Baptist Health Lexington
Clinical Student Orientation

2021

Baptist Health Lexington
2021 Orientation
Clinical Student Orientation Packet

Dear Student,

Welcome to Baptist Health Lexington (BHLex) hospital! We are happy to have the opportunity to collaborate with your school in providing clinical experiences for you. There are a few important items I need to bring to your attention.

**COVID-19:** COVID-19 precautions remain in place at BHLex until further notice. Instructors and students must wear a procedural or surgical mask upon entering and at all times while in the hospital. Cloth masks may not be worn while in the hospital. Protective eye wear must be worn when providing care for patients. Personal prescriptive lenses are not acceptable as PPE so a face shield should be worn over the face with prescriptive lenses. Students may not be assigned to patients who require full PPE. Social distancing (6 feet apart) is required therefore please do not gather in groups, do not crowd into an elevator, and do not gather in groups at the nursing station, breakrooms, or in the hallways. No pre or post conferences can be held in the hospital as we do not have classroom areas big enough to accommodate all our clinical groups.

**Paperwork:** It is a requirement of Baptist Health Lexington and The Joint Commission that student orientations occur before any clinical experiences begin. Reviewing the 2021 orientation content and then completing and signing the orientation paperwork must be done prior to the beginning of the rotation. It is the faculty’s responsibility to orient students prior to beginning a clinical or practicum experience.

**Student Practice Guidelines:**

**Student medication administration and performance of skills must be supervised.**

**Skills**

Students are allowed to provide care for patients at BHLex using the skills taught by the program if successful mastery is documented by the school.

**Medications**

Students may only administer medications that are permitted under the appropriate regulating body for the profession. (i.e. Kentucky Board of Nursing, Kentucky Board for Respiratory Care Practitioners, Kentucky State Board of Physical Therapy, Kentucky Pharmacy Practice Act etc.)

Some specific restrictions related to student practice include:
1) Students may **not** administer any type of blood product
2) Students may **not** accept verbal orders or critical lab values
3) Students may **not** administer IV push medications in an emergency situation
4) Students may **not** administer IV chemotherapy
5) Students may **not** perform vaginal exams

**EMR - EPIC - Student EPIC Access – Your instructor will request access for you.**

Two levels of student EPIC access are available – Full Access and Read Only
- **Full Access** - permits students to access patient information and document with a co-signature
  - Recommended for students in their final year/final 3 semesters
  - Required for students in preceptorships Precepted students will be taught to use EPIC by a preceptor
- **Read Only** - permits students to view patient information in the chart but does not allow data entry
  - Recommended for students in initial semesters of acute care clinicals
COVID-19 Screening process:

Students and instructors will continue to be screened upon entry to Baptist Health Lexington until further notice. If your students are allowed to bring their phones into the hospital with them, the process can be expedited by the following:

Student Screening Process

1. Follow the screening processes prescribed by your school.
2. Additionally, on your phone, BEFORE entering, go to covidscreening.bhsi.com
3. Complete the requested information
   a. Check the box indicating you are affiliated with Baptist Health but NOT an employee
   b. DO NOT complete Employee ID information
   c. Check the box attesting that this information is accurate
   d. Click the Submit button
4. If you receive a RED X, contact your instructor and DO NOT REPORT to Baptist Health Lexington
5. If you receive a GREEN CHECK, proceed to the designated Entrance (Entrance G)
6. Show your phone with the GREEN CHECK to the Screeners
7. Your temperature will be taken
   a. If your temperature is ABOVE 100.4, you will be denied entry, and you will need to contact your instructor
   b. If your temperature is BELOW 100.4, you will be approved for hospital entry and given a GREEN sticker that says SCREENED with the date written on it
8. Proceed to your desired destination
Mission, Vision & Values

Baptist Health:
Mission: Baptist Health Lexington demonstrates the love of Christ by providing and coordinating care and improving health in our communities.
Vision: Baptist Health will lead in clinical excellence, compassionate care and growth to meet the needs of our patients.
Faith Based Values: Integrity, Respect, Compassion, Excellence, Collaboration, and Joy.

Baptist Health Lexington Nursing:
Mission: To enhance healing by providing care that honors person’s essential unity of body, mind and spirit.
Vision: To provide an environment where caring sustains optimal healing and wellness.
Values: Nursing will fulfill its mission to heal and sustain wellness guided by caring-centered values including Compassion, Acceptance, Respect, and Empathy (CARE)

General Student Information

Parking: Parking for students and instructors will be in the North Garage above the 4th level. Please ask students to carpool when possible to ensure we have enough parking spaces for patients and visitors. A map is included in the packet on page 6 for those not familiar with the hospital grounds. The easiest way to access to the North and South Towers is to exit the North Garage at level 1A, walk to Entrance G, then follow the signs to the North Tower Lobby or 1720 Lobby (which connects to the South Tower). There is a COVID-19 screening station just inside Entrance G.

I.D. Tag: You must wear an ID tag. Students should have a name badge from their college/university identifying them as a student. Instructors will have an Instructor ID badge obtained from Human Resources. Nametags should be worn above the waist and at all times for identification and security purpose. There are no exceptions. Cloth or other material lanyards are prohibited. Nametags must be shown in the cafeteria to receive meal discounts.

Personal Items: Keep money and valuables with you at all times in a safe place. The hospital cannot be responsible for the loss of personal items. Lost and Found items are placed with hospital security.

Smoking and Tobacco use: Baptist Health Lexington is a tobacco-free campus. Tobacco use of any kind (cigarettes, cigars, pipes, herbal tobacco products, e-cigarettes, and chewing tobacco) is prohibited anywhere on the hospital campus including within personal vehicles parked on Baptist Health Lexington property and parking garages. There are no designated tobacco use areas on the campus and no medical exceptions to this policy.

Cell Phone Use: Personal cell phones, music players, and personal laptops may not be worn or carried during clinical time. Personal phone calls of any kind should be limited to emergency calls only. Personal cell phones and personal equipment can be used during breaks and lunch periods only and should not be used in the actual work area such as nurse’s stations or on the floor. Use only in break areas. Photography in any patient care area by students is not permitted.
**Baptist Health Lexington Library:** Will your students be writing a paper, looking for journal articles or using the library? Did you know that while most students know how to use Google many are unable to use a health science library? The earlier your students develop at least entry-level information literacy—one that provides them insight into the scope and limits of health science databases and information retrieval, as well as resources for systemic reviews and meta-syntheses—the more equipped they will be down the line, since it’s the starting point of evidence-based inquiry.

In order for your students (and you) to use the library to its fullest potential, please schedule a library tour with one of our professional librarians. Due to space restrictions please limit your student groups to 8-students. The 30-minute tour will include how to formulate a search, use CINAHL (the nursing database) and other helpful tips for students to know. The library will offer temporary access to all of the library’s electronic books and journals (Athens databases) to students who are present for the tour.[2]

The hospital library is located on the 1st floor of the South Tower directly across from Administration and elevator C. The hours for the library are Monday-Friday 7:00am to 4:30pm. Please e-mail the Manager of Library Services [Lonnie Wright, MSLS] at LWRIGHT@BHSI.COM or call 859-260-4364 to arrange a tour of the library.

1. Baptist Health Lexington library has the largest collection of current nursing journals in the state. The library has over 230 nursing journals in print, microfiche and electronic formats.
2. Athens is the repository for all of the electronic resources at BH Lexington.

### Dress Code

The purpose of the dress code is to outline Baptist Health Lexington’s standards of dress, hygiene, grooming and personal appearance by employees while assuring that a professional image is portrayed to patients, families, visitors and co-workers. This policy also sets the criteria to comply with safety and infection control standards.

**Identification Badges**

Name tags must be worn at all times above the waist to clearly identify faculty and students to patients and visitors, and to comply with regulatory guidelines. All cloth or other material lanyards are a potential infection control issue and are prohibited.

**Appearance Standards**

Personal hygiene and neatness is each student’s responsibility. Clean nails, hair, teeth, body, clothes, and shoes are expected. Students are asked to dress modestly in attire and appearance.

Hairstyles should be neat and clean. Unconventional hairstyles and colors should be avoided as should other dress styles and trendy apparel that would not be reasonably accepted as cultural norms or be offensive to the customers served. When providing patient care, hair should not restrict vision. Any one in patient care areas with long hairstyles should wear hair back off the face and neck to avoid its interfering with performance of procedures or coming in contact with the patient in the course of treatment.

**Approved Attire for Patient Care Clinical Areas**

Uniform designated by the school that fits within the Baptist Health Lexington Dress code policy.

**Definition: Scrub Sets:** Approved scrub dress, or matching skirt/pants/tops or white nursing uniforms. Color coordinated, no logo-ed t-shirt or turtleneck may be worn under scrubs. Color coordinating scrub jacket or sweater may be worn over scrubs. Socks or hose must be worn at all times and must be appropriate and coordinating in color. Shoes must be athletic shoes, nursing duty shoes, clogs with closed toes and no perforations.
Nails/hands:
Artificial nails, overlays, extenders, and/or hardeners are forbidden in all clinical areas. Natural fingernails must be well groomed, clean and should not extend more than one-fourth inch beyond the fingertips. The hands, including the nails and surround tissue, should be free of inflammation. Nail polish may be worn but free from chips, cracks and peeling.

Approved Business Casual Attire for Clinical Support Areas:
- Dresses, skirts or split skirts which are no more than one inch above the knee.
- Dress pants, and pants including khaki’s, which are no shorter than one inch below the knee.
- Blazers, dress shirts, golf shirts, turtlenecks, sweaters or blouses. Sleeveless shirts, (tops and dresses) are acceptable, but must cover the shoulder. When wearing sleeveless tops, the width of the strap should be no less than mid-shoulder to the shoulder joint.
- Flats, low-heeled shoes, dress boots, and dress shoes with open toes are allowed with or without socks or hose. Heel height should not be in excess of 2.5 inches.

Non-Approved Attire Facility Wide
- Make up, jewelry and cologne should not be excessive.
- Ear piercings are acceptable but should be simple and tasteful with no more than 3 earrings per ear.
- Facial and visible body piercing are permitted if they do not cause a safety issue. Septum Piercings of the nose have been deemed a safety hazard therefore they are prohibited within the workplace.
- Tongue piercing is not permitted. Piercing must be removed while working.
- Fingernail piercing is not permitted.  Nail polish must be free from chips, cracks, and peeling.
- All visible Body artwork and/or tattoos must be in good taste, not depicting offensive logos, slogans, nudity, or violence. Management reserves the ability to require an associate to cover a tattoo that does not meet these qualifications.
- Hats, including baseball caps, are not permitted unless specifically authorized by department leaders or authorized for special occasions.
- Sweat shirts, suits or any hooded clothing are not permitted.
- T-shirts or sweatshirts, including hospital logo, hospital event or Baptist Health t-shirts, by themselves, are not permitted. T-shirts may only be worn under scrub clothing.
- Skintight attire is not permitted.
- Tank tops and tops with straps are not permitted. When wearing sleeveless tops, the width of the strap should be no less than mid-shoulder to the shoulder joint.
- Any article of clothing that exposes bare midriff is not permitted.
- Dresses/skirts shorter than one inch above the knee are not permitted.
- Pants shorter than one inch below the knee are not permitted.
- Leather pants, denim jeans of any color, spandex pants or leggings, pants with the waist band rolled down that reveal underwear and pants that drag the floor are not permitted. Denim jeans of any color are allowed to be worn when attending educational classes/trainings or for staff meetings but not for regular work attire.
- Shoes that are above 2.5 inches of heel height, or slick soled shoes are not permitted.
- No flip flops or rubber sole open toe shoes.
- Cloth lanyards or badge straps are not permitted.

Information Management

Computerized information systems are one of Baptist Healthcare System’s most valuable assets. Our success and the privacy of our patients depend on the protection of this information against, theft, destruction or disclosure to outside interests. Please use the following guidelines while you are here.
Confidentiality of patient information must be protected at all times.
* Access only the patient information that is necessary to do your job.
**Ethics Committee**

The Ethics Committee is not a decision-making body, but is available to provide advice, consultation, mediation and education in ethical issues involving medical treatment. The composition of the Ethics Committee can be different for each issue but includes representation from at least the following: physicians from each medical/surgical department, nurses representing the major service lines of the hospital, social worker, chaplain, patient representative, member of the Administrative Board, a hospital administrator, a representative of the community-at-large, and an attorney. Other members may be added at the committee’s recommendation and the Administrative Board’s agreement. To access the Ethics Committee call (859) 260-8980.

The Hospital’s ethics committee primary functions include:

- Encouraging and providing a forum for dialogue among medical disciplines on biomedical ethical issues.
- Providing a mechanism for ethics consultation for patients, families or surrogates, and healthcare professionals when there are conflicts of ethical concerns in medical decision-making.
- Providing educational programs and forums for hospital staff, medical staff, and the community on biomedical ethical issues and case reviews.
- Advising the hospital’s management and Administrative Board of ethical issues in clinical practice and hospital management that are brought to the committee’s attention.
- Reviews hospital policies on biomedical ethical issues.

**Occurrence Reporting**

**Risk Occurrence Report (ROR)**

**Occurrence** - An occurrence is defined as any happening not consistent with the routine operation of the institution that may have caused or may have the potential for causing injury to patients, visitors or loss/damage to property. Examples of incidents are slips/falls, medication errors, medication reactions, refusal...
of treatment, burns, biomedical device failures, lost or damaged property, near miss incident, etc. Occurrences should be reported to your instructor, the unit charge nurse, the unit director, employee health, or a clinical house supervisor. An incident report with a detailed description and facts of the event will be completed. Do not include opinions in the report. Do not use email to report or discuss incidents with other students or your instructor. All reports and related documents are confidential and considered the property of Baptist Health Lexington. Notify the Employee Health Nurse before medical attention is sought. On nights and weekends, notify the Clinical House Supervisor before going to the Emergency Department for treatment unless it is a severe emergency.

Age-Specific and Cultural Awareness

**Age-specific and cultural awareness** are tools for learning more about how to best meet each patient’s unique needs as they are cared for. **Being open-minded** and respectful toward other beliefs, values and practices are important to making others feel comfortable. At Baptist Health Lexington, the following definitions apply:

- Neonate: Birth to 1 month
- Pediatric: Birth/Toddler – Birth to 4 years; School age – 5 years to 10 years
- Adolescent: 11-18 years
- Adult: 18 – 64 years
- Elder: Geriatric – over 65 years

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 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 or 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.

Infection Prevention & Control

COVID-19 precautions remain in place at BH Lexington until further notice. Instructors and students must wear a procedural or surgical mask upon entering and at all times while in the hospital with the exception of when eating or drinking. Cloth masks may not be worn while in the hospital. Schools will provide masks for students. If the mask becomes wet, soiled, or torn, extras should be available to provide a replacement. Protective eye wear must be worn when providing care for patients. Personal prescriptive lenses are not acceptable as PPE so a face shield should be worn over the face. Students **may not** be assigned to patients who require full PPE.

All employees, Medical Staff and On-Site Non-Employees must monitor themselves for COVID-19 symptoms. If you have symptoms, you should NOT report to clinicals or your practicum/internship. Students will notify their instructor should symptoms develop. Symptoms may appear 2 – 14 days after exposure to the virus. As of December 9th, 2020, the CDC has listed the following symptom as potential signs of a COVID-19 infection: **Major symptoms** - fever or chills, persistent cough, shortness of breath or difficulty breathing, or sudden loss of taste or smell; or
Minor symptoms - fatigue, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.

Mask Tips
- It does not matter which side of the mask touches your face, but always wear the mask the same way. (There should be a “clean” and a “dirty” side. The “clean” side should always touch your face).
- Wear mask upon entrance to the facility and remove mask after leaving the facility.
- Do not touch the mask while it is on your face.
- Do not partially cover face with mask (mask should never be pulled down under chin or have nose uncovered).

Steps to doffing facemask with intent to reuse:
1. Perform hand hygiene
2. Remove mask
   a. Remove procedure mask by holding the ear loops. The front is contaminated, so remove slowly and carefully.
   b. Remove surgical mask by untying lower ties FIRST. Untie upper ties last. The front is contaminated, so remove slowly and carefully. Ensure ties do not fall into clean interior side of mask.
3. After removing facemask, visually inspect for contamination, distortion in shape/form. If soiled, torn, or saturated the mask should be discarded.
4. If the facemask is NOT visibly soiled, torn, or saturated, carefully store on a paper towel dirty side down.
5. Perform hand hygiene.

Steps to Re-Don Mask
1. Perform hand hygiene
2. Grasp mask
   a. Pinch procedure mask at the ear loops or
   b. Grasp upper ties on surgical mask
3. Place over face
   a. For procedure mask: Secure ear loops behind the ears. Secure mask.
   b. For surgical mask: Secure upper ties first, behind head. End by securing lower ties behind head.
4. Perform hand hygiene

The Infection Prevention and Control team works to identify, prevent, and reduce the risk of developing and spreading infections. Healthcare Associated Infections (HAIs) are infections that develop when a patient is staying at a healthcare facility and were not present when the patient arrived at the facility. Between 5-7% of patients hospitalized each year in the United States develop HAIs. Many are preventable.

Standard Precautions - “Every Patient Every Time”

Minimum infection prevention practices that apply to all patients regardless of suspected/confirmed infection status. The following should be used with every patient encounter - every time:
- Use of Personal Protective Equipment (PPE)
- Safe handling of potentially contaminated equipment or surfaces in the patient environment
- Respiratory Hygiene/Cough Etiquette

Hand hygiene is the single most important action for preventing the spread of infection.

Use Hand Sanitizer when:
- Before and after direct contact with patient
• After contact with patient environment
• When moving from a contaminated body site to a clean body site
• After glove removal
• Before inserting indwelling urinary catheters and peripheral vascular catheters
• Before and after using PPE, including gloves
• After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

Wash your hands when:
• Visibly soiled with proteinaceous material, blood or other body fluids
• Before eating, drinking, handling contact lenses
• After using the restroom
• Before end of shift

Personal Protective Equipment (PPE)
• Gloves
• Fluid resistant gowns
• Masks
• Face shields

Use as little or as much PPE as needed to prevent blood, body fluids, or other potentially infectious materials from getting on your skin, mucous membranes, and clothing. Wear masks and eye protection when suctioning.

Key points when using PPE:
• Don or put on before going into the room or having contact with the patient
• Remove PPE and discard carefully at the doorway
• Remove N-95 respirator outside room
• Immediately perform hand hygiene
• Keep gloved hands away from face
• Avoid touching or adjusting other PPE
• Remove gloves if they become torn; perform hand hygiene before donning new gloves
• Limit surfaces and items touched (Cell phones, IP phones)
• Wearing gloves is not a substitute for hand hygiene!

Environmental Cleaning
• Keeping the patient environment clean is everyone’s responsibility!
• Focus is on high-touch surfaces and any surface that is visibly contaminated.
• Use only approved disinfectants.
• Allow to “sit” on surface for correct length of time before using item again (Alcohol Sani-wipes 2 minutes, Bleach wipes 5 minutes).

Respiratory Hygiene and Cough Etiquette
Educate healthcare workers, patients, and visitors:
• Cover the nose/mouth when coughing or sneezing
• Use tissue paper to contain respiratory secretions and dispose in the waste receptacle
• Perform hand hygiene after contact with respiratory secretions and contaminated objects
• Place a surgical mask on the coughing person when tolerated and appropriate
• Spatial separation, ideally >3 feet between patients

Standard Precautions Linen and Laundry
• Don’t shake items or handle them in any way that may aerosolize germs
• Avoid contact with one’s body and personal clothing
• Contain soiled items in laundry bag or designated bin
• Do not leave dirty linen on floor, place ASAP into bag and remove from room
• If heavy or bag leaks – use two bags
• Tie the bag shut

Isolation Precautions

Extra Precautions that are used when standard precautions are not enough
Categories of Isolation at Baptist Health: (See Isolation Quick Guide on page 13)

<table>
<thead>
<tr>
<th>Contact</th>
<th>Contact Spore</th>
<th>Droplet</th>
<th>Airborne</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Signs will include a laminated sign on Patient’s room door, or will be located on the electronic board located just outside of patient’s room. Information will include the type of isolation and the required precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Epic header will note infection status and type of isolation</td>
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<td></td>
</tr>
<tr>
<td>• Explain to the patient and family why patient is in isolation</td>
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</tr>
<tr>
<td>• For transfers to other department, patient wears a clean gown/sheet, or mask when applicable. Staff should put on new PPE prior to exiting the room.</td>
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</tbody>
</table>

Work Area Restrictions for your protection

• Do not eat, drink, smoke, or handle contacts in area where blood/body fluid present
• Do not eat in patient care areas where you may be exposed to pathogens that could make you sick
• Look for designated food/drink signs & ask the director of the area where drinks are allowed.
• Specimens placed into leak proof container (Ziploc bag)
• Standard Precautions followed with all specimens
• Soiled work clothes-sent to our laundry, hospital will loan you a set of scrubs to wear
• Place dirty/contaminated sharps in sharps container. Wear gloves. Do NOT recap.

Students are not fit tested for the N-95 Respirator and may not enter rooms if an N-95 required.

Infection Control Policies are located in BEN on the Intranet.
• Blood Borne Pathogen Exposure Control Plan – Policy # IC-II-1
• Guidelines for Isolation Precautions and patient Placement: Policy # IC-V-2

In the event of a blood exposure – IMMEDIATELY call the Employee Health Nurse (260-6503) or by pager 859-330-3852, or the Clinical House Supervisor (pager 77-268) so testing of the patient’s blood can begin immediately.

Before Work:

<table>
<thead>
<tr>
<th>Keep nails short and hair up</th>
<th>Avoid using plastic bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t wear jewelry or watches</td>
<td>Bring food in disposable containers</td>
</tr>
<tr>
<td>Men should keep a clean-shaven face so PPE is effective</td>
<td>Avoid carrying extra accessories (bags, coats)</td>
</tr>
<tr>
<td>Bring a change of clothes and shoes to wear after your shift in a washable bag or pillowcase</td>
<td>Set up Apple Pay, etc. so no cash or credit cards are needed</td>
</tr>
</tbody>
</table>
### At Work:

| Wear scrubs and a pair of shoes reserved solely for work | Clean your work surfaces multiple times a day |
| Sanitize hands, phone, ID, glasses, earbuds, keys, etc. | Do not touch your face, unless you have washed or sanitized your hands first |
| Wash your hands frequently for 20-30 seconds, making sure to get under your nails. Don’t touch the bathroom doorknob on the way out | Place all your work items in a washable bag and change into your clean clothes and shoes to go home. |
| Don appropriate PPE as directed. | |

### After Work:

| When you get home, leave your work bag in the car or outside | Wipe your phone down with alcohol-based cleanser or UV light cleaner |
| Take your shoes off and take your work shoes out of the bag. Disinfect both pairs and leave them outside | Wipe down all the surfaces in your car. If able, have one vehicle for your work use only and a different vehicle for your significant other/children |
| Remove all clothing and put clothes and washable bag directly into the washing machine. Wash on high heat | Wipe down all doorknobs and any surfaces you touched upon entering the house |
| Shower and wash your hair daily (If possible, have a dedicated bathroom for your use only. Otherwise, clean every time you enter and exit the bathroom.) | Regularly disinfect frequently used surfaces in your home |

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## Pain Management

Pain management requires an individualized approach, based on the patients’ self-report, including the use of pharmacological and non-pharmacological techniques. Pain is a subjective experience and the patient’s judgment of the intensity and relief of pain should be accepted. The goal is to maintain or promote the patient’s state of comfort by assisting them to reduce their pain to a level of comfort to the patient’s well-being, level of function, quality of life, and acceptable to the patient. The patient’s personal goal for pain relief and management of side effects may alter the level required for intervention (i.e. patient anticipates visit with family and refuses medication to prevent drowsiness). Please see the Pain Management Practice Guideline Policy # CBH II-8 for additional information on appropriate assessments, interventions, management, and education.
### Isolation Quick Guide for selected infections

- **Contact**
  - MDROs:
    - MDR Acinetobacter
    - MDR Pseudomonas Arg
    - ESBLs
    - KPC
    - CRE
    - RSV, Scabies, Bedbugs, Lice
  - Gloves and Gown upon room entry
  - Before leaving room remove PPE at doorway and place in trash in the patient room
  - Perform hand hygiene before entering the patient room
  - Perform hand hygiene upon leaving the patient room
  - New Patient Gown and cover sheet
  - Consult IC for patient ambulation outside of room
  - Private Room
  - Disposable Food Tray
  - Disposable stethoscope and thermometer
  - Sani Cloth (or equivalent)
  - Standard EVS germicide
  - Standard Daily and Terminal Room Clean
  - Complete hand hygiene when entering and exiting the patient room

- **Contact Spore Precautions**
  - C Difficile
    - If positive test
    - 8 weeks following last antibiotic dosage
    - While awaiting PCR results
  - Gloves and Gown upon room entry
  - Before leaving room remove PPE
    - At doorway and place in trash in the patient room
    - Wash hands with soap and water before leaving the patient room
  - New Patient Gown and cover sheet
  - Consult IC for patient ambulation outside of room
  - Private
  - Disposable Food Tray
  - Disposable stethoscope and thermometer
  - Non-disposable equipment clean with bleach wipes
  - Bleach products only in room/outside by door
  - 2-person daily clean with bleach
  - 2-person Double Clean and ultraviolet light at discharge
  - Complete hand hygiene before entering room
  - Wash hands with soap and water before leaving the patient room

- **Airborne**
  - TB
    - Active
    - Suspected
    - While awaiting test results
    - Disseminated Shingles
    - Chicken Pox
    - Measles
  - N-95 Respirator, CAPR, or PAPR
  - Remove Respirator after patient room exit
  - Perform hand hygiene before entering the patient room
  - Perform hand hygiene upon leaving the patient room
  - Patient in regular mask
  - Consult IC for patient ambulation outside of room
  - Private
  - Negative Pressure Ventilation
  - Engineering to confirm negative pressure prior to occupancy
  - Regular Food Tray
  - Sani Cloth (or equivalent)
  - Standard EVS germicide
  - Discharge - Room door remains closed 90 minutes before staff enter to clean
  - OR – see full policy
  - Restrict visitors (see policy for details)
  - Provide surgical mask to wear in room
  - Complete hand hygiene when entering and exiting the patient room

- **Droplet**
  - FLU
  - Meningitis
  - Rhinovirus
  - Mask upon room entry or within 3-feet of the patient and protective eyewear and face shield as needed
  - Perform hand hygiene before entering the patient room
  - Perform hand hygiene upon leaving the patient room
  - Patient in regular mask
  - Consult IC for patient ambulation outside of room
  - Private
  - Regular Food Tray
  - Sani Cloth (or equivalent)
  - Standard Room Clean
  - Provide surgical mask to wear in room
  - Complete hand hygiene when entering and exiting the patient room
Medication Administration

All medication administration must be supervised. Students may administer medications under the direct supervision of licensed personnel (ex. Nursing students under the supervision of a nurse, respiratory therapy students under the supervision of a respiratory therapist).

There are a few things related to medication administration that BHLex restricts students from performing.
Students may not administer any type of blood product.
1. Students may not accept verbal orders from physicians nor critical test results.
2. Students may not push IV medications in an emergency situation.
3. Students may not administer IV chemotherapy.

Pharmaceutical Waste Program
BHLex has implemented a pharmaceutical waste program to conform to the Environmental Protection Agency mandate that all hazardous materials (including certain medications) be disposed of in a way that does not harm the environment. Compliance is essential! Medication waste will be disposed of in color-coded bins according to a three-digit code found on the medication packet and in the description of the drug name in EPIC.

Patient Safety

Patient safety is a priority for BHLex. It is the responsibility of every BHLex employee and all instructors/students to ensure that patients remain safe during a hospital stay. The organization commits to undertaking a proactive approach to the identification, handling and prevention of medical errors to foster a safe environment for patients. Baptist Health Lexington also recognizes that the patient is a very important part of the healthcare team.

Patient identification should be confirmed using a two-identifier system, which includes patient name and patient date of birth prior to conducting a healthcare procedure.

Baptist Health Lexington supports an environment that encourages error identification through the minimization of blame or retribution for those involved in an error or in reporting an error.

There are several ways to report medical errors:
1. Online Risk Occurrence Reporting System
2. Medication Event report using electronic online report or phone #3680 for a verbal report
3. Patient Safety Hotline Ext. 3680
4. Patient Safety Officer- 260-5596

Protecting Patients from Falling:
We need your help in keeping our patients safe from falling. We are aware some patients are impulsive, others are stubborn, and still others overestimate their abilities. Whatever their reason, they do not always follow instructions to call for assistance when getting out of their bed or a chair. Our research here at BHLEX demonstrates that our top three factors for falls are toileting issues, history of falling, and confusion.

Your instructor will review measures in place to keep our patients safe (CBH III-A-31 – Falls Risk Intervention Guidelines). When a patient is assisted to the bathroom or bedside commode, the staff member/instructor/student must stay within arm’s length of the patient until that patient is returned to bed or chair to protect the patient from falling.

We find that another important point is to have staff and students use gait belts with patients. The gait belt provides a method for steadying the patient without having to grab clothing or skin, and it helps greatly in
preventing injury to patients who do fall, since the belt can be used to lower the patient more gently. Gait belts are available in every patient room.

Finally, it is important that everyone on the team be aware of the patient’s capabilities. When getting or giving report, including a handoff to other departments, please be certain everyone is aware of how able the patient is to move around by him/herself. Be sure there’s a gait belt on the patient when sending him/her to another department such as radiology or physical therapy. When giving or receiving bedside report, include the patient and family in the conversation. Contract with them to call for assistance prior to getting out of bed.

**Suicide Assessment**

Each patient identified through screening by a physician and/or nursing to be a suicide risk will be assessed for risk of harm to self or others. A suicide risk assessment should be completed upon admission or as soon as possible thereafter to assist in determining the level of risk to include low, moderate, or high using the Columbia-Suicide Risk Rating Scale (C-SSRS). The C-SSRS level of risk will determine the consideration and implementation of interventions appropriate for each level and Patient Safety Precautions. Any time a patient verbalizes suicidal ideations; the nurse must rescreen the patient and implement any additional precautions indicated. Interventions based on the level of risk can be found in our suicide Risk Assessment Precautions policy (CBH III-A-29 Suicide Risk Assessment Precautions).

**Patient Rights and Responsibilities**

Baptist Health Lexington encourages respect for the personal preferences and values of each individual. We consider each patient a partner in their hospital care and believe the patient should be well informed, be able to participate in treatment decisions, and be able to communicate openly with health care professionals providing their care. A complete list of patient rights and responsibilities are given to each patient upon admission and can be found in all patient care areas. Open and honest communication, respect for personal and professional values, and sensitivity to differences are import to provide the best care for our patients.

**2021 Hospital National Patient Safety Goals**

The purpose of Joint Commission’s National Patient Safety Goals (NPSGs) is to improve patient safety. The goals are listed below along with the solutions BHLex has implemented to address each goal. All patient care providers need to be aware of the patient safety goals and what BHLex is doing to meet these goals.

**Goal 1: Correctly Identify Patients**

- Use at least two patient identifiers when providing care
  - BHLex uses the patients name and birth date - when administering medications or blood products, taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
  - Label containers used for blood and other specimens in the presence of the patient
  - Use distinct methods of identification for newborn patients

**Goal 2: Improve Staff Communication**

Critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life-threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.

- Report critical results of tests and diagnostic procedures on a timely basis to responsible licensed caregiver. (Policy VII–11)
  - Critical results/value should be reported to a nurse by the individual performing the test immediately upon determination that the value is critical, stating the call is for a “Critical Result”.
  - The nurse receiving the critical result should document the results in the EMR then read back the results to the individual calling the findings to verify accuracy.
  - The nurse receiving the critical result should take action if a standing order or protocol is in
place based on nursing assessment. If standing order or protocol is not available, the nurse will report the results to the LIP ordering the test within 30 minutes of receiving the critical results.

**Goal 3: Use Medications Safely**
- Label all medications, medication containers, and other solutions on and off the sterile field and other procedural settings that are not immediately administered.
- Reduce the likelihood of patient harm associated with the use of anticoagulant therapy. It is important to note that anticoagulation medications are more likely than others to cause harm due to complex dosing, insufficient monitoring, and inconsistent patient compliance.
- Maintain and communicate accurate patient medication information (Policy # III-A-1b)

**Goal 4 & 5** have been retired and added to the required TJC standards

**Goal 6: Improve the Safety of Clinical Alarm Systems**
Clinical alarm systems are intended to alert caregivers of potential patient problems. Individual alarms signals can be difficult to detect, numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them. Policy # X-1
- Baptist has identified the most important alarm signals to manage (Policy III-B-72)
- Ensure Alarms on medical equipment are heard and responded to on time (Cardiac Monitoring Safety Guidelines)

**Goal 7: Reduce the risk of health care-associated infections**
- Use the CDC guidelines for hand hygiene.
- Related policies IC-VII-11 - Catheter Associated Urinary Tract Infection (CAUTI); # 10962.3 and III-B-67 - Foley Catheter Guidelines
  - Limiting use and duration to situations necessary for patient care
  - Using aseptic techniques for site preparation, equipment, and supplies
  - Securing catheters for unobstructed urine flow and drainage
  - Maintaining the sterility of the urine collection system
  - Replacing the urine collection system when required
  - Monitoring compliance with evidence-based guidelines or best practices
  - Evaluating the effectiveness of prevention efforts
  - Remove as soon as possible using Urinary Catheter Removal Protocol

**Goal 15: Identify safety risks**
- Identify patients at risk for suicide. Patients identified to be a suicide risk will be screened using the Columbia-Suicide Risk Rating Scale and any interventions implemented accordingly. (Policy # CBH III-A-29 Suicide Risk Assessment Precautions)

**Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery:**
- Conduct a pre-procedure verification process for correct procedure, correct patient, correct site – utilize checklists and involve the patient when possible
- Mark the correct place on the patient’s body where surgery is to be done.
- Perform a “time out” prior to invasive procedures (surgical/procedural and bedside procedures) Perform time out using consent form. Review within moments of procedure occurring.

Additional information regarding the NPSGs for hospitals can be found on The Joint Commission web site at https://www.jointcommission.org/standards/national-patient-safety-goals/hospital-national-patient-safety-goals/
Restraints
Please review the Restraint Guideline policy (I-2). Non-physical techniques are preferred when intervening to manage a patient’s behavior. Alternative interventions should always be considered prior to restraint use. Restraints will be used in limited circumstances with appropriate clinical justification based upon the assessed needs and behaviors of individual patient. Restraints should be used only with a physician order when necessary to improve the patient’s wellbeing or to ensure the safety of the patient or others. Restraints should be used in the least restrictive manner possible and only when less restrictive interventions have been determined to be ineffective. 

There are two classifications of restraint recognized at BHLex: Non-violent, non-self-destructive restraints and violent, self-destructive behavior management restraints.

- Non-violent, non-self-destructive restraint - used to limit mobility or temporarily immobilize in relation to acute medical-surgical care and/or post-surgical procedure. The primary reasons for use directly support the medical healing of the patient and prevention of patient injury (ex. pulling tubes, pulling IV lines etc.)
- Violent, self-destructive behavior management restraint – an emergency or crisis in which a patient’s behavior becomes aggressive or violent or self-destructive; the behavior presents an immediate, serious danger to the safety of the patient, other patients, staff or others.

Nursing evaluation and documentation for non-violent, non-self-destructive restraint will occur at a minimum of every 2 hours. For violent, self-destructive behavior management restraint, evaluation and documentation will occur at a minimum of every 15 minutes.

Sentinel Events
A sentinel event is an unexpected patient occurrence involving death or major permanent loss of function not related to the patient’s illness or underlying condition. Some examples of Sentinel Events include:
- Surgery on wrong patient or wrong body part
- Infant abduction or discharge to the wrong family
- Rape of a patient
- Patient suicide
- Hemolytic transfusion reaction

What do you do when one occurs?
Contact the unit manager, charge nurse, or Clinical House Supervisor (#2330 – North Tower; #3251 South Tower; pager 77-268) and they will call the Director of Risk Management.

Hospital Safety - Environment of Care

Safety is everybody’s business.

The Environment of Care (EOC) is critical to patient care in hospitals and home care organizations. All hospital personnel play a critical role in protecting the patient and breakdowns in the EOC can put patients at risk. The Safety Officer coordinates BHLex’s safety plan and can be reached at 260-6477.

Security Management

Security management - Security officers are available 24 hours per day through the operator at 6291 or 6077, or by pager at 77-787. Security should be called in the event of an emergency situation, injury to visitors, bomb threats, hostage situations, weapons, locking patient valuables, lost and found items, missing patient, escorting employees and visitors to their car, jumpstarting cars, parking issues and workplace violence.

Weapons are not allowed in BHLex hospital.
Hazardous Materials and Waste Management (HAZMAT)

You have a right to know of the chemical hazards that may exist in your workplace. BHLex identifies these items for your safety.

Safety Data Sheets (SDS)
- Located on Intranet in BEN, click the Safety and Security Tab, type the product into the search bar
- Contains product information, first aid procedures, and emergency phone numbers
- Every chemical product used in the hospital has a SDS
- Hard copies of the SDS are maintained in Administration and the Emergency Department
- Check Environment of Care Manual for spill cleanup procedures.

Regulated Medical Waste (RMW)
- Biohazard Waste, Red Bag Waste
- Chemotherapy Waste
- Pathological Waste
- Pharmaceutical Waste
This type of waste needs treating separately from the regular waste stream. Regulated Medical Waste is known throughout the hospital as Red Bag Waste, Biohazardous Waste, and Bio Trash. It is very important to know the difference between Regulated Medical Waste (RMW) and Regular Trash. The following RMW lists will help you to decide what is and what is not RMW.

Regulated Medical Waste should be placed in RED waste containers only
- Saturated or grossly contaminated disposables
- Microbiology Waste/Pathology Waste
- Liquid blood/blood products/body fluids not otherwise discarded or flushed
- Personal Protective Equipment (worn and soiled with blood and/or body fluids)
- Dialyzers
- Wound Drains/Tubes

Sharps are placed in needle boxes

Regular Waste
- Unused medical products and supplies
- Personal Protective Equipment (worn but not soiled with blood and/or body fluids)
- IV Bags and Tubing without Needles
- Empty bottles and bags
- Sanitary napkins/tampons
- Disposable Drapes, Lab Coats, Paper Towels, Band-Aids
- Disposable Basins, Bedpans
- Aerosol Pressure Cans
- Suction canisters that have been emptied and rinsed

Medical Equipment Management
If a piece of medical equipment fails, remove the device from service and contact Central Dispatch at 6291. Adverse or unexpected results with normal medical device operation shall be reported to the unit director or unit charge nurse immediately.
Utilities Management
Utilities consist of electrical services, water, sewage, telephones, medical air/gases, elevators, heating, ventilation & air conditioning. The use of patient-owned electrical equipment is strongly discouraged. The hospital is equipped with emergency generators for use during power failures in selected areas. A red outlet cover designates the plug as an emergency outlet. In the event of failure, medical gases will be provided through portable tanks. For an equipment malfunction, service, or questions call 6291 or MAX-1.

Fire Prevention Management
If you detect a fire in the hospital, the proper procedure is as follows;

RACE
- Rescue persons in immediate danger and transport to a safe area
- Activate the nearest fire alarm and call CODE (2633) to report the location of the fire. (Offices outside the hospital will call 911.)
- Contain the fire by closing all doors and windows
- Extinguish the fire with the nearest appropriate portable fire extinguisher

To extinguish a fire, the proper procedure is as follows:

PASS
- Pull the safety pin
- Aim the nozzle at the base of the fire
- Squeeze the handles together
- Sweep the nozzle from side-to-side

Only use an extinguisher if you feel it is safe to do so! While using an extinguisher is encouraged, no employee or visitor is required to do so.

Who do you call if there’s a fire in the hospital? # 2633 (CODE)
Who do you call if there’s a fire outside the hospital? # 911

When you get to your unit/department, do the following:
1. Locate Fire extinguishers
2. Locate Fire Alarm Pulls
3. Locate exit route signs
4. Locate the smoke barriers
5. Ask about areas of refuge for your unit in the event of evacuation

Emergency Preparedness – Incident Command System (Code Yellow)
The hospital maintains a comprehensive program to respond to a variety of emergencies, which could occur in the hospital, or in the local community. When the Incident Command System has been activated, refrain from making outside calls.

Disaster Situations and the Student Role
A disaster can be announced at BHLex for a variety of internal (i.e. bomb threats, utilities failure, fire) and external reasons (tornadoes, severe weather, ice storms). The operator will announce, “The Incident Command Plan is now in effect.” Please refrain from making outside calls. In conjunction with the instructor or preceptor, a student must decide if it will be safer to stay at BHLex (tornado), or safer to leave BHLex. If your preceptor or instructor leaves, then students should also. Inform the charge nurse/supervisor of the department or unit of your decision. Inform your school.

Remember: No matter what the nature of the disaster, a student cannot perform any duties beyond the scope of practice as a student. Tasks that you do perform must continue to be performed under supervision.
Important Codes - Dial CODE (2633)

KY Regional Hospital Codes:

<table>
<thead>
<tr>
<th>Code Blue: Respiratory/Cardiac Arrest Adult or Pediatric</th>
<th>Code Orange: Hazardous Material Spill/Release Internal or External</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Red: Fire</td>
<td>Code Yellow: Incident Command</td>
</tr>
<tr>
<td>Code Black: Bomb/Bomb Threat</td>
<td></td>
</tr>
</tbody>
</table>

Weather alerts will be in plain speech warnings

Baptist Health Lexington Specific Codes:

<table>
<thead>
<tr>
<th>Code PINK - Activation of Infant or child abduction. Monitor corridors and exit points for visual patrol and to report suspicious person(s) or activity.</th>
<th>Code Silver - Notification of a hostile individual with a firearm on hospital premises - The operator will notify the Clinical House Supervisor and Security</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Stroke – “Stroke Team” activation for signs and symptoms of a stroke in a patient or visitor.</td>
<td>Code White - Behavioral crisis involving patient, family or visitors. A rapid response team will be activated to verbally de-escalate the situation.</td>
</tr>
<tr>
<td>Rapid Response - Rapid Response Team – clinical house supervisor, ICU RN, respiratory therapist respond to help manage a significant change in a patient’s condition.</td>
<td>Pediatric RRT - Pediatric Rapid Response Team - responds to manage a significant change in pediatric patient (16 years or less).</td>
</tr>
<tr>
<td>Code AMI - To improve “door to balloon” time when patient is diagnosed with an Acute Myocardial Infarction. Includes notifying Cath lab staff, on call cardiologist, Clinical House Supervisors, and Rapid Response Team if needed.</td>
<td>Code H (help) Patient/Family Response Request – Patient/family activated system used to initiate care with a change in patient condition. Clinical House Nursing Supervisor, ICU RN, respiratory therapist, Chaplin, and patient relations respond</td>
</tr>
</tbody>
</table>

Important Telephone Numbers

Safety Officer - 260-6790, Pager 330-2176
Administration - 260-6108
Pharmacy - 260-6659
Security - 260-6077, Pager 77-787
Compliance Hotline  1 (800) 783-2318
Patient Safety Hotline (859) 260-3680
Risk management/ Compliance/HIPAA - 260-5596
Emergency Department – 260-6180
Clinical House Supervisors - #260-2330 – North Tower; #260-3251 South Tower; pager 77-268
HIPAA for Students, Instructors, and Observers:

What you need to know . . .

As a guest performing a clinical rotation at Baptist Health Lexington, you will have access to confidential medical information.

Federal and state laws protect this confidential medical information.

It is illegal for you to use or disclose this confidential medical information outside the scope of your clinical duties at BAPTIST HEALTH LEXINGTON.

Guidelines for the use of this information:

♦ You may use this information as necessary to care for your patients.

♦ You may share this information with other health care providers for treatment purposes.

♦ Do NOT photocopy patient information.

♦ Access the minimum amount of information necessary to care for your patient or carry out an assignment.

♦ Do not record patient names, dates of birth, address, phone number, social security number, etc., on the assignments you will turn in.

♦ You may only access the confidential information of patients for whom you are caring.

♦ Be aware of your surroundings when discussing confidential information. It is inappropriate to discuss patients in elevators, cafeteria, etc.

♦ If you have questions about the use or disclosure of confidential health information, contact your instructor or the student coordinator.
Clinical Validation of Orientation to Baptist Health Lexington

Initial each line below indicating you have received the information on the topics pertaining to your clinical rotation.

- Baptist Health Lexington Mission, Vision and Values statement
- Dress Code
- Parking/ID badges
- Infection Control
  - Hand Washing
  - Personal protective equipment
  - Types of Isolation
  - Blood spills/exposure
  - COVID-19 processes
- Information Management Guidelines
- Smoking Policy
- Patient Rights and Ethics
- Age Specifics/Cultural awareness
- Patient Safety/Falls Prevention Risk
- Restraints
- Incident Reporting (Risk Occurrence Report)
- Environment of Care – Hospital Safety Information
  - Security Measures
  - Hazardous Materials and Waste Management
    - Safety Data Sheet
    - Red Bag waste vs. regular waste
    - Procedure for contaminated (dirty) sharps
    - Pharmaceutical Waste
  - Medical Equipment Management
  - Utilities Management
  - Fire Safety – RACE, PASS, Fire Extinguishers, Alarm Pulls, Evacuation Routes
  - Emergency Preparedness - Student role in a disaster

I have read and understand the Baptist Health Lexington Orientation information. All my questions have been answered satisfactorily.

First name (print) ___________________________ MI ___________________________ Last Name ___________________________
Signature ___________________________ School Affiliation ___________________________
Unit ___________________________ Clinical Start date: ___________________________ Clinical End Date: ___________________________

I have read and understand the HIPAA information on page 20. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of confidential patient information. I will abide by the guidelines when completing my clinical rotation.

Signature ___________________________ Date ___________________________
BAPTIST HEALTH LEXINGTON
CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT is between BAPTIST HEALTHCARE SYSTEM, INC. d/b/a/ BAPTIST HEALTH LEXINGTON (“Baptist Health Lexington”) and _________________________________ from ___________________________.

In consideration of Baptist Health Lexington’s relationship with the Student continuation of such relationship, as the case may be, and for other valuable consideration, the parties agree as follows:

1. PURPOSE OF AGREEMENT. Baptist Health Lexington recognizes the importance of protecting confidential information concerning parties, their families, medical staff members and employees in the operation of the hospital as well as the importance of protecting the proprietary information of the hospital. Each student interviewer, in the performance of his or her duties as an interviewer at Baptist Health Lexington may have access to confidential patient information, confidential medical staff information, confidential employee information or proprietary hospital information. The purpose of this agreement is to document the understanding and agreement of Baptist Health Lexington student interviewers to maintain the confidentiality of such information at all times, both at the hospital and outside the hospital. More specifically, patient information should only be relayed to those persons involved with the patient’s treatment; persons designated by Baptist Health Lexington who are responsible for quality improvement; or as requested by Risk Management, BHS Legal Department and/or the hospital’s defense firm as necessary for Risk and Claims Management activities. Furthermore, this Agreement is to obtain acknowledgement of the Student Interviewer that he or she may be given a security code in order to access from authorized terminals a variety of confidential information and that such security code must be maintained by the Student as confidential information.

2. STATUS OF STUDENT. Student has an at will relationship with Baptist Health Lexington and the execution of this Agreement does not change that status or create any contractual relationship or employment agreement between Student Interviewer and Baptist Health Lexington. Student Interviewer acknowledges that she is executing this Agreement, not as an employment agreement, but as a condition of and in consideration of Student’s relationship with Baptist Health Lexington.

3. SCOPE OF AGREEMENT. Student agrees to follow all policies and procedures, rules and regulations of Baptist Health Lexington including, but not limited to the following:

   a. Student will protect the confidentiality of patient, medical staff, employee and proprietary hospital information as well as any privileged or confidential information obtained during the course of investigation of a hospital incident, claim or lawsuit. The Student will not release such confidential information to any unauthorized source.

   b. Student understands and agrees not to access or attempt to access information unless Student has authorized access and access to the information is needed to perform his or her employment duties.

   c. Student agrees not to disclose any security code he or she may be given by Baptist Health Lexington for access to computer information to anyone, including any other employee of Baptist Health Lexington.

   d. Student agrees not to use any security code of any other person.

   e. Student agrees not to write down passwords or security codes that would make them accessible to other individuals.
f. Student will report breaches of this Confidentiality Agreement by others to the Manager of Human Resources. Student understands that failure to report breaches may subject Student to a discontinuation of relationship with the hospital.

g. Student understands that any security codes he or she may be given by Baptist Health Lexington to obtain access to patient medical records is his or her electronic signature on such medical records.

4. **BREACH OF AGREEMENT.** Student understands that breach of any provision of this Agreement may result in immediate termination of relationship, at the option of Baptist Health Lexington, in addition to any other rights and remedies available at law, which Baptist Health Lexington may pursue.

5. **SEVERABILITY.** If a court of competent jurisdiction holds any provision of this Agreement invalid such invalidity shall not affect the enforceability of any other provisions contained in the Agreement and the remaining portions of this Agreement shall continue in full force and effect. The obligations in Section 3 of this Agreement shall survive termination of relationship.

6. **JURISDICTION.** Student agrees to be subject to the jurisdiction of the courts of Fayette County in the Commonwealth of Kentucky in connection with the performance and enforcement of this Agreement and further agrees that the provisions of this Agreement shall be governed by, interpreted and construed in accordance with the laws of the Commonwealth of Kentucky.

**ACKNOWLEDGMENT**

STUDENT HAS READ AND AGREED TO ADHERE TO THE CONDITIONS OF THIS CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGES THAT ANY VIOLATION OF THE AGREEMENT CAN RESULT IN IMMEDIATE TERMINATION OF RELATIONSHIP.

IN WITNESS WHEREOF, the parties have set their hands effective as of the day and year first set forth hereinabove.

STUDENT: ____________________________

BAPTIST HEALTH LEXINGTON APPROVED CLINICAL INSTRUCTOR: ____________________________

Signature__________________________________

Signature__________________________________

Name: (Print) ____________________________

Name: (Print) ____________________________

Date: ____________________________

Date: ____________________________
Baptist Health Lexington Student Clinical Site Evaluation

Date ___________________________  School _____________________________

Level of student _______________  Clinical Location at BHLex _____________

Please respond to the following statements according to your level of agreement or disagreement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation provided the information needed to participate in a clinical rotation at this hospital.</td>
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<tr>
<td>Staff were committed to fostering student development.</td>
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<tr>
<td>Staff on this unit provided positive nursing role models.</td>
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<tr>
<td>This unit offered the opportunity for students to gain new knowledge and skills.</td>
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<tr>
<td>Overall, the rotation on this unit was a satisfactory experience.</td>
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<tr>
<td>I would recommend Baptist Health Lexington hospital to other students for clinical experiences.</td>
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</tbody>
</table>

For any disagree or strongly disagree answers please give additional information explaining your response.

What staff member(s) would you recognize as being helpful and supportive in your clinical learning experiences at Baptist Health Lexington?

Do you have any suggestions for ways in which Baptist Health Lexington hospital could improve your clinical experience?

Thank you for completing this form and providing input about your experience at Baptist Health Lexington.
Complete this form if you are here as an individual student and NOT part of a clinical group. If you are here with a clinical group, your instructor will have a roster for you to complete.

**BAPTIST HEALTH LEXINGTON/EDUCATIONAL DEVELOPMENT**

1740 Nicholasville Road ∨ Lexington, KY 40503 ∨ (859) 260-6379 ∨ Fax: (859) 260-4055

Dear Student/Observer,

Thank you for choosing Baptist Health Lexington (BHLex) as your clinical site. In order for us to continue as a clinical site, we must retain certain information on all students. Please provide the requested information:

Name: ___________________________ (Last) (First) (M.I.)

Current BHLex Employee: Y / N

Address: ___________________________ (Street) (City) (State) (Zip)

Telephone: (_____) E-Mail: ___________________________

School you are representing: ____________________________________________

Program name (ex. NSG, Pharmacy, Paramedic, SLP) ____________________________________________

Anticipated Graduation Date: ____ / ____ / ____

Instructor Name: ___________________________________________

Clinical area requested: ___________________________ Total # of clinical hours needed: ___________

Clinical start date: ____ / ____ / ____

Clinical end date: ____ / ____ / ____

Department preceptor: ___________________________________________

Each year the Commonwealth of Kentucky asks for the total number of students that have performed clinical rotation here. Also, they ask that this number be broken down into designated groups. Please indicate which category we should place you:

Check the appropriate box:

- African American
- American Indian
- Asian
- Caucasian
- Spanish Surnamed American
- Other (please specify)

Date of last TB skin test (must have been within the past year) ___________________

Date of flu shot if you will be at BHLex during flu season (November 1st through April 30th) ________________

Return when completed via interdepartmental mail to:
Julia Fultz, MSN, RN-BC, CEN
Student Placement Coordinator
Simulation Lab, South Tower, 4th Floor, Main Hallway