



# Student and Instructor Orientation Manual

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# **Student and Instructor Orientation Manual**



# Welcome to MercyOne

We are pleased to have you with us and hope your experience at MercyOne is rewarding, both personally and professionally. We are proud of our outstanding record of making our communities stronger, healthier, and better.

Our relationship should be based on mutual respect, trust and teamwork. As part of our commitment to you, we do our best to support you not only as a student/instructor but also as a person. That means providing opportunities for your academic and personal development.

In this handbook you will find policies, procedures, and practices that promote effectiveness, efficiency and safety as you carry out your work. However, a handbook cannot replace the responsibility and expectations we have for communication and cooperation on matters of mutual concern. The true purpose of this handbook is to provide guidelines that promote reasonable and fair treatment of all students/instructors and to set expectations for clinical behavior based on MercyOne Culture. Our ultimate goal is to work effectively together to create the best possible environment for our students/instructors, colleagues and physicians to carry out excellent patient care.

Instructors are responsible for the orientation of their students.  
General and unit orientation must be completed prior to any “hands on” care.

Please be sure the following information has been reviewed by each student.  
It is expected that both instructors and students will be able to articulate their role in emergency procedures.

Use the Student/Instructor Orientation Checklist to validate this orientation. The checklist must be returned to the Clinical Development Department at MercyOne Waterloo Medical Center within one week of start date.

## Using This Handbook

This handbook provides you with general information about current MercyOne policies, procedures and regulations. We ask that you read it carefully and speak with your instructor, unit manager or the Clinical Development department if you have questions concerning its contents.

## About MercyOne

MercyOne Northeast Iowa is a faith-based, not-for-profit healthcare organization that provides comprehensive medical/surgical health care. Our organization provides acute levels of medical care at medical centers in Waterloo, Cedar Falls and Oelwein. Services also include health care clinics with many primary care and specialty providers. Areas of excellence include cardiology, orthopedics, neurosurgery, maternity and NICU, cancer treatment, rehabilitative services. The Iowa operations have been part of a 140-year system of care sponsored by the Wheaton Franciscan Sisters, formerly incorporated in 1983. In 2016, the Wheaton Franciscan Sisters transferred their Iowa operations to Mercy Health Network, an Iowa-based health care system based out of Des Moines. As of February 2019, the organization Mercy Health Network is known collectively across the state of Iowa as MercyOne.

## Mission / Vision / Values

Fundamentally, we view clinical experiences as a relationship between two parties. We also believe any successful relationship requires the mutual commitment and respect of both parties. As an organization, we conduct ourselves in the following principles, which are an expression of our Mission and Values. It is our expectation that students and instructors demonstrate these values through a healing ministry for the patients we serve.

### **Mission**

MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.

### **Vision**

MercyOne will set the standard for a personalized and radically convenient system of health services.

### **Values**

Reverence, Integrity, Commitment to the Poor, Compassion, Excellence, Justice, Stewardship

# MercyOne Culture

Be ONE I benefit from and strengthen MercyOne.
Personalize Care Your experience. My responsibility.
Own It! I own my actions to deliver our Key Results.
Improve Daily I make improvements every day for those we serve including each other.
Innovate I imagine and embrace bold new ideas to revolutionize health.

## Clinical Rotation Expectations / Guidelines

### Roles and Responsibilities

Students, instructors and colleagues will abide by all relevant policies, procedures, standards and directives issued or adopted by MercyOne including delivering care according to the policies, procedures and standards of practice.

MercyOne colleagues maintain responsibility for the care of the patient even though one or more aspects of patient care may be provided by a student. Student participation in direct patient care (“hands-on”) always involves delegation and supervision by qualified faculty or colleagues. Supervision may be direct or indirect depending on students demonstrated and documented competency in the specific task or activity. Faculty and/or colleagues are responsible for applying the following delegation/supervision criteria:

1. Delegates tasks that are commensurate with the educational preparation and demonstrated abilities of the person supervised
2. Provides direction and assistance to those supervised
3. Observes and monitors the activities of those supervised
4. Evaluates the effectiveness of acts performed under supervision

Supervision must be direct in the case of a student who has not demonstrated and documented competency in the aspect(s) of care required to complete the clinical “assignment”. Clinical “assignment” is based on defined objectives provided by the school or faculty and shared with the colleagues. Students will be instructed in the proper method/technique before providing any aspect of direct patient care in the clinical setting.

The student’s school and faculty are responsible for the instruction and evaluation of its students. The school, student, and/or faculty are responsible for providing evidence of validated, relevant, clinical competencies upon request. The student is responsible for actions in providing care to patients as well as refusal to perform any aspect of care without proper training, supervision or validation of competency. The student in the “observation only” (shadow) role may not offer nor be asked to provide direct, “hands-on” care. In the “observation only” (shadow) learning experience, delegation does not occur, the student’s supervisor need not be present, and documented evidence of validated competencies is not required. Faculty and students are responsible for informing appropriate colleagues of student’s “observation only” (shadow) role.

If students or faculty behave in a manner placing patients at risk for physical or emotional harm, or whose behavior is inconsistent with the policies, procedures, standards and directives issued or adopted by MercyOne, the involved individual(s) may be informed they no longer can attend the experience at MercyOne in the role of student or faculty.

## Orientation

### Online Orientation

Faculty and students must review all appropriate documents and complete orientation as outlined on the website. All students and faculty must electronically confirm completion of the online orientation, Confidentiality Statement prior to the start of the clinical experience. The clinical placement may be delayed until requirements are met.

The Faculty member or School Coordinator will be responsible for orientation of his/her student or clinical group to MercyOne utilizing the materials included in the Student Orientation Manual and other documents provided on the web site prior to the first clinical day.

### Department Orientation

A unit/department orientation is required the first day of clinical. This will be accomplished by the faculty member contacting the site unit educator or manager for scheduling. The department orientation checklist will be completed at that time.

Faculty or MercyOne preceptors are responsible for student orientation to the department, as well as orientation to MercyOne site/unit policies, procedures, equipment and documentation.

All students and faculty are responsible for completion of the department orientation checklist and its return to the MercyOne academic affiliation coordinator/Clinical Development by the second week of the clinical.

## Definitions

**Student clinical rotation** is experiential learning in a patient care setting.

**Experiential learning** in a clinical setting is change in attitude, knowledge and skills through participation in direct patient care (“hands-on”) and/or direct observation of patient care.

**“Observation only” (shadow)** is to watch and collect information and means the student provides no direct, “hands-on” care during the learning experience.

**Competency** is an individual’s demonstrated ability to achieve the expectations stated in performance standards for a specific role and setting.

**Delegation** is transferring to a competent individual authority to perform a selected task in a selected situation.

**Supervision** is the provision of guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

**Direct supervision** means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

**Indirect (general) supervision** means to regularly coordinate, direct and inspect the practice of another Student Health and Conduct.

## Attendance

Please notify your clinical instructor and the department as soon as possible, before the start of the shift, if you are not able to attend as scheduled. Should you become too ill to report to your assigned area, you will be informed about whom to contact. It is your responsibility to not expose colleagues, visitors or patients to communicable diseases. This will be discussed in more detail during your department orientation.

## Illnesses and Absences

**Do not come to clinical ill. If you do not feel well, have a fever or other indications you are not well, report your condition to your instructor prior to the start of the clinical day. Please do not call the unit to ask them to report your illness to your instructor.** Please take precautions to prevent accidents by observing safe work practices. If you are injured at your clinical site, regardless of how minor the injury may seem, inform your instructor immediately. Your instructor or the supervisor will assist you in filling out an Event Report form. If injured or you become ill while at MercyOne, we shall provide emergent or urgent medical care as appropriate, consistent with the capability and policies of the site. You shall bear financial responsibility for charges associated with said treatment. MercyOne is not able to provide routine healthcare to students/instructors and requires you to maintain your own health insurance coverage.

## Photo Identification

A photo identification badge must always be worn near your collar or shoulder and in clear view whenever you are on facility grounds. The purpose of this requirement is to provide a consistent means of identification for patients, visitors, physicians and colleagues throughout all MercyOne facilities. Your photo ID nametag should include your name, school and title. Each person should be easily and quickly identifiable.

## Personal Appearance

The personal appearance of all students/instructors is important in relationships with patients, families, visitors and other colleagues, as well as for health, control of infection, and safety. The ability to inspire confidence depends, in part, on presenting a professional image, both in appearance and in action. Students/instructors are expected to wear clothing that contributes to the overall positive impression of MercyOne. Clothing should be clean, neat, and of appropriate fit, and consistent with safety standards. Supervisors/Instructors are responsible for ensuring their departmental personnel comply.



## Smoking Regulations

All MercyOne facilities are smoke-free. The Joint Commission and state and federal regulations mandate that MercyOne is a smoke-free environment. As a health care institution, MercyOne recognizes the significant health hazards of smoking and the rights of non-smokers for a smoke-free environment. Smoking restrictions are established for your safety and in the best interest of patient care. We ask that everyone observe the NO SMOKING regulations. The use of tobacco in any form is prohibited at all facilities. This includes buildings, grounds, parking lots and structures, or any vehicles parked therein. MercyOne property is defined as owned, rented, or leased property under the jurisdiction of MercyOne and specifically includes all property where public easements have been granted. Public easements include sidewalks and roadways adjacent to wholly owned, rented and/or leased property.

## Alcohol and Controlled Substances

To ensure a safe, productive work environment MercyOne prohibits the use and/or possession, sale, purchase, manufacture, distribution or dispensation of intoxicants, including alcohol or controlled substances (drugs), other than over-the-counter drugs or lawfully prescribed drugs on premises (including all work sites) during work hours including breaks.

## Cell Phone & Electronic Device Use

The purpose of this policy is to promote a safe and productive work environment. This policy applies to incoming and outgoing cellular calls and text messaging.

1. Cell phones will be turned off or set to silent or vibrate mode during clinical hours.
2. Use of any electronic device (cell, phone, laptop, etc.) is prohibited in patient care areas. This includes resident/patient rooms and dining rooms, open space on each unit, hallways, treatment areas such as gyms and meeting rooms.
3. The use of Bluetooth and other ear phone devices are prohibited.
4. Personal calls and/or text messaging during the experience, regardless of the phone used, interfere with productivity and are distracting to others. Student/Instructors are encouraged to make personal calls on non-clinical time where possible and to ensure that friends and family members are aware of this policy. Necessary or emergent calls should be brief and abide by your college cell phone or electronic device policy.
5. If student/instructor use of a personal cell phone causes disruption or loss of productivity, or if inappropriate use of technology is determined, the student/instructor will become subject to disciplinary action.
6. Use of electronic technology besides text, email and voice is strictly prohibited. This includes camera, video, internet, downloads, etc.
7. MercyOne will not be liable for loss or damage to personal cellular phones/devices brought into the clinical setting.

## Social Media Guidelines

This policy explains how existing communication, HIPAA, and confidentiality policies apply to the use of social media including but not limited to Facebook, blogs, Twitter, YouTube, Instagram and LinkedIn. The policy specifies that all official social media must be coordinated through Marketing & Communications. This policy applies to wholly owned and managed entities within MercyOne and its colleagues', physicians', students', and instructors' use of social media for official MercyOne initiatives and on a personal basis.

The National Council of State Boards of Nursing (NCSBN) has also produced A Nurse's Guide to the Use of Social Media. This document has good information for nurses and any health care professionals including educational information and case studies regarding social media use in the workplace, potential consequences, confidentiality and privacy, impact on patient safety and care, common myths and misunderstandings, and more. [https://www.ncsbn.org/NCSBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCSBN_SocialMedia.pdf)

## Computer Use

MercyOne computers and communication systems must be used only for business purposes. You may be assigned a computer access code and password security code for electronic health record documentation. This information is confidential and it is your professional responsibility to protect these access codes. Without this information you will not be able to document in the electronic health record (if applicable).

## Parking

Depending on the times of your clinical rotation at a MercyOne site, certain parking areas may not be used. Your clinical instructor will identify the proper location for parking and security should be contacted if there are questions about which parking area to use. Students/instructors should never park in areas intended for patients and their families.

# Cultural Diversity

MercyOne is committed to providing excellent service to all our customers, including: patients and families, each other as colleagues and students, physicians, and the community. MercyOne has defined service behaviors modeled after our values.

## Diversity

MercyOne is committed to promoting a work environment that acknowledges the similarities and differences of all people and to valuing all diversity with employees, customers/patients, suppliers and the communities we serve. Honoring diversity in practices of faith, traditions and culture supports our mission.

## What is diversity?

Diversity includes all the differences that make each of us are unique, including faith, traditions, and culture.

## Why is diversity important?

Diversity affects patient outcomes, patient satisfaction, communication, and teamwork.

## What is culture?

Culture is a component of diversity. It is learned and shared values of a particular group that guide thinking, actions, behaviors, and emotional reactions to daily living.

## What is cultural competence?

Being aware of the effect that culture has on perceptions and values, and being sensitive to cultural issues can help us to provide excellent service to our patients and families.

## Cultural Considerations

- **Language**-Use linguistic services, translated documents and educational materials
- **Pain styles**-stoic, expressive
- **Religion**-prayer, blood beliefs, spiritual leaders
- **Dietary**-Adjust as needed (ex. spicy/bland, Kosher, fasting, ethnic foods)
- **Family**-role in care, decision making authority
- **Gender**-male dominance, female modesty
- **Death**-end of life decisions
- **Treatment**-beliefs about illness, folk remedies, traditional cures
- **Conflict styles**-loss of face
- **Eye contact**-be careful if requesting eye contact; this may be a cultural issue

Do not stereotype- Every individual in a group is not the same. Listen to and respect the person's beliefs and ask appropriate cultural questions as needed. If the person is not cognitively intact, discuss possible issues with family members.

# Infection Prevention and Control

As part of the MercyOne-wide Infection Prevention and Control Program, all students/instructors receive education regarding the importance and principles of disease transmission, prevention and control of infections and communicable diseases. Frequent, thorough hand washing is the single most important measure in preventing infections.

MercyOne has established Standard Precautions to be followed for the protection of both health care giver and patients from blood-borne and other pathogens. All blood and body substances from all patients and personnel are considered potentially infectious. All jobs have been classified according to the potential risk and exposure that may be encountered in the performance of his/her role. If a student/instructor is not aware of the different classification(s) or has questions about the precautions he/she should be using, the supervisor, Infection Prevention and Control or Colleague Health and Wellness should be contacted.

## **Infection Prevention / Food and Drink**

Food and beverages are not allowed in patient care areas including the nursing stations. Food and beverages are permitted only in designated areas, which are identified as colleague lounge or designated hydration station. There is a hydration station available on each unit where colleagues, students/instructors may house only covered, labeled drinks.

## **Standard Precautions: Hand Hygiene**

Because our hands are the most common way to spread germs, improving hand hygiene will increase patient safety and prevent infections.

Hand hygiene should be performed:

- After using the restroom
- After coughing or sneezing
- After petting an animal
- After handling money
- After handling/touching patient equipment or surface
- Before and after wearing gloves
- Before and after patient contact
- Before handling or eating food
- Before handling medications
- When going from dirty to clean procedures on the same patient
- At the beginning and end of work day

When caring for a patient with c.difficile, norovirus, or rotavirus, hand hygiene includes:

- Hand washing (with soap and water for at least 15 seconds)
- Antiseptic hand wash
- Surgical hand hygiene/antiseptics
- Alcohol-based hand rubs (rub until completely dry)

## **Standard Precautions: Personal Protective Equipment (PPE), Management of Patient Care Equipment**

Consider EVERYONE to be potentially infectious. To best protect yourself and others always use the appropriate Personal Protective Equipment (PPE) (ex. gloves, gowns, masks, protective eyewear) for potential contact or exposure to all blood, body fluids, excretions and secretions (except sweat), non-intact skin or mucous membranes.

1. Standard Precautions are used by all health care workers at all times with all patients regardless of the perceived or known health status or diagnosis of the patient, and regardless of the use of additional isolation requirements.
2. All policies and procedures for Standard Precautions apply to all persons having contact with or providing care to a patient, whether the patient is in his/her room or in another area of the hospital.
3. Good hand hygiene is the key feature of all infection prevention and control programs.
4. Skin is washed, and mucous membranes flushed immediately or as soon as possible after contact with blood, other body substances, or contaminated items.
5. Personal Protective Equipment (PPE) is available throughout the hospital where patient care or activities involving contaminated items occur.
  - a. Gloves are worn whenever contact is anticipated with potentially infectious substances or items contaminated with potentially infectious substances.
  - b. Disposable gloves are changed: between patients, when moving from a contaminated to clean body site on a patient, when moving from a contaminated to cleaner environmental surface during cleaning, and when they are torn or punctured.
  - c. Gloves are worn only at the site of use. Disposable gloves are removed and discarded at the site of use.
  - d. Masks (of surgical quality and moldable to fit facial contours) and protective eye wear are worn whenever splashing, spraying, or aerosolization of potentially infectious substances is anticipated.
  - e. Masks are worn only at the site of use, and not allowed to hang around the neck. They are never carried in pockets.
  - f. Masks are changed when moist.
  - g. Yellow fluid-resistant isolation gowns are worn whenever health care workers' clothing or skin may contact or be penetrated by potentially infectious substances.
  - h. Plastic/rubber aprons and impervious surgical gowns are also used in selected departments.

### **Handling Contaminated Items- Standard Precautions**

When handling items contaminated with blood or body fluids:

- Wear gloves
- Wear mask, gown, and protective eyewear if splashing may occur.
- If items are contaminated with blood or body fluids that may drip or flake off, wear appropriate PPE and dispose of them in red bags for hazardous waste.
- Put bags in appropriate place for pickup and disposal. This will usually be the Soiled Utility Room, check at your facility.
- BLOOD SPILLS:
  - Minor- wearing gloves wipe up the spill with disposable toweling and disinfect the area.
  - Major- contact Hospitality or Environmental Services or supervisor/unit manager for assistance.

## **Blood and Body Fluid Exposure**

What should you do if you are exposed to blood or a body fluid?

- Mucous Membrane: Flush exposed area, e.g., eye, nose or mouth immediately with warm water.
- Puncture wound/needle stick or cut or splash on non-intact skin; Wash wound thoroughly with soap and water for a minimum of 15 seconds.
- Report incident to the instructor and manager of the department or supervisor immediately.
- Fill out an event report. Go to Colleague Health & Wellness immediately; if Colleague Health & Wellness is not available, contact the house supervisor or go to the Emergency Department. Follow any instructions provided at this time.

## **Occurrence Reporting for Exposure**

It is each student's/instructor's responsibility to report any exposure occurrences that occur during clinical rotation. This include occurrences involving patients, as well as "on-the-job" injuries, accidents, unprotected exposures to disease-causing organisms or chemicals, or loss/damage to property. If an occurrence should occur, report it to the department supervisor immediately. The appropriate occurrence report form must be completed.

## **Isolation**

Notice may be posted on a patient's door and in their patient care room for different types of isolation precautions. Please be alert to such signs, read and follow the instructions before entering the room. Check with the patient's nurse if you have questions.

## **Exposure to communicable diseases**

To prevent transmission of communicable disease from health care givers to patients and co-workers, work restrictions as outlined in current Centers for Disease Control and Prevention (CDC) guidelines will be followed when colleagues are exposed to or infected with a communicable disease.

## **Hazardous Materials/Spills**

Access the Material Safety Data Sheets (MSDS) on a MercyOne networked computer. On the home screen locate MSDS under the Resources Tab.

## **OSHA: Occupational Safety & Health Act**

Students are required to fully comply with all of the OSHA standards.

## **Clinical Related Injury/Illness**

It is important to take every precaution to prevent accidents and to observe safe work procedures. If a student/instructor is injured within MercyOne organization, regardless of how minor the injury may seem, the house supervisor or unit manager should be informed immediately. At the time of the incident/accident, the student/instructor should complete the online incident report found on the Intranet.

## Pain Management

Pain Management is a part of our value for excellence in patient care.

MercyOne is committed to providing pain management to patients. Here are key points about what you should know about pain management:

1. Good pain management will make a difference in patient's care and recovery. What happens when pain is not controlled, or the patient doesn't let the nurse or doctor know about their pain? Research has shown us that patients do not heal as quickly and can have more problems when their pain is not managed well.
2. Pain Management is stated as a basic right of patients.
3. Patients are informed of this right in many ways;
  - It is stated in patient handbooks
  - It is on patient rights signs in elevators and in hallways and other facility areas.
  - At some facilities, each patient room or patient care area has a pain tool which states 'Your Comfort is our Goal'.

It is everyone's responsibility to report patient's reports of pain to the appropriate unit nurse. It is important to acknowledge the patient's concerns about pain and to communicate that his/her concerns will be immediately reported to the nurse. There are many pain management techniques that may be used, including pharmacologic and non-pharmacological interventions.

## Emergency Preparedness

It is everyone's responsibility to be alert to potentially unsafe conditions and practices. Any and all instances of an imminent hazard, unsafe condition or practice, should be reported to your instructor, house supervisor, unit manager or director.

MercyOne realizes the importance of providing a safe environment for colleagues, students/ instructors, patients and visitors. Everyone is responsible for minimizing risks or accidents. MercyOne cares about the safety of its students and instructors.

## Safety and Security

To ensure a safe working environment, everyone must be aware of and practice the following safety guidelines:

Learn and follow the Emergency Condition codes and processes at the site in which you are assigned.

1. Walk, do not run inside the facility even during emergencies.
2. Do not operate equipment unless you are properly instructed on its use.
3. Remove hazards such as water, paper wrappers, and other objects from the floors.
4. Know the location of the nearest fire exit as well as the location and use of the fire-fighting equipment in your area and the procedure for turning in a fire alarm.
5. Be on alert for fire hazards.

6. Report any unsafe conditions such as wet floors, exposed wiring, defective equipment or obstructions left in halls or stairways.
7. Never operate electrical appliances with wet hands.
8. If you should observe an accident involving a patient, visitor or a colleague, report the incident to your instructor and/or supervisor, unit manager, QI director or risk manager at once.
9. Observe and obey all posted safety rules.

Security officers are available at all sites to intervene when a safety threat exists. Available 24 hours / 7 days per week.

## Emergency procedures

Special procedures have been established at each site throughout the MercyOne system to manage emergencies that may affect students/instructors while they are working. Consult the Emergency Procedures Quick Reference Guide located on your unit for site-specific information.

## Emergency Plain Language Alerts

Emergency Alert	Plain Language Announcement + Location + Response
Fire	Fire Alarm + Location + Fire Team Respond
Severe Thunderstorm Warning	Severe Weather Alert-Thunderstorm Warning Until (Time) + Remain Alert for Weather Changes
Tornado Warning	Severe Weather Alert-Tornado Warning Until (Time) – Move Patients, Visitors and Staff to Safety
Disaster	Disaster Alert + Location + Description (For example: Mass Casualty) + Activate Incident Command
Bomb Threat	Bomb Threat + Location + Begin Search
Missing Person	Missing Person + Location/Gender/Age + Begin Search
Combative Person	Security Assistance Required + Location + Security Team Required
Violent Intruder	Security Assistance Required + Location + Lockdown (Location – ED or Hospital)
Active Shooter	Active Shooter + Location if Known + Police are Responding
Medical Alerts	
Stemi Alert	Stemi Alert + ETA and Location + Stemi Team Respond
Code Blue	Code Blue + ETA and Location + Code Blue Team Respond
Stroke Alert	Stroke Alert + ETA and Location + Stroke Team Respond
Trauma Alert	Trauma Alert + Level, ETA and Location + Trauma Team Respond
Rapid Response Alert-Adult	Rapid Response Alert + Location + Rapid Response Team Respond
Rapid Response Alert-Pediatric	Pediatric Rapid Response Alert + Location + Rapid Response Team Respond
Neonatal Assistance Alert	Neonatal Assistance Required + ED + Neonatal Team Respond
Pediatric Assistance Alert	Pediatric Assistance Required + ED + Pediatric Team Respond
Trauma Code Blue	Trauma Code Blue + ETA and Location + Code Blue Team and Trauma Team Respond



# Security and Emergency Numbers

In instances where any person (patient, family, visitors, colleagues, etc.) is threatening and/or combative, colleagues should dial the emergency number at their site for emergency assistance.

The mission of the Security Department is to protect patients, visitors, colleagues and others, and the assets of the site. Because the security officers cannot be everywhere at once, the assistance of colleagues is needed to help in surveillance. Colleagues should immediately report all unknown or suspicious persons or people causing difficulty by contacting the Security Department and providing his/her location, a description of the situation and his/her phone number.

## Emergency Numbers

Location	Instructions
Waterloo Medical Center	Dial **4
Waterloo Cancer Center	Dial **4 for all Alerts except Dial 911 for Code Blue
Kimball Ridge Center	Dial **4 for all Alerts except Dial 911 for Code Blue
Waterloo Health Plaza	Dial **4
Cedar Falls Medical Center	Dial **4
Oelwein Medical Center	Dial **0 to announce the Alert and location, then dial 911
Rural Clinics/Pharmacies	Dial 911

## Fire Prevention and Response

The Fire Safety Management Plan, which is based on the Mission, Vision and Values of MercyOne is designed, taught, implemented, measured, assessed, changed and improved to provide a safe environment for patients, visitors, colleagues and student/instructor.

The basic plan in the hospital is based on the acronym "RACES":

- **Remove** anyone in immediate danger from the fire.
- **Alarm** by pulling fire alarm pull stations and dialing \*\*4 or 911 on the phone and announcing the alarm.
- **Contain** the fire by closing doors to help contain smoke and the products of combustion.
- **Extinguish**, and, as needed, prepare to **Evacuate** or relocate patients.
- **Send**, a colleague to the building entrance to direct emergency responders.

Take time in your clinical orientation to locate the fire extinguishers in your assigned clinical area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps of the acronym "PASS" to properly extinguish a fire.

- **Pull** the pin
- **Aim** the nozzle
- **Squeeze** the handle
- **Sweep** at the base of the fire

The student/instructor should assist colleagues to close doors and evaluate the situation. If the fire is in horizontally adjacent areas or in areas where relocation is planned, move patients to the appropriate area of refuge. The Respiratory Therapy Department, House Supervisor or Charge Person is responsible for evaluating and/or shutting off the oxygen in the area of the fire.

## Severe Weather Alert

**WATCH** - Tornado or severe thunderstorm WATCH simply means that the conditions are right for the development of such storms. This situation may prevail for several hours without the development of any severe weather.

**WARNING** - A tornado or severe thunderstorm WARNING means severe weather has been observed whether firsthand or by radar. When a WARNING is issued, it will be for a specific area (one or two counties) and for a specific period.

### **SEVERE WEATHER ALERT – THUNDERSTORM WARNING OR TORNADO WATCH ACTION:**

Be alert and prepared to take action as appropriate when a SEVERE WEATHER ALERT is called.

1. Stay calm, don't panic.
2. Notify patients and visitors of potential for severe weather and provide reassurance.
3. Avoid windows and glass doorways; move patients away from windows.
4. Close blinds and/or curtains.
5. Ensure all patients have shoes with them.
6. Ensure blankets are available for cover.
7. Close all doors so they latch; close all open windows.
8. Clear hallway of any obstacles blocking clear path to exits.
9. Do not open windows.
10. Be prepared for possible power and telephone failures.
11. Know the location of flashlights. Departments are responsible to procure and maintain flashlights and batteries.
12. Know the location of the Bypass Telephones and Bypass Telephone numbers.
13. Avoid elevators.
14. Assess waiting rooms for visitors, request visitors in patient care waiting rooms move to patient room.

### **SEVERE WEATHER ALERT – TORNADO WARNING ACTION:**

In addition to the following severe weather alert action, during a Tornado Warning, all colleagues and departments should respond by directing patients and visitors to the inner corridors away from windows. If storm damage appears imminent (howling winds, breaking glass) crouch on the floor facing an interior wall away from windows. Cover head with arms and if time permits, cover self with coats, blankets or other suitable articles.

## Disaster

A mass casualty/disaster has occurred in our community or region and activates the Medical Center Disaster Plan. Maintain critical patient care and ensure patient safety. Report to home department. Review Disaster Alert policy and stand by for further announcements and direction from immediate supervisor. In a disaster situation, all colleague/students are required to remain at the facility in their assigned role until the disaster has been cleared or they are dismissed by their immediate supervisor.

## Bomb Threat

If a bomb threat has been made, colleagues and students/instructors immediately begin searching their departments and public areas for the suspected bomb. Upon finding a suspicious looking object:

1. Do not touch or move the object
2. Notify the house supervisor, security or police
3. Secure the area
4. Await further instructions
5. Be prepared to evacuate if necessary

## Missing Person

A patient or visitor is missing student/instructor will immediately notify the charge nurse/area supervisor.

- **STOP** what you are doing
- **SECURE EXITS** position a person at each exit (elevator and stairwells)
- **LOOK** for suspicious persons or packages; look in stairwells, halls
- **LISTEN** for the sound of infant/child
- **DO NOT** apprehend a suspicious person

## Combative Person

Used when a patient, visitor or colleague's behavior is physically or verbally aggressive, endangers him/her or others in the area or destroys property. After activation a trained team of professionals will arrive to attempt to de-escalate the situation. Immediately notify the charge nurse/or area supervisor if anyone you encounter is heightened or combative. Do not attempt to de-escalate.

## Violent Intruder

When heightened security measures are required due to the potential threat of violent activity threatening our patients, visitors and colleagues. The Emergency Department or hospital needs to lock down keeping violent person(s) from entering the hospital. Avoid the ED during Violent Intruder Alert, limit activities to those necessary for patient care.

## Active Shooter

An individual is actively threatening with and/or shooting a firearm or wielding any other weapon in a manner that could cause death, injury or physical damage within the facility or on the campus. A.L.I.C.E. is an acronym used for the options available in response to an Active Shooter. Interventions should be chosen based on appropriateness for the situation, not necessarily in the order listed.

- **Alert:** Announcement is made to the entire campus, giving specific information as to the location of the active shooter, so that informed decisions can be made.
- **Lockdown:** The need for a lockdown of the exterior campus will be determined based on the circumstances of the incident. An internal lockdown should occur immediately by all who do not have the ability to evacuate to safety.
- **Inform:** Real time information is provided to all occupants. Movements and actions of the suspect will be announced to continually provide current information.
- **Counter:** If occupants are unable to evacuate and have contact with the suspect and feel that they are in danger, they have the option of using counter techniques to interrupt the violent actions of the suspect.
- **Evacuation:** Immediately leave an area that could expose you to danger and go to a secure area safe from the threat. This decision must be made on real time information and previous planning and training.

## Patient Safety

Our core business centers on patients and how we care for them. This includes keeping them safe and honoring their rights. MercyOne promotes a culture of safety throughout the organization. National Patient Safety Goals have been established to protect patients and are updated annually. They are a set of standards required by the Joint Commission that are aimed at eliminating the most common causes of patient care errors.

National Patient Safety Goals are available on the Joint Commission's website: [www.jointcommission.org](http://www.jointcommission.org) – [Joint Commission online for hospitals](http://www.jointcommission.org)

Your role is to participate in patient safety efforts by:

1. Knowing the National Patient Safety Goals important to your unit and how they pertain to your role as a student/instructor. This includes knowing and following of the policies and processes used to implement the goals at the clinical site.
2. Following all safety policies, identifying and reporting unsafe situations or errors, and taking action by correcting unsafe situations or alerting others of unsafe practices.

MercyOne has ongoing proactive patient safety initiatives to continually improve processes, policies, resources and the environment in order to promote patient safety. On admission patients are provided with information on how to be proactive for their safety while hospitalized and after discharge.

## Fall Prevention

All patients admitted to a facility are assessed for risk of falling. Fall risk assessments are completed to identify high risk patients, reduce potential injuries due to falls and increase the safety for high risk patients. Identification of high-risk patients will be done during the admission assessment and will continue throughout the patient's care.

MercyOne uses a "flagging" system to alert for fall risk. Examples are a star or yellow dot on the patient chart, the patient is placed in a yellow gown, and various signs are posted on the door and in the patient's room. All patients are to wear non-slip slippers when up in the room or hallways. Learn the specific precautions that are required at the site you are assigned. If you see a patient on fall precautions getting up without assistance, stay with the patient and call for help. Please check with the patient's nurse prior to assisting the patient out of bed.

## Risk Management

Risk management is the dynamic process of identifying, assessing, preventing, minimizing, controlling, and managing the negative effects of accidental losses to the organization's property, equipment, employees, patients, and other customers or visitors. We are all responsible for managing risk, but the organization also has specialists known as Risk Managers. Risk managers are responsible for patient safety, security, and obtaining and managing insurance coverage in the event accidents or other losses occur. If an accident or loss occurs, you may be asked to assist in investigating and documenting how and why an injury or loss occurred. Investigation of accidents, injuries, loss or property, etc. are essential to learning the cause and preventing future losses. The purpose is prevention and not to blame someone. Risk management and security have an open-door policy and are available 24/7.

## Disclosure of Unanticipated Outcomes

MercyOne and its members support disclosure of unanticipated outcomes that result in injury or harm to patients. In the event of an unanticipated outcome that results in injury or harm to a patient, the first priority is to provide for the immediate clinical needs of the patient. Notify the manager for your area immediately, who will follow appropriate procedures for disclosing the unanticipated outcome.

## Incident / Occurrence (Event) Reports

Identification and documentation of real and /or potential patient safety issues are reported at MercyOne in various ways. Whether the safety issue is a near miss or an actual safety event, a report must be made in the appropriate manner. This allows us to record any unplanned/ unexpected event, collect data, and analyze the data to initiate appropriate corrective action to minimize the potential recurrence of the same or similar event. No disciplinary action will be taken against a student/instructor for the act of reporting an incident or occurrence.

All patient and visitor incidents/occurrences should be reported on an incident/occurrence report or appropriate form. There are various types of incident/occurrence reports: Patient/Visitor Event Report, Medication Error and Adverse Event Report and Falls Investigation. The person who observes or is intimately involved in the occurrence should, to the extent of their knowledge,

complete the appropriate form. Your Clinical instructor will need to assist you to complete the online form. Complete the report at the time or discovery of the event. Fill out the form as completely as possible, providing only objective, factual information. Do not blame or include subjective information. Incident/Occurrence reports are confidential documents and not a part of the patient's permanent chart. DO NOT document that a report is submitted to risk management. DO NOT photocopy reports.

## Patient Abuse–Suspected

It is the responsibility of all to report suspected abuse to the Department Supervisor/ Manager for direction and assistance with information gathering and/or reporting to the appropriate authorities. Patient Abuse can include Abuse, Neglect, or Misappropriation of Property Exploitation, or Human Trafficking.

Indicators for Identifying Alleged or Suspected Victims of Patient Abuse:

- Injuries to unusual parts of the body, on several different surfaces or in a central location
- Fractures that require significant force
- Multiple injuries in various stages of healing; patterns left by whatever implement was used to inflict the injury
- Reported cause of injury does not fit type of injury observed
- History of repeated ER visits
- Recurrent episodes of an injury being attributed to the individual being accident prone
- Reports of inappropriate touching, fondling or sexual activity
- Patient reports vaginal or rectal injuries or bleeding.
- Verbal assaults, threats or intimidation
- Withholding clothing, food, medical care or shelter that would expose the patient to great risk
- Patient is unkempt, dirty
- Misusing or withholding an individual's resources
- Fears or signs of protecting self from the family member/caregiver
- Significant other speaks for the patient and does not allow patient to give history of incident
- Shaken baby syndrome
- Any report claiming abuse

## Caregiver Misconduct

There are laws intended to protect clients in health care settings from abuse, neglect, or misappropriation of property. All patient allegations of verbal abuse or of intimidating or threatening behavior by a colleague, student or instructor will be taken seriously. If you suspect caregiver misconduct, you should:

- Immediately protect client/patient from possible further incident
- Immediately notify one of the following:
  - Your clinical instructor
  - Unit manager or director
  - Director of Human Resources
  - Director of Risk Management

## Corporate Compliance & Ethics

Our corporate compliance program supports the efforts to live our mission and values while helping us assure we follow all laws, regulations and policies, as well as address ethical or legal issues that may arise in our work. The corporate compliance program applies to everyone, including colleagues, physicians, contract labor, and anyone else acting on behalf of the organization.

### **Corporate Compliance Three-step Communication and Reporting Process**

If a student/instructor has a question or concern about an activity being unethical, illegal, or wrong, he/she should use one of the following processes to get answers to questions and report concerns. Throughout this process the identity of the colleague will be kept confidential to the extent possible.

1. The colleague, student/instructor should talk to his/her supervisor. He/she is most familiar with the laws, regulations, and policies that relate to his/her work.
2. The colleague, student/instructor should contact a member of the Compliance and HIPAA Services Department or the Privacy Officer if he/she still has questions. (319-272-7843)
3. The colleague should call the Compliance Line at 1-866-477-4661 if he/she is not comfortable talking to any of the above individuals or if he/she wants to report the issue anonymously. The Compliance Line is available 24 hours per day, seven days a week. Callers who do not wish to give their names can remain anonymous. Calls to the Compliance Line will not be traced or tape recorded.

## Confidentiality

Any information concerning a patient's illness, family, financial condition, personal situation or any other confidential information about a patient, employee or the MercyOne facility that becomes known by you is to be treated as strictly confidential. All students/instructors are required to review and confirm agreement to the Confidentiality Statement via electronic signature prior to beginning their clinical training experience.

# HIPAA – Privacy and Security of Health Information

The Privacy Rule defines how an organization's workforce (health care providers, colleagues, trainees and students in clinical training programs) can use, disclose, and maintain identifiable patient information, called Protected Health Information ("PHI"). PHI includes written, spoken and electronic patient information and images.

PHI is related to treatment or payment and identifies or can be used to identify an individual patient. The Privacy Rule very broadly defines identifiers to include not only patient name, address, and social security number, but also, for example, fax numbers and email addresses. When in doubt, you should assume that any patient information is protected under the Privacy Rule.

All students/instructors are expected to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA mandates, among other things, that health care providers protect the privacy of patient records. There are serious legal and financial consequences for covered entities or individuals who do not comply with HIPAA. Students/instructors violating HIPAA will be subject to disciplinary action, up to and including discharge. The Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules are covered by our Compliance Program.

## Harassment/Violence in the Workplace

MercyOne supports a work environment that is free from all forms of harassment or intimidation based on age, race, creed, color, handicap, marital status, gender, national origin, ancestry, sexual orientation or any other prohibited basis of employment discrimination. MercyOne will not tolerate any acts or threats of violence including intimidation, verbal or physical harassment, verbal or physical assault, coercion or threatening behavior of any kind. If you feel that you are experiencing harassment, please notify the instructor or unit manager immediately.

### **What is Harassment?**

Harassment may occur whenever unwelcome conduct, comments, touching, teasing, joking or intimidation based on any of the behaviors interferes with work or creates an intimidating, hostile or offensive work environment.

### **What is Sexual Harassment?**

Harassment can also occur when submission to sexual advances, or verbal or physical conduct of a sexual nature, is made either explicitly or implicitly a term or a condition of an individual's employment, or whenever submission to or rejection of such conduct is used as a basis for employment decisions.

### **How to report Harassment**

Regardless of whether the student/instructor decides to talk with the alleged violator of the policy, the student/instructor or witness is required and has a duty to promptly report the conduct to any of the following individuals:

1. The student/instructor's immediate supervisor, manager or administrative representative.
2. Human Resource Director or Human Resource Representative
3. Corporate Compliance Liaison or the Compliance Helpline.



All claims of harassment will be treated seriously and will be investigated in a timely and thorough manner. Confidentiality will be maintained as much as possible during the investigation.

## **Emergency Medical Treatment and Active Labor Act (EMTALA)**

The Emergency Medical Treatment and Active Labor Act establishes specific responsibilities for physicians attending to patients who present on hospital property, for purposes of examination and treatment of medical complaint. The act describes the need for the provision of stabilizing treatment for all patients who possess an emergency medical condition.

## **Gratuities**

Students and instructors, like colleagues, may not accept any personal tips, gifts or donations. If a patient or patient's relative offers you a gift, explain courteously that it is your job to help and that you are happy to be of service. You can explain that it is against hospital rules to accept a gift or gratuity, but they are welcome to contribute to the MercyOne Foundation instead. Non-monetary gifts of minimal value such as cookies or flowers may be accepted from a patient or vendor.

## **No-Solicitation Policy**

In accordance with the terms of the Solicitation, Distribution of Literature and Facility Access policy, students may not solicit or engage in the distribution of literature, pamphlets, forms, cards, or any other material anywhere on property leased or owned by MercyOne during their working time.

All colleagues and students must refrain from distributing any unauthorized materials, including distribution via e-mail or other electronic means. E-mail, interoffice mail, voicemail, and other resources and technologies for communication may be used for business-related purposes only.

## **Ethics**

As a faith-based organization we adhere to the Ethical and Religious Directives for Catholic Health Care Services. These address such issues as social responsibility, pastoral and spiritual responsibility, professional-patient relationship, beginning of life issues, end of life issues, and our partnerships. As a student/instructor at any MercyOne facility, you represent that facility/our system and are expected to follow the directives. If you are faced with an ethical concern, please speak with your clinical instructor or you may contact a member of the Ethics committee at the site.

The Ethics Committee website can be found on the intranet under Departments and Ethics Committee.

## Patient's Bill of Rights

In support of our Mission and Values, MercyOne has developed a policy on Patient's Rights. All colleagues, physicians, students, instructors and volunteers are expected to honor these rights. A clear articulation of patient rights and responsibilities which encourages patients and families to participate in the treatments and services they receive reflects our Values of Development and Excellence. This policy expresses the commitment of all to offer "superior and compassionate patient service" and our recognition of the collaborative nature of the professional – patient relationship. The following language and format will be used for "Patient Rights and Responsibilities" documents that are given to patients.

Example of the Patient's Bill of Rights: "As a patient at MercyOne, you have the responsibility to ..."

1. Provide, to the best of your ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, perceived risks in your care, unexpected changes in your condition and other matters related to your health.
2. Ask questions when you do not understand your care, treatment, or services provided to you, or what you are expected to do.
3. Follow the care, treatment or service plan developed and express any concerns about your ability to follow the proposed care plan, treatment or service to care providers.
4. Accept the consequences if you do not follow your care, treatment or service plan.
5. Follow MercyOne rules and regulations affecting your care and conduct, including visitation and smoking policies and assisting our efforts to limit noise.
6. Be considerate of MercyOne colleagues and other patients and their property.
7. Promptly meet financial obligations.
8. Provide a copy of your Advance Directive (i.e., "Living Will" or Power of Attorney for Health Care) if you have completed one.
9. Safeguard your personal belongings and to secure any valuable in MercyOne safe, as needed, to prevent loss.
10. Keep scheduled appointments and notify the appropriate department and/or professional when unable to keep an appointment.

## Closing Statement

Thank you for all you do to serve the patients and colleagues at MercyOne. We hope your clinical experience is satisfying and rewarding. Always remember that you and the work you do are very important to us and our patients, even if your clinical rotation does not bring you in direct contact with patients. You have an impact on health and well-being of those entrusted to your care. We are proud of our outstanding record of service to the community, and you are an important part of that contribution.

***Welcome to MercyOne,  
we hope you have a great experience!***