



**Nursing Student Programs – Instructor & Student Orientation Manual**  
**2021-2022**



**Sinai Hospital**



**Northwest Hospital**



**Levindale Hebrew Hospital and Nursing Center**

LifeBridge Health: The Freedom to Learn

The objective of this packet is to help the clinical instructors/ clinical groups become familiar with the philosophy of LifeBridge Health facilities while providing the information needed for a successful clinical rotation

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## STUDENT AND INSTRUCTOR REQUIREMENTS

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Nursing students must meet the following requirements prior to beginning clinical experience at any healthcare facility within LifeBridge Health.

### 1. Education Affiliation Agreement

The nursing school (college, university, school program) must be covered by a current affiliation agreement with the health care provider/organization before requesting an educational experience/rotation with the hospital or clinical service area. Students and/or instructors can contact the school representative or the health care provider/organization to verify that an agreement is in place.

### 2. Accredited Educational Programs

Students must be from educational programs that are accredited by national accrediting agencies and/or state organizations as appropriate (MHEC, MBON, CCNE, NLN, etc.).

### 3. Verification & Documentation

The Educational Program (college, university, school) must have verification or documentation of the following items according to contract:

#### Measles-Mumps-Rubella, Tdap, Varicella, Hepatitis B

Verification can be provided by 1) documentation of immunization 2) positive antibody titer.

#### Verification of TB testing within the past year.

Each student is required to have an annual screening for tuberculosis by an intradermal PPD test.

Students that are PPD positive need to verify that an adequate work-up for tuberculosis has been completed and that they are currently not communicable by producing a (chest x-ray report, Physician, or Health Department note).

#### Influenza vaccine

Students are required to have an influenza vaccine if working during winter months.

#### ADDITIONAL REQUIRED DOCUMENTS:

- Criminal Background check (if 18 years of age or older)
- Urine drug screen results
- Current CPR or BLS certification
- COVID Education Attestation Sheet – if required by hospital

**4. READ THE STUDENT ORIENTATION BOOKLET:** This orientation booklet provides a list of standards to be followed by nursing students in health care settings. As part of the school's affiliation agreement with the health care provider/organization, students are subject to the rules, policies, and regulations of the facility.

### 5. COMPLETION OF THE NURSING STUDENT PASSPORT ORIENTATION CHECKLIST PACKET

This passport confirm that students and instructors have the REQUIRED DOCUMENTATION AS LISTED ABOVE and have reviewed the orientation manual before entering onsite. Each Passport Packet must include an attached **completed** passport and all required paperwork for each instructor/student in clinical group. Instructors/students need to complete each form EVERY semester or when there are changes in information. If instructor/student comes to a facility more than once during semester, please provide a copy of the required paperwork with each passport.

A copy of this forms can be found on the LifeBridge Health Nursing Student website:

<http://www.lifebridgehealth.org/nursingstudents/#passport>

## CLINICAL PASSPORT PACKET

	Sinai	Northwest	Levindale
One Completed Passport per group – including instructor name and contact information	X	X	X
Copy of each Instructor or Student's Lifebridge ID <b>if an employee</b>	X	X	X
Copy of Student's and Instructor's Driver's License or Government Issue ID	X	X	X
2021/2022 Orientation Manual Confirmation Page & Badge and Parking Form 2021-2022	X	X	X
COVID Education Attestation Sheet as required • One for every student and instructor	X	x	X
Certificate of Completion of Cerner on-line Program • One for every student and instructor	X	X	X Instructors
Certificate of Completion for Blaustein Security Module – Sinai Only • One for every student and instructor (Only if students will be rotating through Women's and Children's Services)	X		
Handwashing Return Demonstration Form – due by end of first clinical day for each instructor and student	X	X	X

(Please note we will only be accepting 2020-2021 paperwork, outdated paperwork will not be accepted)

This form must be completed by ALL nursing students and ALL instructors entering LifeBridge Health facilities, including student groups, practicum students, leadership students and graduate students.

Please make sure all paperwork is legible, we recommend the Passport be typed when possible.

The PASSPORT PACKET must be returned at least 15 days prior to the start of clinical rotation via email [nursingstudents@lifebridgehealth.org](mailto:nursingstudents@lifebridgehealth.org)

PLEASE place in subject line which hospital the clinical rotation will be completed at.

If not received within 15 business days (not including holidays) before clinical start date or clinical start maybe delayed.

### ProAdvantage Tracker Users

It is recommended that schools use ProAdvantage Tracker in Castle Branch, when possible, to decrease amount of paperwork required to send and print. After all student and instructor paperwork is complete and uploaded into Castle Branch, then the school coordinator or designee should email completed Clinical Passport to email below. Additionally, please add the appropriate hospital specific names to the rosters, so they can be seen by all parties. Please contact your hospital Clinical Affiliations Coordinator for specific names. **The Hospital Clinical Affiliations Coordinator or designee will email a receipt for when completed passport is received and group processing will be started.**

### Meeting Stated Requirements

Students may begin their experience once all the above requirements are met; as well as any facility specific and/or health care provider/organizational requirements. Once each group's paperwork is processed, facility will be following their own process for badging and starting of clinical rotation.

All Instructors new to LifeBridge Health must attend the Cerner Instructor Orientation Session. Registration dates and times are located on the Nursing Student website: [www.lifebridgehealth.org/nursingstudents](http://www.lifebridgehealth.org/nursingstudents)

All instructors must meet **ANNUALLY** with the educator or designee before the start of clinical rotation. At this time guidelines for clinical rotations will be reviewed and handwashing return demonstration completed as needed.

### Practicum Students - must follow the process as outlined above

All practicum students will be partnered with a preceptor and will need pre-approval. Once the student is paired with a preceptor all required paperwork must be completed and turned in before starting any hours. PASSPORT must be completed for each practicum student by school coordinator. If practicum student is Lifebridge employee, PASSPORT and all above paperwork must be submitted by school coordinator.

# CULTURAL DIVERSITY AND SENSITIVITY

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## **What is Culture?**

Culture is the values, beliefs and practices shared by a group of people. We have an obligation to be respectful and sensitive to other belief systems (co-workers, patients, families). It's important to be culturally competent and comfortable with those we serve and serve with, by examining our own personal biases and cultural values. By examining our own personal biases, we will better understand how they may inhibit effective communication.

How to be Culturally Competent

Ask yourself these questions:

- Who are my customers?
- How can I learn about them?
- What are my beliefs about this group?

Acquire basic knowledge about the cultural values, beliefs, and practices of your customers:

- Ask questions
- Listen
- Account for language issues

Be aware of communication styles

Have an open mind

## **Be sensitive to personal health beliefs and practices**

As a student, ask your instructor/preceptor to help you find answers to the following questions:

### **How does my patient stay healthy?**

- special foods, drinks, objects, or clothes
- Avoidance of certain foods, people, or places
- Customary rituals or people used to treat illnesses

### **What are the expectations for medicine usage?**

- Past experiences with medicine usage
- Will the patient take medicine even when he/she doesn't feel sick?
- Is the patient taking other medicines or anything else to help them feel well?

### **Family and community relationships**

- Are illnesses treated at home or by a community member?
- Who in the family makes health care decisions?

### **Language barriers**

- Can the patient understand limited English?
- Consider literacy level
- Use visual aids and demonstrate procedures
- Check for understanding
- Is an interpreter necessary? If yes, follow hospital guidelines by using a trained medical interpreter. Avoid using family members

### **Body language**

- Is there cultural significance for?
- Eye contact
- Touching
- Personal space
- Privacy / modesty

### **Other cultural factors to consider**

- Gender
- Wealth or social status
- Presence of a disability
- Sexual orientation

### **Religious / Spiritual beliefs**

- Are there beliefs associated with:
- Birth, death, age
- Certain treatments, blood products
- Prayer, medication, and worship
- Food preparation, clothing, special objects, and gender practices

## ENVIRONMENTAL SAFETY

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- Sinai Emergency Alert call 2-5911
- Northwest Emergency Alert call 5-5555
- Levindale Emergency Alert call 113#00 and state the type of code and the location three times

**Safety is Everyone's Concern!**

### Students should call Security when they:

- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents
- Need escort or vehicle assistance

Each health care facility has a number to contact security directly. Students should be aware of the emergency contact phone number in the facility they are completing clinical rotation in.

### EMERGENCY CODES

	<b>Code Yellow: Emergency or Disaster</b>
	<b>Code Red: Fire</b>
	<b>Code Blue: Cardiac Respiratory Arrest</b>
	<b>Code Purple: Security Only Response</b>
	<b>Code Gold: Bomb Threat</b>
	<b>Code Orange: Hazardous Material Spill</b>
	<b>Code Pink: Infant or Child Abduction</b>
	<b>Code Green: Combative Person</b>
	<b>Code Gray: Elopement</b>

### Code RED

**Fire Prevention and Response:** promote fire safety by recognizing and correcting fire hazards, and appropriately responding to any fire incident. This is a shared responsibility of everyone.

Employees and students can apply simple safety measures that will help prevent fires by:

- Properly storing and disposing of combustible materials.
- Complying with the electrical equipment policies.
- Reporting any defective wiring (frayed cords, brown fuses, etc.)
- Enforcing your facility's smoke free policy.

- Finding out when and who should turn off medical gas valves.
- Learning your department evacuation plan.
- Maintaining clear and unobstructed hallways, doorways, and aisles.

Hospitals are designed to contain a fire behind closed doors for a period to allow fire-fighting efforts to occur. Closed fire doors contain fire and allow areas within the facility to remain functional. It is important not to block or prop doors open in any way.

### Fire Alarms and Evacuation Plans

Each health care provider/organization has a process for alerting staff of a potential fire or a fire drill. Students are orientated to fire safety procedures; patient evacuation plans and escape routes by the facility and their assigned department(s).

**RACE and PASS** are universal acronyms used to educate health care workers and students to basic fire safety procedures and the management of fire extinguishers.

### RACE

#### R – Rescue

Rescue anyone (including patients, visitors, employees, and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

#### A – Alarm

Activate the nearest fire alarm pull box and call your facility emergency number or 911. Take the time before a fire emergency to locate the fire alarm pull boxes in your work area.

#### C – Contain

Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient’s room, turn off the oxygen flow meter and remove from the wall.

#### E – Extinguish/Evacuate

Take time before an emergency to locate the fire extinguishers in your area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in PASS. The PASS acronym will help you properly extinguish a fire

### PASS

**P** Pull the pin

**A** Aim the nozzle

**S** Squeeze the handle

**S** Sweep at the base of the fire

### Code Silver / Active Shooter

LifeBridge Health strongly holds its commitment to ensure the safety of its patients, staff, and guests. The Security department developed these training materials to ensure team members know what to do if an Active Shooter incident occurs at one of our facilities.

#### Frequently Asked Questions:

1. What do I do if I see someone that is acting odd or suspiciously?

Call Security. Let us respond and assess the person or situation. Be ready to give all the details you can to help us find the person(s) (what they are wearing, color of their hair or which way they were heading). You should also leave the area if you don’t feel comfortable.

2. What do I do if I’m taking care of patients?

There are several ways you can stay safe; you can block off you unit by barricading the fire doors or closing the patient’s door and turning off the lights. If you already work in an area that needs badge access, stay there. Always remember your first choice should be to escape/avoid/run.

3. What can I do to help keep myself safe?



When an Active Shooter is in your vicinity there are three options that have been proven to increase your chance of survival:

**AVOID/RUN** Get out of the area as fast as possible.

**DENY/ HIDE** Get out of view of the shooter and lock down/ barricade yourself somewhere safe.

**DEFEND/FIGHT** When left with no other option prepare to defend yourself using whatever you have at your disposal as a weapon.

**How do I know which way to run or were to run to?**

First and foremost, head away from the sound of the shooting, be aware of your surroundings and exits. As a member of a department or unit you should have a meeting spot (rally point) some were outside the building and near-by. Help others by encouraging them to leave the building but get out as fast as possible.

## **Code Gold / Bomb Threat**

LifeBridge Health provides a safe and secure environment of care for patients, visitors, physicians, employees, and all others on hospital property. Bomb threats are generally received by telephone and/or written messages addressed to an individual. To appropriately respond to a bomb threat, the Security, Emergency Management, Administration, and local police teams need all available information as quickly as possible.

**Frequently Asked Questions:**

1. What is a Code Gold?

Code Gold is a bomb threat or a discovery of a bomb.

2. What to do if you receive a bomb threat?

If possible, have another person listen in on the telephone conversation while taking notes. Use the Bomb Threat Report form to gather information. Keep the caller talking as long as possible. Ask to have the message repeated, recording every word spoken by the individual. Ask open-ended questions, which require more than a yes or no response. Inquire about the location and time of detonation of the bomb. Take note of any unusual or peculiar background noises that may produce a clue to the location of the caller.

3. Who do I call after I received the call?

Immediately after you receive the call you should notify the Security department and your immediate supervisor of the bomb threat and provide a summary of the conversation. The Administrator On-Call (AOC) should also be notified. If the area involved is a patient care area the nursing manager and/or director should also be notified. During evenings, nights and weekends, the Hospital Operations Coordinator (HOC) shall be notified. Contact the Security Command Center Emergency line at 410-601-4444 (ext. 24444) or 410-521-5555 (ext. 55555).

4. Who calls the police department?

The Security department will contact local law enforcement to report the bomb threat.

## **Code Grey / Patient Elopement**

LifeBridge Health takes pride in the safety of all patients that are admitted or escorted to our facilities for behavioral issues. This procedure is designed to set the criteria for the investigation of a report of an eloped/missing patient from any location in a hospital.

**Frequently Asked Questions:**

1. What is an elopement?

Elopement is defined as a patient who leaves the hospital without authorization, when doing so may present an imminent threat to the patient's health or safety because of legal status or because the patient has been deemed too ill or impaired to make a reasonable or informed decision to leave. One of the following three (3) things needs to be in place for an elopement:

- A current physician certification of incapacity
- An involuntary admission and certification form
- An emergency petitions

If determined that none of the above orders are in effect for the patient, the patient should be allowed to leave the hospital.

2. What to do if an elopement occurs?

Staff should respond immediately to the requested location and obtain a complete description of the eloped/missing patient and notify Security. Hospital staff along with security should conduct a systematic search of the immediate area from where the patient eloped. An exterior patrol of the campus should be conducted, and updates should be reported to security. A complete investigation/search is conducted including review of all surveillance videos.

3. Who should be contacted if an elopement occurs?

- o Security Manager
- o Hospital Operations Coordinator (HOC)
- o Administrator On-Call
- o Director of Public Relations
- o Director of Quality Management
- o Baltimore County Police Department

**Dealing with Agitated Individuals**

LifeBridge Health strives to provide a safe and secure environment of care for patients, visitors, physicians, team members and all others on hospital property. Sometimes during our duties, we must deal with agitated and/or aggressive patients or visitors.

**Recognize the Signs of Agitation/Anger:**

<b>BODY SIGNALS</b>	<b>ACTION SIGNALS</b>	<b>COMMUNICATION SIGNALS</b>
Clenched fists	Restlessness	Rapid speech
Reddened face	Finger pointing	Irrational thinking
Nervous twitching or shaking	Shaking fists	Jumping to conclusions
Muscle tension, tightness in jaw/neck or shoulders	Hitting or kicking something	Exaggeration of irritations
Grinding teeth	Standing to speak	Jumbled thoughts
Increased sweating	Voice getting louder	Forgetfulness
Increased heart rate	Pacing	Overgeneralizing
Sweating	Rapid speech	Cursing

**Utilize De-Escalating Strategies:**

<b>VERBAL</b>	<b>PHYSICAL</b>	<b>THINKING</b>
Avoid arguing	Maintain eye contact without staring	Be flexible
Validate feelings not inappropriate behavior	Avoid smiling that can portray mocking or anxiety	Consider the source
Focus conversation on lowering energy safely	Medicate	Seek psych consultation
Listen without interruption	Control environment	Trust yourself
Establish concerns (“Help me understand...”)	Identify signs of agitation	Avoid defensiveness judgement
Total voice control	Open posture without touch	Avoid trapping
Communicate – say as you do	Use the buddy system	Be aware of the space
Limit setting – the “yes” factor	Be at their level – not higher	De-escalate if Cooperative
Simple, clear limit setting	Therapeutic diversional activities	Elicit thinking (“Help me understand...”)
Solicitation of hostile thoughts	Removal of objects that could be Weapons	Redirection
Single communicator	Side position at least arm-length away	Uniformed presence
Acknowledge compliance	Restraint as last resort	Slow down/calm down

**Always TRUST your Instincts:**

- If de-escalation is not working STOP

- If situation feels unsafe: LEAVE and contact Security immediately

## Code Green

Code Green, also known as a combative patient, is an internal emergency code used to summon immediate response for a situation involving a combative or violent patient or a potentially combative or violent patient. The intent of the immediate response is to control aggressive and often physically threatening patient behavior thereby preventing injury to staff and the patient.

### Frequently Asked Questions:

1. What factors or warning signs to look for when determining if a patient has the potential to be combative?
  - Clenching their fists
  - Finger pointing
  - Increased tone
  - Reddened face
  - Pacing
  - Excessive sarcasm
  - Teeth grinding/jaw clenching
  - Invasion of personal space
  - Challenging or provoking staff
2. How can LifeBridge Health team members contact Security in the event of a Code Green?

In the event of a Code Green, the code should be activated by contacting the emergency operator by the most expedited means available or by dialing the emergency number “2-5911” or ‘5-5555’ on a telephone. When talking to the operator, remember to remain calm and give specific locations in a clear voice. The operator will then overhead page ‘Code Green’ and the incident location and Security will be notified to respond.
3. Who is responsible for activating and responding to a Code Green?

Any team member who is in a potential or actual emergency/conflict situation with a combative or violent patient is authorized to activate a Code Green. Upon hearing a “Code Green,” the Security staff, the Hospital Coordinator (HOC), the Charge Nurse and all personnel in the immediate area of the incident shall respond to the code and report to the primary nurse responsible for the patient.
4. What steps should be taken by nursing staff before Security responds to a Code Green?

Nursing staff should attempt to de-escalate the situation by listening, being flexible or re-directing if necessary. If patient fails to comply, have a plan before Security arrives. Attempt to get a hands-on order, medication orders or restraint orders (Soft or T.A.T.S.) from a doctor or physician assistant. A doctor order is required prior to or as soon as possible after application of restraints. If an attending physician is not present, a nurse may grant a temporary restraint order.

## PATIENT SAFETY: WRISTBANDS

*(For Sinai and Northwest ONLY. Please see pg. 35 for Levindale).* The newest wristband colors are YELLOW for fall, and PURPLE for Allow Natural Death (A.N.D), which replaces DNR. The PURPLE AND WHITE striped wrist band is for limited interventions. The patient will be wearing a purple and white striped wristband to alert you that limited interventions were requested. Please note that selected choices for limited interventions are not denoted on the wristband. Treatment choices are denoted on the MOLST form, located in the patient’s chart.

LifeBridge Health facilities are committed every day to providing safe patient care. This means that if patients suffer from an allergy, are at risk for falling, have chosen not to be resuscitated, have a latex allergy, or have restricted limb use, they will be asked to wear a wristband as an alert to those providing care.

## STUDENT HEALTH

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### Infection Prevention and Control

The purpose of an infection prevention and control program is to prevent the transmission of infections within a health care facility. Students can protect themselves and patients by adhering to basic infection prevention and control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

### Standard Precautions / Body Substance Precautions

Standard Precautions or Body Substance Precautions are names associated with the isolation system used by health care providers/organizations. These precautions are used for every patient, regardless of diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e., gloves, gowns, masks, and goggles) are used for potential contact with body fluids from any patient.

#### Standard Precautions / Body Substance Precautions include these principles:

- Hand Hygiene: Wash hands with soap and water or sanitize hands with an alcohol-based hand rub before and after each patient contact, and after removing gloves.
- Gloves: Use when touching any body fluids or non-intact skin.
- Gowns: Use if splashing or splattering of clothing is likely.
- Masks and goggles: Use if aerosolization or splattering is likely.
- Needles: Activate sharps safety devices, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- Patient Specimens: Consider all specimens, including blood, as biohazardous.
- Blood Spills: Clean up with disposable materials (i.e., spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

### Droplet Precautions

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions.

**These include:** Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza), Neisseria meningitidis (meningitis or sepsis), Invasive Haemophilus Influenzae Type B (meningitis, sepsis, epiglottitis), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

#### **Droplet Precautions include:**

- Private Room: Private room or rooms with a patient who has a similar diagnosis. Patient is confined to the room until directed by Infection Prevention and Control.
- Mask and Gloves: Worn by all hospital personnel upon entering the room.
- Gown: To be worn if there is a possibility of contact with bodily fluids.
- Hand Hygiene: Wash or sanitize hands upon entering a patient room, removing gloves, and when leaving the patient room.

Please refer to hospital specific COVID Attestation as needed for information related to COVID 19.

### Contact Precautions

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids.

**These include:** Diarrhea (Rotavirus, Clostridium difficile, E. Coli O157:H7, Shigella, Salmonella, Hepatitis A, Campylobacter, Yersinia), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs).

#### **Contact Precautions include:**

- Private room: Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room
- Hand Hygiene: Wash or sanitize your hands upon: entering patient room, removing gloves, and when leaving the patient room.

**NOTE:** For patients with Clostridium Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.

## **Airborne Precautions**

Airborne precautions are used when the infection is spread through the air. Students will not be assigned these patients due to OSHA's medical evaluation and fit testing requirements for the use of respirators. **Examples of diseases requiring airborne precautions are:** TB (tuberculosis), Measles, Chickenpox.

### **Airborne Precautions include:**

- Place patient in a private negative pressure room. Keep door closed except to enter / exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room.
- Gloves: All hospital personnel wear gloves when entering the room.
- Gown: To be worn if clothing will have contact with patient or objects in the room
- Hand Hygiene: Wash or sanitize your hands upon: entering patient room, removing gloves, and when leaving the patient room.

### **Other Infection Prevention and Control Concerns include:**

#### **Sharps Containers**

All sharps should be placed in a sharp's container after use. These containers are placed frequently throughout units. Containers should be changed before full (pay attention to the "fill line" on container).

#### **Waste**

If bio-hazardous waste, blood, or other body fluids, can be squeezed or crushed out of the container, they must be disposed of properly per health care provider/organization policy (i.e.: red bags, biohazard bags, etc).

#### **Back Safety**

Even the simplest activity if done incorrectly can strain the back and cause permanent injury. Every year many health care workers suffer back injuries, some of these injuries lead to permanent loss of work. Prevent injuries by following these simple safety guidelines.

#### **Moving Patients**

Be familiar with and follow the facility policy when moving any patients at Lifebridge Health. Do not attempt to use any lift equipment without proper education or supervision.

#### **Student Injury/ Illness Reporting**

Any on-the-job injury or illness involving a student must be reported immediately to the school instructor and the department manager or supervisor. If necessary, report to the facility Emergency Department ("ED") for initial treatment. ED will assess injuries and determine the risk level, treatment options, and medical services required.

The student and/or the school will be responsible to pay for services provided. Documentation of any job-related illness or injury is to be done within 24 hours of injury. Ask manager/supervisor of the unit how and what to document on in accordance with facility and/or health care provider's policy/procedure.

## **OSHA: OCCUPATIONAL SAFETY & HEALTH ACT**

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Students are required to fully comply with all OSHA standards

## **CORPORATE COMPLIANCE AND ETHICS**

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The purpose of a compliance program is to reduce the risk of misconduct, error, or fraud. All who work or learn in Lifebridge facilities are encouraged to practice ethically. Each person is expected to protect patient privacy, following expectations of personal conduct, respect, and valuing others. All privacy rules, Medicare regulations, and laws must be followed to protect patients, employees, of all facilities. The program also calls for ongoing compliance monitoring, intervention and discipline as needed.

## EMTALA

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The Emergency Medical Treatment and Labor Act is a federal law that requires hospitals to treat all people who request emergency care.

### Employee / Student Responsibility

- Get help for people (adults or children) who request or need emergency care.
- If help is required to transport the person, call the hospital operator; state the problem and the location. Request Security to help transport the person.
- Initiate an overhead medical emergency code, if appropriate
- Never direct a person seeking emergency care to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital. Hospitals cannot force individuals to receive treatment, however:
  - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
  - It is vital to document the individual's refusal of treatment.
  - Contact your instructor/preceptor and manager if you have questions

## HIPPA PRIVACY AND SECURITY OF HEALTH INFORMATION

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Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. Health Insurance Portability and Accountability Act (HIPAA) is a privacy rule that limits the risk that personally identifiable health information will be viewed. The rule covers all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

### HIPAA impacts students in the following ways:

- Patient records may not be photocopied or printed from a computer terminal for personal use (i.e., writing care plans or other papers)
- Students must not release any patient information independently
- Any request for patient information should be directed to your instructor/preceptor
- Violations of HIPAA may result in termination of the student experience
- Computer access must be used only to access records of assigned patients for the purposes of providing and documenting appropriate care

Do not use any of the above elements when writing reports or making presentations.

### Other Protected Information

While this section primarily addresses the requirements of the HIPAA Privacy Rule, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If the student assignment includes accessing or disclosing these types of information, the student should consult with their instructor/preceptor for relevant policies and procedures.

### Additional steps to protect a patient's privacy

- Close room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-private rooms when discussing treatment and performing procedures
- Avoid discussions about patients in public areas such as cafeteria lines, waiting rooms, and elevators.
- Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
- Log off computer when finished viewing an electronic medical record.
- Do not share computer systems access code or password with anyone. Take precautions to prevent others from learning these access codes.

- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secured bin to be destroyed later. Do not leave information intact in trashcans.
- Do not use cell phones or other electronic devices to take or send photographic images and audio/video recordings of patients and/or medical information.
- Do not publish medical information, photo images, or audio/video recordings on networking web sites or blogs, such as My Space, Twitter, or Facebook. This includes de-identified and “virtually” identifiable information.
- Employees may convey medical information in a secured email if relevant to one’s job and patient treatment. However, email communication is not permitted as a means for student learning.
- Students must not release any patient information independently.

**Disclosures to Patients’ Family & Friends**

Only employees may disclose health information to a family member, other relative, close friend of the patient or any other person identified by the patient. This is never the responsibility of the student.

**Information Privacy and Security Incidents**

If you become aware of a situation where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in anyway regardless of whether it was intentional or accidental, immediately report the situation to your instructor/preceptor and manager.

**SMOKING FREE/TOBACCO FREE ENVIRONMENT**

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In efforts to create a healthy work environment for all LBH employees, medical staff, patients, families, visitors, volunteers, contractual workers, and others in the community, this policy prohibits smoking on all LBH premises including in vehicles parked on any LBH property, and in LBH managed vehicles. Smoking materials shall not be sold at any LBH facility. In accordance with Maryland law, smoking is also prohibited in the LBH Hospitals and their adjacent buildings.

**UNAPPROVED ABBREVIATIONS**

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DO NOT USE	INSTEAD, PLEASE USE
MS, MS04, MgSO4	Morphine Sulfate or Magnesium Sulfate
U or IU	Unit or International Unit
QD or QOD	Daily or every other day
Trailing Zero	Omit trailing zeros (1 not 1.0)
Missing Leading Zeros	Always use a zero before a decimal point (EX: 0.5/not .5)

\*\*Please review complete list in each medication room or at [www.ismp.org](http://www.ismp.org) “ISMP’s List of error-Prone Abbreviations, symbols, and Dose Designations.” [http://www.jointcommission.org/facts\\_about\\_do\\_not\\_use\\_list](http://www.jointcommission.org/facts_about_do_not_use_list)

## POPULATION SPECIFIC CARE

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Caring for patients at all phases of life is part of our job as caregivers. It is important to remember that patients at different life phases require different care.

Neonates: Birth to 28 Days: Neonates are in the process of establishing digestion process, temperature regulation and sleep patterns. They are in a state of total dependency. Always handle the neonate in a gentle, soothing manner. Speak softly to them.

Infants and Toddlers: 0-3 Years: Infants and toddlers are in a period of rapid growth. They are very dependent but are beginning to develop a separate self. Hand washing should be emphasized to prevent disease and illness. Be aware of stranger anxiety and keep a safe environment for them.

Young Children: 4-6 Years: Young children's growth will slow a little, but their motor skills increase. They identify with their parents at this age but grow more independent. Reassure the child and use talking, singing and objects to divert their attention. Encourage the child to ask questions.

Older Children: 7-12 Years: Growth continues slowly with a spurt at puberty. While developing a sense of self, they are eager to fit in with their peers. You should provide privacy to the child if necessary. An outside authority can help in getting conversations started if parents don't initiate them.

Adolescents: 13-20 Years: Growth spurts upward during this time and the body transforms into an adult, sexually mature, body. Appearance is very important. When working with adolescents, remember their self-consciousness of their bodies and provide them with privacy. At this age, they can entertain complex moral thinking, make up their own minds, and choose their own values. Peer groups can come into conflict with family demands. This is a time of challenging authority. Treat them as adults and avoid authoritarian approaches.

Young Adults: 21-39 Years: Young adults quickly reach physical and sexual maturity. They are making life-long decisions with careers, communities, and families. You should be supportive, honest, and respectful of personal values at this stage.

Middle Adults: 40-64 Years: Adults of this age have had tremendous life experiences and continue to use them to learn, be creative and solve problems. They often reach a point where priorities are re-evaluated, and new decisions are made about their lives to stay productive. This is an age when many become part of the "sandwich generation", caring for both older and younger family members at the same time. Healthcare workers should encourage people of this age to express freely any worries about the future and encourage them to plan for a healthy and active retirement.

Older Adults: 65-79 Years: People at this age continue to be active learners and thinkers. There is some decline in physical abilities and senses. There is the tendency to review one's life and to find the balances between independence and dependence. Older adults should be encouraged to freely express their feelings about their accomplishments in life and their feelings of loss. As they age, they will lose friends and family. Grief counseling can be very important.

Geriatric Adults: 80 and Older: There's no reason to think that a person at this age is in mental decline. While you should be alert for signs of confusion, it may just signal an illness or depression that may be treatable. This age group generally begins to accept the end of life is approaching and will begin to prepare for it. Please avoid treating the geriatric adult like a child. Offer any assist devices as necessary. The more independence the person can maintain, the better the quality of life



# 2021 Hospital National Patient Safety Goals

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

## Identify patients correctly

NPSG.01.01.01

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

## Improve staff communication

NPSG.02.03.01

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

## Use medicines safely

NPSG.03.04.01

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

NPSG.03.05.01

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

NPSG.03.06.01

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

## Use alarms safely

NPSG.06.01.01

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

## Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

## Identify patient safety risks

NPSG.15.01.01

Reduce the risk for suicide.

## Prevent mistakes in surgery

UP.01.01.01

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

UP.01.02.01

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

UP.01.03.01

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



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).

## HARASSMENT-FREE

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Each health care provider/organization supports a workplace where everyone is treated professionally, respectfully, and not subject to harassment.

### What is Harassment?

Harassment is unwelcome conduct that creates an intimidating, hostile or offensive work environment that unreasonably interferes with an individual's ability to perform their work / student assignment and/or is directed at an individual because of his/her age, disability, national origin, race, color, religion, gender, sexual orientation, or veteran status.

### What is Sexual Harassment?

Sexual harassment is unwelcome conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance (including a student assignment), or creates an intimidating, hostile or offensive work environment including:

- Sexual advances
- Requests for sexual favors
- Other verbal or physical conduct of a sexual nature

### How to Report Harassment

Each health care provider/organization has a thorough reporting process. Contact your instructor/preceptor or manager and they will assist you. If it is necessary to exclude either of these individuals, contact the facility Human Resource department. Investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only those individuals with a need to know will have access to confidential communications resulting from the receipt and investigation of a complaint.

## VIOLENCE IN THE WORKPLACE

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Each health care provider/organization has many measures in place to keep employees, students, and patients safe from workplace violence (e.g., emergency phones in parking lots, reinforce visitation policy, etc.).

Students can assist and support staff by learning the following:

- To recognize the warning signs
- How to respond appropriately
- What to do to prevent workplace violence
- How to report offenders

### Recognizing the Warning Signs

Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies

### Other

A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments
- History of threats or violence
- Loss of power or control
- Strong anxiety or grief
- Alcohol or substance abuse

### Responding to Situations that Could Become Violent

- Don't reject all demands outright
- Don't make false statements of promise

- Do respect personal space
- Don't bargain, threaten, dare, or criticize
- Do keep a relaxed but attentive posture
- Do manage wait times
- Do listen with care and concern
- Do offer choices to provide a sense of control
- Do avoid being alone
- Don't make threatening movements
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed or may stop the misbehavior altogether.)
- Don't act impatient

### **PREVENTING WORKPLACE VIOLENCE**

By simply avoiding situations that are potentially unsafe, you can decrease the occurrences of workplace violence.

#### **ALWAYS:**

- Walk to cars in groups or call security for an escort
- Have car keys ready before leaving the building
- Check around, under and inside the car
- Secure belongings
- Be aware of surroundings
- Don't talk on cell phones when walking to cars unescorted

#### **NEVER:**

- Go in deserted departments or dark hallways
- Share personal information with strangers

#### **When prevention does not work, remember these important points**

- Remain calm
- Secure personal safety
- Call security and/or immediate supervisor so they can follow up
- Cooperate fully with security and law enforcement

#### **For Patient Care Areas**

- Set limits and boundaries
- Understand and maintain the allowed number of visitors, and defined visiting hours, in your assigned work area
- Recognize and maintain staff space versus visitor space
- Contact security if behavior is out of control
- Students should never allow themselves to become involved in a confrontational situation. When confrontation is necessary, alert the appropriate staff member

#### **Reporting Workplace Violence**

Report all workplace violence incidents no matter how insignificant they may seem to your supervisor/preceptor.

## ELDER ABUSE

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All patients/residents have the right to be free from all forms of abuse; physically, mentally, verbally, and sexually. Elder abuse isn't strictly about bruises and broken bones. Physical abuse accounts for only about one of four cases of abuse. It is important to know that the victim may be subject to more than one type of abuse. The most common types of abuse are emotional, financial, and physical and neglect.

### Definitions:

- Abuse = harm inflicted on a patient/resident that is intentional, deliberate, and willful.
- Neglect = deliberate negligence, carelessness, or indifference to a patient/resident's needs.
- Theft = the deliberate stealing of a patient/resident's belongings or money.

The typical victim is usually a female over the age of 80. This person would most commonly require assistance with acts of daily living (ADL's) such as bathing, dressing and meal preparation. Studies show that as many as 10% of older adults are victims of abuse. Most abuse is inflicted by relatives and occurs in the home. It is believed that most cases of elder abuse go unreported.

**Dynamics of Abuse:** While home is frequently where abuse occurs, healthcare facilities are another possible setting. The following factors often trigger the event:

- Stress in the work environment
- Staff burnout
- Patient aggression
- Negative attitudes toward the elderly

### Assessment:

Don't make the mistake of assuming that all changes in the older adult are normal results of aging. For example, skin that tears and bruises easily is normal in the older adult. Red flags of abuse include bruises that are clustered together especially in unusual locations such as the neck or groin area. Failing to assist in providing food, clothing for elders, failure to provide medical care, failure to protect from health and safety hazards and failure to prevent elder from suffering malnutrition are all signs and symptoms of neglect.

### Reporting Abuse:

If you suspect that your patient has been abused, you should follow hospital policy. Every employee is obligated to report any incident or suspicion of abuse neglect or theft to a department head or administrator immediately. When reporting any incident or suspicion of abuse the information must be kept confidential to protect the patient/resident or employee. If abuse is suspected upon initial assessment by the admitting RN notify attending physician to make referral to appropriate unit/ department social worker. Outpatient services, contact supervisor and then directly call adult protective services.

# CHILD ABUSE

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## **CHILD ABUSE**

An estimated 906,000 children are victims of abuse and neglect every year. The rate of victimization is 12.3 children per 1000 children. Children ages 0-3 are the most likely to experience abuse. They are victimized at a rate of 16.4 per 1000. 1500 children die every year from child abuse and neglect. That is just over 4 fatalities every day. 79% of the children killed are younger than 4.

Parents are the most common abuser. Parents are responsible for taking care of the needs of their child. Failing to meet basic physical or emotional needs is considered neglect. Often lack of knowledge and resources are the cause of neglect. Sometimes the cause could be issues of immaturity emotional problems or substance abuse.

### **Common signs of neglect:**

- Poor Hygiene
- Inappropriate Clothing
- Listlessness
- Frequent Complaints of Hunger
- Frequent Absences from School with no Explanation

### **Common Signs of Physical Abuse:**

- Trauma Marks – bruises, welts, lacerations
- Imprint Burns – cigarette burns, iron burns
- Immersion Burns – “sock-like” burns over legs and feet.
- Spiral Bone Fractures of the arms and legs
- Rib Fractures
- Human Bite Marks
- Head Injuries

### **Sexual Abuse:**

An adult that uses a child for sexual gratification with or without touching the child is abusing the child. Approximately 80% of sexually abused children know their abuser. About half of the reported cases involve a parent or caregiver.

### **Emotional Abuse:**

Consistently belittling, embarrassing, blaming, or rejecting or withholding love and affection from a child is emotional abuse. This type of abuse often accompanies other types of abuse.

### **Reporting Child Abuse:**

There are mandatory abuse reporting laws in all 50 states. Nurses are obligated to report any suspected abuse. If you suspect abuse or neglect, please follow the following protocol:

- Provide a safe environment and emotional support for the child.
- Immediate referral to social work. Child Protective Services can be contacted by any employee.

## **LIFEBRIDGE HEALTH DRESS AND CONDUCT**

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**DRESS CODE:** All LifeBridge Health staff, including residents, staff physicians, volunteers, temporary/agency employees and contracted employees, instructors and students will adhere to these dress code requirements and appearance standards.

### **General Standards**

1. Exhibit and maintain a well-groomed appearance. Attire and personal grooming must satisfy all safety and health regulations.
2. Your identification badge must be always visible, face front, at chest level and in good condition
3. Acceptable attire will be clean, pressed and in good repair.
4. Perfumes, after shave and lotions will be used in moderation
5. Fingernails (artificial nails are not allowed) and nail beds will be clean and neatly trimmed.
6. All tattoos must be covered.

All nursing instructors are responsible for enforcing the hospital dress code policies and have students change attire when in violation.

### **Personal Conduct**

All students are expected to follow LifeBridge Health's personal conduct policy

1. Treat patients, visitors, and co-workers with the highest level of respect and courtesy.
2. Be forthright and honest in all activities and transactions
3. Respect and safeguard the well-being, safety and security of patients, visitors, and co-workers.
4. Work without the influence of drugs and alcohol.
5. Respect and safeguard the property and resources of patients, visitors, co-workers.
6. Respect and maintain the integrity of confidential information.
7. Have a professional appearance that enhances the confidence of patients and their families.
8. Observe policies, regulations and directives established by LifeBridge Health, its affiliates and management.
9. Perform assigned duties promptly, completely, efficiently and to the best of ability.

### **CELL PHONE/BLUETOOTH USE**

The use of Cell Phones/Bluetooth is restricted to ensure that the use of such devices does not disrupt patient care or violate the comfort or privacy of our residents/patients. Their use is prohibited in all patient care areas. This also includes resident/patient rooms and dining rooms, open space on each unit, the main lobby, corridors, hallways, and treatment areas such as the gyms and meeting rooms. This includes the wearing of Bluetooth and other earphone devices in resident/patient areas. Use of cell phones and Bluetooth devices are allowed in the cafeteria and employee break room.

## STUDENT NURSING ORIENTATION: SINAI HOSPITAL

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### **Mission Statement**

Sinai Hospital of Baltimore provides a broad array of high-quality, cost-effective health and health-related services to the people of Greater Baltimore. Central to its role is the provision of undergraduate and graduate medical education and educational programs to other health professionals, employees, and the community at large.

### **Vision Statement**

Building upon its Jewish heritage, exceptional clinical strengths, and its history of service; Sinai will emerge as a unique institution in the Maryland health care marketplace and will be a model for the nation as a comprehensive health care provider.

Sinai Hospital was founded in 1866 as the Hebrew Hospital and Asylum and has evolved into a Jewish-sponsored health care organization providing care for all people. Sinai is a nonprofit institution with a mission of providing quality patient care, teaching and research. Sinai Hospital is an agency of The Associated: Jewish Community Federation of Baltimore. Sinai has 467 acute beds and 35 newborn bassinets.

### **Patient Identification**

At Sinai Hospital two forms of identification must be checked prior to any patient care or documentation. The two unique identifiers are: patient name and date of birth.

### **PATIENT RIGHTS & RESPONSIBILITIES**

Patients at Sinai Hospital have the right to:

- Receive considerate and respectful care.
- Know the names and roles of those who are caring for them.
- Be well informed about their illness, possible treatments, and likely outcome. and discuss the information with their doctor.
- Consent to, or refuse, any treatment, as permitted by law. If they refuse a recommended treatment, they will receive other needed and available care.
- Have an advance directive such as a living will or health care proxy.
- Privacy: The hospital, doctor and other caregivers will preserve one's privacy as much as possible.
- Expect that treatment records are confidential unless permission was given to release information or unless reporting is required or permitted by law. When the hospital releases records to others, it emphasizes that records are confidential.
- Review one's medical records and have the information explained, except when restricted by law.
- Expect that the hospital will give necessary services to the best of its ability. Treatment, referral, or transfer to another health care facility may be recommended. If transfer is recommended or requested, the patient will be informed of the risks, benefits, and alternatives.
- Hospital has relationships with outside parties that could influence your treatment and care. These relationships might be with educational institutions, other health care providers or insurers.
- Consent or decline to take part in research affecting care. If one chooses not to take part, one will receive the most effective care the hospital otherwise provides.
- Be advised of realistic alternatives when hospital care is no longer appropriate.
- Be advised of hospital rules that affect treatment and about changes and payment options.
- Be told about hospital resources that can help resolve problems and questions about the patient's stay and care.



## BADGES: MANDATORY INFORMATION!!

### BADGES – THIS SECTION IS MANDATORY INFORMATION

While participating in a clinical rotation or practicum experience at Sinai Hospital each student is expected to and will be responsible for wearing his/her college/university student Picture ID badge and Life Bridge badge. **ALL students and Instructors will need to obtain a Life Bridge Badge and wear it while in clinical.** If going to Women and Children’s Services, you will not be able to obtain a badge if you have not first completed the security module. **Students or instructors not displaying a photo ID will be asked to leave the unit. Until this practice has been discontinued, you must wear a daily “Feeling Good” sticker as proof of being screened at entrance to hospital.**

#### How to Obtain a New Life Bridge Badge:

A Clinical Passport packet will be completed by school and sent to ERC as above. Once ERC has processed passport packet, they will send an email to school’s clinical coordinator everything is ready for clinical to begin. This will include the computer access information as needed. Then instructor and students need to go to the Badging Office to receive picture ID. Badging Office typical hours of operation are Monday to Friday from 7:00am to 3:30pm (closed during lunch 1 to 2pm). Please call Badging Office ahead for holiday schedule or with questions, 410-601-6213. Also, please bring government issued photo ID with you to badging office.

#### How to Obtain Previous Life Bridge Student Badge:

If a student has already been at Sinai for clinical, their badge can be picked up in ERC during regular business hours Monday to Friday from 8:00am until 4 pm after they receive an email from ERC, they are ready. Either students or instructor can pick up the badge for the ERC, please notify ERC who will be picking up badges via email [nursingstudents@lifebridgehealth.org](mailto:nursingstudents@lifebridgehealth.org) Please place Sinai in subject line.

#### All Badges must be Returned to ERC:

All badges must return to the ERC at the end of the clinical rotation, or there will be a charge of \$15 per non-returned badge. There is a lock box for you to place badges in outside of the ERC office. The ERC is located on the second floor of Hecht building on Sinai campus. Please do not send badges to security or badging office, they may be destroyed, and you will be charged a fee if you need a new badge

#### For Instructors Only: Medication Cabinet Access and Omnicell

Omnicell access will be granted to instructors by the ERC from the passport. Once on the unit, the charge nurse will be able to set-up the instructor’s fingerprint in the system.

Instructors who need medication cabinet access for units, once you have received your Sinai Badge, you need to email [Tshelley@lifebridgehealth.org](mailto:Tshelley@lifebridgehealth.org) Email needs to include following information – Your first and last name, Clock number (starts with 8000...), Unit you are doing clinical on, dates of clinical rotation, the last 6 numbers below the barcode on the back of badge (see picture to right). It will take one week to process your request.



#### To Obtain Access to the Electronic Health Record (EHR)

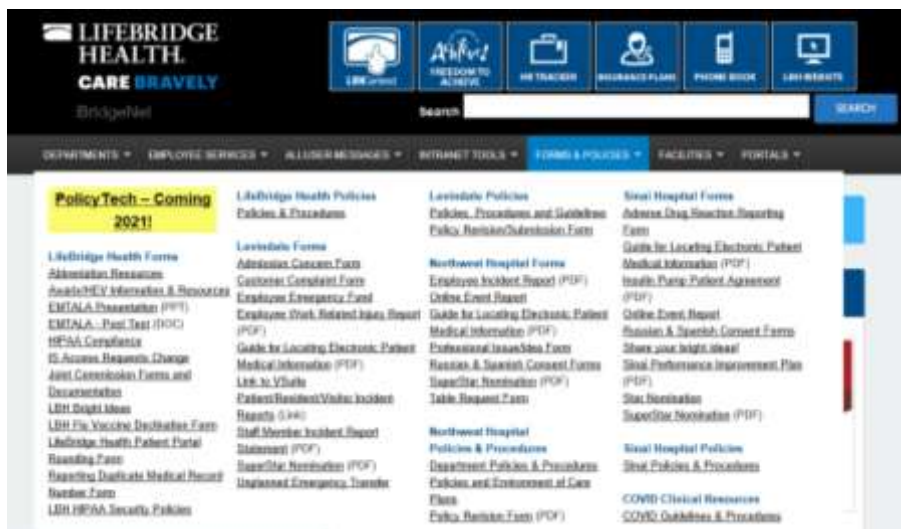
All clinical groups, instructors, and practicum students are required to complete the Documentation Orientation before their clinical rotation starts if they are going to be documenting in the patient record or administering medications during the rotation.

Documentation Orientation will be completely online. Completion certificates need to be sent with Passport Packet before access will be granted.



## POLICIES AND PROCEDURES

Policies and Procedures can be accessed through the LifeBridge Health Intranet



1. Click on to the LBH Intranet from any hospital computer
2. Go to “Forms & Policies” from banner bar.
3. On right side click – “Sinai Policies & Procedures”
4. In the search bar, type the policy for which you are searching and underneath the bar, click on “or anywhere in the document” rather than “Title”
5. Select the appropriate Department/Entity
6. Click Search

## DIRECTIONS TO SINAI HOSPITAL



Sinai Hospital is in northwest Baltimore, just three miles south of the Baltimore County line.

### When approaching Baltimore... From the Northwest

From Carroll County, Owings Mills or Reisterstown, take I-795 to I-695 East (Baltimore Beltway, Towson direction). Take exit 23 onto I-83 South (Jones Falls - 28 -Head west on Northern Parkway. At the second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left.

### From the North

From Pennsylvania and northern Baltimore suburbs, take I-83 South. At junction with I-695 (Baltimore Beltway), enter I-695 heading West (Pikesville direction). Re-enter I-83 South at Exit 23. Proceed for about three miles, and take Exit 10, Northern Parkway. Head west on Northern Parkway. At second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left.

### **From the West**

From Howard County and points west, head east on I-70 or I-95 to I-695 East (Baltimore Beltway, Towson direction). Take exit 23 onto I-83 South (Jones Falls Expressway). Proceed three miles, and take Exit 10, Northern Parkway. Head west on Northern Parkway. At second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left

### **From the East and Northeast**

From Towson, Harford County, and points farther north, take I-95 South to Exit 64, I-695 West (Baltimore Beltway, Towson direction). Take exit 23 onto I-83 South (Jones Falls Expressway). Proceed for about three miles, and take Exit 10, Northern Parkway. Head west on Northern Parkway. At second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left

### **From the South**

From downtown Baltimore, take I-83 North (Jones Falls Expressway) to Exit 10, Northern Parkway West. At third traffic signal, take a left onto W. Belvedere Avenue, Sinai Hospital will be on your left.

## **PARKING AT SINAI**

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Parking Hangtag are no longer required. But each person must accurately complete Parking form and send to ERC with other required paperwork. You will need your Sinai ID to get into lot, or student ID first day of clinical.

### **Pimlico Lot (Preakness Way) DURING THE WEEK between the hours of 5:30am-9:30pm**

Directions: from Jones Falls Expressway go west on Northern Parkway. Go to the 4th traffic light. This is Preakness Way. Turn left onto Preakness Way. Make the first right turn into the Pimlico parking lot. (Right side is for Sinai, left side is for Levindale)

Besides many employees, this lot is for PRN employees, temporary and agency personnel scheduled for daylight shifts this off-site location will ordinarily be serviced from 5:30am-9:30pm.

### **Cylburn Garage for Evening and Weekend Shifts**

Access during the week starts at 2:00pm every day/night and on the weekends. This is a badge access garage; you will need to scan your badge on the card reader to enter. Please do not enter on the Emergency Room entrance side, this is strictly for patients/visitors. To get to this parking lot you will again go west from Jones Falls Expressway on Northern Parkway. Go to the second light which is Greenspring Avenue and turn left. Follow Greenspring past the Sinai ER to Cylburn Ave and turn right. You will see the garage a short way down on the right.

More information and map of parking available online at <http://lbhweb/Main/ParkingMapPricing.aspx>

## **DINING SERVICES**

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All Dining will practice social distancing as recommend by hospital policy and maybe limited at times. All times may vary see posted times at location.

### **Greenspring Cafe**

This mall-like food court located on the first floor offers a wide array of dining choices. Open daily from 6:30 a.m. to 8:00 p.m.

### **Cafe Shalom**

This kosher restaurant located on the first floor offers an assorted menu of Glatt kosher and chalov Israel dairy choices. Open Sunday through Thursday, 11:00 a.m. to 8:00 p.m., and Friday from 11:00 a.m. to 2:00 p.m.

## Market Place

Located off the Brown-Crane Lobby, the Market Place is a convenient stop for coffee and dessert, take-home dishes, and basics such as milk and eggs.

Open daily from 8:00 a.m. to 2:00 a.m.

## OTHER INFORMATION: JEWISH FAITH AT SINAI

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### Pastoral Care and Chaplaincy Services

Meeting your spiritual needs is an important part of the healing process. To this end, Sinai Hospital accommodates the spiritual needs of individuals of all faiths. Requests for visits from clergy may be made with the Office of Pastoral Care and Chaplaincy Services at extension 29680. During evenings and weekends, please contact the hospital operations coordinator by calling extension 21652.

The non-denominational Jill Fox Meditation Room is located on the first floor. It is always open with Bibles and devotional materials available. There is also a Chapel / Meditation Room located in the Emergency department.

A Jewish chapel, located on the first-floor corridor between the main hospital and the Blaustein Building, is used for weekday (Monday through Thursday) Mincha services. It is always open for prayer and meditation.

### For Observant Jewish Patients:

**Sinai Hospital has been in the mainstream of Jewish thought and tradition for more than 130 years. By strict adherence to Jewish law, we assure observant patients that spiritual and medical needs are treated with equal concern.**

- Fresh Glatt kosher food is prepared daily
- Sabbath candles, Challah, grape juice, Bibles, and prayer books are available
- Manual bells for Shabbat are available to summon nurses.
- Signatures are not required when Jewish law prohibits writing; your word is enough.
- A Shabbat entrance and elevator are available from Friday sunset to Saturday sundown.
- Accommodations can be arranged for family members to stay with you during Shabbat if medical attention and/or space permit.
- Jewish holiday rituals are observed.
- Sinai Hospital is within the *eruv*.
- Bikur Cholim visitations serve Jewish patients.
- Sinai Hospital's senior chaplain is a rabbi.

## LIFEBRIDGE HEALTH SINAI CONTACTS FOR CLINICAL ROTATIONS

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### Team Leader Nurse Educator & Coordinator of Orientation and Clinical Affiliation

Cathy Case, MSN, RN, NPD-BC, CPAN, CDCES [ccase@lifebridgehealth.org](mailto:ccase@lifebridgehealth.org) (410) 601- 6740

### Education Resource Center

Dorothy Jackson [dorjacks@lifebridgehealth.org](mailto:dorjacks@lifebridgehealth.org) (410) 601-0515

### Manager Clinical IT-Learning & Adoption

Carol Zittle, RN, MS [czittle@lifebridgehealth.org](mailto:czittle@lifebridgehealth.org) (410) 601-0992

### Security Badging

Christina Pibulsiri [cpibulsi@lifebridgehealth.org](mailto:cpibulsi@lifebridgehealth.org) (410) 601-6213

**For Instructors Only:** Access to Medication Cabinets

Business Intelligence Analyst [Tshelley@lifebridgehealth.org](mailto:Tshelley@lifebridgehealth.org) (410) 601-4916

ORIENTATION MANUAL CONFIRMATION FORM



**Orientation Manual  
Confirmation &  
Parking & Badging  
Registration Form  
2021-2022**

**Facility: Levindale - Northwest – Sinai (circle Facility)**

**Statement of Attestation: I have read the LifeBridge Health Student Orientation Manual and will abide by information or policies contained in the manual.**

(Print): First, Middle, and Last Name \_\_\_\_\_ Birth Month/Day/Year of Birth

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Please Print Legibly and Completely Fill-in ALL Spaces Accurately**

**You MUST bring a government issued photo id  
with you when going to parking and badging**

Contact Number of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Instructor/Unit Name: \_\_\_\_\_

Contact Number of Instructor \_\_\_\_\_

Clinical Rotation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please Park in assigned areas only.**

**Failure to follow parking procedures may result in towing at your expense**

Vehicle #1 Info: \_\_\_\_\_ Vehicle #2 Info: \_\_\_\_\_

Tag Number: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_

- Please check this box if you do not have vehicle and send this form with other required paperwork.
- There will be a **\$20.00 charge for badges that are not returned.**
- Instructors and students** are responsible for returning all badges at the end of each rotation according to the Student Orientation Manual. If you return to hospital, you will pick up your badge according to policy in the Student Orientation Manual.

## CLINICAL STUDENT ORIENTATION: NORTHWEST HOSPITAL

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### **About Northwest Hospital**

Northwest Hospital, located in Randallstown, serves the health care needs of the northwest Baltimore metro area, including Baltimore County, western Baltimore City, Carroll, and Howard Counties. It was established in 1962 as Liberty Court Rehabilitation Center, and in 1963 became Baltimore County General Hospital. In June of 1993, the hospital changed its name to Northwest Hospital.

### **Mission**

Northwest Hospital exists to improve the well-being of the community by nurturing relationships between the hospital, medical staff, and our patients.

### **Philosophy**

Northwest Hospital, a not-for-profit organization, is committed to creating and maintaining an environment where exceptional quality care and service is achieved and recognized by our patients and their families, members of the medical and allied health staff, employees, volunteers, and the communities we serve. Care and service are provided without regard to age, sex, race, religion, disability, or financial status.

### **Vision**

Northwest Hospital will be a recognized leader in customer care and clinical quality in the services we choose to offer by exceeding expectations of patients, physicians, employees, and the community.

### **The Friesen Concept**

In keeping with Northwest Hospital's philosophy of patient-centered care, its facilities have been designed around the Friesen concept, with nursing alcoves outside each patient room so nurses can spend more time with their patients. The Friesen design hospital functions differently from the traditional hospital in that it creates an environment conducive to direct patient care through smaller 20-bed units; private patient rooms; elimination of nursing stations; and the placement of supplies, medications, and charts near patients. Northwest is an all-private room hospital that has 254 beds.

### **Patient Identification**

At Northwest Hospital two forms of identification must be checked prior to any patient care or documentation. The two unique identifiers are: patient name and date of birth.

### **PATIENT RIGHTS**

- Patients at Northwest Hospital have the right to:
- Receive considerate and respectful care
- Know the names and roles of those who are caring for them.
- Be well informed about their illness, possible treatments, and likely outcome.
- discuss information with their physician.
- Consent to, or refuse, any treatment, as permitted by law. If they refuse a recommended treatment, they will receive other needed and available care.
- Have an advance directive such as a living will or health care proxy.
- Privacy: The hospital, physicians and other caregivers will preserve the privacy of all patients.
- Expect that treatment records are confidential unless permission was given to release information or unless reporting is required or permitted by law. When the hospital releases records to others, it emphasizes that records are confidential



- Review medical records and have information explained, except when restricted by law.
- Expect that the hospital will give necessary services to the best of its ability.
- Treatment, referral, or transfer to another health care facility may be recommended. If transfer is recommended or requested, the patient will be informed of the risks, benefits, and alternatives.
- Know if Northwest Hospital has relationships with outside parties that could influence treatment and care. These relationships might be with educational institutions, other health care providers or insurers.
- Consent or decline to take part in research affecting care. If one chooses not to take part, she/he will receive the most effective care the hospital otherwise provides.
- Be advised of realistic alternatives when hospital care is no longer appropriate.
- Be advised of hospital rules that affect treatment and payment options.
- Be told about hospital resources that can help resolve problems and answer questions about patient's care

## **BADGES: THIS SECTION IS MANDATORY INFORMATION**

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While participating in a clinical rotation or practicum experience at Northwest Hospital each student is expected to and will be responsible for wearing his/her college/university student Picture ID badge and Life Bridge badge. **ALL students will need to obtain a Life Bridge Badge and wear it while in clinical. Students or instructors not displaying a photo ID will be asked to leave the unit.**

### **How to Obtain a New Life Bridge Badge:**

Instructors and Students will complete all required paperwork, send to the nursing student website, and wait to receive ok to go to badging from the clinical coordinator via email. The instructor and students will then go to the Badging Office to receive a picture ID. The badging office is in the Administration Services Building Room 34 located on the lower level of the hospital. Their hours of operation are Monday to Friday from 7:00am to 3:20pm (closed during lunch 12pm to 1pm). Please call Badging Office ahead for holiday schedule or with questions at 410-521-2100 ext. 55217 or Vocera 410-496-7500 and ask for Linda Edwards.

### **All Badges must be Returned to Lisa Batchelor-Edwards:**

All badges need to be returned to Lisa Batchelor-Edwards at the end of the clinical rotation, or there will be a charge of \$15 per non-returned badge.

### **How to Obtain Previous Life Bridge Student Badge:**

If a student has already been at Northwest for clinical, their badge can be picked up from Linda Edwards during regular business hours Monday to Friday from 7:00am until 2pm.

## **PARKING AT NORTHWEST**

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### **PARKING AREAS TO BE USED**

All students and faculty may park in the K or L Employee lots on Carlson Lane. Carlson Lane is off Old Court Road.

**Instructors or students are NOT allowed to park in the parking lot directly in front of the hospital that is for visitors only.**

## **OMNICELL ACCESS**

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OmniceLL access: Omnicell will be obtained via email. Instructors must send a completed Omnicell form to Lisa Batchelor-Edwards at LBatchel@Lifebridgehealth.org. Please make sure that instructor emails are either Lifebridgehealth or school emails. (No personal emails will be accepted)

The NW Pharmacy Director and the access will be returned via email to the instructor's LifeBridge or school email address.

## To Obtain Access to the Electronic Health Record (EHR)

All clinical groups, instructors, and practicum students are required to complete the Documentation Orientation before their clinical rotation starts if they are going to be documenting in the patient record or administering medications during the rotation.

Documentation Orientation will be completely online. The course consists of a series of online computer modules followed by a competency. Instructors and students must complete this course at least 15 business days not including holidays prior to the start of the clinical rotation. Instructors and students must then print the certificate of completion and get them to their instructor/school.

Instructors will submit the completion certificates along with the other required forms, to Lisa Batchelor-Edwards via email at [Lbatchel@lifebridgehealth.org](mailto:Lbatchel@lifebridgehealth.org) [nursingstudents@lifebridgehealth.org](mailto:nursingstudents@lifebridgehealth.org) at least 15 business days prior to the beginning of the clinical rotation, not including holidays.

## **POLICIES AND PROCEDURES**

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Policies and Procedures can be accessed through the LifeBridge Health Intranet

1. Click on the LBH Intranet from any hospital computer
2. Go to "Choose a Facility" and click on Northwest
3. Towards the bottom of the page, under "Documentation", click on
4. LifeBridge policies and procedures
5. In the search bar, type the policy for which you are searching and underneath the bar, click on "or anywhere in the document" rather than "Title"
6. Select the appropriate Department/Entity
7. Click Search

## **DINING SERVICES AT NORTHWEST**

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### **Cafeteria**

The cafeteria serves hot meals at the following times:

1. Breakfast – 6:45 AM to 10:30 AM
2. Lunch – 11:30 AM to 2:00 PM
3. Dinner – 4:00 PM to 6:00 PM

The cafeteria is open from 6:45 AM to 12:00 Midnight daily. Beverage and snacks are available between mealtimes. There are also vending machines in the cafeteria and other areas, where beverages and snacks can be purchased.

## DIRECTIONS TO NORTHWEST HOSPITAL

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Address: 5401 Old Court Road, Randallstown, MD 21133

Phone Number: 410-521-2200



From I-695: Take Beltway Exit 18B (Randallstown) to Liberty Road and proceed two miles to Old Court Road. Turn left onto Old Court and go one block to Carlson Lane. The hospital is located on the left.

From I-795: Follow the signs to Baltimore. Take Exit 1B to I-695 West (Glen Burnie). Take Exit 18B (Randallstown) to Liberty Road and proceed two miles to Old Court Road. Turn left onto Old Court and go one block to Carlson Lane. The hospital is located on the left.

From Southern Carroll County: Take Liberty Road (Route 26) toward Baltimore. Turn right onto Old Court Road and go one block to Carlson Lane. The hospital is located on the left.

## IMPORTANT CONTACTS FOR NORTHWEST HOSPITAL

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### Education Team Lead, Orientation Coordinator & Academic Affiliation Coordinator

Lisa Batchelor-Edwards

[LBatchel@lifebridgehealth.org](mailto:LBatchel@lifebridgehealth.org) 410-521-2200 ext. 50406

### Manager Clinical IT- Learning and Adoption

Carol Zittle, RN MS

[LBatchel@lifebridgehealth.org](mailto:LBatchel@lifebridgehealth.org) 410-601-0992

### Clinical IT-Learning & Adoption Education Specialist

Leslie Welfeld, RN, BSN

[lwelfeld@lifebridgehealth.org](mailto:lwelfeld@lifebridgehealth.org) 410-496-7117

### Security Badging

Linda Edwards

[ledwards@lifebridgehealth.org](mailto:ledwards@lifebridgehealth.org) 410-521-5217



ORIENTATION MANUAL CONFIRMATION FORM



Orientation Manual  
Confirmation &  
Parking & Badging  
Registration Form  
2021-2022

Facility: **Levindale - Northwest – Sinai (circle Facility)**

Statement of Attestation: I have read the LifeBridge Health Student Orientation Manual and will abide by information or policies contained in the manual.

(Print): First, Middle, and Last Name \_\_\_\_\_ Birth Month/Day/Year of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please Print Legibly and Completely Fill-in ALL Spaces Accurately

**You MUST bring a government issued photo id with you when going to parking and badging**

Contact Number of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Instructor/Unit Name: \_\_\_\_\_

Contact Number of Instructor \_\_\_\_\_

Clinical Rotation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please Park in assigned areas only.**

**Failure to follow parking procedures may result in towing at your expense**

Vehicle #1 Info: \_\_\_\_\_ Vehicle #2 Info: \_\_\_\_\_

Tag Number: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_

- Please check this box if you do not have vehicle and send this form with other required paperwork.
- There will be a **\$20.00 charge for badges that are not returned.**
- Instructors and students** are responsible for returning all badges at the end of each rotation according to the Student Orientation Manual. If you return to hospital, you will pick up your badge according to policy in the Student Orientation Manual.



## NURSING STUDENT ORIENTATION: LEVINDALE HEBREW HOSPITAL

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### About Levindale Hebrew Hospital & Geriatric Center

Levindale Hebrew Hospital consists of 120 acute beds and has a 210-bed comprehensive nursing center. The acute hospital focuses primarily on ventilator dependent patients, acute rehab, behavioral health, and other complex multiple co-morbidity diagnoses. The comprehensive nursing center has both traditional and non-traditional (kibbutz modeled) nursing home units, as well as a large sub-acute rehab unit for extended skilled nursing stays. In addition to the inpatient services previously listed, Levindale has extensive outpatient service lines such as adult day services, outpatient rehab and outpatient psychiatric services.

### Our Mission

Levindale Hebrew Hospital & Geriatric Center provides the very best holistic care for our patients and residents while creating a warm and caring atmosphere that celebrates individuality and life.

As an advocate for the members of our community, Levindale accepts a leadership role in defining and developing a comprehensive continuum of nursing, medical and social services. Programs are operated within Jewish values. Our Eden Alternative and Neighborhood Model programs infuse Levindale with companionship, empowerment, spontaneity, and variety so our residents remain engaged, social, and vital in their daily lives.

### Our Vision

Levindale continues to strive to expand our role as the leader in the Baltimore area community in post-acute and elder care services. We will continue to create and enact innovative services for residents and their families in many different settings.

As part of our vision, we are on a continuously changing journey of culture change that focuses on a resident and patient centered philosophy. At the same time, we take pride in building an environment that highlights the contributions and talents of our employees and clinical staff, letting them know just how important they are for the success of Levindale.

### Our Values

- Our existence is built on Judaic values and beliefs.
- We are committed to the highest standards of quality care and excellence in service.
- We have respect for people.
- We deliver care in a cost-effective manner.
- We serve the needs of the community.
- We are dedicated to advancement through education and research.

## CULTURE & EDEN ALTERNATIVE

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Levindale was the first long-term care center in Maryland to become a registered Eden Alternative facility in year 2000. The Eden Alternative philosophy continuously focuses on the joys of life for the residents who live here and the employees who work here. As you walk through the halls of Levindale, you will notice the plants, animals, children, and music. The residents and patients are involved and engaged in activities designed to maximize their abilities and quality of life. The journey of Levindale to the integration of culture change into the lives of our patients and residents has been underway for some time and will continue to change and evolve. The goal of our staff is to fight the apathy, loneliness, and boredom that so many people who must abide within our institution could face daily. We invite you to join us on our journey.

### Neighborhoods & Households

In 2006, Levindale continued our path of culture change by adopting the Neighborhood Model. Units have become “neighborhoods” to target resident-directed care. The goal is to train all Levindale employees in the Person First techniques, which emphasize the individual needs of residents and patients.

In 2012, Levindale opened the 84-bed neighborhood community with six households. Each household had decision-making autonomy and residents get up when they want, bathe how and when they want, go to bed when they want, eat when and what they want, and decide how they will spend their day. In the household model, Levindale has adopted a person-centered approach that shapes the physical environment, organizational structure, and interpersonal relationships in ways that create an atmosphere of genuine home.

## BADGES

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While participating in a clinical rotation or practicum experience at Levindale each Instructor and Student is expected to and will be responsible for wearing his/her college/university student Picture ID badge and a Life Bridge badge. ALL students will need to obtain a Life Bridge Badge and always wear it while on LBH property.

**Evening & Weekend Groups MUST come to the facility on a weekday between the hours of 10am and 3pm to obtain their Levindale ID. (The badge office is closed on weekends and evenings)**

**Students or instructors not displaying a photo ID at chest level will be asked to leave the facility. No exceptions.**

### How to Obtain a New LifeBridge ID Badge:

Instructors and Students will complete all required paperwork, send to the nursing student email at [NursingStudents@lifebridgehealth.org](mailto:NursingStudents@lifebridgehealth.org) and the Academic Affiliations Coordinator – Damion Jenkins at [Dajenkin@lifebridgehealth.org](mailto:Dajenkin@lifebridgehealth.org), and then wait to receive further instructions via email. Once you receive confirmation of clearance to start clinical rotations, instructions will be provided regarding obtaining ID badges. The badging office is in the Human Resources Department at Levindale on the ground level of the hospital. Hours of operation for ID Badges are Monday to Friday from 10:00am to 3:00pm (closed during lunch 12pm to 1pm). All weekend groups must arrive on the Friday before clinical to obtain facility badges. **Please contact Akeem Newman 410-601-0642 or Damion Jenkins 410-601-7183 for assistance regarding obtaining ID Badges.**

### All Badges must be Returned at End of Clinical Rotation:

**All badges need to be returned at the end of the clinical rotation, or there will be a charge of \$20 per non-returned badge.** Please contact Damion Jenkins or Sherise Brogden to find out where the badges should be returned.

### How to Obtain Previous Life Bridge Student Badge:

If a student or instructor has already been at Levindale for clinical, their badge can be picked up by appointment only. Either students or instructor can pick up their badge. Please notify Damion Jenkins as to who will be picking up an old badge by emailing [Dajenkin@lifebridgehealth.org](mailto:Dajenkin@lifebridgehealth.org) Please place Levindale ID Badge and (School Name) in the email subject line.

## PARKING AT LEVINDALE

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### PARKING AREAS TO BE USED:

Due to COVID-19, all parking will be on-site in the Levindale Parking Lot. Please Park near the back of the building so that vendors, and other visitors can have spots available near the main entrance. You will have to walk around to the front to enter the building.

## GENERAL INFORMATION

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**Personal Property:** Levindale **does not** accept responsibility for your personal property. We urge you to leave valuables at home.

**Hours of Clinical:** You are expected to inform Damion Jenkins – Academic Affiliations Coordinator of the clinical days and times. All Dates and Times MUST be preapproved via Castle Branch or via email.

## FOOD SERVICES

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The Dietary Department is operated under strict Orthodox Dietary Laws; therefore, **food brought from home should only be eaten in the employee lounge.** You are not permitted to eat in the residents’ dining rooms or in the cafeteria.

### Cafeteria

Hot meals are available only at these times. No food brought in from the outside can be eaten in the cafeteria. Do not store food in the any resident’s/patient’s room.

- Monday – Friday (Hours May Differ due to COVID-19)
- Breakfast: 7 a.m. -9:30 a.m.
- Lunch : 11:00 a.m. - 2:00 p.m.
- Dinner: 4:00 p.m.-6:00 p.m.
- Sunday – Lunch 11:00 a.m. - 2:00 p.m.
- Saturday – CLOSED

## RESIDENT/PATIENT INCIDENT

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You are expected to report any event or complication that is not consistent with the routine operation of the facility or routine patient care to the Clinical Leader/Charge Nurse or Nursing Supervisor. If you witness an unexpected event with a resident/patient, you are expected to stay with him/her and assist with giving medical attention based on your qualifications to do so. You are also expected to cooperate with the investigation process. This includes completing a witness statement if necessary.

## RESIDENT/PATIENT RIGHTS

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You are expected to abide by the rights afforded every resident/patient. These rights state that every resident/patient shall have the right to:

Consideration, Respect & Dignity	Confidentiality	Privacy
Freedom from Restraints	Freedom from Discrimination	Civil Liberties
Freedom from Abuse	Protection of Funds	Appropriate Care
Religious Freedom	A safe and clean environment	Reasonable Accommodations of Needs
Choice	Refuse Treatments & Medication	Participation in Care Planning
Keeping Personal Possessions	Adequate pain relief	Participation in Activities
Access to one’s Medical Record	Notify family and/or personal physician of admission	Refuse to Participate in Research
Comfortable Lighting, Sound, and Temperature Levels	Communication in an understandable language	

Additionally, all residents/patients have the right to receive information about:

- -His/Her Rights

- His/Her Their Health Status
- -Charges
- -Ombudsmen
- -Services Available
- -How to contact one's Physician
- -Grievance Procedure

## RESIDENT/ PATIENT IDENTIFICATION

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At Levindale the two forms of identification must be checked prior to any patient care or documentation. The two unique identifiers are: name and date of birth. Staff asks the person this information. If the resident is cognitively impaired, we also use pictures.

## RESIDENT/PATIENT SAFETY

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Levindale takes pride in being dedicated to resident/patient safety throughout the organization.

You are expected to help provide a safe environment for all patients/residents, visitors, and employees through participation in the SCORE program. This is an acronym for Safe Care of Our Residents/patients and Environment. We expect you to feel comfortable reporting potential and/or actual actions that may cause harm to our residents/patients. Examples of interventions implemented for safety include:

- **Injury Prevention Items**– Various items are available to help prevent injuries from falls. These include such things as low beds, hip protectors, bedside fall pads, bed/chair alarms and various other types of adaptive equipment. Make sure you know what equipment/devices are used for your resident/patient.
- **Resident/Patient identification** – All residents/patients are issued an identification band on admission and should wear it throughout their stay. It contains his/her name and date of birth that are the two-identifiers used at the facility. A photograph is also taken upon admission and placed in the medical record and medication administration record. You can assist with making sure your resident/patient always has an ID band on. Check with the assigned nurse for any exceptions.

At Levindale, a white arm band with a purple sticker DNR which indicates the person is (Do Not Resuscitate).



**Material Safety Data Sheet** - The Material Safety Data Sheet (MSDS) contains information on the common name of the item and chemical ingredients contained within the item, special handling instructions, self-protection and needed equipment, first aid, and spill and disposal instructions. The hard copy of the MSDS books is in the mailroom on the ground floor of Levindale. Information can also be obtained by calling MSDS on demand at 1-800-451-8345. If a chemical splash you, wash the area with water and inform your supervisor. The MSDS phone number can be found on every phone.

**Temperatures** – If you are authorized to take temperatures, all residents'/patients' temperatures must be taken using the digital thermometer. Oral temperature is preferred over axillary and is recorded indicating the method, e.g., T-99.5(O). Report findings and method to the assigned nurse.

**Physical Restraints** - Restraints may only be used when less restrictive interventions have been determined as ineffective to protect the resident/patient, a staff member, or others from harm. There are specific, legal requirements that must be adhered to prior to applying restraints, while caring for a resident/patient in a restraint and upon removal. If you are caring for a resident/patient in a restraint, you are expected to discuss your responsibilities with the assigned nurse prior to providing service. Examples of items used for physical restraints are lap belts, Geri chairs, side rails, wrist restraints, elbow freedom splints, enclosed bed.

**Assault, Abuse, Neglect or Exploitation** – All resident/patients have a right to be free from physical, sexual, and verbal abuse, involuntary seclusion, neglect, and exploitation. You are expected to report to the Clinical Leader or Nursing Supervisor any suspected or actual incidents of abuse, neglect, or exploitation. Any person who in good faith makes or participates in making a report is immune from any civil liability. If you are involved in an alleged incident, you may not be permitted to continue services to your resident/patient pending investigation.

## PAIN MANAGEMENT

---

**All individuals have a right to adequate pain relief to the end of life.** To maximize the quality of life, Levindale plans, supports, and coordinates the resources through a comprehensive interdisciplinary approach to ensure pain is recognized and continuously addressed.

You are expected to report signs or symptoms of resident/patient discomfort to the assigned nurse so interventions to minimize pain can be implemented. Pain is always subjective and is always what the person is experiencing; it is not subject to judgment by others. Nurses are expected to document a patient or resident's complaint of pain, and document methods attempted to relieve the pain as well as the success of these interventions.

Levindale has many residents and patients who are either receiving Hospice Care, through Seasons Hospice, or are enrolled in the Palliative Care Program.

## AGE SPECIFIC CHARACTERISTICS

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Every resident/patient is an individual and each has his or her own likes and dislikes, feelings, thoughts and beliefs, limitations, abilities, and life experiences.

Everyone grows and develops in a similar way, and most people believe we grow and develop in stages that are related to our age.

To ensure quality care with age specific characteristics, each resident/patient receives the individual care he or she needs and expects and becomes a partner in his or her own health care. Putting age specific characteristics into practice can be challenging but they improve patient care, relationship, and teamwork. Levindale primarily services the older adult. Here are a few characteristics of older adults you should know:

- The younger adult (18–29) needs encouragement to continued health care interventions and to keep in touch with friends and family; engage patient to talk about feelings and concerns and how illness or injury may affect family, friends, and finances; involve patient and close family members in patient education; and continue education with healthy living styles.
- The Middle adult (40-64) needs encouragement to continue self-care as much as possible; allow time to talk about frustrations, accomplishments, dreams, and any concerns about illness; how stress affects them and their illness; provide help with finding resources for health care costs; provide education about healthy lifestyle practicing concerning with stress, weight management and medications; involve patient and close family in decisions about their care.
- The older adult (65-79 years) needs to be encouraged to talk about feelings of loss, grief, and achievements, be provided with information about medication use and safety, provided with support for coping with any impairment, and encouraged to participate in social activities.
- Adults ages 80 and older need encouragement to promote independence need support with end-of-life decisions and need assistance with self-care activities and promotion of safety.

**Recognize roadblocks to communication.** Every person you may interact with might have barriers such as possible physical impairments, learning abilities, cultural differences, emotional stresses, and language barriers always give the person your full attention. Ask questions for clarification.

## TURNING AND REPOSITIONING

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- Always have TWO staff to lift residents/patients up in bed. One on each side.
- A slide device, such as a slider sheet or the lift team, should be utilized according to facility policy.
- When using a mechanical lift (either full body or sit-to-stand), 2-persons are required to perform this transfer.
- Remember to use pillows as positioning devices. Heels should be floated.
- For any resident or patient who has fallen on the floor, a mechanical lift must be utilized to lift them from the floor. This is done only after the nurse has examined the person for injuries.

## RESPIRATORY THERAPY

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Respiratory Therapy is responsible for respiratory care on all the Meisel units and Burk 2 and for consultation with the Long-Term Care Residents.

## POLICIES AND PROCEDURES

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Levindale has specific policies and procedures with which you should be familiar. Adherence to these policies and procedures can impact delivery of patient care, ethics, legalities, and regulatory standards. These policies and procedures may include some or all the following and are not meant to be exclusionary:

- Pain Management
- Restraints
- Falls
- Adverse drug reaction
- Assessment of Abuse and Neglect
- Handling Hazardous Medications
- Department Policy & Procedures
- Risk and incident reporting
- Workplace Violence

Students are responsible to know how to access the information on agency specific policies and procedures. Ask Clinical Leader or Charge Nurse for clarification of a policy or procedure.

## MEDICINE CARTS (LONG TERM CARE UNITS)

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- Must be locked except when in use.
- When in use, place outside patient's door IN YOUR VIEW.
- Keys must be kept with the medicine nurse.
- If you leave the facility or the unit, the keys must be turned over to the supervisor or another nurse on the unit.
- Chart Medication Administration only after medications are administered.
- Students must adhere to all acceptable medication administration practices and administer medications only under the supervision of their instructor.



## OTHER INFORMATION (MANDATORY INFORMATION)

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**\*All NEW Instructors are required to schedule an on-site orientation by contacting Damion Jenkins prior to the beginning of the clinical rotation.**

Please set up an appointment with Damion via email at [Dajenkin@lifebridgehealth.org](mailto:Dajenkin@lifebridgehealth.org). Damion or his designee will provide you with instructions on where to meet, and whom to contact once you have arrived at the facility.

**Instructors going to the Hospital Units (HICU and BHU) MUST Complete the Cerner Orientation with Leslie Welfeld BEFORE starting clinical.**

**All Instructors going to the Long-Term Care Units (Households, Burke, Hall 1/Hall 2) Must attend Point Click Care Orientation at Levindale with Jonathan Karanja or Designee.**

**These dates must be set up in advance as the dates/times are set and on-demand trainings may not be available.**

**ALL Instructors will be validated for PPE and Handwashing and the instructors must validate their students and turn in the validation tools to Sherise Brogden by end of the first day on site.**

**If you cannot get in touch with Damion Jenkins and need immediate assistance, please contact Sherise Brogden via email at [sbrogden@lifebridgehealth.org](mailto:sbrogden@lifebridgehealth.org) or via telephone at (410) 601-2951.** If you are on-site, you can pick up any in-house telephone, dial 21000 and say "Sherise Brogden" when prompted to do so.

Thank you for reading the orientation manual and welcome to LifeBridge Health! We trust you will have a great learning experience while working with our patients, residents, and staff. The LifeBridge Health Nursing Student Orientation Manual will be updated annually or as needed.

If you have any questions or concerns – please reach out ASAP!

Best,  
Damion K. Jenkins, RN, MSN  
Clinical Practice Education Specialist (CPES)  
Nursing Academic Affiliations Coordinator  
Levindale Hebrew Hospital & Nursing Center  
2434 West Belvedere Avenue Baltimore, Maryland  
[Dajenkin@lifebridgehealth.org](mailto:Dajenkin@lifebridgehealth.org)  
(410) 601-7183

Note: Parts of this manual have been adopted from Utah Organization of Nurse Leaders' "Orientation State-wide Student Nurse Passport" (August 2009)

Revised: 9/11; 3/14; 5/14; 12/17, 6/19, 6/20, 5/21,06/21



ORIENTATION MANUAL CONFIRMATION FORM



**Orientation Manual  
Confirmation &  
Parking & Badging  
Registration Form  
2021-2022**

**Facility: Levindale - Northwest – Sinai (circle Facility)**

**Statement of Attestation: I have read the LifeBridge Health Student Orientation Manual and will abide by information or policies contained in the manual.**

(Print): First, Middle, and Last Name \_\_\_\_\_ Birth Month/Day/Year of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Please Print Legibly and Completely Fill-in ALL Spaces Accurately**

**You MUST bring a government issued photo id with you when going to parking and badging**

Contact Number of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Instructor/Unit Name: \_\_\_\_\_

Contact Number of Instructor \_\_\_\_\_

Clinical Rotation: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please Park in assigned areas only.**

**Failure to follow parking procedures may result in towing at your expense**

Vehicle #1 Info: \_\_\_\_\_ Vehicle #2 Info: \_\_\_\_\_

Tag Number: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_

- Please check this box if you do not have vehicle and send this form with other required paperwork.
- There will be a \$20.00 charge for badges that are not returned.
- Instructors and students** are responsible for returning all badges at the end of each rotation according to the Student Orientation Manual. If you return to hospital, you will pick up your badge according to policy in the Student Orientation Manual.

## IMPORTANT CONTACTS FOR LEVINDALE

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### ***LifeBridge Health Levindale Contacts for Clinical Rotations***

Damion Jenkins  
Clinical Practice Education Specialist  
Academic Affiliations Coordinator  
**Nursing Program Clinical Placement Approvals**  
Office-410-601-7183

[dajenkin@lifebridgehealth.org](mailto:dajenkin@lifebridgehealth.org)

Sherise Brogden  
Clinical Practice Education Specialist  
**On-Site Academic Affiliations Facilitator**  
Office- 410-601-2951

[sbrogden@lifebridgehealth.org](mailto:sbrogden@lifebridgehealth.org)

Jonathan Karanja  
Clinical Systems Coordinator & Informaticist  
**Point Click Care Computer Orientation**  
Office-443-487-7908

[jkaranja@lifebridgehealth.org](mailto:jkaranja@lifebridgehealth.org)

Akeem Newman  
Human Resources Onboarding Specialist  
**Badges and Parking**  
Office- 410-601-0642

[aknewman@lifebridgehealth.org](mailto:aknewman@lifebridgehealth.org)

Leslie Welfeld  
Clinical IT-Learning & Adoption Education Specialist  
**CERNER Computer Orientation**  
Office-410-496-7117

[lwelfeld@lifebridgehealth.org](mailto:lwelfeld@lifebridgehealth.org)

# COVID19 ATTESTATION FORM

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## COVID Education Attestation for Clinical Rotations

Please review the following links related to COVID19 education before coming to Levindale for your clinical rotation. As a student/instructor, you will not be able to care for patients/residents who have tested positive for COVID19, who are Quarantined, or Persons Under Investigation (PUI) for COVID19.

Below are some of the key details everyone should know coming to Levindale Hebrew Hospital and Geriatric Center:

1. Please review listed topics on the LifeBridge Health COVID19 education link:  
<http://www.lifebridgehealth.org/Coronavirus/Coronavirus.aspx>
  - Visitor Policy Update
  - What you can do
  - If you are ill
2. Please review and watch the listed topics on the LifeBridge Health COVID19 Clinical Resources link:  
<http://www.lifebridgehealth.org/covid-19/COVID-19ClinicalResources.aspx>
  - Levindale PPE Donning and Doffing – Video (equipment may vary or change as supplies increase or decrease in availability, but process of putting on and taking off will not change.)
3. Hand Hygiene is Key – please complete the free course below from the CDC  
<https://www.cdc.gov/handhygiene/training/interactiveEducation/>

### **Before your first clinical shift**

1. Review all the information in the Orientation Manual and sign the signature sheet stating that you have read and understand the information provided.
2. Review all of the information above, and sign this form stating that you have read/reviewed and understand the information provided.

### **While in the Facility**

1. Upon entrance to the facility, you will be screened. If you are ill, you will not be able to enter the building.
2. You will be expected to follow the PPE guideline as listed above while you are in hospital.
3. Please maintain social distancing while moving throughout hospital and follow posted social distancing directions.
4. As a student/instructor, you will need to park on-site. All shuttle service for Pamlico has been suspended due to social distancing, and COVID-19 infection prevention protocols. Park near the back of the facility if possible so that others who need to come to the facility may have a parking spot in the front.

By signing below, I have reviewed the listed information and completed the courses as requested above. I will adhere to the recommendations listed above during my clinical rotation at Levindale.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return signed document to your clinical coordinator before clinical rotation**

## COVID Symptom Form for Contractors and Visitors to Levindale

Watch for symptoms.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If you have symptoms as listed above, you should contact your health care provider and notify Levindale if they occur within 14 days of your last visit to our facility.

If you have questions, you can call Levindale Nursing Administration at 410-601-2369.

I have received the above information from Levindale Hebrew Hospital and Nursing Center.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Visit: \_\_\_\_\_