colored armband, yellow socks and *Falling Star* sign on the door.
- Remind the patient and family they must always ask for assistance when getting up.
- Never leave the high risk patient in the bathroom alone
- Keep pathways clear in the room
- Use of 2-3 side rails.



Electrical Safety

Students should check with the nursing staff/instructor prior to using any equipment they have not been trained to use. Always follow operating instructions when using equipment. Report any defects immediately to the charge nurse. Do not use !

Examples of potential defects include:

- Plug does not fit properly in outlet
- Feels unusually warm to touch
- Smells hot
- Makes noise or pops when turned off
- Has power cord longer than 10 feet
- Gives inconsistent readings
- Knob or switch is loose or worn
- Tingles when you touch it
- Missing the third or grounding pin on the plug
- Cord is frayed

Other considerations:

- Patients may be prohibited from bringing electrical devices from home, or may be required to have personal electronic devices inspected before use.
- Certain electrical outlets are connected to the hospital's emergency generators
- Essential equipment should be kept plugged into emergency outlets (red outlets).
- Avoid extension cords
- Pull on the plug to remove equipment from an outlet; never pull on the cord
- Turn equipment off before unplugging or plugging in

Fire Safety

If you discover a fire in your immediate area, respond with **R.A.C.E.**

R RESCUE - Remove patients, visitors and staff from immediate danger. Evacuate if necessary. Evacuate horizontally (laterally) through at least one set of fire/smoke doors. Never use the elevator.

A ACTIVATE - Activate the hospital fire alarm system. **Call 1-1200**. Give your name, phone number, location of the fire and description of what you see and smell.

C CONTAIN - Close doors and windows. Place a wet towel along the bottom of doors leading to the fire to help confine the fire and prevent smoke from spreading.

E EXTINGUISH - If the fire is small, use the fire extinguisher in the area to put out the fire. Do not attempt to extinguish a fire if doing so would put you in danger.

When using a fire extinguisher: **P.A.S.S.**

P Pull the pin, breaking the plastic seal

A Aim the extinguisher nozzle or horn at the base of the fire

S Squeeze the handle

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

Evacuate the area if the fire is too large for a fire extinguisher.



Infection Prevention

It is everyone's responsibility to prevent the spread of communicable diseases, drug resistant organisms and other infectious diseases within each healthcare system.

Hand hygiene is considered the most effective preventative measure to prevent the spread of infections between patients and staff. Hand hygiene applies to either cleaning the hands with soap and water or using alcohol based hand sanitizer (ABHS).

Use Soap and Water to Clean Hands

- When visibly dirty
- When visibly soiled with blood or other body fluid
- After using the restroom
- After caring for a patient with a spore-forming pathogen (e.g. clostridium difficile {c-diff}).

Perform Hand Hygiene:

- Before eating
- Before and after having direct contact with a patient's intact skin (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed, etc.)
- After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- If the hands will be moving from a contaminated-body site to a clean body site during patient care
- Before and after glove use
- Before handling medication or preparing food

When Using Soap and Water:

- Remove jewelry
- Use warm water
- Use friction, washing hands, wrists and between fingers
- Wash for at least 15 seconds
- Rinse and dry thoroughly

When Using Alcohol Based Hand Sanitizers (ABHS):

- Use a golf ball-sized ball of foam or a dime-sized squirt of gel
- Rub your hands, covering all surfaces until they are dry (at least 15 seconds)
- Avoid operating equipment until your hands are dry-alcohol is flammable.

Remember to clean your stethoscope or any equipment between patients. This includes the BP Machine and IVAC (thermometer).

Personal Protective Equipment (PPE) {gloves, gowns, masks with face shield, shoe covers, head covers} is available in each patient care area.

Recognize the types of isolation precautions used for specific communicable diseases. The isolation sign is posted on the patient's room door. READ and FOLLOW the directions on the isolation sign.



Hazardous Materials

Hazardous chemicals are located throughout the hospital. It is important that you understand your responsibilities when working with hazardous chemicals. By doing so, you are protecting patients, visitors, and staff as well as yourself from potential injury. OSHA's Hazard Communication Program, often referred to as the "Right to Know" law, is designed to protect workers from exposure to hazardous chemicals in the workplace. You should know:

- What to do in the event of a chemical spill
- The meaning of any labels placed on chemical containers
- Do not use chemicals from unlabeled bottles. If an unlabeled bottle is found, contact your instructor or the clinical director.
- Material Safety Data Sheets (MSDS) for every known chemical can be accessed via the internet or by calling 800-451-8346, 24 hours/7 days a week. By giving this resource the product name and manufacturer name, you can obtain information on hazardous ingredients, precautions for safe use, required safety equipment for use, first aid procedures, spill and disposal procedures.

Disposal of Biohazardous Waste

Sharp Containers

- Any items that are capable of piercing your skin (needles, scalpels, scissors, broken glass). These items must be placed in a sharps container designed for safe disposal.
- Both Nursing and Housekeeping will monitor sharps containers to ensure containers are replaced when full.

Linen

- Used/soiled linen is placed in blue bags. Linen contaminated with chemotherapy should be placed in a yellow bag first and then in a regular blue linen bag.

Trash

- Trash soiled with blood, body fluids, and/or tissues must be disposed of in a red biohazard trash bag or container, if it is likely that the substances may drip or can be squeezed out.
- Trash that contains hazardous materials (no oozing, dripping body fluids that remain contained in the trash, (ie. diaper) may be thrown away in regular trash.



Spills

- Any blood or body fluid should be handled using appropriate personal protective equipment (PPE) to prevent the health care worker from coming into direct contact with the substance while cleaning it up.
- Spills involving hazardous materials other than patient substances (Chemicals, Mercury, etc.) should be contained. Notify the primary or charge nurse who will contact the proper staff for clean up.

Used PPE's (gowns, gloves, masks, shoe covers)

- Should be considered contaminated.
- When removing PPE's, use caution to not contaminate your clothing or your skin.
- Always remember to wash your hands after removing such items.

Transporting Specimens

- Under no circumstances are patient specimens (urine, blood, tissue, cerebral spinal fluid, etc.) to be put in the main hospital tube system to be transported to the laboratory.
- These specimens should be carried by hand in a sealed biohazard specimen bag to the lab.



Patient Communication: AIDET, 10-5 Rule, Hourly Rounding and Bedside Reporting

As part of our commitment to excellent patient care, we round on our patients every hour from 6am -10pm, then every two hours. You may be asked to be part of the rounding process.

Every Patient, Every Time = AIDET

Acknowledge: Make eye contact, smile, call them by name

Introduce: Explain who you are: Name, title, school

Duration: Tell them how long you will be working with them today.

Explain: Explain what you are in the room to do and what they can expect

Thank you: Thank them for letting you care for them and learn from them today

Example Student Introduction:

*“My name is _____ and I am a _____ student from
_____. I am a _____ level student and I am specially trained to care
for you today. My instructor, the staff, and I will be working to provide you the very best
care.”*

Before you leave your shift:

“Thank you for allowing me to participate in your care today”.

The 10-5 Rule

- Acknowledge a person at 10 feet away by making eye contact and smiling.
- At 5 feet away, say *hello* and go the extra mile to help a guest find their way.



Hourly Rounding

After introducing yourself using AIDET:

- Explain rounding (4Ps) pain, potty, position, possessions: *“We want you to be very satisfied with your stay, so we will be rounding on you every hour to make sure you have everything you need.”*
- Pain- Ask the patient if they have any pain (scale 0-10). Report the pain rating to the primary nurse.
- Potty- Do they need help with elimination? Do they need assistance to the bathroom, commode chair, bed pan, urinal or change of linen and/or undergarments (never refer to a brief as a pamper or diaper).
- Position- Do they need help to reposition themselves in bed or in the chair? Is their position comfortable?
- Possessions- Can they reach their call light, urinal, glasses, telephone, water pitcher/glass and bedside table?

Before leaving ask, *“Is there anything else I can do for you?”*

Let the patient know that you or another staff member will be back to round again in about an hour or so.

Bedside Reporting

Another part of our commitment to excellent patient care and communication is bedside reporting. Bedside reporting is standardized change of shift communication which involves off-going nurses, on-coming nurses, other healthcare providers and patients at the patient’s bedside. You may be asked to be a part of bedside reporting.

If visitors or family members are present when you are preparing to report on a patient, you must inform the patient you are planning to discuss his/her health information and give the patient the opportunity to object or consent to the family member or visitor remaining in the room during report.

Patient Identification

All patients are identified at the point of initial contact upon registration or admission using at least two patient identifiers. At VBMC we use the patient's name and date of birth. In addition, we may use the medical record number if the circumstances warrant.

The two unique identifiers, **Name and Date of Birth** will be reconfirmed prior to every instance of patient contact including administering medications or blood products, taking blood samples and other specimens for clinical testing or performing other treatments or procedures. The patient's full name and date of birth on the identification band will be checked against the identifiers on the requisition, medication or specimen collection container label, or medical record to ensure proper identification.

The identification band shall remain on the patient until discharge. If at any time the patient is found to not have an ID band, immediately report it to the primary nurse.

Color-coded Hospital Bands:

During the initial patient assessment, data is collected to evaluate the needs of the patient and a plan of care unique to the individual is initiated. It is during the assessment and reassessments that risk factors associated with falls, allergies, DNR status and restricted extremity are identified. Any patient demonstrating risk factors on initial assessment will have a color-coded wristband placed on the extremity.





Patient Safety Goals

Joint Commission National Patient Safety Goals

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's predominant standards-setting and accrediting body in health care. Since 1951, The Joint Commission has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. The Joint Commission's comprehensive process evaluates an organization's compliance with these standards and other accreditation or certification requirements. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. To earn and maintain The Joint Commission's Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years.

Purpose of National Patient Safety Goals

The Joint Commission established its National Patient Safety Goals (NPSG) program in 2002 and the first set of goals was effective January 1, 2003. The goals were established to help organizations address specific areas of concern in regards to patient safety. The goals highlight problematic areas in healthcare and provide evidence-based solutions to these problems. The goals are reviewed and updated annually by an expert panel of widely recognized patient safety experts including nurses, physicians, pharmacists, risk managers, and other professionals who have hands-on experience in addressing patient safety issues.

Valley Baptist Medical Center is fully committed to supporting an implementing the National Patient Safety Goals.

2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

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

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



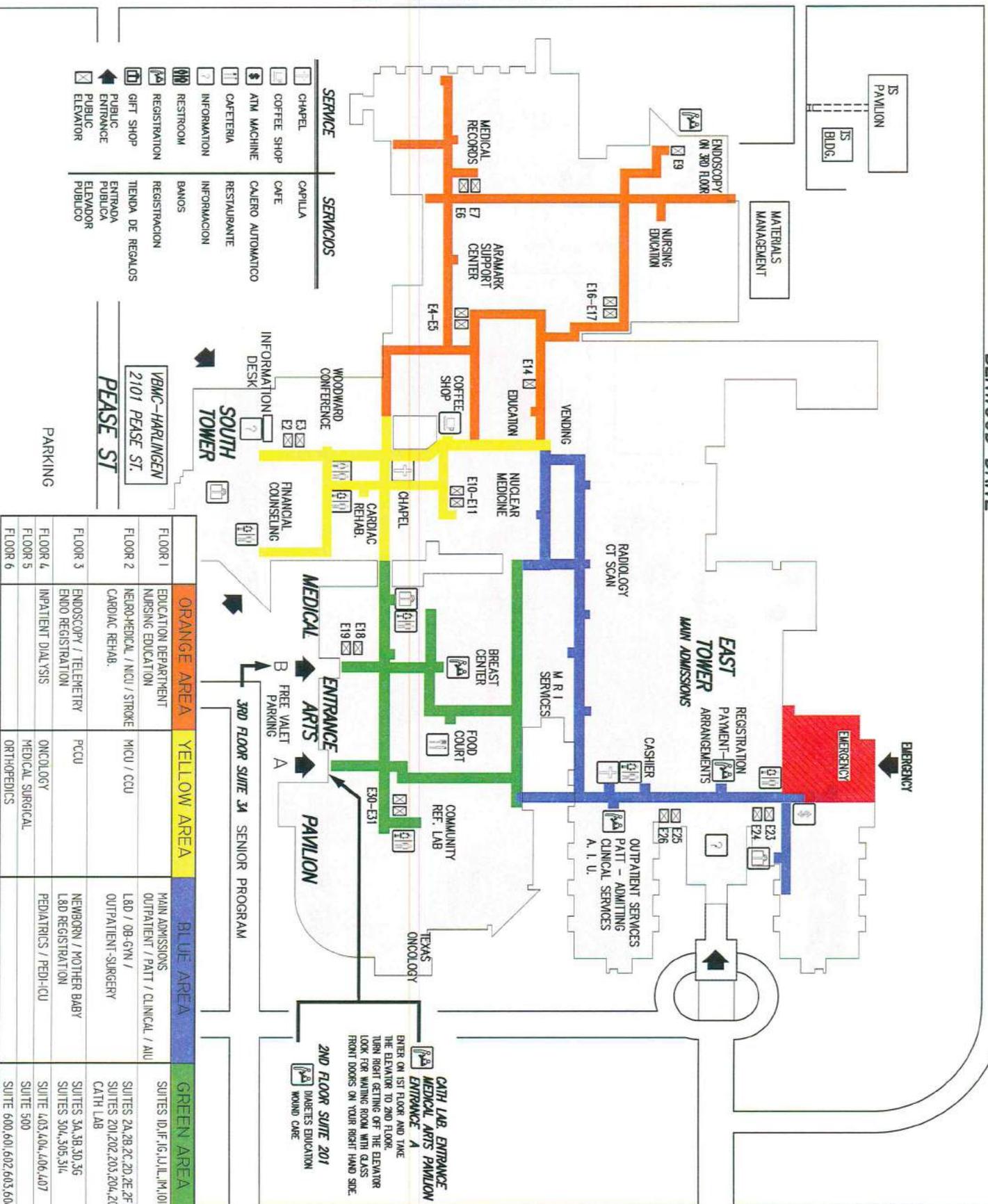
This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

VBMC-H HOSPITAL WAYFINDING AND VISITORS MAP

BENWOOD DRIVE

ED CAREY DRIVE

TREASURE HILLS BLVD.

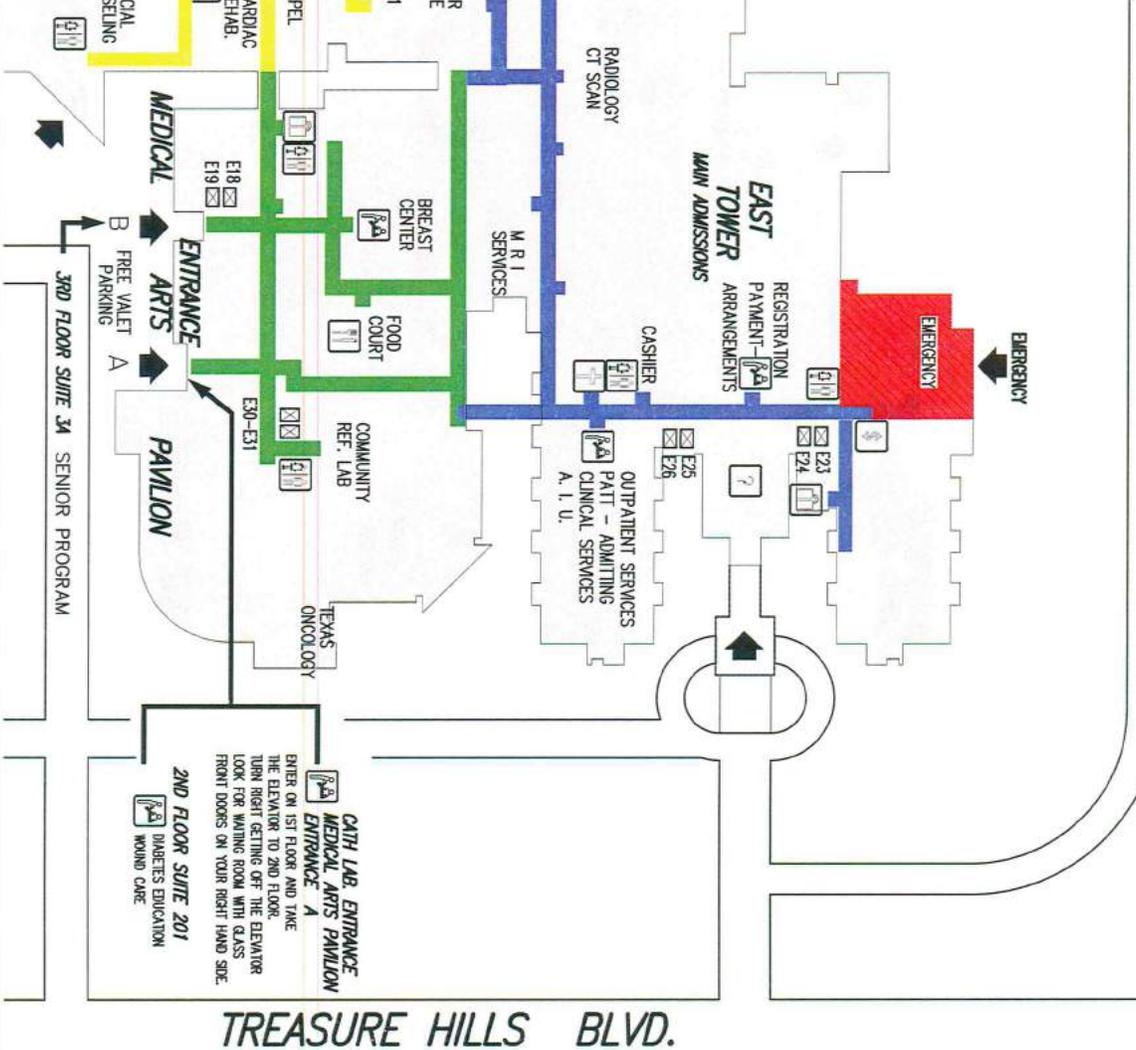


ORANGE AREA

YELLOW AREA

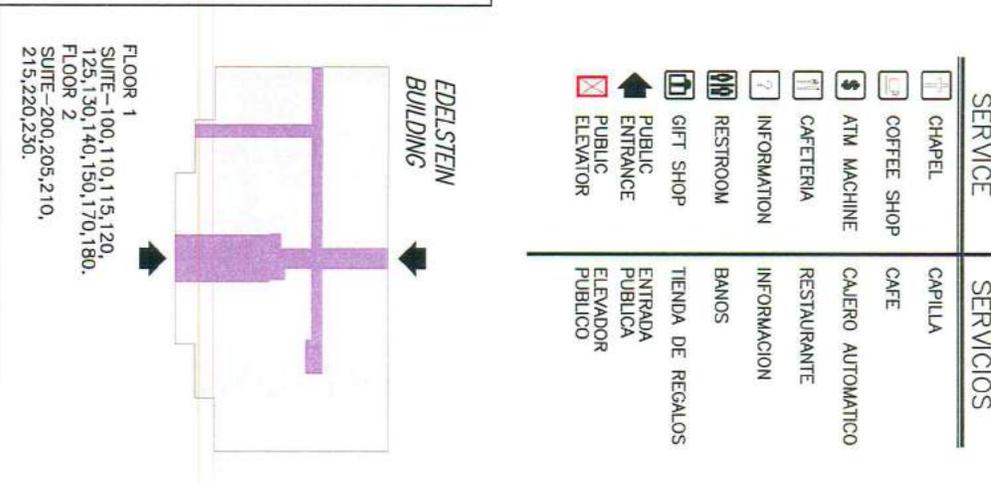
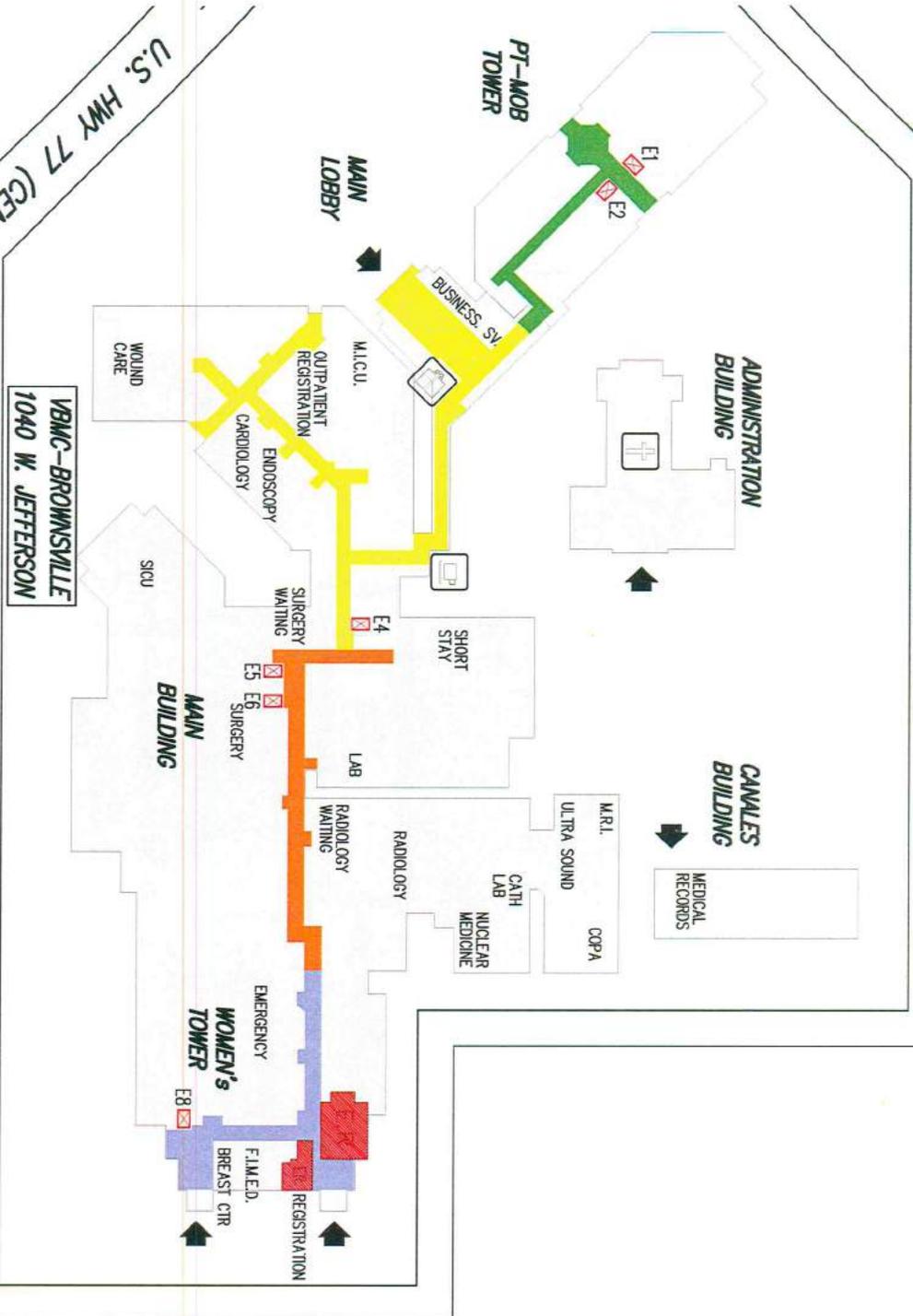
BLUE AREA

GREEN AREA



VBMC-B WAYFINDING AND VISITORS MAP

PRIVATE RD.



- | SERVICE | SERVICIOS |
|-----------------|-------------------|
| CHAPEL | CAPILLA |
| COFFEE SHOP | CAFE |
| ATM MACHINE | CAJERO AUTOMATICO |
| CAFETERIA | RESTAURANTE |
| INFORMATION | INFORMACION |
| RESTROOM | BANOS |
| GIFT SHOP | TIENDA DE REGALOS |
| PUBLIC ENTRANCE | ENTRADA PUBLICA |
| PUBLIC ELEVATOR | ELEVADOR PUBLICO |

JEFFERSON ST

VBMC-BROWNSVILLE
1040 W. JEFFERSON

U.S. HWY 77 (CENTRAL BOULEVARD)

	GREEN AREA	YELLOW AREA	ORANGE AREA	BLUE AREA
BASEMENT				
FLOOR 1	SUITE 140,170,180	OUTPAT-REGISTRATION/MICU ENDOSCOPY/WOUND CARE	SHORT STAY / LAB / RADIOLOGY SICU / SURGERY	WOMENS CARE / E.R. REGIS. EMERGENCY SERVICES
FLOOR 2	SUITE 200,220,230,250 270,275,280	SURGICAL 2 TELE	PEDIATRICS / PHARMACY NEONATAL ICU	POST PARTUM NEWBORN NURSERY
FLOOR 3	SUITE 300,320,330, 360,370,380	MEDICAL	3 TELE & SNF	LABOR AND DELIVERY
FLOOR 4	SUITE 420,430,440,470,480			

Student Orientation Test

Name _____ Date _____

1. Which of the following individuals are considered customers at VBMC Hospital?
 - a. Patients
 - b. Families and visitors
 - c. Physicians
 - d. Co-workers
 - e. All of the above
 - f. A, B and D only

2. Confidential information at VBMC can be in all of these forms: electronic, verbal, magnetic, photographic film, and/or written data.
 True False

3. Preventing injury and illness is everyone's responsibility. However, if injury or illness occurs, the correct action to take is:
 - a. Report the illness or injury according to your established school guidelines
 - b. Contact the department director
 - c. Both of the above actions are required

4. Frequent hand washing is an excellent way to prevent the spread of infection.
 True False

5. Hazardous substances may be present in the health care setting. To prevent exposure to hazardous substances, non-employee workers must:
 - a. Follow hospital policies, procedures, rules and regulations
 - b. Report hazardous conditions to the department supervisor
 - c. Use personal protective equipment when required
 - d. All of the above

6. The use of cellular phones is limited to lobbies, waiting rooms, and non-patient care areas.

True False

7. Put the following actions in correct order as they should occur in the event of a Code Red:

E Extinguish Extinguish the fire only if you feel confident you can do it safely

R Rescue Move patients and others from immediate danger to a safe area

A Alarm Activate the nearest fire pull and call 1-1200 to report location

C Contain Close all windows and doors in the area. Do not move from your location unless returning to care for patients

Answer: _____

8. During your assignment at VBMC Hospital, you are mandated by law to report suspected abuse and/or neglect.

True False

9. VBMC is committed to providing a work environment that is free from harassment in any form.

True False

(10-23) Match the emergency announcement designation (“code) with the correct description from those in the column on the right:

- | | |
|-----------------------------|--|
| 10. _____ Code Red | A. Adult cardiopulmonary arrest |
| 11. _____ Code Silver | B. Decontamination team required |
| 12. _____ Code Blue | C. An infant is missing – Known kidnap |
| 13. _____ Code Yellow | D. Pediatric cardiopulmonary arrest |
| 14. _____ Code Pink | E. Chemical spill which may represent a hazard to people |
| 15. _____ Code Manpower | F. Bomb threat, notification of a bomb on campus |
| 16. _____ Code Adam/Eve | G. Notification of disaster or mass emergency event |
| 17. _____ Code Purple | H. Fire, smoke, or smell of something burning (RACE) |
| 18. _____ Code Black | I. Missing adult |
| 19. _____ Code Orange | J. Missing child |
| 20. _____ Code Green | K. Disruptive /violent behavior requiring specialty trained responders |
| 21. _____ Code Orange Decon | L. Emergency evacuation |
| 22. _____ Code Amber | M. Hostage situation or someone with a weapon |
| 23. _____ Code Blue PALS | N. Emergency facility lock-down |
24. Prevention of workplace violence includes the recognition and reporting of which of these behaviors?
- Body language such as threatening gestures
 - Signs of drug or alcohol use
 - Presence or talk of weapons
 - Anger, intimidation, and placing blame on others
 - All of the above

25. Failure to protect patient confidentiality can lead to legal and disciplinary actions.
- True False
26. You are to dispose of some old laboratory reports that fall under the category of PHI. What is the correct place, under HIPAA Privacy Law to dispose of them?
- Red trash bin
 - Regular trash bin
 - Locked shred bin
27. Your best friend's grandmother is in the hospital on the unit you are working. Your friend asks you about her diagnosis and prognosis. What should you do?
- Just tell her a little bit, not the bad things
 - Yes, it's okay to inform her. She's family
 - No, it's against HIPAA Privacy Law
28. It is permissible to access health information from your own health record and/or those of children, spouse or family members if you /they are treated here as a patient.
- True False
29. Name the ways that germs can travel to places and can cause infections:
- On air currents
 - Directly by hands
 - Indirectly by equipment or other items that may touch the patient or that patients has touched.
 - All of the above
30. All of the following are good hand hygiene practices to reduce the risk of transmitting infections **except**:
- Keeping nails short and clean
 - Avoiding dry and chapped skin
 - Keeping jewelry at a minimum
 - Wearing artificial fingernails
31. When should hands be washed?
- On arrival to work and before going home
 - Between patients
 - Before and after invasive procedures
 - After using the restroom
 - Before and after eating
 - All of the above

32. What should the faucet be turned off with?
- Freshly washed hands
 - A dry paper towel
 - Doesn't matter
33. How is blood and body fluid/infectious waste disposed of?
- Regular trash (clear plastic bag)
 - Brown trash can in dirty utility room
 - Red biohazard bag/container
 - Blue plastic bag
 - Yellow plastic bag
34. Which of the following safety tips will help ensure a safe working environment:
- Keep hallways free of clutter and equipment
 - Be attentive to all medical equipment alarms
 - Stay clear of construction areas
 - All of the above
35. Which of the following is NOT included in The Joint Commission National Patient Safety Goals?
- Improve accuracy of patient identification
 - Improve the effectiveness of communication among caregivers
 - Reduce risk of healthcare associated infections
 - Compliance with body mechanic guidelines
36. When a device malfunctions, the **first priority** is to:
- Take care of the patient's medical needs
 - Report the incident to the Risk Manager
 - Call Bio-Med
 - Label the equipment and remove from service
37. Involving family in the patient's care can be helpful with patients of all ages.
- True False
38. It's best not to talk about procedures or equipment with a toddler.
- True False

39. Older children are not yet concerned about body changes.
 True False
40. The use of family, friends or children as interpreters is an acceptable practice.
 True False
41. Young children will not be afraid of being apart from their parents.
 True False
42. It is important to provide adolescents with privacy during teaching and procedures.
 True False
43. Adults age 65 and over may need to receive information more than once and in segments.
 True False
44. A young child may view an illness or procedure as punishment.
 True False
45. A patient in custody of a law enforcement agency is referred to as a forensic patient. Who is responsible for watching this patient?
- VBHS sitter staff
 - VBHS security personnel
 - Does not require someone to constantly watch the patient since the patient will be restrained with shackles.
 - Forensic (law enforcement) staff
46. What are the 2 patient identifiers at VBMC?
- Name and medical record number
 - Name and account number
 - Name and date of birth
 - Name and room number

47. If you discover a fire in a patient area, how should you respond?
- Run to nearest phone and call 911
 - Close all the fire doors and windows. Block the elevators to prevent persons from using them.
 - Rescue the patients. Activate the alarm. Contain the fire by closing doors. Evacuate if necessary and/or attempt to extinguish the fire.
 - Scream “fire” so everyone can be alerted to evacuate.
48. Compliance issues may include:
- Quality of Care issues
 - Theft
 - Conflicts of interest
 - All of the above
49. Which of the following statements reflect the basic rights that are entitled to all patients in our care?
- To be treated with respect and dignity
 - To have all private and medical information handled confidentially
 - To have individual beliefs and values observed in the care environment
 - All of the above
50. You enter a conference room for a meeting and notice that several reports with patient information are on the table. What do you do?
- Throw the report in the trash
 - Leave the reports where you found them
 - Notify environmental services to clean the room
 - If you can determine who left the reports, return the reports to them. Otherwise, give the reports to your supervisor.



Orientation Answer Sheet

1	_____	18	_____	35	_____
2	_____	19	_____	36	_____
3	_____	20	_____	37	_____
4	_____	21	_____	38	_____
5	_____	22	_____	39	_____
6	_____	23	_____	40	_____
7	_____	24	_____	41	_____
8	_____	25	_____	42	_____
9	_____	26	_____	43	_____
10	_____	27	_____	44	_____
11	_____	28	_____	45	_____
12	_____	29	_____	46	_____
13	_____	30	_____	47	_____
14	_____	31	_____	48	_____
15	_____	32	_____	49	_____
16	_____	33	_____	50	_____
17	_____	34	_____		

Student Name (print) _____ **School** _____

Student Signature

Date

Instructor

Date

Score: _____

Remediation: [] yes [] not required



Acknowledgement

I acknowledge that I have read or received classroom training from my instructor regarding the policies and procedures set forth in the hospital orientation manual. I understand the requirements and expectations. If I need further training or have questions, it is my responsibility to discuss my concerns with my clinical educator.

My signature also verifies that I have taken the hospital orientation post-test and turned it in to my clinical instructor. Passing score is 100%. If I do not successfully complete the test, I will receive remediation from my instructor.

Printed Name

Student Signature

Date

Instructor Signature

Date



VHS Valley Health Systems – HATX Market
Confidentiality and Security Access Agreement

Employee Student Medical Staff Business Associate/Trading Partner Volunteer

Name (Print): _____

Date (mm/dd/yy): _____

Title/Position: _____

Location: _____

Department: _____

Company: _____

I understand that VHS Valley Health Systems (VHS) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, VHS must assure the confidentiality of its administrative, financial, human resources, payroll, fiscal, and research information (collectively “Confidential Information”). All documents and messages created, sent, or retrieved using any communication or computer system is the property of VHS. In the course of my employment/assignment at VHS; I understand that I may come into the possession of Confidential Information related to patients. I understand that patient information is private, whereby the confidentiality is protected by State and Federal Law.

I further understand that I must sign and comply with this Agreement in order to get authorization for access to any Confidential Information. By signing this document, I understand and hereby agree to the following:

1. I will comply with any and all VHS security and privacy policies to protect the security and privacy of Confidential Information.
2. I will, as an employee or agent of VHS, access the VHS Information Systems for the sole purpose of conducting the business of the organization.
3. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
4. I will log off any computer or terminal prior to leaving it unattended and follow proper shut-down procedures at the end of my shift.
5. I will not send any fraudulent, harassing or obscene messages or attachments to messages through any communication system within VHS.
6. I will not make any unauthorized transmissions, inquiries, modifications or purging of Confidential Information in the VHS computer system. Such unauthorized transmissions include, but are not limited to; removing and/or transferring Confidential Information from the VHS computer system to unauthorized locations (for instance, home).
7. I will not bypass or change any systems and/or processes used to secure and protect VHS equipment or VHS data, i.e. Airwatch. I will not disclose my computer ID and password to another party or knowingly use another

person's computer ID and password instead of my own for any reason. In addition, I understand that my personal user ID(s), and passwords used to access computer systems are also an integral aspect of this Confidential Information.

8. I understand that in order for any ID and/or password to be issued to me, this Confidentiality Agreement form must be fully completed, signed, dated, and witnessed.
9. I will not disclose or discuss any Confidential Information with others, including friends and family, who do not have a "business need to know".
10. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the cafeteria, in the break room, on public transportation, in restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used.
11. I understand that all computer access activity is subject to audit. VHS reserves the right to access, audit and monitor all computer access including but not limited to, messages and files as deemed necessary and appropriate.
12. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or any VHS information security or privacy policy.
13. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment or contract and/or suspension and loss of privileges, in accordance with the VHS Code of Conduct, as well as legal liability.
14. Upon termination of my employment or access to systems, I will immediately return any documents or other media containing Confidential Information to VHS and that my obligations under this Agreement will continue after the termination of my employment.
15. I understand this Agreement is not an employment contract. This Agreement does not alter the "at will" nature of my employment. I have the right to terminate my employment at any time with or without cause or notice; and VHS has a similar right. Furthermore, my status as an "at will" employee may not be changed, except in writing signed by the president and chief executive officer of VHS.

I have read the above Agreement and agree to comply with all its terms.

Signature: _____

Date: _____

Witness: _____

Date: _____

TO BE FILED PERMANENTLY IN PERSONNEL RECORD OR BUSINESS ASSOCIATE FILE



Verification/Attestation Form

Instructions:

After approval has been granted for the clinical rotation, the Clinical Instructor and the Program Director will verify and document the following:

Student/Applicant:

On behalf of _____ (Name of School, College, University) we acknowledge and attest we have in our possession and/or have access to the required documentation on the individual student identified above.

- Urine drug screen
- Criminal background check (does not reveal any criminal conviction)
- Attendance at hospital orientation, approved instructor led hospital orientation or on-line orientation (please check one)
- Current BLS/CPR from **American Heart Association** (only for Nursing, CNA, EMT and Med Tech students)
- Insurance
- Immunizations:
 - PPD or negative Chest x-ray within last 12 months
 - Proof of Hepatitis B immunization or completion of certification of declination of vaccine
 - Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR
 - Varicella immunity by positive history of chickenpox or proof of Varicella immunization
 - Tdap (within last 10 years)
 - Influenza vaccine for current influenza season

This attestation is provided in lieu of providing a hard copy of the requirements. We acknowledge and agree to random audits by VBHS of the student requirements files.

Signature: Instructor: _____ Date: _____

Contact Information: E-mail: _____ Phone: _____

Signature: Program Director: _____ Date: _____

This document must be turned in/faxed to patricia.palomo@valleybaptist.net prior to the assigned orientation date.



COVID-19 Training and Education



COVID-19 Plan

- OSHA ETS requires all healthcare facilities to have a written COVID-19 Plan
- Access the COVID-19 Plan through **LearnShare and on eTenet**
- **The major elements of the COVID-19 written plan are included in the following educational presentation**

COVID-19 Transmission Prevention

How to prevent the spread of COVID-19 in healthcare facilities

1. Standard Precautions
2. Appropriate use of Personal Protective Equipment (PPE) for care of suspected and confirmed COVID-19 patients
3. Social distancing
4. Universal masking (source control)
5. Appropriate quarantine/isolation of healthcare workers (HCW) who have been exposed to COVID-19 or who have COVID-19 symptoms/positive tests
6. Vaccination of HCW

COVID-19 is Spread in Three Main Ways

1. Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
 - Most likely to occur if people are closer than 6 feet from the infected person.
2. Small droplets and particles containing virus landing on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
3. Touching eyes, nose, or mouth with hands that have the virus on them.

Symptoms of COVID-19

- Fever (100.0°+) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
-
- **Employees experiencing any of these symptoms must notify Employee Health and stay home from work until approved by Employee Health to return to work**
 - Includes employees with negative COVID-19 test
 - **Refer to the CDC for information on risk factors for severe illness - [cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html)**

When to Seek Emergency Medical Attention

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

1. Standard Precautions

- People who have symptoms of COVID-19 **and** people who do not have symptoms of COVID-19 may spread the virus to others
 - Standard Precautions includes **hand hygiene, patient placement, and environmental cleaning/disinfection**, which all help to prevent the spread of COVID-19.
 - Performing Standard Precautions with all patients, even if we do not think they have an infection, helps to protect all patient and staff. All humans have organisms that can make other people sick, even if they do not seem sick.

Standard Precautions – Hand Hygiene

- **Performing hand hygiene when hands may be contaminated**
 - Soap and water or alcohol-based hand rub (hand sanitizer) are both effective against COVID-19
 - Wash hands with soap and water for at least 20 seconds
 - Cover all surfaces of hands with hand sanitizer and allow to dry fully before providing care/putting on gloves
- Artificial fingernails should not be worn for patient care, including under gloves
 - Includes 3D embellishments (applied rhinestones, jewels) on nails

Perform Hand Hygiene:

- After touching patient' surroundings and equipment (e.g. bed rails, pumps, Pyxis machines, charts)
 - Includes hand hygiene before entering clean or empty rooms
- Before touching a patient
- Before and after clean/aseptic procedures
- After body fluid exposure/risk
- After touching a patient
- After touching patient surroundings and equipment (Examples include bed rails, pumps, Pyxis machines, charts)

Standard Precautions - Patient Placement

- Appropriate patient placement is necessary to stop the spread of COVID-19 and other organisms that cause people to get sick.
- Place patients with infections in private rooms whenever possible
 - If necessary, patients with the same infection can share a room, as long as they have both tested positive
 - Place COVID-19 patients in negative pressure rooms whenever possible
- Avoid moving patients with infections from room to room
- If a patient has symptoms of infection, they should be treated as if they are positive until the diagnosis is known

Patient Screening and Management

- All patients entering the facility are screened for COVID-19 symptoms and exposures
- Patients with COVID-19 symptoms are placed on Enhanced Droplet Precautions until COVID-19 infection can be ruled out
- Patients with COVID-19 symptoms and positive tests do not share rooms with other patients, unless they also have positive COVID-19 test results
- Follow facility specific patient screening/management processes

Standard Precautions - Cleaning and Disinfecting

Cleaning removes gross contamination, like dirt and body fluids

Disinfecting kills pathogens, which are the organisms that make people sick with infections

- Cleaning and disinfection are both important in stopping the spread of infections, like COVID-19
- Clean and disinfect equipment, surfaces, and devices that come into contact with patients or caregivers:
 - According to a set routine
 - When they are visibly soiled or known to be contaminated
 - Before and after contact with patients

Disinfectants:

- Use an EPA-registered disinfectant that is approved to kill COVID-19
- Follow manufacturer's instructions for the disinfectant
- Know and follow the contact time for the disinfectant

High Touch Surfaces - Cleaning and Disinfecting

- Everyone is responsible for cleaning high touch areas and grossly soiled surfaces
 - High touch surfaces in nursing unit and patients rooms (e.g., computer keyboards and mouse, door handles, counters, medication dispensing machines, bed rails, bedside table) should be disinfected at least once per shift
 - Clean and disinfect surfaces whenever they are visibly soiled
 - Items in break room must be disinfected after each use (e.g., table, coffee pot handle, fridge door handle)

PPE Requirements for COVID-19 Patient Care

- **Anyone entering the room must put on PPE in the following order:**
 - Gown
 - Procedural face mask*
 - Face shield
 - Gloves
- *N95 or higher required during Aerosol Generating Procedures (**AGPs**), including:
 - Endotracheal intubation and extubation
 - Non-invasive ventilation (e.g., BiPAP, CPAP)
 - Bronchoscopy
 - Manual ventilation
 - Open suctioning of airways
 - Sputum induction
 - Nebulizer administration
 - High flow O2 delivery
 - Surgical procedures involving trachea, larynx, and/or chest

Staff members who are not in the patient care environment and are not providing patient care do not need to wear gown, gloves, or eye protection but must wear masks according to current OSHA guidelines.

PPE Requirements for COVID-19 Patient Care

1. Gloves

- Extend to cover wrist of isolation gown, cover thumb hole on gown if present
- Change between all patient interactions that are soiled to clean activities
- **Remove first when doffing**

2. Gown

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist
- Take care to fold the gown as is it removed to contain any soil or secretions
- Exit room after doffing gown
- **Remove second when doffing**



3. Eye Protection

- Wear full face shield
- Be sure shield is pulled down to completely cover the face
- Discard disposable face shield after each use
- Disinfect reusable face shield after each use
- **Remove third when doffing**

4. N95 Respirator

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
 - Fit snug to face and below chin
- Must be properly face fit and correct size
- Cannot wear with facial hair between skin and respirator
- Close door before removing
- Replace immediately if respirator becomes wet or soiled
- Not necessary for routine Droplet Precautions (i.e. Influenza)
- Perform hand hygiene before removing respirator
- N95s are single patient use and may be used for an entire shift, unless their integrity is compromised. On units comprised of solely confirmed COVID-19 patients, N95s may be used in extended use
- **Remove fourth when doffing**

- Refer to poster for PPE removal order
- Remove PPE in the appropriate order to avoid contaminating oneself
- PPE only requires red bag (biohazard) trash if visibly soiled with blood

N95 Respirators

- Use one N95, per patient, per caregiver, per shift*
- * Exceptions
 - How and when mandated by state or local health department (e.g., discard each time N95 is used (single use))
 - When a unit consists of only COVID-19 positive patients: The same N95 may be used by a single caregiver when caring for multiple patients, unless the patient is on isolation precautions for an organism additional to COVID-19
- Discard and replace N95 if it becomes soiled, wet, or contaminated

Patient Interactions Requiring N95 Regardless of Patient's Diagnosis

Aerosol Generating Procedures (AGPs): Procedures performed on patients that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking or breathing. They include:

- Endotracheal intubation and extubation
- Non-invasive ventilation (e.g., BiPAP, CPAP)
- Bronchoscopy
- Manual ventilation
- Open suctioning of airways
- Sputum induction
- Nebulizer administration
- High flow O2 delivery
- Surgical procedures involving trachea, larynx, and/or chest

Strenuous exercise activities include:

- Stress tests
- Inpatient or outpatient gym-based activities that involve the use of an exercise bike or a treadmill

Intubations and Extubations in the OR:

- N95s are required when present for intubation and extubation
- Team members not present during intubation/extubation may enter the OR with procedural mask
- Team members present in restricted area of OR are not required to wear N95s

Ear loop, procedural, surgical mask

- **Single use:** one mask per patient encounter
 - Discard and replace mask upon exiting patient direct care environment, ensuring HCW is 6 feet from patient when replacing mask
- Discard at the end of each shift for team members who do not enter patient rooms
- Discard immediately if soiled, wet, and/or contaminated
- Utilize for patient care that does not involve AGPs or strenuous exercise activities

Eye Protection

- **Disposable face shields - Single use:** one per patient encounter
 - Discard face shield upon exiting patient direct care environment
 - Exception: When in unit with all COVID-19 positive patients, wear in extended use
- **Reusable face shields:** Disinfect after each use
- **Regardless of COVID-19 diagnosis or patient placement status, use eye protection when:**
 - Within 6 feet of the patient for greater than 15 continuous minutes
 - Present for AGPs or strenuous exercise activities
- Face shields are the preferred equipment for eye protection. Ensure that alternatives are splash-rated (protect eyes from top, bottom, and side angles)

Gowns

- **Single patient, single event use**
- Patient specific – discard in appropriate receptacle upon leaving direct care environment
- Do not put on used gowns
- Do not wear outside of direct care environment (i.e. in hallways)

Gloves

- Single use
- Do not “double glove”, unless required for chemotherapy administration
- Do not wear gloves outside of direct care environment (i.e. in hallways)

Limitations of PPE for protection against COVID-19

- PPE must be selected and worn appropriately to maximize effectiveness
 - Correct size selected
 - Donned (put on) correctly
 - Worn correctly (i.e. respiratory protection over mouth and nose, gowns tied, gloves over cuff of gown)
 - Doffed (removed) correctly
 - Include training on how to correctly use PPE in orientation, skills fairs, and just in time on infection prevention and safety rounds

3. Physical Distancing/Physical barriers/Ventilation

Social Distancing

- Maintain 6-foot distance between people whenever possible
 - Includes:
 - Reduced capacity in common spaces (i.e. waiting rooms, meeting spaces, cafeterias, break rooms, elevators)
 - Limited visitors
- When possible:
 - Physically distance workstations, check in and check out stations, from each other
 - Signage directs flow to discourage gathering in groups (i.e. bottlenecks)

Physical Barriers

- Install at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers.

Ventilation

- Retain required air exchanges for permanently constructed care spaces, including Airborne Infection Isolation Rooms (AIIRs)
 - Includes appropriate testing, monitoring, and logging by Facilities team

4. Universal Masking (Source Control)

Universal masking requirements in healthcare setting:

- Must wear face mask over nose and mouth when indoors and when occupying a vehicle with another person for work purposes
- Facemasks utilized when caring for patients on transmission-based precautions must be changed after each use
- Changed when soiled, damaged, and no less than daily
- Cloth masks not permitted
- Masks with exhalation valves must be worn with procedural mask on top

Exceptions to universal masking requirement when:

- Employee is alone in a room.
- Employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
- Respirators are worn in accordance with OSHA's COVID-19 ETS.

5. Employee Quarantine/Isolation

No COVID-19 Symptoms:

- Return to work 10 days after the date of the first positive COVID-19 diagnostic test
- Isolation day count begins when specimen is collected
- May work onsite while test results are pending
- HCW who are severely immunocompromised may return to work following the above criteria when up to **20 days** have passed since the date of the first positive viral diagnostic test
- Must be cleared by EH prior to returning to work
- Negative test not required to return to work

COVID-19 Symptoms:

- Employees will attest daily to their symptoms on the symptom tracker
- Return to work criteria include the following:
 - At least 10 days have passed since symptoms first appeared
 - AND
 - At least 1 day (24 hours) have passed since resolution of fever of 100°F without the use of fever reducing medications
 - AND
 - At least 1 day (24 hours) of improvement of any COVID related symptoms
 - HCW with severe to critical illness or who are severely immunocompromised may return to work following the above criteria when up to **20 days** have passed since symptoms first appeared.
- Must be cleared by EH prior to returning to work
- A negative test is not required to return to work

6. COVID-19 Vaccination

- **Employees encouraged to receive the COVID-19 vaccination**
- **Support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination**

COVID-19 vaccination will help keep you from getting COVID-19

- Getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19
- Getting vaccinated yourself may also protect people around you

COVID-19 vaccination will be a safer way to help build protection

- COVID-19 can have serious, life-threatening complications, and there is no way to know how COVID-19 will affect you. And if you get sick, you could spread the disease to friends, family, and others around you
- COVID-19 vaccination will help protect you by creating an antibody response without having to experience sickness
- Both natural immunity and immunity produced by a vaccine are important aspects of COVID-19 that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available

COVID-19 vaccination will be an important tool to help stop the pandemic

- Wearing masks and social distancing help reduce your chance of being exposed to or spreading the virus to others, but these measures are not enough
- Vaccines will work with your immune system so your body will be ready to fight the virus if you are exposed
- The combination of getting vaccinated and following CDC's recommendations will offer the best protection from COVID-19

Tasks and situations in the workplace that could result in COVID-19 infection

- Lack of adherence to requirements for:
 - Social distancing
 - Source control/masking
 - PPE for Standard and Transmission-Based Requirements
 - Self-quarantine/Isolation when exposed to COVID-19 or having COVID-19 symptoms/positive test
 - Performing AGPs, including requirements for proper air exchanges, PPE, and doors that close

- Facility policies and procedures created to prevent the spread of COVID-19 include:
 - Standard Precautions
 - Transmission-Based Precautions
 - AGPs
 - Physical Distancing
 - Source control/masking
 - Return to Work
 - Cleaning and disinfection

Please refer to facility intranet site, eTenet COVID-19 information and resources site, or OSHA ETS plan for policies and procedures.

Facility Assessment for risk of COVID-19 positive person on site

- **High risk**

- County COVID-19 tracker moderate, substantial, or high community transmission
 - <https://covid.cdc.gov/covid-data-tracker/#county-view>
- Known viral transmission from person to person within the facility within the last 6 months
- All facility areas considered possible for presence of COVID-19
 - Requires universal source control

- **Low risk**

- County COVID-19 tracker low community transmission
 - <https://covid.cdc.gov/covid-data-tracker/#county-view>
- Only high-risk areas considered possible for presence of COVID-19
 - Examples: ER, ICUs, respiratory units
 - Targeted COVID-19 response activities only required in these high-risk areas

COVID-19 Safety Coordinators

The OSHA ETS guidelines require a designated COVID-19 coordinator(s) to implement and monitor the COVID-19 Plan. The facility can have several designated coordinators who make-up a COVID-19 committee. Committee should be multidisciplinary, have executive leadership oversight, with minutes reported up through the standing Quality or Infection Prevention Committee. Coordinators should include staff from Infection Prevention, Quality, Employee Health and Human Resources.

The COVID-19 Safety Coordinator(s) have the COVID-19 Committee's full support in implementing and monitoring this COVID-19 plan and have the authority, in collaboration and agreement with the executive leadership and COVID-19 Committee, to ensure compliance with all aspects of this plan.

For the identity of your hospital specific COVID-19 Safety Coordinator(s), please see your facility ETS plan.

COVID-19 Pay Practices for Sick Leave

Paid time off for employees who become ill from COVID-19 or from vaccination:

- The standard requires covered employees to provide workers with paid time off to get vaccinated and to recover from any side effects. The Tenet PTO Plan allows eligible Full-Time and Part-Time employees to take approved Paid Time Off from scheduled work for vacation, personal time, sickness, and all other time off as needed which will now include time off for COVID vaccinations or side effects from it. The employee must show proof of vaccination.
- Covered employees who have coronavirus or who may be contagious, must work remotely or otherwise be separated from other workers if possible, or be given paid time off until the employee meets the return to work criteria. The ETS is effective immediately upon publication in the Federal Register.
- If an employee has used their PTO, we will pay them for the additional time off up to \$1400 per week, for already scheduled work shifts, during the entire period of removal, until the employee meets the return to work criteria. If time off is related to vaccination, the employee would need to show proof of vaccination.
- We will continue to provide the benefits to which the employee is normally entitled (e.g., employer-sponsored health insurance) during the removal period.
- In each scenario, the employer is not required to provide overtime pay, even if the employee had regularly worked overtime hours in recent weeks. In addition, if the employee receives compensation for lost earnings from any other source, such as employer-paid sick leave, administrative leave, or a publicly funded compensation program, then the employer may reduce the amount paid to the removed employee by however much the employee receives from the outside source.
- Facilities with fewer than 500 employees may be eligible for refundable tax credits under the American Rescue Plan if they provide paid time off for sick and family leave to their employees due to COVID-19 related reasons. The ARP tax credits are available to eligible employers that pay sick and family leave for qualified leave from April 1, 2021, through September 30, 2021. More information is available from the IRS <https://www.irs.gov/newsroom/employer-tax-credits-for-employee-paid-leave-due-to-covid-19>

Sick Practice Policies

- [Non-Vesting Manager's Time-Off Plan – HR.BNC.15](#)
- [Non-Vesting Paid Time Off Plan \(Non-Corporate\) – HR.BNC.17.01](#)
- [Vesting Paid Time Off Plan \(Non-Corporate\) – HR.BNC.18.01](#)

1. How can we prevent the spread of COVID-19 in our facilities? Select the best response:
 - a. Appropriate use of PPE for healthcare workers treating suspected and confirmed COVID-19 patients
 - b. Universal masking
 - c. Appropriate quarantine/isolation of healthcare workers who have symptoms of COVID-19
 - d. Vaccination of HealthCare Workers
 - e. All the above

2. How is COVID-19 spread? Select the best response:
 - a. Through mosquito bites
 - b. Breathing in air when closer than 6 feet to an infected person who is exhaling small droplets and particles that contain the COVID-19 virus
 - c. Touching the desk of an employee with COVID-19 who was last sitting at the desk over 7 days ago

3. Perform hand hygiene before and after you do the following activities. Select the best response:
 - a. Before touching a patient
 - b. After body fluid exposure/risk
 - c. After touching patient surroundings and equipment
 - d. All the above

4. Which of the following are true about cleaning and disinfecting? Select the best response:
- a. Cleaning removes gross contamination like dirt and body fluids
 - b. Disinfecting kills pathogens which are organisms that make people sick with infections
 - c. Cleaning and disinfecting are both important in stopping the spread of infections like COVID-19
 - d. All the above
5. Anyone entering the room of a COVID-19 patient must put PPE on in the following order:
- a. Procedural face mask/N95, gloves, gown, face shield
 - b. Gown, gloves, procedural face mask/N95, face shield
 - c. Gown, procedural face mask/N95, face shield, gloves
6. Vaccination is an important method to decrease the severity of illness and hospitalizations from COVID-19
- True
 - False

Valley Baptist Health System



COVID-19 Training and Education

Answer Sheet

Name: _____ Date: _____

School/University/College: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Score: _____

Remediation required if score is <100

Sponsor/Instructor: _____



I, (Print Name) _____ attest that I have received the information and training for *OSHA Emergency Temporary Standard (ETS) for Occupational Exposure to COVID-19*. I understand that it is my responsibility to consistently follow the standards of care and processes at Valley Baptist Health System, Rio Grande Valley.

If I have any questions or need clarification on the OSHA Training, I am to contact the Valley Baptist Health System Education Department at 956 389-4535 (Harlingen) or 956 698-5882 (Brownsville).

Signature: _____ Date: _____

School/University/College: _____

Sponsor/Instructor: _____