

ORIENTATION HANDBOOK FOR NURSING FACULTY

ACADEMIC YEAR 2022-2023

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WELCOME

Welcome to Chandler Hospital, Kentucky Children’s Hospital, and Good Samaritan Hospital. We are excited to welcome you and your students, and look forward to being part of an exciting educational experience for each of you. UK HealthCare nursing takes pride in providing exceptional care to patients and their families. In order to continue this tradition, we are committed to our mission of providing high quality educational opportunities for students.

Additionally, we recognize the role we play in creating the nurses of the future who will care for our patients. We look forward to working with each of you to facilitate the process of developing these future nurses, nurses who will contribute to the health of the people of the Commonwealth of Kentucky. Thank you for choosing us to assist you in this worthy endeavor, and let us know what we can do to help you in your important work.

Gwen Moreland, DNP, RN, NE-BC
Chief Nurse Executive
UK HealthCare

MESSAGE FROM **NURSING PROFESSIONAL DEVELOPMENT**



Nursing professional development (NPD) is a vital phase of lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals (ANA, 2000). At UK HealthCare, the department of Nursing Professional Development is committed to facilitating the

ongoing professional development of nurses to support lifelong learning, advance professional nursing practice and optimize patient outcomes. We are dedicated to the highest standards of quality and safety in patient care, and the ongoing pursuit of evidence-based practice and practice improvement.

In addition, we strive to employ best practices in learning and development, the principles of shared governance in nursing practice, and the development of values consistent with the Magnet Recognition Program.[®] We share the University's mission of excellence in education in an environment supportive of diversity and inclusiveness. Welcome to UK HealthCare – we look forward to having you here!

For questions or assistance, please contact:

- Kathy Isaacs, PhD, RN NEA-BC
Chief Nursing Officer
Kentucky Children's Hospital
Nursing Professional Practice and Development
UK HealthCare
Phone: 859-323-4192
Email: kathy.isaacs@uky.edu
- Margie Summers
Director of Enterprise
Nursing Development
Phone: 859-323-0433
Email: margie.summers@uky.edu
- Elaine Smith, MSN, RN, NPD-BC
Student Placement Coordinator
Phone: 859-218-4903
Email: Elaine.smith2@uky.edu



GENERAL INFORMATION

This *Orientation Handbook* has been developed to ensure that faculty responsible for students at UK HealthCare have the information necessary for meeting the orientation requirements. A review of the handbook is required by faculty on an annual basis. It is the responsibility of faculty to relay any necessary information in this handbook to students. Faculty must submit an abbreviated resume validating recent clinical experience in the placement area for which the clinical rotation will take place.

In addition to the Faculty Handbook, faculty supervising students in the Kentucky Children's Hospital (KCH) are required to review the *Faculty Orientation Manual for KCH* (located in the appendix). Faculty with students in KCH are expected to have demonstrated recent clinical experience in the care of pediatric patients.

All faculty must also submit objectives for the clinical rotation, and a copy of all paperwork.

This handbook, as well as the *Orientation Handbook for Nursing Students*, is available at: ukhealthcare.uky.edu/professionals/nursing/faculty.

Address:

UK HealthCare
800 Rose Street
Lexington, KY 40536-0293

Point of Contact:

- Elaine Smith
Staff Development Specialist
Student Placement Coordinator
Office: H-704
Office: 859-218-4903
Cell: 859-200-0865
Email: Elaine.Smith2@uky.edu
- Margie Summers
Director of Enterprise
Nursing Development
Phone: 859-323-0433
Email: margie.summers@uky.edu





FACULTY RESPONSIBILITY

Faculty and Student Orientation

Clinical faculty members new to UK HealthCare are required to meet with the Student Placement Coordinator prior to starting clinical experiences with students. This gives the faculty member time to ask questions and review the required paperwork for the facility prior to his/her clinical group starting. Orientation to the assigned unit must be arranged by the faculty with the unit manager if new to the institution or clinical area. Each new faculty member can expect to spend 1-2 days on a unit shadowing an RN prior to commencing orientation for his/her clinical group.

Faculty instructors are required to provide an orientation for their students to review, expand upon, and answer any questions regarding the information provided for the students in the *Orientation Handbook for Nursing Students*. It is the responsibility of each faculty instructor to obtain and distribute the *Handbooks*. These handbooks have been developed to ensure that

orientation is provided prior to the students' first clinical experiences. The student handbook introduces the students to the expectations and standards set forth by the UK HealthCare. The handbooks are to be given to all undergraduate and graduate nursing students, LPN's or nursing assistant students by each faculty instructor.

Please Note:

All faculty documentation must be complete and submitted to the Student Placement Coordinator prior to the first day of the clinical rotation. Failure to comply with required documentation may result in immediate dismissal of the clinical group from the unit until further notice.

Required student documents must be complete and submitted to the Student Placement Coordinator prior to any patient contact or care assignment. Failure to submit student documents may result in immediate dismissal of the clinical group from the unit until further notice.

"Tell me and I forget, teach me and I may remember, involve me and I learn."

BENJAMIN FRANKLIN



PLACEMENT PROCESS

Coordination of Student Placement

The process of student placement begins with the activities of the Bluegrass Planning Committee. This organization meets biannually and is comprised of representatives of all schools of Nursing and Clinical Agencies within the Central Kentucky Bluegrass area. Each academic program requests student placement for the following semester and agencies agree on what can be accepted. As a faculty member this committee has cleared your agency affiliation, unit assignment, and limit on numbers of students. Clinical groups are given approval at this meeting. Preceptorships and MSN student approval is tentative based on preceptor availability and will be finalized closer to the start of the semester. Requests for Preceptorships must also be initially requested through the Bluegrass Planning process.

The Student Placement Coordinator within the Department of Nursing is responsible for coordination of all

undergraduate nursing student placements within the Medical Centers.

Types of Student Placements Available

- A. Clinical Group:** Supervised directly by school's clinical faculty instructor/professor
- B. Preceptorship/Synthesis Experience:** Supervised directly by UK HealthCare staff registered nurse with school's clinical faculty/instructor available by phone, pager, or onsite

Clinical Group Placement Guidelines

1. Only one clinical group can be on a unit at one time.
2. Only 2 clinical groups can be on a unit in a 24-hour period.
3. Prior to the beginning of each semester, the clinical instructor should confirm the units, dates, times, and number of students with the Student Placement

Coordinator. If you do not plan to use a unit that was originally requested and granted, please forward that information as soon as possible.

4. The faculty member is expected to be **CONTINUOUSLY AVAILABLE** to non-precepted undergraduate students during clinical hours and to provide **DIRECT** supervision for techniques that are unfamiliar to the student.
5. Faculty is responsible for determining student assignments after discussion with nursing staff. An assignment form should be posted on the clinical unit as soon as assignments are made. Students coming in for pre-clinical assessments may do so at a time when there are no other nursing students on the unit. This time must be approved through Bluegrass Planning.

PLACEMENT PROCESS

6. As a courtesy to patients, please let the patient know that she/he will be having a nursing student with faculty supervision.
7. Objectives for the clinical experience should be shared with the Patient Care Manager prior to the first clinical experience.
8. Be aware that, at times, preceptorships for new staff as well as students may be occurring in the clinical area. Preceptees work with RN staff with whatever assignment he/she has for that shift (direct patient care, record reviews, in-services, facilitation of student clinical experiences, etc. etc.).

Preceptorship: Student Placement

Definition: A “Preceptorship” is a clinical experience that links a senior nursing student with experienced Registered Nurse employed at UK HealthCare. The student “Preceptee” performs that clinical experience during the scheduled work shifts of the RN “Preceptor”. Nursing student Preceptorships are requested via the Bluegrass Planning process. Faculty or the Clinical Coordinator should give a list of students needing preceptorships to the Student Placement Coordinator. The Student Placement Coordinator will then arrange preceptors for as many of the students as possible. Patient Care managers should not be directly contacted for student preceptors unless directed to do so. The guidelines are as follows:

1. To verify the data submitted to the previous Bluegrass

Planning meeting, faculty should contact the Student Placement Coordinator first. This will ensure that information regarding school priority placements is known and will provide ideas for unit preceptor opportunities.

2. Faculty will submit a list of students to the Student Placement Coordinator for preceptorship placement.
3. Objectives and measures of success developed by the student and supervising faculty member should be shared with the Patient Care Manager and the Preceptor prior to the first clinical day.
4. Faculty is expected to orient students on the unit for a clinical rotation at UK.
5. A student may contact a Preceptor only after the faculty facilitator has made the contact with the Patient Care Manager and objectives have been shared.
6. Preceptor students may be on a unit at the same time as a clinical group.
7. Please bring any student placement questions or concerns to the Student Placement Coordinator.

Preceptorship: Undergraduate Students

Faculty is expected to meet with the student and preceptor on a REGULAR basis during the semester. Expectations of the

faculty for preceptor involvement in the evaluation process should be shared at the first student/faculty/Preceptor conference. The faculty member will negotiate availability of the faculty as a resource during student clinical hours with the Preceptor, student, and Patient Care Manager (PCM) of the unit. The school’s clinical faculty/instructor is expected to be readily available by phone, pager, or onsite. Objectives for the clinical experience should be shared with the PCM and Preceptor prior to the first clinical experience. Students do not receive independent access to the PYXIS system. Student access to the electronic medical record system (EPIC) is dependent upon completion of appropriate request and student training. Students are not granted individual/independent access to other secure computer systems.

Preceptorship: Graduate Students (including students in advanced practice nursing programs)

Requests for graduate student clinical assignments will be made to the Office of Learning Experiences (OLE). Objectives and clinical plan are to be submitted to the OLE. The OLE office can be reached at <https://ukhealthcare.uky.edu/ole>. Graduate students on a unit are expected to inform the RN caring for the patient when they first arrive on the unit and communicate their objectives. If the graduate student plans a clinical experience to include direct patient care, it is expected this will occur at a time when no other student groups are on the unit unless approval is received



by the Patient Care Manager and the student placement coordinator. The student will communicate with the assigned registered nurse preceptor to receive report and to communicate any pertinent patient information during the clinical experience. Care given must be documented and report provided to the nurse preceptor at the completion of the clinical experience.

If any graduate or undergraduate nursing student is planning a project or research activity at UK HealthCare as part of their student experience, a nursing research proposal must be submitted to the Chairperson of the Nursing Research Committee from the individual

investigator. If the study involves human subjects, approval may also be subject to review by the Medical Institutional Review Board. Please contact Kathy Isaacs Director, Nursing Professional Development 859-323-4192 or Kathy.Isaacs@uky.edu prior to beginning any project/research activity.

Hospital Observers

An observer is defined by Hospital Policy HP01-20 (Hospital Observers) as one of the following:

- A student, trainee, or practitioner in the area of health care who is participating in University training under the supervision of a University health care provider.

- A University non-health care professional who is participating in training to perform their University responsibilities.
- A person authorized by the patient(s) to be observed pursuant to a properly executed HIPPA-compliant authorization.

Note: This policy excludes students, trainees and practitioners who are under general supervision.

The sponsoring department will make arrangements with:
Observation & Learning Experience
Hospital Administration
310 S. Limestone, B113
Lexington, KY 40508
859-218-5788
<https://ukhealthcare.uky.edu/ole>

PATIENT CARE MANAGER CONTACT INFORMATION

The PCM is accountable for patient care on their unit(s). An initial contact with the PCM should be made by the clinical instructor who will be utilizing a specific patient care area. Communicate with the PCM routinely to discuss special student needs, student objectives, and problem resolution for that specific unit. A listing of the PCMs with phone numbers and email addresses is provided (See resource for PCMs & SDS).

ALBERT B CHANDLER HOSPITAL UNIT	PCM	PHONE & EMAIL ADDRESS
Central Monitoring Station	Tami Neal	859-218-2962, tdva225@uky.edu
8E, 8S, 8W & Dialysis - Trauma/Surgical	TBD	
7S & 7W Neuro	Stephanie Gerall	859-323-6869, stephanie.gerall@uky.edu
6N/6W Cardiovascular Progressive/Telemetry	Carrie Nichols	859-562-0871, cjrobe3@uky.edu
6South Pulmonary	Heather Morton	859-562-3153, heather.morton@uky.edu
5th floor Internal Medicine	Ashley Cross	859-323-3236, ashley.cross15@uky.edu
Acute Care-KCH (4E& 4W)	Lisa Butcher	859-323-0698, lisa.butcher@uky.edu
NICU & 4 Neo	Shannon Haynes	859-323-3102, sswall00@uky.edu
3rd floor Women's Services - OB/Mother/Baby	Colleen Honey	859-323-5979, colleen.honey@uky.edu
4 North & PICU - KCH	Stephanie Durbin	859-257-1097, stephanie.durbin2@uky.edu
CAS Pre-Op, PACU	Stephanie Paulin	859-323-6073, stephanie.paulin@uky.edu
PACU, Pre-Op, Holding Pre-Op Clinic	Raymond Young	859-323-3073, raymond.young@uky.edu
Markey Cancer Center Outpatient	Bonnie Brown	859-323-6385, swbrow2@uky.edu
Emergency Department Chandler	Josh Bryan	859-257-8869, ja.bryan@uky.edu
Endoscopy Interventional Radiology	Holly Meandor	
Cath Lab	Kim Morton	859-257-5325, kimberly.morton@uky.edu
Transitional Care Unit/7E	Pamela Lane	859-323-0883, Pamela.lane@uky.edu
PAV A 5th floor Tower 100 ICU/Universal	Leah Perkins	859-323-3393, leah.perkins@uky.edu
PAV A 5th floor Tower 200 NSICU/Universal	Heather Vance	859-323-3511, hvanc2@uky.edu
PAV A 6th floor Tower 100 Universal	Mandie Lightfoot	hasm222@uky.edu
PAV A 6th floor Tower 200 ICU	Jodi Sifford	jaka228@uky.edu
PAV A 6th floor Tower 200 Transplant	Jeanette Richards	jeanette.sanders@uky.edu
PAV A 7th floor Tower 100 Universal	Noble Powell	knpowell123@uky.edu
PAV A 7th floor Tower 100 ICU	Rebecca Charles	859-323-5909, rebecca.charles@uky.edu
PAV A 7th floor Tower 200 ICU	Christina Burton	859-257-5043, christina.burton@uky.edu
PAV A 7th floor Tower 200 Universal	Kim Morgan	kim.morgan@uky.edu
PAV A 8TH floor Tower 100 Cardiovascular	Marc Manley	859-323-6871, marc.manley13@uky.edu
PAV A 8TH floor Tower 200 Cardiovascular	Kyle Smith	859-323-6871, kyle.smith2@uky.edu
PAV A 9TH floor Tower 100 & 200 Universal	Emma Taylor	emma.craig@uky.edu
PAV A 9TH floor Tower 100 & 200 ICU PAV A 10th Floor Tower 200 ICU	Ron Simpson	859-323-0852, ronald.simpson@uky.edu
PAV A 10TH floor Tower 100 Universal	Barbara Mitchell	859 323-9320, bmitc2@uky.edu
PAV A 10TH floor Tower 200 Universal	Jennifer Rutherford	859 323-9060, jennifer.rutherford@uky.edu
PAV A 11TH floor Tower 100 Markey Cancer Center	Shannon Weil	859-323-6154, shannon.weil@uky.edu
PAV A 11th floor Tower 200 Markey Cancer Center	Lynn Gentry	859-323-5670, lynn.gentry@uky.edu

PATIENT CARE MANAGER CONTACT INFORMATION

GOOD SAMARITAN HOSPITAL UNIT	PCM	PHONE & EMAIL ADDRESS
Emergency Department	Erin Morris	859-226-7205, Erin.morris93@uky.edu
GSH OR	Sherri Stevens	859-226-7153, sherri.stevens@uky.edu
GSH PACU	Leanna Sturgill	226-7186, lpstur2@uky.edu
Behavioral Health	Karen Gaible-Carroll	859-226-7330, karen.carroll@uky.edu
4 ICU	Seth Curtis	859-226-7471, seth.curtis@uky.edu
Universal 3 Main	Savanna Carroll	859-562-1976, savanna.carroll@uky.edu
Tele Main/4 Main/4 West	Heather Courtney	859-226-8313, heather.courtney@uky.edu
Med-Surg/5 Main & 2W	Jamie Cross	859-226-7148, jamie.cross@uky.edu
Ortho/6 Main	Sheena Pitzer	859-226-7157, sheena.broyles@uky.edu
GSH 7th floor	Brad Adkins	859-218-3708, bradley.adkins@uky.edu
Wound Care	Judy Elder	859-323-3730, judy.elder@uky.edu



UNIT DESCRIPTIONS

Pavilion H

UNIT/NUMBER OF BEDS	POPULATION DESCRIPTION	STAFFING RATIO
8E/10 beds	Orthopedic/Vascular	5:1
8S/9 beds	Surgical Progressive Care	3:1
8W/10 beds	Surgical	5:1
7E/9 beds	Transitional Care Unit	3:1
7S/10 beds	Medical-Surgical	5:1
7W/10 beds	5 beds Medical-Surgical 5 beds Epilepsy Monitoring	4:1
6E/8 beds	Pulm/Med Service Line	4:1
6S/9 beds	Pulm/Med Service Line	3:1
6W/8 beds	CV Service Line	3:1
6N/12 beds	CV Service Line	4:1
5E/10 beds	Internal Medicine	5:1
5S/10 beds	Internal Medicine	5:1
5W/10 beds	Internal Medicine	5:1
Dialysis/5 beds	Acute and Chronic Dialysis	
4E, 4W	See Kentucky Children's Hospital Addendum	
PICU/CICU	See Kentucky Children's Hospital Addendum	
NICU	See Kentucky Children's Hospital Addendum	
4N	See Kentucky Children's Hospital Addendum	
L&D/12 beds Triage/4 beds OR/2 suites MBU/17-26 beds NBN/24 bassinets	Labor and Delivery Antepartum Mother/Baby Unit	MBU: 5 Couplets: 1 LDR: 2:1 NBN: 1 RN & 1 NCT
3N /12 beds	Medical Surgical	6:1
Transitional Care Unit/24 beds	High acuity similar to ED	Acuity dependent: 4:1 to 1:1

UNIT DESCRIPTIONS

Pavilion A

UNIT/NUMBER OF BEDS	POPULATION DESCRIPTION	STAFFING RATIO
Tower 1, 6th Floor: • 12 ICU beds • 20 Progressive Care Stroke beds	Neurosciences	2:1 or 1:1 (ICU) 3:1 (Progressive Care)
Tower 2, 6th Floor: • 12 ICU beds • 6 Progressive Care beds • 14 Acute Care beds	Neurosciences	2:1 or 1:1 (ICU) 3:1 (Progressive Care) 5:1 (Acute Care)
Tower 1, 7th Floor: • 12 ICU beds • 6 Progressive Care beds • 14 Acute Care beds	Trauma, Orthopedics, General Surgery, Abdominal Transplants	2:1 or 1:1 (ICU) 3:1 (Progressive Care) 5:1(Acute Care)
Tower 2, 7th Floor: • 12 Surgical & Transplant beds • 6 Progressive Care beds • 14 Acute Care beds	Trauma, Orthopedics, General Surgery, Abdominal Transplants	2:1 or 1:1 (ICU) 3:1 (Progressive Care) 5:1(Acute Care)
Tower 1, 8th Floor: • 32 Progressive Care Beds	Cardiovascular	2:1 or 1:1 (ICU) 3:1 (Progressive Care) 5:1(Acute Care)
Tower 2, 8th Floor: • 32 ICU Care Beds	Cardiovascular	2:1 or 1:1 (ICU)
Tower 1 & 2, 9th Floor • 24 ICU beds • 20 Universal	Medicine	2:1 or 1:1 (ICU) 3:1 (Progressive Care) 5:1(Acute Care)
Tower 1 & 2, 10th Floor • 24 ICU beds • 20 Universal	Medicine Universal/Cardiovascular ICU	3:1 (Progressive Care) 5:1 (Acute Care)
Tower 2, 11th Floor • 16 beds	Blood & Marrow Transplant/Leukemia	1:3
Tower 2, 11th Floor • 12 beds	Hematology Oncology	1:4
Tower 1, 11th Floor • 28 beds	Surgical Oncology	1:5



UNIT DESCRIPTIONS

Good Samaritan

UNIT/NUMBER OF BEDS	POPULATION DESCRIPTION	STAFFING RATIO
Emergency Department	Emergency Department	Patient to nurse ratio varies
3rd floor • 19 Adult • 12 Adolescent 3rd Universal Main • 30 beds	Behavioral Health Unit Medical Pulmonary	Varies based on acuity 4:1 Telemetry
4th Floor • 32 Telemetry 4 Main • 12 Telemetry 4 West • 15 ICU	Telemetry/Progressive/ICU	4:1 Telemetry 2:1 ICU
5th Floor • 23 Acute Care Beds	Medical Surgical - Complex Discharge Unit	5:1 (Acute Care)
6th Floor • 35 Acute Care Beds	Orthopedics - Total Joint Replacements	5:1 (Acute Care)
7th Floor • 30 Beds	Medical Surgical/Telemetry	5:1 (telemetry)



NURSING ADMINISTRATION SERVICES

Nursing Administration Services provides support to the divisions of patient care services. Nursing leaders are listed below for your reference.

NURSE LEADER	TITLE
Colleen Swartz	Vice President for Hospital Operations
Gwen Moreland	Chief Nurse Executive
Brandy Mathews	Chief Nursing Officer
Lacey Buckler	Chief Advance Practice Officer
Julie Hudson	Assistant Ops Executive, Perioperative
Kathy Isaacs	Chief Nursing Officer
Patty Hughes	Chief Nursing Officer
Marc Woods	Chief Nursing Officer
Nina Barnes	Director, Oncology
Sarah Lester	Director, Nursing Practice and Excellence
Margie Summers	Enterprise Director Nursing Development
Kim Blanton	Director, Cardiovascular Services and Infection Prevention and Control
Benjamin Hughes	Director, Medicine Services
Patti Howard	Director, Emergency Services
Lisa Thornsberry	Director, Medicine Services
Julie Blackburn	Director, Neurosciences
Lisa Fryman	Director, Trauma and Surgical Services
Julie Deverges	Director, Perioperative Services
Sherry Rosenacker	Director, Perioperative Services
Matt Proud	Director, KCH
Anita Taylor	Director, Neonatal and Women's Services
Deeanna McCallie	Director, Capacity Command/K-CATS



UK HEALTHCARE **POLICIES & PROCEDURES**

www.hosp.uky.edu/careweb

- Hospital Policies
- Nursing Policies
- Nursing Protocols (under Nursing Policies)
- Nursing Continuing Education
- Nursing Web Page

Here are some of the UK HealthCare policy numbers...

• Patient Rights & Responsibilities	A08-105
• Confidentiality	A06-045
• Patient Identification	A08-160
• Infant Child Security	A10-040
• Hand Hygiene	A03-015
• Standard Transmission Precautions	A03-000
• SNAP Access to the Electronic Medical Record	A05-100
• Dress Code	A09-085
• Dress and Appearance for Nurses	NU09-12
• Undergraduate and Graduate Nursing Students during Clinical Practice	NU09-31

Please refer to the website listed above for any additional policy information.

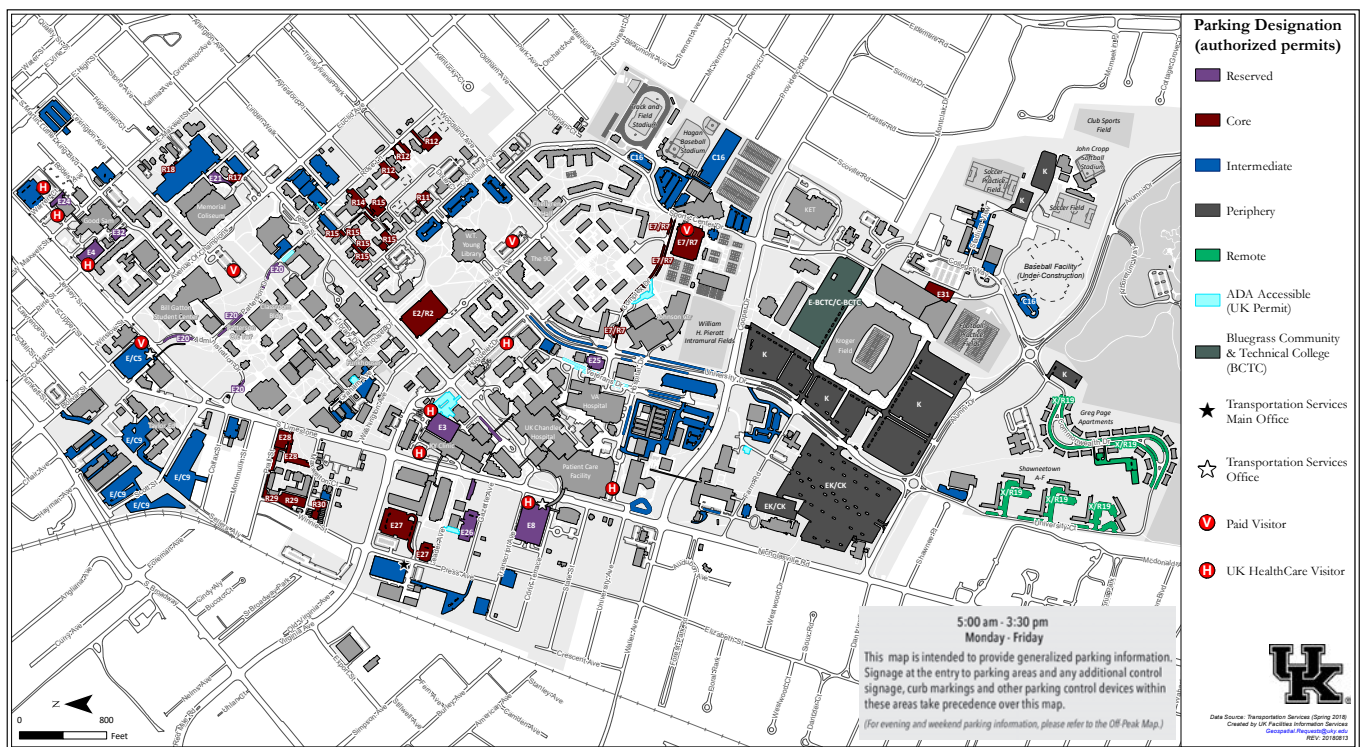
PARKING

Faculty and students are responsible for obtaining a parking pass for UK HealthCare Chandler Hospital, Kentucky Children’s Hospital, and Good Samaritan Hospital.

Faculty members are eligible for an E parking permit; non-UK College of Nursing faculty should apply for a “Visiting Professor” parking permit. Permits can be obtained at Parking Structure #6, located on the corner of Virginia and Press Avenues. Students who plan to drive may apply online for a student parking permit at www.uky.edu/pts.

Students enrolled at the University of Kentucky follow standard student procedures to obtain parking. Students enrolled in other colleges and universities are required to apply in person at 721 Press Avenue (inside Parking Structure #6, on the corner of Virginia and Press Avenues). **Parking is not permitted in any of the Hospital /Clinic Patient/Family Parking structure.** For more information, the P&TS phone number is 859-257-5757.

Parking is not permitted in the Hospital Parking structure.



IDENTIFICATION BADGES

All Clinical Instructors must obtain an individual UK ID badge. The new badges consist of a WildCard ID (which has the technology – such as door access) and a UK HealthCare specific badge for clear identification.

- Each school should have student badges assigned by the clinical instructor each semester. This badge must be worn in addition to the student's school identification badge during their clinical experience. At the end of the semester the clinical instructor must get the UK assigned badge back from the clinical student so that the clinical instructor can use it again the next semester.
- The clinical instructor for all schools will need to complete the identification badge assignment form and email it to the student placement coordinator at elaine.smith2@uky.edu and security at securityIDBadges@uky.edu at least one week prior to start date in order for the badges to be activated.

ELECTRONIC MEDICAL RECORD

UK HealthCare has implemented electronic documentation. Nursing documentation and documentation of medication administration will be performed via the EPIC computer system.

Documentation Faculty Access

Access may be granted to EPIC for clinical faculty/instructors following completion of an initial training class and competency. The Student Placement Coordinator will offer training dates and times to faculty members prior to the start of each semester. It is the responsibility of the faculty member to sign up and attend this class.

For returning instructors that have documented in the EPIC system within 6 months or less, an online review module is available as a refresher. Returning instructors that have NOT documented in the EPIC system for 6 months or greater are required to repeat the classroom training and competency.

Clinical instructors may be required to complete additional training in the event of major upgrades or changes to the documentation system. Minor changes to the EPIC system may be included in general communication to instructors and/or schools.

Documentation Student Access

Students have the opportunity for View Only or Nursing Student Documentation access to EPIC. The process for student EPIC access is as follows:

- Each school or Clinical Instructor must submit an EPIC Access Request Form to the Student Placement Coordinator by the semester deadline:
 - o Fall Semester – August 1st
 - o Spring Semester – December 1st
 - o Summer Semester – May 1st
- Requests for access will be made to the UK IT Security Department by the Student Placement Coordinator. Building individual access for students into the system may take up to 4-6 weeks, or longer during peak times.
- Each semester (regardless of prior EPIC training and experience), students must complete the appropriate training module and competency – training modules are provided to the school by the Student Placement Coordinator



ELECTRONIC MEDICAL RECORD

- The school or Clinical Instructor will notify the Student Placement Coordinator when student EPIC training is complete
- A Confidentiality Agreement in the Student Handbook must be signed by the student and returned to the Student Placement Coordinator
- Students are required to complete training and sign confidentiality agreement prior to accessing the system. Once proof of training and signed confidentiality agreement are received by the student placement coordinator, user names and login ID's for access will be provided
- All student documentation must be co-signed by the instructor or designated preceptor

If you have any questions, please contact the Student Placement Coordinator.

PYXIS ES MEDSTATION

Pyxis Medstation Access

- Most units in the hospital use this User ID-restricted access medications storage unit. Faculty: please read and complete the application for your access and return to the Student Placement Coordinator for authorization. Individual clinical students, including precepted students, must obtain medications from PYXIS under the direct supervision of the faculty member or the Preceptor. Students won't be given independent access to medications.

Pyxis Materials Access

- Most units in the hospital use a restricted access cabinet for supplies. Contact Robert Payton at rjpayt2@email.uky.edu or 859-323-5172 to obtain faculty user access.

MEDICATION ADMINISTRATION

Student Practice Guidelines

- Please refer to policy for Undergraduate and graduate nursing student guidelines for clinical practice.

Medication Policies

1. Medication Administration

- a. Refer to Policy # ND14-01

2. Labeling Medications and/or Solutions

- a. Refer to Policy # ND14-01 & ND14-05

3. Range Order for Medications

4. High Risk/High Alert Medications

- a. UK HealthCare, in an effort to adhere to the National Patient Safety Goals, follows The Joint Commission's recommendation for identifying High Alert Medications

5. IV Therapy Medications – Adults

- a. Refer to Policy #ND14-06, ND14-05 & NI08-03

6. PCA

- a. Refer to Policy # NP08-01

7. Epidural

8. Alaris Pump

9. Insulin and Heparin gtt

- a. Refer to Policy # ND14-05

10. Unacceptable Abbreviations

- a. UK HealthCare, in an effort to adhere to the National Patient Safety Goals, follows The Joint Commission's Official "Do Not Use" List for medical abbreviations

POINT OF CARE TESTING

The Joint Commission and the College of American Pathologists are the accrediting agencies that establish the regulatory standards for Point of Care testing within the UK HealthCare system. These agencies require that initial training and ongoing competency assessments be performed and documented for all persons performing any patient testing. Faculty and students may not perform any non-waived testing. If waived testing is performed in an area of rotation and faculty wish to include it in the curriculum, regulatory stands must be followed. Proper training and competency must be established as well as proper reporting and documentation of any patient testing results.

Most of the areas in the University of Kentucky Chandler and Good Samaritan Hospitals use a point of care blood glucose monitoring system. Faculty performing blood glucose monitoring must attend the UK HealthCare training class and maintain annual competency. Once trained and certified they can demonstrate the use of the blood glucose monitoring system to their students. Students may not perform any testing themselves, even under the supervision of the instructor, unless they have also attended the UK HealthCare training class and maintain competency requirements.

Federal regulations mandate the person performing the testing must also be the person documenting the results in the patient medical record. Anyone performing testing must, therefore, have training and access to these reporting systems. It is against the University of Kentucky Security policies to share individual login and password information. If you have further questions, please contact the Point of Care office in the Clinical Laboratory at 859-257-3051.

A Message to UK HealthCare Volunteers, Observers, and Students from the Director of Employee Health

Welcome, regardless of employment status at UK HealthCare, our Employee Health Policy is applied to everyone. Its mission is to protect you, the workforce community, and all patients. Health hazards and risks come with working in any healthcare facility. Specific precautions are taken in order to minimize morbidity and mortality. Frequent hand washing and vaccination(s) against communicable diseases will provide additional protection to you and those around you. To safeguard everyone's health within our UK Healthcare community, immunizations (or known immunity) against: measles, mumps, rubella, tetanus, diphtheria, pertussis and varicella (chickenpox) are mandatory. The COVID-19 vaccination or an approved exemption is required. Annual seasonal flu vaccination is also required. In addition, it is recommended that persons in a healthcare setting complete a hepatitis B vaccination series. Finally, we are required by the State of Kentucky to have proof of tuberculosis testing for all volunteers, observers, and students prior to starting at UK Healthcare and annually, thereafter. The information below outlines the required vaccinations and acceptable forms of documentation.

Observers are NOT eligible for services at UHS Employee Health. Send vaccine and TB records to "Observing and Learning Experience" (859) 218-5792.

Please note:

- All documentation must be in the English language in order to be accepted;
- If there is a medical or religious reason that you cannot receive a required vaccine, you must submit a written declination request and provide supporting documentation.
- Negative titer (lab test for immunity) results and false positives on TB skin tests (if applicable) may result in possible expense and/or extend the timeline to confirm compliance with UK HealthCare immunization requirements.

MMR (Measles, Mumps, and Rubella)

Proof of immunity to rubeola, mumps, and rubella by one of the following:

- Documentation of two (2) doses of MMR vaccines
- Positive protective rubeola, mumps, and rubella antibody titers

* If any titer (lab test for immunity) is negative, you will be required to receive booster dose(s) of the MMR vaccine, if there are no records of prior MMR vaccinations.

Hepatitis B

Accidental exposure to infectious body fluids can occur in healthcare environments. Hepatitis B vaccine is strongly recommended, but not required. If you had a Hepatitis B vaccine series in the past, please provide documentation for all doses or a positive HBV (hepatitis B virus) titer.

Tuberculosis Screening

You must have Tuberculosis (TB) test within 3 months of your start date. Either the TB Skin Test (TST) **2-step or IGRA** blood draw documentation must be submitted. A positive result may be a false-positive due to storage or processing, for example. A true-positive indicates that mycobacterium has been detected, it does **not** confirm active tuberculosis disease. If the test is positive, you may speak with an employee health provider regarding the implications and accuracy of the result.

TST TB Two-step documentation MUST include the following:

- Date given, date read, and reading millimeters
- Signature of the clinician who performed and read of the test

*If you have a **positive skin test** or **positive blood draw (IGRA)**, include physician documentation of the positive test and a negative chest x-ray report.

*If you have a history of a **prior positive TB test**, we will need all documentation about that test, follow-up evaluations you had (including chest x-rays) and any treatment received.

*If you received the **BCG vaccine** as a child, the skin test could cause a false positive.

Seasonal Influenza Vaccination

All personnel, including observers, students and volunteers, who will be located in the hospital or a patient care facility between October 1 and March 31 of the current year are required to have the season influenza vaccination for that year. Due to low side-effects and high level of safety (including safety during all trimesters of pregnancy and for those with an egg allergy), the receipt of the quadrivalent **Recombinant Influenza Vaccine (RIV4)** formulation is widely recommended. Surface protein RIV4 does **not** contain the influenza virus and cannot cause influenza.

COVID-19 Vaccination

All new employees, UK students and non-UK students in healthcare and volunteers must be fully vaccinated in accordance with manufacturer's recommendations (two weeks post second-dose of a two-dose series or two weeks post primary dose of the single-dose COVID-19 vaccine) and are tracked, but not required, to obtain boosters of the vaccine as required by CMS -or- have an approved exemption (medical or religious) or refusal, and comply with periodic testing.

Tdap (Tetanus, Diphtheria, and Pertussis)

Documentation of one (1) Tdap vaccine within the past 5 years. Helpful notes about Tdap:

- Tdap vaccine is specific to adolescents and adults for protection against pertussis, tetanus, and diphtheria
- Tdap is different from the regular tetanus (Td) vaccine and also from the childhood DTap vaccine

Varicella (Chickenpox)

Proof of immunity to varicella by one of the following:

- Documentation of two (2) doses of varicella vaccine
- Positive varicella antibody titer

*If your titer is negative, you will be required to receive dose(s) of the vaccine at the recommended intervals.



EDUCATIONAL OPPORTUNITIES

Flu Shots

An additional opportunity exists in the fall for students to assist with the administration of flu shots. Please contact the student placement coordinator if you would like for your students to have this experience.

Nursing Educational Opportunities

Continuing educational opportunities for nursing personnel are coordinated by Nursing Staff Development. Refer to the monthly staff development calendar posted on the clinical unit or contact the Staff Development Specialist for the clinical unit for programs being offered that may be beneficial to students.

Nursing students and faculty may attend most offerings within the hospital at no cost. Register students or faculty for programs or obtain more information by calling the Nursing Staff Development office at 859-257-1658.

Health Information Resource Library

The Health Information Library (HIL) or commonly referred to as the Patient Education Library is located in Pavilion A first floor of the Hospital near the Information Desk. Education services are provided by a Registered Nurse Patient Manager and a Patient Education Librarian. Staff is usually available from 8:00am to 4:30pm, Monday thru Friday. The information library is an excellent resource for students to obtain patient education materials. Hospital nursing units utilize the Krames on Demand system for inpatient teaching. The intranet website may be accessed at www.mc.uky.edu/patiented/.

Working Opportunities at UK Healthcare

Please share with your students that UK offers several work-related opportunities while they are in nursing school. The first is to work as a Nursing Care Technician (NCT). Another opportunity is for a nursing student to work during the summer with the Student Nurse Academic Practicum program. For students interested in either of these programs, please have the student contact the office for Nurse Recruitment at 859-257-4862.

PATIENT CARE AND SAFETY

Patient Rights & Responsibilities

At UK HealthCare, the patient has a right to...

- Receive care, no matter what your religion, sex, race, disability, sexual orientation, or gender identity.
- Know what's medically wrong and how we can help them get better. We'll also tell them the things they'll need to know when they get home so that they can stay well
- Know the names of their doctors and nurses
- Feel safe here and ask questions if they have concerns
- Say "no" to anything we suggest
- Not be involved with research unless they want to be involved
- Receive help with pain
- Have their religious beliefs respected
- Have their regular doctor or a family member notified that they're in the hospital
- Have their choices about end-of-life decisions respected
- Be treated politely and with consideration
- Have their privacy respected
- Know about any rules that might affect them or their family
- Receive a copy of their medical records; request amendment to their records and request list of disclosures to their records
- Have their questions about any costs or bills answered at any time
- Complain about anything without worry. If you do not want to talk to your doctor or nurse, please contact Customer Relations at 859-257-2178.

At UK HealthCare, the patient has a responsibility to...

1. Tell us everything we need to know about their condition and history
2. Do what your doctor recommends or tell the doctor why they don't want to follow the recommendations
3. Be considerate of the people with whom they come in contact
4. Take part in making their hospital stay safe; be an active and involved part of their health care team
5. Provide their health insurance information or ask us about other options available to assist them with their payments
6. Let us know if they have legal papers about end-of-life decisions, such as a living will or advance directives. Tell a nurse if they want to make a living will or advance directives. Contact the Department of Patient & Family Services for more information at 859-323-5501

PATIENT CARE AND SAFETY

LIVING DIRect VALUES

DIVERSITY	INNOVATION	RESPECT	COMPASSION	TEAMWORK
<p>We foster a people-centered environment inclusive of all. We will always:</p> <ul style="list-style-type: none"> • Respect differences of opinions. • Acknowledge the expertise of everyone. • Promote cultural sensitivity and social awareness. • Recognize unconscious biases and overcoming barriers. 	<p>We embrace continual learning and improvement to drive positive change. We will always:</p> <ul style="list-style-type: none"> • Be visionary with a passion for discovery. • Continuously improve quality, safety, and service. • Commit to always being safe and error-free. • Achieve optimal outcomes with our expertise, research, and resources. 	<p>We value our patients and families, our community, our co-workers, ourselves, and the resources entrusted to us. We will always:</p> <ul style="list-style-type: none"> • Foster a people-centered environment. • Demonstrate professional behavior and ethics. • Practice stewardship in resource management. • Commit to honesty, transparency, dependability, confidentiality, and trust. 	<p>We express empathy for the needs, thoughts, and feelings of those we serve and with whom we work. We will always:</p> <ul style="list-style-type: none"> • Display kindness to everyone. • Do our best to relieve suffering. • Promote healing and well-being. • Embrace patient- and family-centered care. • Encourage a welcoming and caring environment. 	<p>We cultivate meaningful relationships to create positive outcomes. We will always:</p> <ul style="list-style-type: none"> • Share information to optimize value. • Be accountable for our actions. • Embrace inter-professionalism during care delivery. • Include and empower all members of the team.

The Hospital values its patients, visitors, employees, volunteers, and students. As a result, sexual harassment and/or abusive, obscene, derogatory, or profane language are prohibited. In addition, please refrain from jokes or other behavior that may be offensive to others. The Hospital asks that professionals and students refrain from expressing personal problems, frustrations, or negative comments. Remember: you are on display at all times and represent the profession of nursing and UK HealthCare whenever you are here.

Cultural Awareness

There are many ways to learn about each patient’s specific needs. Depending on the patient and your job, it may be appropriate to:

- Ask the patient questions (and talk with his or her family).
- Look around for clues, such as what the patient wears or keeps in his or her room, or how he or she acts around others.
- Check with a supervisor for information.

Each Patient is Unique

Always keep in mind that:

- Growth and development follow

general patterns. But every person grows and develops in his or her own unique way.

- Not every member of a cultural group may share all of its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.
- Avoid stereotyping a patient – consider all the factors that may affect his or her care needs.

See Policy HP08-06 for UK HealthCare: Cultural or Religious Impact on Patient Care

PATIENT CARE AND SAFETY

Hospital Policies and Procedures

The following references and resources are available on the UK intranet at: www.hosp.uky.edu/careweb

- Hospital Policies
- Nursing Policies
- Nursing Protocols (under Nursing Policies)
- Nursing Continuing Education

If you need to find out information about an investigational drug, ask a nurse on the unit to assist you.

Confidentiality

Faculty and students must maintain the confidentiality of all patient medical records and information. All students will be subject to the University of Kentucky's Governing Regulations Part I regarding confidentiality of information. Agency's students must agree not to disclose such information to other persons unless UK has given its express written consent. UK agrees to make available such information to students for their use during regularly scheduled clinical rotations; provided those records may not, under any circumstances, be removed from UK without UK's express written consent. Any breach of patient confidentiality will result in termination of the clinical rotation of the students and/or faculty member involved. Students and faculty are cautioned to maintain patient confidentiality at all times. Clinical experiences should not be discussed using social media or personal emails. Please refer to UK HealthCare policies related to information security and the use of mobile, personal, and other devices.

Dress Code

- The Hospital has a dress code, designed to ensure that appropriate image, infection control, and safety are maintained. No artificial nails are allowed. The Department of Nursing has established a dress code that is consistent with Hospital policy and the needs of the department. (Policies: A09-085 and NU09-12)
- Uniforms or scrubs are worn by faculty and students when caring for patients.
- Anytime students come to the hospital to review a chart in preparation for caring for a patient or to interview the patient, proper business street clothes must be worn. No jeans, shorts, or other similar type of casual clothes are allowed. Storage space is very limited: please bring as little as possible, and do not bring valuables in to the facility.

Identification

To create a safe environment for our patients, staff, and students, all students must wear a UK ID badge. UK ID badges must be worn whenever you are in the hospital and working in the clinical setting. Faculty will advise every student of the badge policy for UK Hospital.

Smoking Restrictions

All areas of the University of Kentucky Campus, including the Medical Campus, are smoke free. Smoking is not allowed in any of the hospital parking areas for employees or patients; this includes all Visitor Parking Garages and the K Lot at Commonwealth Stadium.

Communication Channels

Each department/area has developed channels of communication that allow staff to access and exchange essential information. The information outlined below is designed to facilitate communication of key information for your assignment at the facility.

PATIENT CARE AND SAFETY

Infection Control

Hand Hygiene

- The cleansing of the hands by hand washing or through the use of antiseptic hand wash, alcohol-based hand rub, and/or surgical hand hygiene/antiseptics.
- Each employee, medical staff member and house staff of UK HealthCare is responsible for proper hand hygiene.
- **The Threshold Rule:** All healthcare workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

Effective Hand Hygiene:

- Includes washing with soap and water or alcohol-based hand sanitizer
 - Soap and Water – when hands are visibly soiled, after using the restroom, before eating, or when caring for a patient with suspected or confirmed *Clostridium difficile*.
 - o Wet hands, use enough soap sufficient to cover hands, rub hands together for 15 seconds, rinse hands, dry with a paper towel, and turn off faucet with a paper towel.
 - Alcohol-based Sanitizer – used in situation where hands are not soiled with dirt or contaminated with blood or other organic material.
 - o Apply a dime to quarter size portion of sanitizer into hand (enough to coat all surfaces of the hands and fingers), rub all over hands until dry.
- Nails
 - o Should be short enough to allow for thorough cleaning underneath them
 - o Should not be long enough to tear gloves
 - o Should never be artificial
 - o Only CLEAR polish permitted. Nail polish, if applied, shall be freshly applied and free of chips
 - o Lotion is provided in all nursing areas to assist in hand/skin integrity. An approved lotion is provided in all nursing care areas, which is compatible with other handwashing products used at UK HealthCare

Infection Prevention and Control Information

Hospital staff follows standard precautions when caring for patients. If the patient is on other infection control precautions, isolation signage will be posted on the patient’s door.

Follow infection prevention and control measures as posted on door to patient room. See the nurse to obtain personal protective equipment if you must enter the patient’s room or have other contact with the patient.

The Threshold Rule: All healthcare workers must practice effective hand hygiene every time they “cross the threshold” of the patient’s room or bed space area, regardless of whether or not the intention is to actually touch the patient.

If the patient(s) you are assigned needs to be placed in precautions, resource information is located on the Infection Prevention and Control sharepoint site via UK’s CareWeb intranet.

Needle Stick Prevention

To avoid a needle stick, think safety:

- Place needles and other sharps in a sharps container immediately.
- Do NOT recap needles.

PATIENT CARE AND SAFETY

- Do NOT place needles in trash or linen.
- Do NOT leave needles in bed or bedside tables.
- Do NOT overfill sharps container.

Occupational Exposure

An occupational exposure is defined as direct contact with potentially infectious material such as a patient's blood and/or body fluids or instruments that have come in contact with a patient's blood or body fluids. This may occur from a needle stick or cut with a contaminated instrument, a splash, or contact with a break in the skin barrier.

Ancillary/Ambulatory Departments

MRI Safety

- All students are expected to adhere to the UK HealthCare policy (DR10-33) regarding MR Safety Education should they have any reason to be in the MRI safety zones #3 and #4.

Radiation Safety

- All students are expected to adhere to the UK HealthCare policies regarding radiation safety should they have exposure to any type of radiation (including pharmaceutical radiation) during their clinical rotation.

Interim Life Safety

Construction Safety

The Hospital constantly is undergoing construction or renovation. Whenever a construction or renovation project compromises the life safety systems or poses a significant increase in safety hazards, the Hospital implements temporary systems or interim life safety measures (ILSM) to help ensure the safety of its occupants. When an area is operating under ILSM, a sign will be posted.

Hazardous Materials

- Depending on your assignment at the Hospital, you may use or work around hazardous materials, such as cleaning supplies and chemicals. These materials may adversely affect your health if they are not handled safely and properly.
- In the Hospital, hazardous materials are labeled to alert staff to the potential dangers. In addition, Material Safety Data Sheets (MSDS), which provide more detailed information and emergency response and spill procedures, are filed in the Hazard Communications Manual in your work area. Your instructor will provide you with information about the hazardous materials with which you may come in contact before you begin your duties.

Medical Waste

Dispose of any waste that is wet with body fluids or blood in a red bag. Do not put other types of waste in the red bags. Large volume liquid wastes such as chest tubes & suction canisters are to be placed in the red barrels. Sharps are disposed of in the sharps disposal containers.

Chemotherapy Waste

- Place all IV bags and tubing in zip locked chemo bag & place it in a specific chemotherapy trash canister. This



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canister must be double lined with red bags. Needles and other sharps are disposed of in a regular sharps disposal container if they are empty. Syringes with remaining chemotherapy must be disposed of in a separate plastic container labeled “chemotherapy only”. Double vinyl glove or use special chemo gloves to administer chemo and should be worn for 48 hours after chemotherapy administration when handling blood and body fluids.

- In the event of a chemotherapy exposure or chemotherapy spill, notify your instructor and Charge Nurse and receive instructions.

Electrical Safety

- The hospital is an environment that has multiple electrical hazards as a result of the amount of electrical equipment necessary for patient care as well as being a setting for care of the electrically sensitive patient. This results in a potential for accidental injury causing severe burns to electrocution. The most immediate life-threatening consequence of severe electrical shock is ventricular fibrillation and respiratory arrest.
- All electrical equipment used in UK Hospital must be inspected by Clinical Engineering before it is used. This includes patient, employee, and hospital owned equipment. Equipment which is safe to use in patient care areas is tagged with a green sticker and must be within the annual inspection date on the label.
- Patient owned electrical equipment is prohibited in patient care areas except when its use is essential to patient care. Exception: up to date razors and hair care equipment may be used.
- Responsibilities of caregivers when using electrical equipment:
 - o Make sure Inspection Sticker is labeled 100 microamps or less and is within the inspection date.
 - o Check the equipment for signs of damage or malfunction. If present, unplug the equipment. Call Clinical Engineering. Complete an orange equipment failure tag.
 - o Remember that electricity and water do not mix!
 - o Do NOT touch electrical equipment, plumbing, or metal fixtures when touching another appliance.
 - o If several pieces of equipment are attached to a patient, they should all be plugged into the same group of outlets.
 - o If equipment blows a fuse, call Clinical Engineering so that they can determine reason.
 - o All equipment in patient care areas must have a 3-prong plug and a 3-wire grounding cord. Patients may use radios, etc., using the battery but may not plug into outlets.

Equipment Failure

Inspect medical equipment each time you use it. If you have a problem:

1. Take it out of service.
2. Complete an orange equipment failure tag. Do not change any settings.
3. Call Clinical Engineering and describe problem.
4. Complete a Reportable Occurrence form including UK property number.

Federal Law states that healthcare facilities must report any incident in which there is reason to believe that a medical device caused or contributed to the death, serious illness, or serious injury of a patient.

Power Outage

Emergency electrical outlets are red. These are backed up by a generator. All critical patient care equipment must be plugged into red outlets.

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Incident Reporting

UK HealthCare seeks to provide a safe environment for patients, visitors, and employees; to improve the quality of patient care; and, to reduce the liability regarding occurrences. In order to accomplish these goals, staff are required to report all unusual occurrences regarding patients, visitors and employees and to act in compliance with established regulations. Each occurrence must be reported at the time it is discovered to guarantee that the information is accurate and complete. Faculty and students will be responsible for immediately notifying the Unit Manager (or designated nurse leader if unavailable) upon recognizing a reportable occurrence. Faculty should also notify the student placement coordinator if an incident report has been filed. Students should communicate patient related and staff/hospital related concerns to their instructor.

Reportable incidents include, but are not limited to:

- Falls
- Exposures (blood, body fluids, chemical or airborne)
- Sharps injuries (including needle sticks)
- Lacerations
- Contusions
- Back injuries
- Burns
- Equipment malfunction
- Medication errors
- Any variation in standard procedures or practice that increases risk of results in injury
- Verbal or physical assault to an employee, faculty and/or student
- Known or suspected confidentiality breach

The following steps must take place for **ALL** students and/or clinical instructors for any exposure incident...

1. Render first aid
2. Notify the instructor (if a student)
3. Ask a UK Healthcare Employee to help you complete an on-line incident report on the Care Web or fill out an on-line incident report at <http://careweb.mc.uky.edu/psn/>

Then, for University of Kentucky students or clinical instructors...

4. Follow directions inside the Occupational Exposure packet (which includes following up with University Health for post exposure care)

Or, for Non-University of Kentucky students or clinical instructors...

5. Follow the policy or protocol set in place by his or her school for exposure. All Non-UK Students should know their University's protocols/procedures for blood borne exposures. The student should follow their University's protocols for their exposure workup.
6. To obtain the source patient labs, UK Healthcare will facilitate this. Call the Infection Prevention and Control office at 859-323-6337 during normal business hours or after hours or holidays contact the IPAC nurse on call. You can reach the nurse on call by accessing the IPAC website via the UK Care Web. The calendar is on the left hand side or you can use the UK Beep system to find the nurse on call.

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7. Have the following information ready...

- Student or clinical instructor name and contact information
- Source Patient's name and medical record number
- Date and location of incident
- Circumstances of exposure (i.e.: recapping a needle, discontinuing a Foley catheter)
- Name and contact information of the physician that the student or clinical instructor will be seeking care from

8. Obtain the NON-UK Healthcare exposure packet and follow the directions inside the packet. The packet is for the source patient labs only. The exposed student should follow their university's policies/procedures to have their work up done appropriately.

Codes

The Hospital uses specific codes to alert staff about hazards or potential hazards in the area or call designated staff to action. These codes are designed to communicate information to those that need it without unduly alarming patients and visitors.

For your information and convenience, a list of pertinent codes is outlined below:

CODE RED: Fire or fire alarm

CODE BLUE/PEDIATRIC CODE BLUE: Cardiac arrest

CODE PINK: Missing infant or child

CODE YELLOW: Community or mass casualty disaster

CODE PURPLE/ASSISTANCE PLEASE: Combative patient

CODE BLACK: Bomb Threat

TORNADO WARNING, PHASE II: Tornado has been spotted in area.

CODE SILVER: Active Shooter

Designated staff members have assigned roles in response to these codes. Ask about your role in these and other response procedures. If the nursing staff provides you with additional instructions, please follow them to ensure your safety and the safety of others.

Fire Prevention and Management – Code RED

If fire, smoke, or excessive heat is detected within the Hospital, the fire notification system is activated. You will hear chimes over the paging system, followed by the code Code Red and the location of alarm. In addition, the alarm system is activated periodically for fire drills and system testing. When an alarm is activated, smoke and fire doors throughout the building close. In addition, staff will close doors to patient rooms, clear corridors, and implement other response procedures. Your Role in Fire Response: During your assignment at the Hospital, you have a role in fire response. In all cases, your primary role is to ensure the safety of yourself and others in the area.

If you discover a fire in the area: RACE

1. Rescue anyone in immediate danger, if possible.
2. Activate the fire alarm and call 911.
3. Contain smoke/fire by closing door.
4. Extinguish the fire (if possible), and evacuate the area (if necessary). If a full or partial evacuation is necessary, you will be issued instructions over the paging system

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Adult/Pediatric Code – Blue

Dial 3-5200 at Chandler select option 1 and tell the operator calling code blue and your name, patient location, and what pavilion you are in (Chandler, Pavilion A, Markey Cancer Center, etc.)

Dial 3-5000 at Good Samaritan Hospital select option 1 and tell the operator that you are calling a code blue, your name, patient location

Infant/Child Abduction – Code Pink

1. Security Measures for inpatient infant and children

- To protect the safety of newborns in the Birthing Center and infants and children in the Children's Hospital, it is vital that special care be taken to assure these young patients are released only to the mother or person legally responsible for their care. Review Hospital Policy 01-27, *Infant/Child Security*, for specific guidelines.

**Note: A new infant security system has been installed in the UK Birthing Center. Your instructor will explain some of the particulars of this system to you.*

2. Transporting an infant

- Be aware that no baby may be transported by anyone not wearing a special yellow ID badge.

3. Faculty and Student Responsibilities

- Always be aware that there is a risk of a child being abducted. Every unit in the hospital needs to be aware of child abductions not just staff or students in the Children's Hospital or on the OB units. When having students in the Birthing Center or in the Children's Hospital, be observant of individuals loitering, persons in uniform without appropriate identification, and any other suspicious individual. Question people without proper identification who they are and why they are on the unit. Direct any suspicions to the Charge Nurse and to your instructor. If you suspect that an infant or child is missing, immediately notify your Clinical Instructor, a Nurse or the Charge Nurse.

Bomb Threat Plan – Code Black

- Remain calm, note time, record and prolong conversation.
- Note background noises and any characteristics of the caller.
- Ask caller to describe where the bomb is, what kind of bomb, when it is to explode.
- Call 911, UKPD. UKPD will notify UK Hospital Security Bureau, 3-5156.
- Notify Charge Nurse or Patient Care Manager.

Tornado Warning

If a tornado warning is announced:

- Move ambulatory patients away from windows to an inside corridor.
- If a patient cannot be moved, turn him away from the window and cover patient with blankets.
- Close all room and fire doors.

Assistance Please – Code Purple

If a patient or visitor becomes combative, you should immediately page for help.

1. Call emergency paging at 3-5200.
2. Give the operator your name, telephone number, and "Assistance Please" location.
3. If the patient or visitor has a weapon, call 911.



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Code Yellow – Stand By

If a “Code Yellow” is paged, report immediately to your instructor. Your instructor will notify the Charge Nurse of how many students are available to help. Stay on the unit to which you are assigned.

If you are doing a preceptorship and your instructor is not available, your preceptor should report your availability to the Patient Care Manager or Charge Nurse.



Birthing Center and KCH Symbols

The University of Kentucky Birthing Center and Children’s Hospital use the symbol of a butterfly as an indication that someone has suffered a loss of a pregnancy, infant, or child. This sign will be placed on the patient’s door.

Report

Patients cared for by students are assigned to a staff nurse as well. This nurse will provide your students with a report on the patients if your clinical begins after the unit report. Students should communicate any questions they have about their patient(s) or any problems their patient(s) may be having to the staff nurse. **Students should give the staff nurse report on their patient(s) prior to leaving the unit.** We use The Joint Commission sanctioned acronym “S-B-A-R” for safe patient handoff:

- Situation
- Background
- Assessment
- Recommendations

The staff nurse will serve as a resource to facilitate communication with other departments and services.

Health Information Resource Library

The Health Information Library (HIL) or commonly referred to as the “Patient Education Library” is located in Pavilion A first floor of the Hospital near the Information Desk. Education services are provided by a Registered Nurse Patient Manager and a Patient Education Librarian. Staff is usually available from 8:00am to 4:30pm, Monday thru Friday. The information library is an excellent resource for students to obtain patient education materials. Hospital nursing units utilize the “Krames on Demand” for inpatient teaching. The intranet website may be accessed: www.mc.uky.edu/patiented.

FEEDBACK

At the conclusion of the clinical rotation, please have students complete the online evaluation of their clinical experience located in the student form packet. We appreciate the feedback and we use this information to make adjustments to the student placement process and clinical experience. Our goal is to provide the best possible clinical experience for students, faculty and staff. Thank you!

APPENDICES A: HIPAA EDUCATION



HIPAA Education

What does HIPAA stand for?

H – Health

I – Insurance

P – Portability

A – And Accountability

A - Act

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, along with state law, mandates the privacy and security of Protected Health Information (PHI); the portability of health insurance and simplification of electronic billing.

Components of HIPAA

1.) Transactions (codes used in billing)

2.) Privacy

3.) Security

What is the purpose of HIPAA?

- Protects the privacy of an individual's health information
- Ensures physical and technical security of an individual's health information
- Governs the use and disclosure of an individual's health information for treatment, health care billing, research, marketing and other functions.

What are the benefits of HIPAA?

- **Privacy Notice** – The University of Kentucky will be required to notify individuals in writing how their Protected Health Information may be used and disclosed.
- **Accounting of Disclosures** – A history of non-routine disclosures – those other than treatment, payment and health care operations, or those for which authorizations have been obtained – must be provided to individuals upon their request.

Recourse – Individuals may file formal complaints with the University via the Privacy Officer or the Department of Health and Human Services Office of Civil Rights.

Access – Individuals will be able to access, inspect and get copies of their medical records, and also may request amendments to those records.

Restrictions – Individuals will have the right to request restrictions on the uses and disclosures of their information. The University of Kentucky may refuse such a request on grounds that we could not accommodate the request.

Example: Mandatory reporting of gunshot wounds

Why do you have to take HIPAA training?

- Federal law requires this training. Observance of HIPAA regulations is the way we will conduct business in the future.
- This is the first stage of HIPAA training. You may require additional training specific to your area at a future date.

Who is required to comply with HIPAA?

All health plans, clearinghouses and health care providers who conduct business electronically, must comply with the standards. These groups are referred to as “Covered Entities.”

Covered Entities include:

- Hospitals, durable medical equipment suppliers, sole practitioners and Physician practice groups, dentists, pharmacies, home health agencies, and nursing homes, among others.
- Laboratories/departments conducting human research, financial offices, third party administrators, insurance carriers who deal with protected health information, internal audit, and legal counsel.
- Business associates who contract with the University of Kentucky.

What makes the University of Kentucky a “covered entity?”

The University of Kentucky is comprised of several groups that make it a “covered entity” including, University of Kentucky Chandler Medical Center, medical benefit plans, human research, dental clinics, student health services and athletics, among others.

The Privacy Rule

The HIPAA Privacy Rule establishes minimum safeguards to protect confidentiality of an individual’s health information. STATE LAWS, WHICH PROVIDE STRONGER PRIVACY PROTECTIONS FOR INDIVIDUALS, WILL STILL APPLY INSTEAD OF THE FEDERAL PRIVACY STANDARDS.

The HIPAA Privacy Rule protects:

- An individual’s health information in all forms: electronic, paper, spoken, and whether past, present or future.
- The rule protects individuals, living and dead, and or groups in both the public and private sector.

What is Protected Health Information?

Protected Health Information is commonly referred to as PHI.

PHI is defined as facts about an individual’s past, present or future physical or mental health condition.

What information is included in PHI?

Use of any one of the 18 identifiers listed, when combined with information regarding a person’s health, is protected under HIPAA.

- Name - Address - Medical record #, account #
- Dates - Social Security # - Health plan beneficiary #
- Birth - License or ID # - Photographs
- Date of admission – Driver’s license # - Fingerprints, voice prints
- Date of discharge - Vehicle plate # - Device identifiers & serial #'s
- Death - Telephone # - Full face photo/other images
 - Certificate/license # - Fax # - Email/URL/IP address #
 - Any other unique ID#, characters, or code

Under what conditions must you protect any of the previously mentioned pieces of information?

Whenever:

- The information relates to the person's physical and mental health, provision of health care or payment for health care
- The information will identify, or could be used to identify, the subject of the information, and UK HealthCare HIPAA Education
- The information is transmitted or maintained in any form or medium.
Examples: fax, computer files, paper records

ALWAYS REMEMBER...

- All information regarding an individual's health care is confidential. **DO NOT** share this information with your friends, family or neighbors. In other words, if you learned it through your work or other associations with UK, it is considered private.
- You also must be careful about where and when and with whom you share information required to perform your job. Share information only with co-workers who **HAVE** a legitimate need to know for treatment, payment or health care operations. Hallways, break rooms, elevators, the shuttle and parking lots, for example, are not appropriate places to share PHI.

The Security Rule

What is information security?

- Maintains confidentiality, integrity, availability and privacy of employee, patient, physician, research subjects and University information
- Applies to all information – electronic, paper, or spoken-that is created, communicated, stored or processed by your office, department, hospital or school

UK and the Security Rule

Guidelines:

If you have access to written or electronic confidential health information, you may be asked as a condition of your affiliation with UK, to sign a confidential agreement.

“You” and the Security Rule

How do you secure the various types of protected health information you encounter on a regular basis?

PAPER

- Only authorized personnel generate or copy confidential documents.
 - Confidential documents must not be left in areas accessible by unauthorized persons.
 - Confidential documents must be disposed of in a confidential recycling bin, shredded, or rendered unreadable.
 - Patient medical records must not be taken home or to any non work-related place.
- If in doubt about confidentiality of a document, handle as if confidential.

COMPUTERS

- Use a unique password
- Do not share your password
- Store laptops, PDAs, floppy disks and CDs in a secure location when not in use
- Log out when leaving a workstation*
- Sign off applications **WHEN** leaving your workstation
- Use only password-protected portable computing devices
- Do not download unauthorized software from the Internet

* If you have an exception, contact the Compliance Office at 323-6044

TELECOMMUNICATIONS

- Devices such as cordless phones, cell phones, pagers, faxes and intercoms
- At UK confidential information can be communicated by phone and fax
- Use a cover sheet that includes a confidentiality statement to indicate who is to see the fax
- Prior to sending the fax, notify the person to whom the fax is being transmitted
- The sender is responsible for keeping receipts of fax transmissions

Securing the physical environment in which you work

- Keep records and protected health information in secure areas
- Dispose properly of confidential or protected health information (shredding or placing in secured recycle bins)
- Ensure that unauthorized individuals cannot see protected health information on your computer screen, fax machine, or in your work area

Why do we need to be so careful?

- A New York State congressional candidate's past suicide attempt was made public during the election. She won the election and sued the hospital for failing to maintain the confidentiality of her medical records.
- An employee of a large Blue Cross/Blue Shield plan obtained unauthorized access to the medical records of a friend's ex-wife and sent them to the friend.
- A bank member of a state health commission accessed a list of local cancer patients and cross-referenced it to a list of his customers. He then called in their loans.
- A Tampa, Florida man stole a list of 4,000 HIV-positive patients from a state health worker and sent the list to the Tampa Tribune, which did not publish it. The man was found guilty and sentenced to jail.

Why is this important to you?

You are responsible for securing PHI and keeping it private. If you don't you may be liable! The University of Kentucky will not be responsible for individual employee penalties if the breach was intentional or happened outside the scope of the individual's job responsibilities.

What else do you need to know?

The University of Kentucky will facilitate compliance with the HIPAA regulations through electronic monitoring of computer access to PHI, and by conducting physical inspections of University areas that handle confidential health information.

What are the penalties for non-compliance?

Disciplinary action by the University of Kentucky: up to and including termination of employment or expulsion from the academic program

Federal Civil penalties:

\$100 per violation, up to \$25,000 per person, per year, for each requirement or prohibition violated

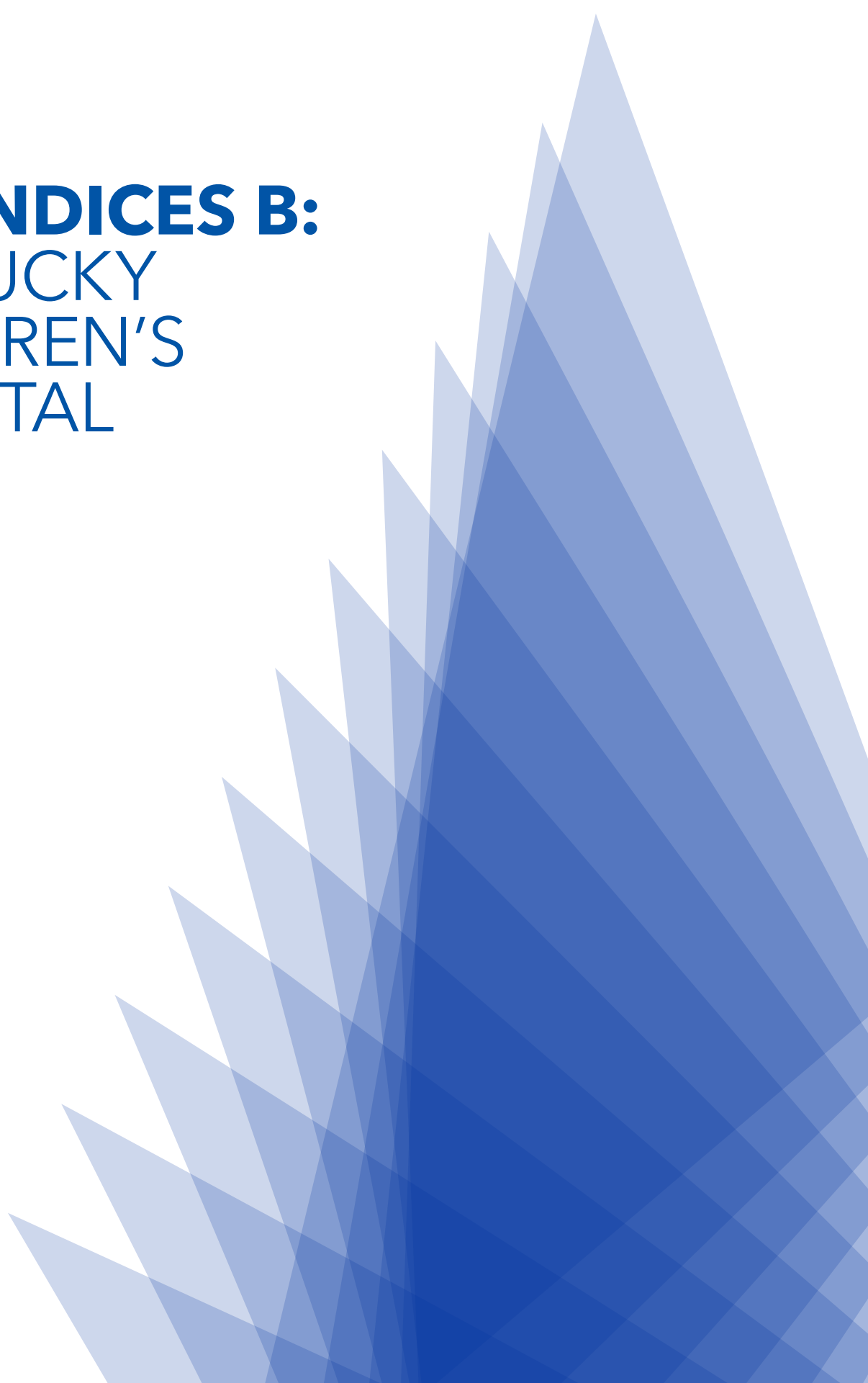
Federal Criminal penalties for knowing violations:

- Up to \$50,000 and one year in prison
- Under "false pretenses" – up to \$100,000, and up to five years in prison
- Intent to sell, transfer or use – up to \$250,000 and up to 10 years in prison

What should you do if you see violations?

- Tell your supervisor or academic advisor, who will investigate the situation
- If you are not comfortable telling your supervisor or academic advisor, contact the
- Compliance Office at 323-6044 or by email at mches@email.uky.edu
- Violations also may be reported anonymously to the ComplyLine-(877) 898-6072

APPENDICES B:
KENTUCKY
CHILDREN'S
HOSPITAL



Addendum to Faculty Orientation Handbook KY Children's Hospital Guidelines for Nursing Faculty

Welcome to Kentucky Children's Hospital. Our goal is to provide an excellent clinical experience for you and your students. KCH hires new graduate nurses and the leadership team will be happy to discuss future employment opportunities with the students.

To help assure both quality care for KCH patients and a meaningful educational experience for nursing students, the following are required before beginning clinical rotations.

- All **new** clinical faculty must meet with the KCH Staff Development Specialist and Student Placement Coordinator.
- **New** faculty who are NOT employed by KCH, or who have not worked in KCH for more than one year, must orient to the assigned unit(s) and complete the **Kentucky Children's Hospital Clinical Instructor Unit Overview Form 2018-2019** (see Appendix)
 - New faculty can anticipate spending 8 to 16 hours on the assigned unit(s) with a clinical nurse preceptor to complete these activities.
 - This documentation must be presented to the Student Placement Coordinator before the first clinical day.
- Faculty who have on-going clinicals at Kentucky Children's Hospital are responsible for communicating with the Staff Development Specialist, Patient Care Manager, or Assistant PCM for updates on any new policies, or equipment implemented during the year. Additional training and documentation of competency may be required at the discretion of the unit manager.

It is desirable for clinical faculty to be active in the practice of nursing care of children. KCH has opportunities for nursing faculty to work in an on call position. On call requirements include: Nursing Department orientation, orientation to Acute Care and transitional level Neonatal care, working at least eight (8) hours per pay period, completion of new and annual competencies, and employee health requirements.

Observational Experience PICU/CICU:

- Contact person to help facilitate placement of students will be the shift's Team Leader.
- Clinical Instructor will bring the student into the unit and work with the Team Leader (TL) to find an appropriate assignment/RN for the student to observe.
- The student's clinical time within the PICU/CICU is observational only and no patient care is to be provided by the student since the instructor is not present.

Observational Experience in the NICU

- Contact person to help facilitate placement of students will be the shift's Team Manager.
- Clinical Instructor will bring the student into the unit and work with the Team Manager (TM) to find an appropriate assignment/RN for the student to observe. There may be occasions when a nursing student cannot be accommodated for the day, depending on the census and acuity within the NICU. If this is the case, the TM will inform the clinical instructor of such. The phone number at the TM desk is 323-1272 and can be contacted if needed.
- Per policy, no jewelry is allowed below the elbows (example: rings, watches, bracelets). An initial 15 second hand washing is to be conducted upon entering the unit and hand sanitizer or hand washing is to be completed when entering/exiting each nursery. Hand sanitizer or hand washing is to be conducted as well when going from patient to patient and before/after touching an item in the patient's area. Additionally, no jackets are allowed to be worn in the unit and any long-sleeve shirt needs to be above the elbow at all times.
- The student's clinical time within the NICU is observational only and no patient care is to be provided by the student since the instructor is not present.

Resource Information

Overview

The KCH is composed of a Neonatal Intensive Care unit located on 1st floor of Pav HA with entrance in Pav A, a Pediatric Intensive Care Unit/Cardiac Intensive Care Unit on 4th floor of Pav H, a Pediatric Progressive Care Unit, 4 North, an Acute Care Area, (4 East & 4 West in Pav HA), an Outpatient and Children's Sedation and Procedural Unit (Ground floor entrance in Pavilion A).

The Neonatal Intensive Care Unit (NICU) is a ninety-bed unit for high risk neonates, providing Level IV and intermediate care for the newborn. The nurse to patient ratio varies 1:1 up to 1:3. We also have a Neonatal Abstinence care unit that has 8 care by parent beds.

The Pediatric Intensive Care Unit (PICU)/Cardiac Intensive Care Unit (CICU) is a 16-bed unit, 12 PICU beds and 4 CICU beds for critically ill children, who need constant monitoring and frequent assessment with or without technical life support. Diagnoses in the unit may include trauma, complex medical and surgical conditions including renal failure, respiratory illness, and congenital heart disease. Nurse to patient ratio is 2:1, 1:1, or 1:2.

Kentucky Kids Crew is a specialty team that provides inter-facility (hospital-to-hospital) critical care transportation for both neonatal (newborn) and pediatric patients. The team of nurses and emergency medical technicians is directed by neonatologists and pediatric intensivists. Transportation can be either ground/ambulance or flight/helicopter service.

A 12 bed Pediatric Progressive Care Unit is located on the 4 North wing for care of pediatric patients requiring an intermediate level of care, including frequent monitoring and assessment. The patient population includes: telemetry, trauma, medical/surgical care, and video epilepsy monitoring. Nurse to patient ratio is 1:3.

The 4 East Wing is a 21-bed Medical/Surgical unit caring for newborn-adolescent patients.

The 4 West Wing is a 22-bed unit. Patients with blood disorders or childhood cancers; as well as young adult patients treated with pediatric cancer therapy protocols are admitted to this unit. Pediatric diabetic patients as well as general medical/surgical patients, age newborn-18 years, are admitted to this unit.

The Outpatient/Children's Sedation & Procedural unit provides care for children who are receiving therapeutic IV infusions or outpatient procedures and other treatments/tests requiring sedation and recovery.

Patient Care Philosophy

Believing in the value society places on children, it is our goal to promote the best health and development for all children placed directly or indirectly in our care. The family is the most important structure in the life of the child. It is the role of the nurse to promote optimum family functioning. Family Centered Care provides the structure for planning the best way to assist each child and family. Parents are encouraged to stay with their child and participate in their child's care to the best of their ability. Information about health care and child development is incorporated into each child's plan of care and strategies are planned for the most effective way to facilitate learning by the child and family.

Core Concepts of Family Centered Care

Respect and dignity. Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

Information Sharing. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.

Participation. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

Collaboration. Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care

Adapted from: Johnson, B. H. & Abraham, M. R. (2012). *Partnering with Patients, Residents, and Families: A Resource for Leaders of Hospitals, Ambulatory Care Settings, and Long-Term Care Communities*. Bethesda, MD: Institute for Patient- and Family-Centered Care.

For further information refer to: © Institute for Patient- and Family-Centered Care • 6917 Arlington Road, Suite 309, Bethesda, MD

<http://www.ipfcc.org/faq.html>

Collaborative Practice

Nursing works with a variety of services to provide coordinated, comprehensive and outstanding care. Staff members are encouraged and supported in participation of quality improvement projects and Evidence Based Practice studies. Physicians, APRN's, PA's, social workers, dietitians, respiratory therapists, pharmacists, and physical therapists are some of the disciplines that are essential members of the health care team.

Management

Accountability and responsibility for nursing care are organized within the Children's Service Line. Each unit has a Patient Care Manager and Assistant Patient Care Manager who work closely with their staff. A Divisional Charge Nurse is on site 24/7, to facilitate admissions, make decisions regarding bed utilization and coordinate staffing needs. An Assistant Chief Nurse Executive and two Service Directors facilitate quality care across the service line and represent the KCH throughout the UK HealthCare Enterprise.

Child Life Program and the Hospital Teacher

Play is an essential part of every child's day and is especially important for the hospitalized child. Assisting in adjusting to a strange environment, coping with stress of illness, and maintaining normal patterns of growth and development are all factors that must be considered. The "Play Rooms" are considered a safe haven for patients. Procedures, including vital signs and medication administration are strictly off limits in these areas.

Play opportunities and activities are coordinated through the Child Life program. The Child Life staff are available to assist with pre-procedure preparation of children who are 3 years or older. Fayette County Schools employ a hospital -based schoolteacher as a link between home, school and the hospital.

KCH Health Education Center

The Kentucky Children's Hospital Health Education Center offers a quiet and engaging space for parents, family members, friends and patients away from the bedside. Our experienced staff support the teaching done by the medical care team as families learn about the health problem and its treatment, what they need to do, and why it's important. Free written materials, models and visual media are available for review so families can confidently transition back to their lives at home when ready for discharge. Our hours are currently 10-4:30, Monday-Friday and we are located in the Kentucky Children's Hospital lobby by the main elevators and NICU entrance.

Pediatric Code Blue and Rapid Response Team

A Pediatric Code Blue is called by pulling the Code Bar (in patient rooms) or pressing the red Emergency button (in support areas) on the nurse call system. To activate the Pediatric Code team, dial 3-5200 # 1, and request the **Pediatric** Code team for the specific location including patient room number with prefix (e.g. 4 West or 4 East, HA 4xx or 4 North, N 4xx).

Pediatric Rapid Response Team is activated by calling 3-5200 # 1 and requesting the **Pediatric** Rapid Response Team for the specific location including patient room number with prefix (e.g. 4 West or 4 East, HA 4xx or 4 North, N 4xx).

Pain in Children

Specific to children are several pain assessment tools that are utilized by the Pediatric nursing staff. Handouts are provided in the Faculty Handbook Addendum. Please refer to these tools and share with your students.

Patient Confidentiality

Please stress the importance of patient/family confidentiality with students. A consultation room is available for patients, families, nursing staff and physicians to talk privately. Patient charts should be placed in closed chart areas at the pods and the electronic patient records must be logged off by the individual users before leaving the computer station. Remind students to refrain from discussing patient care situations in public areas and on social networking sites.

Quiet Time

To promote rest and healing, the Acute Care units observe “Quiet Time” daily between the hours of 1:30pm-3:30pm. During this time, hallway lights are dimmed, televisions are off, and hallway traffic minimized. Essential patient care activities continue including medication administration, scheduled treatments, and physician rounding, but routine care should be grouped either before or after this period.

Infant / Child Security

To protect the safety of infants and children in KCH, it is vital that special care be taken to assure these young patients are released only to the parent(s) or person legally responsible for their care. See Hospital Policy 01-27 for instructions in caring for this population.

All units of KCH have “restricted access”. A UK Healthcare ID badge is required to access these units. Your faculty and student ID badges will be configured in the Security office to gain access to these restricted areas. All visitors to the KCH must check at the main entrance of KCH in Pav A to gain access to the units. Parents or guardians of patients are not considered visitors and are given green armbands to wear during their child’s hospital stay. We encourage all to be vigilant and observant for those without a hospital badge, parent armband, or visitor sticker. If someone attempts to enter the unit without the necessary identification, please take them to either the KCH main entrance desk.

Always be aware that there is a risk of a child being abducted. Question people without proper identification, ask them to identify themselves, and tell you why they are on the unit. Direct any suspicious activity to the KCH Divisional Charge Nurse (DCN), HA 411. If you suspect that an infant or child is missing, immediately notify the KCH DCN and Security. A “Code Pink” overhead page indicates that an infant or child is missing and staff respond by directly observing activity in hallways, stairways and elevators.

Each patient room in Acute and Progressive Care has a supply cart that is accessed by keypad entry. Ask a nurse on the unit for the current access number. ***Have a great year and let us know if we can assist you!***

Pediatric Pain Assessment Tools

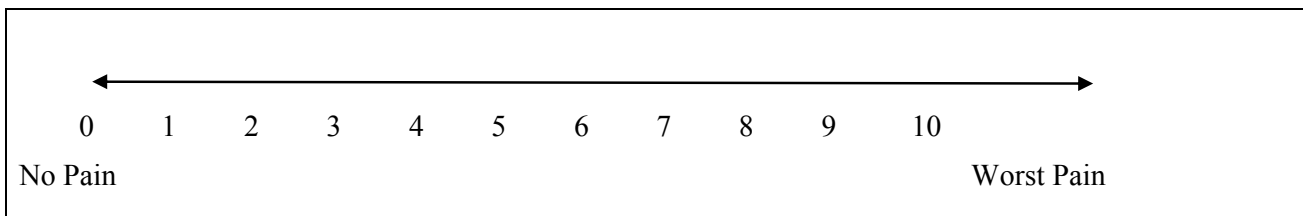
Wong-Baker Faces Pain Rating Scale



Wong-Baker Faces Pain Rating Scale:

- Point to the faces. “These faces show how much hurt you can have”
- Ask: “How much hurt do you have now?” If the child seems confused or Does not respond, point to face 1 and say, “This face has no hurt.” Slide your finger to face 5 and say, “this face hurts as much as you can imagine, although you don’t have to be crying to feel this bad.”
- “Pick the face that tells me about your pain right now.”
- Record the number that is under the chosen face in SCM
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM

Visual Analog Scale



Visual Analog Scale:

- Show the child the VAS 1-10 scale. Say, “these numbers show how much hurt you have. Number one means that you are comfortable and number 10 means you are having as much pain as you can imagine. You don’t have to be crying to feel this bad.”
- “Pick the number that tells me about your pain right now.”
- Record the number that is chosen in SCM documentation system.
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM

FLACC Non-Verbal Pain Assessment Scale

Face	0 No particular expression or smile	1 Occasional grimace or frown, withdrawn, disinterested	2 Frequent to constant frown, clenched jaw, quivering chin.
Legs	0 Normal position or relaxed	1 Uneasy, restless, tense	2 Kicking or legs drawn up.
Activity	0 Lying quietly, normal position, moves easily	1 Squirming, shifting, back and forth, tense	2 Arched, rigid, or jerking
Cry	0 No cry (awake or sleep)	1 Moans or whimpers; occasional complaint	2 Cries steadily, screams, sobs, frequent complaints
Consolability	0 Content, relaxed	1 Reassured by occasional touching, hugging or talking to, distractible	2 Difficult to console or comfort.

FLACC Non-verbal Pain Assessment Scale:

- This scale can be used with very young children or children who are unable to speak due to injury, drugs, and treatments.
- Assign a numerical score to the designated observations.
- Record the score in the designated place in the SCM documentation system. A low total score indicates a low or acceptable level of pain and a high score (maximum score = 10) indicates the most pain.
- Intervene if pain is not at an acceptable level & document in SCM
- Reassess pain within 60 minutes and document in SCM

APPENDICES C: AMBULATORY SERVICES



Ambulatory Services

Welcome to Ambulatory Services at the University of Kentucky! With such a vast ambulatory system and a wide variety of primary care and specialty locations, this setting is a wonderful opportunity for student nurses.

Introduction

There are UK HealthCare clinic locations throughout the state. The clinics provide a plethora of services, including primary & specialty care, rehabilitation, observation, and outpatient surgery. Within the clinic, nurse may be responsible for patient care, telephone triage, order entry, and follow-up.

Locations



Leadership

In most cases, clinical staff report to the Ambulatory Nurse Manager. However, staff in clinics without an Ambulatory Nurse Manager report directly to the Practice Manager. An Assistant Chief Nurse Executive represents Ambulatory Services as well.

Electronic Medical Record

The clinics use EPIC as the primary Electronic Health Record (EHR) in ambulatory. Under no circumstances will the student chart in the EHR utilizing a staff member's login.

Medication Administration

To ensure the safety of all our patients, barcode medication administration is utilized in the ambulatory care setting. Medications should be administered under the supervision of a licensed nurse only.

Students should follow the rights of medication administration:

- Right medication
- Right dose
- Right time
- Right route
- Right patient
- Right documentation

Medications prepared in advance and taken into patient exam rooms should be adequately labeled with medication name, dose, and expiration date along with current date and initials of the person preparing the medication. Before administering the medication, patients should be verified with two identifiers, name and date of birth.

See list of Medication Policies in Faculty Orientation Handbook.

Point of Care Testing

There is a variety of Point of Care (POC) testing performed in the ambulatory setting. POC tests are diagnostic tests that are performed in the clinic to provide results within minutes, such as glucometer, strep, and urinalysis. Accreditation agencies require initial training and ongoing competencies for anyone performing patient testing. Faculty and students that have not completed training and competency may not perform POC testing in the clinics. Federal regulations also mandate the person performing testing must be the person documenting results in the medical record. Students should never document on another user's account. Students will be able to shadow and observe trained personnel perform and document POC testing and results.

Emergencies

In the event of a medical emergency, the first responder should stay with the individual and staff should call **323-6215** immediately to notify Emergency Dispatch of a medical emergency. According to Enterprise Policy #A02-055, UK HealthCare facilities beyond hospital campus but within Fayette County should utilize 323-6215. UK HealthCare facilities outside of Fayette County should call **9-1-1** in the event of a medical emergency.

Ambulatory Services follows all other UKHC emergency codes. There is no overhead paging system, but there may be a telephone intercom system in the clinic that is used to communicate emergency code information. Students should be familiar with the location of emergency equipment, including code carts (if applicable) and AEDs.