Dear Student,

Welcome to your clinical rotation at San Antonio Regional Hospital (SARH)! The following instructions are provided to enhance your experience at our facility. Please use this welcome letter as an orientation guide while you rotate here at the hospital.

It is expected that you will print out your orientation packet and review all the information provided. In addition, a complete orientation packet is mandatory and must be turned in to your Student Coordinator prior to one month before your rotation start date.

The following is a list of the onboarding requirements and must be completed prior to starting the clinical rotation:

**General Orientation Packet & Test**
We expect the student to thoroughly review the material that is in the orientation packet. The test must be completed and returned with the orientation packet.

**Computer Training**
If applicable to your rotation, you will be referred to the IT Department for an overview of our Electronic Medical Record software (EMR). Access to the EMR is for reference only and students are prohibited from charting, entering orders or dictating reports.

**SARH Confidentiality and Nondisclosure Agreement**
This is an agreement of responsibilities for protecting confidential information.

**Parking Acknowledgement & Parking Permit**
Complete the form using the last day of your clinical rotation for the expiration date and place the permit on your dash board. You are to park on the parking strip just west of the 689 Building across the street from the main hospital. Secondary parking is in the northern most area of the employee parking lot on 11th Street (see maps for locations).

**Influenza Vaccine Attestation/Declination Form**
Complete this form every flu season. If you have chosen not to receive the influenza vaccination, you are not allowed to perform your clinical rotation(s) at SARH.

**Dress Code**
SARH requires that you wear your medical school issued lab coat and student ID at all times when on campus, and that you adhere to the dress guidelines set forth by your school.

You will not be allowed on the units of the hospital until all of the paperwork is received and applicable training/onboarding is completed.

Welcome aboard! We hope you have a wonderful clinical experience!

Warmest Regards,

Shanndolyn Harvey, Medical Education Coordinator
sharvey@sarh.org • 909-920-4723
Checklist

Student Name: __________________________________________ Date: ______________

Email Address: ______________________ Phone Number: ______________________

Preferred Contact (circle one): Email Phone

School: ________________________________

Rotation: Start Date: _________ End Date: ____________

Preceptor: _______________________________________

Rotation: ___ Surgery ___ OB ___ Medicine ___ Pediatrics ___ ED Other: _______________________

Please go over ALL of the following items for Orientation to San Antonio Regional Hospital

ALL of the following items MUST be read/completed and turned in to the before entering the hospital:

____ General Orientation Packet & Test
____ Parking Acknowledgement & Permit (KEEP permit for car dashboard)
____ SARH Confidentiality and Nondisclosure Agreement
____ Influenza Vaccination Record/Documentation
____ TB Record/Documentation
____ Proposed Weekly Schedule (Student must provide updates on schedule changes)
____ Computer Training (if applicable)
____ All Paperwork & Checklist must be completed and turned in prior to start of the clinical rotation to: Shann Dolyn Harvey, Medical Education Coordinator

Office location: San Antonio Regional Hospital
999 San Bernardino Road, Upland, CA 91786

I have read and understand all of the student guidelines, parking instructions and important information pertaining to my upcoming rotation at San Antonio Regional Hospital.

Signature: ___________________________ Date: ______________

**You will be notified via email approximately two (2) weeks prior to your rotation with regard to IT set-up and training, if training is applicable to your rotation.

If you have any questions please contact:

- Shann Dolyn Harvey at email: sharvey@sarh.org
- Alejandra Meneses at email: ameneses@sarh.org

Revised 4/16/2018
Undergraduate Medical Education Orientation

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MEDI CAL EDUCATION OFFICE CONTACT INFORMATION

Main Office Phone Number: (909) 920-4723

Shanndolyn Harvey
Medical Education Coordinator
Sharvey@sarh.org

Alejandra Meneses
Medical Education Intern
Ameneses@sarh.org
General 1: Student Expectations

San Antonio Regional Hospital is proud to contribute to your education and professional development. The following expectations are set to create a productive learning environment while also meeting the needs of SARH’s valued patients.

Please review the following list of student expectations:

- All students must have all necessary this packet signed and completed with enough time to schedule IT training as it must be turned in one month prior to the rotation start date.
- All students, if unaccompanied by their preceptor, must enter the hospital from the Main Lobby or Emergency Room Entrance.
- All students must purchase their own meals - SARH does not provide meal plans for students.
- Students are restricted from eating in the Physician’s Lounge at all times even under the supervision of a preceptor. All students must eat meals in the main cafeteria or outside of the hospital.
- All students will communicate with Medical Education Coordinator as to what days and times they are working with their Preceptor, prior to the start of their rotation.
- All students will only complete procedures that are preapproved in the program curriculum, under the supervision of a Preceptor, and with patient consent.
- All students will demonstrate professionalism with both patients and SARH staff.
General 2: Cultural Competence & Health Care Literacy

SARH is an organization that serves a diverse population and values cultural diversity. Cultural competence is achieved by identifying and understanding the needs and health-care behaviors of individuals and families.

Factors to consider in the delivery of culturally competent health care services include understanding of the:

- beliefs, values, traditions and practices of a culture;
- culturally-defined, health-related needs of individuals, families and communities;
- culturally-based belief systems of the etiology of illness and disease and those related to health and healing;
- social and environmental determinants of health.

It is not possible to know everything about all cultures, but as you are training to be a health care professional, you are responsible for:

- Respecting another’s culture in a non-judgmental manner
- Understanding that not all cultural groups communicate in the same way
- Having a willingness to learn about cultures that are different than your own in order to provide culturally competent care.
- Understanding that patients react differently to grief and sadness and supporting their practices without bias or stereotyping.
- Considering privacy needs such as being touched or unclothed. Respect privacy as much as possible and be aware that a patient may prefer to receive care from someone of the same sex.

General 3: HIPAA /Social Networking / Information Security

Confidential Information
Confidential information is any information considered to be private and sensitive. Here are some examples of confidential information:

- Protected Health Information (PHI) Information about patients
- Social Security numbers (SSN) Employees or patients
- Credit card information
- Financial records
- Passwords, PINs, or other security codes

Individual Fines for Willful Intent
SARH has a zero tolerance for Medical Students who intentionally violate our policies resulting in unauthorized access, use, or disclosure of patient information.

Additionally, you may be personally fined by the Federal government and the State Attorney General under the HITECH Act of 2009, (part of Public Law 111-5) if you act with willful intent and violate our policies regarding the protection of patient privacy. Under the law, SARH must report all data breaches whether intentional or unintentional.
The name of the individual responsible for an unintentional breach does not get reported to the Department of Health and Human Services.

**Social Networking Sites**

Social networking or social media includes sites such as Facebook, Instagram, Twitter, LinkedIn, and Snapchat and can include personal or professional blogging sites as well. **Students are not to post any content pertaining to SARH patients or cases on any social media platform.**

You could be liable for personal fines as well as being responsible for fines against the hospital if you violate a patient’s privacy.

Some helpful tips for social networking sites:
- Be careful. Information and photos shared on these sites should not be considered as private and can be available to others for a long time.
- If you indicate that you are rotating at SARH, your comments could be perceived as representing the hospital.
- Keep in mind that even when no patient identifiers are specifically used in the social communication, discussing what transpired with a particular patient, with a co-worker, friend or family member on a social network site could potentially lead to an unintentional breach of a patient’s privacy.

A breach of patient confidentiality on a social networking site is treated in the same matter as those that occur elsewhere and subjects the Medical Student to immediate removal and no credit for the rotation.

**Reporting Suspected Privacy Breaches or Information Security Incidents**

Notify the IT Service Desk at extension 26300 **immediately** if you become aware of or suspect the following:
- An unauthorized disclosure of PHI
- Policy violations pertaining to patient confidentiality and information security
- Any other problems or questions with information security or patient privacy
- Unauthorized use of user passwords or computer resources

Privacy breach as defined by the California Privacy Laws (AB 211 and SB 541) is: **Unlawful or unauthorized access to and use or disclosure of patient’s medical information** (even if no proof of harm to the patient). SARH must self-report privacy breaches to the California Department of Public Health (CDPH) and to the patient, **within five working days** after detecting the incident. SARH will not take punitive action against any individual making a good faith report.

**Access Privileges**

Protect your user ID and password! You will be held responsible for the actions of another individual if you allow them to obtain and use your user ID and password or allow them access to information in a clinical application while you are logged on.
General 4: Environmental Safety

To ensure consistent safety for both students and the environment, it is mandatory for SARH’s Medical Education Coordinator to have each student’s proposed weekly schedule.

We understand that dates and times are subject to change due to Preceptor and student availability. Please ensure that schedule changes are emailed to your SARH Medical Education Coordinator as soon as possible.

Reporting Occupational Injuries

If you are injured at SARH, no matter how insignificant the injury, it should be reported immediately to your preceptor and the Medical Education Coordinator to assure that you receive appropriate care.

Injuries are documented on Safety Report forms. Your Preceptor will complete an Accident Report form to look into why an injury occurred so that the hospital can prevent another student from having a similar injury.

Reporting Safety Concerns

Are you are aware of:

- Equipment that is unsafe or needs to be repaired?
- Parts of the building that are unsafe (repairs may be needed, insufficient lighting, carpet that is buckled creating a tripping hazard, intersections that may need a safety mirror, etc.)?
- Safety hazards (water or debris on the floor, used needles or syringes found in inappropriate locations)?
- An unsafe practice or procedure?
- Notify your Preceptor, or contact the Medical Education Coordinator at x24723 to report your concerns. Call Facilities to report safety repairs, slippery/wet floors, or needle collection boxes that are full.

Security

The Security Department is responsible for the protection of patients, visitors, staff and property. Security staff provides twenty-four (24) hours services, and conducts foot and vehicle patrols of the Hospital grounds and annex buildings.

Assistance – Security staff are available to assist Hospital personnel, patients, visitors, and students when the need arises. Functions include but are not limited to: access control, building patrol, parking and vehicle management, escort service, loss prevention, lost and found, and limited assistance for disabled vehicles.

Reporting Security Incidents - If you see something, say something!

Assaults - You should report any physical or verbal assaults to your Preceptor who will notify the Security Department, by dialing x24450. Reports of any act of Assault or Battery against any on duty Hospital personnel, requires the Upland Police Department (909.946.7624) to be notified within seventy-two (72) hours of the incident.

Suspicious person(s) – Should be reported to the Security Department, by dialing x24450. Students can assist the staff by remaining vigilant and having limited contact with any suspicious person(s).

Reports of crimes against persons or property are taken by Security staff and are entered into the Hospital crime reporting system. They may be forwarded to the Upland Police Department for further investigation as appropriate. All criminal or inappropriate acts or incidents must be reported to the Security Department.
Matters involving threats and harassment are referred to the Medical Education office, which will request assistance from Security staff or the Upland Police Department as appropriate and notify the Student/Clerkship Coordinator at your school.

Matters involving substance abuse or criminal activity in the workplace are also reported directly to the Medical Education office. These allegations may be investigated internally or referred to the Upland Police Department as appropriate.

**Slip and Falls** – shall be reported to the Medical Education office who will notify your school and the Security Department who will complete an Risk Identification Report (RIR) and forward to the Risk Management Department after the incident has been reported.

**Identification** – Most external entry points to the Hospital are locked 24-hours a day, 7 days a week and accessible by a hospital-issued name badge only.

Student unaccompanied by their Preceptor must enter through the Main Lobby or Emergency/Outpatient entrance only.

**Controlling Sensitive Areas** – Procedures have been established to control access and egress (exit) from sensitive areas of the Hospital and to maintain a visitor control policy twenty-four hours daily.

It is the responsibility of all Hospital staff to provide assistance to visitors to ensure that all Hospital visitors are treated courteously and that they are made aware of visiting regulations. This responsibility may or may not fall to a student who is in a patient/visitor area while at the Hospital.

After 8:00 PM, all entrances into the Hospital are in a locked mode except for the ED/Outpatient Lobby entrance. Access may be gained after hours through certain entrances by staff using their ID card at the card access reader at those entrance locations.

The Hospital maintains a lock and key access control system for the protection of its visitors, patients and staff. The key control system is Facility Management Department’s responsibility. Doors in sensitive areas are controlled by keypad systems. Do not permit others to enter with you.

**Workplace Violence**

Unfortunately, the nature of healthcare places many of our clients and staff under stress that might lead to inappropriate behaviors. The most important action we must take is to be aware of the people in our environment and be prepared to act according to the situation. SARH is committed to being a safe area for patients, families, staff and medical students free of actual and/or threats of violence. SARH has several policies that address acts of violence. These policies can be reviewed on the intranet.

**Basic Principles of Nonviolent Crisis Intervention**

There are 2 ways a person can act out: verbally and physically. In general, any person can be pushed to the point of physical action, but they will usually give some warning signs first. There are 4 points on the continuum of potential violence:

**Anxiety** - Most patients and family members entering the facility will be experiencing some form of anxiety due to physiologic or psychological causes such as pain or fear of the unknown. They may demonstrate this anxiety by asking lots of questions, pacing, drumming fingers, or being “fidgety”. The staff should respond to the anxious person by recognizing the person’s anxiety and being supportive. Explain what is
going to happen to them while they’re here, how long it will take, whether any of the procedures are painful, etc. For most people, this will calm them and be all that is needed.

**Defensive Behaviors** - If the person’s anxiety is not handled, it may progress to defensive behaviors. These behaviors include asking questions for information (how long will this take?), or asking challenging questions (why do I have to wait?). The person may appear very upset at this point and might refuse to follow the plan of care and may actually release their frustration by being very loud and “blowing off steam”. Some patients will actually try to intimidate their caregivers – take these threats seriously and get other staff around to support you and witness the behavior. Having a security officer standing by is a good idea at this point. When faced with defensive behaviors, students should follow the lead of their preceptor. Frequently, after a person has experienced defensive behaviors, they will have a reduction in energy and apologize for their outbursts. This is the time to tell them how they should act in the future if they are upset again. Do not tell them, “that’s okay, you were upset” as this gives them permission to yell at the staff again.

**Acting Out Person** - Unfortunately, a person whose defensive behaviors have not been recognized and dealt with may progress to the acting-out phase. In this phase, the person is out of control and may try to strike or grab the person in front of them. Whenever possible keep outside of the persons striking area, the area beyond their physical reach with their hands or feet. If the person should physically hold or grab a student they should try to remain calm and get free by blocking and moving away from a strike, and getting free of grabs by using leverage, momentum and thinking your way out of the grab. In either case, the staff member should yell, “NO” in the loudest voice possible and get help. Frequently, this is a very short event, lasting only a few seconds at most. As soon as the person realizes what happened they may immediately stop and ask for forgiveness. Depending upon the situation, security and even the local police departments may be involved in dealing with the acting-out person.

**Therapeutic Rapport** - After a person acts out there is a noticeable decrease in the person’s energy level. Many times the person will sleep for a time after they’ve acted out. Once the person is back in control, the staff can attempt to develop therapeutic rapport, by discussing the events including the acting-out person and the staff observations to decide how to act in the future. People rarely act out in a vacuum. A caregiver that is involved with the acting out person will be affected too. It is important for others to support their team members and allow those involved to talk through the event.

Fortunately, actual violence rarely occurs in a healthcare setting without warning signs of anxiety and defensive behaviors. All clinical staff should include performing assessments of their patients, family and visitors and deal with potential problems quickly to avoid an escalation of behaviors. Remember to apply what you learned about cultural competence and social determinants of health to help better understand patient behaviors.

**Security’s Universal Emergency Codes**

**Combative Person – “Code Gray”**
Any medical student confronted with or witnessing a combative situation should initiate a “Code Gray” by calling the PBX Operator at extension 8911.

If you hear the “Code Gray” emergency code over the PA system DO NOT go to the area specified in the “Code Gray.” This is an extremely sensitive situation that should only be handled by trained authorities. DO NOT enter the area that was specified until “Code Gray – All Clear” has been announced.

**Armed Intruder Hostage Situation / Active Shooter – “Code Silver”**
Any medical student encountering a person brandishing a weapon or involved in a hostage situation should initiate “Code Silver” by calling the PBX Operator at extension 8911.
If you hear “Code Silver” over the PA system DO NOT go to the area specified in the “Code Silver.” This is an extremely dangerous and sensitive situation that should only be handled by trained authorities.

Take cover behind locked doors if possible. Secure doors and stand by for further instructions. DO NOT panic and stay alert. Close all patient and unit doors. DO NOT enter the area that was specified until “Code Silver – All Clear” has been announced.

Unusual Incident – “Code White”

A “Code White” announcement initiates a call to the Upland Police Department when there is immediate criminal threat to self or others, and requires an immediate response from Security Personnel.

Child Abduction – “Code Purple”

When a child is missing or removed by an unauthorized person, or has been kidnapped, activate “Code Purple” by calling the PBX Operator at extension 8911.

If you hear the “Code Purple” over the Public Address (PA) system you should monitor stairwells, elevators, and building exits until the “Code Purple – All Clear” is announced.

Child abductors in a hospital setting can be male or female adults who may even be the estranged parent of the child. The victim may be difficult to conceal. A very small child could be hidden. An older child might exhibit visible signs of fear and/or discomfort if being taken against their will by another person. It is more likely that a stranger would abduct a child by using fear and perhaps force, which should cause a visible indication that something is wrong.

Infant Abduction – “Code Pink”

When an infant is missing or has been kidnapped, activate “Code Pink” by calling PBX at extension 8911 (refer to “Code Pink” section)

Bomb Threat – “Code Yellow”

If you find a suspicious object do not touch or move it. Do not panic, cause alarm, or invite attention to the situation. Notify the PBX Operator by dialing 8911.

Security personnel, Facilities personnel, and Search Wardens will conduct bomb searches. They will look for anything out of the ordinary. They will systematically scan the areas for packages, bags, or items that have no owner or have suddenly appeared in an area or are considered suspicious.

If you receive a bomb threat over the telephone, listen carefully, write down information and initiate a “Code Yellow” by calling the PBX Operator at by dialing 8911. Use the Bomb Threat questionnaire found in the Emergency Actions Guide flip chart. Write down as much information about the caller as detailed in the questionnaire.

Fire Procedures – “Code Red”

When you discover a fire or smoke (fire’s point of origin):

<table>
<thead>
<tr>
<th>R</th>
<th>Rescue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move patients from immediate danger while calling out “Code Red, Room _______” to summon help. Instruct visitors to leave by the nearest exit. Close the door to the room.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Alarm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report the fire by using the nearest wall fire alarm. Dial 8911 for the operator to report the location and all pertinent</td>
<td></td>
</tr>
</tbody>
</table>
C Confine
Confine the fire and smoke by closing doors and windows.

E Extinguish
Extinguish the fire if it has not spread. Do not enter a room with a fire if the door has been closed.

Fire alarms at the hospital sound in the fire zone where the fire occurs and the surrounding fire zones. If you hear the fire alarm, but you do not see the fire (this is called being away from the fire’s point of origin):

- close the doors in your area,
- review the RACE procedures,
- know where the evacuation routes are from the area.

Fire Extinguisher
To operate a fire extinguisher:

P Pull the pin that holds the handle

A Aim at the base of the fire

S Squeeze the handle

S Sweep at the base of the fire

Wall Fire Alarm
To operate the wall fire alarm:

1) Remove the clear plastic cover

2) Lift the Safety Cover ("Lift")

3) Pull the alarm arm down

Fire Drills
The hospital conducts fire drills to improve staff training and the ability to respond to an actual fire. Fire drills are conducted once per quarter on all shifts in patient occupied buildings.

Fire drills exercise all primary elements of the fire plan. It is important that all employees “participate” in the drills. Proper employee response during fire drills is evaluated.

When you discover the Fire Box (see the picture below) the fire drill starts. It is expected that you respond exactly as you would with a real fire.
Follow each step of the RACE procedure, except let others know that this is a DRILL.

1. Remove anyone from immediate danger and call out “Code Red DRILL, Room ____”
2. Pull the wall alarm box and then dial 8911 to report the location. Tell the operator that this is a DRILL.
3. Close the remaining doors in the fire zone.
4. Simulate extinguishing the fire by retrieving the nearest fire extinguisher and place it at the entrance of the fire drill room.

DISASTER PLAN – Code Triage

The hospital has developed a Disaster Plan that explains the process to be followed during a disaster. The plan, using an “all hazards” approach, provides response guidance to address local and/or regional events that could impact the normal operation of the hospital. Printed copies of the Disaster Plan are in the red Disaster Manual located in Administration, Nursing Administration, Hospital Command Center, and with the Safety Officer. The Disaster Manual contains the details that are put into operation when a disaster occurs.

Disaster Packs

A red folder containing key response documents, are located in each department. A disaster pack in each department allows for a response in the event of a power loss or computer failure.

Disaster Plan Activation – “Code Triage”

The disaster plan can only be activated by members of Administration or designees.

There are two types of disasters that affect the hospital. An external disaster (Code Triage – External) could send many casualties to the hospital for treatment. An internal disaster (Code Triage – Internal) compromises our ability to provide treatment for our patients.

To notify the hospital staff that the Disaster Plan has been activated:

- an overhead “code triage” announcement is made.
- a page is sent to disaster pagers.
- the silent page indicates “000”.
- the PBX operator calls each department and announces, “Code Triage Activated” or “Code Triage Standby”. If you answer the telephone inform your supervisor that the Disaster Plan has been activated.

When Code Triage is activated each department shall:

- Determine their staffing requirements
- Informs the Labor Pool how many employees are here and available
- Communicate with the HCC (Hospital Command Center) for any staffing, equipment, supply, or other support needs.
- During an Internal Disaster each department completes a Damage Assessment form that is sent to the HCC.
- Each department has specific duties as described in the Department Responsibilities section of the red Disaster Manual.

The hospital uses an Incident Command system called the “Hospital Incident Command System”, or HICS. The HICS is NIMS (National Incident Management System) compliant and its use is mandatory to ensure FEMA reimbursement for disaster related expenses.
General 5: Harassment Including Sexual Harassment

“The Hospital is committed to providing a work environment that is entirely free from unlawful harassment, including sexual harassment, and as such has zero tolerance for anyone who commits, condones, or tolerates any harassment in any form”. Human Resources Policy 8650.00512 – Harassment Policy

Sexual harassment is against the law. It is prohibited under Title VII of the Civil Rights Act of 1964 as a form of employment discrimination on the basis of sex. If you see or experience sexual harassment, report it. It's your duty!

Types of Unlawful harassment with examples:

<table>
<thead>
<tr>
<th>HARASSMENT</th>
<th>EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hostile Work Environment</td>
<td>Intimidation, Hostility, Threats</td>
</tr>
<tr>
<td>Verbal Harassment</td>
<td>Jokes, Slurs, Offensive Comments</td>
</tr>
<tr>
<td>Physical Harassment</td>
<td>Touching, Blocking Path, Pinching</td>
</tr>
<tr>
<td>Visual Harassment</td>
<td>Leering, Cartoons, Gestures</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>Quid Pro Quo – Demand for sexual favors in exchange for a work benefit e.g. promotion, raise, day off</td>
</tr>
<tr>
<td>Electronic or Written Harassment</td>
<td>Pornography, Suggestive Emails</td>
</tr>
<tr>
<td>Retaliation for reporting any of above</td>
<td></td>
</tr>
</tbody>
</table>

To be considered harassment the action must be sufficiently severe, ongoing and unwanted. A single request for a date, an off-handed comment, or a harsh word is not considered harassment, unless it continues after the person asks the offender to stop.

What should you do if you feel you are being harassed?

1. **ASK THE PERSON TO STOP**: Start by expressing disapproval towards the person responsible for the harassment and ask them to stop. Often this first step will deter further unwanted actions.
2. **NOTIFY YOUR PRECEPTOR**: If that does not work, notify your preceptor that you are being harassed. Then notify the Medical Education Office.
3. **NOTIFY THE MEDICAL EDUCATION OFFICE**: If the harasser is your Preceptor, or you do not feel comfortable notifying your preceptor, go directly to the Medical Education office and they will notify Human Resources and your Student/Clerkship Coordinator.
4. **AN INVESTIGATION WILL OCCUR**: An investigation will be conducted. Efforts will be made to keep the information confidential, but that is not always possible.
5. **ACTION WILL BE TAKEN AGAINST HARASSER**: Once the harassment is confirmed, then specific actions will be taken to have the harassment stop (you may not be aware/told of all actions taken).
6. **NO RETALIATION**: You should not experience any retaliation for making a complaint, but if you do, it will be dealt with immediately.
General 6: General Infection Prevention

STANDARD PRECAUTIONS

Use Standard Precautions with all patients to prevent having any contact with blood, body secretions, non-intact skin and mucous membranes to prevent transmission of bloodborne pathogens and other pathogens.

Bloodborne Pathogens include Hepatitis B & C (viral infection of the liver) and HIV. Signs of Hepatitis B/C include fatigue, loss of appetite, N&V, and jaundice; signs of HIV are related to the infections associated with AIDS. Bloodborne pathogens may be transmitted by sharing needles to inject drugs, unprotected sex with an infected person, mother to child before/during delivery, or from a contaminated needlestick/ sharps injury in the workplace. If part of your job duties involves contact with patients’ body secretions, take advantage of receiving the Hepatitis B vaccine series at no cost to you through the Employee Health Department.

Perform Hand Hygiene
- When entering and before exiting a patient room / treatment area
- Between patients
- Before putting on gloves for a procedure
- When moving from one site to another on the same patient
- **Note:** Hand-wash with soap and water when entering and before exiting a C. difficile Isolation Room.

Practice Sharps Injury Prevention
- Place sharps in sharps container after use.
- Use needless ports and activate sharps safety sheaths when giving intravenous medications or injections.
- Report sharps injury and blood/body secretion exposures immediately.

Transport Specimens Properly
- Place specimens in a specimen container or transport bag. Liquids should be in a container with a sealed lid before placing it in the bag.
- Label specimens being sent outside with a biohazard symbol.

Wear Personal Protective Equipment (PPE)

Use when contact with body secretions is anticipated.
Dispose of Waste/Trash in Appropriate Receptacles

- Dispose of disposable items/trash soiled with the following in red biohazard bags/containers:
  - Blood (fluid/cakedon)
  - Semen/Vaginal Secretions
  - CSF
  - Amniotic Fluids
  - Synovial Fluids
  - Laboratory Waste
  - Biosafety Level 4 Isolation Waste (Highly Communicable Diseases e.g. Ebola)
  - Masks Worn in Droplet/Airborne Precautions Isolation Rooms

(Note: Refer to your department’s policy for appropriate disposal of human tissue/bone)

AEROSOL TRANSMISSIBLE DISEASE (ATD) PREVENTION

- Isolate patients with suspect/known ATD’s in Airborne or Droplet Precautions including flu, tuberculosis and disseminated shingles according to SARH’s Isolation Policy.

**Tuberculosis (TB) Signs/Symptoms**
- Cough
- Night Sweats
- Weight Loss
- Fever
- Fatigue

- Get an approved signed discharge plan from the Public Health Department before discharging a patient with tuberculosis (TB).
Get your flu vaccine each flu season.
Instruct patients and visitors in waiting areas to use Respiratory Hygiene/Cough Etiquette.

**Respiratory Hygiene / Cough Etiquette**
- Cover mouth/nose with tissue when coughing/sneezing
- Dispose of used tissues into waste receptacle
- Use hand hygiene after contact with respiratory secretion

Place patients in Airborne Precautions (in negative airflow) if indicated with 5 hours of identified need.
Wear appropriate Masks in Droplet/Airborne Precaution Isolation Rooms.
**Surgical Masks**: Used for Droplet Precautions
**N-95 Masks**: Used for Airborne Precautions
**PAPR Respirators**: Used for Airborne Precautions For Cough / Aerosolizing Producing Procedures
**Note**: Visitors only wear surgical masks not N-95 masks.

**General 7: Stroke Information**

**Identifying Stroke**
- Sudden numbness or weakness of the face, arm, or leg, one sided
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

**Subtle Signs**
- Sudden unconsciousness
- Falling
- Choking on food
- Slurring
- Behaving oddly
- Sudden forgetfulness
- Cardiac palpitations
- Decreased arousal & alertness
- Clumsiness & dropping things

If you find a visitor or patient with any of the above signs, call PBX at 8911 and ask for Rapid Response for Stroke.

We want to provide the best medical and nursing care for our patients. One way to do that is to follow the evidence-based guidelines set by the American Heart Association & Brain Attack Coalition in caring for Stroke patients. SARH is a certified Primary Stroke Center meaning that we use best practice in caring for our patients.
General 8: Code Pink

The purpose of “Code Pink” (infant security) is to ensure a timely, appropriate hospital-wide response to an abduction of a child less than 2 years of age. The goal for “Code Pink” is for hospital personnel to work together to prevent an abduction or locate and reunite the infant/child with family as quickly as possible.

Upon suspicion of an abduction of an infant or child, call extension 28911 and report a Code Pink and state location of occurrence. Be prepared to provide information of the description of the possible abductor (including sex, race, weight, approximate age, clothing, and unusual characteristics), direction of travel, and description of the missing infant or child.

After notifying Security and Administration, the PBX operator will announce “Code Pink” three times over the overhead intercom. The Security Staff and the nursing unit charge nurse will work to secure the immediate area, conduct a baby/child count, coordinate a search, and contact the Upland Police Department.

The Security staff will immediately stop the flow of traffic out of the hospital until local police arrive. Visitors attempting to leave the hospital will be asked to cooperate until the police arrive. Babies will be placed with their mothers to increase a sense of security.

Once the abduction has been confirmed, the Obstetrician, Pediatrician, or Hospital Administrative designee will notify the parent(s). All departments located near exits and stairwells will assign personnel to monitor those exits, and stairwells until a “Code Pink – All Clear,” is announced. No one will be allowed to leave the hospital until the “Code Pink – All Clear” has been announced. This includes employees.

Medical students in the area where the abduction occurred will organize an immediate search of the area this includes checking public toilets, all rooms, closets storage areas, stairwells, etc. Medical students should assist to stop and tactfully challenge any person(s) carrying a suspicious bundle, an obvious newborn infant, should you see leading or carrying a child in a hospital gown. Medical students will use caution in confronting any individual seen and suspected of abducting an infant or child. If the suspect is seen leaving, have a staff member keep them in sight (do not make physical contact). If they enter a vehicle, get the license number. Note a complete physical description.

Volunteers that may be in any given area at the time of the “Code Pink” call should take up a position at the nearest stairwell, elevator, or exit.

Please refrain from discussing the incident with anyone other than the authorities. Any requests for information should be directed to hospital administration only.

General 9: Safe Surrender of Newborns

California law requires hospitals to accept physical custody of newborns up to 72 hours old, which are voluntarily surrendered by a parent or legal guardian. This law makes it possible for parents who would abandon their newborns to do so in a manner as safe as possible for the baby without being held criminally liable for child abandonment.

Newborns up to 72 hours old may be surrendered to any officer, employee, or medical staff member. SACH employees accepting the newborn shall obtain a Newborn Abandonment Packet located in the nurse’s station in the Emergency Department, NICU, L&D, or in the Main Lobby.
The person who accepts the newborn must immediately summon a designated employee from NICU or ED to receive the newborn from them. This designated employee will immediately notify the hospital social worker to respond to the voluntarily surrendered newborn and notify Child Protective Services to assume legal custody of the newborn.

The Newborn Abandonment Packet contains a coded, confidential infant identification bracelet. The designated employee must place the bracelet around the newborn’s ankle. In addition, an effort must be made to give the person a Family Medical History Questionnaire. This questionnaire asks pertinent medical information regarding the infant and mother’s medical history. The Family Medical Questionnaire may be completed at the time of surrender OR mailed back to the hospital. The code on the bracelet must match the code listed on the Family Medical History Questionnaire. A good faith effort must be made to give an identical coded bracelet to the person voluntarily surrendering the newborn.
Medical Education Onboarding Test

NAME: _______________________________ DATE: ___________________

Student Expectations

1. Students can perform any procedures or provide treatment to patients if:
   a) The patient gives the preceptor permission to do so.
   b) The procedure or treatment is approved as a part of the program curriculum.
   c) The Preceptor is actively supervising.
   d) All of the above

2. A student may still begin rotation if they submit all necessary documentation the day prior to the rotation start date.
   a) TRUE  b) FALSE

3. Students can reach out to their SARH Medical Education Office if they have any questions or concerns.
   a) TRUE  b) FALSE

4. Students must confirm their proposed weekly schedule with their SARH Medical Education Coordinator to:
   a) Ensure SARH can maximize student safety during rotations.
   b) Maintain accountability with SARH and their school.
   c) Ensure all students are receiving a quality educational experience.
   d) All of the above.

5. Students have access to the entirety of SARH during rotations, including physician only areas.
   a) TRUE  b) FALSE

Cultural Competency / Health Care Literacy

6. Many ethnic groups rely on extended family members to assist with medical decision-making. It is important to ask the patient to identify their support person(s).
   a) TRUE  b) FALSE

7. It is not possible to know everything about all cultures, but as health care professionals we are responsible for:
   a) Providing non-discriminatory care in a non-judgmental manner
   b) Understanding that patients react differently to grief and sadness and supporting their practices without bias or stereotyping
   c) Making sure the health care provider is able to speak the same language as the patient
   d) Both a & b
8. Protected Health Information (PHI) is:
   a) Confidential and needs to be protected from unauthorized access
   b) Information about a patient
   c) Found in many forms (paper, data files stored on a computer, etc.)
   d) All of the above

9. Medical students who violate PHI or Information Security Policies set by SARH will not receive credit for their completed rotation and will be removed.
   a) TRUE  b) FALSE

10. Which of the following are good practices when using social networking sites such as Facebook, Instagram, Twitter, LinkedIn and Snapchat?
    a) Avoid posting photos of SARH patients or their information on social media.
    b) Be careful about the information placed on these sites – the information may be viewed by others you did not expect or anticipate
    c) Avoid posting information about SARH patients, even when you are not posting their names
    d) All of the above

11. You may be personally fined by the federal government and the State Attorney General if you act with willful intent and violate SARH policies on patient privacy and information security.
    a) TRUE  b) FALSE

Environmental Safety

12. To whom should you immediately report if you are injured while at SARH?
    a) Employee Health Department
    b) Your personal physician
    c) SARH Emergency Department
    d) Your Preceptor

13. It is critical to student and environmental safety that the SARH Medical Education Office knows what times and dates a student is present in the facility.
    a) TRUE  b) FALSE

14. A “Code Silver” announcement means that there is an armed person brandishing a weapon or involved in a hostage situation.
    a) TRUE  b) FALSE

15. The operator calls your department and states “Code Triage Activated” this means that:
    a) The Disaster Plan has been activated
b) Each department must determine their staffing requirements and inform the Labor Pool

c) Hospital Command Center will communicate staffing, equipment, and supply needs

d) All of the above

**Harassment**

16. Unlawful harassment may include any of the following EXCEPT:

   a) Verbal (jokes, slurs)
   b) Physical (touching, blocking path)
   c) Discipline for poor customer service
   d) Electronic (suggestive emails)

17. Which action is appropriate if a person is being harassed?

   a) Notifying the SARH Medical Education Office if the harasser is a preceptor or you do not feel comfortable notifying your Preceptor
   b) Notify your Preceptor
   c) Writing a threatening note to the person doing the harassment
   d) Ignoring the behavior so it will stop
   e) A and B

**General Infection Control**

18. Hand hygiene will be done when:

   a) entering a patient’s room/treatment area, if it was not done when exiting the previous patient’s room/treatment area
   b) entering a patient’s room/treatment area, regardless of where or when it was previously done, and before exiting the patient’s room/treatment area
   c) entering a patient’s room if gloves are not worn
   d) entering a patient’s room and you think you will be touching the patient or something in the patient’s room/treatment area

19. Respiratory Hygiene/Cough Etiquette consists of asking patients and visitors with respiratory illness/infections waiting in our lobbies/waiting areas to:

   a) cover their mouths/noses when coughing or sneezing
   b) use and dispose of tissues
   c) perform hand hygiene after hands have been in contact with respiratory secretions
   d) all of the above

**Stroke**

20. For any visitors or inpatients showing signs/symptoms of stroke, call PBX at 28911 and ask for Code Blue.

   a) TRUE  b) FALSE

**Code Pink/Safe Surrender**

21. If a code pink is called the staff on duty will:
a) Organize an immediate search of the area  
b) Place babies with their mothers to promote a sense of security  
c) Refrain from discussing the incident with anyone other than the authorities  
d) All of the above

22. No one will be allowed to leave the hospital until a “Code Pink-All Clear” is announced.  
   a) TRUE   FALSE

**Student Parking**

23. Student and Instructor parking: (choose all that apply)  
   a) Anywhere parking is available    
   b) Parking spaces marked Patient Parking Only  
   c) Parking spaces marked Medical Offices Parking Only  
   d) If unable to locate parking I will valet park my car  
   e) Employee Parking Lot Along 11th Street  
   f) Parking strip in between construction and 689 building
SARH Confidentiality and Nondisclosure Agreement

I acknowledge that, as a member of the workforce, student or a contractor to San Antonio Regional Hospital (SARH), and by virtue of my relationship and rotation assignments for SARH, that I may acquire access to confidential information. Confidential information includes, but is not limited to, all patient data or protected health information (PHI), social security numbers, credit card data or cardholder information, and other sensitive or proprietary information such as SARH financial or personnel information regardless of format – paper, electronic, magnetic or optical media, or oral. I understand that confidential information is protected through SARH policies and may also be protected under Federal and State law.

Therefore, as a condition of my working relationship with SARH, I agree to the following responsibilities and expectations:

Access and Disclosure
- I will not disclose or disseminate (except as needed to perform my work) any confidential information and I will restrict my access to the minimum necessary.
- I understand that the uses and disclosure of patient information is governed by SARH's HIPAA Privacy policies which can be made available upon my request.
- My responsibility for maintaining confidentiality continues even after my business relationship with SARH ends.
- I will abide by SARH's policies regarding student limited access to certain hospital locations (i.e. no student access to physician's lounge).

Storage and Retention
- I will securely store media containing confidential information when it is not in use.
- I will ensure that media containing confidential information will remain on SARH property unless a valid business need exists to take the media off-site.
- I will contact the SARH Information Security Officer (909-985-2811, ext. 26995) to obtain approval for the use of any mobile computing device or portable storage devices prior to storing SARH confidential information.
- I understand that access to SARH confidential information does not convey a transfer of ownership and that I will return all documents or media containing confidential information when I no longer have a legitimate business need.

Transmission
- When I fax confidential information on SARH's behalf, I will use an approved SARH cover sheet with a confidentiality notice.
- I will use encryption approved by Information Technology (IT) when sending any confidential information to or from SARH via electronic communications.

Disposal
- I will properly dispose of confidential paper documents by shredding them or by placing them in a secure shred bin (A cross-cut shredder is highly recommended).

Communication
- I will inform SARH's Medical Education Coordinator of my proposed weekly schedule and communicate any changes or accommodations made by the preceptor.
Agreement

I have read and agree to the provisions in this agreement and understand my responsibilities for protecting confidential information.

I understand that failure to adhere to the terms in this agreement may result in an inappropriate or unauthorized disclosure of confidential information which may lead to me being removed from the rotation with no credit received. I also acknowledge that I may be subject to penalties or liabilities under state or federal laws.

I will immediately report any known or suspected breaches of confidentiality to the Medical Education Office.

I will abide by the applicable SARH policies and procedures as required, and especially when physically rotating on-site at a SARH facility.

________________________________________  ______________________________________  ______
Printed Name                                Signature                                 Date

________________________________________
Identify your SARH Rotation and Preceptor
Parking Instructions

In an effort to better serve our patients and visitors, we require all students and instructors park in designated areas. A parking permit **MUST** be placed on the dashboard of your car.

- **Primary Student/Parking location**

  Please park in the small parking strip on San Bernardino Ave (see map). It is across the street from the hospital in between the construction and the 689 building.

- **Alternative parking location**

  **11th Street/Employee Parking Lot**: Please park in the northern most area of the employee parking lot. These will be the parking spaces that are closet to 11th Street.

  **NEVER** park in a space marked **patient parking**.

  A parking citation will result for those who do not park in the designated locations. If you have questions about parking, please contact the Medical Education Office at x24723.

  Students who are walking to and from their cars after dark are encouraged, as a group, to request an escort from the Security Department.
SECURITY DEPARTMENT
PARKING ENFORCEMENT DIVISION

Student/Instructor Parking Permit

The vehicles described below are authorized to park in the 1148 Building parking lot:

<table>
<thead>
<tr>
<th>License Plate #</th>
<th>Make</th>
<th>Model</th>
</tr>
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<tbody>
<tr>
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</table>

If an alternate car is used:

<table>
<thead>
<tr>
<th>License Plate #</th>
<th>Make</th>
<th>Model</th>
</tr>
</thead>
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</table>

Please place this permit on your vehicle dashboard in plain sight, thank you.

Issued by: Shanndolyn Harvey
Medical Education Coordinator

Expires: ___/___/____  (last day of clinical rotation)