

Edward Hospital Student/Instructor Orientation

Welcome to Edward Hospital.

We are glad to be able to allow students back. We have some updated infection control guidance:

- As of August 1, 2023, masks are now optional for all patients, visitors, and team members in all clinical settings unless otherwise indicated, or if the patient requests that you wear a mask.
- Masks continue to be recommended when caring for severely immunocompromised patients.
- Students may only be assigned to care for, or enter rooms of, COVID positive/rule out patients, if the student has been fit tested for a N95 mask (by the school) and documentation of this has been provided for our files. The hospital carries only certain N95 masks, if the student is tested on another type, then the student must self-provide the appropriate mask (N95 masks are not safely interchangeable)
- Personal Protective Equipment (PPE) including protective eyewear, should be worn per infection control guidelines for patients on isolation protocols. Personal eyeglasses are not a substitute for protective eyewear.
- Students/Instructors are not allowed to attend clinical if symptomatic (fever, GI, respiratory, flu). Those with symptoms or close contact with persons with COVID symptoms are asked not to enter the healthcare facility.

Please review the information in this document prior to your clinical experience at Edward Hospital. Instructors, please also read and share with your students the EEH Standards of Conduct document paying attention to Appendices A through I.

Quality Improvement or Research Projects for Capstone and Graduate students:

- **ALL** Quality Improvement and Research projects at EEH are reviewed by Nursing Research and EBP Council.
- **ALL** students are required to present quality improvement or research project to the Research/EBP Council **PRIOR to any implementation or intervention**.
- Any project involving EEH patients, staff, or data obtained at EEH is relevant to be presented to the Nursing Research Council. This is EVEN if your school has an IRB process or states your project will not need to be cleared by the hospital/Research Council.
- The IROC/IRB process **is required** if the results are to be published (even a poster presentation at a symposium).
- Research Council is chaired by Sandee Hayes and Deb Rodgers
 - Sandee.Hayes@eehealth.org
 - Debra.Rodgers@eehealth.org,
- It meets the 4th Tuesday of every month, 10-11am, at Elmhurst or via WebEx for Edward.
- Edward-Elmhurst Health Office of Research Administration (EEH ORA)

- Provides regulatory oversight and guidance to implement research within EEH
- Ensures human subject research meets local/federal regulations
- Collaborates with EEH Legal Counsel
- Coordinates EEH IROC resources
- Institutional Research Oversight Committee/ Institutional Review Board (IROC/IRB)
 - Determines if research is exempt (no further IRB approval needed, such as QI), or if the project needs further review
 - Ensures all research rules and regulations are followed
 - Helps answer methodology, design, data collection, or objective questions.
- Documents and more info for application to IROC and IRB located on E-Squared (intranet) under the Office of Research Administration
 - IROC/IRB meets monthly, 3rd or 4th Thurs, submission deadline is week prior.

Instructors: Prior to the beginning of the clinical rotation, you must contact the unit Educator and review unit standards and expectations. The Unit Leadership and daily Charge Nurse can assist you in making this the optimal experience for your students. Also please review this orientation handout with your students.

It is expected that the Instructor maintain supervision of the students and remain on the unit at all times. The floor RNs are also interested in involving students in floor activities and will help you identify other learning opportunities as they arise.

Please spread out the student assignments to find appropriate clinical experiences. We understand this may make it a challenge for oversight and close contact with the students. Please let the Charge Nurse and the Students know how to contact you on the patient unit.

Here are some suggestions from the inpatient management team for student assignments:

1. Arrive an hour early to make assignments
2. Print out a census
3. Have a conversation with the Charge Nurse regarding:
 - Available RNs to assign students to
 - Nurse residents on the floor working with an RN (do not use)
 - New hire staff on the floor working with an RN (do not use)
 - Any patient/family situations that would not be appropriate to assign a student
 - Make your assignments. Please identify which students will be passing medications. Also identify which patients will receive their medications from a student/instructor.

If you have a day clinical:

1. At 7am, you and the students need to be in the break room for the inter-shift huddle (unless the unit has asked that only the instructor attend)
2. After general information is given to the day staff, you may communicate the assignments to the day RNs.

If you have an evening clinical:

1. At 7pm, you and the students need to be in the break room for the inter-shift huddle (unless the unit has asked that only the instructor attend)
2. After general information is given to the day staff, you may communicate the assignments to the day RNs.

For Precepted Clinical Experience Students:

1. Student will work according to assigned Preceptor RN's schedule. If Preceptor RN is ill or canceled, another floor RN can substitute.
2. Same restrictions for student-allowed skills as listed below.
3. Clinical Instructor is not on-site daily but will check in with student and Preceptor RN periodically.

Edward Hospital uses Epic. Students will be assigned an identification number and initial password to access Epic in a view-only status. Epic will prompt you to change your password during your initial login with the temporary password. Please contact the Epic Support line at ext. 77900 for problems.

Instructors will be assigned broader Epic access and will be able to document medication administration.

Edward Hospital realizes students are learning and need experiences, but we do not allow the following activities, by either students or instructors:

- Perform blood glucose monitoring
- Start peripheral IVs
- Draw blood
- Obtain or administer blood or blood products
- Accept verbal or telephone provider orders
- Accept critical lab results
- Insert/remove any urinary catheters or straight caths
- NG tube insertion
- Administer oral or IV chemotherapy
- Document in the electronic medical record (aside from documentation of a student med administration by an instructor)
- Assign a student to care for a COVID or COVID rule-out patient, unless the school approves and the student has been fit-tested for a N-95 mask (by the school) and documentation of this has been provided for our files.
- OB specific: Remove an infant from the mother/father's presence without an Edward employee present

Conference Rooms

1. If your unit has a unit conference room, check with the Unit Leadership to see if it might be available for your pre-post conference. The Unit Leadership will also let you know where they would like students to keep their belongings and if they do not want the students to participate in the inter-shift huddle.
2. If you need a conference room scheduled, please contact Edward_Hospital_Student_Rotations@eehealth.org.
3. If the conference room, which you have scheduled for, is locked, call Public Safety ext. 73399.

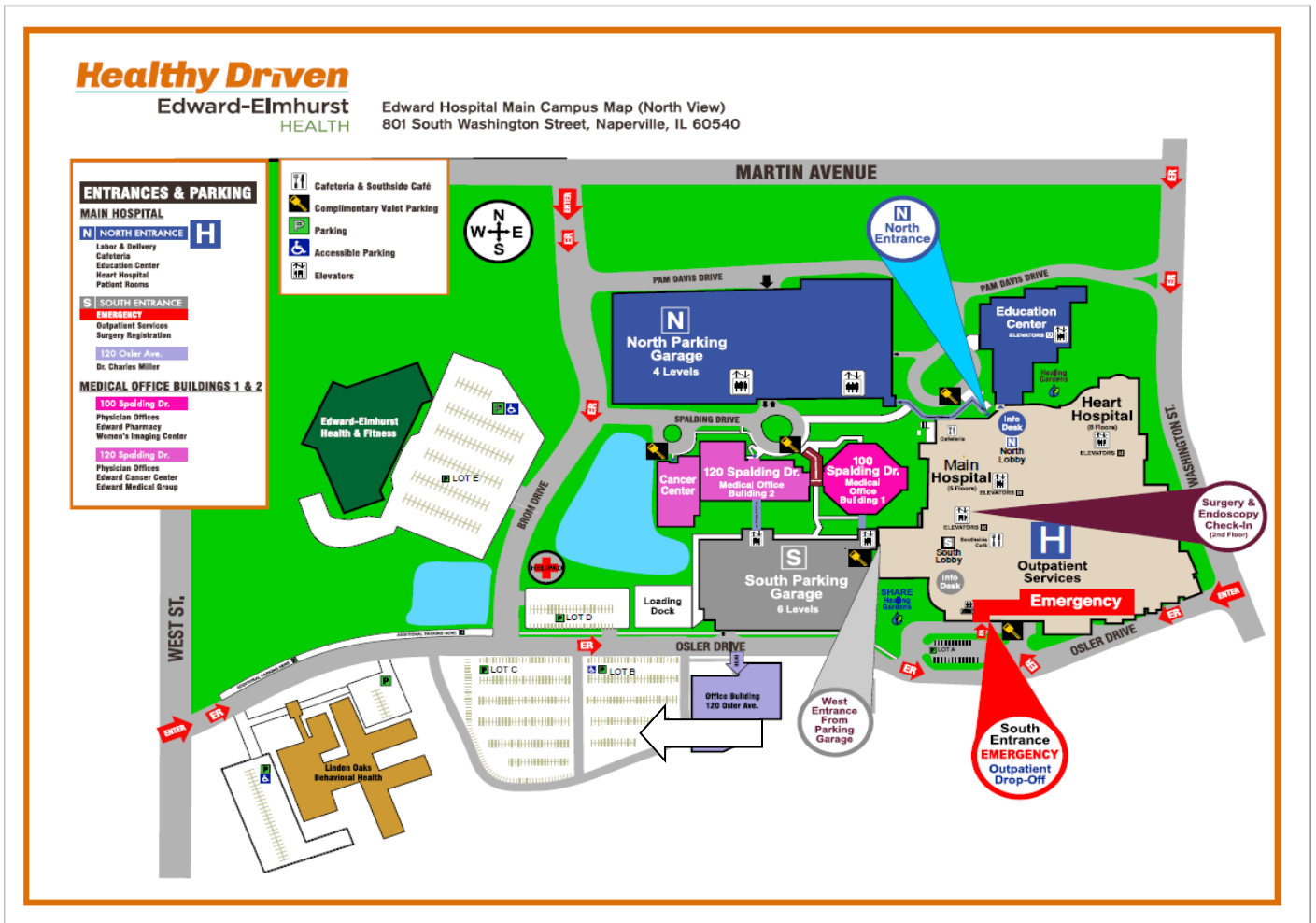
Medication Administration

1. Instructors are allowed Pyxis access. This access will be requested for you and may need to be re-requested if you return but are assigned to a different unit.
2. Instructors oversee medication administration by students.
3. Instructors document in Epic using the barcode scanner in the patient room.
4. If you give PRN pain medication, please notify the RN caring for the patient to ensure reassessment of the patient's pain.

Edward Hospital Information for Students and Instructors

1. **Parking and Entering the Main Campus Building**
 - a. Parking lots are labeled A, B, C, D and E along with the South Parking Garage and the North Parking Garage. Our plan is that visitors/patients are directed to park in the parking garage closest to the hospital entrance.
 - b. Students (and instructors) are required to park in the EMPLOYEE Lots B, C, and D. Those coming in for the night shift may park in the North Parking Deck after 2 pm.
 - c. Public Safety patrols for staff/students parking in patient/visitor areas. Tickets will be issued for parking in non-employee areas. Repeat occurrences will be addressed and may have parking privileges revoked. If you have a special issue or need, please contact the Public Safety Department. If you have a need to be here as a visitor, or as a patient, and need to park in patient/visitor areas, please notify the Public Safety Office.
 - d. Employees/students may enter the hospital using the West entrance from the South Parking Garage. These entrances are shown on the next map.

- e. The public elevators are on the Main Hallway at the front of the building and are always accessible and available for use. Students and staff are allowed to use the public elevators, unless transporting patients.



- f. We ask that employees/students not use the Emergency Department Walk-In entrance and not walk through the Emergency Department to access other areas of the hospital.

Access Badges

1. Badges are absolutely critical for access to the employee entrances, non-public areas, staff elevators and some parking lots.
2. Process to obtain Student/Instructor Access Badges
 - a. Badges for the students and instructor are requested when all paperwork is received from the school coordinator.
 - b. Badges can be obtained on the first day of clinicals from the Public Safety Desk in the South Lobby near the Emergency Department.
3. The Student Temporary Access badge must be returned at end of each Clinical (even if returning to Edward) or a \$15 fee is charged.

4. If there is a problem with the badge access please contact Peg Cross to submit a Service Now IT Ticket 630-527-3934 or Edward_Hospital_Student_Rotations@EEHealth.org

Moving around the Main Campus Building

1. Staff-only areas and elevators (and stairwells)

- a. Staff elevators may or may not be able to be summoned without an Access badge.
- b. Staff elevators are silver and located near or behind public gold elevators. Students are allowed to use public elevators (unless transporting a patient) and staff elevators.
- c. Other locked rooms on the patient floors have number pad locks and/or badge readers, i.e. med, supply, nourishment, equipment, soiled workroom.

Unit Construction

1. 1st floor/South Side

- Emergency Department
- Outpatient Admission Area
- Labor and Delivery
- Radiology and Laboratory
- Pediatrics/PICU
- NICU
- Starbucks

2. 2nd floor

- Endoscopy, Pre-op, Surgery, Recovery and Ambulatory Surgery
- Cath Lab (Invasive Cardiology) and CT suite
- OB unit

3. Adult Inpatient Units

- Rms 301-333 Surgical Care Unit (Bed Tower)
- Rms 351-386 Ortho/Spine (South Tower)
- Rms 401-433 Medical Oncology (Bed Tower)
- Rms 451-474 ICU (South Tower)
- Rms 501-532 Pulmonary Medicine Unit (Bed Tower)
- Rms 2600-2627 CTU 2 (Heart Hospital)
- Rms 3600-3627 CTU 3 (Heart Hospital)
- Rms 6600-6621 Cardiac Neuro ICU (Heart Hospital)
- Rms 7600-7627 CTU 7 (Heart Hospital)
- Rms 8600-8627 CTU 8 (Heart Hospital)

4. Tube System/Equipment Room/Crash Cart

Tube Station, Equipment Room and Crash Cart - discuss their location with unit management.

Patient Room Environment

1. Lift Equipment

- a. Ceiling lift equipment is located in some inpatient rooms

- b. If patient needs lift assistance, an appropriately sized sling or Repo-sheet is obtained from equipment room
 - c. For patient safety, unit staff have been trained how to use equipment, students may assist unit staff
 - d. Portable equipment is available on each unit.
 - Sabina—sit to stand
 - Golvo—total lift
- 2. Beds-**
- a. Each bed has a built-in scale, which should be zeroed before the patient is placed in the bed. Linen Standard on the bed for weights is bottom sheet, top sheet, draw sheet, (incontinence pad, if needed), pillow and case. If additional equipment is continually on bed, i.e. CPM, zero bed w/ equipment on and pass on info to other staff via profile.
 - b. Ensure the wheels to the bed are locked and bed is in the lowest position.
 - c. If patient is a High Fall Risk, ensure the bed alarm is on before leaving the room.
- 3. Fall Prevention**
- a. Safety Interventions applicable for all patients
 - Bed in low position, wheels locked
 - Adequate lighting
 - Room clutter free
 - Personal items and call light within reach
 - Patient is reminded to “Call, don’t fall”
 - “Foot in the Door” process - stay with patient who is taken to the bathroom with your “foot in the door” to remain able to immediately assist, while providing privacy
 - Do not leave a patient on a commode unattended.
 - Staff is to ask, “Is there anything else you need?” before leaving the room, especially during interactive hourly rounds
 - b. Fall Risk is communicated to all disciplines via Epic, Unit Manager and the dry erase board in patient room
 - c. Use Fall Risk Interventions:
 - Develop individualized Fall Prevention Plan of Care, according to patient risk factors. Fall Risk Wristband (Yellow) and nonskid socks.
 - Check patient more frequently than hourly rounds, offer toileting assistance, stay with patient when up.
 - Educate Patient and Family re: fall precautions, encourage to ask for help
 - Use bed alarm for ALL High-Risk Fall patients or as per patient need
 - Chair alarms are in each patient room and used at RN’s discretion. The alarm must be plugged into the wall jack.
- 4. Patient area**
- a. Bed
 - CPR button at foot of bed will flatten HOB and knees for CPR. Manual release is at the HOB (except Bariatric Bed, it is at FOB).
 - b. Dry Erase Board

- Has RN and PCT names, and name the patient wishes to be called
- Other pertinent information for patient, plan for the day, activities, diet, and test/procedure times.
- Reviewed and updated at Bedside Shift Report
- c. Patient Telephone
 - Need to dial 8 first when placing a call outside of the hospital.
 - The phone number for the kitchen is 7-3663
- 5. Call Light/Emergency Buttons**
 - a. Student can turn off call lights manually by pressing the Black (Cancel) button
 - b. Emergency Buttons (red button) and Code Blue (blue lever)
 - Call #66 for overhead paging for RRT, Code Teams

Patient Care Services Processes and Procedures

1. Room Service/Mealtimes

- a. Patients can order food, using Room Service Menu in room, as they wish between 6:30 am and 7:30 pm. Food will be delivered within 45-60 minutes.
- b. Room Service Attendant will NOT deliver tray into an Isolation room, unit staff will need to deliver the tray to the patient.
- c. Room Service Attendants will notify patient's RN if a diabetic patient's tray is brought to the floor, for double check of glucose test performed and insulin administration.
- d. Unit Staff collect soiled trays, record oral intake and percentage of meal taken in Epic and place trays in the Dirty Tray Cart in the Soiled Utility Room.

2. Patient Directed Visitation

a. General Visiting Guidelines

- See current visitor guidelines

3. Contenance Plan

- a. Helps patient maintain/achieve optimal elimination function and continence with dignity. We utilize stationary or rolling commodes.



- b. Products: disposable under-pads, adult pull-ups, adhesive pads for underpants. Use with discretion, only one disposable pad on bed at a time, use pull-ups only when necessary for patient dignity.
- c. Minimize use of indwelling catheters.
- d. External Catheters: Purewick Female, Primofit Male external catheter, and Male Condom with RN order.

4. Purposeful, interactive Hourly Rounding

- a. RN or PCT is to check in with the patient on hourly basis, at a minimum.

- b. Address the 4Ps: Pain, Positioning, Potty and Possessions

5. Pharmaceutical Waste Management

- a. Pharmaceutical waste is handled according to Federal regulations. Pyxis and Epic prompt correct disposal into containers in soiled utility room.
- b. BLUE container: non-hazardous pharmaceutical waste
- Vials that are full/partially full, oral meds/half tablets
 - If syringe is partially filled, expel into Drug Buster container found in the medication room, empty syringe into Sharps container.
 - Examples include lidocaine, heparin, antibiotics and Marcaine.
- c. BLACK Container: Hazardous and Chemotherapy Pharmaceutical Waste
- Hazardous material is identified by a message in Pyxis, med worksheet, in Epic or labeled with a BLACK dot directly on med.
 - Examples include: *Pharmacy Labeled* vials, IV bags/tubings, package wrappers from Coumadin and Nicotine Patches (Coumadin or Nicotine discarded med), insulin, Silvadene and some vaccines.
 - If a *Pharmacy Labeled* syringe is partially full with medication, expel into Drug Buster container, and the empty syringe into the Sharps container.
 - Chemotherapy Waste
 - i. Bulk and Trace Chemotherapy is disposed in Black Bin, including medications and containers that are NOT empty.
 - ii. Chemo IV bags/tubings with free-fluid residual, refused or partial oral chemo meds and chemo spill cleanup material
 - iii. PPE Saturated in Chemotherapy
- d. GREEN Container: Aerosol Waste
- Canister Inhalers, Aerosol medications
 - Albuterol and QVAR Inhaler
- e. RETURN TO PHARMACY-Some hazardous waste must be separated and disposed of by Pharmacy. They CANNOT be placed in the BLACK container.
- These meds are identified by Pyxis message “Return to Pharmacy for Disposal”, in Epic or labeled directly on the medication.
 - Corrosives and oxidizers (unused silver nitrate sticks)
 - Place these medications in a Ziplock bag and Return to Pharmacy
- f. Regular Trash can: empty packaging/wrappers (except for Coumadin and Nicotine packages) empty maintenance IV bags, empty vials and gloves, used silver nitrate sticks
- g. Drain/Sink: Plain IV solutions or with additives such as dextrose, NaBicarb, KCl, KPhos,
- h. Controlled Substances: continue to witness and waste. Cut up narcotic patches and place in the Drug Buster container.
- i. Sharps Container: needles and empty syringes
- j. Red bags/Containers: infectious or bloody/bags/tubings/dressings

6. Bedside Shift Report: SBAR

- a. **S (Situation)**
- b. **B (Background)**
- c. **A (Assessment)**
- d. **R (Recommendation)**

7. Patient Identification Process-for meds, treatments and tests

- a. Full name and date of Birth
- b. Compare against printed copy or computer screen (i.e. medication worksheet or profile)
- c. Can verbally ask patient for identification (best to ask to spell) or use ID band

8. Epic Access

- a. Instructors receive Epic access to document medications in the electronic medical record, using Bedside Medication Verification. All other documentation will be done by the Edward nurse assigned to the patient.
- b. Student are given view-only access in Epic
- c. A confidentiality form will be completed for all who have access to the Medical Record.

9. CPOE (Computerized Physician Order Entry)

- a. Physicians have been trained in CPOE which allows physicians to enter their own orders electronically and from remote locations.
- b. Nursing Instructors are not expected to enter orders, nor should they be calling physicians for new orders. The RN assigned to the patient can help facilitate new order acquisition if needed.

10. Medication Administration

- a. Instructors can receive a Pyxis Code. They will remove and chart medications administered by students. Bedside Medication Verification is used to verify medication and correct patient and to chart medications.
- b. Instructors and students will not administer Oral or IV Chemotherapy
- c. Double check insulin and heparin doses with another nurse before administration (and other high-risk meds as prompted in Epic)
- d. Metered Dose Inhalers (MDI) initial administration is by the Respiratory Therapist, transition to RN when patient is competent (it will be noted if Nursing or Respiratory will administer). MDI medication is kept in locked patient-specific bin within the Pyxis.
- e. Scheduled Medication timing has been aligned with CMS Guidelines to allow flexibility in medication administration and individualizing care
 - You have a 1 hour before and 1 hour after “window” for medication administration.
 - Medications considered “Time Critical” are administered no more than one-half hour before or after the scheduled time. This includes meds such as insulin, heparin and those scheduled for Q4H or more frequently

11. Glucose Monitoring

- a. Neither Instructors nor students are allowed to perform bedside glucose monitoring test. Training is required and a confidential User ID is required to access the device. Students may observe.

12. DNAR – Do Not Attempt Resuscitation/POLST

- a. A Purple band is used, to identify DNAR patients. The physician will have given the DNAR order.

13. Restraints

- a. Check with the RN caring for the patient, or the Charge Nurse for use and documentation requirements. The RN has responsibility for documentation.

- b. Restraints can be removed for patient care and re-applied after care.

14. Unit Manager is a patient tracking system in EPIC

- a. Staff Assignments
- b. Patient's data and alerts
- c. Patient Schedule/Tests/Location of patient

15. No Smoking Environment

- a. Staff, Patients, Visitors and students cannot smoke or vape anywhere on hospital campus, including parking areas and in your car.

16. Observation Schedules

- a. If observation time is desired in an area other than your clinical assignment, Instructor, please make individual arrangement with manager/assistant manager of the area ahead of the observation day.

17. Accidents/Injury

- a. Accident/Injury
 - Inform Charge Nurse
 - An RL6 Safety Event Report is to be completed for all injuries even if you do not choose to go to the Emergency Department
 - Students (including those students who are employees of EEH) and instructors (including those who are employed by EEH while working for school) may go to the Emergency Department if needed using their personal/group health insurance.
 - Occupational Health is only available for those students/instructors whose schools are covering the charges and cannot process personal/group health insurance claims

18. Student Bloodborne Exposure

- a. For exposure via a needle stick or non-intact skin, clean the site with soap and water immediately or as soon as feasible.
- b. For exposure via a splash to the eyes or mucous membranes, flush with water immediately or as soon as feasible.
- c. Notify your instructor and/or charge person.
- d. Seek medical evaluation in the Emergency Department before returning to the clinical area.
 - Students and faculty (including employees working as faculty) are responsible for the expense of their medical care for injuries or illnesses sustained as a direct or indirect result of his/her affiliation with the facility.
 - It is important that you treat any exposure (or any on-the-job injury) seriously.
 - If you have an exposure, do not wait until the end of your shift or the next day to be seen by the Emergency Department.
 - The CDC (Centers for Disease Control) states that if your exposure was to a patient carrying the HIV virus, you need to receive treatment within **hours** of the exposure. If you wait a few days to be treated, it may be too late.
 - Fill out an RL6 Safety Event Report