

Student Orientation



Reedsburg Area Senior Life Center

Welcome to Reedsburg Area Senior Life Center for your clinical! We hope you will have a positive and rewarding learning experience. If you have any questions during your time here, please contact Brenda Reisdorph RN, MSN Clinical Director of Senior Services at 608-768-5804 or by email at breisdorph@ramchealth.org.

In addition to the sections already covered on:

- Immunizations
- Criminal Background check
- Infection Control
- HIPPA – Health Insurance Portability and Accountability Act

We would like you to:

- Review some Reedsburg Area Senior Life Center documents prior to your clinical experience.

Mission Statement

We strive to go beyond the expected by our caring, sharing and remembering, enhancing the quality of the journey.

Parking

When you have clinical at the Reedsburg Area Senior Life Center, you may park in the employee parking lot in the lot closest to the driveway; or on the street on Ridgeview Drive or North Dewey.

Smoking Policy

Reedsburg Area Senior Life Center is a **smoke free environment both in buildings and on grounds.**

Identification

Whenever you are on the Senior Life Center grounds, you must wear your **Madison College name badge.**

Students May Not:

- Apply restraints independently
- Witness consents
- Admit/Discharge residents
- Take verbal orders
- Access central lines
- Care for patients in Airborne Isolation (Use of PAPR).

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Patient Identification – Per policy

1. Checking patient identification. To maintain a high level of patient safety throughout the organization, at least two identifiers will be used whenever administering medications or blood products; taking blood samples and other specimens for clinical testing; or providing other treatments or procedures. For RAMC purposes, treatments or procedures are defined as activities that require a consent form signed.
 - a. **To accurately identify patients you will need two patient identifiers (may not use patient’s room number). Identifiers of choice are the patient’s name and date of birth.**
 - b. **When a patient is unable to confirm their identity due to patient age (pediatric), unconsciousness or cognitive impairment these are available options:**
 - i. A person accompanying this patient can initially identify the patient.
 - ii. If the patient is unaccompanied:
 - a. Picture identification, such as a drivers’ license can be used.

Or

 - b. They can be assigned a temporary “name” and registration number.

These identifiers will be used to identify the patient and verified or corrected when more information is available.

Safe Injection Practices

Medication preparation and administration practices to prevent contamination:

Aseptic Technique

- Hand hygiene must be performed before handling medication.
- Medication must be drawn up in a designated clean medication area.
- Medication vial and septum and IV access port must be disinfected with alcohol pad **and allowed to air dry** before accessing.

Timing

- Medications are not to be drawn up until ready to administer.

Syringe/Needles

- Needles and syringes are sterile, single-use, single patient items.
- Never administer medications from the same syringe to more than one patient.

Never re-use:

- Never enter a medication vial, IV bag or connect to IV administration set with a used syringe or needle.
- Never use medications packaged as single-dose vials for more than patient.

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Vials:

- When medications are drawn up from a single-dose vial or multi-dose vial, the syringe must be labeled with patient's name, medication name and dose if the medication is not given immediately.
- Do not enter a vial with a used syringe and needle. A new syringe and needle must be used each time.
- Syringe and vial are discarded after single dose is administered.
- Syringe and / or vial with left over medication should be wasted and not saved for possible additional doses.

Exceptions:

- When administering an IV push medication via saline well, the same saline syringe may be used to check patency, and to flush prior to medication administration as to flush post administration if asepsis of the saline syringe is maintained.
 - Cap the saline syringe after checking patency.
 - Never leave the saline syringe unattended.
 - Discard saline syringe immediately after flushing.

Medication administration

RASLC utilizes a unit dose system for medication delivery.

5 rights

Safe medication practice is based on the five (5) rights of medication use:

1. The right patient
2. The right medication
3. The right dose
4. The right time
5. The right route

Safety

- When drawing up any medications from a glass ampule, fill-filter blunt tip needle will be used.
- Medication cupboards, drawers, storage rooms and medication carts shall be kept **locked at all times, unless able to be monitored.**
- Medications are to be taken with nurse/therapist/technician in attendance. Medications are not to be left at bedside for administration at a later time.
- The individual administering medication is responsible for documentation of same.
- Patients receiving medications have a right to request a lower dosage if available (ie. 1 tablet instead of 2). The change will be noted in the medical record and the unused medication will be returned and credited or wasted.

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- Unused portions of single dose vials or oral medications will be discarded according to the “Pharmaceutical Waste Management Flow Sheet”.
- Refrigerated medications shall be labeled (except insulin pens and bottles) with a standard pharmacy label and stored in a refrigerator.
- If unfamiliar or uncomfortable with a specific medication, the individual has the right to refuse to administer that medication; however they must notify a supervisor/unit director of decision so arrangements can be made to administer medication.
- Medication administration will be documented in the patient’s medical record.
- All injections will have administration site documented.

Admixtures

- Will be covered in orientation at the clinical site.

Vaccinations

- Influenza and Pneumovax vaccinations will be given to all screened eligible inpatients unless practitioner enters an order stating “do not give vaccine”.
- It is strongly recommended that staff check the Wisconsin Immunization Registry (WIR) prior to administration to verify that patient is eligible for vaccination.
- Vaccinations are documented on the appropriate electronic vaccination record prior to administration.
- Additionally, vaccinations are documented through the ECS on the immunization screen.
- RASLC highly recommends students receive the influenza vaccination.

High Alert Medications

- Heparin and other high alert medications require a 2nd witness prior to administration.
- Insulin requires a 2nd witness for the correct insulin and the correct dose prior to administration.

Fall Prevention












- Universal Fall Precautions will be implemented on all patients admitted to RASLC.
- In addition, all inpatients will be assessed for fall risk.
- Reassessments will occur following a fall or decline in the patient’s condition if the patient is not currently on high-risk fall precautions.
- The patient and patient’s family will be educated on fall reduction strategies.
- After identifying the level of assist needed, nursing staff will document findings in the ECS.
- *Refer to the Fall Reduction Protocol – Patient Focused Manual*

Prevention of Alteration in Skin integrity

- *All patients are assessed for altered skin integrity risk.*
- *Skin integrity precautions will be instituted on all patients.*

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NEW ALERT ANNOUNCEMENT		Description	Staff Response
	ALERT FIRE + Location	Fire, smoke or an odor of something burning	R=Remove anyone in immediate danger A=Pull fire alarm & page C=Contain fire-close doors E=Evacuate area Attempt to extinguish fire P=Pull pin A=Aim at base of fire S=Squeeze handle S=Sweeping motion
	ALERT ABDUCTION + Location + Description ANNOUNCE: • Age (if known) • Male or Female • If possible, last seen	Infant / Child / Adult known to have been abducted	<ul style="list-style-type: none"> • Call Police 524-2376 • Extra staff to check parking lots. • Initiate Lockdown Protocol & secure exits • Watch for suspicious persons wearing baggy clothing or loitering in areas they should not be
	ALERT MISSING PERSON + Location + Description: ANNOUNCE: • Age (if known or estimate) • Male or Female • If possible, last seen	Missing or Wandering: Adult / Child / Patient / Resident / Visitor	<ul style="list-style-type: none"> • Call Police 524-2376 • Staff to conduct quick search of immediate area • Watch for patient wearing a green bracelet or patient per description • Initiate Facility Lockdown Protocol & secure exits
	ALERT MASS CASUALTY	# of casualties and arrival time paged hospital-wide.	<ul style="list-style-type: none"> • Clinical staff return to unit; call Incident Commander with available staff • Non-clinical staff report to Incident Command Center (ICC) [Board Room]
	ALERT MASS CASUALTY WITH DECON	# of casualties with chemical exposure	<ul style="list-style-type: none"> • Hazmat (Internal) – Do not report to Hot Zone! • Notify Decon Team
	ALERT CODE BLUE + Location + PEDIATRIC (if indicated)	Person sustains a cardiac or respiratory arrest	<ul style="list-style-type: none"> • Clinical staff respond as determined by their role • Provide assistance to Team as requested • Maintain normal work duties
	ALERT RAPID RESPONSE + Location	Provide patient with additional professional staff to assist with assessing patient whose condition has deteriorated.	<ul style="list-style-type: none"> • The following in-house staff should report to the location of the Rapid Response if available: ER Physician, RN's, Resp. Therapists, Shift Coordinator, Lab, Radiology and Anesthesia • Gather information and assist with obtaining equipment and notifying practitioner FOLLOW-UP: <ul style="list-style-type: none"> • Notify Patient Safety & Quality, x6237
	ALERT TORNADO WATCH	Weather conditions are favorable.	<ul style="list-style-type: none"> • Monitor weather updates • Prepare patients for possible move to safe area.
	ALERT TORNADO WARNING Announce information received from National Weather Services (NWS)	Tornado has been sighted in area.	<ul style="list-style-type: none"> • Warning - Move to safe area immediately • Put shoes on patient • Move patients to safe areas • Close all doors and corridor fire doors • Retrieve disaster kits • Distribute blankets for cover • Nursing shall convert IVs to saline well
	ALERT SEVERE THUNDERSTORM WARNING + Explanation	Conditions are favorable for warning.	<ul style="list-style-type: none"> • Monitor weather conditions • Continue normal work duties unless otherwise directed
	ALERT BOMB THREAT + Location	Potential of a bomb within facility or on grounds	<ul style="list-style-type: none"> • Obtain as much information about bomb as possible: when will it go off, what does it look like, etc. • Report to Administration and Police (524-2376) • Search your area for suspicious or out-of-place item • Report any suspicious items
	ALERT SECURITY + Location	Agitated person or intruder – immediate help needed	<ul style="list-style-type: none"> • Call Police 524-2376 • Administrator on-call • Security and/or Maintenance personnel respond to scene
	ALERT SECURITY WITH WEAPON + Location	Intruder or person with weapon	<ul style="list-style-type: none"> • Call Police 524-2376 • Administrator on-call • Secure your area • Stay where you are FOLLOW-UP: <ul style="list-style-type: none"> • Complete RiskPlus/w
	ALERT TRAUMA LEVEL 1 + # of patients + ETA (estimated time of arrival)	Life threatening	<ul style="list-style-type: none"> • Call and report on-call Surgeon, Family Practice MD and surgery RN, Trauma Coordinator/ER RN, CRNA, RT, Lab, Radiology and Spiritual Care • Call and report Family Practice MD, surgery RN, CRNA, RT, Lab, and Radiology
	ALERT TRAUMA LEVEL 2 + # of patients + ETA	Stable patient with potentially severe injuries	<ul style="list-style-type: none"> • Notify only on-call Surgeon (via phone), Trauma Coordinator/ER RN (via phone)

IN-HOUSE REFERENCE: Safety Officer PAGING: Hospital dial 86, RASLC dial 70-00 and Speciality Center press #300.
 VERSION: 5 DISTRIBUTION: 1) Organization Focused Manual—Emergency Management (EM); 2) Cross-index to RASLC TOC; 3) General Orientation Packet
 Emergency Conditions and Basic Staff Response

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Resident Bill of Rights and Responsibilities

As a resident in this facility, you have rights guaranteed to you by state and federal laws. This facility is required to protect and promote your rights. **Your rights strongly emphasize individual dignity and self-determination, promoting your independence and enhancing your quality of life.**

You have the right to exercise all of your rights free from interference, coercion, discrimination or reprisal.

Dignity

You have the right:

- To be valued as an individual, to maintain and enhance your self-worth
- To be treated with courtesy, respect and dignity, free from humiliation, harassment or threats
- To be free from physical, sexual, mental, verbal and financial abuse
- To be free from chemical and physical restraints and involuntary seclusion

Privacy

You have the right:

- To personal privacy during care and treatment
- To confidentiality concerning your personal and medical information
- To private and unrestricted visits with any person of your choice, in person and by telephone
- To send and receive mail without interference

Grievances

You have the right:

- To voice grievances about care or services without discrimination or reprisal
- To expect the facility to promptly investigate and try to resolve your concerns
- To contact the Ombudsman to advocate on your behalf, free from discrimination or reprisal, if you feel any of your rights have been violated

Access

You have the right:

- To be fully informed, both orally and in writing, of your rights and the facility's rules before admission and during your stay in the facility
- To be fully informed of the services available and related costs
- To not provide a third party to guarantee payment
- To be informed and to receive assistance in accessing all of your benefits through Medicare or Medicaid

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- To equal access to quality care for all residents
- To be told in advance about care and treatment, including all risks and benefits
- To look at your records and receive copies at a reasonable cost
- To have reasonable access to any personal funds held for you by the facility
- To retain and use personal possessions
- To receive notice in advance of any plans to change your room or roommate
- To organize and participate in a Resident Council and for your family to organize and participate in a Family Council.
- To read the results of the most recent State or Federal inspection survey and the facility's plan to correct any violations
- To contact your Ombudsman, or the State survey agency, or any advocate or agency of your choosing

Transfer or Discharge

You have the right:

- To remain in the facility unless there is a valid, legal reason for your transfer or discharge
- To receive a 30 day written notice with the reason for the transfer or discharge, including appeal rights and information
- To have a planning conference at least 14 days prior to the transfer or discharge
- To be offered to hold your bed if your transfer is temporary, such as for hospitalization or therapeutic leave

Self-Determination

You have the right:

- To be offered choices and allowed to make decisions important to you
- To expect the facility to accommodate reasonable individual needs and preferences
- To participate in the planning of your care and services
- To self-administer medications
- To accept or refuse care and treatment
- To choose your health care providers, including your doctor and pharmacy
- To manage your own personal finances, or to be kept informed of your finances if you choose to let someone else manage them for you
- To refuse to perform work or services for the facility

Pain Management

You have the right:

- To have your pain believed
- To be given information about pain and pain relief measures

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- To have a concerned staff committed to pain prevention and management
- To receive quick response to your reports of pain
- To have effective pain management

We expect that you will:

- Ask your nurse what to expect regarding your pain and pain management
- Discuss pain relief options
- Work with the staff to develop a pain management plan
- Ask for relief when pain begins
- Help us assess your pain
- Tell us if pain is not relieved
- Tell us if you are worried about taking pain medication

Concerns

If you have a concern about services or the actions of the staff, it is necessary and appropriate to discuss it with the administrator. We will make every effort to resolve your concerns in a timely manner and to your satisfaction.

The nurse or social worker will meet regularly with residents to discuss ideas and concerns in an open forum as well as individually. You will be notified of meetings in advance.

You have the right to take your concerns to a neutral party. In Wisconsin, the State Ombudsman can serve as your representative for a complaint. Their phone number is 1-800-815-0015. You can also contact the Division of Quality Assurance at 1 West Wilson Street, Madison, WI 53703; phone number 608-266-8481.