Student Mentorship Orientation
Objectives:

Provide:

- the information necessary for a productive and positive clinical experience

- the information necessary for an understanding of the Mission and Goals of St. Mary’s Hospital

- the information necessary to understand the hospital standards that may effect a student during their clinical experience
Background

St. Mary’s Hospital requires all students or others to receive an orientation to specific hospital standards and to adhere to these standards during their experience.

This has been designed to enhance the time spent at St. Mary’s Hospital. Specific portions of this presentation are also mandated by regulatory agencies governing hospitals.
Contents

Mission and Goals
National Patient Safety Goals
Patient rights
Confidentiality – HIPAA
Ethical and Religious Directives
Cultural Diversity
Infection control
Safety Standards - Hospital
Dress Code
Anti – Violence
Harassment
Drug free workplace
Strategic Goals

**Mission and Culture Goal:**
Create a work culture that exemplifies our mission and values and strengthen our ability to improve the human condition of the communities we service.

**Physician Relationship Goal:**
Engage physicians in the leadership and governance. Partner with physicians to increase the quality of the care experience and to align strategic interests.

**Healthcare Growth and Transformation Goal:**
Grow and transform our health care delivery models by improving access, redesigning clinical care processes, pursuing innovation in major service lines and collaborating with other providers to achieve systems of care that cover a holistic array of services.

**Consumer Values Goal:**
Deliver optimal value to members of our communities by achieving superior clinical quality and consumer satisfaction in a safe and compassionate environment while integrating excellence in operational and financial management.
Our Core Values

**Response to Need**
The healthcare we offer is based on community need, with a special concern for the poor.

**Respect**
We recognize the sacred worth and dignity of each person.

**Wholeness**
We value the health of the Whole person spiritual, psychosocial, Emotional and physical.

**Excellence**
We offer excellent and Compassionate care.

**Stewardship**
We are mindful that we hold our resources in trust.
Commit to CARE

TO OUR PATIENTS:

We believe…

…that you deserve the best experience possible while you are in our care and

…that my interaction with you, your loved ones, your physician and my co-workers affects your experience.

“I commit to Care by living our Core Values and Service Standards and working with you and others as a team to always place your needs first so that you receive the best in care and service.”
Commit to CARE

TO OUR CO-WORKERS AND PHYSICIANS:

We believe…

…that we are a team dedicated to creating the best experience possible for our patients,

…that by living out our Core Values and Service Standards we directly impact that experience and

…that each of us is responsible for working together to provide the best in care and service.

“I commit to Care by consistently living our Core Values and Service Standards, support you in providing service excellence and do my part to always place our patient’s needs first.”
OUR COMMIT TO CARE PRIORITIES

MEET & GREET:
We will direct patients and visitors to destinations using entrance numbers and zones

CONNECT WITH KINDNESS:
Always introduce ourselves, addressing patients and by their name and explaining our purpose for interacting with them.

ENSURE PATIENT SAFETY:
We will cleanse our hands in front of patients and assure them we are doing this for their protection.
Our Customer Service Standard

**Safety**
Ensuring security and Peace of mind for all.

**Courtesy**
Showing genuine concern through Caring and friendly behavior.

**Image**
Creating the best impression possible.

**Efficiency**
Providing smooth and timely services.
Improve the accuracy of patient identification.
Improve the effectiveness of communication among caregivers.
Improve the safety of using medications.
Reduce the risk of health care-acquired infections.
Reduce the risk of patient harm resulting from falls.
Patient Rights

Posted at strategic entrances of the hospital in English and Spanish.

It is the right of patients, patient’s legal representative and/or, when appropriate, the patient’s family to:

Participate in all decisions involving care or treatment

Be informed of health status, including diagnosis, prognosis and recuperative period.

Receive information necessary to give informed consent prior to the start of any surgical procedure.

Receive professional and considerate care, regardless of age, sex, race, color, ethnic origin, religion, disability, or ability to pay.
PATIENT RIGHTS cont.
Expect treatment that is respectful, recognizes the patient’s dignity, and provides for personal privacy to the extend possible.

Know the name, professional status and experience of the staff providing care or treatment.

Consent to any plans for research, educational projects, or clinical trials.

Expect that every effort is made to assist in effective communication regardless of language barrier or physical handicap.

Request prompt notification of family and/or personal physician about your hospital admission.
PATIENT RIGHTS \textit{cont.}

Accept or refuse any drug, test, procedure, or treatment, to the extent permitted by law, and be informed of the probable consequences of such action.

Be informed of patient related ethical issues.

Be relieved of physical and/or emotional pain/suffering, to the extent possible, and suited to individual needs.

Formulate advanced directive, and have these directives followed.
PATIENT RIGHTS cont

Be treated in a safe, accessible, efficient, and effective environment of care that is free from abuse and harassment.

Be informed of any rules and regulations which may apply to your conduct as a patient.

Review or obtain copies of your medical record, upon reasonable notice and written request, and payment of copying charges. Medical records are maintained in a confidence and in accordance with medical staff bylaws, rules and regulations.
PATIENT RIGHTS cont

Be informed, upon request and prior to the initiation of non emergent care or treatment, of the estimated charges for service.

Receive an explanation, upon request, of the hospital bill regardless of payment source.

Be informed of patient rights, have access to the Patient Representative, and be informed of the Internal Grievance Procedure.
PATIENT’S RESPONSIBILITIES

*It is the responsibility of a hospital patient, patient’s legal representative and/or, when appropriate, the patient’s family to:*

Provide, to the best of their knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient’s health.

Report unexpected changes in his/her condition.

Report whether they can clarify or comprehend a contemplated course of action, and what is expect of them.
Follow the treatment plan developed with the practitioner.

Express concerns regarding ability to comply with treatment; if possible, adapt the treatment plan to the patient’s specific needs and limitations.

Patient is responsible for the outcomes if he/she refuses treatment or doesn’t follow instructions.
PATIENT RESPONSIBILITIES cont

Follow the hospital rules and regulations affecting patient care and conduct.

Be considerate of the rights of other patients and hospital personnel and for assisting in the control of the noise, smoking and distractions.

Be respectful of the property of other persons and of hospital property.

Provide hospital with insurance information and arrangement of payment of hospital bills.

Be accountable for valuables brought to the hospital that are not placed in the hospital safe.
Confidentiality

*Patients, medical staff and employees have a legal right to privacy.*

All Students on affiliation rotation to St. Mary’s Hospital must exercise extreme caution and sensitivity when communicating or accessing information about patients and St. Mary’s operations.

Careless talk, inquiry in the system, repeating rumors or unauthorized access can result in serious harm to patients and their families or St. Mary’s Hospital and its employees. Such communication and inquiry is limited to necessary disclosures required by individuals having a need-to-know.
Confidentiality cont.

St. Mary’s Hospital standards prohibit employees and others with direct access to protected information from releasing or accessing medical, financial, personal, or other information about St. Mary’s Hospital, its patients or their families, medical staff or its employees except when properly authorized.

The release of all confidential information must meet all policy and legal requirements.

The Confidentiality Agreement and Standards of Business conduct must be signed by the student prior to arriving at the work area.
Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

St. Mary’s Hospital
HIPAA PRIVACY FUNDAMENTALS

Refer to Administration Standard O-1
HIPAA Workforce Responsibilities Overview
What is “PHI”?  
(Protected Health Information)

PHI is defined as any information by which a patient can be identified including name, address, social security number, phone number, dates of service, medical information or billing information.  
Specific medical details need not be included – the fact that a person was here for care is PHI.

You may access and disclose PHI only as needed to do your job.
HIPAA Patient Rights

Right to Notice of Privacy Practices
- Explains how PHI is used & disclosed

Right to Access their PHI

Right to Request Additional Privacy Protections

Right to Request Confidential Communications

Right to Accounting of the Uses/Disclosures of their PHI

Right to Request Amendment to their PHI
What is the Patient Directory?

A specific electronic listing of inpatient names & room #’s

– Created when admitted
– Accessible by the volunteer desk, the operators & some employees at the nursing stations
What information is available to the public?

Anyone may call the operator, go to the volunteer desk or the nursing station and ask for the room number of a named person (asker needs to know the name).

- IF the name is in the “Patient Directory”, the room number will be given out.

- We may give directions to a patient’s room -- IF the asker tells us the room number
  - If the asker knows only the patient’s name, direct them to a phone to call the operator or to a nursing station.
  - Even if you know where the patient is, you MUST NOT direct the patient to the room.
Who is affected by HIPAA at St. Mary’s Hospital?

All Employees including patient care staff, clergy, engineering, biomed, environmental services, food care, business office etc.

Students or others who have been granted permission to enter St. Mary’s Hospital for a learning experience.

Any one of us can discover PHI while performing our jobs; when we see someone we know checking in or in any patient care area.
What is your duty as a STUDENT?

To keep all PHI learned “on the job” CONFIDENTIAL using and disclosing it only as needed to get your job done.
How do I carry out my duties as an employee or student?

Limit my own access to patient information to the minimum that I really need to do my job.

Choose what I say, where I say it and to whom I say it.

Secure written information when not in use (i.e. turn paperwork face down, close the file, log out of computer programs, seal envelopes, shred documents).

Receive specific training on HIPAA policies and procedures involved in my job.
What about patients I know from outside the hospital?

*A delicate balance*

You as a student may find out a neighbor is in the hospital when their husband comes to visit. It’s OK to greet and talk to them as part of the job.

However, it’s up to the neighbor to tell others (friends, family members) *UNLESS* the neighbor specifically tells you it is OK to do so.
What if I find out from a source outside my job?

Health information learned from sources outside the job is not PHI and not protected by HIPAA.

**HOWEVER**

- Consider the source – another student or employee?
- How did he or she learn the information?
- Do we know a mix of details - some from outside and some because of our job?
- Outsiders may think we learned it on the job and that we are violating patient confidentiality even when we aren’t – so try to be really careful.
- ID THE SOURCE – “My cousin told me…..”
Points to Remember

Any information we learn about a patient through our jobs -- including the fact that this person is in our hospital -- is PHI & must be handled in accordance with HIPAA.

Care providers can discuss PHI with family and friends involved in the care of a patient -- appropriate to their level of involvement -- Admin. Standard O-8.

We are not allowed to access Meditech to view personal or family PHI.
(Personal PHI may be obtained from Medical Records)

Access to PHI will be monitored and audited for violations.
How Can I Protect Myself & the Hospital?

Violating HIPAA rules can result in fines, jail time and termination of your activity at St. Mary’s Hospital.

Even though you have access to PCI, you may not access Meditech to view personal or family PHI. You may request and receive your PCI through Meditech.
Every employee and student on the St. Mary’s campus sign the Standards of Business Conduct. **Please review and sign the attached form.**

Act honestly and ethically and conduct all activities in compliance with our standards & laws that govern our health care ministry.

**Protect confidential and proprietary information about employees, physicians and the organization**

- Report our own violations and those of others
- Disclose unlawful Federal health care activities
- Promote the highest standards of business **ethics** and integrity

**Conduct activities and relationships with others to avoid actual conflicts of interest, in appearance or fact**

- Be responsible to preserve & protect SMH’s assets
Ethical and Religious Directives

All students and instructors caring for patients will perform their duties and responsibilities in compliance with the *Ethical and Religious Directives for Catholic Health Care Services*, as approved by the National Conference of Catholic Bishops and promulgated by the Diocese of Pueblo, Colorado.

Ethics Consultations are available on particular cases at request of anyone involved -- including caregivers (call ext. 7133 or 2497)
Ethical and Religious Directives cont.

The Directives:

*Seek to embody Jesus’ concern for the sick*

*Are grounded in the promotion and defense of human dignity*

Require:

– Mutual respect among caregivers
– That professionals and patients participate together in the healing process with mutual respect, trust, honesty and appropriate confidentiality
– Honoring the sanctity of human life from its very beginning
– Keeping dying patients as free from pain as possible
Cultural Diversity & Sensitivity

**Cultural Diversity**
Guided by the philosophy and tradition of the Sisters of Charity of Leavenworth, St. Mary’s engages our Values to ensure that patients, families and all employees are treated in a manner that demonstrates respect for and recognizes the uniqueness of their culture and ethnic origin. St. Mary’s Hospital is in compliance Joint Commission Standards regarding Cultural Diversity and Sensitivity.
At St. Mary’s

Meeting the needs of our community’s increasingly diverse population is an ongoing challenge. Our patient population is diverse including Caucasian, African American, Asian American, Hispanic American and Native American.

Our largest non-Caucasian population is Hispanic American. That population has grown to 7.1% over the period of 6/1/04 to 1/31/05. For this reason, we are highlighting many important Hispanic American traditions and beliefs.
KEY CULTURAL DIVERSTIY AND SENSITIVITY points you need to know:

Patients and families will be treated in a manner that respects and recognizes the uniqueness of their culture.

Care will be provided that includes awareness of personal bias, is sensitive to cultural differences and is culturally relevant.
## Hispanic American Culture

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication And Greetings</strong></td>
<td>▪ Differences in word usage depending on home region</td>
</tr>
<tr>
<td></td>
<td>▪ Oral English skills may exceed skill in reading and writing in English</td>
</tr>
<tr>
<td></td>
<td>▪ Address individuals formally, especially elders; include children</td>
</tr>
<tr>
<td><strong>Decision making And Spokesperson</strong></td>
<td>▪ Important decisions may require consultation among entire family</td>
</tr>
<tr>
<td></td>
<td>▪ Traditionally father or oldest male holds ultimate authority and is usually spokesperson</td>
</tr>
<tr>
<td><strong>Family structure</strong></td>
<td>▪ Immediate and extended family are all important</td>
</tr>
<tr>
<td><strong>Food practices And Beliefs</strong></td>
<td>▪ Some patients may adhere to “hot/cold” theory</td>
</tr>
<tr>
<td></td>
<td>▪ <a href="#">Central Americans</a></td>
</tr>
<tr>
<td></td>
<td>▪ <a href="#">Mexican Americans</a></td>
</tr>
<tr>
<td><strong>Interpreter use</strong></td>
<td>▪ Same gender if possible</td>
</tr>
<tr>
<td><strong>Nonverbal</strong></td>
<td>▪ Strongly influenced by respect</td>
</tr>
<tr>
<td></td>
<td>▪ Direct eye contact may be avoided</td>
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<tr>
<td></td>
<td>▪ Handshaking considered polite and usually welcome</td>
</tr>
<tr>
<td><strong>Time orientation</strong></td>
<td>▪ Traditionally present-oriented and punctual</td>
</tr>
</tbody>
</table>
| **Illness benefits** | • Holistic understanding of emotional, spiritual, social, and physical factor  
| | • Illness seen as a crisis for the entire family |
| **Pain** | • Tends not to complain of pain; assess by nonverbal clues |
| **Invasive Procedures** | • Usually accepted if practitioner is trusted |
| **Consents** | • Requires clear explanation of situation and choices for intervention |
| **Visitors** | • Stressful for individual to be separated from family group  
| | • Large numbers of visitors; usually quiet and respectful |
## DEATH

| End of life discussion | • Family may want to protect patient from knowledge of seriousness of illness due to concern that worry will worsen health status  
  • Information usually handled by spokesperson |
|------------------------|-----------------------------------------------------------------------------------------------------|
| Dying process          | • Extended families obligated to attend to sick and dying and pay respects  
  • Hospital environment may be seen as restrictive to family needs |
| Death, special needs   | • Prayers commonly practiced at bedside  
  • Family time with body before taking to morgue |
| Death body care        | • Death is a very important spiritual event  
  • Relative or member of extended family may help wash the body |
### Pregnancy, Birth and Postpartum

<table>
<thead>
<tr>
<th>Breast feeding</th>
<th>• May believe breast feeding provides protection from pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-section</td>
<td>• May be feared</td>
</tr>
<tr>
<td>Labor</td>
<td>• Walking recommended to encourage a quick birth&lt;br&gt;• Fears include unnecessary or dangerous medical intervention, separation from family, and loss of privacy&lt;br&gt;• Laboring women seen as strong and participatory&lt;br&gt;• Several family women may assist</td>
</tr>
<tr>
<td>Postpartum</td>
<td>• May resist getting out of bed or taking showers for several days&lt;br&gt;• Folk belief is to cover back and wear a wide cloth band around abdomen</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>• May believe unnecessary&lt;br&gt;• May use folk medicine; be sure to ask&lt;br&gt;• Culture may prohibit pregnant women from caring for dying persons or attending funerals&lt;br&gt;• Medications including iron and vitamins, may be seen as potentially dangerous and avoided, even after pregnancy</td>
</tr>
</tbody>
</table>
Genetic Defects  ~~~ Usually described as will of God; may believe a result of behavior
Sick Baby ~~~~~~~~Traditional family may feel that new mother should be sheltered from worry

Religious and Spiritual Practices
Virgin of Guadalupe may be important image
Religious items, such as rosaries, frequently kept on person or bed
Anointing of the sick and prayers before death often very important
May use traditional healers of healing remedies
Infection Control

Hand Hygiene

The most important work practice to prevent the spread of infection

Health care workers unwashed hands spread deadly organisms from patient to patient

You can become colonized or infected by organisms acquired from a patient

These infections lead to increased morbidity, mortality and costs for our patients and the hospital

Refer to Infection Control Manual for additional information
INFECTION CONTROL cont.

- If hands are not visibly soiled, use an alcohol hand sanitizer for routine cleansing.
- **Hand washing** for 15 seconds is the single most important infection prevention.
- Wash hands before eating, after using the restroom, and after removing gloves.
- Gloves must be worn if you will have contact with potentially infectious material.
- **Body Substance Isolation** means treating ALL body fluids as if they are potentially infectious.
- **Resistant Organism Precautions** prevent the spread of antibiotic resistant organisms between patients.
  - These precautions can only be discontinued by Infection Control.
- TB requires negative air pressure patient rooms, Airborne Precautions, PAPR cart/respirator if fit testing has not occurred.
Infection Control also Means Protecting our Self and Fellow Staff

Use protective devices provided by SMH for your protection including safe needles, gloves, mask, eyewear and other PPE (personal protective equipment).

Appropriately dispose of sharps

*If you are exposed to blood or a body fluid*

Immediately wash the wound or skin site with soap and water. Report exposure immediately to your instructor or your facility.

– so the extent of exposure may be determined and HIV status of the source patient may be rapidly assessed and treatment started if indicated.

Students or mentorship RNs may need to utilize SMH ED, but you, the school or the facility will be billed.

SMH will draw the source patient’s blood if requested by outside institution.
Patient or Visitor Emergency
Abduction of an Infant/Child

1. Anyone suspecting that an infant/child is missing reports immediately to Charge Nurse/Nursing Supervisor
2. Dial 55 and initiate “Dr. Safeguard”.
3. PBX announces “Dr. Safeguard and age of child” three (3) times.
4. If near an exit, go there and observe those leaving.
5. Staff reports suspicious person/activities to Security.

Refer to Safety standard B-37 Abduction of Infant/Child.
PATIENT EMERGENCIES

Cor-Zero (CARDIAC ARREST)

Dial 55, state your location
Start CPR, when Cor-Zero team arrives,
step back and assist as requested.
Refer to Patient Care Standard CPR B.17.06.

Code Gray (Hospital Response Team)

Any event that requires trained personnel in handling aggressive persons or a potential confrontational situation.
To obtain assistance:
Dial 55, state “Code Gray” and your location

Refer to Safety Standard Hosp. Response Team-Code Grey B.11.03
Fire ~Dr. Redstone in Your Unit

Upon discovery of a fire: SHOUT DR. REDSTONE & ROOM NUMBER DO NOT SHOUT “FIRE”

**RESCUE:**
- Remove anyone from the fire room while calling out “Dr. Redstone” and room number for assistance

**ALARM:**
- Activate the fire alarm
- Dial 55 to give exact location and nature of fire

**CONTAIN:**
- Place patient into rooms away from the fire
- Close all remaining doors in the fire zone

**EVACUATE:**
- Evacuate as directed by person in charge.
- Refer to your department’s fire response plan for specific details
Fire in Department Outside Your Area

If you are not in your assigned area, return to that area.

Close all doors and windows.
Station one person at the telephone
Be prepared to lend assistance.
Check for signs of smoke or fire in your area.
Check location of extinguishers and exits.
Reassure patients and visitors.

Remain in fire procedure until “Dr. Redstone- All Clear” is paged overhead.

Refer to Safety Standard K.21 Internal Fire
Safety Standards – BOMB THREAT

RECEIPT OF WARNING:

If letter or note received, handle as little as possible.

If telephone call is received:

- Keep caller on the phone as long as possible. Ask to repeat.
- Ask questions
  - When is the bomb set to explode?
  - Where is the bomb located?
  - What kind of bomb?
  - Why is he/she doing this?

- Note details about caller/call: sex, accent, speech impediment, age, background noises, unusual phrases, time call received, and time caller hung up.

If co-worker nearby, she/he should Dial 55 to activate the Dr. Search procedure.

Talk to no one about the call unless instructed by supervisor.

Be prepared to relay information to police if requested.

Be prepared to conduct a visual search of your work area.

Refer to Safety Standard K-65 Bomb Threat
Safety Standards ~ Chemical Spills

Before Cleaning a spill, ask:
◊ Are there contaminated victims?
◊ Are there co-workers to help?
◊ Do you know what was spilled?
◊ Is the spill small?
◊ Do you have a spill kit and are you trained to use it?

IF you know **WHAT** was spilled, the spill is **SMALL**, you are **TRAINED**, you have a **SPILL KIT** and **PPE**, proceed to clean up.

Follow the “3 C’s”
**Control** spill by stopping the leak, pick up the container
**Contain** spill by using absorbent material to keep the spill from spreading
**Clean Up** the spill by using PPE and mechanical devices if indicated

Follow Code Yellow Procedure if:
• spill is **LARGE**
• you’re **NOT TRAINED**
• you **DON’T KNOW** what is spilled
• no **SPILL KIT** or correct **PPE**
Safety Standards ~ **Code Yellow**
If you come across a spill to which you cannot safely respond, activate the Code Yellow procedure:

- Alert co-workers for assistance
- Remove any contaminated victim to the ER.
- Secure the spill site. Don’t let anyone pass through the spill.
- Evacuate area if necessary
- Dial 55
  - Give exact location of spill to PBX.
  - Give type of material spilled (if known), and estimate size of spill.
- PBX will page “CODE YELLOW and LOCATION” on the hospital intercom.
- Remain at spill site if able to do so without dangerous exposure.
- Relay any information to the Response Team as they arrive at the spill site.
- The Response Team will determine if the spill can be safely cleaned by SMH or whether the Grand Junction Fire Department will be called.
- PBX will page “CODE YELLOW ALL CLEAR” when the spill is contained and no further risk is present.

Refer to Safety Standard F-4 *Spill*
Safety Standards Equipment Failure

Take equipment out of service immediately

Tag equipment so it isn’t used

Medical equipment malfunction:
• Contact Bio-Med at x 2446 or pager 2202

**IF** Injury or negative patient outcome:
• Contact Instructor and “preceptor” or charge person immediately
• With assistance of “preceptor” or charge person, Complete Occurrence Report and investigation of incident.

Refer to Safety Standard K-12 Medical Equipment Failure
Personal Safety

Security Assist – if security is needed for a non-emergent situation (escort, suspicious person, lost item etc) call 2411. If no answer, dial 0.

Hazardous Materials – The HazCom (Hazard Communication program provides you with information on the chemicals you work with or to which you may be exposed.

- Each department has a Chemical Inventory listed on the Material Safety Data Sheet (MSDS).
- Read chemical labels before using any unknown product

Radiation Safety

- Minimize your time of exposure
- Maximize your distance to the source
- Maximize your shielding
Visitor Injury

Assist visitor as needed

Notify Security

Inform/assist visitor to go to the ER if injury warrants
Do not indicate that St. Mary’s will absorb charges, if asked, say “I don’t know”.

– That determination will be made by the Risk Manager following an investigation.

Complete an Occurrence Report

If visitor chooses ER treatment, note this on the Occurrence Report
DRESS & GROOMING

STUDENTS shall abide by dress code to include:

Uniforms approved by the individual teaching institution.

Clothing must be clean and neat with no holes or wrinkles.

Head & facial hair must be clean, neat, and secured back off the face.

Scent of grooming products (i.e. perfume) or tobacco must not be detectable.

Jewelry must be small in size, no more that 2 earrings per ear. Body-piercing hardware and body art must not be visible.

Artificial nails may not be worn in the clinical setting.

Nails will be clean and trimmed. Polished nails in a single color in neutral, skin, pink or red tones, or french tipped are allowed, but without nail art.

If student is inappropriately dressed or appearance is not neat and clean, the student will be sent home.

Inappropriate jewelry will be removed.

Refer to HR Standard R-03 Dress & Grooming
IDENTIFICATION BADGE

The ID badge allows all patients, visitors, employees and physicians to recognize you as a student that is approved to be caring for patients.

Students with clinicals in SMH over 40 hours will be issued a photo ID badge.

Students under 40 hours will be issued a “generic name badge” which will be supplied by the Clinical Liaison prior to their rotation.

- This badge will be signed out and returned to Clinical Liaison or designee prior to the end of clinical rotation.

Badge will be worn on the upper torso of the body in a manner that allows all information, including photo, to be easily visible.

Name badges are to be worn at all times during their stay. Protect badge from metal objects, sun, penetration by pins etc. To prevent damage to the badge.

Refer to HR Standard E-19 Identification Badges
Drug Free Workplace

Substance abuse and chemical dependency are significant hazards to the health and safety of patients, visitors, co-workers, and individual employees.

St. Mary's strives to maintain a safe and productive drug-free work place while encouraging the enlightened view of substance abuse and chemical dependency as behavioral/medical problems which can be treated.

Substance abusive behavior includes:

- Sale, purchase, transfer, diversion, use or possession of controlled substances, designer drugs or alcohol
- being at work under the influence of prescribed drugs if performance is adversely affected
- being at work under the influence of illegal drugs or alcohol
Drug Free Workplace \textit{cont.}

Reporting for a clinical rotation under the influence of drugs or alcohol will not be tolerated and is unacceptable professional behavior. Therefore:

Any student suspected of being under the influence of drugs or alcohol will not be allowed to participate in clinicals.

If necessary, SMH will assist in making arrangements for safe transport home or a place to stay.

If appropriate, the incident will be reported to the student’s representative school or entity requiring the rotation.

Suspected substance abusive behavior should be reported immediately to a SMH manager, supervisor or instructor.

Refer to HR standard E-13 \textit{Drug Free Work Place}
Anti-Violence

St. Mary’s hospital will investigate and take appropriate action regarding any claims or acts of intimidation or threats of violence in the workplace.

Such conduct includes intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, use of or carrying weapons on hospital property, or any other act deemed inappropriate.

Bizarre or offensive comments regarding violence, carrying of weapons, vandalism and hostile behaviors are all considered in this category.

If a student observes such behavior, they should report it immediately to the Charge RN on the unit.

If a student is observed behaving in such a manner they may be asked to leave the campus pending an investigation.

Refer to Administration Standard #R-14 Anti-Violence
Harassment

Harassment includes:

- unwelcome sexual advances
- slurs, jokes other verbal, graphic or physical conduct relating to a person’s race, color, gender, religion, national origin, age, physical or mental disability, marital or veteran status.

SMH will investigate and take appropriate action regarding any claim of harassment against or by employees, contract staff, students, physicians, volunteers or other non-employees/vendors.

Harassment of employees or volunteers in connection with their work by non-employees will be investigated and appropriate action taken.

Any person who becomes aware of any harassment should report such to the Department Director, Senior Leadership Team member, or Human Resources Management for investigation.

Appropriate action will be taken with non-employees for violation of this policy.

Refer to HR Standard R-02 Harassment
PARKING

Construction will be part of your life throughout your entire course and will require your participation and adherence to provide parking for our customers.

**Students MUST park in Lot Q**

**south of the Farrell and Madden buildings**

_East on 7th & Bookcliff_

- Citations (tickets) will be issued to students parking in other areas.
- All parking citations (tickets) must be appealed within (10) days.

Refer to Administration Standard B-17 Vehicle Parking