Clinical Rotation Orientation at TSFHS
Welcome

Welcome to your clinical rotation at Third Street Family Health Services (TSFHS). We are happy to offer clinical rotations for resident physicians, medical students, dentists, NP students, PA students, RN students, LPN students, MA students and DA students. We also host shadowing opportunities for students interested in future health careers. Everyone who rotates or shadows with us at TSFHS is required to complete the student application prior to consideration.

NOTE: To complete the application process, please visit http://www.tsfhs.org/clinical-preceptor-request-form

GUIDELINES FOR ALL STUDENTS AT TSFHS

1. TSFHS will not maintain liability insurance for any actions/procedures performed by the student because TSFHS does not retain the right to control the actions of the student.
   a. Certificate of Malpractice Insurance
      i. Most schools will provide a certificate of insurance. If your school does not provide malpractice insurance for you on rotations, be sure to provide proof of insurance. You will not be approved without documentation that you have malpractice insurance coverage for your rotation.

2. Student’s University must have an Affiliation Agreement with TSFHS before the student can participate in Clinical Rotations at TSFHS.

3. Student will practice within the provisions of the laws of the state of Ohio that regulate applicable licensure or certifications.

4. Application will require the approval of the appropriate manager, director and/or executive.

5. Student Applications will be completed and filed in the Quality Department.

6. Students must complete a TSFHS Orientation and EMR Training, if applicable, before beginning clinical rotations.

7. Student Supervisor will assure Student maintains current licensure, if applicable.

8. Student will provide current copy of licensure to the quality department, if applicable.

9. Student MUST WEAR a TSFHS identification badge above the waist at all times while on TSFHS’ premises.

10. Upon completion of rotations, student must contact quality department to return his/her badge, paperwork, and any other TSFHS property.

I attest that I have read the above Student Guidelines, and agree to abide by them during my student rotations at TSFHS. I have also received and reviewed the Clinical Rotation Orientation packet, watched the videos links provided in the packet, and understand if I have any questions regarding this orientation packet I will ask my supervising professional.

________________________________    ______________________
Print Name                                   Date

_____________________________________
Student Signature
STUDENT CONTACT INFORMATION

NAME ______________________________________________________________________________

ADDRESS ____________________________________________________________________________

EMERGENCY CONTACT NAME ____________________________________NUMBER_________________

CELL PHONE #_________________________________________________________________________

ALTERNATIVE PHONE # _________________________________________________________________

It is best to contact me at: □ Telephone # □ Cell Phone # □ Alternative Phone #

SCHOOL E-MAIL __________________________________________

PERSONAL E-MAIL _________________________________________

You will not receive a laptop from TSFHS. If you would like, you may bring your own. WIFI Access: Please see IT when arriving to obtain a wifi password. Please know that the password will change monthly.

SUPERVISING PROFESSIONAL AGREEMENT

I agree that the Student’s presence with me shall be for the purpose of Clinical Rotation, and that he/she may not perform any functions/duties/procedures that are outside the scope of their training program. Student agrees that he/she shall respect the wishes of any patient who objects to his/her presence and that he/she shall abide by the policies and procedures of TSFHS, and comply with the provisions of the Health Insurance Portability and Accountability Act. I also understand that I must have the Instruction and/or Supervision of NP/PA/Medical Students, Residents and Fellows Privileges within the TSFHS in order to participate in this student’s clinical rotation.

I agree that I shall be responsible for all of the Student’s acts and omissions while he/she is with me at TSFHS.

______________________________________________ ___________________________________
Signature of Supervising Professional    Dates of Rotation

______________________________________________ Printed Name
CODE OF CONDUCT

TSFHS desires that all patient care activity take place in an atmosphere of collegiality, cooperation, and professionalism. Students of the TSFHS Staff are expected to conduct themselves in a manner consistent with and supportive of TSFHS Health’s mission, vision and core values.

Mission and Values

- Students acknowledge that TSFHS Health mission is “To provide accessible, quality primary health care to the medically underserved”. TSFHS vision is “Planned growth in primary health care services while maintaining stability.”

Respectful Treatment

- Students shall treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

Safe Environment of Care

- Students of the TSFHS Staff acknowledge and agree that the protection and safety of patients, employees, providers, and others at TSFHS and the orderly operation of TSFHS is paramount.

Patient Care

- Students of the TSFHS Staff agree to provide care to patients consistent with generally recognized standards of care. TSFHS Staff students further agree to actively help educate patients and their families regarding the medical condition for which the patients are receiving care and treatment. Additionally, students of the TSFHS Staff agree to coordinate care, treatment, and services with other practitioners as appropriate and seek consultation whenever warranted by patient’s condition. TSFHS Staff students also agree to provide continuity of care for patients and delegate responsibility of diagnosis and/or treatment of hospitalized patient to a practitioner who is qualified to provide necessary care.

Language and Behavior

- Students of the TSFHS Staff agree to refrain from engaging in any behavior that may impair the ability of the healthcare team to provide quality care and/or otherwise create a hostile or intimidating work environment. Prohibited conduct includes, but is not limited to, making offensive or derogatory comments, racial or ethnic slurs, sexual comments/innuendos, threats of violence, using foul language, acting in a rude, intimidating or otherwise unprofessional manner, engaging in retaliatory conduct, criticizing individuals in inappropriate forums.

Harassment/Discrimination

- Students of the TSFHS Staff also agree to refrain from engaging in any form of unlawful discrimination or harassment based upon any legally protected characteristic, including race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability, or military status. Harassment is defined as unwelcome verbal, visual, or physical conduct that creates an intimidating, offensive, or hostile work environment that interferes with work performance. Sexual harassment, specifically, includes making unwelcome sexual advances, requests for
sexual favors, or other verbal or physical conduct of a sexual nature that is unwelcome and offensive to individuals who are subjected to it or who witness it. Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires a meeting to be held with the Chief Executive Officer and/or designee to discuss the incident.

Corrective Action for Inappropriate Conduct

- Collegial and educational efforts may be used by TSFHS leaders to address inappropriate conduct. Collegial steps, including counseling, warnings, and meeting with a practitioner, may be taken to address complaints about inappropriate conduct. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may warrant immediate corrective action in accordance with the TSFHS policies and procedures.

Confidentiality

- Students agree to maintain confidentiality of patient care information at all times, in a manner consistent with all relevant laws. Students shall also abide by the Rules and Regulations regarding confidentiality of peer review files and process.

Compliance

- Students of the TSFHS Staff agree to abide by TSFHS Rules and Regulations and policies, applicable laws and regulation of governmental agencies, Corporate Compliance policies, and applicable standards of accrediting organizations including the Joint Commission on Accreditation of Healthcare Organizations. Failure to comply with the provisions of this Code of Conduct policy may result in corrective action.

Reporting Concerns about Safety or Quality of Care

- Students of TSFHS are encouraged to report their concerns in writing about patient safety or quality of care to any TSFHS leadership: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief Dental Officer, and/or their Supervising Physician.

- In keeping with our commitment to meet the Joint Commission standards, TSFHS takes this opportunity to inform you that if you have concerns about patient safety and quality of care here at TSFHS, you may also choose to report concerns to the Joint Commission at 1-800994-6610, or online at www.jointcommission.org. Any member of TSFHS can report directly to the Joint Commission without fear of retaliatory or disciplinary action being taken by TSFHS, as long as you are acting in good faith.

Code of Conduct Attestation

By my signature below, I certify that I have received and agree to the TSFHS CODE OF CONDUCT. I agree to comply fully with the standards, policies, procedures and other provisions of the Code of Conduct. I understand that compliance with the provisions contained in the Code of Conduct is a condition of clinical rotation at TSFHS. I also understand that TSFHS may from time to time amend, modify and update the Code of Conduct.
CONFIDENTIALITY & SECURITY AGREEMENT

THIS AGREEMENT is entered into between Third Street Community Clinic Inc., (hereon referred to as the "Company") and _________________________ (from hereon referred to as the “Student.”)

I. CONFIDENTIALITY DEFINITIONS

1. “Confidential Information” means information in whatever form, including information which is written, electronically stored, orally transmitted, or memorized, which is classified as being “private” by the Company or under applicable law, including, but not limited to, information which relates to the Company’s employees or its clients, as well as any information that is of any commercial value to the Company, or in which property rights are held, assigned to, or otherwise belong to the Company, including any trade secrets, processes, systems, method, technique, research and development, technology, software or technical information, trademark, copyrighted material, reports, records, customer or supplier lists, tax or financial information, business or marketing plan, strategy, forecast, development or medical information or any other information the Company classifies as “private” or “confidential.”

2. “Confidential Information” also includes any information in whatever form, including information which is written, electronically stored or orally transmitted as defined under Ohio law.

3. The rights and obligations of this Agreement will also be binding upon the heirs, assigns and successors of the Parties.

II. SECURITY AND USE OF CONFIDENTIAL INFORMATION

1. The Company hereby authorizes students to use the Company’s Confidential Information solely for the purpose of performing student’s duties and for no other purpose whatsoever.

2. Student agrees that the Student shall not, without the Company’s prior written consent specifically referring to this covenant:

   a. Use any Confidential Information for the Student’s benefit or any other party other than Company or disclose it to any other person or entity;

   b. Remove any Confidential Information or other documentation, device, plan, or other record or evidence pertaining to Company’s business from Company’s premises, except when specifically authorized to do so by the Company in writing; or

   c. Retain copies or other records of any such items, except when specifically authorized to do so in writing by the Company.
d. The Student agrees that during the term of the Student’s rotation with the Company, and at all times following the termination of the Student’s rotation with the Company for any reason whatsoever, the Student will not use, disclose or make available, directly or indirectly, any Trade Secrets or Confidential Information to any person or entity, except with the prior consent of the Company.

3. Student agrees to return all of the Company’s Confidential Information upon request.

4. Student further agrees that Student will not make any disparaging remarks regarding the Company, its employees, its clients or its vendors that can be viewed as being vulgar, obscene, threatening, intimidating, harassing, defamatory, dishonest or unlawfully discriminatory.

5. Student agrees that Student will:
   a. Observe all security procedures established by the organization,
   b. Report to the company any breaches of these security procedures or violations of the “Privacy Policy,” regardless of whether the unauthorized or breach was intentional or unintentional and
   c. Follow the dictates of the organization’s Privacy Policy.

III. BACKGROUND CHECKS and SECURITY

Student authorizes the Company to investigate Student’s background, qualifications and/or any other information the organization deems appropriate. Student also authorizes anyone the Company contacts as part of its investigation to release any information they have on the Student. Student also authorizes the Company to release the results of any background checks conducted on Student. Student also releases all parties, including the Company, from all liability for any damage that may result from either releasing or furnishing any such information.

IV. STATUTE OF LIMITATIONS

READ CAREFULLY BEFORE SIGNING

Student understands and agrees that any claim or lawsuit relating to his/her service with the Company or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. Student specifically and voluntarily waives any statute of limitations to the contrary.

The Agreement will become part of your official rotation record.

V. CONSIDERATION
Student agrees that Student’s rotation with the Company provides the Student due consideration for
the promises that Student is being asked to enter into in this Agreement. Student’s signature at the
conclusion of this document signifies Student’s complete and mutual agreement with the promises and
with the sufficiency of this consideration for the mutual obligations of the Parties set forth in this
Agreement.

VI. MISCELLANEOUS PROVISIONS

1. **General Rules of Construction.** The parties have participated jointly in negotiating and drafting
   of this Agreement. If a question concerning intent or interpretation arises, no presumption or
   burden of proof shall arise favoring or disfavoring any party by virtue of authorship. Any
   reference to any federal, state, local or foreign statute or law shall be deemed also to refer to all
   related rules and regulations unless the context requires otherwise.

2. **Waivers.** The failure by one party to require performance by the other party, or to claim a
   breach of any provision of this Agreement by the other party, shall not be deemed to be a
   waiver of any such breach, nor of any subsequent breach by the other party of any provision of
   this Agreement. Such waiver shall not affect the validity of this Agreement, nor prejudice either
   party's rights in connection with any subsequent action.

3. **Severability.** If any part, clause or condition of this Agreement is held to be void, invalid or
   inoperative, such shall not affect any other provision hereof, which shall continue to be effective
   as though such void, invalid or inoperative part, clause or condition had not been made. If any
   provision of this Agreement is found by a court or other tribunal of competent jurisdiction to be
   invalid or unenforceable, the attempt shall first be made to read that provision in such a way as
   to make it valid and enforceable on light of the parties’ apparent intent as evidenced by this
   Agreement. If such a reading is impossible, the tribunal having jurisdiction may revise the
   provision in any reasonable manner to the extent necessary to make it binding and enforceable.
   If no such revision is possible, the offending provision shall be deemed stricken from the
   Agreement, and every other provision shall remain in full force and effect.

4. **Entire Agreement and Modification.** This Agreement constitutes the entire agreement between
   the parties hereto, and contains all of the terms, conditions, covenants, stipulations,
   understandings and provisions agreed upon by the parties. This Agreement supersedes and
   takes precedence over all proposals, memorandum agreements, tentative agreements, and oral
   agreements between the parties, made prior to and including the date hereof, and not
   specifically identified and incorporated in writing into this Agreement. No agent or
   representative of either party hereto has authority to make, and the parties shall not be bound
   by, or liable for, any statement, representation, promise, or agreement not specifically set forth
   in writing in this Agreement. This Agreement may be modified only in writing signed by all
   parties.

5. **Effect of Termination.** This Agreement shall continue in effect upon and after the termination of
   Student’s rotation for any reason to the extent necessary for the enforcement of any of its
   provisions which apply subsequent to any such termination.
6. **Forum and Governing Law.** This Agreement shall in all respects be interpreted, enforced, and governed under the laws of the United States and the State of Ohio. Student hereby agrees to submit to jurisdiction before the appropriate court of record in Richland County, Ohio. Student waives any right to challenge or otherwise raise questions of personal jurisdiction or venue in any action the Company may bring against Student in any such court.

7. Should the Student breach or threaten to breach this Agreement, the Student agrees to indemnify and hold the Company harmless from and against any and all loss, cost, damage, or expenses, including, but not limited to, pay the Company all damages associated with this breach, and all attorney’s fees and administrative costs deemed necessary and reasonable by the Company in order to enforce any section of this Agreement or to correct whatever damages caused by this breach.

8. Student further acknowledges and agrees that each section of this Agreement is reasonably necessary to protect and preserve the Company’s reputation and its interests in order for the Company to remain competitive in its industry.

9. The parties acknowledge that they have read and fully understand the contents of this Agreement and execute it after having an opportunity to consult with legal counsel.

10. Student represents and agrees that he/she has been afforded a reasonable amount of time to review this Agreement, to understand its contents, to voluntarily enter into this Agreement and to be bound by its specific, stated obligations.

**VII. EXECUTION OF AGREEMENT**

**Company**

_______________________________________________________________ Date _________________

Jared Pollick, Chief Executive Officer

**Student**

SIGN HERE______________________________________________________ Date _________________

PRINT NAME HERE______________________________________________
TSFHS Standards of Excellence

Service

- I am here to serve my patients-
  - Prompt, friendly, and quality service
- I communicate in a respectful and professional manner-
  - Nonverbal communication is as important as what I say
- I promptly respond to patient requests, phone calls, and customer needs
- I anticipate patients‘ and others‘ needs, working to prevent problems and remove barriers
- I communicate frequently about how long a patient, visitor or colleague may expect to wait
- I walk guests to their location and seek out those who look lost

Quality

- I respect the confidentiality of patients and colleagues
- I report concerns and take appropriate actions to eliminate patient, visitor, and/or employee safety hazards
- I keep the facility and my work area neat, clean, presentable, uncluttered, and safe
- I identify opportunities and solutions for service and safety improvements in my work area and assume accountability for our success
- I seek to understand and improve quality metrics, best practices, patient satisfaction measures and employee engagement measures.
- I take appropriate action when public areas do not meet these standards

Team

- I listen to understand and respond in a compassionate manner
- I encourage my colleagues and offer words of praise for excellent work
- I partner with my colleagues to manage the workflow of my team and willingly pitch in to help others
- I help new or less experienced colleagues feel welcome
- I thank others for their time and efforts

Personal

- I take responsibility for my attitude and actions
- I treat others with dignity and respect; rudeness is not acceptable
- I am supportive and flexible when change occurs
- I look for opportunities to further my learning
- I do the right thing because it is the right thing to do, whether anyone is watching or not
- I take responsibility to use TSFHS resources appropriately
- I take steps to maintain personal health and wellness
- I deal with conflict in a constructive manner and welcome personal feedback to improve performance and relationships
- I consistently carryout my work duties to the best of my ability, skills and training, understanding that my work makes a difference in the care of our patients
Communication

• I maintain a positive image and follow the TSFHS dress code
• I wear my badge so it is easily read by patients, visitors, and colleagues
• Anytime I am in uniform or have my badge on, I represent TSFHS in a positive light
• I show respect to all members of the TSFHS team including volunteers, employees, managers, medical staff, students, and others
• Before I speak, I consider who might be listening and what is appropriate in that situation
• I keep current on organization information

Compassionate Patient Care

• Treat all patients as individuals
• Consider family members and visitors in your clinical interactions, observe for clues as to the effectiveness of your communication
• When communicating with patients and visitors please be sensitive to age appropriateness
• All interactions with patients, families, employees, volunteers, etc. should be conducted with the utmost respect
• Neither abuse of patients nor any disruptive behavior by a practitioner or individual will be tolerated
• Notify your supervisor immediately to report inappropriate behavior

TSFHS Standards of Excellence Attestation

By my signature below, I certify that I have received and agree to the TSFHS Standards of Excellence. I agree to comply fully with the standards and I understand that compliance with the provisions contained in the Standards of Excellence is a condition of clinical rotation at TSFHS. I also understand that TSFHS may from time to time amend, modify and update the Standards of Excellence.

Student Printed Name: ____________________________________________
Student Signature: ________________________________________________
Date: __________________________

Infection Prevention

We all work together to ensure the safety of our patients, our facilities, and one another. Even staff who don’t work directly with patients can spread illness to other staff members, thus affecting our patient’s care and health.

That is why it is extremely important to perform hand hygiene before and after each patient. It’s also important to clean medical equipment after each patient use.
Equipment

- Clean/disinfect all medical equipment between patients
- Use disinfectant wipes for equipment used with patients under Special Precautions

Waste Handling

- Dispose of items soaked with blood or other body fluids in biohazard bags or containers.
- Linens are placed in blue, leak proof bags
- Hazardous waste is placed in leak proof bags in yellow containers

Hand Washing

Hand Hygiene is a general term that applies to hand washing with soap and water, use of alcohol-based waterless products, condition of fingernails, use of appropriate personal protective equipment (PPE), and limited jewelry use. The most important way to prevent the spread of infection is HANDWASHING.

https://www.cdc.gov/handhygiene/training/interactiveEducation/

Personal Protective Equipment (PPE)

PPE may include the following items depending on the type of environment you will be exposed to:

- Gloves
- Gowns
- Face shields/masks
- Eye protection
- Pocket masks
- Other protective gear- hair and shoe covers

It is important to know the process of how to don and doff PPE, as you do not want to contaminate yourself or others.

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/index.html

Standard Precautions

The primary strategy for successful nosocomial infection control. Standard Precautions reduce the risk of transmission from both recognized and unrecognized sources in clinical settings. These precautions apply to all patients receiving care regardless of diagnosis or presumed infection status. Standard Precautions apply to blood, all body fluids, secretions and excretions, non-intact skin and mucous membranes.

There are three additional practices that have been added to Standard Precautions. These practices focus on the protection of patients and healthcare workers and include:

- Respiratory Hygiene/Cough Etiquette- cover nose and mouth when coughing or sneezing, use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use, perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.
• Safe Injection Practices- use a sterile, single use, disposable needle and syringe for each injection, use of a single-does vial is preferred over multidoes vials.
• Use of masks when needed.

Bloodborne Pathogens Exposure Control Plan

OSHA requires all healthcare systems to have a plan in place for employee exposures to Bloodborne pathogens. A copy of our plan is __________________________.

Types of Bloodborne diseases:

• HIV
• Hepatitis B – vaccine offered free to all employees whose job requires them to have patient contact. This vaccine process is completed with three shots. The first shot is given, the second shot is placed after 4 weeks of the first, the third shot is placed after 5 months of the first.
• Hepatitis C

Environmental controls: We are required to have sharps containers in all patient rooms and those patient care areas where sharps are used. All sharps must go into these containers and not the regular trash.

There is no eating or drinking in any nurses’ station or patient care area.

What is an exposure: An injury with a contaminated instrument (needle, blades, etc) blood or bodily fluids that come in contact with mucous membranes (eye/mouth) blood or bodily fluids that come in contact with an open wound or non-intact skin.

What do you do if you have an exposure: Cleanse the exposed area immediately and notify your supervisor. You must complete an incident report.

Special Considerations

• Needle stick or bodily fluid exposure-
  o Notify supervisor and/or Clinical Instructor immediately
  o Review needle stick policy
• MRSA—Contact supervisor, both infected and colonized patients (may add mask/eye protection if needed)
• VRE—Follow procedures to “clear” after antibiotics have been completed
• Clostridium difficile (C.diff)—forms environmental spores-use bleach wipes on equipment/surfaces and soap and water on hands
• Patient Transport—refer to policy on transportation

Recognition and Reporting of Abuse

Forms of Abuse

• Physical Abuse: non-accidental trauma or physical injury (Includes hitting, kicking, burning, shaking, throwing, beating, biting).
  o Bruises
- Welts
- Burns
- Cuts or Scratches
- Fractures
- Bleeding Genitalia
- Lack of Medical Care
- Poor Hygiene
- Poor Nutrition
- Tooth Decay
- Abdominal Injuries

- **Sexual Abuse:** the involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend and therefore to which they are unable to give informed consent and/or which violates the taboos of society.

- **Emotional Abuse:** the systematic tearing down of another human being. What does emotional abuse include: rejection, isolation, corruption, ignoring, terrorizing, and degrading.
  - Anger or Aggression
  - Developmental Delays
  - Depression
  - Lack of Communication and Talking
  - Isolation or Withdrawal
  - Inability to Trust
  - Anxiety
  - Suicide Attempts
  - Frequent Change of Healthcare Professionals

- **Financial Abuse:** the illegal use of an incapacitated adult or his resources for another’s profit or advantage. It may include embezzlement, theft, forgery, and false impersonation.
  - Suspicious Signatures
  - Missing Personal Belongings
  - Numerous Unpaid Bills
  - A Changed Will or Power of Attorney

**Consequences of Abuse on Children and Adults**

- **Physical:** most minor injuries will heal but there can be long-term effects with more severe abuse.
- **Psychological:** isolation, mistrust, fear, depression, eating disorders, anxiety, suicide attempt.
- **Behavioral:** risk for crimes, teen pregnancy, substance abuse, poor school performance.
- **Financial:** incur debt, bankruptcy, eviction.

**What to Document**

**Injury Documentation:** location, type, number of injuries, size, degree of healing, possible causes, explanation by the care provider.
Reporting

- Complete a TSFHS incident report
- Notify supervisor

HIPAA and You

Establishes patient confidentiality and improves the efficiency and effectiveness of the nation’s health care system

Clinical Staff and Students:

- May only view patient information as it relates to the direct care of their assigned patient(s)
- Cannot share or personally use any patient information
- Maintain confidentiality concerning all conversations and events involving doctors, nurses, and/or others with whom you come in contact
- Cannot discuss personal information with friends, relatives, staff or other students except as required to provide continuum of patient care
- Cannot look up information about a patient for whom they are not directly responsible for providing care
- Cannot use computer systems to obtain health or medical information about themselves, family members, friends, etc
- Cannot copy medical records
- Cannot photograph patients unless the photographs are for treatment purposes (wound care, documentation of treatment of an abused patient, etc.)
- Must ensure paperwork with confidential information is covered and protected and disposed of in locked shred bin once no longer needed
- Ensure that computer screens are not left open to the public
- Ask for two patient identifiers and verify patient prior to discussing patient information


Diversity

At TSFHS, we appreciate and value all people for their skills and uniqueness including gender, race, age, ethnicity, physical ability, religion, sexual orientation, education and socio-economic status

TSFHS is a smoke free campus

No smoking or use of tobacco at TSFHS facilities and property for staff and students

If you must smoke:

- It cannot be during clinical time
- You must leave TSFHS property
- You may not return smelling of smoke

Alcohol and Drug Use
To maintain our vital interest in quality patient care, TSFHS is committed to a drug-free workplace

- No student may use illegal drugs
- Any use of drugs or alcohol by students which interferes with or adversely affects work performance will not be tolerated
- Reporting to your area under the influence of alcohol or drugs, or possessing, manufacturing, dispensing, selling or using them on any TSFHS premise will result in immediate dismissal from your clinical rotation and notification of your school

Emergency Response Codes

- **Patient Non-Critical:** Any instance occurring prior to patient’s appointment where medical services may be warranted. Patient requires Front Desk staff assistance of a Non-critical health matter - may include up to Cardiac Pulmonary Resuscitation (CPR).
  - Front Desk staff are trained and certified Heartsaver providers
  - Upon alert of a patient in need Front Desk **Primary:** will go and assess patient for potential health concerns
    - Front Desk **Secondary:** will alert nursing staff there is a “Patient Non-Critical” taking place and that a **Code Blue** could result
    - Any medical situation in which the Front Desk **Primary** begins CPR or deems necessary for medical staff assistance, **Code Blue** will be activated

- **CODE BLUE:** Adult Medical Emergency: *(If you discover someone whose suffered a medical emergency, cardiac, and/or respiratory arrest)*
  - Obtain crash bag
  - Note Time
  - Summon help
  - Send someone to report CODE BLUE: location, building, floor, room, or physical location
  - Begin CPR, continual until help arrives *(if applicable)*
  - Clear area of nonessential personnel
  - Stand by to assist emergency personnel
  - Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

- **CODE PINK:** Infant or Child Medical Emergency:
  - SAME AS CODE BLUE

- **CODE GRAY 1:** Weather Condition/Severe: *(Watch announcement means a severe weather condition with the potential to disrupt facility operations and risk safety has been forecasted for Richland County by the National Weather Service)*
  - These announcements may be initiated by administration and/or Supervisor
  - If you are unable to report to work as scheduled due to weather, notify your supervisor as early as possible (two hour notice is recommended)
  - While off work it is your proactive responsibility to monitor threatening weather conditions using TV, radio, internet, etc., and prepare so as to better ensure your ability to report to work
  - Managers: It is your proactive responsibility to assess your area’s vulnerabilities relative to severe weather and to develop contingency plans
• **CODE GRAY 2:** Tornado Watch-Warning: *(means National Weather Service had determined and announced weather conditions are favorable for tornado development)*
  o Inform Supervisor, notify administration.
  o **Tornado Watch:** *(review location’s tornado plan and prepare for a TORNADO WARNING)*
    ▪ Inform patients, guests, and visitors where the designated tornado shelter is in case of TORNADO WARNING
  o **TORNADO WARNING:**
    ▪ Move everyone to designated tornado shelter or inner core of building away from exterior windows, doors, and to the lowest level
    ▪ Warn those who refuse to move, that there is a tornado warning
    ▪ Grab crash bag and stay alert
    ▪ Follow “Buddy Rule and/or Rule of Two” *(when informing patients in waiting area)*
    ▪ Supervisors conduct by name headcount of staff and verify patient count; turn into authorities upon arrival
    ▪ Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

• **CODE SILVER:** Active Shooter: *(means shots have been fired and the shooter is roaming freely.)*
  o Inform Supervisor, notify administration.
  o Remain calm and assure staff, patients and visitors that there is a situation that is being handled but that they must move quickly as directed.
  o Follow the “A-L-I-C-E” principles:
    ▪ ALERT: is when you first become aware of a threat
    ▪ LOCKDOWN: and remain silent if evacuation is not a safe option.
    ▪ INFORM: internally with others and externally with law enforcement as safely possible
    ▪ COUNTER: is a strategy of last resort. Counter is not fighting! Counter focuses on actions that create noise, movement, distance and distraction with the intent of reducing the shooter’s ability to shoot accurately
    ▪ EVACUATE: if there is an accessible escape path regardless of whether others agree to do so. Help others escape, if possible
  o Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

• **CODE VIOLET:** Threatening or Combative Individual: *(without a weapon has been reported)*
  o Inform Supervisor, notify administration
  o **You “ARE NOT” part of situation:**
    ▪ Continue normal operations unless directed otherwise. Stay vigilant
    ▪ Know the signs that may be associated with impending violence
    ▪ Isolate identified area where incident maybe taking place
    ▪ Do not attempt to physically intervene
    ▪ Have pertinent patient history and information ready to present to law enforcement upon arrival (if applicable)
  o **You “ARE” part of situation:**
    ▪ Activate the panic button (if applicable)
    ▪ Alarm another staff member discretely using “Violet” in conversation
    ▪ Maintain behavior that helps diffuse anger
    ▪ Know the signs that may be associated with impending violence
Always keep an open path for exiting—don’t let the potentially violent person stand between you and the door

- Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

**CODE ORANGE:** Potentially Hazardous Material Spill (solid or liquid) or release (gaseous) has occurred that cannot be safely cleaned up safely according to the Small Quantity Hazardous Material Spill plan

- Inform Supervisor, notify administration.
- Immediately move everyone away from the affected area while avoiding contact with the substance. Close doors or otherwise cordon off the affected area.
- When reporting the incident give the following information: location, building, floor, room, or physical location, type of substances involved and quantities.
- Follow the “S.W.I.M.S.” principles:
  - STOP the leak
  - WARN others
  - ISOLATE the area
  - MINIMIZE personal exposure
  - STAND by to assist spill responders.
- Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

**CODE RED:** Fire:

- Inform Supervisor, notify administration.
- Report “smell smoke” and “see smoke” – **NOT** “Code Red” or “fire.”
- If you see fire or see smoke “R.A.C.E.”:
  - RESCUE anyone in immediate danger
  - ACTIVATE alarm by pulling a fire alarm and report it
  - CONTAIN by closing doors
  - EXTINGUISH the fire
- To use a fire extinguisher “P.A.S.S.”:
  - PULL the pin from the fire extinguisher
  - AIM the extinguisher nozzle at the base of the fire aiming at the base of the fire
  - SQUEEZE the lever
  - SWEEP the extinguisher nozzle from side to side
- Know the location of fire extinguishers
- Know primary and secondary fire exits for your building and rally points
- Know what roles are specific for your job position
- Follow “Buddy Rule and/or Rule of Two” *(when inform patients in waiting area)*
- “ALL CLEAR,” can only be given by authorities
- Obtain copy of patients scheduled and conduct by name headcount
- Supervisors conduct by name headcount of staff and verify patient count; turn into authorities upon arrival
- Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

**CODE ADAM:** A child or infant is confirmed missing. It directs managers to assemble and assign a watch point team and a search team.
- Inform Supervisor, notify administration: Call 911. Give the child’s description (e.g. age, gender, hair, and eye colors, clothing and any other identifiers) and from where the child was last seen
- Immediately assemble a watch point team and a search teams: begin search. Search within the perimeter of your assigned area or space including stairwells offices closets inside unlocked lockers under beds under desks vacant areas and inside locked rooms. Watch hallways exits, stairwells and elevators
- Be vigilant to any unusual visitor behavior or questioning, especially around areas where there are infants or children and notify Safety Officer
- If someone exhibits such unusual behavior use phrases like “may I help you” and “who are you here to visit” emphasizing the need to obtain a name. Make eye contact, carefully observe the person’s behavior, note a physical description, and follow-up as is appropriate for the situation. Escort the individual if possible
- Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

- **CODE BROWN**: SAME AS: **CODE ADAM**, but pertains to adults and the elderly *(possible mental health, Alzheimer and/or Dementia)*

- **CODE EVACUATION**: *The building has been compromised due to fire, disaster, or other identified reasons*
  - Know primary and secondary fire exits for your building and rally points
  - Know what roles are specific for your job position
  - Follow “Buddy Rule and/or Rule of Two” *(when informing patients in waiting area)*
  - “ALL CLEAR,” can only be given by authorities
  - Obtain copy of patients scheduled and conduct by name headcount
  - Supervisors conduct by name headcount of staff and verify patient count; turn into authorities upon arrival
  - Upon completion of incident fill out: “Incident Report and/or Sentinel Event”

- **CODE BLACK**: Bomb Threat: *A bomb threat has been received, communicated to supervisor and administration.*
  - If you receive a bomb threat follow the Code Black Bomb Threat Checklist *(inside the Emergency Preparedness Procedures binder)* and then immediately contact administration.
    - Only administration and/or designee is authorized to initiate the Code Black announcement
  - If you discover a suspicious article (no bomb threat received or Code Black announced) notify administration and/or supervisor.
  - Do not touch it

- **CODE YELLOW**: Disaster: *A disaster has been declared in that municipality and the Ambulatory Command Center has been activated. Each offsite facility associated with Third Street Family Health Services (TSFHS) is to report their available resources using the Department/Unit Code Yellow Available Resources Reporting Form. Instructions are on the form.*
• **OTHER SUBJECTS NOT COVERED BY CODES:**
  
  o Work Related Injury/ Exposure/ Illness *(ref. Emergency preparedness procedures red binder)*
  o Infectious Material (Blood/Body Fluid) Spill *(ref. Emergency preparedness procedures red binder)*
  o Utility Failure *(ref. Emergency preparedness procedures red binder)*
  o Small Quantity Chemical Spill or Release *(ref. Emergency preparedness procedures red binder)*

**Hazardous Materials / Waste Exposure**

In each department, there are hazardous materials. It is important to become familiar with the hazardous materials you may encounter and know how to handle, use, store and dispose of them safely. MSDS (Material Safety Data Sheets) are now called SDS (Safety Data Sheets). These sheets can be found on the computer and/or in a binder located by the hazardous materials.

Report all hazardous materials spills to your supervisor for details on proper clean up.

**Fire Safety**

Here are some helpful tips to maintain a safe work area:

- Know the locations and methods of operation for any fire extinguishers and fire alarms in the work area.
- Never interfere with the normal operation of fire doors. The use of wedges or other items to prop doors open is prohibited.
- Keep hallways, corridors, and exits clear of obstructions at all times.

**RACE to Safety**

Actions taken during the first two or three minutes of a fire are more important than what occurs over the next two to three hours. To respond rapidly and effectively, memorize the following formula and procedures:

R – Rescue anyone in immediate danger

A – Sound the Alarm

C – Confine the fire

E – Extinguish or Evacuate

**Extinguishing a Fire**

- Use the back of your hand to check a closed door for heat before opening. When a door is closed to a room in which there is a fire, the fire will be deprived of oxygen and will re-enter the smoldering stage. During these stages, the fire will emit toxic and flammable gases, which may ignite when the door is opened.
• Avoid inhaling smoke or extinguisher agents.
• Choose an extinguisher to match the type of fire. Ratings and instructions are provided on the fire extinguisher canisters.
• Know where all escape routes are located. The discharge from the fire extinguisher may reduce visibility.

Fire Extinguisher Types

It is vital to know what type of extinguisher you are using. Using the wrong type of extinguisher for the wrong type of fire can be life-threatening.

• Class A extinguishers are for ordinary combustible materials such as paper, wood, cardboard, and most plastics. The numerical rating on these types of extinguishers indicates the amount of water it holds and the amount of fire it can extinguish. Geometric symbol (green triangle)
• Class B fires involve flammable or combustible liquids such as gasoline, kerosene, grease and oil. The numerical rating for class B extinguishers indicates the approximate number of square feet of fire it can extinguish. Geometric symbol (red square)
• Class C fires involve electrical equipment, such as appliances, wiring, circuit breakers and outlets. Never use water to extinguish class C fires - the risk of electrical shock is far too great! Class C extinguishers do not have a numerical rating. The C classification means the extinguishing agent is non-conductive. Geometric symbol (blue circle)
• Class D fire extinguishers are commonly found in a chemical laboratory. They are for fires that involve combustible metals, such as magnesium, titanium, potassium and sodium. These types of extinguishers also have no numerical rating, nor are they given a multi-purpose rating - they are designed for class D fires only. Geometric symbol (Yellow Decagon)
• Class K fire extinguishers are for fires that involve cooking oils, trans-fats, or fats in cooking appliances and are typically found in restaurant and cafeteria kitchens. Geometric symbol (black hexagon)

How to Use a Fire Extinguisher

P – Pull the pin located near the handle
A – Aim the extinguisher’s nozzle at the base of the fire and squeeze the lever
S – Squeeze the trigger
S – Sweep side to side

• Aim carefully. Most fire extinguishers last only 15 - 30 seconds. Depending on the size of the fire, it may be important to bring more than one extinguisher to the fire scene.
• Be sure the fire is completely out before stopping the discharge of the fire extinguisher
• Fire extinguishers can weigh up to 40 pounds. Remember to use proper body mechanics when lifting and carrying a fire extinguisher.
• The majority of all fire extinguishers used at TSFHS are of the ABC/Multipurpose type. Review and become familiar with the different types of fire extinguishers utilized in your unit/department
Medication Safety

To ensure the utmost care and safety of all TSFHS patients:

- To reliably identify the individual and match the service or treatment to that individual, utilize TWO patient identifiers for all medication administrations, blood products, specimens, all interventions and procedures
  - Patient Name and Date of Birth (validate these with the patient)

- Always Perform the SIX rights of Safe Medication Administration
  - Right Patient
  - Right Drug
  - Right Dose
  - Right Route
  - Right Time
  - Right Reason

Event Reporting

An event is any happening which is not consistent with the routine operation of TSFHS or the routine care of a particular patient. It may be an accident, a situation that may result in an accident, or inappropriate behavior of physicians, staff, or visitors.

- Sentinel Events are unexpected occurrences involving death or serious physical or psychological injury.
- Near Misses are critical events, not specifically “Sentinel Events” that include a process variation for which a recurrence would carry a significant chance of a serious adverse outcome or sentinel event. In addition to sentinel events, we report all near misses.

Please complete an incident report when reporting.