

INTEGRIS Health Student and Faculty Clinical Orientation

INTEGRIS Southwest Medical Center (ISMC)

INTEGRIS Baptist Medical Center (IBMC)

INTEGRIS Mental Health Spencer

INTEGRIS Baptist Medical Center Portland Avenue (IBMC-PA)

INTEGRIS Canadian Valley Hospital (ICVH)

INTEGRIS Health Edmond (IHE)/Arcadia Trails

INTEGRIS Lakeside Women's Hospital

INTEGRIS Bass Baptist Health Center, Enid (IBBHC)

INTEGRIS Meadowlake (Enid)

INTEGRIS Miami Hospital (IMH)

INTEGRIS Grove Hospital (IGH)

Faculty and Student General Information

We want to extend a hearty welcome to all nursing students, faculty and clinical instructors. We are committed to helping you meet your clinical objectives by providing a variety of meaningful clinical experiences! Orientation is required once a year. Students and faculty should review the information in this packet and submit the attestation of completion via the Clinical Exchange. Faculty at the Miami and Grove campuses should submit the orientation sign-in sheet to the clinical placement coordinator indicating the orientation has been completed.

Student/Faculty Requirements:

- All student and faculty required documents must be submitted prior to students beginning their clinical experience.
- No student or instructor will be allowed to start clinicals until all requirements have been met and submitted.
- All approved Clinical Exchange slots must have a student and instructor assigned with a green thumbs up no less than 2 weeks prior to the first clinical date.
- All unassigned slots will be cancelled and made available for other programs to utilize.
- Contact information listed in the Clinical Exchange for students and instructors must include the phone number that will be used during clinical hours (not an office or home number).
- Instructors must contact the nurse manager of their assigned units prior to the beginning of the clinical experience to arrange any additional required orientation and provide the following information:
 - Number and level of students
 - Faculty contact information
 - Dates and shifts on unit
 - Specific clinical objectives including limitations and what skills and patient care will be done by students
 - Number of patients each student will be assigned
 - What staff can expect from instructor (frequency of rounding, level of supervision for specific skills, etc.)
 - Please refer to the Clinical Exchange for nurse manager contact information.
 - **Students and instructors assigned to the women's, pediatric or mental health units are required to complete additional orientation prior to the start of the clinical rotation.**
- It is required that all student assignments are posted along with a list of skills that the students are able to perform and the clinical instructor's contact information.
 - When making assignments, instructors should be aware of the type of isolation a patient is prescribed. A student may not take care of a patient with TB unless the student has been fit tested with the appropriate mask.
 - Students and/or instructors should ask patient's permission to care for them before the assignment is finalized.
- Students, please be prepared to share with the staff your objectives and skills you are allowed to perform each clinical day. The staff is working with multiple disciplines of students from multiple schools, as well as students at varying points within their programs of study.
- In accordance with the Affiliation Agreement, clinical instructors shall:
 - Remain in the facility at all times directly supervising students.
 - Adhere to the clinical dates, locations and number of students approved in the Clinical Exchange.
 - Provide verification that students and faculty have read all orientation material.
 - Contact the department director/manager for orientation to the nursing unit (if required).
 - Provide verification of all pre-clinical requirements being completed.

- Adhere to all facility policies including dress code and confidentiality requirements.
- Ensure students do not perform any skills/actions that are restricted by the facility.

COVID-19 Guidelines

Please ensure you obtain the most updated guidelines and review prior to your first rotation with INTEGRIS Health.

Computer Orientation

- All documentation at INTEGRIS is electronic. It is mandatory that instructors and students obtain view only access by completing the following:
 - Students and clinical instructors must review the Inpatient Student View Only Access Guide and submit the attestation of completion.
 - Instructor or clinical coordinator must submit the completed INTEGRIS Health Epic Student Access Request Form. One request form may contain all nursing students that will attend an INTEGRIS facility for the school year. Epic access will be maintained for one academic school year. Students will be expected to only use their Epic Access during their scheduled clinical rotation.
 - Instructor and student information must be complete and include a school email address.
 - This form must be completed electronically, saved as an excel document and submitted via email to the appropriate clinical placement coordinator as an email attachment at least 2 weeks prior to clinicals.
 - Instructors will receive regular email updates regarding the progress of each of the students with submitting the required documents.
 - Instructors will receive a final email with an ID number for each student in their clinical group. The student will then contact IT at 405-949-4086 to obtain and set up their EPIC Network ID and password.

Parking/Cafeteria:

- **ISMC:** Students are required to park in the employee parking located in the far parking lot in front of the hospital by 44th and Western.
- **IBMC:** Students are required to park in employee parking located across from the east entrance of the hospital on Independence Street. Easy access to the hospital is provided via the Independence Street underground walkway.
- **IBMC-PA:** Students should park in the southwest parking lot off Portland Ave marked visitor parking.
- **ICVH:** Please refer to ICVH map on the orientation web site. Students are required to park in the areas shaded yellow on the map.
- **IHE:** Students are required to park in the designated employee parking.
- **Lakeside:** Students are required to park in the designated employee parking.
- **IBBHC:** Students are required to park in the Southwest parking lot, or the back row of the OB/ER parking lot.
- **IMH:** Student should park in south gravel parking lot next to Steve Owens Blvd.
- **IGH:** Students should park on the north side of hospital.

***Please note students who are not in compliance with the parking guidelines above risk being ticketed or booted.**

Eating Facilities: Faculty and students receive a 30% discount on meals in the cafeteria if wearing your school name badge.

- **ISMC:** The cafeteria is located on the first floor of the main hospital and is open from 6:00 am-7:00 pm.
- **IBMC:** The cafeteria is located in the concourse area of the main hospital and is open from 6:30 am-2:00 pm, Monday – Friday and 6:30 am-6:00 pm on weekends. Night shift food service is available 6:00 pm – 2:00 am. The Atrium Deli located in the dining room is open 11:00 am-6:00 pm Monday – Friday.
- **IBMC-PA:** The cafeteria is located on the first floor open from 6:30 a.m-7:30 p.m.
- **ICVH:** The cafeteria is located on the first floor near the main entrance of the hospital and is open from 7:00 am – 10:00 and 11:00 am – 2:00 pm.

- **IHE:** The cafeteria is located on level “C” (café) level. The Grill is open from 7:00 am – 10 am and 11am – 1:30 pm Monday – Friday. Grab & Go is open from 2:00 pm – 4:00 pm Monday – Friday.
- **Lakeside:** Lakeside does not have a cafeteria. Please plan to bring your lunch and/or dinner.
- **IBBHC:** The cafeteria is located on the first floor on the North side of the facility. It is open Monday – Friday 7:00am – 8:30am, 11:00am – 1:00pm and 4:30pm – 6:00pm. Saturday and Sunday open from 11:00am – 1:00pm.
- **IMH:** Cafeteria hours: 6:30 am – 3:00 pm
- **IGH:** Cafeteria hours: 6:30 am – 6:30 pm

Clinical Evaluation:

In order to continue to provide the best possible clinical experience, we seek student and faculty feedback. Please complete the faculty and student evaluation tools provided and submit them to the Clinical Education department. We also ask that you distribute the staff evaluations to at least two RN’s per student. The staff will mail the evaluation tools directly to Clinical Education.

Library Services and Clinical Resources

While you are here as a student, you may use your INTEGRIS network username and password to access the SOURCE page where you will have access to all the clinical resources, policies/procedures listed on the following pages and much more.

INTEGRIS Clinical Placement Coordinators:

Whitney Cole MSN, RN

INTEGRIS Health Metro Clinical Placement Coordinator

Office of Nursing Support

E-mail: Whitney.Cole@integrisok.com

Office: 405-945-4859

Jamie McAlister, RN, BSN, CEN, NREMT-P, BSBA

INTEGRIS Bass Baptist Health Center (Enid) Clinical Placement Coordinator

Clinical Education Consultant

Nursing Education

E-mail: Jamie.McAlister@integrisok.com

Office: 580-548-1376

Greg Smith, RN

IBRHC (Miami)/IGGH (Grove) Clinical Placement Coordinator

E-mail: Gregory.Smith@integrisok.com

Phone: 918-540-7476

Fax: 918-540-7477

Deanna Carey, MSN, ACNP-BC

Program Manager, Office of Advanced Practice

Phone: 405-604-8460

Fax: 405-815-6150

Barbara.Carey@integrisok.com (Email Subject: APP Student Placement)

Steven O Kilburn LPN

Manager Clinic Operations- Primary and Specialty Care Clinics

Email: Steven.Kilburn@integrisok.com

**Guidelines for Nursing Students/Faculty
(Tips for a Successful Clinical Rotation)**

1. Please be familiar with the normal routine of the unit and personnel responsibilities for your assigned shift.
2. Please let someone (Faculty, Clinical Director, Team Manager) know if clinicals are not going smoothly during the rotation.
3. At the beginning of each student clinical rotation, communicate to the RN your objectives and responsibilities for the shift, (i.e., “I will do total patient care”, or “I’ll do meds and treatments only”, or “I’ll do ADL’s only”). You should also let the RN know if you will be leaving the unit early (before the end of the shift) for post conference.
4. If you do not know which care providers (RN, LPN, NA, etc.) are assigned to your patient(s), ask the Health Unit Coordinator or lead nurse for names and contact information.
5. All documentation at INTEGRIS Health is electronic. Patient documents **may not be printed from the EHR** so please have your network username and password to access necessary documents while in the clinical area.
6. If you leave the floor, please let the RN know. Please schedule your breaks around patient needs.
7. When you leave the unit at the end of the shift, please report off to the RN, paying close attention to VS, FSBS, medications given, and overall condition of the patient. If there is a NGT, foley catheter, chest tubes, etc., please report on patency, output and any other pertinent information. **All documentation must be complete** prior to leaving the unit.
8. If you do not know what a drug is, **DO NOT GIVE IT!** If you do not know if an IV drug is compatible with what is infusing, **DO NOT GIVE IT!!**
9. All medication administration must be directly supervised by a RN.
10. Please feel free to help anyone on the unit. We appreciate another pair of hands, regardless of whether or not it is “your patient”.

11. There are no stupid questions. If you do not know something, or do not understand something, ask. The purpose of clinicals is to provide a safe and supervised
12. environment for you to practice the skills and art of nursing. We want your clinical experience to be positive for you as well as for our staff and our patients.

Protecting Privacy and Security of Health Information What Can I Do?

1. Never put paper containing PHI in the trash bin. Shred it.
2. Watch hallway and cell phone conversations – make sure you are not being overheard if possible.
3. Don't leave patient charts or documents containing PHI lying around where others might see it. Turn it over or file it.
4. Turn computer screens away from open view. Use screen protectors.
5. Do not print PHI from the electronic medical record.
6. Do not release PHI to anyone that is not a part of the patient's care team.
7. Secure all laptops and mobile devices containing PHI. Do not leave unattended.
8. Protect your computer password. Never share it with anyone.
9. Change your password at least every 4 months. Make your password hard for someone to guess. Don't use common words such as sports teams, children's names, or birthdays, etc. Use a mixture of at least 8 upper- & lower-case letters and numbers.

INTEGRIS Health

Policy and Procedure Review

As described in the Affiliation Agreement, students are subject to all of the INTEGRIS policies and procedures. All of the policy and procedure manuals are available online. The following is a summary of some of the policies/procedures that the students need to be familiar with prior to the beginning of the clinical rotation. For more information on these policies please refer to the INTEGRIS Inside Page.

Nursing Process Standards

- The nursing care team includes Registered Nurses, Licensed Practical Nurses, Advanced Unlicensed Assistants, Health Unit Coordinators and other specialized nursing personnel
- For all patient populations Registered Nurses assume responsibility for leading the nursing members of the team
- The Registered Nurse is accountable for assessment of patient needs and responses, implementation/delegation of direct care components based on the plan of care, evaluation of the effectiveness and interventions, revision/update of the plan of care and informing physicians and other members of the health care team of observations, conclusions and interventions affecting the care of the patient
- On admission, each patient will be assessed by a Registered Nurse in collaboration with the patient, significant others, the physician and other members of the health care team. **The plan of care** which is based on the patients assessment includes the prioritization of the patient's needs and **is reflected in the on-going patient care documentation**

Student Affiliation Agreement

- Students should be able to articulate or provide written objectives for their clinical experience. Staff may contact the clinical instructor at any time when working with a student if assistance is needed in helping the student meet his/her clinical objectives
- No student will be allowed to perform patient care without a clinical instructor in the hospital
- INTEGRIS prohibits possession and use of marijuana at work (including INTEGRIS facilities and property) and this prohibition extends to employees, vendors, volunteers and students with a medical marijuana license.
- Students will perform procedures, which the student has studied in the academic area with the permission of the school, faculty, the patient's primary nurse, and the patient. The instructor and nursing staff will provide supervision. The student will not perform activities outside of their realm of knowledge and practice. The student will not perform activities or procedures, even if trained to do so, if the hospital does not allow its staff to do so with their licensure.
- Student's will not be permitted to perform any of the following:
 - Double check medications or blood products
 - Begin or discontinue blood products, chemotherapy, or experimental drugs and therapies
 - Perform arterial blood gas puncture
 - Accept orders from physicians or other health care professionals in person or by telephone
 - Remove Pulmonary Arterial Catheters
 - Remove Arterial Sheaths
 - Access implanted ports

Confidentiality and Patient Privacy/Rights

- Patients have a right to personal and informational privacy regarding their hospitalization.
- The patient has the right to be interviewed in surroundings designed to assure his/her privacy
- The patient has the right for all communications and other records pertaining to his/her care to be treated as confidential
- The patient's medical record should be reviewed only by personnel directly involved in the patients care. Anyone discovered to be accessing patient information not necessary to carry out their assigned duties will be considered for immediate disciplinary action.

Policy and Procedure Review (cont'd)

- At the request of the patient, additional privacy may be afforded by classifying the admission as confidential or strictly confidential
- Confidential status implies that the patient's room number is not revealed to anyone calling or visiting the hospital.
- Comprehensive and compassionate pain management will be provided for all patients through individualized treatment of total pain including physical, psychological, social and spiritual components
- Patients are informed of their right to effective pain management
- All patients are assessed for pain on admission, during each nursing assessment and as indicated based on the condition of the patient. This assessment is documented on the Admission History and during each shift based on patient condition.
- The pain scale (0-10 point scale) is used to assess, document and evaluate pain relief measures. The Wong-Baker scale may be used for young children and cognitively impaired or aphasic patients. The pain scale is printed on the initial assessment form.
- A pain level of 4 or above or any pain rating unacceptable to the patient requires intervention. Requests for assistance with pain management will be communicated immediately and addressed within 10 minutes by the Registered Nurse. The patient is evaluated within one hour following the administration of medication or non-pharmacologic interventions for pain.
- Non-pharmacological strategies such as repositioning, massage, distraction, relaxation, guided imagery may be initiated as nursing intervention (note: heat, cold, ice therapy require a physicians order)
- INTEGRIS Health does not support the deceptive use of placebos in assessment and management of pain.

Medication Administration

- A physician's order is required for the administration of any medication.
- Medications are prepared and administered following the six rights of medication administration – right medication, right dose, right time, right route, right patient and right documentation.
- Nursing students will administer medication only under the direct supervision of their instructor or other licensed nurse.
- Students may not administer by any route chemotherapeutic agents, blood or blood products, research drugs or medical marijuana.
- The patient's allergies should be verified prior to administering medications

Dress Code

- School uniforms are acceptable for students and faculty.
- No t-shirts or hoodies may be worn in the patient care area.
- Identification pins/badges with name and title clearly visible must be worn at all times.
- White hose or socks and clean, clean nursing shoes or athletic shoes with closed heels and toes are required.
- If students are in the patient care areas for purposes other than direct patient care (choosing patient for next day, chart review, etc.) properly fitting, clean, pressed tailored street clothes may be worn with a white lab coat. Casual clothing of any kind such as, but not limited to, shorts, sweat suits, jeans of any color, capri-style pants, casual t-shirts, and sweatshirts are unacceptable attire.
- Hair must be kept neat and clean. Hair of shoulder length or longer that falls forward when the person bends forward shall be tied back or up. Extremes in hair color, such as purple, green or orange are to be avoided. Facial hair should be well groomed and neatly trimmed and may not interfere with personal protective gear.
- Fingernails should be clean, of reasonable length and not interfere with job performance. If nail polish is used, extreme shades such as black, blue, purple, green or yellow colors should not be used. All nails must be solid in color and the same color. No nail jewelry or art is allowed. Artificial, extender or overlaid nails will not be worn in patient care areas.
- Jewelry worn should not detract from a professional appearance or create a safety risk.
- Two earrings in each ear are allowed. Ear gauges may not be larger than 5/8 inches (16 mm); excessive jewelry language has been removed from the policy and departmental guidelines should be followed.
- Visible tattoos are allowed but must not be unprofessional, offensive, inappropriate, or indecent. Tattoos are prohibited on the face (except for permanent eye/lip makeup), throat, and front of neck; such tattoos must be covered.

Patient Identification

- Patients will be properly identified with an armband. In the event of the inability to use armbands on the extremities, an alternative form of identification will be used.
- Patient's name and date of birth have been chosen to be used as the primary patient identifiers within Patient Care Services.
- All employees/students are required to identify a patient by viewing the patient's armband before giving medications, performing any treatment or procedure, or transporting of the patient.
- If a patient's armband is absent, the patient's nurse should be notified.

Vital Signs

- Blood pressure, pulse, respiration and temperature are taken at least twice a day on all patients routinely at 0800 and 1600.
- Vital signs are taken at least every 2 hours on all patients in special care areas.

- Respirations are taken before a patient receives morphine or any drug(s) which may suppress respirations.
- A pulse is taken before Digoxin is given. Digoxin is “held” on patients with a pulse below 60 and the physician notified.
- Pre-operative vital signs are taken within 30-45 minutes of patients going to surgery.
- Post-operative vital signs are taken immediately upon arrival to the floor and every four hours x 4.
- Blood pressures are taken via the brachial artery unless contraindicated by: amputation, AV shunt and/or fistula, burns, operative site, infection, injury, IV site.

Medication Administration-Time Standards

- The institution’s recognized times of medication administration are as follows:

Daily	0900
Anticoagulants	1200 (noon)
Insulin every AM	30 minutes prior to breakfast
Insulin every PM	30 minutes prior to dinner
Before meals	½ hour to 2 hours before meals
After meals	½ hour to 2 hours after meals
Bedtime	2100
BID	0900 – 2100
TID	0700 – 1400 – 2100
QID	0900 – 1300 – 1700 – 2100
STAT	IMMEDIATELY (within 10 minutes of pharmacy notification)
NOW	ASAP (within 30 minutes of pharmacy notification)
- **A variance of 30 minutes before or after the scheduled times for the administration of medication is acceptable with the exception of STAT or NOW doses or those doses scheduled to be given before or after meals.**

Fall Risk Assessment

- Patients will be assessed on admission, on change of level of care or condition and as indicated based on fall risk assessment score.
- Fall risk is assessed using the Morse Fall Risk Assessment.
- Based on the Morse Fall Risk Assessment score, the patient is placed on the appropriate fall precautions and preventative interventions. For example:
 - Yellow armband, door signage and booties (for high risk patients)
 - Ensures call light is in place
 - Orient or re-orient as necessary
 - Educate patient/family to fall prevention plan
 - Activity limits reinforced
 - Assist patient to the bathroom every two hours when indicated.
 - Instruct patient to get out of bed only with assistance
 - Place in room within close proximity to nurses station when possible
 - Turn on bed sensor

- Call in family or sitter
- Uses night light
- Keeps self care items (water tissue, etc) within reach

Restraints

- Patients will be restrained only when necessary to limit movement for protection of self and/or others.
- Restraints will not be used as punitive action, convenience of staff, or in a manner that causes undue/physical discomfort, harm, or pain.
- Physician order is required for any restraint application.
 - *Restraint order including reason for restraint, criteria for release, and time limits will be completed.*
 - *NO PRN ORDERS FOR RESTRAINT USE WILL BE ACCEPTED.*

- Restraints are applied according to the manufacturer's instructions and with consideration given to the size and age of the patient.
 - A quick release mechanism is used to tie a restraint.
 - Only hospital approved restraint devices will be utilized.
- Full side rails in the up position may be considered a restraint depending upon the intent of use.
- Restraints will be applied, monitored and released by staff trained in restraint management.
- Staff will complete training in restraint use on hire and annually thereafter.
- Patient assessments will be performed before each restraint episode by a registered nurse.
- When restraints are necessary, the least restrictive type will be applied.
- Patients' continued need for restraints will be assessed per policy based on restraint type.

Mission

Partnering with people to live healthier lives

Vision

The Most Trusted Partner for Health

Values

iCare- Integrity, Compassion,
Accountability, Respect, Excellence

2022 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

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.

Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01











Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.

TO REPORT EMERGENCIES
DIAL *911
or call (405) 917-4768
if normal phone system is down

INTEGRIS
METRO
EMERGENCY CODES

Code Red		FIRE: All employees take appropriate action. R.A.C.E.: Rescue, Alert, Confine, Extinguish P.A.S.S.: Pull, Aim, Squeeze, Sweep
Code Blue		Cardiac / Respiratory Arrest: Initiate CPR. Code Blue Team Activated. All Personnel Refrain From Using Elevators.
Code Pink		Missing Infant or Child – Phase 1 & 2: Designated Staff to secure exits. Follow department plans.
Code Orange		Chemical Incident In the Community – Phase 1 & 2*: Call *911 immediately to alert HAZMAT Team. Do NOT let contaminated patients enter building.
Code Black		Severe Weather: Phase 1 –Watch issued. Heighten awareness Phase 2 – Warning - Move Patients to safe location Tornado – Move patients away from outside walls & windows Floods – Highest elevated locations
Code Yellow		External Disaster – Phase 1 & 2*: Disaster has occurred in the community. Disaster Plan Activated. Prepare for influx of patients.
Code White		Internal Disaster: (i.e. Loss of utilities, Chemical Incident in the hospital) Hospital Incident Command activated. Departments will receive information & respond as directed.
Code C		Communications Disruption: Phone and /or Information Services impaired. Activate paper systems, cell phones may be distributed.
Code 10		Disruptive Patient or Family Member, No Overhead Page: Call *911 to activate code 10 team. Calmly and quietly clear the area of non-essential persons.
Bomb Threat		No Overhead Page – Keep person on the line, Call *911 Follow guidelines in emergency plans manual

*Phase 1 = Awareness of Situation | *Phase 2 = Activate Plan & Respond

INTEGRIS Health Mission is to improve the health of the people and the communities we serve.

Revised May 2015

*****For IBBHC ONLY:**

Call “3000” to report a Code Blue, other Codes, Mews team notification or other emergencies.

*****For IMH and IGH**

Call “0” for operator to report emergencies. Code Blue, push button in room and call operator to activate.

Code Broselow

- Protocol for pediatric emergencies (patient age range 0-17 years old)
- Protocol excludes newborn and neonatal populations
- The Broselow bag or cart contains equipment/medications with specialized sizes and dosages for the pediatric population
- Call *911 (INTEGRIS Metro facilities) (3000 for IBBHC), and (0 for IMH and IGH) and state name, facility, unit name, and patient room number, and Code Broselow to the operator.

Fire Safety - Code Red Response

R – Rescue patients, visitors and employees while verbally calling for HELP.

A – Alert - Pull the nearest alarm AND dial *911 to notify the PBX operator by phone with details. If co-worker isn't available, continue to call for help.

C – Confine fire area by closing windows and doors.

E – Extinguish - Try to control the fire with proper extinguisher that you've been trained to use.

Always stay between the fire and the way to safety. If help has not arrived continue to call for assistance

Armband Safety

These guidelines are set by the OHA in response to a statewide initiative.

- **Red:** patient allergies
- **Yellow:** patient at risk for falling
- **Purple:** Do Not Resuscitate patient
- **Green:** Latex allergy
- **Pink:** Restricted extremity use

Infection Control Reminders:

- **STANDARD PRECAUTIONS:** Use with ALL patients regardless of diagnosis or presumed infection. Use when there's a chance of contact with:
 - blood
 - any other body secretions or excretions
 - broken skin
 - mucous membranes

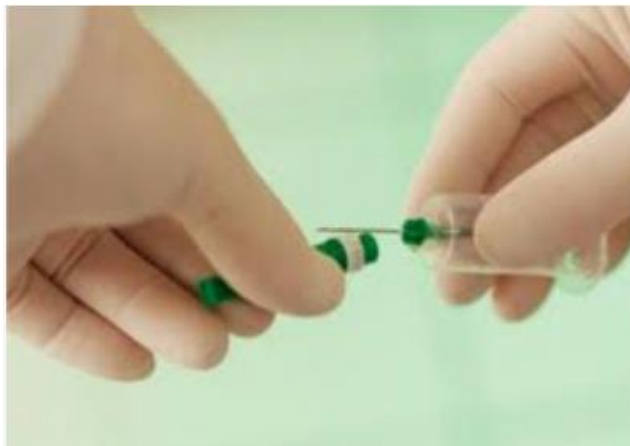
- **HAND WASHING**
 - before and after patient contact
 - before putting on gloves and after taking them off
 - after touching blood or other body substances, contaminated patient equipment, broken skin, or mucous membranes
 - between different procedures on the same patient
 - after removing gloves
 - before leaving the patient's room

- **ISOLATION PRECAUTIONS**
 - Contact Isolation
 - used for patient known to be infected or colonized with important microorganisms that can be transmitted by direct contact with the patient.
 - Airborne Isolation
 - prevent the spread of infectious small particles that remain suspended in the air and can be widely dispersed by air currents
 - Droplet Isolation
 - prevent the spread of large-particles that can be created by certain medical procedures or by coughing, sneezing, or talking

The INTEGRIS Safety Standard: Dispose of Sharps Safely

Sharps Handling Technique:

- **Never recap a needle or try to bend or break a needle after use**



FOCUS ATTENTION ON TASK

- ▶ Self Check (STAR: Stop • Think • Act • Review)
- ▶ Peer Coaching

TJC Standard: IC.02.01.01 EP 6 The hospital minimizes risk of infection when storing and disposing of infectious waste.

OSHA Standard: 1910.1030(d)(iii)(A)(2) During use, container for contaminated sharps shall be: Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

INTEGRIS Policy: SYS-EOC-3004

For more information about Continuous Accreditation Readiness, please contact Paula Jackson at



The INTEGRIS Safety Standard: Dispose of Sharps Safely

Sharps Handling Technique:

- Understand how to use the sharp you are handling and safety features available
- Ensure Safety Device is fully engaged “listen for click” prior to disposal
- Dispose of sharp promptly after use in approved sharps container



FOCUS ATTENTION ON TASK

- ▶ Self Check (STAR: Stop • Think • Act • Review)
- ▶ Peer Coaching

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INTEGRIS Policy: SYS-EOC-3004

For more information about Continuous Accreditation Readiness, please contact Paula Jackson at (405) 212-2151 or Paula.Jackson@integrisok.com



Patient Safety Alert



Identify Patient Correctly

Proper patient identification is essential to the safety of our patients and has been a National Patient Safety Goal since 2002. Recently, throughout our system, events have been reported where room numbers were utilized to identify patients resulting in near miss and harm events. When performing any procedures, assessments, transporting, or communicating about a patient, every patient should be confirmed using two identifiers (example: name, date of birth, MRN, CSN) and compared to the patient’s armband when appropriate to verify their identity. Using these identifiers is Standard Work and should be utilized in every interaction regarding patient care. Below are some strategies for success.

Use the following steps to ensure patient safety and clear communication:

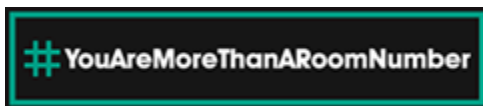

Patient to Caregiver communication:

- Ask the patient their name and date of birth, while verifying with the arm band, labels, orders, paperwork, consents, etc.
- Explain to the patient that we are validating their name and date to birth for their safety and they should expect all caregivers to ask them to identify themselves prior to any interventions.

Caregiver to Caregiver communication:

- Include two patient identifiers at the beginning of the discussion.
- Use 3-Way Repeat Back and Read Back to ensure information is heard correctly.
- Utilize our **INTEGRIS Safety Phrase of: “Let me repeat that back...”**
- Use Phonetic and Numeric Clarification for sound alike words, letters, and numbers.

At INTEGRIS, our goal is Zero Harm to patients and caregivers. Identifying patients correctly, is one way we keep our patient safe.

USE AND ADHERE TO STANDARD WORK

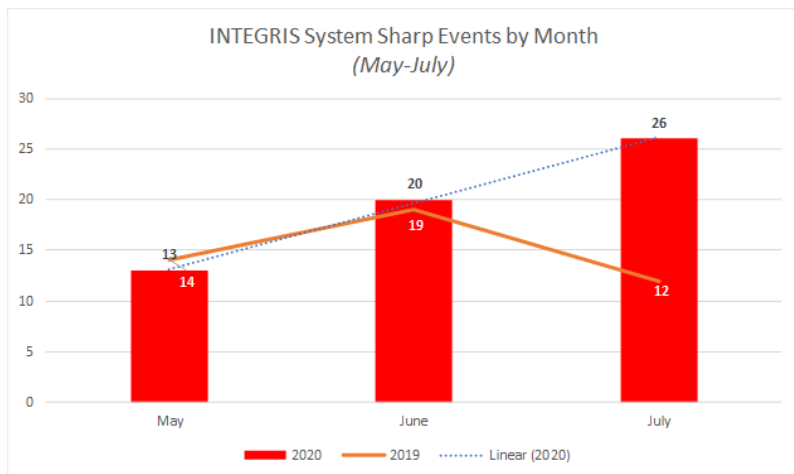
- ▶ Know Why and Comply
- ▶ Continuous Use, Reference use Compliance

INTEGRIS supports a *Just Culture* to improve patient safety. Thank you for everything you do every day for every patient to avoid preventable harm and achieve our vision of being a Highly Reliable Organization.

Caregiver Safety Alert: Sharps

Bloodborne pathogen (BBP) exposures have increased due to needlesticks and other BBP sharps related events throughout the INTEGRIS system. Patient and Caregiver safety is everyone's responsibility.

FY21 YTD System Sharp Events by Accident type and Recordable Status



INTEGRIS OSHA BBP Event Basic Root Causes

- Inattention
- Sharps handling technique
- Not disposing of sharps safely
- Lack of hazard awareness
- Deviation from Key Process Standard Work (KPSW)
- Patient movement

Remember:

You are dealing with a SHARP, it has the potential to cause injury to you, the patient and other caregivers.

What can we do as caregivers to avoid needlesticks?

- Remember to Self-Check using STAR (Stop, Think, Act, Review) while using sharps in all areas
- Engage safety mechanisms on needles when available - "listen for click"
- Never recap a needle after use
- Voice the use of sharps when other caregivers are present
- Replace sharps containers when reaching the full indicator
- Full sharps containers should be closed and placed directly into the infectious waste container





FOCUS ATTENTION ON TASK

- ▶ Self Check (STAR: Stop • Think • Act • Review)
- ▶ Peer Coaching

Additional questions? Please contact Jennifer Milligan, Disability Manager,
at 405.949.3604 or
Jennifer.Milligan@integrisok.com.

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Violent Patient Risk Assessment

Does the patient exhibit any of the following risk factors or behaviors?

- Verbal aggression in the last 24 hours
- Past Episodes of violence/aggression
- Suspected Alcohol/Drug influence
- Psychosis symptoms/delusions
 - Confusion (if not baseline)
 - Irritability
 - Boisterous
 - Physical Threats
 - Verbal Threats
- Attacking with objects

INTEGRIS utilizes the Broset Violence Checklist (BVC) to evaluate patients. Students will be able to view any patients that are flagged as a risk with their **read-only Epic access.**

Broset Violence Checklist Scoring

Score	Risk
Score=0	Risk of Violence is Low
Score= 1-2	Riske of Violence is Moderate. Preventative measures should be taken
Score= >3	Risk of Violence is High. Preventative measures should be taken. A plan should be developed to manage potential violence

Interventions for Moderate- High Risk Patients

- Check in with the primary RN prior to entering the patient’s room
- Ensure a clear escape route upon entering the room
- Do NOT bring items that could be personal safety hazards into the room
- Consider using a personal alarm when entering the room
- Consider requesting a secondary caregiver to accompany you in the room

****If you suspect any suspicious behavior DO NOT enter the patient’s room alone!**

Remember to Report!

Assigned Preceptor and/or Charge Nurse

Clinical instructor

Public Safety (Security): **405-552-2844**

Questions? Contact the *Clinical Placement Coordinators*:

Ashley Jones (ashley.jones@integrisk.com) or Tara Vogt (tara.vogt@integrisk.com)



**Please check
with nurse before
entering.**

Favor de verificar con
el/la enfermero(a) antes de entrar.