



Riverview Regional Medical Center



Student/Instructor Orientation Manual

Welcome to Riverview!

We are excited to have you learn from our team of dedicated healthcare professionals. We are committed to providing the very best in patient care and to providing students with the best clinical experience possible. Students and Instructors are expected to read and understand the contents of this manual in order to have the knowledge needed to promote a safe environment, prevent infection, and to deliver exceptional patient care. Learning about our facility and our policies will also greatly enhance your clinical experience. Please let us know if you have any questions and be sure to check our job listing while you are here. Thank you for choosing Riverview Regional Medical Center for your clinical rotation.

Sincerely,

**Sandra Lee RN, BSN
Director of Education
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256 543 5457**

General Student & Instructor Responsibilities

The following behaviors are expected of all students & instructors at Riverview Regional Medical Center. This applies to whenever the student is in the facility for any reason related to school.

- You must be conscientious that you are not only representing your school, but also the Medical Center. Patients often view you as representatives of the Medical Center. Therefore, behaviors that are expected of our associates are also expected of you.
- You are expected to exhibit professional behavior and appearance at all times. You are expected to be neat, clean and well-groomed. Clinical students must be in uniform and/or lab coat with school photo ID. No artificial nails; natural nails may be no longer than ¼ inch beyond fingertip, no cracked or chipped polish.
- You are expected to treat ALL persons with courtesy, respect, and dignity. Be familiar with RRMC Patient Rights policy.
- You are expected to be alert, attentive, polite, and ready to help others at all times.
- You may not eat, drink, or use cell phone (or other electronic device) except in designated break areas and only during designated break time. Food, drink or cell phone must never be visible outside of a designated break area.
- You may not smoke or use tobacco anywhere on the hospital campus.
- You may not be under influence of alcohol, illegal drugs, or any substance (legal or illegal) which impairs performance while on duty.
- You are allowed to park only in designated employee parking. Those who park in unauthorized areas will be towed at their own expense.
- You must be responsible for their belongings while at the Medical Center. It is not advised to bring purses, credit cards, large sums of cash or other valuables into the Medical Center.
- You must follow all hospital policies and procedures.
- Students must practice within the scope of practice designated by the school and agreed upon by the clinical contract.
- You may not perform any procedure that is outside your scope or not permitted by your program. Additionally, you may not perform any procedure independently. You must be under the observation and direct supervision of an instructor or RRMC staff member when performing procedures.
- Relate all questions regarding patient condition, results, diagnosis to the nursing staff.
- Prior to leaving the unit/area, you must report to the nurse responsible for the patient regarding all care provided to ensure continuity of care.
- Report changes in patient condition and patient requests/needs to the nurse immediately!
- All chart entries must be authenticated with a date, time and signature and title. All student documentation must be reviewed by the Instructor or appropriate staff member prior to reporting off duty.
- You must always leave a note in the chart rack before taking a chart. Note should include the patient name, account number and where the chart will be located. Students must not put charts back in the chart rack if there are orders still needing to be transcribed.
- No loitering at the desk or hallways. Be alert to give your chair to someone who needs to chart, write orders, etc.
- No loud, rude, disruptive or distracting behaviors.
- Those who do not abide by these expectations, may be asked to leave immediately and may not be allowed to continue clinical/work at the Medical Center.



Our Story.

Riverview Regional Medical Center has a rich history of serving the citizens of northeast Alabama. Our story begins in 1925 when the hospital was founded by the Missionary Servants of the Most Blessed Trinity, a group of Catholic nuns. These devoted "Sisters," as they were known, came to



Alabama on a mission to provide healthcare to impoverished Alabamians. They began their mission to the sick by purchasing the Gadsden General Hospital on Chestnut Street. Under the direction of Father Thomas Judge and Sister Mary Boniface, the hospital rapidly outgrew the 25 bed facility and in 1931 constructed a new hospital on property purchased from the Moragne family. They named the hospital "Holy Name of Jesus Hospital," so that the name of Jesus was glorified each time the name of the hospital was spoken. The 1931 building was an architectural landmark of the time, and aerial views of the structure reveal that it was constructed in

the shape of a dove. The hospital was adorned with a large illuminated green cross which remains today as a symbol of hope and life to Etowah county residents. The hospital became known not only for excellent care, but also for excellent training facilities. The hospital boasted an exceptional schools of



nursing, medical technology and radiology. The hospital continued to grow and in 1978 constructed the Patient Tower, bringing our total capacity to 281 patients. Over the years, the "Sisters" contributed greatly to expanding healthcare services to the citizens of Northeast Alabama, contributing to many of the area's "firsts," including the first

cardiovascular surgery program in the area. In 1981, after a lifetime of dedicated service, the "Sisters" were unable to continue their mission to the community. The hospital was acquired by the former Health Management Associates, a major hospital corporation based in Naples, Florida. The hospital would continue as Riverview Regional Medical Center. In 2015, Riverview Regional Medical Center was purchased by Prime Healthcare, a physician owned hospital corporation based in Ontario, California. Under Prime, the hospital continues to grow to meet the healthcare needs of northeast Alabama. Just as the cross atop the hospital continues to light the skyline, our legacy of caring continues as well.



We are proud of our heritage, and proud to serve the citizens of northeast Alabama.

Our Mission

To deliver compassionate, quality care to patients and better healthcare to communities.

Our Values

Quality. We are committed to always providing exceptional care and performance.

Compassion. We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

Community. We are honored to be trusted partners who serve, give back and grow with our communities.

Physician Led. We are uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

Customer Service Riverview Regional Medical Center is committed to ensuring that our customers receive exceptional service. Our customers are defined as our patients, their families, our visitors, our physicians, our associates, and our community. The following customer service practices are to be followed.

AIDET. In every interaction with every customer, practice AIDET. AIDET is simply an acronym for the steps in AIDET but not necessarily the order of the steps....use the order that seems natural to you.

- **A = ACKNOWLEDGE.** Example: "Good morning, Mrs. Mitchell." Acknowledge by surname unless otherwise directed.
- **I = INTRODUCE** yourself, and put the patient at ease, building confidence in your ability to care for them. Example: "My name is Sandra Lee and I am the student nurse assigned to your care today. I will be caring for you along with your nurse today. I am a second year student at _____ College and I look forward to taking great care of you."
- **D = DURATION.** How long will it take? When? These are two frequent patient concerns.
Example: "I've just been notified by your nurse that your surgery has been delayed by an hour."
- **E = EXPLANATION.** Example - "Your doctor was detained in an emergency. I am so sorry for the delay." Explain in terms the patient can understand. Do not use medical jargon.
- **T = THANK YOU.** Example - "Thank you for being so patient, I know it's difficult to wait...is there anything that I can do to make you and your family more comfortable while you wait? I have the time."

MANAGE UP. Ease patient anxiety by "managing up" fellow caregivers. Example: "The OR staff here is awesome! They will take great care of you." Patients want to know they are in good hands. Never blame or speak disparagingly of any department, associate, or the hospital.

5/10 RULE. Whenever you are within 10 feet of anyone, always SMILE & MAKE EYE CONTACT. Whenever you are within 5 feet of someone, also GREET them with a "hello" or "can I help you." Look for opportunities to be helpful or serve others.

NO PASS ZONE. Never pass by a call light or an alarm. If a call light or an alarm is on, go in the room and at least see what is needed. Seek assistance if needed to address the issue.


PHONE ETIQUETTE. "Fifth Floor Nurses Station, this is Sandra Lee, student nurse....How may I help you?"

ELEVATOR COURTESY. Use the stairs or elevators in nonpatient care areas (#1& 3) whenever possible to free up elevators for visitors or staff members transporting patients or equipment. Be willing to walk down two flights or up one. When getting on the elevator, allow others off first. Hold doors to assist others in getting on or off. **GIVE PRIORITY TO PATIENTS.** Never over crowd patients, get off the elevator.

SERVICE RECOVERY. Recognize when a customer is becoming dissatisfied and intervene early. Listen with concern & respect, apologize for the situation and take action to resolve it. Alert the nurse, the charge nurse, or the nurse manager when efforts to resolve issues are not successful, and involve our RRM PATIENT ADVOCATE...she is an expert in service recovery...the key is to intervene EARLY!

EMERGENCY CODES

MEMORIZE these codes and how to call them! A delay in calling a code or the correct code could result in loss of life!
EVERONE must know how /when to call emergency codes!

Code	Situation	Response
Code BLUE	Respiratory and/or cardiac arrest; <u>inside</u> the building. If patient is a pediatric, call as a "Pediatric Code Blue"	ER Physician (or any available physician), CCU Nurses, Nursing Supervisor, Respiratory & Lab respond.
Rapid Response	Sudden deterioration of patient's condition, <u>inside</u> the building. If patient is pediatric, call as a "Pediatric Rapid Response"	CCU Nurses, Nursing Supervisor, Respiratory & Lab respond.
Rapid Response – Chest Pain	Patient is complaining of Chest Pain or Chest Pressure.	CCU Nurses, Nursing Supervisor, Respiratory & Lab respond.
Code STEMI	Patient in the named department is having a Heart Attack and needs to go to the Cath Lab for Intervention	House supervisor, Cath Lab nurse, CCU nurse, ER nurse, Lab, Respiratory & Radiology respond. Cath Lab team will begin clearing a table for the patient
EMERGENCY RESPONSE	Any medical emergency <u>outside</u> the building. Include specific location in announcement. If victim is a pediatric, call as a "Pediatric Emergency Response."	ER staff, Nursing Supervisor and Respiratory respond.
Code "S"	Someone displaying symptoms of stroke. Slurred speech, loss of movement/sensation/strength, facial droop.	ER Physician (or any available physician), CCU Nurses, Nursing Supervisor, Respiratory, Lab respond.
Code "D"	Disaster, either internal or external.	Prepare to receive a sudden surge of new patients or to relocate patients to another facility or to triage patients for discharge.
Code RED	Fire	Patients & visitors return to rooms, close doors. Listen for further instructions. Be ready to evacuate.
Code YELLOW	Evacuation.	Prepare for evacuation, either horizontal or vertical via stairs.
Tornado Watch	Tornado watch - conditions are favorable for the development of a tornado.	Be alert & ready to move. Have a plan in event Tornado Warning is called.
Tornado WARNING	Tornado has been sighted in the area.	Move bed bound patients in their beds away from windows. Cover with linens/pillows. Secure source of oxygen. Close windows, doors, blinds. Ambulatory pts/visitors/staff move to hallways or take cover under beds.
Code GREEN	Bomb threat.	Search area carefully and report anything unusual to the Nursing Supervisor or the Plant Operations Director.
Code ORANGE	Chemical spill	Avoid the area. Secure area.
Code Gray	Person without a weapon who is becoming increasingly agitated and at risk for violence	BVP Team responds and will attempt verbal intervention, and if necessary will use BVP techniques to physically control the individual.
Code SILVER	Person threatening with a weapon	Avoid the area. Notify law enforcement immediately. Seal off area.
Code PURPLE	Hospital at maximum patient capacity.	Patients evaluated for potential discharge or transfer for critical care; all available nurses in non-patient care areas may be asked to assist in facilitating patient flow.
Code PINK	Missing or abducted patient	Announce a description of the patient and when they were last seen; man the stairwells and exits, search building and grounds until patient is located.
Code AUTUMN 	Someone has fallen but remains conscious. Note: If obvious injury or questionable status, call appropriate medical code.	Avoid moving victim until assessed for injury by Nurse. Nursing Supervisor & Code Autumn Team respond to evaluate and determine how to manage and safely move victim.

"7999" is a "life line" - MEMORIZE it!!!

How to call a code:

1. Use any hospital phone and dial "7999"
2. **The phone will ring one or two times, then there will be a "beep."** Begin speaking after the "beep."
3. In a loud, controlled, clear voice, announce the code & location three times, then hang up the phone.
Example "Code Blue, room 309...Code Blue, room 309...Code Blue, Room 309"

EMERGENCY CORDS – Pulling the emergency cord located in the pt bathroom DOES NOT call the code. It is heard on that floor ONLY.

Riverview Department Lookup

Floor	Services	Important Info
Basement	Plant Operations & Safety Officer	
1 st Floor	Front Entrance & PBX Operator Administration, Finance & Accounting Gift Shop Cafeteria & Snack Bar, Dietary Cafeteria Computer Lab Special Dining Room Biomed Central Sterile Materials Pharmacy CT/MRI	Front entrance is closed from 9pm until 5am requiring use of ER entrance during those times.
1 st Floor, Near Front Entrance	Heart & Vascular Center	HVC is in a separate building to the left of the front (1 st floor) entrance. HVC has an external entrance and may also be accessed from inside the hospital from an elevator in the CCU area on 3 rd floor.
2 nd Floor	Day Surgery Unit & Pre-Admission Testing OR & Endoscopy, OR Holding & PACU ICU Doctor's Lounge Laboratory/Blood Bank/Pathology Morgue Health Information Mgmt. 2 nd Floor Conference Rm	
3 rd Floor	3rd Tower & 3EE Patient Care Area- Telemetry CSD, CCU & IVU Radiology Admitting Emergency Room Chapel	
4 th Floor	4 th Tower & Extension Patient Care Area – Med/Surg Education Department/Classrooms/Computer Lab/Skills Lab Human Resources & Employee Health Infection Prevention Quality Department Patient Advocate Respiratory Therapy	
5 th Floor	5 th Tower & Extension Patient Care Area – Medical, New Vision Sleep Lab Resource Management Information Services Supervision Monitor Room	
6 th Floor	6 th Tower & Extension Patient Care Area – Unoccupied Physical Therapy Housekeeping Endoscopy	
7 th Floor	7 th Tower Patient Care Area – Orthopedics & Pediatrics Senior Heights (Geriatrics)	For security purposes, this area is only accessible by elevators and stairs in the tower section of the hospital (Elevators 4,5 & 6)
8 th Floor	8 th floor Conference Room	Accessible by elevator #1 only.
Off Campus Facilities	Riverview Endoscopy Center Riverview Physical Medicine Riverview Imaging Riverview Wound Care Center Primary Care Associates Clinics	

ELEVATORS: Elevators 1, 2 & 3 are located in the 1931 portion of the building. Elevators 4, 5 & 6 are located in the 1978 "Patient Tower" (round) portion of the building.

STAIRS: Main stairs are located outside patient rooms 4 & 14 in the Patient Tower as well as several other areas in the 1931 building.

KEYPADS: Some areas of the hospital are secured by keypads. Some have a designated number, others require the last 5 digits of an associate's social security number.

FREQUENTLY USED PHONE NUMBERS

When calling other areas of the hospital from within the hospital, dial the last 4 digits only.

To call the switchboard operator (PBX) from within the hospital, dial "0"

Main Hospital Number	256 543 5200	OR (Surgery)	256 543 5264
Nursing Supervisor	256 543 5262	ER	256 543 5391
Administration	256 543 5840	HVC	256 543 5495
Director of Nursing	256 543 5263	CCU	256 543 5374
Patient Advocate	256 543 5281	ICU	256 543 5274
Human Resources	256 543 5865	2 nd Tower (Day Surgery)	256 543 5270
Education	256 543 5457	3 rd Tower	256 543 5370
Information Technology	256 543 5890	3 rd Extension	256 543 5360
Laboratory	256 543 5240	4 th Tower	256 543 5470
Pharmacy	256 543 5590	5 th Tower	256 543 5570
Radiology	256 543 5380	6 th Tower	256 543 5670
Materials	256 543 5864	7 th Tower	256 543 5770

To make a call from inside the hospital to any outside number, dial "9" first.

Full hospital phone directories are available in each department.

INFORMATION & CLINICAL DOCUMENTATION SYSTEMS

THESE SYSTEMS CAN ONLY BE ACCESSED FROM HOSPITAL COMPUTERS.

SYSTEM	FUNCTION	PASSWORD REQUIRED?
Hospital INTRANet Home Page	Policies & Procedures HealthStream Access Work Orders: Biomed, Maintenance, IT Orders: Wound Care, Physical & Speech Therapy Event Reporting Access, Phone Directory Downtime Patient Documentation Forms (hard copies also available on unit)	No
Computer Desktop	Epic Login.	
EPIC	Epic is our primary patient information system. It is a comprehensive system which includes documentation processes for admission, care, medication administration, testing, results, scheduling, discharge. Each component of the system has a different name. Example: The inpatient nursing documentation component is called "ClinDoc," the pharmacy component is called "Willow." Students are not granted access to Epic. Nursing Instructors are granted access to Epic, but only after they have received training from an Epic Clinical Analyst.	Yes
Omnicell	Omnicell is our system for storing medications and supplies. Students are not granted access to Omnicell. Nursing instructors are granted access to Omnicell, but only after they have received training from an Epic Clinical Analyst.	Yes
Up To Date	Evidence-based medical literature search engine. Perpetually updated. Link located on Riverview Intranet Homepage	No
Lippincott	Online access to basic policies and procedures. Link will be located on Riverview Intranet Page	No
Clinical Pharmacology	Medication information resource for clinicians.	No

Guarding Our Patient's Privacy



All associates and students are expected to abide by the following HIPAA (Health Insurance Portability and Accountability act) requirements to protect patient information. Breaching the confidentiality and privacy of our patients, even unintentionally, is serious and can result in disciplinary action and/or termination. In addition, the misuse of patient information can result in government fines and even criminal charges. Our patients have a legal right to privacy and in our role you have an obligation to maintain that privacy. PHI (Protected Health Information) includes medical, billing/payment, and demographic information, whether communicated orally or in writing, whether contained in charts or electronic data bases, past or present.

- Treat all protected health information (PHI) as confidential.
- Keep all confidential information secure.
- Disclose information to fellow caregivers only on a “need to know” basis. If the information isn’t necessary for the caregiver to deliver care, then it shouldn’t be shared.
- When sharing information with those authorized, be careful that unauthorized persons cannot over hear or see the information. Special care should be exercised in regard to casual conversation in elevators, hallways, dining areas , and other places where comments may be heard.
- Disclose PHI only to those persons the patient has authorized or designated.
- Never access unauthorized information, including your own PHI!
- If you need access to your own PHI, you must go to Health Information Management and sign a release.
- Never dispose of PHI in regular trash. Dispose of PHI in shred it containers. IV bag labels should be removed and shredded or blackened out with a sharpie marker.
- Never share computer passwords. Change passwords frequently or if thought to be compromised.
- Use screensavers and take steps to eliminate view of screens from public.
- Log off of computer systems even if leaving your station for only a few seconds.
- Use fax cover sheets and keep fax machines in a secure location. Verify fax numbers prior to sending.
- Keep file cabinets that contain confidential information locked.
- Charts, MARS, dry erase boards, etc. must be out of public view.
- Use doors, curtains, etc. to provide for patient privacy, and knock before entering a patient’s room.
- Never place signage outside a patient room that identifies their identity, condition, etc.
- No cell phone pictures of patients, radiology images, charts, documents, etc. If PHI is visible in the picture, it is considered a HIPAA violation.
- When mailing confidential information, be sure that the package is marked as confidential, the address is correct and that a return address is included.
- Never send patient information electronically to recipients outside of the hospital without encryption.
- Never use a personal email account to send PHI.
- If while performing your job duties, you inadvertently gain access to PHI, you must not share it. If that patient is a friend or family member, you may not disclose that to anyone else, including other friends, family or the patient’s family.

If you become aware of a potential HIPAA violation, notify either our HIPAA Privacy Officer (HIM Director) or HIPAA Security Officer (IS Director) immediately.

Patient Identification

All patients must be identified by a proper armband and an active, verbal confirmation of patient's name and birth date must occur prior to any procedure, medication, etc.

<i>BAND COLOR</i>	<i>COMMUNICATES</i>
RED	Allergy
YELLOW	Fall risk
WHITE	No blood products
PINK	Restricted Extremity
PURPLE	Do Not Resuscitate
GREEN	Latex Allergy
LIME GREEN	Flight Risk

Compliance – Doing the Right Thing

Corporate compliance ensures that we have adequate internal controls to prevent and detect violations of the law within our facility. You can discuss any concerns with your supervisor or call the Corporate Compliance Officer, HR Manager, Chief Medical Officer, Administration/Chief Nursing Officer without fear of retaliation.

Harassment Policy

Harassment is considered to be a form of discrimination and is strictly prohibited. The organization maintains a strict policy prohibiting unlawful sexual harassment, or unlawful harassment in any verbal, physical, or visual form because of age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or gender of any person, or any other basis.

Cultural Diversity

We work in a culturally diverse setting. Know your own beliefs but be respectful to the beliefs and practices of others. Please be sensitive to those around you by communicating with other staff members in English in all work areas.

Interpreters

Riverview Regional Medical Center uses CyraCom for non-English speaking patients, using a dual head set phone. Face to face sign language interpreters are available through the Alabama School of the Deaf and Blind. Contact the Patient Advocate or the Nursing Supervisor to arrange for face to face sign language interpreters.

Smoking

Riverview Regional Medical Center is a smoke free campus.

PATIENT RIGHTS & RESPONSIBILITIES



Patients/Patient Representatives have the right to:

- ✓ Reasonable access to care, treatment or service and that his/her rights are respected and supported.
- ✓ Care that is considerate and respectful of personal values, beliefs and preferences.
- ✓ Be informed about and participate in all decisions regarding care.
- ✓ Consent for refusal of treatment to the extent permitted by law, after a clear explanation of risks, benefits, and alternative treatments has been provided.
- ✓ Advanced directives or living will.
- ✓ Decisions about research projects or clinical trials.
- ✓ Continuity of care.
- ✓ Make decisions or be informed about restriction of visitors, mail, telephone calls or other forms of communications.
- ✓ The appropriate assessment and management of pain and participation in development of pain management plan.
- ✓ Information on how to effectively manage pain and personal comfort.
- ✓ Medicare patients have a right to appeal a premature discharge. These rights will be provided in "Important Notice from Medicare" document to patients at admission and prior to discharge.
- ✓ Request a discharge planning evaluation and that discharge planning evaluation will be conducted by hospital personnel.
- ✓ Security and safety, personal privacy, and confidentiality of information. Patient information is limited to those individuals designated by law, regulation, and policy or duly authorized as having a need to know or granting of permission by patient.
- ✓ Exercise rights through a legally authorized person identified as your "Healthcare Representative" or "Healthcare Proxy" or Support Person regarding visitation.
- ✓ Right to have a Support Person of choice without discrimination present to provide emotional support during the stay.
- ✓ Information on the hospital's methods of educating staff on patient rights and their role in supporting those rights.
- ✓ Access or information on protective services, guardianship or advocacy services.
- ✓ Participate in ethical questions that arise in the course of care including:
 - Issues of conflict resolution
 - Withholding of resuscitative services
 - Foregoing or withdrawing life sustaining treatments
 - Care at end of life
 - Participation in investigational studies or clinical trials
- ✓ Express spiritual beliefs and cultural practices, as long as they do not harm others or interfere with treatment and request pastoral counseling.
- ✓ Seek a second opinion or consult a specialist at patient's own request and expense.
- ✓ Have a family member or his/her own physician notified of admission to the hospital.
- ✓ Effective communication to include translation or interpreter services and audiovisual aids when necessary at no cost to the patient or family member. Right to receive information in a manner you can understand.
- ✓ The identity of those providing care to the patient.
- ✓ Review of and access to the medical record within a reasonable time frame.
- ✓ Information on hospital affiliation with other providers or interests.
- ✓ Freedom from the use of seclusion or restraints of any form unless clinically necessary or for patient safety.
- ✓ Freedom from physical or mental, emotional, verbal, sexual, or psychological abuse, neglect or corporal punishment.
- ✓ Clearly presented and understood medical information regarding patient's condition, diagnosis, and treatment.
- ✓ To be informed, when appropriate, about the outcomes of care, including unanticipated outcomes.
- ✓ Voice concerns to hospital or medical staff without fear of reprisal or discrimination.



In an effort to reserve the most convenient parking spaces for our customers, associates and students are expected to park in designated areas. **ONLY the following areas are designated parking areas for associates and students.** Those who park in other areas will be towed at their own expense.

- *Front Entrance Parking Lot (Fountain Parking Lot) , ONLY in the following rows:*
 - *The bottom three rows near the lake*
 - *The row facing third street*
 - *The row facing Moragne Park.*
- *The corner parking lot across the street from the front parking lot, on the corner across the street from the florist..*

The front entrance is closed from 9pm-5am and the hospital may only be accessed through the Emergency Room entrance. After dark, Associates/Students should not walk to/from their cars alone, or should contact security for an escort.

Stewardship

All associates, students, and instructors are expected to utilize and maintain our facilities and resources appropriately, just as you would your own home. This includes:

- Clean up after yourself...don't leave a mess behind for someone else!
- Clean up spills, pick up garbage....housekeeping is EVERYONE's responsibility.
- Use resources wisely; avoid wasting time, supplies, and manpower whenever possible.
- Don't hoard supplies, linen, equipment, etc.
- Take care of equipment. Use, maintain, clean, and store it appropriately.
- Keep your work area neat and organized.
- Return what you borrow, put things back where they belong.
- Recycle when possible.
- Come to work each day with a good attitude and a spirit of cooperation, ready to work as a TEAM.



Infection Control

Preventing the transmission of infection among patients and caregivers is of critical importance. Many hospitalized patients are extremely susceptible to infection due to weakened immune systems. If even one person fails to use proper infection control techniques or precautions, a patient could be exposed to an infection that could easily result in death. Our infection control policies are in place to protect patients, visitors, associates, and our community from exposure to pathogens. All associates and students are expected to abide by these policies at all times.

General Infection Control Practices

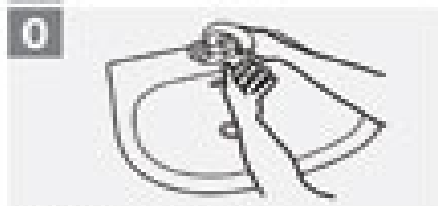
- Consistently practice proper hand hygiene and use of PPE, and insist that others do so as well! Hand washing is the single most important method of preventing the transmission of infection. Hands should be washed:
 - When coming on duty and upon leaving duty.
 - Before and after patient contact, and between procedures, even if on the same patient.
 - Before applying gloves and after removing gloves.
 - After handling contaminated equipment.
 - After using the toilet.
 - Before meals and breaks.
 - Anytime contamination is suspected.
- Wear appropriate PPE and use strict sterile technique when performing sterile procedures.
- Read all precautions signs posted on doors and follow instructions to the letter!
- Properly disinfect patient shared equipment between use.
- Never re-use disposable or single use items.
- Check expiration dates on supplies, food items, medications, etc. Do not use if out of date....discard it!
- Inspect supplies, medications, food items, etc. for visible signs of contamination prior to use (wet, broken seal, discoloration, etc).
- Store supplies properly, protect from contamination. Never store supplies underneath a sink, on the floor, wet area, etc. Clean linen carts must be kept covered at all times with a linen cover. Unused disposable supplies, linen, or food items taken into a patient room may not be returned to storage area or taken to another patient's room.
- Check refrigerator temperatures daily, ensuring the temperature is in the correct range to prevent spoilage. Discard opened, spoiled, unknown, or out of date food items. Staff food items must be stored separately from patient food items, preferably in a separate refrigerator designated for staff food.
- Keep medications and food in separate refrigerators.
- Be alert for and report sign/symptoms of patient infection to the patient's physician promptly.
- If you are scheduled for work/clinical and you are experiencing signs/symptoms of infection, alert the supervisor (or instructor) immediately to determine whether you may come to work. Report all symptoms of communicable disease to the Employee Health Nurse for tracking purposes.
- Use proper respiratory hygiene (cough into your sleeve, avoid touching your face/hair, etc.) at all times.
- Properly prep skin prior to invasive procedures, injections, etc.
- Properly maintain IV lines, catheters, tubes, etc. Change out tubings, syringes, etc. at a frequency indicated for device.
- Always allow disinfection solutions to dry after application!
- Never put anything in the floor, whether clean or used.
- Dispose of linen in a covered linen hamper designated for used linen. Always use a linen hamper to transport used/soiled linen. Never place linen in the floor!
- Clean rooms thoroughly between patients, paying special attention to areas that are high touch, such as bed controls, phone, call light, hand rails, etc.
- Properly clean up, dispose, and transport body fluids.
- HEALTHCARE WORKERS MUST NEVER EAT, DRINK, APPLY MAKE UP, MANIPULATE CONTACT LENS, PUT IN EYE DROPS, ETC. IN A PATIENT CARE AREA, INCLUDING THE DESK AREA.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds

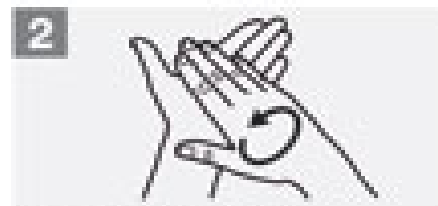
 Duration of the entire procedure: 40-60 seconds



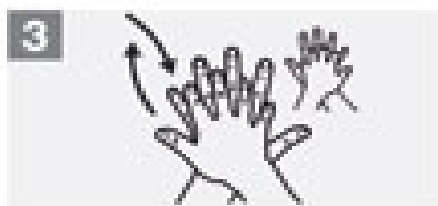
0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



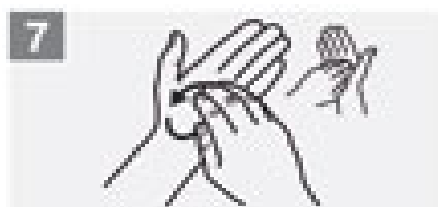
4 Palm to palm with fingers interlaced;



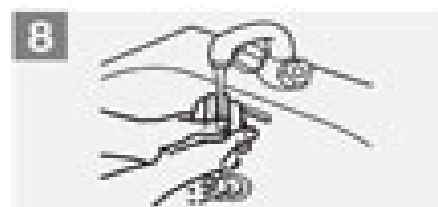
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



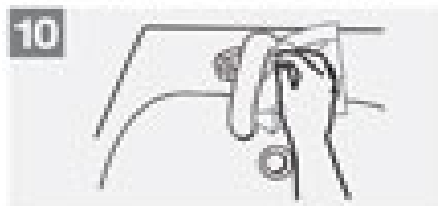
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



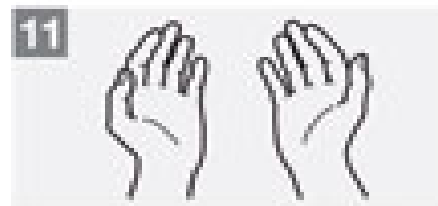
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

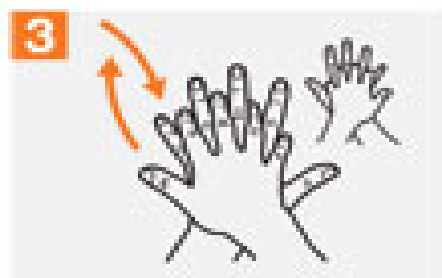
 **Duration of the entire procedure: 20-30 seconds**



1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



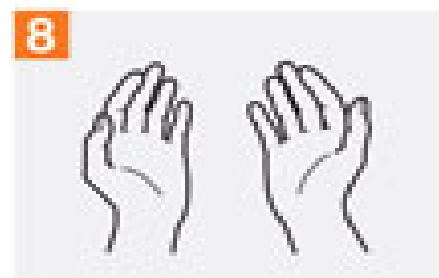
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.



**World Health
Organization**

Patient Safety

A World Alliance for Better Health Care

SAVE LIVES
Clean Your Hands

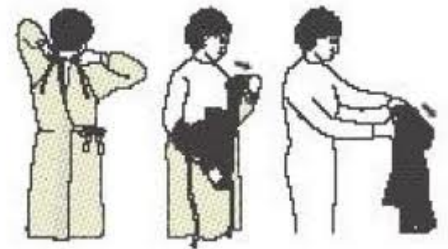


Standard Precautions

To prevent exposure and transmission of blood borne pathogens such as HIV or Hepatitis B/C, Standard Precautions are to be used with ALL patients. HIV and HBV (Hepatitis) are both very serious diseases for which there is no cure, and that can ultimately cause death. There are immunizations to prevent HBV, but currently there is not a vaccination to prevent HIV (the virus that causes AIDS). Hepatitis B can survive in dried body fluids for up to two weeks. Therefore, precautions should be taken in ALL situations where exposure to body fluids is a possibility. Always think through procedures, and use the Personal Protective Equipment (PPE) appropriate for the situation.

- Gloves.
 - Must be appropriate size.
 - Must be sterile if performing a procedure requiring sterile technique.
 - Must be removed immediately upon completion of the task and when visibly soiled or torn.
 - Gloves are not a substitute for hand washing! Hands must be washed upon removal of gloves.
 - If contaminated with blood or body fluids, must be disposed of in medical waste
 - Use only lotions approved for healthcare workers by the hospital. Commercial lotions are not allowed.
- Masks, Goggles, Gowns, Shoe Covers, & Hair Covers.
 - Must be worn if body fluids are likely to splash.
 - Eye glasses are not a substitute for goggles. Goggles should be worn over eye glasses to provide side protection.
 - Should be removed immediately upon completion of task or when visibly soiled or torn.
 - If contaminated with blood or body fluids, must be disposed of in medical waste.

Proper Removal of PPE



Sharps Safety

Sharps related injuries, particularly deep punctures or needle sticks, can result in the transmission of blood borne pathogens. To prevent these injuries, the following measures should be taken.

- Always dispose of sharps in rigid containers (sharps containers) designed for this purpose.
- Never dispose of sharps into anything but a sharps container! Never leave sharps behind for someone else to get injured!
- Never reach into a sharps container or attempt to "stuff" an item into a sharps container.
- Sharps containers should be sealed and replaced when 2/3rds full.
- Avoid using needles, and when possible, use "needleless" devices.
- If using sharps, always use the sharps safety features associated with the device.
- Never put your hands where you cannot see....there may be a needle or body fluid there!



Hazardous Waste

Blood and body fluids and items contaminated with blood and body fluids must be transported, cleaned, and disposed of properly. The following measures should be taken.



- Waste.
 - Any item requiring disposal that is contaminated with blood or body fluid should be disposed of into "red bag" waste (medical waste, biohazard waste).
 - Disposal of contaminated dressings, etc.: If there is not a medical waste container in the immediate vicinity, the item should be placed in a small biohazard bag at the bedside to be transported to a medical waste container.
 - Red bags must be handled with care, avoid touching the bag against body and assume that it might contain sharps placed there in error.
 - Red bags and receptacles must be labeled with a biohazard symbol.
 - Large volumes of blood and body fluids in containers (ex.- suction containers) must be solidified with chemicals for this purpose prior to transport and disposal.
 - Never place non-medical waste items in red bags or red containers, this is a tremendous waste as hospitals are charged more to dispose of medical waste.
 - Never place medical waste in non-medical waste containers. This could not only result in an accidental exposure, but can also result in the hospital being fined large amounts of money for improper disposal.
 - Blood & Body Fluid Spills: Spills should be cleaned up promptly using solutions specified for this purpose while wearing appropriate PPE.
- Laboratory Specimens Containers & Blood Transfusions:
 - Containers/Bags should be securely sealed in a clear, plastic, disposable biohazard bag at the point of origin.
- Linen
 - Linen should be placed in a linen bag secured to a hamper at or near the point of origin.
 - Treat all linen as contaminated. Never hold linen close to your body.
 - Linen hamper lids must remain closed at all times.
 - Linen bags should be replaced when 2/3rd full. Transport to laundry chute via a closed linen hamper to the laundry chute. Tie the top of the linen bag and place in the laundry chute.
 - Linen must be transported in a closed linen hamper to the laundry chute.

INJURIES, NEEDLESTICKS, & ACCIDENTAL EXPOSURE TO BLOOD/BODY FLUIDS

- For needlesticks and other exposure to blood or body fluids: Wash the area thoroughly with soap and water.
- Notify your Instructor, the Manager, and Nursing Supervisor immediately.
- If immediate medical attention is needed, proceed immediately to the ER.
- If exposed to blood or body fluids, it is important to receive baseline testing and be evaluated. If exposure to HIV is likely, medications are available to reduce the likelihood of seroconversion. However, these medications must be administered within a few hours after the exposure.
- The student is financially responsible for their treatment as a patient at the medical center.



TRANSMISSION BASED PRECAUTIONS

Some patients have highly transmissible diseases and in addition to standard precautions, additional precautions must be taken to prevent transmission of these infections. Precautions taken are based on the method of transmission. Patients have signage outside their room directing healthcare workers and visitors what precautions must be taken, along with the appropriate supplies. Precautions should be applied before entering the room and removed just before exiting the room. Types of precautions include:

- **Contact.**
 - Examples: Skin or wound infections with MDRO's (multi-drug resistant organisms) such as MRSA (methacillin staphylococcus aureus) or VRE (vancomycin resistant enterococcus).
 - Gloves must always be worn when entering the room.
- **Enteric.**
 - Examples: (C-difficile)
 - Handwashing and gloves applied upon entering; gloves removed and handwashing upon exiting.
 - C. Difficile:
 - Alcohol gel is ineffective against C-difficile.
 - Clean surfaces with bleach solution.
- **Droplet.**
 - Patients with known suspected germs that travel on large droplets (drop within 3 feet).
 - Examples: Mumps, Diphtheria, Whooping Cough, Scarlet Fever, Adenovirus, Bacterial Meningitis)
 - Wear a surgical mask if within 3 feet of patient, and gown with gloves if in direct contact.
 - If patient must be transported, place a surgical mask on the patient. Wash patient hands and apply a clean gown prior to transport.
- **Airborne.**
 - Used for patients with known or suspected infections with airborne germs less than 5 microns.
 - Airborne germs travel great distances
 - Examples: TB, Flu, Chicken Pox, Shingles.
 - A surgical mask is always required and gown and gloves if direct contact.
 - If patient must be transported, place a surgical mask on the patient. Wash patient hands and apply clean gown prior to transport.
 - Door to the room must be closed.

TB Precautions

- Must wear a special mask, called an "N-95" mask. You must be specially fitted and instructed on how to apply this mask. Mask may be re-used during the shift, but must be kept in a sealed bag labeled with caregiver's name between uses and discarded at the end of the shift.
- See the Employee Health Nurse to be fitted.
- Patient should be placed in a negative pressure room. Rooms "13" on every floor are designated as negative pressure rooms.



FLU Vaccination Requirement

- **To prevent the spread of influenza, all persons working in patient care areas must have evidence of current flu vaccination or must wear a mask at all times.**

EOC: Environment of Care

Providing a safe environment for patients, visitors, and each other is EVERYONE's responsibility!

"First, do no harm."

This is the basic principle behind everything we do, and the foundation for our safety program. We must provide a SAFE "Environment of Care." We must be mindful that our patients are vulnerable due to their condition and cannot protect themselves or respond to threats to their safety.

WE are their protectors.

Potential threats to hospital safety are many and can be categorized into one of the **"7 Disciplines of Safety."**

1. Fire/life safety
2. Equipment related
3. Hazardous materials (chemical spills)
4. Utilities outage (water, electrical, etc.)
5. Security issues (bomb threat, weapons, etc.)
6. Emergency Management (disaster, tornado)
7. Safety

We must all:

- **Be knowledgeable** of and follow our safety related policies & procedures. The policies pertaining to each of these disciplines is located in the EOC manual on the hospital intranet.
- **Be vigilant** to our environment, constantly looking for potential safety hazards. Correct and report hazards immediately to your Manager, Nursing Supervisor, or Safety Officer.
- **Be ready to respond** to safety issue quickly and effectively to minimize harm. Participate in mock "drills" when they are held in your area. Respond as if it were an actual code!

Safety FIRST...

Our patients are depending on YOU!

Who is our Safety Officer?

Dewey Pruitt, Plant Operations/Safety Officer

256 543 5881

steve.seeley@hma.com

Fire & Electrical Safety

Fires are a major threat to hospital safety and we must take special measures to protect our patients from the threat of fire. Imagine trying to quickly evacuate 175 mostly bed bound patients in smoke filled hallways during a fire...**fire prevention is CRITICAL.**

Fire Prevention Strategies

- **No smoking** on the hospital campus!!!
- Properly dispose of trash...do not allow trash to accumulate in storage areas.
- Store combustible items away from heat, fire or electricity.
- Turn off electricity and gas when not in use.
- Do not use spark producing object in the presence of oxygen or gasses.
- Keep electrical equipment and motors clean and properly maintained. Use only UL rated equipment.
- Do not allow lint to accumulate in dryers. Lint is very combustible.
- Make sure that all electrical items have a current electrical safety sticker prior to use.
- If equipment is not working properly or if wiring is old and worn, remove from use immediately, label with a defective equipment sticker and notify Plant Operations or Biomed (medical equipment).
- Investigate any strange or unusual smell coming from equipment.
- Do not use multi outlet extension cords or adapters that convert three pronged cords to two pronged. Never overburden electrical outlets.



other

Fire Response Preparedness

- Never obstruct sprinklers.
- Never attempt to silence or otherwise tamper with fire alarms.
- Never prop doors. Doors must close to prevent spread of fire/smoke.
- Report malfunctioning fire doors to Plant Operations immediately.
- HALLWAY RULES:
 - Always keep hallways unobstructed.
 - Hallways cannot be used as storage areas.
 - Items can only be parked in the hallway on a temporary basis, must have wheels, must be parked on the same side of the hallway.
 - Never park anything in front of a door, fire exit, fire pull station, or fire extinguisher.
- Know the location of fire exits, fire pull stations, fire extinguishers and oxygen cut off valves in your work area.
- Know what to do in event of a fire (RACE)
- Know how to use a fire extinguisher (PASS)





"RACE" What to do in event of a fire!

R – RESCUE

- Rescue anyone in immediate danger.
- Remove past the closest set of fire doors.
- Once removed from the room, place pillow in front of the empty door to indicate to other rescuers the room has been evacuated.

A – ACTIVATE

- Pull the nearest fire alarm pull station while yelling "CODE RED"
- Call "7999" and announce "CODE RED" and the location three times, then hang up.



C – CONFINE

- Close all corridor doors and ensure all fire doors are closed.
- Turn off medical gas valves at the direction of the Manager, Nursing Supervisor, or Fire Officials.

E – Extinguish/Evacuate

- Extinguish fire with the PROPER fire extinguisher ONLY IF YOUR SAFETY CAN BE ASSURED.
- Remove all person to a designated area as directed by Fire Officials.

To operate an extinguisher:

Pull

Aim

Squeeze






Sweep



Know your extinguisher
Use the correct extinguisher

(Check your own extinguisher's label for detailed instructions.)

TYPES OF FIRE EXTINGUISHERS

CLASSES OF FIRES	TYPES OF FIRES	PICTURE SYMBOL
A	Wood, paper, cloth, trash & other ordinary materials.	
B	Gasoline, oil, paint and other flammable liquids.	
C	May be used on fires involving live electrical equipment without danger to the operator.	
D	Combustible metals and combustible metal alloys.	
K	Cooking media (Vegetable or Animal Oils and Fats)	

EVACUATION – “CODE YELLOW”

- During a fire or disaster, it may be necessary to evacuate patients.
- Evacuation may be:
 - Total – relocation of patient to other RRMC properties or Convention Hall until transport to another acute care facility.
 - Horizontal- to another area of the same floor.
 - Vertical- to another floor.
- **CODE YELLOW** indicates that the evacuation plan has been activated.
 - Code Yellow “H”- horizontal evacuation
 - Code Yellow “V” – vertical evacuation
 - Code Yellow “T”- total evacuation
- Methods of evacuation
 - Ambulatory. A group of ambulatory patient could be led to the designated area by one staff member.
 - Wheel chair or bed. May be used for horizontal evacuation.
 - Stairways. Non ambulatory patients may be evacuated via MED-SLED devices.



During a FIRE

- Elevators may not be used during a fire unless directed by the Fire Officials.
- Stay **LOW** to avoid smoke inhalation, cover mouth & nose with a mask or wet cloth.

INTERIM LIFE SAFETY MEASURES

Construction or renovation may temporarily create deficiencies in our safety plan. Whenever this happens, the hospital must implement INTERIM LIFE SAFETY MEASURES in order to compensate for the potential hazard and ensure that safety is restored. The RPMC Safety Officer will routinely inspect the area of construction and will implement interim life safety measures as needed. During times of construction it is important to follow any "Interim Life Safety Measures" as directed by our Safety Officer.



MEDICAL GAS SAFETY

Medical gas cylinders can be VERY dangerous if proper safety procedures are not followed!

- All cylinders should be stored and transported in a rack or other approved device to prevent them from falling over.
- Always use proper medical gas cylinder transport devices!!!
- Medical gas and oxygen cylinders should not be exposed to extreme heat, flames, or spark because this could cause explosion.
- Cylinders should never be store on the floor unless attached to a card or chained in a designated location.

**MEDICAL GAS CYLINDERS CAN BECOME A LIVE MISSILE, CAUSE EXPLOSION OR FIRE....
KEEP ALL CYLINDERS IN A STABLE ENVIRONMENT!!!**



Electrical Safety: Lock Out – Tag Out

- 7% of all deaths in the workplace are due to electrocution.
- Always follow electrical safety procedures and equipment instruction for use/maintenance. Never use equipment until you have received training.
- Do not use equipment until check and stickered by Biomed or Plant Operations.
- Electrical equipment in need of repair should be removed from use, "Locked Out" and/or "Tagged Out." Tag should include date, your name, and a description of the problem.
- Never attempt to use equipment that has been "Locked Out" or "Tagged Out."



Medical Equipment Management

- Medical equipment must be inspected by Biomed prior to first use.
- Notify Biomed if medical equipment is not working properly.
- Always check medical equipment for current inspection sticker prior to use!
- Always follow equipment instruction for use and maintenance. Never use equipment until trained.
- **ALARM SAFETY – Any equipment that has an alarm must be tested to determine if the alarm is audible prior to use. NEVER deactivate alarms!**

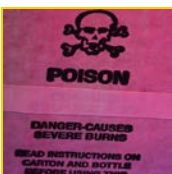


Safe Medical Devices Act

- Legislation requiring hospitals to report to use the FDA and to manufacturers any device that malfunctions or is suspected to have caused a serious illness injury, or death.
- The FDA will take action to track or recall the product.
- Examples of "Medical Devices"
 - Ventilators, dialyzers, defibrillators, infusion pumps, monitors
 - Implants
 - Laboratory equipment, radiological equipment
 - Syringes, gauze pads, tongue depressors
 - Hospital beds, wheelchairs, thermometers
- **If any device malfunctions or is suspected to have caused serious injury, illness or death:**
 - **Attend immediately to the medical needs of the injured.**
 - **Immediately report to manager/nursing supervisor and Risk Manager.**
 - **Complete an event report. Include product/device info including lot numbers, serial numbers, etc.**
 - **Remove device or product from use/stock. If equipment, tag with a defective equipment sticker. And take to Biomed. Check with Risk Manager, in some situations the product/equipment may be retained as evidence.**



HAZARDOUS MATERIALS



In the hospital environment, we encounter chemicals every day. Some seem harmless, such as air freshener or liquid soap, and others such as chemotherapy or cleaning products (bleach, solvents), are obviously harmful.

However, if used incorrectly, ANY chemical can be harmful! Chemicals may be flammable, explosive, reactive, corrosive or toxic. Toxic effects of chemicals may be acute or chronic, immediate or delayed.

Routes of entry include inhalation, skin and eye contact, ingestion and penetration through skin absorption. Some health effects may

not be apparent for many years after the exposure (birth defects, cancer).

Depending on the chemical or hazardous material, specific PPE or "Personal Protective Equipment" and other precautions may be needed to avoid exposure. Use of protective eyewear, respirator, drug preparation area, mask, gloves, special gloves, mask, shoe covers, chemo gloves, work boots, or ear plugs may be needed. You have a right and a responsibility to know about the hazardous chemicals you use on the job and how to work safely with those chemicals.



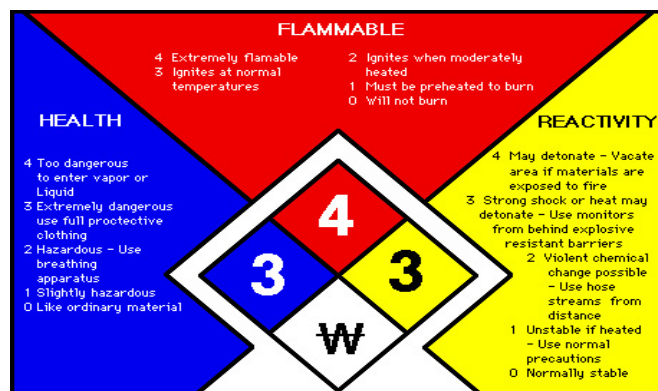
CHEMICAL INFORMATION: READ THE LABEL!

- Before using, always READ & FOLLOW the directions on the label. If more information is needed, refer to the SDS (Safety Data Sheet) for the chemical.
- Never use any substance that does not have a label.
- Never transfer a chemical to another container without an appropriate label.
- Never leave any chemical within reach of a patient or visitor!

ACCESSING SDS INFORMATION

SDS information can be access by:

- Go to the hospital intranet, click on SDS link. Type in the name of the chemical you wish to search. If the chemical is not listed, click on the MSDS Online search tab.
- In event of network failure or lack of internet access, retrieve the SDS flash drive from your department manager or contact MSDS online to have a SDS sheet faxed to you. 1-888-362-7416.



SAMPLE SDS SHEET

SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

Appearance:	Milky, medium syrupy liquid	Odor Threshold:	5.4 ppm (MEK)
Odor:	Ketone	Boiling Range:	80 °C (176 °F)
pH:	Not Applicable	Evaporation Rate:	> 1.0 (BUAC = 1)
Melting/Freezing Point:	86 °C (187 °F) Based on first melting component: MEK	Flammability:	Category 2
Boiling Point:	80 °C (176 °F) Based on first boiling component: MEK	Flammability Limits:	LEL: 1.4% based on MEK UEL: 11.4% based on MEK
Flash Point:	-9 °C (16 °F) TCC based on MEK	Vapor Pressure:	78 mm Hg @ 20 °C (68 °F) MEK
Specific Gravity:	0.880 @23 °C (73 °F)	Vapor Density:	>2 (Air = 1)
Solubility:	Solvent portion soluble in water. Resin portion separates out.	Other Data: Viscosity:	Medium bodied
Partition Coefficient n-octanol/water:	Not Available		
Auto-ignition Temperature:	515 °C (959 °F) based on MEK		
Decomposition Temperature:	Not Applicable		
VOC Content:	When applied as directed, per SCAQMD Rule 1168, Test Method 316A, VOC content is: ≤ 490 g/l.		

SECTION 10 - STABILITY AND REACTIVITY

Stability:	Stable
Hazardous decomposition products:	None in normal use. When forced to burn, this product gives off oxides of carbon, hydrogen chloride and smoke.
Conditions to avoid:	Keep away from heat, sparks, open flame and other ignition sources.
Incompatible Materials:	Oxidizers, strong acids and bases, amines, ammonia

SECTION 11 - TOXICOLOGICAL INFORMATION

Likely Routes of Exposure:	Inhalation, Eye and Skin Contact
Acute symptoms and effects:	
Inhalation:	Severe overexposure may result in nausea, dizziness, headache. Can cause drowsiness, irritation of eyes and nasal passages.
Eye Contact:	Vapors slightly uncomfortable. Overexposure may result in severe eye injury with corneal or conjunctival inflammation on contact with the liquid.
Skin Contact:	Liquid contact may remove natural skin oils resulting in skin irritation. Dermatitis may occur with prolonged contact.
Ingestion:	May cause nausea, vomiting, diarrhea and mental sluggishness.
Chronic (long-term) effects:	None known to humans
Toxicity:	LD ₅₀ LC ₅₀
Methyl Ethyl Ketone (MEK)	Oral: 2737 mg/kg (rat), Dermal: 6480 mg/kg (rabbit) Inhalation 8 hrs. 23,500 mg/m ³ (rat)

Reproductive Effects	Teratogenicity	Mutagenicity	Embryotoxicity	Sensitization to Product	Synergistic Products
Not Established	Not Established	Not Established	Not Established	Not Established	Not Established

SECTION 12 - ECOLOGICAL INFORMATION

Ecotoxicity:	None Known
Mobility:	In normal use, emission of volatile organic compounds (VOC's) to the air takes place, typically at a rate of ≤ 490 g/l.
Degradability:	Biodegradable
Bioaccumulation:	Minimal to none.

SECTION 13 - WASTE DISPOSAL CONSIDERATIONS

Follow local and national regulations. Consult disposal expert.

SECTION 14 - TRANSPORT INFORMATION

Proper Shipping Name:	Adhesives	EXCEPTION for Ground Shipping DOT Limited Quantity: Up to 5L per inner packaging, 30 kg gross weight per package. Consumer Commodity: Depending on packaging, these quantities may qualify under DOT as "ORM-D".
Hazard Class:	3	
Secondary Risk:	None	TDG INFORMATION TDG CLASS: FLAMMABLE LIQUID 3 SHIPPING NAME: ADHESIVES UN NUMBER/PACKING GROUP: UN 1133, PG II
Identification Number:	UN 1133	
Packing Group:	PG II	
Label Required:	Class 3 Flammable Liquid	
Marine Pollutant:	NO	

SECTION 15 - REGULATORY INFORMATION

Precautionary Label Information:	Highly Flammable, Irritant	Ingredient Listings:	USA TSCA, Europe EINECS, Canada DSL, Australia AICS, Korea ECL/TCCL, Japan MITI (ENCS)
Symbols:	F, Xi		
Risk Phrases:	R11: Highly flammable. R20: Harmful by inhalation. R36/37: Irritating to eyes and respiratory system.	R66: Repeated exposure may cause skin dryness or cracking R67: Vapors may cause drowsiness and dizziness	
Safety Phrases:	S9: Keep container in a well-ventilated place. S16: Keep away from sources of ignition - No smoking. S25: Avoid contact with eyes.	S26: In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. S33: Take precautionary measures against static discharges. S46: If swallowed, seek medical advice immediately and show this container or label.	

SECTION 16 - OTHER INFORMATION

Specification Information:		
Department issuing data sheet:	IPS, Safety Health & Environmental Affairs	All ingredients are compliant with the requirements of the European Directive on RoHS (Restriction of Hazardous Substances).
E-mail address:	<EHSinfo@ipscorp.com>	
Training necessary:	Yes, training in practices and procedures contained in product literature.	
Reissue date / reason for reissue:	2/23/2010 / Updated GHS Standard Format	
Intended Use of Product:	Adhesive for bonding/cementing Styrene plastic piping and fittings	

This product is intended for use by skilled individuals at their own risk. The information contained herein is based on data considered accurate based on current state of knowledge and experience. However, no warranty is expressed or implied regarding the accuracy of this data or the results to be obtained from the use thereof.

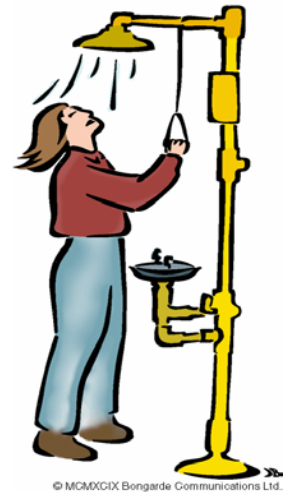
HAZARDOUS MATERIALS FIRST AID

Depending on the chemical or the exposure, you may need to:

- Eyes: Flush with water for 15 minutes. Familiarize yourself with the location of eyewash stations. Make sure that eyewash stations are checked weekly.
- Skin: Wash with soap and water.
- Inhalation: Move to fresh air.
- Swallowing: Get emergency medical assistance.

Important:

1. Provide first aid as needed and seek emergency medical attention.
2. Notify the manager or nursing supervisor to report the exposure.



TOXIC SPILLS & LEAKS

If the spilled substance is hazardous or unknown, treat it as highly hazardous. Take these steps:

- Call a CODE ORANGE
- Use PPE appropriate to the hazardous material. Attend to any person who may have been contaminated. Evacuate all nonessential personnel from the spill area.
- Contain the spill by absorption using hospital linens, towels or absorbent material from spill kits located in Laboratory and Environmental Services.
- Close doors (including doors in the hallways) to minimize exposure to others.
- Avoid walking into or touching spilled material. Avoid inhaling fumes.
- Turn off ignition and heat sources if material is flammable.
- May also require air handling units be shut down.
- Notify RRMC Hazmat Coordinator and Plant Operations Director. If appropriate, also notify count Hazardous Material Team, EPA, or Fire Department.
- Code Orange responders should follow SDS information on how to appropriately handle the spill or leak. In some situations, a neutralizing agent may be used or a "spill kit" (Examples: A mercury or chemotherapy spill kit.).
- Submit an event report to Risk Management.



DISPOSAL OF HAZARDOUS CHEMICAL WASTE

To protect others and our environment, some chemicals require special disposal techniques. Always check the product label and SDS to determine the correct disposal technique.



Chemotherapy is an example of a drug that requires special disposal. Excess drug and supplies used to prepare or administer chemo meds must be disposed of in a specific "Chemo" container. The Hazmat Coordinator must then be notified to coordinate the disposal of the chemo container. Chemo patients also require special handling of their body fluids for up to 48 hours after receiving the drug. Chemo soiled linens must be bagged and washed separately from regular linen, and must be placed in special "chemo linen bags" after placement in a regular linen bag.



WORKPLACE VIOLENCE & SECURITY PROGRAM

To protect our patients, visitors, and co-workers, we must all be alert to potential security issues. Examples include:

- Theft of valuables, supplies, medications, identity.
- Bomb threat, shooting, or other means of mass attack.
- Kidnapping or hostage situation.
- Physical or sexual assault.
- Patient elopement.
- We must remember that our patients are vulnerable and cannot protect themselves. We must be alert!

IDENTIFICATION

- Employee & Student/Instructor Badges
 - Required of ALL associates, even contract employees
 - Must be visible ABOVE THE WAIST at all times.
 - RRMC badges has first name only one side, and both first and last on the other side. If you are concerned for your security, you may choose to wear your badge so that only the side with your first name is shown.
- Vendor Badges
 - Even vendors must wear a name badge!
 - All vendors must first check in with Materials each time they enter the building.
 - Vendors without name badges should be asked to go to Materials immediately or leave the premises.
- Visitor Bracelets
 - All visitors must show ID to security on arrival and will be banded with the appropriate visitor bracelet.



Be ALERT for "Suspicious" Persons!

- No identification
- Behaving strangely or found in an unauthorized area.
- "Visitor" seen in many areas of the hospital, but never seems to be with a patient.
- Visitors here outside of visiting hours without permission of the nurse.

If a person appears to be loitering or behaving suspiciously and can be safely approached, introduce yourself and ask,

"Can I help you? What patient are you with? What is your name?"

Whenever possible, offer to escort them to their destination. If concern remains that the person is here under false pretenses, contact security and the nursing supervisor immediately.

ENTRANCES / SECURED AREAS

- LOCKED ENTRANCES. For security reasons, between the hours of 9pm and 5am, the ER entrance on 3rd floor is the only public entrance to the building.
- AREAS REQUIRING AN ACCESS CODE. Some departments or building entrances require an access code to enter. Your manager will provide you with a code to these areas if your job requires it. DO NOT SHARE YOUR ACCESS CODE WITH ANYONE.
- 7th FLOOR ACCESS. To prevent patient elopement from Senior Heights (a geri-psych unit), only "Tower" elevators and stairways can be used to access 7th floor or 7th extension. Senior Heights is a locked unit, and special precautions are taken to prevent elopement and injury.



SECURED INFORMATION PATIENTS

In some situations it is necessary to take additional measures to protect the identity and location of patients.

- Patient requests to be secured information due to personal reasons.
- Patient has been the victim of violence and there is a concern that the perpetrator may still be a threat.
- Patient privacy or safety could be threatened due to media or public attention.
- Diagnosis is of particular sensitivity, such as suicide, psychiatric, drug/alcohol withdrawal, etc.



In this situation, the patient may be made a "secured information" status.

- "Top Secret" or "Secured Information" will appear on the census and computer.
- Any one inquiring about the patient will be told "I'm sorry, but we don't have a patient by that name, "unless they provide pre-designated password. The nursing supervisor should be alerted to those who persist in inquiring about the patient of if there has been a potential breach of secured information status.

SECURITY STAFF



Security Staff are available around the clock. To contact security, call 256 459 1032. If no answer, dial "0" and have them paged. Upon request, Security staff will provide escort for those entering/leaving the building. Please notify in advance of departure/arrival.

FORENSIC PATIENTS

Incarcerated individuals who are receiving medical treatment will:

- Have a law enforcement officer in the room at all times. Our staff or security may not relieve law enforcement officers for breaks, etc.
- If handcuffed to the bed, the law enforcement officer must have a means of releasing handcuffs for emergency treatment as needed.
- Handcuffs are considered to be "forensic restraints" and are the responsibility of the law enforcement officer.



WEAPONS

- Only law enforcement officers are permitted to be in possession of a weapon while in the facility.
- Patients or visitors with weapons will be asked to return it to their locked vehicle or to have their family member remove it from the premises. If unable to do so, security or plant operations will be notified to remove the weapon and surrender it to law enforcement.
- If an individual refuses to return a weapon to their vehicle, law enforcement should be notified to remove the visitor from the premises.



VALUABLES

Lost personal items can be a great source of patient dissatisfaction. Although we are not responsible for lost belongings, associates are to do all they can to help prevent the loss of personal items.

- Patient belongings should be inventoried upon admission, discharge and transfer. The disposition of valuables should be indicated on the form.
- Patients should be encouraged to send valuables (meds, cash, debit/credit cards, checks, jewelry, electronic devices, etc.) home with a responsible person.
- Personal safes are located in each patient room!!
- If unable to send valuables home or it is not advisable to place in the room safe, the items should be secured in a valuables envelope (carefully following the instructions for completion) and taken to the nursing supervisor.
- Denture cups, personal belongings bags and containers are available. If used, label with patient name and contact information.
- **NEVER PUT PATIENT BELONGINGS IN A GARBAGE BAG OR A BLUE LINEN BAG!**
- When transferring or discharging patients, be sure to check the room for valuables. Don't forget to check all drawers and the safe.
- When picking up trays, disposing of garbage or linens, be on the look out for dentures, hearing aides, glasses, etc.
- Lost & Found: If you find items and are unable to get them back to the owner, contact the nursing supervisor to place in the Lost & Found.
- **NOTE : Employees, Students/Instructors are also discouraged from bringing valuables to work!**



DEALING WITH HOSTILITY OR AGITATION

- Many things can cause someone to react in a hostile manner. It is not uncommon for patients and their loved ones to exhibit hostility as a result of stress, uncertainty, disappointment, pain, fear, sleep deprivation, altered coping mechanisms, sensory overload, altered family dynamics, medical condition, drug/alcohol withdrawal, etc.
- We all must be able to recognize signs of agitation and respond appropriately to avoid the potential for physical assault. **A verbally assaultive situation can rapidly become a physically assaultive situation if not handled carefully.**

Recognize signs of agitation:

- Red faced, staring, clenched jaw or fist.
- Speaking loudly or making insulting remarks
- Pacing
- May have a history of recent violence.



Realize that the agitated person may be under the influence of drugs or alcohol, have an underlying physical (low blood sugar) or psychiatric condition, delusional, have a history of violence.

IMPORTANT: If the agitated person is a patient, they should be treated with respect and dignity regardless of their behavior towards us. If physically violent or threatening, the CPI team must be called and our efforts must be to control, the patients behavior in as safe a manner as possible to protect the patient as well as others.

COMMUNICATING WITH AGITATED PERSONS

- Establish one person to address the agitated person.
- Remain calm and speak in a soft tone of voice. This will encourage the agitated person to lower their voice and focus on the speaker.
- Be respectful and understanding, show caring. Focus on what can be done to help the situation, instead of what can't be done.
- Respond, do not react. Avoid reacting to unkind words or gestures. If you feel yourself becoming agitated, excuse yourself from the situation.
- Look without fear or intimidation, but avoid staring.
- Avoid threatening or off-hand remarks or gestures (eye rolling, snickering, sarcasm, patronizing, or talking down).
- Avoid making sudden movements or touching person. Do not violate their personal space.
- Be aware of your environment and be ready to move.
- Have an exit in mind, and position yourself between the agitated patient and the exit.
- An agitated person may attempt to hit, spit, bite, kick, pull hair, grab, choke, throw objects or expose others to body fluids.
Note: It is not advisable to wear jewelry, especially necklaces and earrings to work, or wear any object around your neck, this includes name badge lanyards without breakaways.
- Recognize, and if possible, remove items in the area that might be used as a weapon by the agitated person.
- If the situation does not quickly de-escalate, or if the individual becomes threatening or intimidating, call a CPI Team code.
- In the case of agitated or disruptive visitors or employees, it may be necessary to also have security to escort them from the premises, or contact law enforcement.



“Code Gray”

If the situation does not quickly de-escalate or is escalating or threatening to become physical, and there is NO WEAPON INVOLVED:

- Remove yourself from the situation, protect yourself from injury, and call a code “Gray.”
- Dial 7999 from any hospital phone and announce “Code Gray and your location” three times, then hang up.
- All available BVP trained staff should respond.

DO NOT CALL A “CPI TEAM” CODE IF THE PERSON HAS A WEAPON!!!



What is the Code Gray Team?

The Code Gray Team is composed of hospital employees who have been specially trained in non-violent crisis intervention techniques. The training focuses on avoiding physical contact through verbal de-escalation techniques and how to take down individuals in a safe manner when verbal de-escalation techniques fail.

CODE "SILVER"

If someone is threatening with a WEAPON

- Remove yourself from the situation and call a "CODE SILVER."
- Dial 7999 from any hospital phone. Announce "Code Silver and the location" three times, then hang up.
- Dial 9, then 911 to notify law enforcement.
- Secure the area to prevent additional potential victims from entering the situation.
- In no situation will a person in possession of a weapon be confronted by anyone other than law enforcement.
- DO NOT GO INTO THE CODE SILVER AREA!!! No one should enter the area until the threat of violence is over.



CODE "GREEN"

If a bomb threat, or such other threat is received by phone



- Attempt to keep the caller on the phone as long as possible, listen closely to the information provided and make note of voice characteristics, background noise, etc.
- Call a "Code GREEN."
- Provide specific information from call to Nursing Supervisor or Safety Officer who will notify the appropriate authorities and coordinate search and/or evacuation.
- Employees should report anything suspicious.

IMPORTANT:
Any type of threat to the Medical Center, patients or employees should be reported immediately to the Nursing Supervisor, Safety Officer, or Risk Management.

CODE "PINK"

If a patient is missing or abducted, call a CODE PINK.

- Dial 7999 from any hospital phone.
- Announce "Code Pink, a description of the person and the location last seen" three times then hang up.
- Station a staff member at each stair well and exit.
- Begin search to attempt to locate the patient before patient is harmed. Notify law enforcement. Continue search until patient is located.

Patients identified to be at risk for elopement or "flight" must be identified by a lime green bracelet and a green gown.

Please be alert for any potential threats to the security of our patients, and if something "just doesn't seem right" ...REPORT IT!



DISASTER & UTILITIES MANAGEMENT

RRMC must be prepared to respond to disasters within the facility and in the community. The effective management of any disaster is dependent upon the quick action of knowledgeable employees working together as a team. Every employee must be knowledgeable of their role and the role of their department in responding to disasters.



Types of Disaster

- INTERNAL.
 - Disaster on RRMC campus resulting in injuries and or systems failures that could interfere with hospital operations.
 - Examples: Explosion in ER, HVC destroyed by a tornado, mass power failure, shooting on campus.
- EXTERNAL
 - Disaster off campus resulting in a sudden influx of a large number or multiple critical patients.
 - Examples: Natural gas leak at a local day care, bombing at the mall, train derailment & chemical spill.



CODE "D" for Disaster!

"Code D" is the code designated for disaster. The announcement will specify INTERNAL vs. EXTERNAL. Response to disaster varies depending on the type and extent of the event. It is important to be familiar with the RRMC disaster plan. This plan is located on the RRMC webpage. Your department manager should review your role in a disaster with you.

Depending on the type and extent of disaster, response MAY include:

- Evacuation
- Activating the call tree (calling in employees) or not allowing employees to leave.
- Decontamination (either by portable decontamination shower units or the decontamination shower in the ER ambulance entrance).
- Lock down of facility.
- Triage of incoming patients; triage of current patients for discharge or relocation to make room for incoming wounded.
- Re-allocation of staff to help with patients, deliver supplies, transport, etc.
- Clearing the OR schedule to make room for emergency surgeries.

During a disaster, follow the command of your manager/supervisor!

Disaster drills play an important role in helping us prepare for disaster.

"When we fail to prepare, we prepare to fail."

Please don't fail our community. They are counting on us to be ready to respond. Know your role & participate in hospital disaster drills!

TORNADO

- Our area is particularly prone to strong storms and tornados. When a tornado occurs in our area, we must not only prepare to receive incoming wounded, but to also protect our patients and staff in the event the hospital is hit.
- TORNADO WATCH – means conditions are favorable for the development of a tornado. Be alert and prepared to respond in case a Code Black is called.
- TORNADO WARNING – means the hospital is under threat of a tornado. When feasible, patients are moved into the hallway in their beds. Close blinds and doors. Stay away from windows. Put charts in bed with patients. Staff members take cover under the beds. Use blankets and pillows as extra protection from flying glass and debris. Use portable oxygen and oxygen extension tubing to provide oxygen to patients requiring oxygen therapy. Prepare for the possibility of losing power, communications, and other utilities. Note: Moving patients rapidly and safely takes everyone's help! Do your part!
- Your manager will review with you your specific role in a Tornado Watch or Warning situation.



UTILITIES MANAGEMENT: What to do in event of a utility failure!

Loss of any of the following utilities could greatly jeopardize our ability to provide for patient care and safety.

- Power
- Water
- Sewage
- Communications (switchboard or phones)
- Medical Gas (oxygen, nitrous oxide, vacuum)
- HVAC (chiller, air handling unit, air control system)
- Boiler & Heat
- Fire extinguisher systems (sprinklers)
- Elevators (loss of ability to transport patient for emergency procedures)
- Sterilizers



Be ready to respond to utility failures. Detailed policies can be found in the EOC manual. Report utility failures immediately to the plant operations department, department manager, and nursing supervisor. In some situations, a utility failure may be considered an internal disaster.

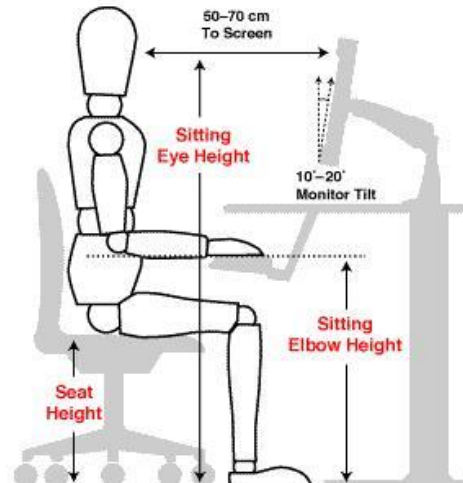
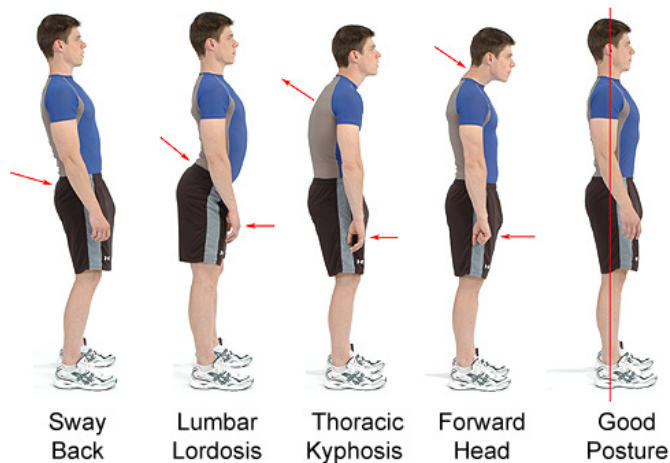
Utilities Failure "Basics" – see EOC manual for detailed plans.

- POWER. The hospital has a back up generator that provides electricity, but not at 100% capacity. It only provides electricity to those outlets and switches that are red or that are labeled "emergency." **It is important that all life sustaining /saving equipment be plugged into those electrical outlets.**
- WATER. Water conservation strategies will be employed and outside sources of water utilized (Ex.- Bottled water).
- COMMUNICATIONS. Use of cell phones, 2 way radios, messengers, etc. may be instituted.
- SEWAGE. Use of portable toilets, potty chairs, etc. Relocation of patients, departments may be necessary.
- MEDICAL GAS/SUCTION. Portable oxygen or suction.
- ELEVATORS. Use stairs whenever possible; limit use of working elevators to transport of patients only.
- HVAC. Relocation of patients, fans, cool cloths.
- FIRE EXTINGUISHING SYSTEMS. Relocation of patients, "Fire Watch" plan.
- BOILER & HEAT. Extra blankets, warmed blankets, relocation of patients.

PREVENTING MUSCULOSKELETAL INJURIES

Basics:

- Maintain a healthy weight. Excess abdominal weight puts extra pull on back muscles and contributes to poor balance.
- Practice good posture.
- Wear good work shoes and avoid tight fitting clothing that restricts movement.
- Exercise regularly to strengthen abdominal (core) muscles and thigh muscles. These are the main muscles that should be used when lifting.
- Maintain flexibility. Take time to stretch before coming to work and periodically during your shift. Tight muscles are prone to injury.



Avoid a BACK ATTACK when LIFTING!

- Students should never lift, move or mobilize a patient without staff supervision and assistance.
- Stand with a wide base of support. Place your feet shoulder width apart, with knees slightly bent.
- Lift with you THIGH and ABDOMINAL muscles. Never allow a patient to hold onto you around your neck!
- Never jerk or move suddenly when lifting.
- Remember to lock the wheels on beds, wheelchairs, carts, etc. before moving.
- Kneel or bend at the knee to lift from the floor. Never bend or twist at the waist or knees.
- Carry objects close to your body and use a cart!
- Adjust the height of the bed to suit your height!
- Use gravity to your advantage! Example: When moving a patient up in the bed, if the patient can tolerate it, lower the head of the bed or place the bed in trendelenburg position to reduce resistance.
- Use assistive equipment if appropriate.
- Always have a PLAN & a LEADER! Determine....
 - How much help will I need? Do I need to call the LIFT TEAM or call a DR. ARMSTRONG code?
 - How much can the patient help themselves? Consider their condition and restrictions to movement. Arrange tubes and lines to avoid tension or accidental removal. Explain what you are doing and enlist their cooperation!
 - What kind of assistive devices may be helpful?
 - Where are we moving to? Do we have a clear path?
 - Is everyone ready?
 - When are we moving? Always on the LEADER's count. "On the count of three..1...2..3."

Assistive Devices available at Riverview Regional Medical Center

Gait Belt



Walker



Trapeze



Shower Chairs and Commode Extenders



"SLIPP" lateral transfer device



Patient Lift



"Quick Move" Walker/Transfer Device



BARIATRIC PATIENTS

Riverview Regional Medical Center is prepared to provide for the special needs for the bariatric patient. We have access to beds, wheelchairs, bedside commodes and other items that will better provide for their comfort and care. In all circumstances, our staff must be sensitive to the needs of the bariatric patient and provide for their care in a manner that maintains patient dignity. If bariatric equipment is needed, please contact the Nursing Supervisor or Manager.

AVOIDING SLIPS, TRIPS, & FALLS

- Wear appropriate shoes! Non-skid soles, no high heels!
- Keep all areas properly lit, unobstructed, and free of clutter.
- Report loose carpet, broken tiles, or uneven pavement.
- Report ice, water or snow on walking surfaces.
- Clean up spills immediately.
- Mop or buff one side of the hallway at a time.
- Use "wet floor" signs.
- Never use a chair or climb on furniture.
- When using a ladder, be sure it is steady and not positioned in front of a door way, fire exit, etc.



FALL PREVENTION

Every patient is assessed for risk of falls upon admission and every shift. If a patient is determined to be at risk for falls, fall prevention measures based on fall risk are put in place. A yellow arm band is applied to the patient and fall leaf signage is used to identify fall risk level. Yellow leaf = level 1 fall risk; orange leaf = level 2 fall risk. Check with nurse for specific fall prevention measures to be taken for each patient. If you witness a fall or find someone who has fallen, stay with the patient and call for help. Do not move the patient until the patient has been assessed by a nurse.

- ▶ Hourly rounding.
- ▶ Non-slip socks or footwear.
- ▶ Respond promptly to call lights, especially those for bathroom assistance.
- ▶ If assistance is needed for ambulation or bathroom, instruct patient and family to call nursing staff rather than depending on family for assistance.
- ▶ Non-nursing staff: Alert nursing staff immediately of patient requests to go to the bathroom!
- ▶ Keep beds in a low position. If at risk for fall, the bed should be in the lowest position at all times.
- ▶ On hospital beds – never raise all 4....leave one of the siderails at the foot of the bed down so they have a clear path to the bathroom.
- ▶ Keep pathways clear at all times.....especially the pathway to the bathroom!
- ▶ Make sure to re-set bed alarms (if in use). Respond promptly to bed exit alarms!
- ▶ Clean up spills immediately! Use wet floor signage. Take care not to get dusting polish, etc. on the floor.
- ▶ Use care when opening doors! Someone may be on the other side! Pay attention!
- ▶ Always assess how much help is needed before moving a patient and have a plan!
- ▶ Know how to use positioning and transport equipment properly.
- ▶ Be sure beds and wheelchairs are locked, especially when trying to move a patient in or out of the wheelchair/bed, or when it is stationary.
- ▶ Maintain FALL PREVENTION ROOM SET UP
- ▶ Know which patients are at higher risk for falls....

LOOK for YELLOW BRACELETS & **FALL LEAF** signage!

RESTRAINTS

Restraints are used only after other method have been attempted and unsuccessful. Restraints require a physician's order. Only staff members who have completed the restraint competency may apply restraints. Restrained patients must be carefully assessed to protect them from injury and to ensure their needs for fluid, food, toileting, movement, etc are met.

SUICIDE

If a patient is suspected of or verbalizes an intent to injure themselves or others, you must immediately notify the nurse. Only those employees deemed competent are trained to provide direct observation of patients on suicide precautions.

ABUSE & NEGLECT

Healthcare workers are mandated reporters of suspected abuse or neglect. Abuse may be physical, emotional, fiduciary or sexual. As a student, if you suspect a patient has been abused or neglected, you are to notify the nurse in charge of the patient.