

# Student Orientation Self-Study Module



# Welcome!

We are excited to have you at our facility and hope you enjoy your learning experience here.

Please review this self-paced learning module, and print and complete the following items:

- ✓ Post-test (open book)
- ✓ Confidentiality form
- ✓ Scavenger Hunt (to be completed at the hospital)

After completing these forms, please hand them in to your clinical instructor during your orientation.

Thank you, and welcome to the  
Rady Children's team!

# Patient Safety



# Patient Safety

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- Patients/families can expect Care Team members to:
  - Introduce ourselves
  - Wash our hands before patient contact
  - Confirm patient identity before treatments
  - Explain procedures before performing them
  - Confirm the side and site of an invasive procedure before performing it

# Patient Safety

- Fall prevention
  - Always ensure that bed/crib railings are up before leaving the bedside
  - Teach and remind families that they can help prevent falls by keeping the railings up when they are not at the immediate bedside as well



# Student Appearance



# Student Appearance

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- To ensure the safety and comfort of our patients, families, and team members, the following appearance guidelines have been established:
  - Name badges must be worn and visible at all times
  - No artificial nails or natural nails longer than ¼”

# Student Appearance

- Shoes must have closed toes and heels no more than 1 inch
- Hair, beards & mustaches must be neatly trimmed and groomed. Hair must be pulled back to prevent contamination.
- Jewelry should be kept to a minimum. Facial jewelry is discouraged.





# Student Appearance

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- Perfumes, lotions & aftershaves should have minimal scent. Patients can have hypersensitivities and allergies to these odors.
- Scrub attire may be worn per school policy.
- If a student must come to the hospital outside of clinical time, appropriate dress, lab coat, and name badge must be worn.

# Emergency Codes



Call 5555 for all emergencies

# Emergency Codes

- **Code Blue:** Medical Emergency
  - Dial 5555 or pull the call light in the event any person's condition deteriorates and you need help fast! This includes patients, visitors, and staff.
  - Note the time
  - Stay with the patient
  - Begin CPR if necessary



Always give the exact location and specify if the patient is adult or pediatric.

# Emergency Codes

- **Code Red: Fire**
  - **R**escue, **A**larm, **C**ontain, **E**vacuate/Extinguish
    - *Horizontal evacuation:* Exit room to a place of refuge on the other side of fire doors.
    - *Vertical evacuation:* Down stairwell. If unable to go downstairs, wait inside stairwell until help arrives.
  - *Extinguisher use:*
    - P**ull, **A**im, **S**queeze, **S**weep



# Emergency Codes

Be safe – know where to find fire alarms, extinguishers, gas shut off valves, evacuation routes, and areas of refuge for your area!



# Emergency Codes

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- **Code External:** Emergency outside the hospital; possible mass casualty, i.e. airline crash. Prepare to respond.
- **Code Internal:** Emergency within the hospital. Secure the area, control access, wait for instructions.

# Emergency Codes

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- **Code Orange:** Chemical/Biological Contamination
- For information on chemicals, call the MSDS line at (800) 451-8346 or (760) 602-8703, or check the product label
- A chemical is considered hazardous if
  - It poses a health hazard
  - It poses a fire hazard
  - It can react adversely with other chemicals

# Emergency Codes

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- For spills:
  - Assess the spill – call the MSDS line
  - Clean the spill according to policy (can be found online in OnDocs, keyword: spill)
  - Call Environmental Services if the spill is large or hazardous
  - Isolate the spill & evacuate if necessary



# Emergency Codes

- **Code Purple:** Infant/Child abduction. Restrict passage in and out of the area.



Purple butterfly stickers have been placed throughout the hospital in places that are likely exit routes. Be alert!

# Emergency Codes

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- **Code Yellow:** Armed intruder. Stay away from the area, be alert. Police will respond.
- **Code Green:** Unarmed violent person. Trained staff to respond.
- **Code Security:** Security incident. Be alert and follow instructions.
- **Code Shelter in Place:** Control access to facility, may need to shut off HVAC. Could expand to a full lockdown.

# Security



# Security

- How can you help?
  - Report suspicious people
  - Report suspicious activities
  - Report safety hazards
- Security officer: x 3333
- Emergencies: x 5555



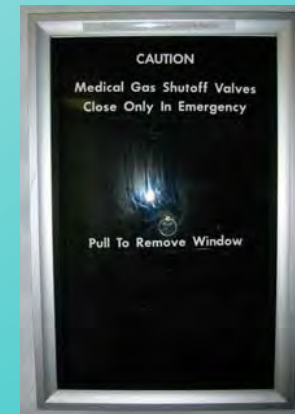
- Access Control
  - Wear your badge
  - Use authorized entry and exit points
  - Ensure all visitors/parents have wristbands or visitor badges
  - Keep a high level of awareness of strangers



# Utilities



- Oxygen
  - Shut-off valves are located in each care area.
  - Plant Operations will shut off in collaboration with the Charge Nurse
  - Back-up oxygen is available in portable tanks if wall O<sub>2</sub> fails



- Medical Gas Alarm
  - In the event the Medical Gas Alarm sounds:
    - Check your patients
    - You may need to hand-bag or provide gases from tanks
    - Plant Operations will be automatically notified and will begin repairs immediately





# Utilities

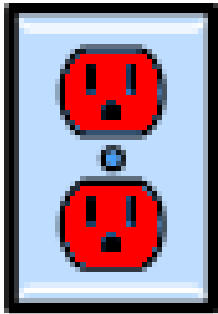
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- Medical Vacuum (Suction) Failure:
  - In the event wall suction fails
    - Check your patients
    - Prioritize portable suction to highest need patients first
    - Equipment distribution staff will distribute additional portable suction as available
    - Turn off all wall suction during total or partial failure

- Water Failure:
  - In the event of contamination of water supply or break in delivery:
    - Hand washing will be by alcohol-based sanitizers
    - Drinking water will be distributed as needed
    - Porta-potties or toilet-bagging may be necessary for long delays
    - Large containers of water will be available for patient care needs
    - Food service will switch to paper goods and cold foods to minimize cleaning needs

- **Electrical Power**

- The hospital generates its own power
- In the event of failure, back-up generators will power critical clinical areas.
- Red outlets indicate emergency power – all critical patient equipment should be plugged into red outlets.
- All patients on ventilators should have a bag and mask at the bedside
- Elevators will not work during a power failure – plan patient transport accordingly



# Utilities

- Computer systems failure
  - Call the Help Desk at 5177
- Telephone outage
  - Use brown phones to call within the hospital
  - Call the Help Desk at 5177



# Infection Control



# Infection Control

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- Hand washing is the most important procedure for preventing transmission of infection
  - When to wash:
    - Before and after contact with patients
    - Immediately after removing gloves
    - Between tasks at different body sites
    - Before and after eating, drinking, preparing food, applying cosmetics
    - When visibly contaminated

# Infection Control

- Hand washing procedure:
  - Remove jewelry
  - Rinse hands and wrists
  - Apply soap
  - Use friction to wash hands for 20 seconds, cleaning between fingers, palms, back of hands, and wrists



Alcohol based sanitizers  
may be used if hands are  
not visibly soiled

# Infection Control

- Isolation Guidelines
  - Consider all body fluids to be potentially contaminated and protect yourself!





# Infection Control

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- Contact Isolation
  - Use universal precautions, gloves and gown for patient contact
    - Sample diagnoses: Rotovirus, RSV, shigella, psudomonas, viral meningitis
- Droplet Isolation
  - Use universal precautions and wear a mask when within 3 feet of patient
    - Sample diagnoses: Pertussis, influenza, meningococcal disease, mycoplasma

# Infection Control

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- Airborne Isolation
  - Chicken pox, measles, tuberculosis (pulmonary) are the only diseases that are airborne transmitted.
  - Use universal precautions. If susceptible to chicken pox or measles, stay away. For pulmonary TB, use a negative flow room and N95 mask.

# Infection Control

- Infectious Waste – What is it?
  - Waste that contains liquid or semi-liquid body fluids
  - Lab/OR waste
  - Contaminated sharps (needles, scalpels)
- To dispose of infectious waste
  - Place in red bag, then into stericycle bin
  - Put sharps into puncture resistant sharps bin
  - Hospital name, address, phone must be on all bags



# Regulatory Requirements



# Regulatory Requirements

- HIPAA – Health Information Portability & Accountability Act
  - You may not share protected health information without authorization, except for treatment, payment, and health care operations.



# Regulatory Requirements

- New privacy laws AB211 and SB541
  - Require the hospital to report all breaches of privacy
  - Assess mandatory fines of \$2500-\$250,000 on the individual (you!) and the hospital for privacy breaches



# Regulatory Requirements

- Privacy Dos

- Dispose of protected health information in confidential recycle bin
- Discuss patient information in private
- Keep medical records secure and out of view of others



- Privacy Don'ts

- Don't take health information out of the facility
- Don't share patient information with anyone who does not need to know it to do their job
- Never access information about a patient unless you need it to do your job

# Regulatory Requirements

- EMTALA – Emergency Treatment and Active Labor Act
  - Applies to anyone on hospital property that requests medical assistance
  - Patients must be offered a medical screening by an ED physician
    - If the patient is stable, EMTALA no longer applies
    - If the patient is unstable, we must treat (within our capacity) until stable for discharge or transfer, if appropriate





# Regulatory Requirements

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- EMTALA - Transferring Patients
  - Transfer can occur if:
    - Patient requests a transfer
    - Benefits outweigh the risks
  - Receiving facility must be notified and agree to accept the transfer
  - Physician must complete transfer paperwork
  - All available records must be sent with the patient

# Regulatory Requirements

- Child Abuse Reporting
  - Mandated reporters have a legal duty to report suspected child abuse
  - Discretionary reporters report simply because they develop a concern for the child's welfare
- Reasonable suspicion
  - Based on observations or when the reporter gains knowledge that abuse has occurred (i.e. a grandparent discloses abuse by a parent)



# Regulatory Requirements

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- Child Abuse reporting procedures
  - Report to Child Protective Services and Law Enforcement - Phone immediately or as soon as practically possible
  - Written report within 36 hours – reporting duty is not complete until written report is submitted
  - Failure to report is a misdemeanor. Civil liabilities also apply for failing to protect.
  - There is protection from civil and criminal liability for mandated reporters

# Regulatory Requirements

- Corporate Compliance
  - To report concerns (i.e. unethical conduct, fraud, billing abuse, falsifying information on medical records, conflicts of interest) contact:
    - Corporate compliance officer  
John Wood (858) 966-4083, [jwood@rchsd.org](mailto:jwood@rchsd.org)
    - CHAAT line for anonymous reporting  
(877) TO-CHAAT (877-863-4228)



# Patient Rights



All patients/families receive a copy of  
the Patient Bill of Rights

# Patient Rights

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- All patients and their families have the right to:
  - Respectful care
  - Know employee names & titles
  - Explanations of their illness, treatments, recovery prospects
  - Give or refuse consent
  - Translation services
  - Confidentiality and privacy
  - Second opinions
  - Discuss costs, bills, charges
  - Refuse to participate in research
  - Refuse treatment by a specific health care provider

# Patient Rights

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- Patient Rights, continued
  - Discuss & request a copy of the chart
  - Know health care needs following discharge
  - Refuse restraint or sedation
  - Reasonable continuity of care
  - Know which hospital rules apply to them
  - Know reasons the child may be transferred to another facility
  - Voice questions or concerns about care
  - Ethics consultation
  - Participate in the child's routine care

# Culture of Safety



Protecting our Patients,  
Families, & Ourselves



# Culture of Safety

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- Where all employees, physicians, students and volunteers:
  - Know best practices for safe behaviors, policies, and procedures.
  - Recognize matters of concern.
  - Take appropriate action to be part of the solution.

# Culture of Safety

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- Professional Boundaries
  - Providing care in a pediatric facility can pose many challenges to maintaining professional boundaries
  - When boundaries become blurred, relationships with patients/families can get complicated and even have legal implications

# Culture of Safety

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- Professional Boundaries
  - Dual relationship: associating with a patient, family, or staff member both inside *and* outside of the hospital setting. Dual relationships are never advised!

## Examples:

- Baby sitting for a family you met at the hospital
- Caring for a patient who is already your friend, neighbor, relative
- Dating an employee, patient, family member you met at the hospital

# Culture of Safety

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- Dual relationships – What is the harm?
  - HIPAA violations
    - It can be very easy to inappropriately disclose confidential health information when spending time with a patient's family outside of the hospital setting
  - Expectation management
    - Patients/families may come to expect special treatment from you. All families should receive the same high quality of service and care.

# Culture of Safety

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- Warning signs that you may be crossing a boundary:
  - Providing special treatment
  - Spending time with a patient to whom you are not assigned
  - Socializing outside of work hours
  - Offering home phone #
  - Secretive behavior
  - Emotional attachment
  - Giving gifts

# Culture of Safety

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- Guidelines for gifts
  - Any gift to a patient should be from “all of us” – the department, hospital, etc.
    - Individuals may not purchase/provide gifts to patients
    - All gifts must come from internal sources - developmentally appropriate gifts are available through Child Life.
    - This minimizes the unintended consequence of obligation or “owing” a single individual for the gift

# Culture of Safety

- Guidelines for gifts
  - Accepting gifts
    - Students may accept modest gifts with a value of less than \$50
    - No cash may be accepted, regardless of amount



# Culture of Safety

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- Guidelines for gifts
  - Ask yourself - What is the intent of the giver?
    - In some cultures, patients must give tips to hospital staff to receive care
      - Some families may not be able to afford gifts but they feel obligated to give them
      - Assure families that their child will receive great health care regardless of whether they give a gift
    - In some instances, family members may give gifts in an attempt to gain special treatment



# Culture of Safety

- Non-gift ways for patients to show their appreciation

[www.rchsd.org](http://www.rchsd.org) “Send a Thank You”



- “Caring the Children’s Way” cards located throughout the hospital

# Culture of Safety

- Managing professional boundaries
  - Be patient and realistic with yourself:
    - Understand that everyone has feelings
    - You have a CHOICE whether or not to ACT on those feelings



# Culture of Safety

- Why is it so important that everyone maintain professional boundaries?
  - Crossing professional boundaries can create the *appearance* that something inappropriate is happening



- Most boundary violations have no connection to child abuse or victimization, but all offenders have problems maintaining boundaries

# Culture of Safety

- Understanding Child Victimization
  - In order to protect children, we must first understand the dynamics of child sexual victimization
  - The scope of victimization is large – 1 in 4 girls and 1 in 7-10 boys is victimized. Every country, race, age, social standing is affected.



# Culture of Safety

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- Defining sexual victimization
  - **Molestation** – touching a child's genitalia or private parts for any reason other than medical treatment or hygiene care
  - **Sexual exploitation/pornography** – viewing, possessing, or taking photos/video of a child's body for any reason other than medical documentation
  - **Sexual exposure** – exposing one's genitalia to a child

# Culture of Safety

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- Defining sexual victimization
  - **Voyeurism** – observing a child's unclothed body parts for any reason other than as part of medical/hygiene care
  - **Sexually inappropriate material** – any language, documents, pictures, etc. that contain explicit material
  - **Any other activity** involving children or patients that is designed to sexually arouse

# Culture of Safety

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- Offender dynamics
  - They don't look the way you might expect
    - There is no offender profile – offenders come from all walks of life
    - No test exists that can show if a person might be an offender
    - Public vs. Private selves – many offenders will go out of their way to create a spotless public image to disguise their deviancies
    - Thinking errors – offenders often minimize/rationalize their actions to enable them to victimize children

# Culture of Safety

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- Be aware of risks
  - Access to children
    - Organizations with children have increased risks: more children=more risk
    - Hospitalized children are more vulnerable
  - Cell phones & cameras
    - No student, staff member, or volunteer may bring a cell phone or camera into care areas
    - Families may only photograph their own child



# Culture of Safety

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- Promote a transparent care environment
  - Keep curtains and doors open unless privacy is needed for invasive/revealing procedures
  - A second set of eyes (SSE) must be present whenever a door or curtain is closed
    - SSE may be the patient's family member or another employee
    - If you see a curtain or door closed, check to see that SSE is in use

# Culture of Safety

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- Matters of concern – while there isn't a test or checklist to follow to determine if someone is likely to harm a child, there are specific behaviors that offenders tend to exhibit:
  - Apparent excessive interest in children
  - Peer identification
  - Manipulation for access
  - Grooming for like behaviors

# Culture of Safety

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- Matters of concern
  - Apparent excessive interest in children
    - Spends most of his/her time involved in kids' activities (volunteering, babysitting, coaching)
    - Enjoys activities that provide direct physical contact with children (rough housing, tickling)
    - Hospital example – spends time with a particular child to which he/she is not assigned to provide care

# Culture of Safety

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- Matters of concern
  - Peer identification
    - Feels more like a kid than an adult
    - Talks & interacts with children more than adults
    - More interested in kids' activities than adult activities
    - Hospital example – on breaks or days off, frequently spends time with favorite patient “friend”

# Culture of Safety

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- Matters of concern
  - Manipulation for access
    - Seeks opportunities to spend individual time with a specific child
    - May provide special favors or give gifts to gain the trust of the patient/family in hopes of spending time alone with the child (baby sitting, playing, etc.)
    - Hospital example - May offer to take care of a specific child to whom he/she is not assigned

# Culture of Safety

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- Grooming for like behaviors
  - Uses benign behaviors to groom a child for more insidious acts
    - tickling may evolve into more intimate touch or molestation
  - May test a child's willingness to keep a secret
    - “Don't tell anyone I gave you this toy”

# Culture of Safety

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- Concerning behaviors
  - The information contained in this presentation is not a checklist to determine if someone is a sexual predator or child molester.
  - Never take one indicator in isolation to assume someone is a sex offender
  - It is when you see a pattern of many of these behaviors together that you should be concerned

# Culture of Safety

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- Concerning behaviors
  - This information is not limited to health care workers – it represents behaviors exhibited by all offenders, whether at school, church, or anywhere else in your community
  - If you see these types of concerning behaviors, it is never up to you to decide if someone is an offender, but it is up to you to bring your concerns to the appropriate party
    - Tell your supervisor or call 877-TO-CHAAT to report anonymously



# Pain Management



# Pain Management

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- Pain: An unpleasant sensory and emotional experience associated with actual or potential tissue damage described in terms of such damage

-or-

- Whatever the person experiencing it says it is, existing whenever the person says it does

# Pain Management

- Pain Management Patient Rights:
  - To have reports of pain accepted and acted on by health care professionals
  - To have pain controlled, no matter what the cause, or how severe it may be
  - To be treated with respect at all times



# Pain Management

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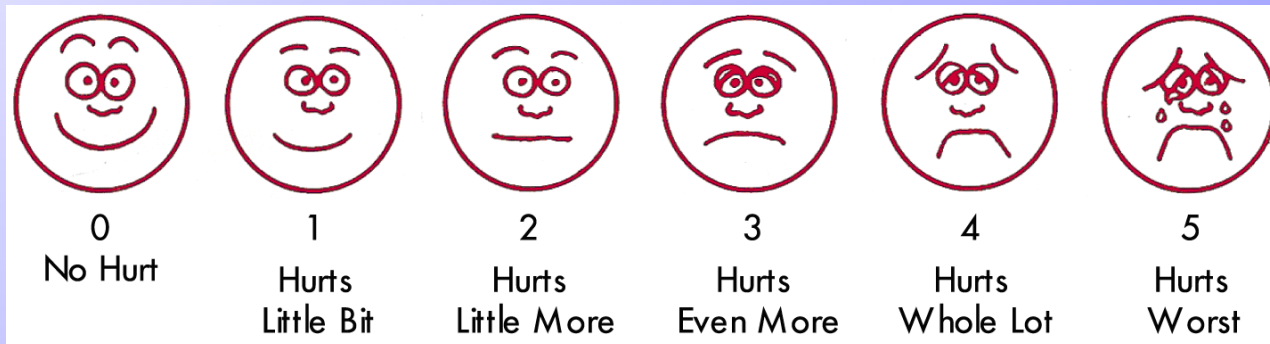
- Pain Assessment
  - Assess
  - Intervene
  - Re-Assess (IV: 30 min; PO 60 min)
  - Document
    - WILDA:
      - **W**ords to describe the pain
      - **I**ntensity
      - **L**ocation
      - **D**uration
      - **A**ggravating/Alleviating factors

# Pain Management

- Self-Reporting Tools
  - Rating Scale 0-10



- Varni/Ryan Pain Faces



# Pain Assessment

- FLACC (pre-verbal/non-verbal patients)

<b>FACE</b>	<b>0</b> No particular expression or smile	<b>1</b> Occasional grimace or frown, withdrawn, disinterested	<b>2</b> Frequent to constant frown, clenched jaw, quivering chin
<b>LEGS</b>	<b>0</b> Normal position OR relaxed	<b>1</b> Uneasy, Restless, Tense	<b>2</b> Kicking OR Legs drawn up
<b>ACTIVITY</b>	<b>0</b> Lying quietly, Normal position, Moves easily	<b>1</b> Squirming, Shifting back/forth, Tense	<b>2</b> Arched, Rigid, OR Jerking
<b>CRY</b>	<b>0</b> No Cry, (Awake or Asleep)	<b>1</b> Moans or whimpers Occasional complaint	<b>2</b> Crying steadily, Screams or sobs, Frequent Complaints
<b>CONSOLABILITY</b>	<b>0</b> Content Relaxed	<b>1</b> Reassured by occasional touching, hugging, or talking to, Distractible	<b>2</b> Difficult to console or comfort

- Instructions:**
1. Rate patient in each of the five measurement categories
  2. Add together
  3. Document total pain score

# Pain Management

- **N-PASS:** Neonatal Pain, Agitation & Sedation Scale

Assessment Criteria	Sedation		Normal	Pain / Agitation	
	-2	-1	0	1	2
<b>Crying Irritability</b>	No cry with painful stimuli	Moans or cries minimally with painful stimuli	Appropriate crying Not irritable	Irritable or crying at intervals Consolable	High-pitched or silent-continuous cry Inconsolable
<b>Behavior State</b>	No arousal to any stimuli No spontaneous movement	Arouses minimally to stimuli Little spontaneous movement	Appropriate for gestational age	Restless, squirming Awakens frequently	Arching, kicking Constantly awake or Arouses minimally / no movement (not sedated)
<b>Facial Expression</b>	Mouth is lax No expression	Minimal expression with stimuli	Relaxed Appropriate	Any pain expression intermittent	Any pain expression continual
<b>Extremities Tone</b>	No grasp reflex Flaccid tone	Weak grasp reflex ↓ muscle tone	Relaxed hands and feet Normal tone	Intermittent clenched toes, fists or finger splay Body is not tense	Continual clenched toes, fists, or finger splay Body is tense
<b>Vital Signs HR, RR, BP, SaO<sub>2</sub></b>	No variability with stimuli Hypoventilation or apnea	< 10% variability from baseline with stimuli	Within baseline or normal for gestational age	↑ 10-20% from baseline SaO <sub>2</sub> 76-85% with stimulation - quick ↑	↑ > 20% from baseline SaO <sub>2</sub> ≤ 75% with stimulation - slow ↑ Out of sync with vent

# Latex Safety





# Latex Safety

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- Latex screening definitions:
  - **Confirmed:** positive RAST or equivalent, allergy consult, adverse drug reaction review
  - **Suspected:** Myelomeningocele, history of latex reaction, high-risk food allergies and symptoms (laryngospasm, wheezing, dyspnea, hives, hypotension), multiple surgeries
  - **No response** to latex: no history of reaction or does not fit high risk profile

# Latex Safety

- All patients with Suspected or Confirmed latex allergy will be provided with a latex safe environment:

PRECAUTIONS	CONFIRMED	SUSPECTED
Latex safe room setup	X	X
Latex safe supplies	X	X
No latex gloves to be used	X	X
Signage placed outside room door, sign in room over bed, Allergy ID bracelet	X	X
Medications prepared by pharmacy (See medication section of policy for details)	X	

# Latex Safety

- Use **orange** latex precaution signs, ID bands
- Latex balloons are prohibited at the hospital



- Food allergies associated with latex allergy are: bananas, avocados, tropical fruits, kiwi, chestnuts
- Schedule latex allergic patients for procedures at the start of the day, if possible
- “What is Latex?” patient education handouts are available

# Latex Safety

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- Supplies:
  - Omnicell has a latex kit that will identify all latex free supplies
  - Read labels for latex content of all supplies
  - Our non-sterile gloves are latex free
  - We use powder-free gloves
  - Anesthesia resuscitation bags in the Omnicell are latex free

# Latex Safety

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- Medications:
  - Use ampules whenever possible
  - Only give medications verified as latex free or distributed by pharmacy
  - Do not use floor stock medications
  - Our IV tubing, syringes, and needle-less system is latex free
  - All medications must be filtered by pharmacy with a 0.22 micron filter

# Cultural Diversity



# Cultural Diversity

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- As we work with each other and serve diverse patient populations, we must be aware of different beliefs and practices and be willing to create and maintain an environment that is respectful of all people, regardless of:
  - Age, appearance, education, gender, health, income, language, mental/physical ability, marital status, nationality personal habits, race, religion, or sexual orientation.

# Cultural Diversity

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- Techniques for communicating with those who speak limited English:
  - Use simple, commonly used words
  - Use visual representations – pictures, symbols, etc
  - Demonstrate. Show the task and have the individual repeat the demonstration
- Behaviors that may indicate a gap in understanding:
  - Blank stares, avoiding eye contact, saying 'yes' or 'uh-huh' too frequently, lack of compliance, inappropriate laughter, turning head to one side (may indicate hearing impairment)



# Family Centered Care



# Family Centered Care

- Core concepts:
  - Information sharing
  - Collaboration
  - Empowerment
  - Respect
  - Strengths
  - Support
  - Flexibility



# Family Centered Care

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- Establish a caring atmosphere for families
- Assess parent's perception of their child's illness and treatment. Identify their expectations.
- Recognize the importance of parent involvement in a child's recovery
- Elicit parents' ideas for the care of their child – teach them how they can participate

# Conclusion

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- This concludes the student orientation presentation.
- Please print and complete the Student Orientation Post-Test, and give it to your instructor.

Thank you, and welcome to  
Rady Children's Hospital San Diego!