



BAPTIST HEALTH

Baptist Health Lexington Clinical Student Orientation 2024



Baptist Health Lexington

Clinical Student Orientation Information

Dear Student,

Welcome to Baptist Health Lexington (BHLex) hospital! We are happy to have the opportunity to collaborate with your school in providing clinical experiences for you. You are required to complete this orientation process prior to beginning your rotation. Please review the following information and sign the necessary forms prior to beginning your rotation.

Updates 2024:

COVID-19 process update:

Vaccination against COVID-19 is no longer required for observation experiences at BHLex. However, we still need documentation of the up-to-date COVID-19 vaccines if they were received for reporting reasons.

Screening is no longer required upon entry to the hospital; however, you should continue to self-monitor for symptoms of the virus or any other illnesses. If you have symptoms, you should NOT report to clinicals or your practicum/internship. Students will notify their instructor should symptoms develop.

PPE

Fit Testing through Employee Health: Fit testing for a N95 respirator is available through BHLex Employee Health for students who may be assigned to care for patients with respiratory isolation during a practicum or clinical experience. The negative pressure rooms are throughout the North and South Towers. Your instructor will request fit testing should it be needed.

Glucomander - Baptist Health Lexington is using Glucomander, an insulin management program that personalizes insulin dosing using the patient's current and cumulative blood glucose levels. The computer directed algorithm provides guidance on the intravenous and subcutaneous dosing of insulin, helping to maintain glycemic control. Please use the guidance of the nursing staff before using this product.

Student Guidelines and the Paperwork

Paperwork: It is a requirement of Baptist Health Lexington and The Joint Commission that student orientations occur before any clinical experiences begin. Reviewing and understanding the orientation content and then completing and signing the orientation paperwork must be done prior to the beginning of the rotation. Your instructor will orient you prior to beginning a clinical or practicum experience and collect your completed and signed forms to turn in.

Within BHLex Hospital through BEN:

<https://baptisthealth.sharepoint.com/sites/LEXEducationalDevelopment/SitePages/Students-Faculty-SPICEE.aspx>

From outside the hospital through the BHLex website:

<https://www.baptisthealth.com/Pages/careers/our-locations/lexington/faculty-staff-and-orientation.aspx>

Forms required to complete are at the end of this orientation manual.

1. Validation of Orientation/HIPAA
2. Confidentiality Form
3. Demographic Form (in the student packet) **OR** the Roster (instructor will provide the roster if you are in a nursing or respiratory care clinical group)
4. COVID Card or declination if you are an individual student entering BHLex. If you are a part of a nursing clinical group, your school will provide this information.

Student Practice Guidelines:

Student medication administration and performance of skills must be supervised.

Skills

Students are allowed to provide care for patients at BHLex using the skills taught by the program if successful mastery is documented by the school.

Some specific restrictions related to student practice include:

- 1) Students may not administer any type of blood product
- 2) Students may not accept verbal orders or critical lab values
- 3) Students may not administer IV push medications in an emergency situation
- 4) Students may not administer IV chemotherapy
- 5) Students may not perform vaginal exams

Medications

Student medication administration and performance of skills must be supervised.

Students may only administer medications that are permitted under the appropriate regulating body for the profession. (i.e., Kentucky Board of Nursing, Kentucky Board for Respiratory Care Practitioners, Kentucky State Board of Physical Therapy, Kentucky Pharmacy Practice Act etc).

EMR - Epic

Student EPIC Access

Two levels of student Epic access are available – **Full Access** and **Read Only**

Full Access - permits students to access patient information and document with a co-signature

Recommended for students in their final year/final 3 semesters

Required for students in preceptorships

Read Only - permits students to view patient information in the chart but does not allow data entry

Recommended for students in initial semesters of acute care clinicals

The Epic student account request form can be found in the instructor packet – your instructor will provide the form for you to complete. For security reasons, all the requested information on the form is required for each student. If you will be completing your practicum here, your preceptor will guide you through Epic documentation related to your unit. For students in clinical groups, your instructors will teach you the Epic content pertinent to the clinical rotation.

If you have any questions, please speak with your instructor or contact me.

Sincerely,

Mary Wunch DNP, RN, RN-BC

Student Placement Coordinator

1800 Nicholasville Road, Suite 301

Lexington, KY 40503

Email address – mary.wunch@bhsi.com

Phone: (859) 260-6379

Fax: (859) 260-5322

Mission, Vision & Values

Baptist Health:

Mission: Baptist Health Lexington demonstrates the love of Christ by providing and coordinating care and improving health in our communities.

Vision: Baptist Health will lead in clinical excellence, compassionate care and growth to meet the needs of our patients.

Faith Based Values: Integrity, Respect, Compassion, Excellence, Collaboration, and Joy.

Baptist Health Lexington Nursing:

Mission: To enhance healing by providing care that honors person's essential unity of body, mind and spirit.

Vision: To provide an environment where caring sustains optimal healing and wellness.

Values: Nursing will fulfill its mission to heal and sustain wellness guided by caring-centered values including: Compassion, Acceptance, Respect, and Empathy (**CARE**)

General Student Information

Parking: Parking for students and instructors will be in the North Garage above the 4th level. Please ask students to carpool, when possible, to ensure we have enough parking spaces for patients and visitors. A map is included in the packet for those not familiar with the hospital grounds. The easiest way to access to the North and South Towers is to exit the North Garage at level **1A**, walk to Entrance G, then follow the signs to the North Tower Lobby or 1720 Lobby (which connects to the South Tower).

I.D. Tag: You must wear an ID badge. Students should have a name badge from their college/university identifying them as a student. Instructors will have a BHLex Instructor ID badge obtained from Security. Nametags must be worn above the waist at all times for identification and security purpose. There are no exceptions. Cloth or other material lanyards are prohibited. Nametags may be shown in the cafeteria to receive meal discounts.

Personal Items: Keep money and valuables with you at all times in a safe place. The hospital cannot be responsible for the loss of personal items. Lost and Found items are placed with hospital security.

Smoking and Tobacco use: Baptist Health Lexington is a tobacco-free campus. Tobacco use of any kind (cigarettes, cigars, pipes, herbal tobacco products, e-cigarettes, and chewing tobacco) is prohibited anywhere on the hospital campus including within personal vehicles parked on Baptist Health Lexington property and parking garages. There are no designated tobacco use areas on the campus and no medical exceptions to this policy.

Cell Phone Use: Personal cell phones, music players, and personal laptops may not be worn or carried during clinical time. Personal phone calls of any kind should be limited to emergency calls only. Personal cell phones and personal equipment can be used during breaks and lunch periods only and should not be used in the actual work area such as nurse's stations or on the floor. Use only in break areas. Photography in any patient care area by students is not permitted.

BAPTIST HEALTH
LEASING

FREE VALET PARKING
Monday - Friday
12:00 Bldg. 6AM-6PM | 1000 Bldg. 1:30AM-4PM

PUBLIC/SELF PARKING

HELP/INFORMATION
859-260-6100



Entrance **3**

Entrance **2**

Entrance **1**

Nicholasville Road

To Downtown

Baptist Health Lexington Library

As a student: if you are writing a paper or looking for journal articles you can reach out to our library. Did you know that while most students know how to use Google many are unable to use a health science library? The earlier you develop at least entry-level information literacy (one that provides insight into the scope and limits of health science databases and information retrieval, as well as resources for systemic reviews and meta-syntheses) the more equipped you will be down the line, since it's the starting point of evidence-based inquiry.

In order for you to use the library to its fullest potential, please schedule a library tour with one of our professional librarians. The 30-minute tour will include how to formulate a search, use CINAHL (the nursing database) and other helpful tips for you to know. The library will offer temporary access to all of the library's electronic books and journals (Athens databases) to you.

The hospital library is located on the 1st floor of the South Tower directly across from Administration and elevator C. The hours for the library are Monday-Friday 7:00am to 4:30pm. Please e-mail the Manager of Library Services [Lonnie Wright, MSLS] at LWRIGHT@BHSI.COM or call 859-260-4364 to arrange a tour of the library.

1. Baptist Health Lexington library has the largest collection of current nursing journals in the state. The library has over 230 nursing journals in print, microfiche and electronic formats.
2. Athens is the repository for all of the electronic resources at BH Lexington.

Dress Code

The purpose of the dress code is to outline Baptist Health Lexington's standards of dress, hygiene, grooming and personal appearance by employees while assuring that a professional image is portrayed to patients, families, visitors and co-workers. This policy also sets the criteria to comply with safety and infection control standards.

Identification Badges

Identification badges must be worn at all times above the waist to clearly identify faculty and students to patients and visitors, and to comply with regulatory guidelines. All cloth or other material lanyards are a potential infection control issue and are prohibited.

Appearance Standards

Personal hygiene and neatness are the student's responsibility. Clean nails, hair, teeth, body, clothes, and shoes are expected. Students are asked to dress modestly in attire and appearance.

Hairstyles should be neat and clean. Unconventional hairstyles and colors should be avoided as should other dress styles and trendy apparel that would not be reasonably accepted as cultural norms or be offensive to the customers served. When providing patient care, hair should not restrict vision. Anyone in patient care areas with long hairstyles should wear hair back off the face and neck to avoid its interfering with performance of procedures or coming in contact with the patient in the course of treatment.

Approved Attire for Patient Care Clinical Areas

Uniform designated by the school that fits within the Baptist Health Lexington Dress code policy.

Definition: Scrub Sets: Approved scrub dress, or matching skirt/pants/tops or white nursing uniforms. Color coordinated, no logo-ed t-shirt or turtleneck may be worn under scrubs. Non-fleece, color coordinating scrub jacket or sweater may be worn over scrubs. Socks or hose must be worn at all times and must be appropriate and coordinating in color. Shoes must be athletic shoes, nursing duty shoes, clogs with closed toes and no perforations.

Nails/hands:

Artificial nails, overlays, extenders, and/or hardeners are forbidden in all clinical areas. Natural fingernails must be well groomed, clean and should not extend more than one-fourth inch beyond the fingertips. The hands, including the nails and surround tissue, should be free of inflammation. Nail polish including gel, may be worn but free from chips, cracks, and peeling.

Approved Business Casual Attire for Clinical Support Areas:

- Dresses, skirts or split skirts which are no more than one inch above the knee.
- Dress pants, and pants including khaki's, which are no shorter than one inch below the knee.
- Blazers, dress shirts, golf shirts, turtlenecks, sweaters or blouses. Sleeveless shirts, (tops and dresses) are acceptable, but must cover the shoulder. When wearing sleeveless tops, the width of the strap should be no less than mid-shoulder to the shoulder joint.
- Flats, low-heeled shoes, dress boots, and dress shoes with open toes are allowed with or without socks or hose. Heel height should not be in excess of 2.5 inches.

Non-Approved or Restricted Attire Facility Wide

- Make up, jewelry should not be excessive.
- Cologne, perfume, after-shave should be of minimal use because of fragrance allergies/sensitivities among internal and external customers.
- Ear piercings are acceptable but should be simple and tasteful with no more than 3 earrings per ear.
- Facial and visible body piercing are permitted if they do not cause a safety issue. Septum Piercings of the nose have been deemed a safety hazard therefore they are prohibited within the workplace.
- Tongue piercings are prohibited and must be removed while working.
- Fingernail piercing is not permitted. Nail polish must be free from chips, cracks, and peeling.
- All visible body artwork and/or tattoos must be in good taste, not depicting offensive logos, slogans, nudity, or violence. Management reserves the ability to require a tattoo that does not meet these qualifications to be covered.
- Hats, including baseball caps, are not permitted unless specifically authorized by department leaders or authorized for special occasions.
- Sweat shirts, suits or any hooded clothing are not permitted.
- No fleece material jackets.
- Skintight attire is not permitted.
- Tank tops and tops with straps are not permitted. When wearing sleeveless tops, the width of the strap should be no less than mid-shoulder to the shoulder joint.
- Any article of clothing that exposes bare midriff is not permitted.
- Dresses/skirts shorter than one inch above the knee are not permitted.
- Pants shorter than one inch below the knee are not permitted.
- Leather pants, denim jeans of any color, spandex pants or leggings, pants with the waist band rolled down that reveal underwear and pants that drag the floor are not permitted. Denim jeans of any color are allowed to be worn when attending educational classes/trainings or for staff meetings but not for regular work attire.
- Shoes that are above 2.5 inches of heel height, or slick soled shoes are not permitted.
- No flip flops or rubber sole open toe shoes in clinical areas.
- Cloth lanyards or badge straps are not permitted.

Information Management

Computerized information systems are one of Baptist Healthcare System's most valuable assets. Our success and the privacy of our patients depend on the protection of this information against, theft, destruction or disclosure to outside interests. Our Epic EMR contains a privacy monitoring program that detects aberrant patterns of access that may indicate inappropriate EMR entry. Please use the following guidelines while you are here.

Confidentiality of patient information must be protected at all times.

- * Access **only** the patient information that is necessary to do your job.
- * Do not use your student/instructor access privileges to access your health information, your neighbors, or your friends even if they give you permission to do so.
- * Do not share patient information with a patient's family, friends, or an outside agency unless you have been authorized to do so.
- * Do not discuss patient information in any public location: Hallways, elevators, cafeteria, grocery, etc.
- * Ensure the patient's chart is not accessible to a passerby.
- * Ensure patient information is not left for viewing on computer screens. Privacy filters are used in areas where the public can view computer screens.
- * Patient records may not be printed out or copied. It is permissible to hand copy but no patient identifying information can be included (name, address, employer, date of birth, SS#, hospital #, relative's names, etc.)
- * A computer password is your electronic signature. Guard it and do not give it to anyone. **Never share your password with anyone.**
- * You should always **log off** your computer terminal before leaving it unattended
- * All entries in the medical record should be dated and authenticated. Student entries must be co-signed by the instructor or the nurse responsible for the patient.
- * Workstations should be used for business activities. Activities that interfere with your job or compromise the availability, confidentiality or integrity of EPHI (Electronic Protected Health Information) are not permitted
- * Do not bring in media (CD, DVD/Thumb drives) from outside
- * If you have a compliance question, you can contact the BHS Corporate Compliance Department by calling 1.502.896.5021. To report a security incident, you may access an anonymous BHS Compliance Hotline by calling **1-833-204-8787**, or by accessing the Compliance department page on the Baptist Health intranet under the "Our Company" tab. Both methods of communication offer the option of reporting anonymously and are accessible 24/7. At Baptist Health, the **Compliance Hotline** is a reporting mechanism that allows reporting of possible illegal, unethical or improper conduct.

Reminder:

The 21st Century CURES act increases access to health information for patients; therefore, patients can see EMR entries in real time through the Baptist Health MyChart patient portal. Please be aware patients may obtain reports and information regarding their health before a provider has been able to address the results with the patient.

Ethics Committee

The Ethics Committee is available to provide advice, consultation, mediation and education in ethical issues involving medical treatment. The composition of the Ethics Committee can be different for each issue but includes representation from at least the following: physicians from each medical/surgical department, nurses representing the major service lines of the hospital, social worker, chaplain, patient representative, member of the Administrative Board, a hospital administrator, a representative of the community-at-large, and an attorney. Other members may be added at the committee's recommendation and the Administrative Board's agreement. To access the Ethics Committee call (859) 260-8980.

The Hospital's ethics committee primary functions include:

- Encouraging and providing a forum for dialogue among medical disciplines on biomedical ethical issues.
- Providing a mechanism for ethics consultation for patients, families or surrogates, and healthcare professionals when there are conflicts of ethical concerns in medical decision-making.

- Providing educational programs and forums for hospital staff, medical staff, and the community on biomedical ethical issues and case reviews.
- Advising the hospital's management and Administrative Board of ethical issues in clinical practice and hospital management that are brought to the committee's attention.
- Reviews hospital policies on biomedical ethical issues.

Safe Reports

When anything unexpected or outside the ordinary occurs, even if it is a great catch/near miss that could have resulted in harm, complete a Safe Report. Reports can be initiated through the Safe Reporting system that can be accessed through EPIC or through BEN (Open BEN, Click the Safety & Security tab on the main page, select Safe Reports from the drop-down menu, click to open and log in using Baptist instructor log in and password).

- When filling out a Safe Report, complete all appropriate sections of the report. Provide a narrative with a detailed description and only the facts. Please do not include opinions. Do not use email to report or discuss incidents with other students or your instructor. Do not prepare any "statements" regarding incidents unless directed to do so by Risk Management.
- All reports and related documents are confidential and considered the property of Baptist Health Lexington.
- No incident report shall be provided to persons other than Security, Employee Health or Risk Management.
- Examples of incidents to report are patient or visitor falls, equipment malfunction, dose omission, medication errors, medication reactions, refusal of treatment, burns, lost or damaged property, near miss incident, etc.
- Notify the Employee Health Nurse before medical attention is sought. On nights and weekends, notify the Clinical House Supervisor before going to the Emergency Department for treatment unless it is a severe emergency.

Age-Specific and Cultural Awareness

Age-specific and cultural awareness are tools for learning more about how to best meet each patient's unique needs as they are cared for. **Being open-minded** and respectful toward other beliefs, values and practices are important to making others feel comfortable. At Baptist Health Lexington, the following definitions apply:

Neonate: Birth to 28 days

Newborn: 29 days to 12 months

Pediatric: Toddler – 13 months to 4 years; School age – 5 years to 10 years; Adolescent: 11-18 years

Adult: 18 – 64 years

Elder: Geriatric – over 65 years

There are many ways to learn about each patient's specific needs. Depending on the patient and your job, it may be appropriate to:

- Ask the patient questions (and talk with his or her family).
- Look for clues, such as what the patient wears or keeps in his or her room, or how he or she acts around others.
- Check with a supervisor for information.

Each patient is unique. Always keep in mind that:

- Growth and development follow general patterns, but every person grows and develops in his or her own unique way.
- Not every member of a cultural group may share all or its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.
- Avoid stereotyping a patient – consider all the factors that may affect his or her care needs.

Infection Prevention & Control

The Infection Prevention and Control team works to identify, prevent, and reduce the risk of developing and spreading infections. Healthcare Associated Infections (HAIs) are infections that develop when a patient is staying at a healthcare facility and were not present when the patient arrived at the facility. Between 5-7% of patients hospitalized each year in the United States develop HAIs. Many are preventable.

Standard Precautions - "Every Patient Every Time"

Minimum infection prevention practices that apply to all patients regardless of suspected/confirmed infection status. The following should be used with every patient encounter - every time:

- Use of Personal Protective Equipment (PPE)
- Safe handling of potentially contaminated equipment or surfaces in the patient environment
- Respiratory Hygiene/Cough Etiquette

Hand hygiene is the single most important action for preventing the spread of infection.

Use Hand Sanitizer when:

- Before and after direct contact with patient
- After contact with patient environment
- When moving from a contaminated body site to a clean body site
- After glove removal
- Before inserting indwelling urinary catheters and peripheral vascular catheters
- Before and after using PPE, including gloves
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

Wash your hands when:

- Visibly soiled with proteinaceous material, blood or other body fluids
- Before eating, drinking, handling contact lenses
- After using the restroom
- Before end of shift

Personal Protective Equipment (PPE)

- Gloves
- Fluid resistant gowns
- Masks
- Face shields

Use as little or as much PPE as needed to prevent blood, body fluids, or other potentially infectious materials from getting on your skin, mucous membranes, and clothing. Wear masks and eye protection when suctioning.

Key points when using PPE:

- Don or put on before going into the room or having contact with the patient
- Remove PPE and discard carefully at the doorway
- Remove N-95 respirator outside room
- Immediately perform hand hygiene
- Keep gloved hands away from face
- Avoid touching or adjusting other PPE
- Remove gloves if they become torn; perform hand hygiene before donning new gloves
- Limit surfaces and items touched (Cell phones, IP phones)
- Wearing gloves is not a substitute for hand hygiene!

Environmental Cleaning

- Keeping the patient environment clean is everyone's responsibility!
- Focus is on high-touch surfaces and any surface that is visibly contaminated.
- Use only approved disinfectants.
- Allow to "sit" on surface for correct length of time before using item again (**Alcohol Sani-wipes 2 minutes, Bleach wipes 5 minutes**).

Respiratory Hygiene and Cough Etiquette

- Cover the nose/mouth when coughing or sneezing
- Use tissue paper to contain respiratory secretions and dispose in the waste receptacle
- Perform hand hygiene after contact with respiratory secretions and contaminated objects
- Place a surgical mask on the coughing person when tolerated and appropriate
- Spatial separation, ideally >3 feet between patients

Standard Precautions Linen and Laundry

- Don't shake items or handle them in any way that may aerosolize germs
- Avoid contact with one's body and personal clothing
- Contain soiled items in laundry bag or designated bin
- Do not leave dirty linen on floor, place ASAP into bag and remove from room
- If heavy or bag leaks – use two bags
- Tie the bag shut

Isolation Precautions

Extra Precautions that are used when standard precautions are not enough

Categories of Isolation at Baptist Health: (See **Isolation Quick Guide** included)

- | Contact | Contact Spore | Droplet | Airborne |
|--|----------------------|----------------|-----------------|
| <ul style="list-style-type: none">• Signs will include a laminated sign on Patient's room door, or will be located on the electronic board located just outside of patient's room. Information will include the type of isolation and the required precautions• Epic header will note infection status and type of isolation• Explain to the patient and family why patient is in isolation• For transfers to another department, patient wears a clean gown/sheet, or mask when applicable. Staff should put on new PPE prior to exiting the room. | | | |

Work Area Restrictions for your protection

- Do not eat, drink, smoke, or handle contacts in area where blood/body fluid present
- Do not eat in patient care areas where you may be exposed to pathogens that could make you sick
- Look for designated food/drink signs & ask the director of the area where drinks are allowed.
- Specimens placed into leak proof container (Ziploc bag)
- Standard Precautions followed with all specimens
- Soiled work clothes-sent to our laundry, hospital will loan you a set of scrubs to wear
- Place dirty/contaminated sharps in sharps container. Wear gloves. Do NOT recap.

Infection Control Policies are located in BEN on the Intranet.

- Blood and Body Fluid Exposure Reporting and Prophylaxis – Policy # 12994.3
- Guidelines for Isolation Precautions and Patient Placement: Policy # IC-V-2

In the event of a blood exposure – IMMEDIATELY Notify Employee Health of the exposure by calling 1-833-743-0528 or 502- 813-7620 and follow the prompts.

Isolation Quick Guide for Selected Infections

- ✓ Notify units/departments before transfer and/or testing (i.e. OR, Endo, X-ray, Cath Lab, other patient care areas)
- ✓ Place isolation signs on patient door or activate the electronic whiteboard and update EMR
- ✓ Please refer to the Infection Prevention and Control Policies/Procedures for additional information

| Isolation Type | Staff PPE | Hand Hygiene | Out of room and/or Transport Equipment | Patient Room Assignment and Equipment | Germicide and Room Clean | Visitors |
|---|---|---|---|---|--|---|
| Contact Precautions RSV, Scabies, Lice, Bedbugs, MDROs: MDR Acinetobacter, MDR Pseudomonas Arg., ESBLs, KPC, CRE, Candida Auris, COVID-19 (in addition to Airborne Isolation) | Gloves and Gown upon room entry Before leaving room remove PPE at doorway and place in trash in the patient room | Perform hand hygiene before entering and upon leaving the patient room | New Patient Gown and cover sheet Consult IC for patient ambulation outside of room | Disposable Food Tray Disposable stethoscope and thermometer | Oxivir TB (or equivalent) Standard EVS germicide Standard Daily and Terminal Room Clean | Complete hand hygiene when entering and exiting the patient room |
| Contact Spore Precautions Norovirus, Hepatitis A, Clostridium Difficile (while awaiting final result, positive test, until 1 week following symptom resolution) | Gloves and Gown upon room entry Before leaving room remove PPE at doorway and place in trash in the patient room | Perform hand hygiene before entering patient room Wash hands with soap and water before leaving patient room | New Patient Gown and cover sheet Consult IC for patient ambulation outside of room | Disposable Food Tray Disposable stethoscope and thermometer Clean non-disposable equipment with bleach wipes | Bleach products only in room/outside by door 2-person daily clean with bleach 2-person Double Clean and ultraviolet light at discharge | Hand hygiene before entering room Wash hands with soap and water before leaving patient room |
| Airborne Precautions Disseminated Shingles, COVID-19 (in addition to Contact Isolation) Chicken Pox, Measles, TB (active, suspected, while awaiting test results) | N-95 Respirator, CAPR, or PAPR Remove Respirator after exiting patient room | Perform hand hygiene before entering and upon leaving the patient room | Patient in regular mask Consult IC for patient ambulation outside of room | Patient door closed at all times Negative Pressure Ventilation Engineering to confirm negative pressure prior to occupancy Regular Food Tray | Oxivir TB (or equivalent) Standard EVS germicide Discharge - Room door remains closed 70 minutes before staff enter to clean (OR, ED, Radiology, Cath Lab – see full policy) | Restrict visitors (see policy for details) Provide surgical mask to wear in room Complete hand hygiene when entering and exiting patient room |
| Droplet Precautions Influenza, Meningitis, Rhinovirus | Mask upon room entry or within 3-feet of the patient and protective eyewear/face shield as needed. During Source Control period, wear Source Control mask into room, then put on new mask at room exit. | Perform hand hygiene before entering and upon leaving the patient room | Patient in regular mask Consult IC for patient ambulation outside of room | Regular Food Tray | Oxivir TB (or equivalent) Standard EVS germicide | Provide surgical mask to wear in room Complete hand hygiene when entering and exiting patient room |

Medication Administration

All medication administration must be supervised. Students may administer medications under the direct supervision of licensed personnel (ex. Nursing students under the supervision of a nurse, respiratory therapy students under the supervision of a respiratory therapist).

There are a few things related to medication administration that BHLex restricts students from performing.

1. **Students may not administer any type of blood product.**
2. **Students may not accept verbal orders from physicians nor critical test results.**
3. **Students may not push IV medications in an emergency situation.**
4. **Students may not administer IV chemotherapy.**

If you are not familiar with BHLex, policies related to medication administration will guide your practice. To locate specific policies, go to BEN, click the POLICIES & PROCEDURES tab (top right), select Baptist Health Policies, make sure LEX is highlighted under the search bar, type in a key word of the policy or the policy number into the Search box, and then click Search. Medication policy examples include:

| | |
|---|---|
| Medication Administration (CBH III-A-1 LEX Policy; Patient Care) | Pain Management Practice Guideline: CBH II-8 |
| Patient Controlled Analgesia (PCA) Policy # 12526.3 | Procedure for Bar Code Medication Administration: Policy # CBH III-B-45 |
| Range Orders for Medications: Policy # III-A-23 | Medication Orders: Policy # CBH III-B-73 |
| Controlled Substance Procedures for Patient Care Areas: Policy # III-A-28 | Use of Glucomander for Titratable Insulin Drips LEX Policy # III-B-81; Use of Glucomander for Titratable Insulin Drips and Subcutaneous Insulin Delivery SSC Policy # 13111.1 |

Additional medication information can be found under the Pharmacy Resources. From the BEN home page, hover over Resources on the menu bar and a drop-down list will appear, select Pharmacy Resources Team sites at the bottom of the list.

Pharmaceutical Waste Program

BHLex has implemented a pharmaceutical waste program to conform to the Environmental Protection Agency mandate that all hazardous materials (including certain medications) be disposed of in a way that does not harm the environment. Compliance is essential! Medication waste will be disposed of in color-coded bins according to a three-digit code found on the medication packet and in the description of the drug name in Epic. The three-digit code identifies the appropriate waste container. Charts located on each unit will give additional information regarding matching which containers the waste should be placed.

USP 800

New laws have been enacted to protect workers from the harm of hazardous drugs – this law is called USP (United States Pharmacopeia) Chapter 800. Certain drugs with a therapeutic benefit have been identified by the National Institute for Occupational Safety and Health (NIOSH) as ones that can pose significant potential risks through occupational exposure. This mandate changes the handling of drugs not previously considered hazardous. A list of these drugs can be found in the USP 800 Tool Kit found on BEN. Type “USP 800 Tool Kit” into the search bar and it will take you directly there. BHLex has divided these drugs into two categories –

Yellow and Pink

Group 1: Yellow – Any staff in contact with these drugs must use designated safeguards and PPE

Group 2: Pink – Any staff who are pregnant, breastfeeding, or actively trying to conceive (male and female) must use designated safeguards and PPE.

Additional information can be found in the Medication section in this orientation packet and the USP 800 Tool Kit on BEN.

In addition, alerts identifying hazardous drugs will be found in the Medication Administration Record (MAR), on medication labels, in the Accudose dispensing cabinet screen, on posters in the medication rooms, on signs located outside the patient’s room, and in BEN. QR codes to access videos for the Equashield closed transfer devices can be found in the medication room.

Required PPE for Yellow and Pink categories of drugs: (also posted in medication rooms)

| | Closed Transfer Device Equashield Closed System = CSTD Scan QR Code for instructions on use | Double gloves/chemo gown (eye/face protection if liquid could splash or working above eye level) | Single pair of gloves (eye/face protection if vomit or spit-up potential) | Standard Precautions Only |
|---|---|--|--|------------------------------|
| YELLOW GROUP 1 IV/IM/SC/Irrigation | ✓ | ✓ | | |
| YELLOW GROUP 1 Tablets or Capsules | | | ✓ | |
| PINK GROUP 2 IV/IM/SC/Irrigation Pregnant/breastfeeding/ Actively trying to conceive both male and female | ✓ | ✓ | | |
| PINK GROUP 2 Tablets or Capsules Pregnant/breastfeeding/ Actively trying to conceive both male and female | | | ✓ | |
| PINK GROUP 2 IV/IM/SC/Irrigation/ Tablets/Capsules – NOT pregnant/breastfeeding/ Actively trying to conceive both male and female | | | | ✓ |

Chemo gowns are located in the clean supply room. (A Chemo gown is different than an Isolation gown.)
Gloves in our supply rooms and med room are Chemo rated.



Pain Management

Pain management requires an individualized approach, based on the patients’ self-report, including the use of pharmacological and non-pharmacological techniques. Pain is a subjective experience and the patient’s judgment of the intensity and relief of pain should be accepted. The goal is to maintain or promote the patient’s state of comfort by assisting them to reduce their pain to a level of comfort to the patient’s well-being, level of function, quality of life, and acceptable to the patient. The patient’s personal goal for pain relief and management of side effects may alter the level required for intervention (i.e., patient anticipates visit with family and refuses medication to prevent drowsiness). Please see the Pain Management Practice Guideline Policy # CBH II-8 for additional information on appropriate assessments, interventions, management, and education.

Patient Safety

Patient safety is a priority for BHLex. It is the responsibility of every BHLex employee and all students to ensure that patients remain safe during a hospital stay. The organization commits to undertaking a proactive approach to the identification, handling and prevention of medical errors to foster a safe environment for patients. Baptist Health Lexington also recognizes that the patient is a very important part of the healthcare team.

Patient identification should be confirmed using a two-identifier system, which includes patient name and patient date of birth prior to conducting a healthcare procedure.

Baptist Health Lexington supports an environment that encourages error identification through the minimization of blame or retribution for those involved in an error or in reporting an error.

There are several ways to report medical errors:

1. Online Safe Report
2. Patient Safety Hotline – 502-222-3880
3. Patient Safety Officer – 859-260-5715

Protecting Patients from Falling:

We need your help in keeping our patients safe from falling. We are aware, some patients are impulsive, others are stubborn, and still others overestimate their abilities. Whatever their reason, they do not always follow instructions to call for assistance when getting out of their bed or a chair. Our research here at BHLEX demonstrates that the top three factors for patient falls are toileting issues, history of falling, and confusion. Please review our fall prevention policy (**Falls Risk Intervention Guidelines Policy SSC # 12022.5**) and implement the measures we have in place to keep our patients safe.

When a patient is assisted to the bathroom or bedside commode, the staff member/student **must** stay within arm's length of the patient until that patient is returned to bed or chair to protect the patient from falling. We find that another important point is to have staff and students use gait belts with patients when they are moving around. The gait belt provides a method for steadying the patient without having to grab clothing or skin, and it helps greatly in preventing injury to patients who do fall, since the belt can be used to lower the patient more gently. Gait belts are available in every patient room.

Finally, it is important that everyone on the team be aware of the patient's capabilities. When getting or giving report, including a handoff to other departments, please be certain everyone is aware of how able the patient is to move around by him/herself. Be sure there's a gait belt on the patient when sending him/her to another department such as radiology or physical therapy. When giving or receiving bedside report, include the patient and family in the conversation. Contract with them to call for assistance prior to getting out of bed.

Suicide Assessment

Each patient identified through screening by a physician and/or nursing to be a suicide risk will be assessed for risk of harm to self or others. A suicide risk assessment should be completed upon admission or as soon as possible thereafter to assist in determining the level of risk to include low, moderate, or high using the Columbia-Suicide Risk Rating Scale (C-SSRS). The C-SSRS level of risk will determine the consideration and implementation of interventions appropriate for each level and Patient Safety Precautions. Any time a patient verbalizes suicidal ideations; the nurse must rescreen the patient and implement any additional precautions indicated. Interventions based on the level of risk can be found in our suicide Risk Assessment Precautions policy (**CBH III-A-29 Suicide Risk Assessment Precautions**).

Patient Rights and Responsibilities

Baptist Health Lexington encourages respect for the personal preferences and values of each individual. We consider each patient a partner in their hospital care and believe the patient should be well informed, be able to participate in treatment decisions, and be able to communicate openly with health care professionals providing their care. A complete list of patient rights and responsibilities are given to each patient upon admission and can be found in all patient care areas. Open and honest communication, respect for personal and professional values, and sensitivity to differences are important to provide the best care for our patients.

2024 Hospital National Patient Safety Goals

The purpose of Joint Commission's National Patient Safety Goals (NPSGs) is to improve patient safety. The goals are listed below along with the solutions BHLex has implemented to address each goal. All patient care providers need to be aware of the patient safety goals and what BHLex is doing to meet these goals.

Goal 1: Improve the Accuracy of Patient Identification.

- Use at least two patient identifiers when providing care
 - BHLex uses the patients name and birth date - when administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

Goal 2: Improve the Effectiveness of Communication among Caregivers.

- Report critical results of tests and diagnostic procedures on a timely basis to responsible licensed caregiver. (Policy VII-11)
 - Critical results/value should be reported to a nurse by the individual performing the test immediately upon determination that the value is critical, stating the call is for a "Critical Result".
 - The nurse receiving the critical result should document the results in the EMR then read back the results to the individual calling the findings to verify accuracy.
 - The nurse receiving the critical result should take action if a standing order or protocol is in place based on nursing assessment. If standing order or protocol is not available, the nurse will report the results to the LIP ordering the test within 30 minutes of receiving the critical results.

Goal 3: Improve the Safety of Using Medications.

- Label all medications, medication containers, and other solutions on and off the sterile field and other procedural settings that are not immediately administered.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. It is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance. Use approved protocols and evidence-based guidelines.
- Maintain and communicate accurate patient medication information (**Policy # PH-49**)

Goal 6: Improve the Safety of Clinical Alarm Systems.

- Ensure alarms on medical equipment are heard and responded to on time.
 - Baptist has identified the most important alarm signals to manage (**Policy # III-B-72**)
 - Ensure Alarms on medical equipment are heard and responded to on time (Cardiac Monitoring Safety Guidelines)

Goal 7: Reduce the Risk of Health Care-associated Infections.

- Use the CDC guidelines for hand hygiene.
- Implement evidence-based practices to prevent multi-drug resistant organism (MDRO) infections, prevent central line-associated bloodstream infections, surgical site infections, indwelling catheter-associated urinary tract infections (CAUTI).
 - Limiting use and duration to situations necessary for patient care
 - Using aseptic techniques for site preparation, equipment, and supplies
 - Securing catheters for unobstructed urine flow and drainage
 - Maintaining the sterility of the urine collection system
 - Replacing the urine collection system when required
 - Monitoring compliance with evidence-based guidelines or best practices
 - Evaluating the effectiveness of prevention efforts
 - Remove as soon as possible using Urinary Catheter Removal Protocol

Goal 15: Identify safety risks inherent in its patient population.

- Identify patients at risk for suicide. Patients identified to be a suicide risk will be screened using the Columbia-Suicide Risk Rating Scale and any interventions implemented accordingly.

Goal 16: Improve health care equity.

- Improving health care equality for the hospital's patients is a quality and safety priority. Identify specific disparities that may exist.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery:

- Conduct a pre-procedure verification process for correct procedure, correct patient, correct site – utilize checklists and involve the patient when possible
- Mark the correct place on the patient's body where surgery is to be done.
- Perform a "time out" prior to invasive procedures (surgical/procedural and bedside procedures) Perform time out using consent form. Review within moments of procedure occurring.

Additional information regarding the NPSGs for hospitals can be found on The Joint Commission web site at https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/2024/npsg_chapter_hap_jan2024.pdf

Restraints

Please review the Restraint Guideline policy (**Policy # I-2**). Non-physical techniques are preferred when intervening to manage a patient's behavior. Alternative interventions should always be considered prior to restraint use. Restraints will be used in limited circumstances with appropriate clinical justification based upon the assessed needs and behaviors of individual patient. Restraints should be used only with a physician order when necessary to improve the patient's wellbeing or to ensure the safety of the patient or others. Restraints should be used in the least restrictive manner possible and only when less restrictive interventions have been determined to be ineffective.

There are two classifications of restraint recognized at BHLex: Non-violent, non-self-destructive restraints and violent, self-destructive behavior management restraints.

- Non-violent, non-self-destructive restraint - used to limit mobility or temporarily immobilize in relation to acute medical-surgical care and/or post-surgical procedure. The primary reasons for use directly support the medical healing of the patient and prevention of patient injury (ex. pulling tubes, pulling IV lines etc.).
- Violent, self-destructive behavior management restraint – an emergency or crisis in which a patient's behavior becomes aggressive or violent or self-destructive; the behavior presents an immediate, serious danger to the safety of the patient, other patients, staff or others.

Nursing evaluation and documentation for non-violent, non-self-destructive restraint will occur at a minimum of every 2 hours. For violent, self-destructive behavior management restraint, evaluation and documentation will occur at a minimum of every 15 minutes. If the patient one of your students is caring for is in restraints, please review the restraint policy (**Policy # I-2**), by accessing the Policy and Procedure tab on BEN.

Sentinel Events

A sentinel event is an unexpected patient occurrence involving death or major permanent loss of function not related to the patient's illness or underlying condition. Some examples of Sentinel Events include:

- Surgery on wrong patient or wrong body part
- Infant abduction or discharge to the wrong family
- Rape of a patient
- Patient suicide
- Hemolytic transfusion reaction

What do you do when one occurs?

Contact the unit manager, unit charge nurse, or Clinical House Supervisor (#2330 – North Tower; #3251 South Tower) and they will call the Director of Risk Management.

Hospital Safety - Environment of Care

Safety is everybody's business

The Environment of Care (EOC) is critical to patient care in hospitals and home care organizations. All hospital personnel play a critical role in protecting the patient and breakdowns in the EOC can put patients at risk. The Safety Officer coordinates BHLex's safety plan and can be reached at **(859) 260-5715**.

Security Management

Security management - Security officers are available 24 hours per day through the operator at 6291 or 260-6077. Security should be called in the event of an emergency situation, injury to visitors, bomb threats, hostage situations, weapons, locking patient valuables, lost and found items, missing patient, escorting employees and visitors to their car, jumpstarting cars, parking issues and workplace violence. Weapons are not allowed in BHLex hospital.

Hazardous Materials and Waste Management (HAZMAT)

You have a right to know of the chemical hazards that may exist in your work place. BHLex identifies these items for your safety.

Safety Data Sheets (SDS)

- Located on Intranet in BEN, click the Safety and Security Tab, select SDS from the drop-down menu, type the product into the search bar
- Contains product information, first aid procedures, and emergency phone numbers
- Every chemical product used in the hospital has an SDS
- Hard copies of the SDS are maintained in Administration and the Emergency Department
- Check Environment of Care Manual for spill cleanup procedures.

Regulated Medical Waste (RMW)

- Biohazard Waste, Red Bag Waste
- Chemotherapy Waste
- Pathological Waste
- Pharmaceutical Waste

This type of waste needs treating separately from the regular waste stream. Regulated Medical Waste is known throughout the hospital as **Red Bag Waste, Biohazardous Waste, and Bio Trash**. It is very important to know the difference between Regulated Medical Waste (RMW) and Regular Trash. The following RMW lists will help you to decide what is and what is not RMW.

Regulated Medical Waste should be placed in RED waste containers only

- Saturated or grossly contaminated disposables
- Microbiology Waste/Pathology Waste
- Liquid blood/blood products/body fluids not otherwise discarded or flushed
- Personal Protective Equipment (worn and soiled with blood and/or body fluids)
- Dialyzers
- Wound Drains/Tubes

Sharps are placed in needle boxes

- Disposable Needles
- Syringes
- Scalpels/Blades
- Pipettes/Lancets/Slides or Glass Tubes
- Staples
- Wires
- Broken Glass (i.e., Glassware containing blood and/or body fluids)
- Disposable Surgical Instruments and Electrosurgical Tips

Regular Waste

- Wrappers, packaging, boxes, paper, office waste
- Unused medical products and supplies
- Personal Protective Equipment (worn but not soiled with blood and/or body fluids)
- Food products and waste
- IV Bags and Tubing without Needles
- Empty bottles and bags
- Sanitary napkins/tampons
- Disposable Drapes, Lab Coats, Paper Towels, Band-Aids
- Disposable Basins, Bedpans
- Aerosol Pressure Cans
- Suction canisters that have been emptied and rinsed

Medical Equipment Management

If a piece of medical equipment fails, remove the device from service and contact Central Dispatch at 6291. Adverse or unexpected results with normal medical device operation shall be reported to the unit director or unit charge nurse immediately.

Utilities Management

Utilities consist of electrical services, water, sewage, telephones, medical air/gases, elevators, heating, ventilation & air conditioning. The use of patient-owned electrical equipment is strongly discouraged. The hospital is equipped with emergency generators for use during power failures in selected areas. A **red outlet cover** designates the plug as an emergency outlet. In the event of failure, medical gases will be provided through portable tanks. For an equipment malfunction, service, or questions call 6291 or MAX-1.

Fire Prevention Management

If you detect a fire in the hospital, the proper procedure is as follows;

RACE

- **R**escue persons in immediate danger and transport to a safe area
- **A**ctivate the nearest fire alarm and call **CODE (2633)** to report the location of the fire. (Offices outside the hospital will call 911.)
- **C**ontain the fire by closing all doors and windows
- **E**xtinguish the fire with the nearest appropriate portable fire extinguisher

To extinguish a fire, the proper procedure is as follows:

PASS

- **P**ull the safety pin
- **A**im the nozzle at the base of the fire
- **S**queeze the handles together
- **S**weep the nozzle from side-to-side

Only use an extinguisher if you feel it is safe to do so! While using an extinguisher is encouraged, no employee or visitor is required to do so.

Who do you call if there's a fire in the hospital? # 2633 (CODE)

Who do you call if there's a fire outside the hospital? # 911

When you get to your unit/department, do the following:

1. Locate Fire extinguishers
2. Locate Fire Alarm Pulls
3. Locate exit route signs
4. Locate the smoke barriers
5. Ask about areas of refuge for your unit in the event of evacuation

Emergency Preparedness – Incident Command System (Code Yellow)

The hospital maintains a comprehensive program to respond to a variety of emergencies, which could occur in the hospital, or in the local community. When the Incident Command System has been activated, refrain from making outside calls.

Disaster Situations and the Student Role

A disaster can be announced at BHLex for a variety of internal (i.e., bomb threats, utilities failure, fire) and external reasons (tornados, severe weather, ice storms). The operator will announce the incident in plain speech. Please refrain from making outside calls. In conjunction with the instructor or preceptor, a student must decide if it will be safer to stay at BHLex (tornado), or safer to leave BHLex. If your preceptor or instructor leaves, then students should also. Inform the charge nurse/supervisor of the department or unit of your decision. Inform your school.

Remember: No matter what the nature of the disaster, a student **cannot perform any duties beyond the scope of practice as a student.** Tasks that you do perform must continue to be performed under supervision.

Important Codes - Dial CODE (2633)

You may hear the following codes called overhead:

Medical Alerts

MA Code Blue - Respiratory/Cardiac Arrest Adult or Pediatric, code team responds.

MA Rapid Response - Rapid Response Team – Clinical House Supervisor, Critical Care Nurse, Respiratory Therapist respond to help manage a significant change in a patient’s condition.

MA Code Stroke – “Stroke Team” activation - Immediately upon witnessing any signs and symptoms of a stroke in a patient or visitor activate Code Stroke. (Dial 2633 and ask the operator to call Code Stroke – give location) Stroke team will respond within 10 minutes.

MA Code H (help) - Patient/Family Response Request - Patient/family activated system that may be used to respond and manage any change in patient condition. Clinical House Nursing Supervisor, ICU nurse, Respiratory Therapist, Chaplin, and Patient Relations respond.

MA Code Crimson – Maternal Hemorrhage - activated by the Labor and Delivery staff

MA Code AMI - ST Segment elevated MI Response – Provides rapid response to decrease “door to balloon” time when patient is diagnosed with an Acute Myocardial Infarction. Includes notifying Cath lab staff, on call cardiologist, Clinical House Supervisors, and Rapid Response Team if needed. This is activated when a patient is coming to BHLex with this condition.

Security Alerts

SA Bomb Threat – Provide location and description of what you are observing.

SA Active Shooter – When calling 2633, provide your current location and the direction of movement of the shooter. If you remember any descriptive details of the shooter, provide those, too.

SA Code White (Violent patient/Visitor) Behavioral crisis involving patient, family or visitors. A rapid response team will be activated to verbally de-escalate the situation.

SA Code Abducted Infant or Missing Children/Person - Activation of Infant or child abduction. It is everyone’s responsibility to respond to corridors and exit points for visual patrol and to report suspicious person(s) or activity.

SA – Hostage Situation

Facility Alerts - plain speech warnings

FA Fire Alarm

FA Severe Weather

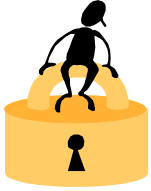
FA Internal/External Hazardous Materials spill

FA Internal/External Event

Important Telephone Numbers

| | |
|----------------------------------|--|
| Safety Officer | # 260-6790 |
| Administration | # 260-6108 |
| Pharmacy | # 260-6659 |
| Security | # 260-6077 |
| Compliance Hotline | # 800-783-2318 |
| Patient Safety Hotline | # 859-260-3680 |
| Risk Management/Compliance/HIPAA | # 260-5596 |
| Emergency Department | # 260-6180 |
| Clinical House Supervisor | North Tower # 260-2330 South Tower # 260-3251 |

HIPAA for Students, Instructors, and Observers:



What you need to know . . .

As a guest performing a clinical rotation at Baptist Health Lexington, you will have access to confidential medical information.

Federal and state laws protect this confidential medical information.

It is illegal for you to use or disclose this confidential medical information outside the scope of your clinical duties at BAPTIST HEALTH LEXINGTON.

Guidelines for the use of this information:

- ◆ **You may use this information as necessary to care for your patients.**
- ◆ **You may share this information with other health care providers for treatment purposes.**
- ◆ **Do NOT photocopy patient information.**
- ◆ **Access the minimum amount of information necessary to care for your patient or carry out an assignment.**
- ◆ **Do not record patient names, dates of birth, address, phone number, social security number, etc., on the assignments you will turn in.**
- ◆ **You may only access the confidential information of patients for whom you are caring.**
- ◆ **Be aware of your surroundings when discussing confidential information. It is inappropriate to discuss patients in elevators, cafeteria, etc.**
- ◆ **If you have questions about the use or disclosure of confidential health information, contact your instructor or the student coordinator.**

Clinical Validation of Orientation to Baptist Health Lexington

Initial each line below indicating you have received and understand the information on the topics pertaining to your clinical rotation. January 2024

- _____ Baptist Health Lexington Mission, Vision and Values statement
- _____ Dress Code
- _____ Parking/ID badges
- _____ Infection Control
 - Hand Washing
 - Personal protective equipment
 - Types of Isolation
 - Blood spills/exposure
 - COVID-19 processes
- _____ Information Management Guidelines
- _____ Smoking Policy
- _____ Patient Rights and Ethics
- _____ Age Specifics/Cultural awareness
- _____ Patient Safety/Falls Prevention Risk
- _____ Restraints
- _____ Safe Reports (Risk Occurrence Report)
- _____ Environment of Care – Hospital Safety Information
 - Security Measures
 - Hazardous Materials and Waste Management
 - Safety Data Sheet
 - Red Bag waste vs. regular waste
 - Procedure for contaminated (dirty) sharps
 - Pharmaceutical Waste
 - USP 800 – management of hazardous drugs
 - Medical Equipment Management
 - Utilities Management
 - Fire Safety – RACE, PASS, Fire Extinguishers, Alarm Pulls, Evacuation Routes
 - Emergency Preparedness - Student role in a disaster

I have read and understand the Baptist Health Lexington Orientation information. All my questions have been answered satisfactorily. **PRINT**

First Name: _____ MI: _____ Last Name: _____

School Affiliation: _____

Unit/Dept: _____ Clinical Start date: _____ Clinical End Date: _____

Signature: _____ Date: _____



I have read and understand the HIPAA information in the orientation packet. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential patient information. I will abide by the guidelines when completing my clinical rotation.

Signature: _____ Date: _____

BAPTIST HEALTH LEXINGTON CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT is between BAPTIST HEALTHCARE SYSTEM, INC. d/b/a/ BAPTIST HEALTH LEXINGTON (“Baptist Health Lexington”) and (name) _____ from (school) _____.

In consideration of Baptist Health Lexington’s relationship with the student continuation of such relationship, as the case may be, and for other valuable consideration, the parties agree as follows:

1. **PURPOSE OF AGREEMENT.** Baptist Health Lexington recognizes the importance of protecting confidential information concerning parties, their families, medical staff members and employees in the operation of the hospital as well as the importance of protecting the proprietary information of the hospital. Each student interviewer, in the performance of his or her duties as an interviewer at Baptist Health Lexington may have access to confidential patient information, confidential medical staff information, confidential employee information or proprietary hospital information. The purpose of this agreement is to document the understanding and agreement of Baptist Health Lexington student interviewers to maintain the confidentiality of such information at all times, both at the hospital and outside the hospital. More specifically, patient information should only be relayed to those persons involved with the patient’s treatment; persons designated by Baptist Health Lexington who are responsible for quality improvement; or as requested by Risk Management, BHS Legal Department and/or the hospital’s defense firm as necessary for Risk and Claims Management activities. Furthermore, this Agreement is to obtain acknowledgement of the Student Interviewer that he or she may be given a security code in order to access from authorized terminals a variety of confidential information and that such security code must be maintained by the student as confidential information.
2. **STATUS OF STUDENT.** Student has an at will relationship with Baptist Health Lexington and the execution of this Agreement does not change that status or create any contractual relationship or employment agreement between Student Interviewer and Baptist Health Lexington. Student Interviewer acknowledges that she is executing this Agreement, not as an employment agreement, but as a condition of and in consideration of Student ‘s relationship with Baptist Health Lexington.
3. **SCOPE OF AGREEMENT.** Student agrees to follow all policies and procedures, rules and regulations of Baptist Health Lexington including, but not limited to the following:
 - a. Student will protect the confidentiality of patient, medical staff, employee and proprietary hospital information as well as any privileged or confidential information obtained during the course of investigation of a hospital incident, claim or lawsuit. The student will not release such confidential information to any unauthorized source.
 - b. Student understands and agrees not to access or attempt to access information unless Student has authorized access and access to the information is needed to perform his or her employment duties.
 - c. Student agrees not to disclose any security code he or she may be given by Baptist Health Lexington for access to computer information to anyone, including any other employee of Baptist Health Lexington.
 - d. Student agrees not to use any security code of any other person.
 - e. Student agrees not to write down passwords or security codes that would make them accessible to other individuals.

f. Student will report breaches of this Confidentiality Agreement by others to the Manager of Human Resources. Student understands that failure to report breaches may subject Student to a discontinuation of relationship with the hospital.

g. Student understands that any security codes he or she may be given by Baptist Health Lexington to obtain access to patient medical records is his or her electronic signature on such medical records.

4. **BREACH OF AGREEMENT.** Student understands that breach of any provision of this Agreement may result in immediate termination of relationship, at the option of Baptist Health Lexington, in addition to any other rights and remedies available at law, which Baptist Health Lexington may pursue.

5. **SEVERABILITY.** If a court of competent jurisdiction holds any provision of this Agreement invalid such invalidity shall not affect the enforceability of any other provisions contained in the Agreement and the remaining portions of this Agreement shall continue in full force and effect. The obligations in Section 3 of this Agreement shall survive termination of relationship.

6. **JURISDICTION.** Student agrees to be subject to the jurisdiction of the courts of Fayette County in the Commonwealth of Kentucky in connection with the performance and enforcement of this Agreement and further agrees that the provisions of this Agreement shall be governed by, interpreted and construed in accordance with the laws of the Commonwealth of Kentucky.

ACKNOWLEDGMENT

STUDENT HAS READ AND AGREED TO ADHERE TO THE CONDITIONS OF THIS CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGES THAT ANY VIOLATION OF THE AGREEMENT CAN RESULT IN IMMEDIATE TERMINATION OF RELATIONSHIP.

IN WITNESS WHEREOF, the parties have set their hands effective as of the day and year first set forth hereinabove.

STUDENT:

Signature _____

Name: (Print) _____

Date: _____

BAPTIST HEALTH LEXINGTON **APPROVED CLINICAL** **INSTRUCTOR:**

Signature _____

Name: (Print) _____

Date: _____

BAPTIST HEALTH LEXINGTON/EDUCATIONAL DEVELOPMENT

Complete this form if you are here as an **individual student** and **NOT** part of a clinical group. If you are here with a clinical group, your instructor will have a roster for you to complete.

Dear Student/Observer,

Thank you for choosing Baptist Health Lexington (BHLex) as your clinical site. In order to have you at BHLex we must retain certain information on all students. Please complete ALL the requested information:

Name: _____ Current BHLex Employee: Y / N
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip)

Telephone: (_____) _____ E-Mail: _____

School you are representing: _____

Program name/Degree (ex. NSG, Pharmacy, Paramedic, SLP) _____

Anticipated Graduation Date: ____ / ____ / ____

School Instructor Name: _____

Clinical area requested: _____ Total # of hours needed: _____

Clinical start date: ____ / ____ / ____ Clinical end date: ____ / ____ / ____

Department preceptor: _____

Each year the Commonwealth of Kentucky asks for the total number of students that have performed clinical rotation here. Also, they ask that this number be broken down into designated groups. Please indicate which category we should place you:

Check the appropriate box:

- African American
- American Indian
- Asian
- Caucasian
- Spanish Surnamed American
- Other (please specify)

Vaccinations

Date of last **TB test** (must have been within the past 12 months) _____

Date of **flu shot** if you will be at BHLex during flu season (November 1st through April 30th) _____

COVID-19 Vaccination: **Attach copy of your COVID card** or your letter of exemption provided by the school

Return when completed to:

Mary Wunch DNP, RN, RN-BC

Student Placement Coordinator

Email address – mary.wunch@bhsi.com

Phone: (859) 260-6379

Fax: (859) 260-5322

January 2024