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The information provided in this resource, including any attachments is for the sole use of the intended recipient(s) for the purpose of orientation to the facility and may contain confidential, privileged, and/or proprietary information. Any unauthorized review, retransmission, disclosure, dissemination, or other use of this information is prohibited.
Welcome to the Medical Center of Central Georgia, Inc.

You are integral to the success of an exceptional group of people working together as a team to provide excellent care and services to patients, their families, physicians, business contacts, vendors, visitors, MCCG employees and other allied health professionals. Your collaboration with us extends beyond our hospital into the community. Our greatest customer is the community that we serve; it is the essence of our being.

You will have direct impact on the overall quality of services and care provided by MCCG.

"The American Nurses Credentialing Center's Magnet Recognition Program® identifies excellence in nursing services and acknowledges those healthcare organizations committed to the delivery of quality nursing care. The Magnet™ credential is recognition of a health care organization's attainment of excellence in nursing."

In 2005 MCCG was designated a Magnet hospital by the American Nurses Credentialing Center and on December 16, 2011 was re-designated as a Magnet hospital for a term of four (4) more years. Fewer than 400 hospitals in the world hold the prestigious credential of Magnet Hospital.

Orientation Processes:

- MCCG utilizes this self-instructional resource to teach you essential (core) elements.
- Read the entire manual carefully. You will be held responsible for the material through a Post -Test to be completed online.
- A minimum score of 100% is required to successfully meet the MCCG orientation expectations. Your grade will be automatically recorded in our online Learning Management System. You may retake the post-test as many times as needed if your score is less than 100%.
- Each of you will be further oriented to your assigned clinical setting(s) by MCCG and/or college faculty.
EXPECTATIONS OF STUDENTS

When students are in a clinical setting within MCCG, you are guests of our organization. Even as guests, you are expected to know and meet the expectations of our facility.

A. It is expected that students will:

- Arrive and leave per their scheduled clinical time
- Adhere to "Operation Excellence" and nursing division dress code standards.
- Follow policies and practices of the agency as their student status suggests.

IMPORTANT: The College is your advocate as a student, but if you do or say anything the agency views as unacceptable you may be asked to leave the clinical setting and the College may not be able to defend or overcome this situation.

B. IDENTIFICATION BADGES

The student is expected to wear a school issued photo identification badge whenever he/she is in an MCCG department or facility. Your ID badge should be worn with your name and picture clearly visible at all times while completing a clinical assignment. Exceptions in sterile, restricted areas will be discussed with you in the event you are scheduled in one of these departments.

C. Recommendations to all students in every clinical setting:

- Know the expectations of your instructor before your arrive in the clinical setting. If you are ever unsure – ASK.
- Ensure confidentiality and privacy. See HIPAA information on page #7 of this resource.
- Patient Records and related printouts available in the clinical area are confidential information and are to be treated as such. Students and faculty are not permitted to copy or remove elements of the patient's medical record or related printouts (i.e. computer generated care plan, medication administration record, etc.), even if the patient's name and MR number or other identifying data has been "blacked out" or "removed".
- Do only what you are authorized and prepared to do and you know you can do safely. If you are ever unsure – ASK.
- Ask questions - Asking open-ended questions is usually more effective than making statements about what you observe or what you are asked to do. Example: "Tell me more about that procedure." "Please explain what you want me to do."
- Use any "free" time you may have - wisely. Offer assistance, within your capabilities, to classmates and nursing staff. Read up on policies and procedures in the clinical setting, research medications, diagnoses or treatments that are new to you or others in the department. Do more than just what you have to do to "get through" your assignment.
- Patients come first. The care and safety of our patients is our highest mission.
- Hospitality: We endeavor to provide the finest personal service and facilities for our patients, visitors, suppliers, and staff.
• Teamwork: Our daily work, problem resolution, and continuous improvement are based on our working together to anticipate and exceed customers' needs.
• Take pride and care in your work environment: Keep the patient care areas neat and clean; maintain a professional, personal appearance and an organized work area.
• Be respectful of limited space and seating areas within individual areas.
• Students in clinical settings are to be supervised by appropriate medical personnel or by an instructor from the program as outlined in written affiliation agreements. The ratio of students to instructors in the clinical facilities shall be appropriate to ensure effective learning.
• Be Responsive and Responsible:
  - Understand your role in accomplishing MCCG’s mission
  - Keep people informed
  - React quickly to problems
  - Apologize for any inconvenience that may have been caused
  - Follow through appropriately
  - Ask: "Is there is anything else I can do for you?"
  - Immediately notify your faculty or preceptor of any concerns that arise.

OPERATION EXCELLENCE

*Patients First + Hospitality + Teamwork = OPERATION EXCELLENCE*

By virtue of their roles, all staff members and faculty/students affiliating at MCCG become representatives of the Medical Center of Central Georgia to the public. Being sensitive and responsive to our patients, visitors, and other staff members is expected of students and faculty. Operation Excellence standards are provided for your information and to use as a guide while affiliating at MCCG. Please help us honor this commitment to our patients and our community.

OPERATION EXCELLENCE VALUES:

A. **Quality** customer service leads to customer satisfaction. Customer satisfaction is key to the growth and success of the Medical Center.

B. **Operation Excellence** standards are the Medical Center's total commitment to superior customer relations. It means that customers are to be treated with courtesy, sensitivity and respect at all time.

  • It is an expectation that all staff make the "extra effort" to provide a professional, gracious, and helpful environment for patients, visitors and each other.
  • Your familiarity with our philosophy is very important since you are a part of our overall excellence.
  • Remember our customers include patients, families, visitors, physicians, students/faculty, medical center employees, and other healthcare associates.
C. One-on-One encounters:

MCCG wants all one-on-one encounters to be "excellent". We are all expected to:

- Smile, make eye contact and look approachable.
- Ask if we can help when someone appears lost, give easy to follow directions or even walk with them to their destination.
- Stand to one side before boarding the elevator, allowing those who are exiting to do so first.
- Actively listen before responding when communicating with customers.
- Make the extra effort to determine the answer or solution when an answer to a question or concern is not known.
- Stay to one side when walking in the hallways in order to facilitate the flow of "people traffic".

D. Operation Excellence incorporates excellent Telephone Skills:

- Medical Center staff answers telephones within 3 rings (except in unusual circumstances).
- Staff identify themselves with the name of their department and their First name (last name is optional).
- Ask the caller "May I help you?"
- The caller is asked their name as soon as possible and the nature of their call determined.
- If the person being called is not available, the caller will be asked to leave a message.
- Always ask permission before placing a caller "on hold" and tell the caller what number they are being transferred to when appropriate.
- When a caller has been placed on "hold", follow up with the caller every 45 seconds to let them know the status of their call and to provide them the opportunity to leave a message.

CULTURAL DIVERSITY

Our patients and employees have a variety of values, religions, lifestyles, physical capabilities, and characteristics. This gives us the opportunity to learn more about different ideas, experiences, and beliefs.

Diversity helps all of us to think in broader terms, to consider more options, and to expand our options when making decisions. When we communicate with persons of diverse backgrounds, however, it can also create misunderstanding. Misunderstandings occur when we do not view a word, emotion, or gesture in the same way as another. Misunderstandings can be very hazardous in the healthcare setting because poor communication can result in the wrong interpretation of a symptom, the wrong information about a treatment, or inaccurate work practices. It is everyone's responsibility to value and clarify diversity.

Some of the ways we can avoid potential dangers of cultural misunderstanding are:

- Take time to accurately assess a person's cultural background
- Listen carefully. Communicate clearly and honestly.
- Remind yourself that your culture is one of many cultures, and that there is no "right" or "wrong" way to think or believe.
- Don't make assumptions about what people think or why they act in a certain way; keep an open mind.
- When we balance our own cultural background with those of others around us, we all benefit from learning from different perspectives.
Interpreting Services and Hearing Impaired Resources

- Interpreting Services for hearing-impaired, Visually Impaired and Limited English Proficiency (LEP) patients and customers are available free of charge.
- Any MCCG staff member interacting with the patient is responsible for assuring that the communication gap is eliminated by using the appropriate interpreting tools and can assist you with these resources.
- If you need assistance please contact MCCG Interpreting Services at extension 3-6868, regular business hours are Monday through Friday from 8am to 5pm. Irma Cruz is the MCCG Interpreting services coordinator.
- In the event an interpreter is used, the patient or authorized patient representative authorizes the use of an interpreter by signing Consent for Interpretation - Form A0178. This form must identify the interpreter either by name (or number for On Line Interpreters).
- To ensure patient’s rights to privacy and confidentiality are protected, the use of family and friends is discouraged. Regardless, any interpreter must be at least 18 years of age.

Interpreting Services must be notified of the location of a special needs patient.

A. Foreign Language Interpretation Services:

- Pacific Interpreters – A service that is accessed by telephone & is available 24-hour a day, 7 days a week, in 185 different languages.
- Independent contract resources: Interpreters may be contacted after hours & for approved emergencies. Notification must be left on x 3-6868 prior to contacting an interpreter.
- In extreme situations when On-Line Interpreters are not an option there is an On-site Spanish interpreter who may be available during regular business hours.

B. For the Hearing Impaired:

- Deaf-Talk is a video conferencing system that can be used to access qualified sign language interpreters (QAI/QAT) 24 hours a day 7 days a week.
- TDD/TTY (Telecommunications Device for the Deaf/Text Telephone) and Assistive Listening Device resources: All equipment is available for check out through Central Supply X 3-1105.
- Qualified American Sign Language Interpreters (RID) may be contacted through the Interpreting Services office, but usually require a 48 hour notice.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
HIPAA – Protecting Patient Information

Protected Health Information
To understand your role in protecting patient information, you must first know what protected health information is and the difference between privacy and security. When information identifies an individual or could reasonably be used to identify an individual, it is considered protected health information (PHI).

Privacy
Privacy is an individual's interest in protecting his or her personal information from inappropriate access by others.

Security
Security assures that privacy is maintained by protecting information, data and systems from accidental or intentional access by unauthorized users.

Patient information can be found in many places and communicated in many ways, including: medical records, conversations with family members, written pharmacy orders, conversations with hospital staff, laboratory orders, room assignment white boards, admission and discharge forms and/or hospital bills.

Patient information needs to be treated with great care. If you can link information together to identify a patient, then the information must be protected. Everyone in the organization has a role in protecting patient information.

A. CONFIDENTIAL INFORMATION (written, verbal, visual, electronic, or printed)

1. While patient medical record information may be needed to assess, treat, and manage a patient's medical condition, all patient information, regardless of how obtained, is confidential and should be discussed only with other health care professionals directly involved in the patient's care.

2. You should never disclose personal information to anyone who does not have a specific, job-related, "need to know".

3. Use discretion to assure conversations cannot be overheard by persons who do not have a "need to know" when information must be discussed with others in the performance of your duties.

4. DO NOT discuss any patients or their situations, with or without names, in any public places such as waiting areas, lounges, elevators, hallways, the cafeteria, or outside the organization.

5. Partial conversations can be misinterpreted and lead to mistrust, anxiety, or fear.

6. A good rule of thumb is to respect each patient’s right to privacy as if he or she is your family member.

Note: Staff should always check with the patient prior to disclosing PHI to anyone. If the patient is not present or able to respond, the staff should ask for the Family & Friends Patient Information Pass-code. PHI may be disclosed to any person that has the patient’s pass-code.
### B. GUIDELINES FOR PRIVACY AND CONFIDENTIALITY

<table>
<thead>
<tr>
<th>General Awareness</th>
<th>Sensitive Data Security</th>
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<tbody>
<tr>
<td>Understand the hospital's policies on what information is confidential</td>
<td>Adhere to facility policy for the destruction of all unneeded data, reports, etc</td>
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<tr>
<td>Never discuss patient information outside of the workplace</td>
<td>Understand and follow the organization's policies for handling any patient information</td>
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<tr>
<td>you see, read, or overhear</td>
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<tr>
<td>Be careful not to discuss patient information in hallways, elevators, and other</td>
<td>Handle all medical information and records carefully - never leave them exposed in</td>
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<td>common areas where others may overhear</td>
<td>public areas or around unauthorized personnel.</td>
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<tr>
<td>Think before you speak - if there is a chance the information MAY be</td>
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<tr>
<td>confidential, treat it as such.</td>
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<tr>
<td>Computer and Printer Security</td>
<td>Telephone Security</td>
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<tr>
<td>Never share your password or security code with anyone.</td>
<td>Follow established policies about what patient information can be given over the phone.</td>
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<tr>
<td>Do not leave confidential information on an unattended computer screen.</td>
<td>Do not leave confidential information on answering machines or voice mail systems.</td>
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<tr>
<td>Promptly remove printouts of confidential material from the printer and dispose of</td>
<td>Do not listen to your voice mail messages over the telephone speaker if you cannot</td>
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<td>extra or imperfect copies.</td>
<td>ensure these will not be overheard.</td>
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<tr>
<td>Consider proper disposal of ANY printed material that contains personal information</td>
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<td>(even if not part of a medical record).</td>
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### AUDIT SERVICES and CORPORATE COMPLIANCE

Central Georgia Health System is a tax-exempt organization that participates in government programs, including Medicare and Medicaid. The Medical Center of Central Georgia is one subsidiary of CGHS. As a healthcare system we strive to act honestly and ethically in all relationships.

**REPORTING:** We rely heavily on all CGHS employees, physicians, and associates working with our organization to assist us in making sure we operate our facilities in a manner that truly benefits the community. We encourage you to report any compliance concerns by using the Compliance Helpline (888-380-9008), using our [Compliance Reporting Form](#) on the intranet or by contacting the compliance officer directly at 633-6831 whenever:

- You have information about a possible violation of our policies, state or federal laws.
- You know of or suspect any questionable act or business practice.
- You are aware of a situation which does not support our values.
- You have a question or concern about whether a particular practice or act complies with our policies.
- All communications will be treated confidentially and investigated appropriately.
MANAGEMENT OF SUSPECTED ABUSE AND NEGLECT

Health care providers have a legal responsibility to identify and intervene in cases of suspected abuse or neglect of patients. Resources are available in the hospital and the community to address the needs and safety of patients who are abused or maltreated.

The following conditions may alert you to the fact that abuse may be occurring:
- There is no explanation for the injury, or the explanation does not seem believable.
- There has been a delay in seeking medical treatment.
- The patient has a previous history of injuries or the injuries are in different stages of healing.
- The patient’s behavior changes or is inappropriate when in the presence of family or significant others.
- Other family members do not allow the patient to speak for him or herself.

If you suspect or have knowledge of patient abuse, the nursing staff can assist you in contacting the appropriate resource. You may also contact the Clinical Coordinator through the MCCG hospital operator or the Abuse Response Team (ART) Monday- Friday 8am-5pm on hospital pager 1037.

POLICIES AND PROCEDURES

All policies and procedures are located on the MCCG Intranet under the “Policies” icon.

Should you have questions concerning a specific policy or procedure you should contact the patient care staff in that department.

Selected policies and procedures are provided for your information. It is likely some aspect of these policies, will impact your role here. You are accountable for familiarity with these selected policies.

- CGHS/MCCG Policy 5-104 Personal Cellular Phone
- CGHS/MCCG Policy 5-453 Smoke-free/Tobacco-free System
- CGHS/MCCG Policy 40-005 Personal Appearance Standards for CGHS

- CGHS/MCCG Policy: 1-605 No Press No Information (NPNI)
- PCS Policy - Documentation: Guidelines for Medical Record Entries by Student Nurses and Faculty.

Available via the MCCG intranet is Mosby’s Nursing Skills, an online skills and procedure reference. Mosby’s Nursing Skills offers the most comprehensive collection of online skills available as well as skills checklists, illustrations and video demonstrations of nursing skills and procedures. Students and faculty are encouraged to access this resource while on our campus.
Chain of Command

When providing patient care, you are responsible for ensuring your patients receive quality care and should implement the chain of command procedures to address issues if the quality of care or safety of a patient or staff member is at question, when family or visitor concerns are presented, or when it is inappropriate or untimely to utilize governance structures. MCCG prohibits retaliation against anyone who invokes the Chain of Command procedure.

Operational Chain of Command:

Unlicensed Assistive Personnel and Allied Health Care Providers ↓
Registered Nurse ↓
Clinical Care Coordinator (“C3”) ↓
Resource Nurse and/or Assistant Director/ ↓
Clinical Resource (House) Coordinator ↓
Department Director ↓
Assistant Vice President, Patient Care Services ↓
CNO or CMO ↓
COO ↓
CEO
Everyone at MCCG plays an integral role in Risk Management. *Incident/Occurrence* reporting within a non-punitive environment is encouraged at MCCG.

**A. Incident Response Process:**

1. **Occurrence:**
   - An occurrence is any event that causes harm (physical, emotional or financial) or has the potential to cause harm to a patient or visitor. This includes any unanticipated adverse outcome that "is a normal risk of the treatment".
   - *If an error occurs, it is the students’ responsibility to report the error immediately to his or her instructor and the primary/charge nurse.*
   - Documentation of such an event should be objectively described, and should only include what is actually seen, not what is thought or perceived to have occurred.

2. **Occurrence Reporting**
   - It is mandatory that every occurrence be reported to Risk Management within 24 hours by completing the **Confidential Quality Improvement Report (CQIR) Form**, or telephoning the Risk Management Hotline at extension 3-1270. As a general rule of thumb, an occurrence should be reported if you would be alarmed/disturbed if the occurrence had happened to one of your family members.
   - **Do NOT** document in the patient's chart the presence of/filing of a CQIR.

3. **Steps to Occurrence Reporting:**
   - Take IMMEDIATE action(s) as needed to care for/support the Patient.
   - Explain proceedings/comfort family. Document statements in "quotations."
   - Inform immediate MCCG supervising nursing staff and Faculty as soon as possible and/or within 1 hour.
   - Immediate MCCG supervising nursing staff to ensure Confidential Quality Improvement Report (CQIR) completed.
   - MCCG supervising nursing staff to notify House Supervisor **immediately** if patient harmed/potentially harmed.

**B. INJURIES ON DUTY:**

- Know your college/school policy for obtaining treatment for injuries.
- Faculty and students may receive emergency care and first aid in the Emergency Center if the injury occurs while performing work at MCCG. All medical or health care (emergency or otherwise) that a student or faculty member receives at MCCG, Inc. will be at the expense of the individual involved.
- When an injury occurs, report the injury to your instructor and to the person in charge of the area where the injured person is working.
• **ALL** injuries, including needle sticks and other exposures to blood and body fluids are to be DOCUMENTED on the appropriate MCCG Confidential Quality Improvement Referral form (CQIR) utilized for incidents involving patients and visitors. This form is located on the MCCG intranet.

**HAND HYGIENE**

It is important that everyone working in a health care setting practices good hand hygiene. Frequent and proper hand washing is the most important measure for preventing the spread of infections to and between co-workers and patients. MCCG patients and families are instructed to observe how well staff, physicians, and students providing care to them comply with hand hygiene standards.

Everyone has bacteria that live on his or her skin. Some areas of the body have more bacteria than others. One type of bacteria known as transient flora colonizes on the outer layers of the skin and can be removed by routine hand washing. Health care workers get this type of bacteria on the skin during direct contact with patients or contact with contaminated surfaces close to patients. Whether a person shows signs of infection or is not infected, bacteria can be transferred to others if proper hand hygiene and other infection-control precautions are not followed.

The Centers for Disease Control and Prevention (CDC) estimate that each year, nearly two million patients in the United States get infections while in hospitals and about 90,000 of these patients die as a result of their infection. This is known as health care-associated infection. Simply by keeping your hands clean, you can help prevent the spread of infection.

**Indications for handwashing and hand antisepsis:**

1. In addition to traditional handwashing with soap and water, the Center for Disease Control (CDC) is recommending the use of alcohol-based hand rubs.

   ● Wash with soap and water when hands are visibly soiled.
   ● If hands are not visibly soiled, an alcohol-based hand rub may be used to decontaminate hands.
   ● When using an alcohol-based hand rub, apply product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

2. Decontaminate hands at the following times:

   ● Upon reporting for work
   ● Before gloving
   ● After glove removal
   ● Before and after each patient contact
   ● After handling contaminated objects
   ● Before handling medications
   ● Before eating
   ● After using the restroom
   ● When leaving the facility
3. Fingernails

The CDC recommends that health care workers do not wear artificial fingernails or extenders when having direct contact with patients. Fingernails should be clean, well cared for and no longer than 1/4 inch from fingertip in length. Even after careful hand washing, substantial numbers of bacteria can linger on hands that have artificial or long fingernails.

Gloves
Gloves do not replace the need for proper hand washing. In addition to hand hygiene, wearing gloves helps prevent the spread of infections. Health care providers should wear gloves when they will potentially be in contact with blood or other body fluids. For those who do wear gloves, here are some additional guidelines to follow:

- Remove gloves after caring for a patient
- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash or reuse gloves
- Change gloves if moving from a contaminated body part to a clean body part during patient care

Lotions
To minimize skin irritation from routine hand washing and disinfection, use the hand lotions and creams provided by the health care organization. Do not use your personal hand lotions, as they may affect the strength of latex gloves and the effectiveness of antimicrobial soaps or alcohol-based hand rubs you use at work.

Bloodborne Pathogens

Health care workers can be exposed to many germs in the work setting. These germs include viruses that are found in blood and other body fluids that contain blood components. Specific viruses of concern to health care workers are: Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) as well as Hepatitis C and other pathogens.

Hepatitis B Virus (HBV)
HBV is a highly infectious virus that attacks the liver. Symptoms, which may not appear for several months, start like those of a mild flu. Jaundice (yellowing of the skin and eyes) and darkened urine may appear later. The infection can lead to serious illness, such as cirrhosis (permanent liver damage) and liver cancer.

In the United States, one out of 20 people have been infected and more than one million people are chronic
carriers. HBV is a very strong and viable virus. It can survive in dried blood for up to seven days! Contact with even small amounts of infected blood can cause infection. Exposure to HBV is the major bloodborne risk you face on the job!

**Hepatitis B Vaccination:** The Hepatitis B vaccine can be used to prevent a student from getting HBV.

**Hepatitis C Virus (HCV)**

HCV is also an infection of the liver. Symptoms are like HBV, but they develop much more slowly. Most patients do not have symptoms during the first 20 or more years. HCV causes more deaths and chronic liver conditions than HBV. There is no vaccine for this virus.

Almost four million Americans have been infected with HCV. In 2001, the number of new cases declined to an average of about 25,000 per year.

**Human Immunodeficiency Virus (HIV)**

HIV is the virus that causes acquired immune deficiency syndrome (AIDS). This virus attacks the body's immune system, weakening it so that it cannot fight other deadly diseases. A person with HIV may carry the virus, without symptoms, for many years before AIDS develops. Early symptoms may be flu-like (fever, diarrhea, tiredness). AIDS is a fatal disease. Treatment is improving, but there is no cure or vaccine to prevent HIV infection.

The HIV virus is very fragile and will not survive very long outside the human body. Students at most risk are those who have direct contact with fresh blood or other body fluids. While the chance of getting HIV in the workplace is minimal, ALL safety measures must be taken to avoid exposure.

HIV, HBV, HCV and other bloodborne pathogens are spread through contact with infected blood or body fluids.

HBV can be carried in secretions without blood present. One example of this would be saliva. However, these diseases cannot be spread by casual touching, feeding patients or working around people with these diseases.

**Standard Precautions**

Using standard precautions means always using safe work practices when there may be contact with blood or body fluids. Such precautions are meant to protect health care workers from a variety of infections, including bloodborne pathogens. Anyone might have an infection, including an infant or child, but he or she may not know it. Treat each patient as if he or she has an infection.

These are some important work practices to be used to follow standard precaution guidelines:

**Handwashing/Hand Antisepsis**

Keeping your hands clean is the single most important thing you can do to prevent the spread of infection. See *Hand Hygiene* section within this resource for practice standards within MCCG.
Personal Protective Equipment (PPE)

Personal protective equipment is special clothing or equipment used to prevent exposure to infections. It is your responsibility to choose and use the proper equipment. Choose your PPE based on the task to be done and the chance of exposure.

Such equipment includes: Gloves, Gowns Masks and Eyeware.

a) Wear gloves when expecting to:
   - Touch items or surfaces contaminated with blood/body fluids.
   - Handle blood/body fluid specimens.
   - Come in contact with patient's open skin, lesions and membranes.
   - Perform vascular access procedures (obtaining blood samples, IV insertion, etc.).
   - Remember, always wash hands after removing gloves.

b) Wear face shield or combination mask and eyewear when at risk of splashing, spray, droplet exposure.

c) Wear approved protective clothing; apron, lab coat, barrier gown, etc.

d) If protective clothing is penetrated by blood/body fluid, remove immediately.

e) Remove and dispose of protective attire immediately after use by placing in designated containers.

Prevention of Accidental Needle Sticks

To prevent needle sticks or exposure to other contaminated sharps, all sharps should be put in rigid, puncture resistant containers provided for this purpose throughout MCCG. In addition, be sure to follow these safe work practices:

- Take responsibility for immediately disposing of any sharps you have used.
- Keep your hands a safe distance from the sharps container and never force sharps into the container.
- Do not bend, break, or recap contaminated needles. Take used sharps directly to the sharps container. Do not lay it down, it may be forgotten.
- Sharps containers need to be replaced when they are 2/3 to 3/4 full to prevent the hazards related to overfilling. Call EVS for assistance with sharps container removal/replacement.
- Perform all tasks involving blood/body fluid in a manner that will minimize splashing, spatters, spray, etc.

Exposure

If you are exposed to blood or body fluids, you should:
- Wash the wound or skin site completely with soap and running water.
- Flood eyes or other mucous membranes with saline or running water. Flood for at least 15 minutes if blood was involved in the splash.
- Report the exposure to your instructor or preceptor as soon as possible. Do not wait until the end of your shift.
• Document the exposure on the appropriate CQIR form and immediately go to the Emergency Center for evaluation and recommendations regarding treatment and follow-up referrals.

**INFECTIOUS DISEASE REPORTING AND EXPOSURES**

Students are expected to notify their instructor and the charge nurse whenever they feel they may have an infectious disease or may have been exposed to an infectious disease from which they are not immune. This includes, but is not limited to, measles, mumps, rubella, chickenpox, herpes zoster (shingles) or meningitis.

The student may be removed from patient contact until they are cleared to work by their physician and MCCG Prevention and Control Office.

Students who feel they may have been exposed to an infectious disease at work should also notify their instructor or charge nurse, who can make a referral to the Employee Health Center for evaluation and clearance to work.

**TUBERCULOSIS**

TB is a disease caused by the bacterium, mycobacterium tuberculosis. According to the American Lung Association, more than 10 million Americans have the TB infection. Staff members need to know the signs and symptoms of active TB.

**Symptoms / Signs of Active TB:**

- Persistent cough (longer than two weeks)
- Poor appetite
- Significant weight loss.
- Fever
- Night sweats
- Positive chest X-ray
- Bloody sputum.

**Factors that influence the increase in the number of persons with TB:**

- HIV epidemic has put many persons at a higher risk for developing TB due to their lowered resistance to infection.
- Poor social conditions such as increased homelessness, overcrowded living conditions, poor nutrition, and lack of medical care.
- Alcoholism and IV drug use.
- Development of Multi-Drug Resistant TB (MDR-TB) when the TB does not respond to traditionally recommended drug therapy.
What can be done to decrease the transmission of TB?

1. Prompt identification of patients suspected of having TB with prompt initiation of **airborne precautions** for patients suspected of having TB.
2. Use of approved airborne isolation rooms. These rooms have negative air pressure. Air moves into the room and is then exhausted to the outside. Remember, the door to negative pressure rooms must be kept closed at all times to maintain the negative air pressure and prevent droplets from escaping to other occupied spaces. All air vents to negative pressure rooms must be kept free of obstructions.
3. When patient transport or movement of the patient outside of the room is necessary, instruct the patient on respiratory hygiene/cough etiquette and provide the patient a disposable surgical mask to wear.
4. Correctly apply and use a TB respirator in the following settings:
   - When entering airborne isolation rooms.
   - When entering rooms where patient is undergoing cough-inducing or aerosol-generating procedure.

What to do if you are exposed to TB:

- Contact the Employee Health Department. Complete an Employee Occurrence Report (CQIR).
- Participate in evaluation, treatment, and follow-up as directed by Employee Health.
- If PPD test is positive, you will be evaluated and placed on preventive therapy, if necessary.

TB MASK FIT TESTING:

Persons who will be providing care to patients requiring airborne precautions must be instructed on the use of the appropriate respirator mask and fit tested with the respirator that is to be used to ensure that they are protected from biohazards.

Fit testing is done through MCCG Employee Health in coordination with the college/school as indicated by patient assignments.
Environment of Care

EMERGENCY CODES

POINTS FOR STUDENTS TO REMEMBER:

- In the event of an emergency, Patient Care staff or your faculty member will inform you as needed about the situation.
- Do not become alarmed or panic.
- Refer to your pocket reference for MCCG CODES
- Access the MCCG Code System by dialing: 3-1600

CODE BLUE (FOR ADULTS) AND CODE BLUE PALS (FOR PEDIATRICS)

Code Blue/Code Blue PALS means that a life threatening or potentially life threatening cardiac and/or respiratory emergency has occurred. In such emergencies, it is important that you allow our highly skilled "CODE Blue" and/or "CODE Blue PALS" teams of physicians, nurses, pharmacists, respiratory therapists and others to manage the situation.

In the event you are with a patient at the time the patient "arrests" or experiences a life threatening medical emergency, we expect you to do the following:

- Stay with the patient.
- Call for immediate assistance (use all options):
  - Loudly call out for "Help...call a code Blue"/or "code Blue PALS", whichever is appropriate.
  - Use the nurse call signal to contact the nurses’ station and tell them the situation (Code Blue/Blue PALS).
- Contact the hospital operator at EXT. 3-1600. Tell them exactly where you are and the situation (Code Blue/Code Blue PALS).
- If you know CPR, begin resuscitation. Continue CPR until the Code Blue Team arrives.
- Tell the Code Blue/Blue PALS teams, when they arrive, exactly what you observed that prompted you to "call the code".

CODE RED

Code Red means there is smoke, fire or a threat of fire. When you hear Code Red, remember the acronym RACE.

- Rescue - Your first priority is to rescue patients/others from immediate danger.
- Alarm - Pull the red alarm box located in the area to activate the alarm and call 3-1600 for the PBX operator. Give the operator the exact location of the smoke/fire.
- Contain (the smoke/fire) - Close all doors to rooms and corridors. The response team will contain the fire. Clear halls of personnel and equipment.
- Extinguish (the fire) if you are not at risk.
**Fire Extinguisher:** In case you need to use a fire extinguisher, remember the acronym PASS

1. **PULL** - Pull the pin
2. **AIM** - Aim the nozzle at the base of the fire
3. **SQUEEZE** - Squeeze the handle
4. **SWEEP** - Spray the contents of the extinguisher in a *sweeping motion* at the base of the fire

**Fire Alarm "Pull Station" Information:**
- In case of fire or smoke emergency, locate the nearest alarm pull station.
- Pull stations are located by exit doors, area transitions, corridors, etc.
- Make yourself familiar with the location of the alarm station in your area.

**Points to remember:**
- Even if all you detect is the smell of a burning odor and/or smoke, you should pull the alarm and initiate a **Code Red**. A timely response is important in preventing a disaster.
- **Do NOT prop doors open** - COMPARTMENTALIZATION helps prevent the spread of fire and fumes.
- If you think a fire exists on the other side of a door, feel the door before opening. **If it is warm to the touch DO NOT OPEN IT.**
- **Do not use elevators during an alarm.** Fire fighting personnel may be using the elevators for emergency transport. Plus, it is not safe to use elevators during a fire.
- **Fire Drills:** If asked to participate in a fire drill, take action immediately. Demonstrate that you can follow RACE and PASS procedures.

"**CODE BABY PINK**" - INFANT/PEDIATRIC ABDUCTION

You should “immediately be on alert”. Assist in monitoring all exits, stairwells, elevators, bathrooms, etc. until an “all clear” is announced.

Observe every person leaving with an infant/child or object large enough to conceal an infant/child. You are requested to ask such person to stop and wait to be cleared to leave by a staff member or Hospital Police.

Notify Hospital Police (ext. 3 - 1490) of any suspicious activity/behavior.

"**CODE B**" – BOMB THREAT EMERGENCY RESPONSE

Your responsibilities include:
- Remain calm and try to find out as much information as possible if you receive a bomb threat by telephone. Try to keep the caller on the line.
- The most important information you can obtain from the caller is the location of the bomb followed by the time it is to explode.
- Immediately call or ask someone else to call 3 – 1600 to report a bomb threat has been received.
- Assist staff in a survey of the environment.
“CODE SILVER” – ACTIVE SHOOTER POLICY

In the event you encounter a possible “active shooter”:

1. Remove yourself from the situation immediately and move to a safe location.
2. Call Extension 3-1600 immediately to report situation.
3. Provide as much information as possible about the “shooter” (i.e. physical description, behavior, location, type of weapon, number/condition of any injured or potentially injured persons).

Upon hearing “Code Silver”

1. **DO NOT ENTER** the specified area where the shooter is located. Remain in a safe area until the incident has been resolved or you are directed to evacuate the area by hospital police/MCCG staff.
2. Assist staff in closing doors and clearing patients and visitors from hallways.
3. Assist staff in moving all patients away from adjacent windows, walls and doors as well as all exposed windows in the line of sight of the affected areas.

"CODE GRAY"

Utilized when there is the need for security/Hospital Police assistance for the management of violent patients or individuals. Contact the hospital operator at EXT. 3-1600 to report a Code Gray situation. Take steps to protect patients, visitors and yourself until resources arrive.

"TORNADO WATCH"/"TORNADO WARNING"

The Medical Center utilizes the same emergency notices used in the community.

1. **Tornado Watch**: Indicates that local weather conditions are "right" for a tornado, although an actual tornado has not been seen in the area.

   - Your responsibilities in the event of a Tornado Watch are to be alert for changing conditions and the possible "upgrade" to a confirmed tornado in the area.

2. **Tornado Warning**: Indicates an actual tornado has been sighted in our local community.

   - Remember, it may not be safe for you to exit the building unless directed to do so.
   - Assist staff as directed.

"CODE LIFT"

This is an internal emergency code used to identify an immediate need for unplanned and emergent lifting help or assistance on a given location. Requests are made by calling Ext. 3 – 1600.
"CODE TRIAGE – ALERT/ CODE TRIAGE (Mass casualty plan)"

A Code Triage - Alert is issued and announced to indicate the facility has been notified of the possibility of mass casualties (large fire, major industrial accident, bus, train or airplane crash, multiple auto accidents, etc.)

If the mass casualty event is verified, a “CODE TRIAGE” will be immediately initiated.

1. Indicates a need for additional resources to deal with an influx of patients into the emergency center and MCCG.
2. Usually we expect between 15 – 50+ victims.
3. Be prepared to assist nursing staff as directed.

"CODE PURPLE" - EC alert for assistance

• Indicates both internal and/or external disaster situations.
• Follow staff instructions and be prepared to assist as directed.

"CODE GREEN“ – Patient Decontamination

• Indicates incoming victim(s) with possible exposure to some form of chemical/biological/or nuclear agent(s) who will require decontamination.
• MCCG has a designated and specialized team to handle such situations and victims(s).

"CODE ZERO" - Facility Evacuation Plan

1. Indicates a need for evacuation of the MCCG Main campus.
2. Follow staff instructions and be prepared to assist as directed.

MCCG EMERGENCY CODES

<table>
<thead>
<tr>
<th>Code/Triage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tornado Watch</td>
<td>In effect until (specify time frame)</td>
</tr>
<tr>
<td>Tornado Warning</td>
<td>In effect until (specify time frame)</td>
</tr>
<tr>
<td>*Code &quot;B&quot;</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>*Code Red</td>
<td>Smoke or Fire</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Cardiac/Respiratory arrest or to prevent</td>
</tr>
<tr>
<td>Code Lift</td>
<td>Need for unplanned lifting help</td>
</tr>
<tr>
<td>*Code Gray</td>
<td>Need Hospital Police on an area</td>
</tr>
<tr>
<td>*Code Baby Pink</td>
<td>Infant/Pediatric abduction</td>
</tr>
<tr>
<td>*Code Purple</td>
<td>EC alert for assistance</td>
</tr>
<tr>
<td>Code Blue PALS</td>
<td>Cardiac/Respiratory arrest for children 16yrs or younger</td>
</tr>
<tr>
<td>Code Green</td>
<td>Suspected patient(s) needing decontamination in EC</td>
</tr>
<tr>
<td>*Code Zero</td>
<td>Evacuation</td>
</tr>
<tr>
<td>*Code Silver</td>
<td>Active Shooter</td>
</tr>
</tbody>
</table>

ALL CLEAR (* Code previously announced) for code indicate with an *
YOUR PERSONAL SAFETY

A safe environment for students/faculty, employees, and patients is of paramount importance. Things you can do to assist us in supporting a safe environment include:

1. Drive slowly on MCCG property, in parking lots, and in parking decks.
2. Stay alert and be aware of your surroundings.
3. Walk in pairs or groups whenever possible. There is safety in numbers.
4. Park your vehicles in a well-lit, clear area.
5. Do not leave valuables in plain sight within your unattended vehicle - even if the vehicle is locked. Failure to secure valuables out of sight is a potential invitation to someone to break into your vehicle.
6. Have your keys in hand when approaching your vehicle.
7. Do not use your cell phone walking to or from your vehicle.
8. Properly secure personal items in the work place.
9. Do not bring large sums of money to the work place.
10. Report any suspicious activity or persons to Hospital Police/Law Enforcement immediately.
11. Observe "wet floor" signs and/or report “wet floor” situations as quickly as possible.

PARKING

1. Students and faculty are eligible to park in an MCCG employee parking lot with an appropriate temporary parking "hang tag" (which is to be displayed by hanging it from the rear view mirror of your car). Student parking should be limited to Lot # 7 which is located on the corner of Arch Street and Second Street.
2. Parking lot maps and parking hang tags are available in the MCCG Hospital Police department offices located on the 1st floor of the Main building across from the patient discharge area.
3. Students and faculty may find parking spaces on the streets near the hospital, but these spaces are very limited and "NO PARKING" restrictions are STRICTLY enforced by Hospital and City Police.
4. Please do not park in undesignated, time limited, or "no parking" areas. There is always the possibility of damage to your car, and the police do give tickets and tow offenders.
5. Parking areas fill early, so allow extra time to find a space so that you are not late for duty.
6. Plan to carpool as often as possible. This helps ensure adequate parking space availability and offers you "safety in numbers" when arriving or leaving the main buildings in the very early morning or late evening.
7. Protection will be provided for the safe travel of employees and visitors to and from parking areas and hospital police will escort you to your car. You should plan ahead - to permit hospital police to coordinate their schedules with you as expeditiously as possible.

Contact the hospital police at ext. 3 - 1490 to request an escort.
GUIDELINES FOR STUDENT PRACTICE

We provide these guidelines to support your successful learning experience and practice development at the Medical Center of Central Georgia. Since each hospital differs in the way that it delivers patient care, and because of our multicultural population, patient care is approached from a holistic framework and with a focus on optimizing self-care. Patient education is a major area of emphasis because we believe patients have the right to make informed choices and to participate in directing their own health care. Patient assignments and methods of care delivery are based on the needs of the patients and the skills and resources of the care provider.

1. The student will provide patient care consistent within his or her professional practice acts, e.g., The Georgia Nurse Practice Act.

2. The student will be legally held to the same scope of practice as the health care practitioner role that they are learning, i.e., Registered Nurse role/Licensed Practical Nurse role, Respiratory Therapist, Physical Therapist, EMT, etc. Please note: Where a policy uses the term "nurse" (either RN or LPN), the student nurse is held accountable for the policy under the supervision of an RN.

3. The student will assume the level of responsibility consistent with his or her level of achievement in school and the objectives of the course and/or experience.

A. Clinical Technical Skills/Procedures

Your faculty/instructor will provide guidance about which skills may be performed independently. A student is expected to have his/her clinical instructor or preceptor present during procedures until he/she has demonstrated acceptable competency with the procedure. Designated procedures, mutually determined by the College and MCCG, may require supervision whenever performed, regardless of previous demonstration of competency.

B. Patient Care

The student, in collaboration with faculty, preceptor, primary nurse, charge nurse, and/or other health care professional(s), is expected to participate in planning, implementing, and evaluating patient care, and documenting appropriately in the patient's medical record/electronic medical record.

1. Identify the MCCG nurse assigned to your patient(s) each shift.
   - Introduce yourself to him/her as a student.
   - Confirm how to contact this MCCG nurse via their portable phone or other mechanism that may be available in the department.
   - Discuss any issues, problems, or questions with any aspect of your patient's care with him/her.
   - It is imperative you notify this MCCG nurse when there is a decline in the patient's condition, or if a problem with the patient, equipment, or medication arises.
   - You must report off to this MCCG nurse when leaving the floor for any reason, or at the end of your assigned shift.
2. **Students must receive a patient report.**
   - Verify your patient's needs, scheduled events/activities, and their current status.
   - The process for receiving patient reports should be determined and advised by your faculty/instructor.

3. **Each patient care (PC) unit has access to the PC Policy & Procedure Manual, Mosby’s Nursing Skills (procedures) Manual and the CGHS/MCCG Policy and Procedure Manual** via the MCCG Intranet. These resources are readily accessible to you and should be utilized as needed when implementing patient care.

**D. Medication Administration:**

<table>
<thead>
<tr>
<th><strong>Unit Specific Restrictions</strong> related to administration of medications by student nurses should be discussed between designated faculty and the Nursing Director/AD and/or Department Based Educator (DBE). This information should be communicated to nursing students by assigned faculty. Students are to demonstrate safe medication practices. This includes knowledge of the six (6) rights of medication administration, medication action(s), safe dosage for adults, seniors and children, side effects and special considerations for administration.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All medication labels shall be read three (3) times before administering:</strong></td>
</tr>
<tr>
<td>1) When removing the medication(s) from the storage area.</td>
</tr>
<tr>
<td>2) Before preparing/administering medication(s).</td>
</tr>
<tr>
<td>3) Before returning medication(s) to the storage area or discarding the container.</td>
</tr>
<tr>
<td><strong>All medications should be verified by 2 patient identifiers at the bedside PRIOR to administering the medication.</strong> Patient Identifiers include: Name, Date of Birth and Medical Record [MR] #.</td>
</tr>
<tr>
<td><strong>All medications shall be administered using the six (6) rights of medication administration:</strong></td>
</tr>
<tr>
<td>1. The right dose</td>
</tr>
<tr>
<td>2. The right method</td>
</tr>
<tr>
<td>3. The right medication</td>
</tr>
</tbody>
</table>

1. Nursing faculty/instructors or nurse preceptors will check ALL medications prior to student administration:

2. Select medications must be double checked by two licensed individuals prior to administration. These include: intravenous Digoxin, intravenous or subcutaneous insulin, anticoagulants, intravenous sedatives/narcotics and intravenous potassium.

3. ALL intravenous medications are to be prepared and administered under the direct supervision of a licensed nurse (faculty/instructor, preceptor). Preparation includes reconstitution, aspirating medication from vials and confirming premixed pharmacy doses. Direct supervision is defined as being in immediate proximity.

4. **Students may NOT hang IV Chemotherapy. Students may monitor patients receiving such treatments.**

5. **Students may NOT hang blood or blood products. Students are permitted to monitor vital signs during administration of blood/blood products.**
Medication Orders, Transcription, Verification and Administration - Key Points:

1. Nurses/nursing students are responsible for understanding the “reason for the medication” – know the rationale for the ordered medication for the patient. What is the patient’s history? Why is he/she taking this medication?

2. Verification in CPOE areas
   - Order is electronically entered into system.
   - Pharmacist verifies the order.
   - MCCG Nurse will review the orders to make sure they are reasonable for the patients’ diagnoses and condition and will call MD to clarify if necessary.
   - 12 hour chart check will be performed.

3. Routine administration of medication should occur only after pharmacist verification of the medication order.

4. Medications not eligible for scheduled dosing times because they require exact or precise timing of administration:
   - Stat doses
   - Loading doses
   - One time doses or doses specifically timed for procedures
   - Time-sequenced doses or doses timed for serum drug levels
   - PRN doses

5. Medications eligible for scheduled dosing times are those prescribed on a repeated cycle of frequency (Daily, BID, Q6h, weekly, etc.) should be given within 1 hour (2 hour window) of the time scheduled - no change from current practice

Per CMS

1. Time critical scheduled meds are those for which an early or late administration might cause harm or have significant negative impact on the intended therapeutic effect
   a) Time critical scheduled meds must be given within 30 min (1 hour window) of the time scheduled
   b) Meds considered time critical:
      i. Scheduled more frequently than every 4 hours
      ii. Scheduled opioids for chronic pain or palliative care (Oxycontin, MS contin, etc.)
      iii. Immunosuppressive agents used for prevention of rejection (cyclosporine (Sandimmune, Neoral), azathioprine (Imuran), mycophenolate (Cellcept), sirolimus (Rapamune), tacrolimus (Prograf), etc.)
      iv. Medications that should be administered apart from other medications
      v. Medications that have to be given in relation to a meal (insulins) - nursing judgement should be used when scheduling these based on meal delivery, consumption and patient condition
E. DOCUMENTATION

1. Clinical records shall be maintained in a manner to facilitate communication about patient care and progress to the all members of the health care team.

2. Documentation processes include, but are not limited to the electronic medical record (EMR), the medication administration record (MAR), and discharge processes.

3. Nursing students (undergraduate; LPN to RN; RN to BSN; and graduate level) CANNOT:
   - Take verbal or telephone orders from a physician or other licensed independent practitioner.
   - Sign-off, note, perform electronic nurse order review, or enter patient care orders electronically into the EMR.
   - Enter allergies or home medication histories into the EMR.

4. Definitions:
   - Countersign: A second or confirming signature, as on a previously signed document.
   - Authenticate: To make valid and effective by verifying with one’s signature.

5. General Guidelines for Entries by Nursing Students:
   - Information documented shall be relevant, accurate, concise, and organized in systematic and chronological manner.
   - Only approved MCCG abbreviations and symbols shall be used on entries in the Medical Record.
   - Entries in the Medical Record are the responsibility of the licensed nursing school faculty and/or the licensed MCCG nurse assigned to the patient.
   - Student signatures must be legible, dated, timed, signed, and indicate student status by the initials SN and school affiliation (ex. Nancy Smith, SN, MSC).
   - All documentation by student nurses in the medical record require countersignature authentication by licensed nursing school faculty (when present) or by the MCCG nurse assigned to the patient.
   - Countersignature authentication indicates observation, collaboration and approval of information documented.
   - The MCCG nurse or licensed nursing school faculty can modify any documentation completed by the student nurse.

6. Specific Guidelines for Entries by Nursing Students:
   - Student nurses will document patient clinical data using approved electronic PowerForms in PowerChart™ with limited access to Interactive View (IVIEW) flow sheet documentation.
   - Documentation of medications into the electronic medication administration record shall not be performed by a student nurse; medications shall be administered together by the student nurse and licensed nurse but documentation is solely the responsibility of the licensed nursing school faculty or the licensed nurse supervising the student nurse.
   - Student nurses shall document all other care, treatments, procedures, and patient assessment data they performed or noted during their clinical day.

Employees of the Medical Center of Central Georgia, participating as students in any nursing school program shall have a separate “student” electronic signature code to clearly identify their student role. While in the clinical setting under the supervision of licensed nursing school faculty or approved preceptor, the student shall not use their employee code. All above policies and guidelines apply.
OTHER RESOURCES AVAILABLE AT MCCG

HEALTH RESOURCE CENTER LIBRARY
Our comprehensive collections include materials in a wide variety of formats ranging from reference, medical and professional, consumer health resources, children's collections and an array of electronic resources. In addition, we have access to Intranet, selected computer and Web resources, anatomical models as well as access to the Internet. You are encouraged to contact the HRC Library (633-1232) for tours and orientation to educational opportunities and resources.

The Medical Center of Central Georgia INTRANET:

Our Intranet is an internal web site whose purpose is to enable information exchange within our organization. Accordingly, the Intranet will remain a "work in progress"...ever changing. Check out the following “pages”:

- **Care Notes** provide access to an extensive library of patient and family education materials.
- The **News Center** is a central source of official CGHS news and information maintained by Public Relations. It includes an icon for online versions of the Monday Messenger.
- The **Message Board** is a central source of notices and bulletins maintained by the Information Services Help Desk.
- The **Paging System / Phone Book** allows you to lookup CGHS telephone numbers by name or department or to get a name/department if you know the extension number. No password is required to use the directory lookup feature.
- The **Forms** page provides links to various administrative and clinical forms in Adobe PDF format which can be printed blank or, in some cases, typed online and printed with your entered text. The Clinical Forms pages and Patient Education forms are linked there. Physician order sets, and protocols may also be found here.
- The **Departments page** contains links to various department web sites where they will post useful information, including Shared Governance News.
- The **Policies** search pages enable you to search for specific words or phrases within CGHS or MCCG policies, Surgery Center, Heart Center, Radiology or Medicare Regulations. If you're not sure how to search just click on the "tips for searching".
- The **Education page** contains links to a variety of resources for staff education and training.
- The **Magnet Page** provides numerous resources related to the MCCG Magnet journey and shared governance throughout the organization.

MCCG CLINICAL AFFILIATION ORIENTATION POST-TEST

TO RECEIVE CREDIT FOR THIS SELF STUDY ORIENTATION:
Each participant must complete Post-Test. Testing is available on-line to students and faculty via a web-based learning management system. To successfully complete this self-study activity, a passing score of 100% is required. You can repeat the test as many times as necessary to score 100%. Your test results will be recorded in the on-line testing/learning management system used by MCCG.
Instructions for Accessing MCCG On-Line Testing/LSM via:  www.edgt.com

Student and Faculty Registration Steps:

- Access the EDGT website at www.edgt.com
- Click on the link "register now" on the left-hand side of the EDGT home page.
- Complete the following steps:

1) Click on the radio button in front of the statement "I am a student." [School faculty and students should select this button]
2) Enter the Student-Access-Key provided to you by MCCG:  S-SH-2034-4041
3) Review your class information. If the information listed does not look familiar to you, use the back button to verify or change the information you entered. If your class information is correct, click on next to continue.
4) Enter your FIRST NAME and LAST NAME AS LISTED PER YOUR SCHOOL RECORDS/TRANSCRIPT. [Do NOT use nicknames]
5) Designate a username: Enter your STUDENT ID # [as assigned to you by your school]
6) Designate a password. Enter the Name of the School you are attending [i.e. GCSU, Gordon, Macon State, CGTC, GSW, MGC, etc.]
7) Fill out the rest of the form as requested, then press next.
8) Fill out the form on screen to provide us with the information we need to know about you and then click on "finish!"

A summary will appear on screen containing the information you have given us. EDGT will send a copy of this information to the email address you provided. We suggest you print this screen for future reference.

You may now start using the EDGT website.

- Select “Take a test” and from drop-down menu click “Custom Tests” for GRADED TESTS:
- Select test: MCCG Orientation
Subject: Personal Cellular Phone Policy
Scope: All employees, patients, physicians/contractors and general public
Purpose: To minimize the effects of electromagnetic interference on sensitive electronics utilized in life support systems.

Policy Statement: Use of cellular phones is strictly prohibited within 6 feet of patients on medical equipment. Use of RF (radio-frequency) transmitters, (i.e. walkie talkies, two-way radios, etc.) is prohibited when in close proximity to electrical medical equipment while directly connected to a patient.

Implementing Procedures:
1) Patients will be informed of restrictions on the use of cell phones when they enter the hospital through the Patient Information Guide.
2) Employees are prohibited from personal cell phone/Blue Tooth usage during working hours. On personal time, phones may be used in break areas, locker rooms, or dining areas.
3) Departments with employees that use RF transmitters are responsible for their education and enforcement of the policy.
4) Spectralink and hospital issued cell phones may be used for business purposes only.
5) Cell phone users should use discretion in choosing a location to make or receive calls. Staff use of personal cell phones in elevators is prohibited.

Policy Review Responsibility:
Director of Clinical Engineering
Information Services Director

Supersedes: 09/14/98, 07/14/03, 06/13/06
CENTRAL GEORGIA HEALTH SYSTEM

SUBJECT: Smoke-free/Tobacco-free System

SCOPE: Employees, patients, families, visitors, physicians, physician office staff, faculty, students, volunteers, vendors, and contractors.

PURPOSE: As an organization, we are committed to the health and safety of our employees, physicians, volunteers, visitors and patients. In line with our mission, we have a responsibility to promote a smoke-free/tobacco-free environment. By assuming a leadership role regarding smoking cessation, we will reduce the health risks associated with primary and second-hand smoke exposure for all individuals. Additionally, the risk of other potential hazards, such as accidental fires, should be diminished.

Policy Statement: All individuals within the policy scope are prohibited from smoking and using tobacco-related products in or on any of the organization’s buildings, grounds, parking lots, parking garages, ramps, plazas, vehicles, and sidewalks adjacent to CGHS buildings and properties and in any situation while representing CGHS.

The above guidelines apply to the use of tobacco products including, cigarettes, cigars, pipes, smokeless tobacco and electronic cigarettes, etc.

A. CGHS prohibits smoking and the use of associated tobacco products in or on any of the CGHS buildings, grounds, parking lots, parking garages, ramps, plazas, vehicles, and sidewalks adjacent to CGHS buildings or properties defined as "on campus".

1. Patients
   a. Smoking and the use of tobacco related products are not allowed in any of the locations detailed above.
   b. Upon admission, cigarettes, cigars, and any other tobacco-related products are to be stored with the patient’s belongings.
   c. A written physician’s order will be required should alternative nicotine replacement therapy be necessary to prevent withdrawal symptoms or if abstinence/cessation protocols are advisable for the patient.
   d. Upon admission, patients will be educated as to the rationale of the tobacco-free policy and provided information regarding the cessation/abstinence support which is available.
   e. Patients and their families will be informed upon admission that tobacco usage is strictly prohibited while on campus.
   f. If a patient refuses to comply with this policy, the attending physician will be notified. He/she will be asked to intervene by discussing the health risks associated with noncompliance. If the patient indicates that he/she intends to leave the hospital rather than comply with the tobacco-free policy, the procedures for patients leaving against medical advice should be followed (refer to “Against Medical Advice form #N1411, referenced in PCS Policy: Patient Throughput- Admission through discharge).
discharge against medical advice is strongly discouraged and should occur only after all efforts have been made to assist the patient with alternative choices.

h. If a patient's tobacco use poses an immediate risk to the patient or others, clinical staff members are authorized to take reasonable steps to ensure patient, visitor, and employee safety. Clinical staff will coordinate any such efforts with the attending physician, charge nurse, department manager, clinical coordinator, Hospital Police and risk management as indicated.

2. Visitors and Guests
   a. Smoking and the use of tobacco-related products are not allowed in any of the CGHS locations described above.
   b. Signs will be posted at strategic locations around the campus, including off-site facilities, to notify visitors of this policy.
   c. If visitors inquire as to where they may be allowed to smoke or use other tobacco products, they should be directed to the city bus stops located around and off campus. For CGHS facilities away from the main campus, visitors will be advised tobacco use is not allowed and there are no smoking areas available.
   d. Educational materials regarding tobacco and smoking cessation as well as the various aids available will be provided upon request to our visitors who use tobacco products. Additionally, this same material will be placed in conspicuous locations on campus.

B. CGHS prohibits smoking and the use of tobacco products by employees, all medical staff members, faculty members, students, and contractors/vendors. Employees are prohibited from smoking or using other tobacco products during their paid work time (breaks) and are strongly encouraged not to smoke or use tobacco products during their unpaid work time (lunch). Smoking and the use of tobacco products is prohibited in or on any of the CGHS buildings, grounds, parking lots, parking garages, ramps, plazas, vehicles and sidewalks adjacent to CGHS buildings and properties. Furthermore, it is the responsibility of all CGHS employees to monitor and enforce compliance with this policy. Instances of non-compliance should be brought to the immediate attention of the employee's supervisor.

1. Employees
   a. Smoking and the use of tobacco products in any of the locations described above is a Group 2 violation of the CGHS Rules of Conduct (Policy 40-303); disciplinary actions outlined in CGHS Rules of Conduct will be followed accordingly in instances of non-compliance with this policy.
   b. Smoking and tobacco cessation products are available to employees through the Employee Apothecary at CGHS cost. Additionally, no-cost smoking cessation classes are held monthly in Heartworks and, as need dictates, at the Wellness Center. Employees who use tobacco products are encouraged to take advantage of these free services.
   c. Employees who choose to discontinue tobacco product use may re-enroll at "Healthy Living" rates during the benefit year once tobacco free for 6 months.
   d. Employees should make certain that their clothing is free from the odor of tobacco smoke at all times. Additionally, tobacco products may not be visible on an employee's person (e.g. front shirt pocket or back pants pocket). (Cross reference Personal Appearance Policy) Since the use of tobacco products is not consistent with the mission and image of CGHS, employees who use tobacco off-campus must remove their identification badges and should not do so while wearing attire containing a system name/logo.
   e. Smoking and the use of tobacco products is prohibited while employees are in vehicles operated and owned by Central Georgia Health System. Additionally, employees may not smoke in privately-owned vehicles while said vehicles are on the CGHS campus.
f. New employees will be informed of the tobacco-free policy during orientation. The Career Placement Center will also inform all new employment candidates of this policy during the application process.

2. Medical Staff / Allied Health Personnel / Physician Office Staff
   a. Medical Staff will be informed of this policy through various types of communication including, but not limited to, medical staff orientation and updates, hospital policy, medical staff meetings, e-mail newsletters, etc.
   b. Violations of this policy by a medical staff or allied health member will be referred to the Chief Medical Officer.

3. Contractors / Vendors
   a. Contractors and/or Vendors will be informed of this policy through various types of communication including, but not limited to, contract agreements, hospital policy, in-hospital contacts, etc.
   b. Failure of a contractor or vendor to follow this policy will be referred to the appropriate hospital administrator.

C. Compliance
   Compliance with this smoke-free/tobacco-free policy is the responsibility of all employees, particularly department supervisors and above.

   1. Department supervisors and managers are expected to educate employees regarding this policy to ensure that the policy is appropriately implemented and properly enforced. At CGHS facilities where Hospital Police are not present, facility managers and supervisors are expected to monitor and enforce this policy.
   2. As noted above, employees who are found to be non-compliant with this policy will be subject to disciplinary action in accordance with the CGHS Rules of Conduct policy.
   3. CGHS police shall be notified as the final resource to resolve problems arising with visitors during the enforcement of this policy.

Policy Review Responsibility:
AVP, Human Resources, Chief Medical Officer, Chief Professional Services Officer (jointly)

Supersedes: 11/07/88, 01/01/91, 07/01/91, 05/01/95, 04/01/96, 01/10/99, 02/07/00, 10/30/01, 02/21/05
CENTRAL GEORGIA HEALTH SYSTEM

SUBJECT: Personal Appearance Standards for Central Georgia Health System

SCOPE: All Employees, Students, and Volunteers of Central Georgia Health System

PURPOSE: To establish organization-wide standards for appropriate dress and appearance for all individuals under the policy scope while representing CGHS.

Policy Statement: Central Georgia Health System requires individuals to dress in such a manner as to present a professional, positive, and conservative image of the organization. Presenting with a conservative image is our way of showing respect to our patients and colleagues regardless of gender, ethnicity, generation, etc. Individuals are expected to be neat, clean, and presentable at all times. The personal appearance code recognizes that different styles and clothing will be necessary, depending on the degree of patient contact, nature of work, and safety issues. Any time an individual is on a health system property and wearing a badge, they are expected to conform to the personal appearance code. Inappropriate personal appearance is a violation of CGHS policy and may be addressed with appropriate disciplinary action up to and including termination.

CGHS is confident each individual will use his or her best judgment in choosing attire. Management does reserve the right to determine appropriateness. Questions regarding attire should be directed to departmental management. The Human Resources Department will aid the Department Director in interpreting this policy should the need arise. It is essential the policy be enforced in a fair and consistent manner throughout the system. It is the responsibility of all CGHS supervisory and managerial staff to enforce this policy and exercise discretion as appropriate.

Departments may have department-specific uniform codes that are more restrictive than this policy, but may not be less restrictive. Changes to departmental uniform codes must be approved by the AVP/Vice President responsible for the area and by the AVP of Human Resources. Inappropriate dress is a violation of CGHS policy and shall be addressed through the use of appropriate disciplinary action up to and including termination. An employee asked to leave the facility due to a personal appearance code violation will be subject to points based on the Time and Attendance policy.

Dress Code Categories

1. Clinical: This category includes any individual who provides direct patient care or who handles supplies or equipment that reaches a patient at the bedside. Examples include patient care services, respiratory therapy, laboratory, physical therapy, etc.
2. Non-clinical: This category refers to individuals in clerical, administrative, or support positions. Examples include financial services, human resources, corporate communications, information services, etc.
3. Department Specific: This category refers to non-clinical individuals who are required to wear a uniform specified by the department in which they work. Examples include Nutrition Services, Facilities Management, etc.

A. Attire:

All clothes, including scrubs, must be clean, neatly pressed, and in good repair at all times. All clothing shall fit properly and be appropriate to the job being performed. All clothing must be designed in styles and fabrics appropriate for business hours.

- Belts should be worn with pants with belt loops at the waist.
- Shirts must be tucked in unless the garment is designed to be worn outside the pants/skirt.
- Proper undergarments must be worn and should not be visible through the clothing being worn.
- For female individuals, the length of dress or skirt and splits in skirts or dresses shall not be shorter than 2 inches above the top of the knee or longer than 2 inches above the ankle.
- Pants length must reach the top of the ankle.
- Knickers, capris, harem, cropped and stirrup pants are not acceptable.
- No skin tight leggings pants, which includes jeggins and skinny jean type pants
- Sweat and/or athletic type pants are not acceptable.
- T-Shirts are not appropriate except on CGHS Corporate Casual days, approved professional recognition day or as an approved part of the uniform. A solid t-shirt without branding, logos or verbiage may be worn under scrub tops and a jacket or lab coat but not as a top for scrub pants alone.
- No visible sleeveless attire is acceptable. Attire should not remotely resemble tank tops or halter-tops. Sundresses or dresses with spaghetti straps are not acceptable.
- Free flowing attire is not acceptable in any area where it would pose a safety risk.
- Denim clothing is not acceptable except on a designated CGHS Corporate Casual Day. Denim is not an acceptable part of any uniform.
- Shirt and blouses should cover cleavage, abdomen, back and buttocks while in performance of the individual’s job duties.
- Spandex or clingy, sheer, revealing garments are not acceptable.
- Men working in non-clinical departments without a designated uniform are required to wear a shirt with a collar. A tie is recommended. Style and color must be professional and coordinate with the clothing.
- Coordinating scarves may be worn.
- Shirts and pants need to fit comfortably but cannot be oversized and baggy.

B. Hair:

Hair shall be kept clean, neatly trimmed, styled and combed in such a way that the individual’s eyes are visible.

- For all clinical individuals, hair past shoulder length must be secured and held back for safety and infection control.
- Extreme styles such as excessive teasing (over 2" in height), Mohawks or extreme hair coloring are not acceptable. Hair color must be a natural shade.
Hair accessories for women shall be conservative in style, use and number and appropriate for a professional environment. Glitter, sparkles, colored extensions, feathers, sprays or hair paint is not acceptable. Hair accessories for men are not acceptable.

Hair designs such as scrollwork, words and/or symbols cut into the hair are not acceptable.

Facial hair shall be neat, clean and appropriately trimmed and should be no longer than 1 inch in length.

Head coverings, which are nonessential to the individual’s work or are not part of a CGHS approved uniform, are not acceptable. Appropriate exceptions will be made if needed for approved accommodations. Accommodations to the personal appearance code must be approved by Human Resources prior to wearing.

C. Nails:

Nails are to be clean, neat and well groomed. They must be appropriately trimmed to meet the safety and performance standards of their related function.

- Nail length should never exceed 1/4 inch beyond the tip of the finger.
- Nail polish should be maintained in good repair. No visible extreme polish color, nail art or nail jewelry is acceptable.

Clinical category: In addition to the above and due to infection control considerations, individuals involved in direct patient care or individuals who handle products that will come in contact with the patient or the patient’s environment, may not wear artificial nails or tips, nail wraps, fiberglass, gels, nail products or acrylic. An individual reporting to work wearing artificial nails/nail products will be asked to leave immediately and will not be acceptable to return to work until nails are removed. This will be counted as a time and attendance infraction and progressive discipline steps will follow.

D. Jewelry:

Jewelry is an accessory and as such must not be an interference, distraction or safety hazard to the work being performed. Conservative rings, watches, necklaces, earrings, pins, bracelets, and hospital service pins may be worn.

- Earrings worn by female individuals shall no larger or longer than 1 1/2 inch in diameter. No more than 3 earrings per ear are acceptable.
- Jewelry may not be worn in any visibly pierced body part except ears.
- No visible toe rings and/or anklets are acceptable
- Tongue jewelry including a clear plastic insert are not acceptable
- Men are not permitted to wear earrings.
- Ear lobe stretching devices such as tunnels or plugs are not acceptable in any size.

Clinical category: No loop earrings over ½ inches in diameter, dangling bracelets, dangling necklaces, or sharp rings may be worn.

E. Footwear:

Shoes must be clean, neat, presentable, conservative and worn at all times.
Athletic shoes should only be worn when they are appropriate to a specific job as determined by department specific personal appearance code.

In non-clinical areas, dress sandals with a minimum 2 inch heel are acceptable, but house shoes, slides, and flip-flop styles, are not acceptable under any circumstances.

No shoe covers outside of the designated areas.

Socks and hosiery color shall be appropriate to the color of the uniform or clothing being worn. For non-clinical areas, hosiery is recommended, but is not required. No ankle socks and/or knee-highs should be worn with skirts or dresses.

Ankle socks are acceptable with athletic shoes.

The wearing of molded plastic shoes with holes in the top, sides or front is not acceptable (also referred to as "CROCS with holes").

In clinical areas, closed toe clogs/sling backs that are secure, and athletic shoes that coordinate with uniform scrub attire. Shoes and shoestrings must be clean, no team logos, or lights on shoes are acceptable. All clinical individuals must wear socks or hosiery. The wearing of molded plastic shoes with holes in the top, sides or front is not acceptable (also referred to as "CROCS" with holes). Molded plastic shoes with solid tops and sides with open heels – known as "clog" type shoes are acceptable.

F. Identification Badge:

The identification badge must be maintained in a neat and clean condition and should be worn in the upper left corner of the body. The photo, name (first and last) and title must be visible at all times. Individuals should have their badge picture updated frequently enough to ensure the picture is recognizable.

No pins may be attached to the identification badge. Only professional pins or pins issued by CGHS may be worn while on a CGHS property.

Badge covers and badge pulls are acceptable but must be kept clean and neat with badge clearly visible.

Lanyards are not acceptable attire.

G. Hygiene, Cosmetics, Miscellaneous: Proper personal hygiene is required.

Daily showers or baths and use of deodorant are expected.

Heavily scented perfumes, colognes, tobacco smoke odor and/or powders must be avoided.

Individuals should make certain their clothing is free from the odor of tobacco smoke at all times. Additionally, tobacco products may not be visible on an individual’s person (e.g. front shirt pocket or back pants pocket).

Female individuals are expected to use cosmetics in a conservative manner. No extreme, heavy make-up is acceptable. False eyelashes are not acceptable.

Tattoos and/or body art may not be visible and must be covered while at work. Please note individuals should provide their own materials (band-aids/bandages) to cover tattoos. Removing bandages or other products from the supply closets for personal use is considered theft. Tattoo coverings must meet infection control standards. Coverings can not preclude the appropriate hand washing hygiene.

Sunglasses or dark tinted glasses are not to be worn at work.

Headphones, ear buds, iPods®, Bluetooths®, Kindles®, Nooks®, and other electronic devices for recreational purposes are not acceptable while on duty.
Cell phones may not be used for personal purposes in areas visible or within hearing distance to our customers.
Underarm hair must be covered or removed.
Chewing gum/tobacco is not acceptable on any CGHS property.

H. Special Considerations:

Departments subject to additional regulatory, safety, or infection control considerations may have an individual set of guidelines that may be more specific and/or restrictive than the guidelines outlined in this policy. All departmental personal appearance standards must be approved by the division Vice President and Assistant Vice President of Human Resources prior to implementation.

I. Corporate Casual Day Attire:

- For those days designated as “Corporate Casual day” by Corporate Communications, the proper attire will be khaki, dark blue, black slacks or jeans worn with a CGHS or MCCG sponsored logo on an oxford shirt, polo shirt, sweater or t-shirt.
- Clean athletic shoes or other shoes acceptable in the general dress code are acceptable.
- Denim fabric and/or blue jeans are acceptable attire only on these designated days.
- Departmental leadership cannot announce their own casual day.

Clinical category: The “Corporate Casual Day” guidelines above may be followed or individuals may follow the normal CGHS policy guidelines.

Review Responsibility:
Employee Opinion Survey Committee
AVP, Human Resources
Director of HR Operations

Supersedes: 02/07/00, 03/18/02, 03/03/03, 3/1/05, 6/1/06, 8/1/07, 12/07/07, 6/01/2011
SUBJECT: No Press No Information (NPNI)

SCOPE: All Hospital Patients and Employees

PURPOSE: To provide a mechanism by which the patient’s right to personal privacy, autonomy, and confidentiality of information is protected.

Policy Statement: Under ordinary circumstances, acknowledgement of a patient’s admission is permissible; however, if a patient and/or patient’s surrogate specifically requests that his or her admission to the hospital not be made public, The Medical Center will enact an acknowledgement restriction designated as “No Press No Information” (NPNI) to safeguard and comply with the patient and/or patient’s surrogate request. Additionally, there are times it is deemed necessary by staff, i.e. Hospital Police, Emergency Department, etc. to invoke a NPNI status.

The Medical Center will safeguard, to the extent possible, the confidentiality of the patient’s admission; however, there is no assumption of responsibility for information provided to the general population by the patient, patient’s surrogate or other individuals.

Implementing Procedures

I. NPNI Designation

Once the request is made by the patient and/or the patient’s surrogate or staff has deemed it necessary to impose a NPNI status, the following process is followed:

- The patient’s nurse or other designated personnel will be responsible for sending a message to the Transfer Center informing them of the NPNI status.
- The Transfer Center will then enter the NPNI status into the computer systems.
- The Transfer Center will contact the PBX Operators to block incoming calls to the patient’s room.
- The patient’s attending nurse or other designated personnel will be responsible for notifying the Hospital Police Department for security precautions and for recording pertinent information regarding the NPNI request in a logbook in the Security Office.
- The Hospital Police Department will be responsible for including the name of the person placing the patient on NPNI status, i.e. nurse, family, law enforcement official, etc., the date, and time of designation.
- Prisoners automatically fall under the category of NPNI because of their incarceration status and staff is to follow the protocol for NPNI designation immediately upon admission. Prisoners are not allowed visitation unless otherwise pre-approved.
  - For requests for review of special circumstances, i.e., patient is chronically ill, and visitation is requested, etc., contact the Director of Public Relations or the House Coordinator.
A. Designation at the time of admission:
   - The NPNI patient’s name will not be displayed on his/her hospital room door.
   - The NPNI patient’s medical record will be identifiable only to appropriate hospital personnel.
   - Each patient or surrogate choosing this restriction (NPNI) will be provided a No Press No Information Fact Sheet (attached to policy).

B. Designation after admission (delayed designation):
   - In cases where hospital staff deem it necessary to designate a NPNI status on a patient after admission and the patient is already established in the system, the procedure indicated above in section “A” is initiated and the following process will follow:
     1. A designated staff member i.e., Charge Nurse or House Coordinator, etc., will meet with the patient and/or family members to explain the NPNI process.
     2. The staff member will provide the family with a copy of the NPNI Fact Sheet and explain the guidelines in detail relating to the nature of the designated status.
     3. All hospital staff will react immediately to the NPNI status designation.
     4. Problematic situations should be referred to the House Coordinator.

II. NPNI Inquiries
   - Anyone inquiring about the NPNI patient’s admission to The Medical Center will be told, “We either do not have a patient by that name or the patient has requested that we keep his/her identity private”.
   - Employees are required to utilize the NPNI script and flowchart in response to inquiries of NPNI patients. (Script and flowchart attached to policy.)
   - The NPNI patient’s phone number and room number will not be given out to anyone. All inquiries relating to the patient will be denied.
   - Callers/inquiries for the NPNI patient by name, room number, or extension will be denied. The NPNI patient may make out going calls only.
   - Mail received for an NPNI patient by name or room number will be rejected. The mail center personnel has been instructed to return the mail correspondence/package with the statement, “Return to sender. No record of that patient at the hospital.” This includes flowers.
   - Requests for information from the news media will be responded to in the same manner as non-news media requests. Problematic situations involving the media should be referred to the Director of Media Services.
   - Requests for information regarding a NPNI patient that may fall under “public personage” status should, in all cases, be referred to the Director of Public Relations, Administrative Coordinator, or the Administrator-On-Call.
III. Termination of NPNI Status

- All requests for the termination of NPNI status will be directed to the Hospital Police Department and will be at the discretion of the Hospital Police Department.
- Official termination will occur when Hospital Police approves termination of the NPNI status at which time the logbook is documented.
- Notification to all applicable personnel is to follow the NPNI designation change by the initiating staff member removing patient from NPNI status.
- In such cases where the NPNI designation is placed on a patient by Hospital Police, i.e. patient is a victim of a crime and culprit is still at large, etc., the removal of the designation will be initiated, communicated, and terminated by Hospital Police only.

Policy Review Responsibility

Director of Public Relations

Supersedes: 02/22/93, 05/02/94, 03/11/96, 12/10/98, 03/15/02, 11/31/04
THE INTENT OF THIS FACT SHEET IS TO PROVIDE A CLEAR UNDERSTANDING OF THE MEANING OF “NO PRESS NO INFORMATION”.

In order to assist us in protecting your rights as a No Press No Information designation, your assistance is required with the following:

1. If anyone inquires about your admission to our hospital, the hospital operator, information receptionist, or any other Medical Center personnel will reply, “We have no information on a patient by that name.”

2. Your phone number and/or room number will not be given out to anyone. It is your responsibility to notify those people with whom you want to have contact. It is recommended that you speak with your family members to let them know that at no time can we acknowledge that you are a patient in our facility because of the NPNI status designation.

3. You will have no incoming calls put through to your room. Callers who ask for you by name, room number, or extension will not be put through. No mail or flowers will be delivered to you.

4. You can make outgoing calls; however, when you make contact with people you will need to inform them that you will need to call them at all times because calls will not be transferred to your room - even if the caller knows the room number.

5. Hospital personnel will not give out information about you to the newspaper.

6. Your name will not be on your hospital room door.

7. Your medical record will be identifiable only to appropriate hospital personnel.

8. The Medical Center of Central Georgia cannot be responsible for information you give out to anyone concerning your admission or location.

I have read and/or have had the NPNI Fact Sheet explained to me and understand the responsibility of an NPNI status designation. I acknowledge receipt of this information by signing and dating as indicated below.

_________________________________________________________  Date
Patient and/or Designated Representative

_________________________________________________________  Date
Hospital Representative/Title
Employee Script
NPNI Process

Level 1: Initial Encounter - A customer presents to the floor/nursing units, etc. and inquires about a patient. The Medical Receptionist reviews the Prism/Medipac system and finds the patient is listed as NPNI. The MR responds to the customer... “I am sorry. We do not show a patient listed by that name in the hospital”. The customer will either: (1) say something to the order of... “Well I thought she was here at MCCG” or (2) “I know she is here because I spoke with her earlier today”. Since the customer is still persistent, the MR should take the opportunity to validate no patient listing by calling the Information Desk to make the inquiry and responds to customer as indicated. If customer is still persistent, at that time the MR should respond... “Either we do not have a patient listed by this name or the patient has asked that we keep his/her identity private”. Again, two scenarios – (1) the customer respects the privacy of the patient as requested or (2) responds... “She is my daughter and I want to see her, I know she is here”. At this time, the MR should reply... “I will be happy to refer your concern to the on-duty charge nurse to see if she can assist you”. The MR contacts the nurse in charge to deal with the situation. Level 2 is implemented...

Level 2: The charge nurse responds to the customer... “May I help you?” The customer tells the CN the same as above. The Charge Nurse calls the Information Desk/Operators – Extension 1117 – to verify what the MR has told the customer above and if the customer is still not satisfied. The Charge Nurse should listen to determine if this is a special circumstance that needs to be evaluated, i.e. family member was called to report to the hospital as Legal Next of Kin and the CN would verify this with the attending nurse by reviewing the medical record, etc. Otherwise, the Charge Nurse should go into more dialogue... “As a healthcare institution, we are required by law to protect and respect the privacy of our patients upon their request and this may be one of those situations. If this is indeed the case, there is no information that we can release on this patient. I am sorry.”

Level 3: If the Charge Nurse cannot appease the customer the situation is hostile/confrontational, the Charge Nurse should contact Hospital Police at extension 1490 to request assistance.
Employee Flowchart – NPNI Response

Customer Presents to the Floor/Nurses Station – Makes Patient Inquiry

Medical Receptionist Looks in System to Verify Patient

- Patient Not Listed as NPNI
  - Customer is Referred to Patient’s Room
- Patient Listed as NPNI
  - MR Begins Script – Level 1 Initial Contact
    - Customer Satisfied with Explanation
      - No
        - Implement Level 2
          - Customer Satisfied with Explanation or Charge Nurse Identified Special Need to Investigate
      - Yes
        - Customer Hostile & Confrontational
          - Yes
            - Implement Level 3
              - Contact Hospital Police for Assistance
          - No
            - Customer Exits Hospital
**Purpose:** To guide documentation that fulfills professional and legal requirements and accurately communicates patient care treatments, care and related outcomes provided by Student nurses and Licensed Nursing School Faculty.

**Policy:**

1. Clinical records shall be maintained in a manner to facilitate communication about patient care and progress to the all members of the health care team.

2. Documentation processes include, but are not limited to the electronic medical record (EMR), written medical record where applicable, the medication administration record (MAR), and discharge processes.

3. Student nurses (undergraduate; LPN to RN; RN to BSN; and graduate level) shall not take verbal or telephone orders from a physician or other licensed independent practitioner.

4. Student nurses (undergraduate; LPN to RN; RN to BSN; and graduate level) shall not sign-off, note, perform electronic nurse order review, or enter patient care orders electronically into the EMR.

5. Student nurses (undergraduate; LPN to RN; RN to BSN; and graduate level) shall not enter allergies or home medication histories into the EMR.

**Definitions:**

- EMR: electronic medical record.
- Countersignature: A confirming signature endorsing a document already signed at least once.
- Authenticated: To make valid and effective by verifying with one’s electronic signature.
- Unauthenticated documentation: Entries in the EMR that have not been verified by a licensed clinician.
- Verified: To substantiate or affirm the accuracy of documentation.

**General Guidelines for Entries by Student Nurses:**

1. Information documented shall be relevant, accurate, concise, and organized in systematic and chronological manner.

2. Only approved MCCG abbreviations and symbols shall be used on entries in the Medical Record.
3. Entries in the Medical Record are the responsibility of the licensed nursing school faculty and/or the licensed MCCG nurse assigned to the patient.

4. Any paper documentation must be legible, dated, timed, signed and indicate student status by writing the abbreviation SN and their school affiliation after their signature (ex. Nancy Smith, SN, MSC).

5. All documentation by student nurses in the medical record require countersignature authentication by licensed nursing school faculty (when present) or by the MCCG nurse assigned to the patient.

6. Countersignature authentication indicates observation, collaboration and approval of information documented.

7. The MCCG nurse or licensed nursing school faculty can modify any documentation completed by the student nurse.

**Specific Guidelines for Entries by Student Nurses:**

1. Student nurses will document patient clinical data using approved electronic PowerForms in PowerChart™ with limited access to Interactive View (IVIEW) flow sheet documentation.

2. Documentation of medications into the electronic medication administration record shall not be performed by a student nurse; medications shall be administered together by the student nurse and licensed nurse but documentation is solely the responsibility of the licensed nursing school faculty or the licensed nurse supervising the student nurse.

3. Student nurses shall document all other care, treatments, procedures, and patient assessment data they performed or noted during their clinical day.

4. Employees of the Medical Center of Central Georgia, participating as students in any nursing school program shall have a separate "student" electronic signature code to clearly identify their student role. While in the clinical setting under the supervision of licensed nursing school faculty or approved preceptor, the student shall not use their employee code. All above policies and guidelines apply.

**References:**

2. www.nso.com/nursing-resources/articles/24.jsf “Do’s and Don’ts of Documentation”
5. VUMC. Documentation - General Guidelines for Inpatient and Outpatient Medical Record Documentation, MR 08-08. 2003.