



WELCOME TO NURSING STUDENT ORIENTATION

2025- 2026



It is our hope that in addition to meeting all regulatory requirements, education be a positive, informative experience. We welcome your ideas to improve all aspects of the process.

If you experience any difficulties, please contact The Learning Center (410-871-6841) and we will be happy to assist you.

MISSION

Our communities expect and deserve superior medical treatment, compassionate care and expert guidance in maintaining their health and well-being.

At Carroll Hospital, we offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of healthcare in our communities.

VISION



CARROLL HOSPITAL IS A PORTAL OF
HEALTH AND WELLNESS.



WE TAKE RESPONSIBILITY FOR IMPROVING
THE HEALTH OF OUR POPULATION
THROUGH CARE MANAGEMENT AND
DELIVERING HIGH-QUALITY, LOW-COST
SERVICES IN THE MOST APPROPRIATE
SETTINGS.



WE ENGAGE OUR COMMUNITY AT ALL
POINTS OF CARE AND PROMISE TO
PROVIDE A SEAMLESS HEALTHCARE
EXPERIENCE.

GENERAL REMINDERS

- **Parking** is in the garage/designated areas
- **Smoking** is prohibited on any LifeBridge Health campus.



SAFETY ON THE CAMPUS



- Please obey all traffic signs
- Register vehicles
- Lock your vehicle and secure your belongings
- Don't leave valuables in plain sight
- Pay attention to your surroundings



USE EMERGENCY CALL BOXES FOR EMERGENCIES AND ACCIDENTS



CODE OF CONDUCT

- The Government has laws in place to prevent healthcare fraud and breach of patient confidentiality, HIPPA (Health Insurance Portability & Accountability Act).
- This code describes general guidelines for associates, students, volunteers, physicians, vendors and affiliated organizations on laws and policies affecting their professional activities.
- The Code of Conduct should help you understand what is expected of you at this student rotation site.

GUIDANCE ON BEHAVIOR

Maintain associate and patient privacy

Protect confidential information

Avoid inappropriate use of technology

Respect intellectual property

Control costs

No personal use of hospital property

No solicitation

GUIDANCE ON BEHAVIOR

Do not discriminate or harass

Prevent workplace violence

Drug-Free, Smoke-Free workplace

Care for health and safety

Proper disposal of medical waste

Communicate with Public through proper channels

Limit on gifts

MAINTAIN ASSOCIATE AND PATIENT PRIVACY



As students in a healthcare organization, you hear and see information about patients, associates and outside agents every day



This information is confidential and needs to remain so



Access to personal information is limited to individuals with a clear professional need to know

PROTECT CONFIDENTIAL INFORMATION



Avoid inadvertent disclosure of confidential business information.



You are responsible for protecting confidential information that you may have acquired here at Carroll Hospital.



Confidential information includes; Medical records, Business plans, Financial statements, Marketing and Sales programs, Business methods, Prospective supplies, or customers and human resource information relating to wages, benefits and disciplinary actions.

RESPECT INTELLECTUAL PROPERTY

We must respect copyright laws; therefore, we cannot reproduce, distribute or alter in any way, material that is copyrighted without express written consent of the owner (another example is software licensing).

CONTROL COSTS

We cannot compromise our patient care but should bear in mind that cost efficiencies are essential to our ability to continue to deliver healthcare.

NO PERSONAL USE OF HOSPITAL PROPERTY

Our assets are intended to assist us in performing our duties while at Carroll Hospital and should not be utilized for personal reasons.



DO NOT DISCRIMINATE OR HARASS

We recognize and respect the uniqueness of all patients, students, associates, volunteers and others and prohibit all forms of discrimination.

Examples of inappropriate behavior include: jokes, slurs, derogatory comments that are racist, ethnic or sexist.

Sexual harassment can be difficult to define. What is funny to one person may not be to another. Examples of sexual harassment include unwanted advances or touching, dirty language or jokes. Be cautious and always use good taste, never risk offending someone.

PREVENT WORKPLACE VIOLENCE

We must make every effort to resolve conflicts in a reasonable and rational manner.

When individuals are unable to resolve differences in a professional and mature manner, we expect students to inform their preceptor.

DRUG-FREE, SMOKE-FREE WORKPLACE

- Abuse of drugs (legal and illegal) and alcohol can interfere with the safety and well being of patients, the public and fellow students/associates.
- The use, selling, purchasing, possession or transfer of illegal drugs and the abuse of alcohol or legal drugs is prohibited.
- We are also committed to a healthy smoke-free environment.



CARE FOR HEALTH AND SAFETY

- We are dedicated to creating and maintaining a safe work environment that is free of unreasonable hazards and in compliance with workplace health and safety laws.
- It is the student's responsibility to contribute to creating and maintaining their safe environment by wearing proper safety equipment, identifying and reporting potential safety hazards.
- You should notify your preceptor of any safety issues so they can be quickly and appropriately addressed.



COMMUNICATE WITH PUBLIC THROUGH PROPER CHANNELS

All requests for information from reporters or the general public should be referred to the marketing/public relations department.

Students should never release information without permission.

LIMIT ON GIFTS

- Students should never offer, give or accept any benefits such as incentive, gifts, discounts or rewards from patients, suppliers or distributors that are beyond generally accepted practices.
- Items considered **UNACCEPTABLE** include benefits, incentives, gifts and rewards which the recipient does not pay fair market value.
- Small gifts such as flowers or cookies are tokens of appreciation and are acceptable.
- Any questions concerning whether a gift is appropriate should be directed to your preceptor.



DRESS CODE

- If you need to come in for an assignment dress in casual clothing (no jeans, no offensive logos) or wear a school approved uniform with your student badge visible.
- Cell phones are to be silenced while at the hospital.
- Closed toe shoes are required. If you arrive for your clinical experience in shoes that are not appropriate, you will be asked to leave.



SCRUB STANDARDIZATION

- NURSING- NAVY EXCEPT IN SURGICAL AREAS
- PATIENT CARE TECHS- WINE/BURGUNDY
- UNIT SECRETARIES- GRAY
- PATIENT OBSERVERS- ROYAL BLUE

CREATING A POSITIVE PATIENT EXPERIENCE IS EVERYONE'S JOB!



MAKE CUSTOMERS FEEL WELCOME

- Introduce yourself, smile, make eye contact
- Acknowledge customer in passing, whenever possible
- Call the customer by name, use first name only with permission, refrain from endearments



FOLLOW THE “10 FOOT RULE”

- Greet customers who come within 10 feet of you
- If they appear to need assistance ask, “May I help you?”
- If turned down respond, “I’ll be here if you change your mind”



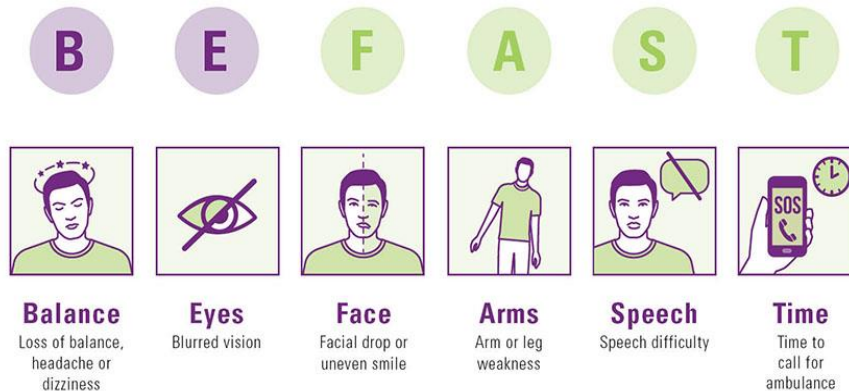
PRIMARY STROKE CENTER: DID YOU KNOW?



- Stroke is the 5th Leading Cause of Death in the United States
- Stroke occurs every 40 SECONDS
- Carroll Hospital is a designated Primary Stroke Center
- Quick Recognition leads to quicker treatment which can lead to better outcomes

INPATIENT STROKE PROCESS

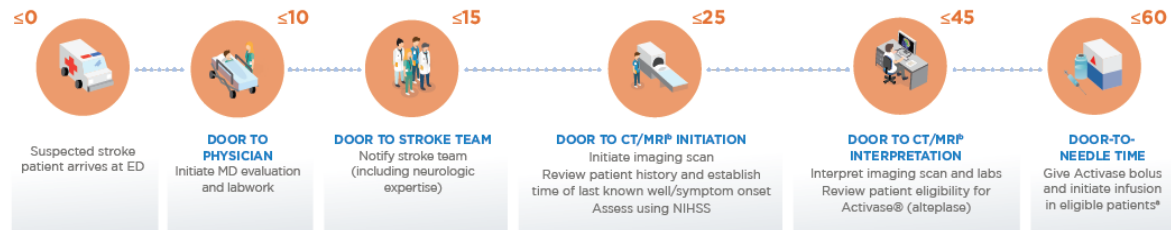
Know the warning signs of a stroke:



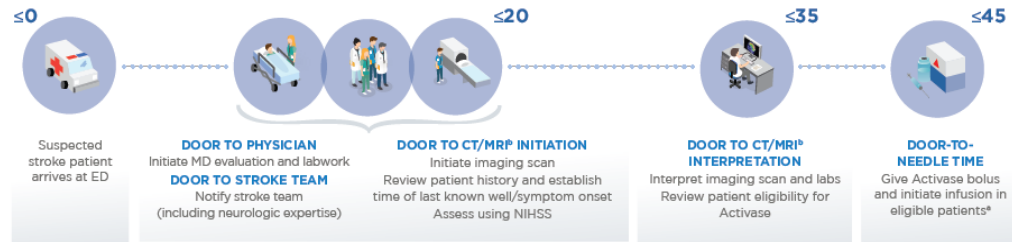
- If you identify a neurologic change in your patient such as:
- **B**-balance-loss of balance or coordination
- **E**-eyes- loss of vision, double vision
- **F**-facial droop present
- **A**-arm drift or weakness or leg weakness
- **S**-slurred Speech
- **T**-time to call a Stroke alert

GUIDELINES FOR ACHIEVING DOOR-TO-NEEDLE IN 60 MIN OR LESS

DOOR-TO-NEEDLE IN ≤ 60 MIN^{1,2}



DOOR-TO-NEEDLE IN ≤ 45 MIN³



CALL 8-4444 FOR
A BAT ALERT
(BRAIN ATTACK TEAM)

ROLE OF THE PRIMARY RN IS TO STAY WITH THE PATIENT

You know “the story”..... Give report to the CCU

Resource RN

- What are the neuro changes?
- When was the patient last seen well?
- What's the patients Blood Sugar (needs to be checked)?
- What medications is the patient on?
- What's the patients Code status?



STROKE PROCESS

Stroke CT's are all read STAT and the Radiologist must call results to ordering Provider

- The Intensivist or Hospitalist have the ability to reach out telephonically to a Brain Attack Physician (BAT) to discuss the patient
- We also have the capability to do a video consult with the BAT team
- BAT MD's have access to review our Stroke Imaging in real time



Patient Needs to get to CT ASAP!

DYSPHAGIA SCREENING (YALE SWALLOW SCREENING)

RN completes dysphagia screening as clinically indicated with provider order

Do not give anything by mouth unless approved by the nurse



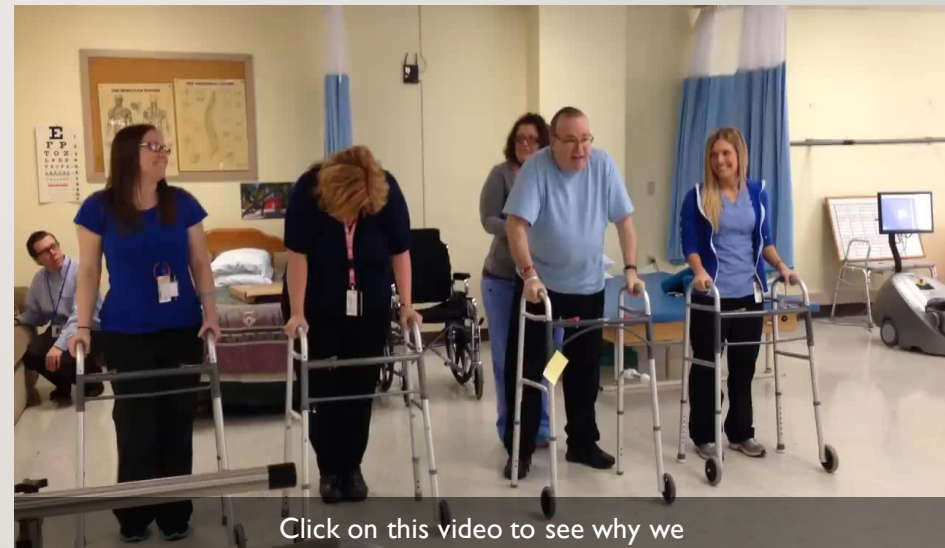
GOALS OF STROKE EVALUATION

High quality care

Is tPA needed?

Does the patient have a large vessel occlusion? If so, transfer for Endovascular Therapy

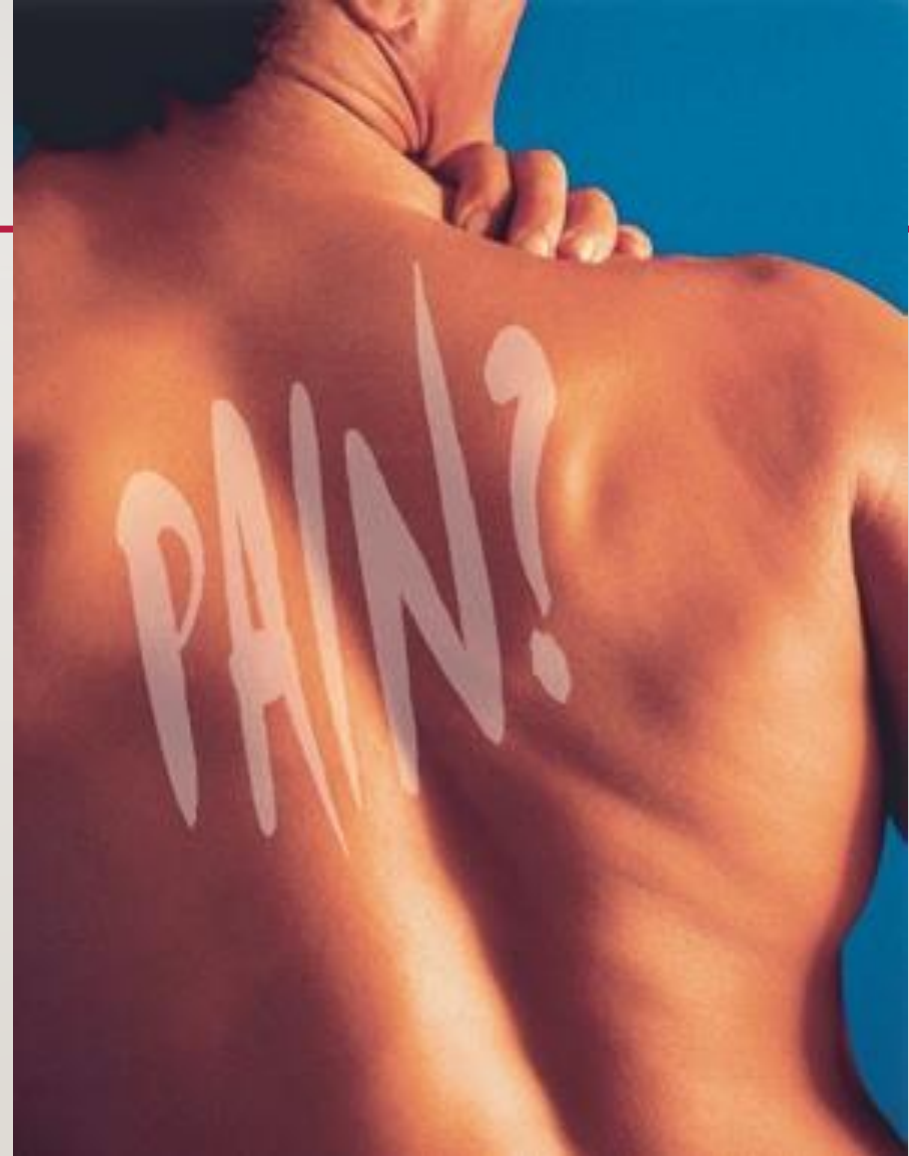
Meet our Registry and Electronic Quality Measures



Click on this video to see why we
do what we do.

PAIN MANAGEMENT

Here at Carroll Hospital, we try to be prompt in responding to a patients' complaint of pain. We utilize a pain scale and medicate as indicated. Once medication has been given, we re-assess and document the patients pain (using the same pain scale) within one hour.



PROTECTIVE MANAGEMENT: RESTRAINTS AND SECLUSION

Our policy promotes the patients right to be free from restraints and seclusion. When restraints or seclusion are used, they must be clinically appropriate/justified.

Non-Violent	Violent
Wandering patient	Patient who is a danger to self (accidental/self-mutilation)
Cooperative but disoriented patient	Patient who is a danger to others
Patient is weak or unsteady on their feet	Patient who is causing serious property damage
	Patient who is at risk for unauthorized departure

MEDICATION SAFETY: PHARMACY AT CARROLL HOSPITAL

- Decentralized with Pharmacists on the floor M-F
- Weekends: Central Pharmacist
- ED: Pharmacy Technician for Med Histories
- Dosing Service
- Medication to bedside delivery, “Meds to Beds”

MEDICATION ERRORS- WHY?

“Medication errors happen because of breakdowns in systems that have been developed for handling and processing drugs, from prescribing and ordering to distribution and administration.”

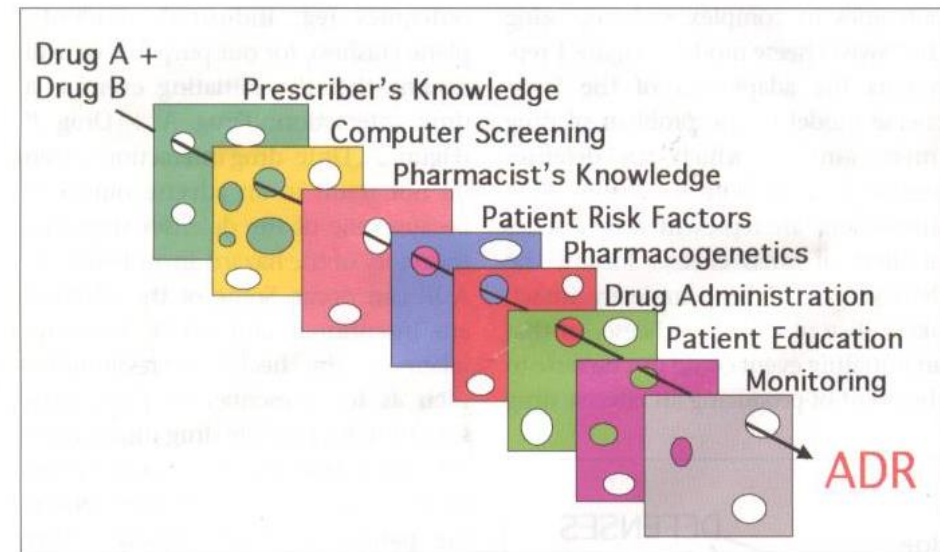


Figure 3—Sometimes “the holes line up,” and the hazard arrow can penetrate each of the defenses unimpeded. Each defense also has other holes, which are called latent failures. These are gaps in the defenses that are not involved in the interaction between Drug A and Drug B, but rather would come into play with other drug interactions. As such, they are accidents waiting to happen. ADR = adverse drug reaction.

From Preventing Medication Errors –

Edited by Michael R. Cohen



QUICK LINKS

[MyLBHTime](#) || [Citrix](#) || [Outlook Q](#) || [SafeCare](#) || [ReadySet](#) || [My LBH Pay](#) || [Infor GHR](#) || [LBH Payroll](#) || [OneSource](#)
[Self Service Password Reset](#) || [Physician Documents](#) || [Physician Feedback](#) || [MPF](#) || [Phone Directory](#) || [Resource Scheduler](#)
[Tableau](#) || [Work Request](#) || [Healthstream LMS](#) || [MSDS Online](#) || [Instructions For Use](#) || [LifeBridge Intranet](#)

Departments:

Care Management	Behavioral Health Resources	Bravo Rewards	Capacity Management Resources	Carefusion Feedback	Carroll Performance Playbook	Cerner
Community Partnership	Clinical Ladder	Contract Management	EBSCO Dynamic Health	Emergency Management	Emergent Care Committee	Engagement
Compliance	Enterprise Data Governance	Evidence-Based Practice (EBP)	Forms	GetWell:) Network	Happenings	Healthstream Portal
Family Birth Place	Joint Commission / CMS Standard	Just Culture	Maps	Make a Gift	Medical Library	Medical Abbreviations
Finance	Milliman Care Guidelines	Mission, Vision, Values	MOLST	Nursing Resources	Patient Communication	Policies, Procedures, & Care Guidelines
Food Services	Privileges	Project Pause	Recognition -- WOW Nominations	Safety	Sepsis	Stroke
Foundation	Tech Education	USACS	USP 800	Videos	Visitation Information	
Human Resources						
Hospice						
Information Systems						
Lab						
Marketing PR						
Medical Affairs						
Nursing						
Occup Hlth / Infctn Ctrl						
Oncology						
Peer Recovery						
Pharmacy						
Radiology						


ADE AND SAFETY HOTLINE: EXT. 8-7233

BE CAREFUL OF
LOOK
ALIKE SOUND
ALIKE DRUGS!

We are **HIGH ALERT DRUGS** Medication Safety formerly A-Chicken 

C = Controlled substance continuous infusion, Chemotherapy


H = Heparin  

A = Alteplase, Antiplatelet, Anticoagulant 

M = Magnesium (L&D ONLY)  

P = PCA & PCEA  

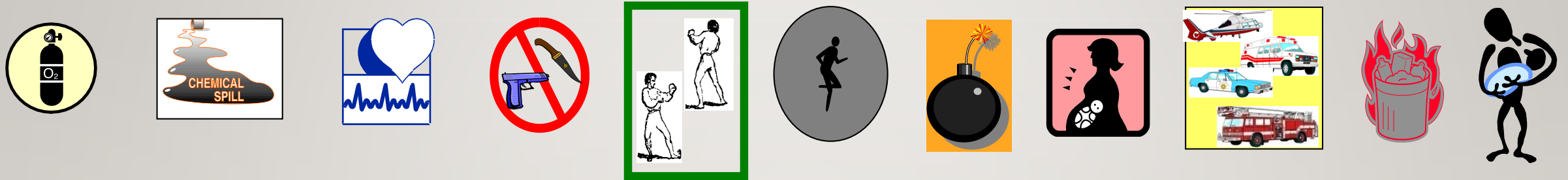
I = Insulins, Intravenous Total Parenteral Nutrition (TPN)

O = Oxytocin  

N = Narcotics, Neuromuscular blocking agents 

S = Sodium Chloride greater than 0.9%  

ENVIRONMENT OF CARE (EOC): EMERGENCY RESPONSE CODES



- The State of Maryland adopted these codes to be used universally throughout Maryland hospitals.
- It is your responsibility to know the codes, what each represents and also to know your role when any of these codes are called.

EMERGENCY RESPONSE CODES

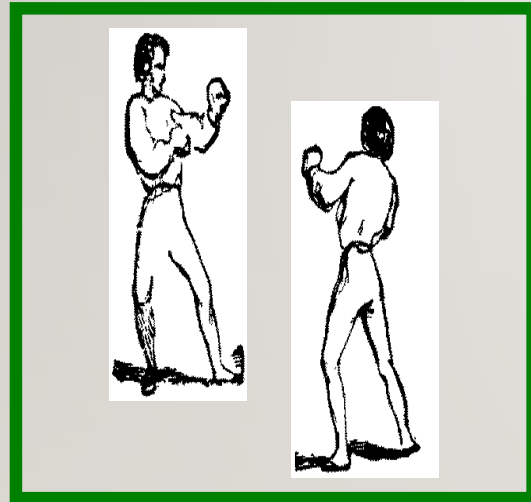
Emergency codes provide a system to manage unexpected situations that may occur on our campus

To activate an emergency (all codes)
call extension
8-4444

**Let's Review the
Codes Utilized
at Carroll Hospital**

CODE GREEN:

Used for a Behavioral Emergencies



- Recognize when the patient is starting to “escalate”
- Position yourself in the room close to the door so that you have a way out if need be. Don't corner yourself in the room
- Call a Code Green for any situation involving a patient with aggressive behavior

CODE GREY

Used for Elopement



- An elopement occurs when a patient attempts to leave/flee the unit assigned and/or the hospital
- A Code Gray or elopement is not when a patient leaves against medical advice
- All staff must observe corridors, look out windows and check general areas for the eloped patient

CODE ORANGE

Hazardous Chemical Spill

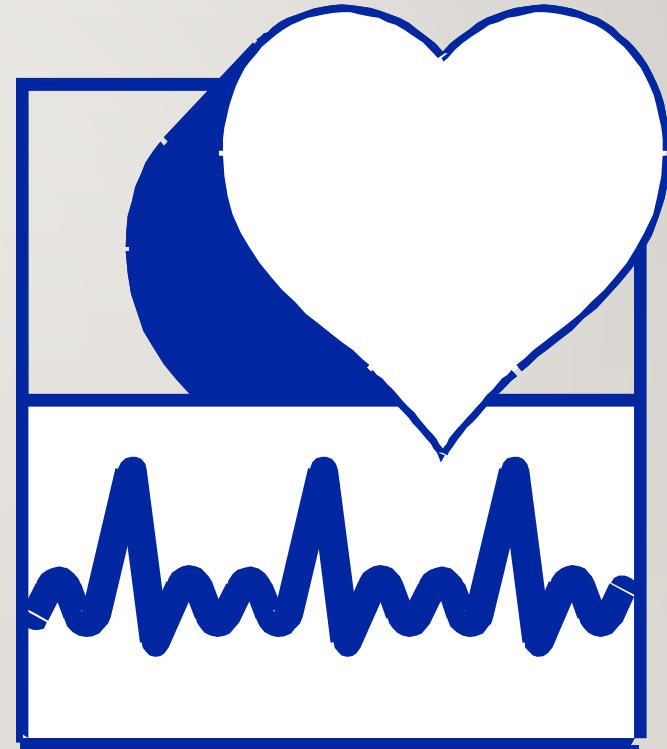
- Any time an associate works with a chemical, it's their job to know and understand the hazards or risks to using that chemical
- Information about hazardous materials can be found on material Safety Data Sheets (MSDS)



The Carroll Hospital logo features a blue arc above the text "CARROLL HOSPITAL" in a large, blue, serif font. Below it, "a LifeBridge Health center" is written in a smaller, blue, sans-serif font. Underneath the logo is a section titled "QUICK LINKS" in a small, blue, sans-serif font. Below this title is a list of links in a small, blue, sans-serif font: "API || Citrix || Outlook || Meeting Room Manager || HBI Dashboard || ReadySet || Lawson ESS || MPV || DBs & Surveys || Physician Documents || Physician Feedback || MPF || RelayHealth || Carroll Phonebook || LifeBridge Phonebook || Work Request || Flu Absence Tracking || Healthstream LMS || MSDS Online || LifeBridge Intranet". A red arrow points from the "MSDS" square above to the "MSDS Online" link in the list.

CODE BLUE: (ADULT/CHILD/INFANT) CARDIOPULMONARY RESUSCITATION EMERGENCY

This code is activated when anyone is discovered in respiratory and/or cardiac arrest.



CODE PINK: INFANT/CHILD ABDUCTION

- A Code Pink alert is activated in the event of an attempted or actual infant or child abduction
- Station yourself at the building exit nearest to your location in accordance with the Code Pink Plan
- Environmental Services and Maintenance Associates will patrol the building perimeter during a Code Pink Alarm



This Photo by Unknown Author is licensed under [CC BY-NC](#)

CODE PINK: INFANT/CHILD ABDUCTION

Be Alert for:

- Anyone acting suspicious
- Anyone carrying an infant or small child
- Any person or Associate carrying a large bag, box, coat or anything which could conceal an infant/child



This Photo by Unknown Author is licensed under [CC BY-NC](#)

OB Rapid Response Team

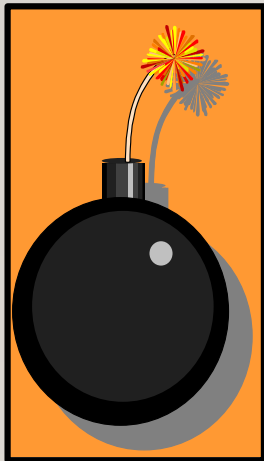
OBRRT:

- The OB Rapid Response Team (OBRRT) will respond to any woman presenting with an obstetrical or newborn emergency.
- The OBRRT can be initiated by any staff member by dialing 84444.
- Ask the operator to page an OBRRT.
- Caller will need to give the patient location.
- All OBRRT members carry pagers.
- A group page is sent out to the team.
- An overhead page will be announced.



CODE GOLD:

Bomb Threat



All Associates will assess their own area for any suspicious objects.

If a suspicious object is located:

- DO NOT move the object
- DO NOT touch the object or anything attached to it

CODE PRE- YELLOW SURGE ALERT

HELP DEPARTMENTS AS INSTRUCTED TO
INCREASE THROUGHPUT, ETC.

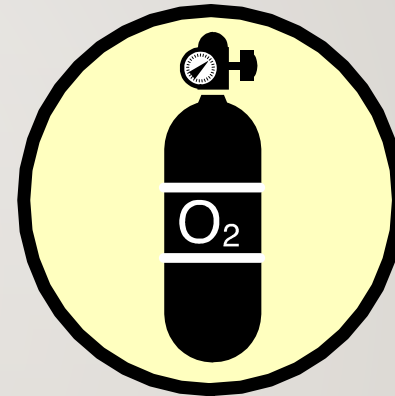


Oxygen Emergency Procedure

CODE O2

Telecommunications will page:

- Nursing Shift Coordinator
- Cardiopulmonary Director
- Respiratory Therapist
- Maintenance personnel



Those on duty will report to Telecommunication Office

CODE PURPLE

Security Response Only

Security response is needed
Call 8-4444



CODE RED

Fire Response Plan



- This code is activated in the event of a fire, smoke, odor of smoke, suspected fire, etc.
- **If you report the fire by telephone (ex. 8-4444), you MUST also activate the nearest Fire Alarm Pull Station.**
- Ensure that all exit doors, especially those to stairways, are not propped open.
- All stairwell doors must remain closed and latched to prevent smoke and fire from entering escape routes.

DO NOT USE ELEVATORS DURING A FIRE EMERGENCY

To help you remember the steps to take in the event of a FIRE,
use the acronym RACE:

R – rescue

A – alarm

C – confine

E – extinguish



CODE SILVER

ACTIVE SHOOTER OR VIOLENT INTRUDER

If you observe or receive a report of an individual(s) displaying a firearm or other lethal weapon in a threatening manner, contact the following, if possible:

- Ext. **8-4444**
- Maryland State Police – **911**



CODE SILVER (CONT.)

Run, Hide, Fight: Active assailant situations evolve very quickly and with unpredictability. Keeping this in mind, your first priority is to protect yourself. Aligned with our Code Silver policy is the Run, Hide and Fight concept.

- **Run:** Leave the area and seek a point of refuge.
- **Hide:** Seek shelter away from the location of the incident.
- **Fight:** As a last resort, engage the subject with whatever is available, including chairs, fire extinguishers, IV poles or anything else you can use to protect yourself. Remember that this is a final option and should not be pursued unless necessary.



RAPID RESPONSE TEAM

Utilized when:

- An inpatient requires urgent attention
- Acute clinical change or nurse consider patient at risk
- Initiated by nurse or other clinical staff



Code Medical Emergency

- Staff, Visitor, or Outpatient in need of medical assistance
- Ensures that all individuals requiring emergency care, who are located on the hospital campus, receive care in a well-coordinated manner



TEAM ACTIVATIONS AT CARROLL HOSPITAL



Anesthesia STAT

Anesthesia Provider needed urgently within the hospital.

STEMI Alert

ST-Elevation Myocardial Infarction (STEMI) identified on EKG warranting Cardiac Catheterization intervention, activated prior to arrival by EMS, within the ED or inpatient settings.

Rapid Response

Team of trained clinicians who respond promptly to a patient whose condition is rapidly and/or unexpectedly deteriorating, due to perception of change in condition and/or by family request.

Brain Attack Code (BAT)

Acute stroke symptoms <4.5 hrs from last known well (LKW) requiring immediate evaluation by Neurology team to determine eligibility for acute intervention (thrombolytic and/or thrombectomy).

Urgent Stroke Evaluation

Acute stroke symptoms suspected with onset greater than 4.5 hours but less than 24 hours from last known well (LKW) activated by a provider for evaluation by Neurology team to determine eligibility for acute intervention (i.e. thrombectomy).

Medical Emergency

Any condition of an individual who is not a patient requiring immediate emergency medical assessment and/or medical care. Note that organizational differences may exist. Please review entity policy on this topic further.

OB Rapid Response

Team activated when a patient presents with an obstetrical emergency and/or are considered unstable.

Airway Emergency

Any condition which requires immediate airway intervention. Responding teams include specialized team members.

Cath Lab Alert

Activation of the Cardiac Cath Lab - not STEMI.

Code Blue Neonatal

CODE BLUE with specific neonatal age range (from birth to 6 weeks).

Code Blue Pediatric
(31 days - 18 years)

Code Blue with specific pediatric age range (from 31 days to 18 years).

Pediatric Rapid Response

Team of critical care trained clinicians who respond promptly to a pediatric patient whose condition is rapidly and/or unexpectedly deteriorating, due to perception of change in condition or by family request.

Neonatal Rapid Response

Team of critical care trained clinicians who respond promptly to a neonatal patient whose condition is rapidly and/or unexpectedly deteriorating, due to perception of change in condition or by family request.

Respiratory STAT

Reparatory Therapist need urgently for airway problems (does not include Anesthesiologist).

EMERGENCY MANAGEMENT PLAN

Emergency documents can be easily accessed via the Hospital's Intranet

Click on the Emergency Management button on the Home Page to access these documents!

The screenshot shows the Carroll Hospital intranet home page. At the top, there is a header with the hospital logo and a navigation bar with various quick links. Below the navigation bar is a grid of buttons for different departments and services. A red arrow points to the 'Emergency Management' button in the grid. The grid contains the following buttons:

Behavioral Health Resources	Benefits Enrollment System	Bright Ideas	Carefusion Feedback	Clinical Ladder	Community Benefit Worksheet
Contract Management	Ebola FAQ	Emergency Management	Emergent Care Committee	Enterprise Data Governance	Forms
Joint Commission / CMS Standard	Journey To Excellence	Just Culture	Lean Project	Lippincott Nursing Advisor	Lippincott Procedures
Maps	Make a Gift	McKesson Documentation	Medical Library	Medical Abbreviations	Milliman Care Guidelines
Mission, Vision, Values	MOLST	Nursing Resources	Office 365	Practice Partner FAQ	Paragon FAQ
Patient Satisfaction	Policies, Procedures, & Care Guidelines	Quality Dashboard	Safety	Stroke	Subway
Vision 2020	Visitation Information				

At the bottom right of the page, there is a weather widget showing the current temperature (73°F) and the forecast for tomorrow (High 90°F, Low 66°F). The footer contains the copyright information: Copyright © 2015 - Carroll Hospital Center - All Rights Reserved.

INFECTION CONTROL

Standard Precautions and Transmission-Based Precaution guidelines and signage still present a challenge throughout the organization.



Everyone must
abide by the
standards identified
on the Infection
Control signs!

5 Standard Precautions to Prevent the Spread of Infection

These Precautions Apply to ALL Patients!

1. Practice PROPER HAND HYGIENE

- When hands are visibly soiled, wash with soap and water.
- Before and after patient care, use alcohol foam or antimicrobial soap and water.

2. Use Personal Protective Equipment (PPE)

You must wear PPE when possible contact or splash with blood or body fluids may occur.

Wear PPE such as gloves, gowns, mouth, nose, eye protection appropriate to task:

- When accessing a vein or artery, you must wear gloves.
- For contact with mucous membranes, non-intact skin and potentially contaminated intact skin, wear gloves.

Remember to wash hands after removing PPE!

3. Practice Respiratory Etiquette

Teach everyone with respiratory symptoms to:

- Cough and sneeze into their sleeves, or
- Use and dispose of tissues
- Practice good hand hygiene

4. Be Cautious with Sharps

- Take extreme caution when handling needles, scalpels and sharp instruments.
- Carefully dispose of all sharps in sharps containers.

5. Keep Your Environment Clean

Clean and disinfect surfaces likely to be contaminated with harmful organisms, particularly those in close proximity to patients.



TRANSMISSION- BASED PRECAUTIONS REQUIRE:

- Patients to be placed in a private room
- Appropriate precautions sign on the door frame
- PPE (gowns, gloves, masks) in caddy on the door or on the cart

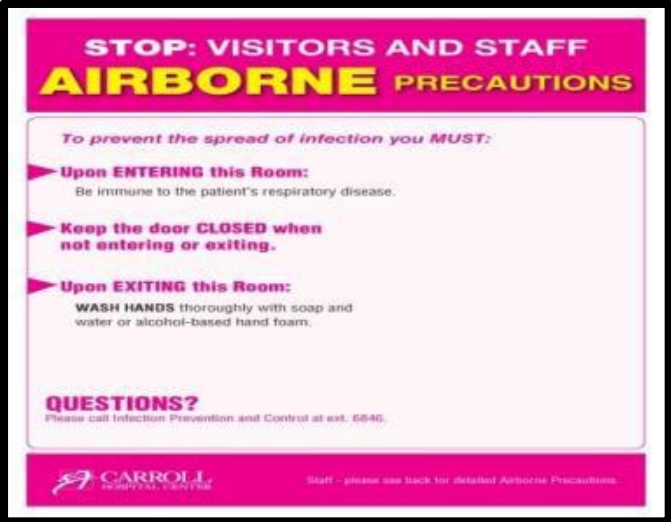
Airborne Precautions

Droplet Precautions

Contact Precautions

AIRBORNE PRECAUTIONS

For Measles/Chickenpox




STOP: VISITORS AND STAFF
AIRBORNE PRECAUTIONS

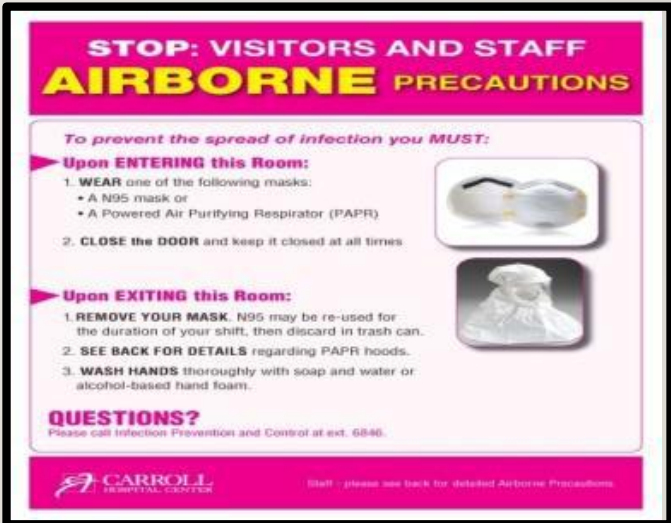
To prevent the spread of infection you **MUST**:

- ▶ **Upon ENTERING this Room:**
Be immune to the patient's respiratory disease.
- ▶ **Keep the door CLOSED when not entering or exiting.**
- ▶ **Upon EXITING this Room:**
WASH HANDS thoroughly with soap and water or alcohol-based hand foam.

QUESTIONS?
Please call Infection Prevention and Control at ext. 6846.

 **CARROLL HOSPITAL CENTER** Staff - please see back for detailed Airborne Precautions.

For Tuberculosis (TB) and COVID




STOP: VISITORS AND STAFF
AIRBORNE PRECAUTIONS

To prevent the spread of infection you **MUST**:

- ▶ **Upon ENTERING this Room:**
 1. **WEAR** one of the following masks:
 - A N95 mask or
 - A Powered Air Purifying Respirator (PAPR)
 2. **CLOSE** the **DOOR** and keep it closed at all times.
- ▶ **Upon EXITING this Room:**
 1. **REMOVE YOUR MASK.** N95 may be re-used for the duration of your shift, then discard in trash can.
 2. **SEE BACK FOR DETAILS** regarding PAPR hoods.
 3. **WASH HANDS** thoroughly with soap and water or alcohol-based hand foam.

QUESTIONS?
Please call Infection Prevention and Control at ext. 6846.

 **CARROLL HOSPITAL CENTER** Staff - please see back for detailed Airborne Precautions.

Persons entering the room **MUST** be immune to measles or chickenpox. For suspected or known **TB** or **COVID** patient, people entering the room must wear an **N-95** or **PAPR**

CONTACT PRECAUTIONS

FOR PATIENTS WITH MRSA, VRE,
AND OTHER HIGHLY ANTIBIOTIC-
RESISTANT ORGANISMS, RSV,
SCABIES, ETC.

STOP: VISITORS AND STAFF **CONTACT** PRECAUTIONS

To prevent the spread of infection you **MUST**:

▶ Upon **ENTERING** this Room:

WEAR the following:

1. Isolation Gown *and*
2. Gloves



▶ Upon **EXITING** this Room:

1. **REMOVE YOUR GOWN AND GLOVES** immediately and discard in a waste can. *Do not reuse!*
2. **WASH HANDS** thoroughly with soap and water or alcohol-based hand foam.



QUESTIONS?

Please call Infection Prevention and Control at ext. 6846.




Staff - please see back for detailed Contact Precautions.

CONTACT PRECAUTIONS: ENHANCED CONTACT


STOP: VISITORS AND STAFF
ENHANCED CONTACT PRECAUTIONS

To prevent the spread of infection you MUST:

Upon ENTERING this Room:
WEAR the following:
1. Isolation Gown and
2. Gloves




Upon EXITING this Room:
1. **REMOVE YOUR GOWN AND GLOVES** immediately and discard in a waste can. *Do not reuse!*
2. **WASH HANDS** thoroughly with soap and water.
DO NOT re-enter the room.



Staff – Room must be cleaned using bleach after patient is discharged or after Precautions are discontinued.

QUESTIONS?
Please call Infection Prevention and Control at ext. 6846.

 **CARROLL HOSPITAL CENTER** Staff - please see back for detailed Enhanced Contact Precautions.

For patients with Clostridium difficile (C.Diff.)
Wash hands thoroughly with soap and water only.

DROPLET PRECAUTIONS

STOP: VISITORS AND STAFF
DROPLET PRECAUTIONS

To prevent the spread of infection you MUST:

Upon ENTERING this Room:
WEAR a SURGICAL MASK (preferably with a face shield)

Upon EXITING this Room:

1. REMOVE YOUR MASK immediately and discard in a waste can.
2. WASH HANDS thoroughly with soap and water or alcohol-based hand foam.

QUESTIONS?
Please call Infection Prevention and Control at ext. 6846.

CARROLL HOSPITAL CENTER

Staff - please see back for detailed Droplet Precautions

For patients with influenza, bacterial meningitis, pertussis, or RSV, a surgical tie mask preferably with face shield is recommended

NOTE: Patients with RSV also need to be placed in Contact Precautions

A person is shown from the chest down, wearing a white lab coat, washing their hands in a sink. The faucet is visible on the left. The background is a plain wall. The image is overlaid with a semi-transparent dark grey layer.

REDUCING HEALTHCARE ASSOCIATED INFECTIONS

Associates must wash hands or apply a waterless hand antiseptic:

- Before having direct contact with a patient
- Before putting on sterile gloves to insert catheters or other invasive devices
- After any contact with a patient, including intact skin (taking a pulse, BP, or lifting a patient, etc.)

ASSOCIATES MUST WASH HANDS OR APPLY A WATERLESS HAND ANTISEPTIC:

- After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled
- When moving from a contaminated-body site to a clean-body site during patient care
- After contact with inanimate objects in the immediate vicinity of the patient
- After using a computer keyboard and/or mouse and before patient contact
- After removing gloves



CORPORATE COMPLIANCE: IT SECURITY

- All Jump Drives (USB, Thumb drives, Flash drives, Memory sticks, etc) must be cleared through IS (Information Systems) before used by Associates, Physicians or Outside speakers.
- You **MUST** minimize or sign off a computer when there is the potential for others to see information.
- Everyone has the responsibility to protect PHI (Patient Health Information). This can be verbal, electronic or written. Never use this as scrap paper. Be aware of how you dispose of any paper with PHI on it!!



CORPORATE COMPLIANCE: HIPPA

Do NOT access any information, especially a patient's chart, unless you have a work-related reason to be there.

Armbands for HIPAA/OPT-OUT privacy issues are clear with "PRIVACY" written in black.

PATIENT SAFETY AND JOINT COMMISSION

JOINT COMMISSION



In 2002, Joint Commission established National Patient Safety Goals (NPSG) to help educate Healthcare personnel on Medical Errors. The Joint Commission developed Standards of Practice that must be consistently met. Each Patient Safety Goal comes from a Nationally Reported Sentinel Event. A Sentinel Event is when a patient is severely harmed or dies.



YOU ARE AN ADVOCATE FOR PATIENT SAFETY!

The Institute of Safe Medication (IOM) reports there are 44,000-98,000 deaths/year from medical errors! This equals the number of deaths from one 747 airplane crashing everyday for 1 year. Medical errors are the **6th** leading cause of death.



THE NATIONAL PATIENT SAFETY GOALS



IDENTIFY PATIENTS CORRECTLY

USE AT LEAST **TWO** WAYS TO IDENTIFY PATIENTS!



2

Ask the Patient their
Name and Date of Birth

IMPROVE STAFF COMMUNICATION

- Get important test results to the right staff person on time
- Report abnormal test results
- Bedside Handoff reporting
- Suicide risk patients? Have we taken all the proper precautions?



USE MEDICATION SAFELY

- Before a procedure, label medications that are not labeled. *For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.*
- Take extra care with patients who take medications to thin their blood.
- Record and pass along correct information about a patient's medications. What medications is the patient taking? Compare those to the new medications given to the patient. Make sure the patient knows which medications to take when they are at home. Tell the patient it is important to bring their up-to-date list of medications every time they visit a doctor.





USE ALARMS SAFELY

MAKE SURE THAT ALL ALARMS ON MEDICAL EQUIPMENT ARE HEARD AND RESPONDED TO IN A TIMELY MANNER.



PREVENT INFECTION

Use

•Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Use

•Use proven guidelines to prevent infections that are difficult to treat.

Use

•Use proven guidelines to prevent infection of the blood from central lines.

Use

•Use proven guidelines to prevent infection after surgery.

Use

•Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.





PREVENT MISTAKES IN SURGERY

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.



HAND-OFF COMMUNICATION

...IS MANDATED BY THE JOINT
COMMISSION. IT IS A TEAM
EFFORT THAT HELPS TO
MAINTAIN PATIENT SAFETY.

HAND-OFF BETWEEN CAREGIVERS

- Ticket to Ride
- Passport to Surgery
- Pre-Op Checklist
- SCIP



TICKET TO RIDE

- This form is used when a patient is taken off unit for a test, transfer room, surgery etc.
- The nurse generates the form in Cerner
- The form is completed legibly in “real time”
- The Nurse completes the form and gives to the Transport associate
- This form will be used in all areas of the hospital



TICKET TO RIDE:

The sending nurse initiates the form in Cerner.

- Form is placed in the Medical Chart under the Miscellaneous Tab
- Permanent part of the Medical Record

TICKET TO RIDE

Name: _____ DOB: _____
MRN: _____ Admit Date: _____
Location: _____ Attending Dr: _____
Service: _____

Allergies: codeine, oxyCODONE, OxyCONTIN
Reason For Visit: REVERSE SHOULDER

Level of Consciousness: _____ 02/07/19 07:56:00 Alert

Patient Care
02/03/19-03/02/19

HR: 91 02/07/19 06:55:00 BP: 102/62 02/07/19 06:55:00 RR: 18 02/07/19 06:55:00 TEMP: _____

Destination: _____ Transporter Initials: _____

Sending Unit Nurse _____ / _____ / _____ / _____
PRINTED Name Phone#/Vocera# Date Time

Pertinent Patient Information (please circle appropriate response)

NPO Diet Status	Yes	No	For this Test Only
Patient Hard of Hearing	Yes	No	
Known Pressure Areas	Yes	No	If yes, specify: _____

Returning Clinician _____ / _____ / _____ / _____
PRINTED Name Title Phone#/Vocera# Date Time

Most recent vitals*: HR _____ BP _____ RR _____ TEMP _____
*attach EKG strip to back of page if applicable

Comments: _____

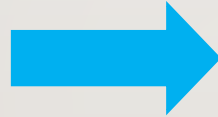
Ticket to Ride: Upon Return to the “Home Unit”

- The returning clinician completes the bottom of the form
- Print Name-
 - ✓ Phone/Vocera # -Date/Time
 - ✓ Most recent vitals
 - ✓ Any Comments
- The form is placed in the patient’s hard copy medical record under the Miscellaneous tab
- Maintained as a permanent part of the medical record



2022 National Patient Safety Goals

HERE ARE SEVERAL LINKS
TO HELP YOU REVIEW
JOINT COMMISSION AND
THE NATIONAL PATIENT
SAFETY GOALS



- [Hospital: 2022 National Patient Safety Goals | The Joint Commission](#)
- [G:\Users\SHARED\pharmacy\rx3webdocs\LASA 2021 LBH.pdf](#)

ADDITIONAL GOALS AT CARROLL HOSPITAL

- Encourage patients to report safety concerns. On admission, patients and families are made aware how to report safety concerns. For example, calling for the Rapid Response Team (RRT).
- Encourage patients & families to ask for assistance when their condition gets worse. Don't hesitate to ask for assistance if you see a patient getting worse.



UNIVERSAL PROTOCOL

Universal Protocol focuses on safety for all surgical & non-surgical invasive procedures. It promotes “right site-right patient” surgery.

Take a Time Out!



REPORTING SAFETY ISSUES

- **You** are instrumental to keep our hospital safe.
- Whenever you see an unsafe condition, report it to your Supervisor, call the Safety Hotline at 86909, or record it under “Incident Reporting” on the intranet.
- **Don't wait for someone to get hurt.**



WE IMPACT OUR PATIENTS

First Touch.....

Last Touch.....

Heart to Heart.....

