Welcome to Mount Nittany Health
The information presented in this booklet is designed to give you basic information about the Medical Center, Surgical Center, and Physician Group. Please review this booklet and follow the guidelines to ensure your safety and the safety of all patients, staff, volunteers and visitors.

Vision and Mission
VISION STATEMENT
To become the most trusted source of healthcare for Central Pennsylvanians.

MISSION STATEMENT
We are here to make people healthier.

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Patient Safety

It is the duty and responsibility of everyone to report any situation or event that does or may compromise patient safety. Mount Nittany Health encourages the reporting of all patient safety issues through its Non-Punitive Reporting Policy, Administrative Policy 6026.

Reporting can be accomplished in several ways:
- Complete a Hospital Event Report
- Contact the Patient Safety Officer, Courtney Maholtz, at 814.231.7897 or Courtney.Maholtz@mountnittany.org
- Call can be made to the Patient Safety Hotline 814.231.7809.

Mount Nittany Medical Center and Mount Nittany Surgical Center may also contact the Joint Commission directly with any patient safety concerns @ www.jointcommission.com or 630.792.5636.

A Patient Safety Committee meets regularly to review and address patient safety issues. The Committee sees part of its role to making sure the “loop is closed” concerning patient safety issues. We want to make sure that there is proper follow up on issues and that they are resolved and not left hanging. Also, the Committee takes a proactive approach to patient safety and promotes a culture of patient safety.

2018 National Patient Safety Goals

1. Identify patients correctly.
   a. 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.
   b. Make sure that the correct patient gets the correct blood when they get a blood transfusion.

2. Improve staff communication.
   a. Get important test results to the right staff person on time

3. Use medicines safely.
   a. 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.
   b. Take extra care with patients who take medicines to thin their blood.
   c. 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. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

4. Use alarms safely
   a. Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

5. Prevent infection
   a. 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.
   b. Use proven guidelines to prevent infections that are difficult to treat.
   c. Use proven guidelines to prevent infection of the blood from central lines.
   d. Use proven guidelines to prevent infection after surgery.
   e. Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

6. Identify patient safety risks.
   a. Find out which patients are most likely to try to commit suicide.

7. Prevent mistakes in surgery.
   a. Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
   b. Mark the correct place on the patient’s body where the surgery is to be done.
   c. Pause before the surgery to make sure that a mistake is not being made.

Banned Abbreviations

The following abbreviations are banned from use in handwritten orders and documentation. Nurses and other caregivers will not act on any order that includes any of these abbreviations or unsafe use of zeros until the order is confirmed by contacting the ordering practitioner. The nurse or other caregiver documents confirmation in the medical record.

Banned Abbreviations:

<table>
<thead>
<tr>
<th>Banned from written documentation</th>
<th>WRITE</th>
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<tr>
<td>QD or OD</td>
<td>Daily or Qday</td>
</tr>
<tr>
<td>QOD</td>
<td>every other day</td>
</tr>
<tr>
<td>μg</td>
<td>micrograms or mcg</td>
</tr>
<tr>
<td>U or u</td>
<td>unit(s)</td>
</tr>
<tr>
<td>IU</td>
<td>international unit(s)</td>
</tr>
<tr>
<td>MSO or MgSO₄ or MS</td>
<td>morphine sulfate or magnesium sulfate</td>
</tr>
<tr>
<td>T.I.W.</td>
<td>Three times per week or Three times weekly</td>
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</table>
A.S., A.D., A.U.  
(Latin abbreviation for left, right, or both ears)  

“Left ear”, “Right ear”, or “Both ears”;  

O.S., O.D., O.U.  
(Latin abbreviation for left, right, or both eyes)  

“Left eye”, “Right eye”, or “Both eyes”.  

Use leading zeros but not trailing zeros with decimal points:  

.5 mg has been read as 5 mg  
Write: 0.5 mg  

1.0 mg has been read as 10 mg  
Write 1 mg  

Body Mechanics  
The basic principles of body mechanics can be summarized as follows:  

1. Maintain the normal back curves.  
2. Do not remain in one position for extended periods.  
3. Plan your movements ahead of time.  
4. Ask for assistance when appropriate.  
5. Maintain a wide, stable base while standing or lifting.  
6. Lift with your legs, not with your back.  
7. Pivot with your feet, don't twist your back.  
8. Keep items close to your body when lifting or carrying.  
9. Keep your stomach muscles firm while lifting.  

Try incorporating one or two of these principles into your daily routine. Remember, proper posture and body mechanics can make a difference!  

Patient Transfers  
The purpose of patient transfers is to move a patient from one surface to another. It is important that the transfers are performed safely for both the patient and the staff. It is also important to remember that each situation is different and the suggestions below are to help ensure the safety of all involved.  

Important! Do not lift patients under their arms. Support them with your arm around their back or with a gait belt. Lift Equipment (Sit-Stand & Patient Lifter) is available & stored on the in-patient units.  

Confidentiality and Privacy  
The reputation of Mount Nittany Health as a caring place is improved if we constantly protect patient confidentiality.  

Confidentiality of patient information and the right to privacy are fundamental values in the health care setting. Unfortunately, breaches of confidentiality can occur easily and often unintentionally unless we keep these concerns always in mind.  

Seek Privacy  
When talking to patients about their personal information, be aware of others in the area that may overhear your conversation and move to a private place. Pulling privacy curtains is important for visual protection but conversations can still be heard.  

Avoid Public Discussions  
Avoid patient discussions in public areas or where others may overhear your conversation. Even if patient names aren't used, the description can be interpreted, correctly or incorrectly, if overheard.  

Get Proper Authorization  
Make sure the patient wants information shared, even with close family members. Special rules apply and are required for mental health diagnoses, drug and alcohol abuse and certain infectious diseases. The right to confidentiality may only be waived by the patient through a signed authorization directed to Mount Nittany Health for release of the medical information. Non-confidential information may be released upon receipt of a legitimate request provided the patient’s right to privacy is not compromised. Utilize proper consent procedures and written authorization as managed through the Health Information Management (HIM) Department.  
(Administrative Policy 4013 Release of Information Contained in the Medical Record)  

Protect Written and Electronic Records  
Keep all patient information covered and limit access to authorized persons only. Do not leave information where others can see it easily or accidentally. Position computer screens so information is not visible to unauthorized persons. Sign off computers so that others cannot access information using your login.  

Phones and Fax Machines  
Confirm the identity of the requester before releasing information over the phone or by fax. Fax information only for patient care purposes and not for purposes which may be effectively served by regular mail or messenger service.  

Answering Machine Protocol  
Patient privacy shall be protected when communicating with patients via answering machine messages. References to diagnosis, procedure, physician, and department shall be avoided. Messages shall be limited to, “This is _____ (name) from Mount Nittany.”
Medical Center (insert Surgical Center or Physician Group as appropriate). Please call me at _____ (phone number)."

Outside Inquiries
Uncomfortable situations can occur when we are asked about patients and their medical condition outside of work, at church, in the grocery store, in the neighborhood. Others generally mean well and we like to respond positively without compromising patient privacy. A simple response of "I can't discuss that kind of information," or a suggestion that the person may want to contact the family is appropriate.

Requests from the Public/Media
If the inquiring party identifies a patient by name, the condition of the patient may be released by a recognized medical center official (Exceptions to this include patient restrictions, Behavioral Health Unit patients or if the next of kin has not been notified of a death.

HIPAA
The Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) provides the right to privacy for our patients. These rights are outlined in our Notice of Privacy Practices, which is available to all patients. We have a responsibility to protect their personally identifiable health information in written, oral, and electronic format. Information is to be accessed only by those who have a need to know to complete their job. Patients must for purposes other than treatment, payment, or operations provide written authorization to use their information. Never discuss patient information with your family or friends.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) law was enacted by Congress to improve the transfer of health information and decrease administrative time and cost. It is our duty to keep all Personal Health Information (PHI) private and confidential. PHI includes patient name, social security number, address, diagnosis, treatment, identification numbers, photographs, etc., in written, oral or electronic form. Protect patient records from view of others, position computer screens away from traffic areas and use screensavers, protect your computer password, dispose of unneeded copies in a locked shred box, be aware of the volume of your voice, and promptly collect documents from fax machines, copiers, and printers. Refer to Mount Nittany Health policies, your supervisor, or the Corporate Privacy Officer at ext. 7809 for guidance. When handling patient identifiable information, ask yourself "How would I want my private information handled?"

Cullen Health Sciences Library
Location and Hours
The Esker W. Cullen Health Sciences Library is located on the Ground Floor, across from the Doctors Lounge. The Library is open to students Monday through Friday from 8 AM to 4 PM while it is staffed by a librarian. It is not open to students at other times, unless arrangements have been made with the Librarian.

Cultural Diversity
Is the coexistence of numerous distinct ethnic, racial, religious, or cultural groups within one social unit, organization, or population.

Our community has a diverse population. Resources for assisting you in meeting their individual needs are available through your manager or supervisor. Written information about cultural differences is available on the clinical units and in the Library.

Customer Service
Making every interaction better today than it was yesterday!

The Patient Guide and informational materials promote a positive patient experience by providing information on services and resources that patients may receive while they are at Mount Nittany Health. In addition, it helps patients to be an informed partner in their care so that we can better meet their needs. The Patient Guide is found in the discharge folder given at admission and includes patient rights, safety, accommodations, healthcare team, pain control, TV channel listings, food services, billing and discharge. The Surgical Patient Guide is provided to patients through Pre-Admission Testing and their surgeon’s office prior to surgery. Other service specific patient informational materials may be distributed at point of service such as Pain Management.

Every employee signs the Employee Pledge acknowledging our organizational values and will honor these principals through their behaviors and take personal responsibility for contributing to the ongoing success of Mount Nittany Health. The principals are grouped into categories that have become our five service objectives: Positive Impressions, Teamwork, Great Explanations, Service Recovery, and Showing Care and Concern.

The quality and value of the patient experience is, to a large extent, up to you. Trust Points are when the patients form opinions about the things they do know and understand.

- Trust points involve contact with our patients by any means.
- Trust points are an opportunity for the patient to learn something about us.
- Every trust point is an opportunity to build or lose the patient's trust.
- The best trust points leave a positive impression on the patient.

Utilizing key words provides our customers with the perception that we live our mission statement, we value them, and we provide a high level of service performance.

We have several Key Words and Behaviors to guide employees and volunteers. They are simple, but the impact of everyone consistently using them is profound. It is our expectation that you will use the Key Words and Behaviors in your daily work.

**Ask the patient their preferred name and use preferred name during encounter:**
Hello, Mrs. Smith, how would you like me to address you during your visit today?

Hello, my name is ______. What name would you like me to call you today?

**Introduce self (name & department) and what you are doing**
Good morning/afternoon/evening. My name is ______. I will be your nurse today.

Hi, I’m ______. I work in the Lab and I am here to draw your blood for tests the doctor has ordered.

Hello, my name is ______. I am a volunteer and will be escorting you to the front lobby.

My name is ______. I work in Environmental Services. Is it alright to clean your room today?

**Provide a genuine good-bye/closure**
Thank you for coming to Mount Nittany today, I hope you feel better.

It was my pleasure to assist you.

I enjoyed caring for you today.

Thank you for choosing Mount Nittany Health. I hope you’ll consider us again should you need further services.

We are pleased you have chosen Mount Nittany Health to take care of you.

**Before leaving a patient or customer:**
“Is there anything else I can do for you? I have the time.”

**Someone is looking lost or in place of giving directions:**
“May I take you where you are going?”

**Someone is upset or anxious; Service Recovery:**
“How can I make this better for you?”

**STAR MODEL:**
- Show Concern - Listen with empathy – the ability to share in another’s emotions, thoughts, or feelings.
- Thank the person - Thank you for telling me.
- Apologize - “I’m sorry this happened.” Use a blameless apology when the person is upset or frustrated.
- Resolve the problem - “What can I do to help?” Repeat what the other has said to assure mutual understanding.

**Telephone etiquette**
When answering the telephone, use the following:
- Greeting
- Department
- Name
- How may I help you?

**Please remember to always:**
Keep our facility looking its best; everyone picks up trash in the hallways.

**FEEDBACK**
Providing feedback to the members of our team is very important to our ongoing success and growth. Using key words and sincerity will help make this communication more comfortable and assist in building positive, strong teams.

**Positive feedback messages**
I really appreciated your help today.
I enjoy working with you, ______.
Thanks for making ______ go smoothly.
You make a difference to our patients. You make a difference to our team. You make a difference here.

**Negative feedback messages**
There are times when you may find yourself in conflict situations. When you are in these situations we would like you to use the STAR model.

**Disaster Plan**
Mount Nittany Health’s disaster plan is flexible and varies with the type and scope of disaster. The person in authority at the time of the disaster will make the final decision regarding the extent the disaster plan will be implemented. Be guided by the instructions of Mount Nittany staff.
Electrical Safety, Utilities Management & Medical Equipment Management

**ELECTRICAL SAFETY**

**Plugs, Receptacles & Cords:**
- All plugs should be hospital-grade (look for the green dot). Use tamper-proof receptacles where children may be found.
- Plugs and receptacles should have a snug fit.
- Report any connection (plug & receptacle) that is warm to the touch. Do not use until it has been repaired or replaced.
- Never unplug devices by pulling on the cord. Use the body of the plug.
- Red receptacles will always have emergency power even though normal power may be lost.
- Inspect cords for worn or frayed wires or other defects. See that no plugs or insulation areas are broken.

**Grounds:**
- All electrical equipment should be properly grounded with a 3-prong plug or be double insulated. The 3rd prong is a safety feature that electrically connects the metal case of a device to the ground wire in the receptacle. (This provides a safe path to ground for any hazardous current leakage.)
- Never use a “cheater” adapter plug, which converts a 3-pronged plug into a 2-pronged plug. Never break off the ground pin.

**Special Attention Areas:**
- Report all electrical equipment that smokes, sparks, overheats, or emits a suspicious odor.
- Keep in mind moisture increases the danger and severity of electrical shock hazard.

**Severe Electrical Shock:**
- Turn off the power to the electrical equipment involved. If this is not possible, use a dry piece of wood, rope, cloth, or any insulating material to pull the victim free of the electrical device. Call for medical help.
- If CPR is indicated and you are competent to perform CPR, initiate CPR and dial HELP (4357).

**Student’s Responsibility:**
- Be competent in use of equipment. Ask questions if you do not understand.
- Report equipment problems to Mount Nittany staff. Example: equipment malfunctions, equipment emitting unusual odors.

**Environment of Care**

**Laundry** - All laundry should be placed in hampers as close to the point of use as possible. Do not rinse or sort laundry. Laundry bags are fluid impervious to protect workers.

**Waste** - Hospital waste with visible blood and body fluids is disposed of in red biohazard bags. These bags receive special handling.

**Blood/Body Fluid Spills** - Environmental Services Department is responsible for cleaning blood and body fluid spills. Blood/body fluid spills must be cleaned and decontaminated as soon as possible after they are discovered.

**Other Important Notes:**
1. A complete listing of all chemicals in the Medical Center and where they are located can be found at the glass-enclosed bulletin board near the cafeteria.
2. A copy of Mount Nittany’s written Hazard Communication Program is posted in each Department. Other reference materials are available from Plant Services upon request.
Ethics
Medical ethics establish both positive and negative duties for healthcare providers. The many changes in our society and scientific advances present unique challenges for providers.

The four basic concepts of medical ethics are:

- **Beneficence**: the duty of the healthcare provider to promote good, and to act in the best interests of each of his or her individual patients.
- **Justice**: the duty of the healthcare provider to be fair to the community as a whole; especially with regard to the distribution of healthcare resources.
- **Non-maleficence**: the obligation of the healthcare provider to do no harm to the patient or society as a whole.
- **Respect for patient autonomy**: the duty of the healthcare provider to protect and foster the patient’s ability to make informed decisions regarding their own health and future.

Ethical dilemmas arise as a result of conflicts among the four guiding principles. The Medical Center’s Ethics Committee serves as a tool for use by hospital staff and medical staff. The Committee endorses the concept that final decision-making authority remains with the patient, family, and primary healthcare provider.

The Committee serves the following functions:

- Monitors and reviews patients’ rights and ethical issues arising out of patient care at Mount Nittany Medical Center.
- Recommends changes and actions regarding ethical issues in the Hospital to the Medical Staff Executive Committee.
- Serves as advisor to any practitioner when so requested by that practitioner regarding patient care ethical issues at Mount Nittany Medical Center.

Fall Prevention
Fall Prevention/Intervention procedure, Clinical Resources Manual

**Medical Center specific:**
The fall prevention program is called “Stepping Stones”. The RN assesses all patients for fall risk using the Morse Fall Risk Assessment.

The Fall Prevention/Intervention procedure is implemented for all patients with interventions implemented based on assessment findings. All patients are asked to sign a Fall Safety Collaboration agreement upon admission.

A patient identified at moderate to high fall risk will be identified with a yellow wristband and given yellow socks for moderate risk and red socks for high risk. Additionally a colored triangle will be placed on the exterior patient room door indicating the fall risk level (green, yellow, or red). Kardex will be marked. The nursing staff will give “Safe Stay” handout.

Anyone who sees a patient identified as fall risk (wearing yellow or red socks, yellow wrist band) or performing unusual activity will attend the patient and contact the clinical staff for assistance.

Fall risk is assessed on admission, every shift, whenever a fall occurs, or at the discretion of the RN.

If a fall occurs, a post fall assessment is performed and an Event Report is to be completed.

Fire Safety
The overhead page “Code Red & (location)” will alert students and staff to a fire or explosion. In a fire, students must immediately proceed to the main lobby on the first floor (do not use the elevators) and wait there until all clear is paged. The switchboard operator will communicate important information relating to the fire condition to students.

In a fire, the Medical Center staff will take the following steps:

- **Rescue patients** from immediate danger.

Pull the nearest fire **Alarm** box. Dial HELP (4357) and give the operator the room number and location of the fire.

- **Contain** the fire by closing windows, doors, vents, and chutes. Turn off fans, air conditioners, and local oxygen. Keep the lights on.

- **Extinguish** the fire while awaiting the arrival of the first responders and the fire department.

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<td>Rescue</td>
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<td>Contain</td>
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<td>E</td>
<td>Extinguish</td>
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**Students are not responsible for these steps but should follow instructions of Mount Nittany staff.**
Infection Prevention & Control
The Infection Prevention & Control Program follows the standards and recommendations of several state and national agencies including the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), Department of Health (DOH), and The Joint Commission and is involved in many initiatives to assure the safety of our patients and everyone who contact them. A full-time Infection Prevention & Control Coordinator oversees a broad range of programs and activities to minimize the risk of preventable infections among patients, visitors and healthcare workers. Every healthcare worker plays an important role in the prevention of infection.

Standard Precautions
Standard Precautions are a way of preventing spread of infections between patients and health care workers and provide the foundation for the way we care for patients. With Standard Precautions, all body fluids of all patients are treated as infectious. Barriers such as gloves, gowns, goggles, masks and face shields are used to prevent contact with these body fluids. These barriers are referred to as Personal Protective Equipment (PPE). PPE is available in all patient care areas in designated locations including Code Carts.

Careful handling of sharp instruments and needles are part of Standard Precautions, too. We are always looking for ways to prevent injuries with sharps and evaluate new technologies and techniques on an ongoing basis. If you experience an exposure to a patient’s body fluids by accidental needlestick or other sharps accident, have body fluids splashed in your eyes, nose, or mouth or get them in an open cut or on chapped or open skin immediately wash or flush the affected area. Emergency eye wash stations are located in Soiled Utility rooms. Report the incident to your clinical instructor or a staff member as soon as possible. Medications to prevent some infections must be given within hours of exposure. You will be referred to the Emergency Department for an initial evaluation of your injury.


Transmission-Based Precautions
Infectious illnesses may be transmitted through large droplets, through very tiny droplets that stay suspended in the air or by direct contact with the patient or patient-care equipment. Therefore Droplet Precautions, Airborne Precautions and Contact Precautions or a combination of these precautions in addition to Standard Precautions may be necessary. Airborne Precautions require a specially ventilated private room with the doors closed at all times and personnel must use special respirator masks. Patients on Droplet or Contact Precautions usually require a private room. Physician order for transmission-based precautions is required but precautions may be initiated as a Nursing decision. Signs with complete instructions are posted on the room doors of all patients on Droplet Precautions, Airborne Precautions and Contact Precautions and policies describing the precautions are located in the Infection Prevention & Control Manual.

Students and faculty who do not participate in the Respiratory Protection Program will not enter rooms of patients on Airborne Precautions. The Radiology students may if they participate in a Respiratory Protection Program. Students and faculty may enter rooms housing patients in Droplet or Contact Precautions.

Hand hygiene – Why is it so important?
Hand decontamination is the single most important thing you can do to protect yourself and our patients from an infection. Many microorganisms can be transmitted on healthcare workers hands and studies have shown hand decontamination occurs much less frequently than we think. Our hand hygiene initiative, Clean Team – In between make sure they’re clean, involves both healthcare workers and patients in the effort to ensure we clean our hands often. Get in the habit of washing your hands before and after all patient contacts or using the antiseptic hand rubs located just inside each patient room and in hallways. If your hands are visibly soiled, you must hand wash with soap and water.

In some studies, artificial fingernails and long natural nails have been associated with transmission of infection to high-risk patients. At MNMC, employees working in the Operating Room or other invasive procedure areas may not wear artificial fingernails and natural fingernails are recommended for all personnel who provide patient care or prepare patient care supplies or equipment. Nail length must not interfere with job performance.

Policies
A set of policies developed and approved by the Infection Prevention & Control Committee, Chief of the Medical Staff and President guide infection control practices. These policies are available in a searchable format on the Medical Center’s intranet and print manuals are available in designated locations.

Clinical Students:
Infection Prevention & Control Reminders
- Wash hands after touching blood, body fluids, secretions, excretions and contaminated items whether gloves are worn or not. Wash hands immediately after removing gloves.
- Wear gloves (clean, non-sterile) when touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes & non-intact skin.
- Wear a mask and eye protection or a face shield to protect mucous membranes during procedures likely to generate splashes or sprays of blood or body fluids.
• Wear gowns (clean, non-sterile) to protect skin and clothing during procedures likely to generate splashes or sprays of blood, body fluids.
• Handle used patient care equipment soiled with blood or body fluids in a manner to prevent skin and mucous membrane contact, and contamination of clothing.
• Take care to prevent injuries when using sharp instruments, needles and scalpels. Never recap used needles or bend or break them. Dispose of used sharps in puncture-resistant containers. Never reach into a contaminated sharps container.
• Use resuscitation bags and mouthpieces instead of mouth-to-mouth resuscitation.
• Promptly report contaminated needle stick injuries, blood, or body fluid splashes in eyes, nose, or mouth or blood or body fluid contact with non-intact skin.

Oxygen Safety
OXYGEN E-CYLINDER & GRAB-N-GO SAFETY
• Do not use an oxygen cylinder with a pressure below 500 psi. Cylinders below 500 psi are considered empty.
• All oxygen cylinders must be transported or stored in approved carriers or holders. Approved holders include: trucks, multiple storage racks, single tank holders, wheelchairs, litters and code carts equipped with approved holders.
• Never cover cylinders with blankets or other materials.
• Never leave a cylinder propped or lying loose without a holder or carrier.
• Always use the liter flow that is ordered.
• All cylinders are turned off after use. Oil and grease can ignite spontaneously in an oxygen rich environment.
• Areas with the availability of piped in oxygen will not utilize oxygen cylinders during procedures except in an emergency.
• Cylinders in use, including those on code carts, will have regulator guards attached at all times. This protects the regulator, valve and neck of the cylinder. (Oxygen is delivered at 2500 psi.) If the cylinder neck were to become detached this pressure would propel the cylinder at high speeds causing extensive damage and injuries.
• Always identify the cylinder by the label, not just the color.
• Contact Respiratory Therapy with questions about oxygen safety.

Pastoral Care
Foremost among our concerns is respect for religious differences. Our community has an ethnically and religiously diverse population, and our patients reflect that diversity. It is important for each of us to be sensitive to the religious diversity and varied spiritual practices of our patients, and it is the responsibility of the Pastoral Care Department to help ensure that our patients obtain the spiritual and religious support that they desire.

Several of the larger Christian congregations in State College have visitation teams that visit their own members, and pastors and religious leaders are always welcome to visit the members of their own congregations while they are at the Medical Center. Catholic Eucharistic Ministers make daily visits to the hospital in order to offer communion to Catholic Patients who have requested it.

Patients have the right to refuse unwanted religious solicitation. The staff is urged to be mindful of individuals or religious groups who visitation is upsetting to patients. Religious solicitation is expressly prohibited.

If there is an urgent need for clergy support, please call the patient’s own pastor or religious leader, or, if the patient is Catholic and in urgent need of last rites, please call 814.769.1542 and ask for the priest on call.

Radiation Safety
Natural sources of Radiation are everywhere: small doses of radiation from outer space are known as Cosmic Radiation: minerals and rocks in the earth give off small doses of radiation, carbon and potassium in your own body are naturally radioactive.

Regulations place strict limits on the amount of radiation that employees can receive at work.

The maximum per year for a radiology employee is approximately equal to the exposure from 1 CT Scan.

Most nurses, environmental services aides, and other workers only occasionally work around radiation sources and receive no significant exposure.

Radiologists, technologists, students and others who routinely work around radiologic sources must wear a device or badge that measures the individual’s exposure to radiation. If you have any concerns about how Mount Nittany Medical Center monitors exposure to radiation or if you have other questions about radiation safety, please contact the Radiation Safety Officer at extension 6137.

RADIATION SOURCES IN THE MEDICAL CENTER

Mobile X-Ray Machines (Conventional X-Ray Machine (Portable) and the Mobile Fluoroscope (C-Arm)).

• Only generate radiation during exposure-when making the image.
• Do not make the patient, film, or equipment radioactive.
• X-Ray Beam is highly directional. Only small
amounts of radiation scatter away in other directions.

Isotopes are used in the Nuclear Medicine and Radiation Oncology Departments. They are also known as Radioisotopes, Radionuclides, or Nuclides.

Nuclear Medicine Patients Receiving Isotopes for Diagnostic Procedures.
- A gamma camera tracks the isotope to locate tumors or evaluate organ function.
- Radiation levels emitted from the patient are usually very low.
- The most common isotopes used for routine diagnostic scanning usually lose most activity within a day.
- Standard Precautions are to be used when caring for any patient who has been injected with an isotope for a diagnostic examination. No additional precautions are required.

Nuclear Medicine Patients Receiving Isotopes for Therapy.
- Used to treat tumors and hyperactive thyroids.
- Radiation Safety precautions for these patients are given on an individual basis per treatment.
- A Radiation precaution sign will be posted. Always check with the nurse/staff member in charge before entering the room of a patient with a radiation precaution sign posted.

RADIATION ONCOLOGY RADIATION IMPLANTS OR SEALED SOURCES
1. These are temporarily placed near the tumor to destroy the tumor
2. Radioactivity is generated when the source is placed and is eliminated when the source is removed.
3. Permanent implants involve placing small radioactive seeds with a relatively short half-life in the diseased organ, such as the prostate, and left there.

4. Patients receiving permanent implants usually are released on the same day as the implant, and are instructed how to minimize exposure to those they might come in contact with.
5. At Mount Nittany Medical Center, implants or sealed sources are primarily used in the Radiation Oncology Suite. Permanent implants are performed in the Mount Nittany Medical Center Operating Room.

DELIVERY OF RADIOACTIVE PACKAGES
1. Staff in Nuclear Medicine, Radiation Oncology, Security, Loading Dock, Emergency Dept, and Front Desk have received training in safe handling of radioactive packages.
2. If any staff not listed above are asked to accept a package that is labeled “radioactive”, contact a staff member from the above list.

Only specifically trained Nuclear Medicine and Radiation Oncology Staff are authorized to open or empty containers labeled “Radioactive Materials”.
Mount Nittany Medical Center’s Radiation Safety Officer is at extension 6137.

MRI Safety

Exclusion Zone
- Restricted area
- The magnetic field is always present and is an “Invisible Force”.
- Must be screened for contraindications and loose metal objects before entering this zone.
- All metal objects must be checked with a hand magnet prior to entering the Exclusion Zone.
- Do not enter the exclusion zone without permission from the MRI staff.

Patients being transported to MRI should be placed in the MRI Suite waiting area (which is located outside of the Exclusion Zone). Notify MRI staff of your arrival and await further directions.

Any personnel that need to enter the magnet room (i.e. Maintenance, Environmental Services, Patient Escort and other Radiology personnel) will need to review the MRI safety materials annually.

Reporting other issues, concerns or problems
Mount Nittany Medical Center is committed to ethical business practices in all aspects of its operations. Whether it is patient safety or quality, HIPAA privacy, employee or student relations, or business activities, the Medical Center strives to do the right thing.

You should always be able to discuss a concern with your immediate supervisor. If, however,
your supervisor or another member of the Medical Center's management team is not available, or if you are uncomfortable with discussing an issue with them, you can call the Medical Center's reporting hotline at extension 7809 or 814.231.7809 or toll-free at 855.641.8157. The hotline is available 24 hours a day, 365 days a year.

In addition to the hotline, issues or concerns may be reported directly to the Corporate Compliance Officer at extension 7189.

**Security Management**
The Security Management Program is designed to protect staff, patients, students, visitors, and Medical Center property from harm.

**How to report security incidents:**
In a serious emergency where you or another, are in danger of physical harm, **dial 4357**. Even if you cannot speak, the operator will be able to trace your call and send assistance. (Ex: A stranger has entered your office area and is threatening physical violence to the receptionist. You dial 4357 from your desk and leave the phone off the hook).

**What are the Medical Center’s identification procedures?**
Patient, staff and student identification are an important part of security management. All patients will be issued an identification bracelet upon admission. All employees and Medical Staff will be issued an identification badge, upon hire, that must be worn at all times when on duty. **Students are responsible for wearing an identification badge at all times.**

**Helpful Hints to Protect Your Personal Property:**
Do not bring large amounts of money or valuables to the medical center with you.

Do not leave valuables lying around (under desks, chairs, coat racks, on counters or in locker rooms, etc.).

If you must bring valuables, have them locked up. Student lockers are available on the basement level. If you do not have a safe place to lock them up, lock them in your vehicle or keep them on your person.

If you lose valuables or think they have been stolen, immediately notify the Security department.

If you see suspicious or strange people in your department, ask them why they are there. If you have a problem with them, notify security.

**Student/Instructor Sign-in/Sign-out**
Students and instructors are required to sign-in and sign-out when at Mount Nittany.

You may sign in and out using the iPad in the basement of the Medical Center. The site may also be accessed from any computer at Mount Nittany:

1. From Mount Nittany Connect, the intranet home page, click on “DEPARTMENTS” at the top of the page.
2. Click on “Education”.
3. Click on “Student/Instructor Sign-in/Sign-out”.
4. Follow prompts on the web site. Use your 4 digit number assigned through the Education Department.
5. During the sign-in process, click on the department assigned for the day.
6. Proceed through the screens until you reach the thank you for signing in page.
7. At the end of the clinical day, sign-out is required. Access the program the same way as outlined in 1-4, just click on the sign out option.

You may also use the following link to access the system using your phone:

https://www.volistics.com/ex/touch.dll?FROM=30371&PW=632667709

**Why do we track your hours?**
Tracking student/faculty hours at Mount Nittany Medical Center and Mount Nittany Surgical Center is a priority. Several reasons why tracking hours is important are listed below.

1. Emergent situations at Mount Nittany may require a need to know who is currently in our facilities. As students and faculty do not clock in (as employees do) this system allows for a way to indicate who is in the building and their possible location at any given time.
2. For patient quality and safety reasons, it may be important to identify who may have interacted with patients on any given date/time. This can quickly be ascertained through student/faculty service hour summary.
reports. Tracking hours (along with location within Mount Nittany) allows for pinpointing persons in a specific clinical area during a designated time frame.

3. Recommendation from Human Resources promote keeping accurate service hour records for all students at Mount Nittany.

4. Many educational experiences are provided to the area academic institutions at no cost to the student or the institution. However, there are costs associated with offering these opportunities that Mount Nittany absorbs to provide learning opportunities. These costs are reportable to the IRS by Mount Nittany Medical Center for Community Benefit purposes. Tracking student hours enables Mount Nittany Medical Center to track resources in support of Community Benefit reporting.

5. As an added benefit, tracking hours helps those students who need to meet minimum hour requirements for their internships. A copy of your hours will be provided upon request.

Tobacco-Free Facility
As a health care provider, Mount Nittany Health is committed to providing a healthy and safe environment, and to promote positive, healthy behaviors.

Mount Nittany Health maintains a 100% tobacco-free environment. This policy applies to employees, patients, physicians, volunteers, vendors and anyone who enters Mount Nittany Health-owned property or off-campus employee worksites.

For more information please refer to the Tobacco-Free Facility Administrative Policy 6047.

Clinical Students
Bariatric Equipment
Refer to Care of the Adult Bariatric Patient procedure, Clinical Resources Manual

The guideline applies to patients who are morbidly obese. It also applies to patients who are severely overweight and who weigh 350 pounds or more. The guideline is not applicable to obstetrical patients. Refer to the procedure for additional definitions.

With the exception of emergent situations, planning for the bariatric patient shall begin before the patient arrives at the Medical Center. This planning is intended to preserve the patient's rights and dignity and to ensure that services can be provided in an efficient and effective manner.

The Department will, upon notification of the need for service for a bariatric patient, assess availability of equipment and supplies to meet the patient's needs (please see Extended Capacity equipment list in the Care of the Adult Bariatric Patient procedure).

Bariatric inpatients are admitted to a private room whenever possible. This is to better accommodate equipment needs and maintain the patient's privacy and dignity.

Consideration should be given to placing bariatric patients in a room that meets the requirements for design as an Americans with Disabilities (ADA) room.

Transport of the bariatric patient within the Medical Center requires planning and may require specialty equipment (see the Extended Capacity Equipment List). Prior to transport, the Department notifies Patient Transport Services that the patient meets the criteria as a bariatric patient.

To assist with urgent transfer and transport issues, a Bariatric Team has been designated. A transfer or transport is considered urgent if a delay in moving the patient would cause harm to the patient.

The Bariatric Team is made up of the following personnel:
- Orderly- Obtains and operates bariatric lift, obtains other bariatric transport equipment as needed.
- Physical Therapist/Occupational Therapist- Functions as the Bariatric Team Leader. The Team Leader is responsible for assessing the situation and obtaining resources, both staff and equipment, appropriate to the transfer needs. The Team Leader also assigns team member responsibilities, appropriate to their training, during the transfer.
- Clinical Coordinator- Functions as the Team Leader in absence of Physical Therapist and Occupational Therapist.
- Primary nurse- Assists with transfer and lifting.
- Maintenance- Adjusts bariatric lift to meet needs of patient transfer

The Bariatric Team can be activated urgently through the Medical Center operator who will page team members through the individuals’ pagers.

Nursing Students
Please review Policy 3003, “Responsibility for Student Nurse Education.”

Assignments
Will be posted on the bulletin board in the Nurses’ Station. Under no circumstances should a student call the Medical Center for assignments. Assignments will usually be posted by faculty the morning of the clinical experience. Check with your instructor for posting information.
Absences
If you are going to be absent from clinical experience, the specific clinical unit is to be notified before your scheduled start time. Notification is done by calling 814-234-6702 and leaving your name, school name, and a brief message.

Report
Receive report on your patients from the assigned staff nurse as soon as possible after arriving on the unit. Report off to your staff nurse and clearly state what you have and have not done. This includes whether 1200 or 1600 vitals have been taken.

Vital Signs
- All are to be recorded in the computer (PCS)
- The appropriate equipment will be used for patient's size and age specific characteristics
- All vital signs (temperature, blood pressure, pulse and respiration) are routinely checked at 0800 and 1600 hours.
- The clinician/nurse may take the vital signs more frequently than ordered based on the patient's changing status or physician order.
- All vital signs: q6 hours at 0600, 1200, 1800, and 2400. TID will be taken at 0800, 1600, and 2400. All vitals ordered QID will be taken at 0800, 1200, 1600, and 2000.
- If the patient has an elevated or hypothermic temperature, it is automatically retaken and reported to the primary nurse. Refer to Clinical Resource Manual Procedure “Vital Signs” for guidelines.

Patient Care
- Routine Care (bath and bed) is to be completed before you leave.
- Patients who are scheduled for the Operating Room do not have beds made until they leave for surgery.
- All pre-operative care, including vital signs, should be completed at least one hour prior to surgery.
- All routine procedures that you are responsible for are to be completed.

Charting
- Most data entry is computerized and entered through the Meditech system.
- Appropriate data should be charted using the Problem, Intervention and Outcome Documentation System.

Supplies and Equipment
Any patient care equipment that is no longer needed should be disposed of, cleaned, and/or returned to the appropriate department before you leave the clinical area Label all bedside commodes, urinals, and measuring devices (i.e. graduates) with the patient’s name & room number.

Damaged linen should be placed in the linen hamper marked “Damaged/Torn Linen”. This includes linen that is torn and gowns missing snaps, etc. Do not place dirty, soiled linen in this hamper or it will be treated as soiled & sent for cleaning instead of mending.

NOTE: The following items must be discarded in RED plastic bags: disposable patient care items soiled with blood, items with visible exudates, secretions, or excretions from patients including personal protective equipment (gloves, gowns, masks, face shields), urinary drainage bags, and wound dressings.

Patient Meals
Patient meals times are listed on each unit. Employees from Nutrition & Culinary Services serve trays to all patients and return trays to the carts when the meal is completed. If a patient does not receive a meal, check with the Team Leader for the reason.

If a patient has not received a meal due to x-rays or other procedures, notify Nutrition & Culinary Services when the test is completed and request a meal. Testing departments will notify the unit if the patient may eat after scheduled tests. Before giving a tray to a patient with whom you are unfamiliar, confirm with the staff nurse whether the patient may eat.

Intake & Output - employees from Nutrition & Culinary Services will record the intake on the I&O sheet and the percentage of the meal consumed on the Dietary Intake Form when picking up trays. If you remove a patient’s tray, you need to do the same.

Pain Management

All patients undergoing care and treatment will be assessed for pain and all patients will be provided prompt response to reports of pain and management of their pain.

The patient’s right to appropriate assessment and management of pain extends to all patients, including, neonates, toddlers, preverbal children and cognitively impaired adults who are unable to self-report pain. All patients have a right to appropriate assessment and management of pain. Patients are responsible for notifying the physician or nurse if pain is not adequately controlled or if questions, problems or concerns about pain management arise.

Patients who are unable to self-report pain are assessed using an appropriate intensity scale.
Ongoing pain assessment is necessary to evaluate the changing nature of pain as well as the effectiveness of treatments for pain. The nurse is responsible for ongoing pain evaluation. Pain will be reassessed and documented regularly based on the needs of the patient. Reassessment will occur at least every eight hours; more frequently due to the patient’s response to the prescribed plan or a change in diagnosis or condition.

Ongoing pain assessment includes:
- Presence of pain
- Pain location
- Pain intensity rating
- Pain management goal
- Level of consciousness
- Intervention plan/comments

The pain intensity assessment tool utilized is identified in the medical record. Age, cognitive ability, patient preference and level of communication are considered when selecting a pain intensity scale. The following scales are approved for use:
- Wong-Baker Faces Pain Rating Scale
- Visual analog scale
- 0-10 scale for the cognitively impaired, based on assessment and observation of five areas: emotion, movement, verbal cues, facial cues and positioning/guarding
- FLACC scale for the neonate, toddler, and the preverbal child

Patients and families will be taught that pain management is a part of their treatment. To facilitate implementation of this educational process, all patients and families will be given a written explanation of why patients hesitate to report pain and the benefits of an effective pain management program. If the patient is unable to read or is a non-English speaking patient, a verbal explanation will be given based on the patient’s assessed learning needs. All patient education will be documented in the medical record.

**Restraint & Seclusion**  

All patients will be as independently functional as possible, and to the extent appropriate, free from physical and chemical restraint and seclusion techniques.

The term “restraint” includes either a physical restraint or a drug that is being used as a restraint. The same assessment, reassessment, and documentation procedures apply to all forms of restraints.

Restraints/seclusion will only be used when other less restrictive measures have failed.

Use of patient restraint/seclusion within the medical center is limited to those situations with adequate, appropriate clinical justification.

The purpose of restraint/seclusion is to prevent self-injury or injury to others while preserving the patient’s rights, dignity and well-being.

The standards for restraint or seclusion are not specific to the treatment setting but to the situation the restraint is used to address. The decision is driven not by diagnosis but by comprehensive individual assessment.

Restraints/seclusion must be ordered by a physician. If the order is written by a physician other than the attending physician, the attending physician must be contacted as soon as possible to notify him/her of the order and circumstances surrounding the restraint/seclusion episode. A physician’s order is not necessary to discontinue restraint/seclusion.

In cases of violent, aggressive behavior that places the patient or others in danger a registered nurse (RN) may initiate restraints/seclusion. The physician will be notified immediately of the event and need for restraint, and a verbal order will be obtained. The physician must see the patient face-to-face to perform an assessment within one hour after the initiation of restraint/seclusion.

If restraints are applied there will be on-going observation and assessment by the RN based on the type and duration of the restraint (Clinical Resource Manual Procedure “Care of the Patient in Restraint and Seclusion).

The restraint policy does not include the restraints (e.g., shackles and handcuffs) used with patients from law enforcement and correctional facilities.

When a reduction in behavior/activity, which prompted the use of a restraint, occurs, there should be an early release from the restraint/seclusion in accordance with the patient’s plan of care. If the patient’s behavior/activity escalates after restraint/seclusion is discontinued, a new order is required for restraint/seclusion. A temporary release from restraint/seclusion to care for the patient’s needs (for example, toileting, feeding, range of motion) is not considered a discontinuation of the order.

**Important Reminders**

Never discard any urine or stool specimens for patients with whom you are unfamiliar without first checking with the Team Leader or the individual giving the patient care.

Call bells should be accessible to your patients at all times. The procedure regarding answering call lights for patient other than your own will be discussed in orientation.

Before you leave the clinical area, it is essential that you check that the upper side rails on the
beds of your assigned patients are up and that the bed is in the low position. All documentation must be completed in the electronic medical record, chart, and the Electronic Medication Administration Record (EMAR). Report is to be given to the staff nurse before leaving. Never discharge patients until they have received their discharge instructions from an RN. The patient must be accompanied to the vehicle that will take them home.

**Student Parking**
Mount Nittany Medical Center is growing. Although we all look forward to the enhanced patient services the expansion will provide, parking can be severely limited. To better serve our patients and visitors, students are reminded NOT to park in designated visitor parking areas.

Parking placards are required for students parking at Mount Nittany Medical Center.

Students are expected to carpool. Student parking is available in the designated student area noted on map (see next page). Parking space at Mount Nittany Medical Center is not guaranteed.

CATA Red Link service to the main entrance and is available at no cost to PSU students. The Red Link service to Mount Nittany Medical Center starts at 5 AM through 11 PM. For up to date CATA information and route map please refer to [www.catabus.com](http://www.catabus.com).

CATA Red Link service to the main entrance and is available at no cost to PSU students. The Red Link service to Mount Nittany Medical Center starts at 5 AM through 11 PM, Monday - Friday.

CATA Red Link schedule at
Student Parking
TELEPHONE HOTLINES

CARDIAC ARREST.........................Dial HELP (4357)
Fire/Explosion..........................Dial HELP (4357)
Missing Infant or Child...............Dial HELP (4357)
Security Emergency..........................Dial HELP (4357)

CODED PAGES

Aggressive Patient Emergency .......................................................... "Code Gray" & Location

All Clear.............................................................................................................. "Code Clear"

Armed Aggressive Pt. Emergency .............................................................. "Code Silver" & Location

Cardiac Arrest (Blue = Adult, White = Pediatric)................................... "Code Blue" or “Code White” & Room No.

Cardiac Arrest Emergency Dept. .............................................................. "Code Blue or Code White" -- ED -- __ Mins.

Rapid Response Team (RRT).................................................................................. "Code Purple" & Location

Disaster Standby .................................................................................................. "Code External Triage" Stand-by

Disaster Plan Implementation ........................................................................ "Code External Triage" & Victim No.

Facility and/or infrastructure failures.......................................................... "Code Internal Triage" & Location

Fire or Explosion .................................................................................................. "Code Red" & Room No.

Main Computer is Down ................................................................................ "State which system is off-line"

Main Computer is Restored ............................................................................ "State which system is back on-line"

Lab or Radiology Computer is Down ............................................................ "Lab or Radiology computer off-line"

Lab or Radiology Computer is Restored ........................................................ "Lab or Radiology computer on-line"

Possible Missing Infant or Child................................................................. "Code Amber" & Location

Missing Infant or Child........................................................................................ "Code Amber" & Location"

Power Transfer in 10 minutes............................................................ "Power Transfer in ___ min."

Power Retransfer in 10 minutes............................................................... "Power Transfer in ___ min."

Severe Weather ........................................................................................... "Weather Alert" & Type of Weather expected

Bomb Threat........................................................................................................ "Code Yellow"

Trauma Team to Emergency Dept. ............................................................. Code “Trauma” ED -- ETA ___ Mins.

Hazardous Materials Spill........................................................................ "Code Orange" and Location

Water Shutoff ....................................................................................................... "Water Alert" & Time Off
Mount Nittany Medical Center
STUDENT AGREEMENT OF RESPONSIBILITY

Student: ___________________________________________________________

School: ____________________________________________________________

Field of Study: ______________________________________________________

Internship/Clinical Dates: _____________________________________________

This document contains a statement of responsibilities to be assumed by the student during the internship/clinical experience. The student is required to sign Mount Nittany Medical Center’s STUDENT AGREEMENT OF RESPONSIBILITY, which includes an Oath of Confidentiality, prior to activity at Mount Nittany Medical Center. If the internship/clinical experience is governed by an Educational Affiliation Agreement between Mount Nittany Medical Center and the above-mentioned School, this Statement of Responsibility is prepared in accordance with that Agreement.

Definitions:
Faculty Member - Employee/faculty of the school who directly supervises the student’s educational experience.

Preceptor – Mount Nittany Medical Center employee who guides and directs a student’s internship/clinical experience

The Student:

1. Agrees to work under the direct supervision of the Preceptor or the school’s Faculty member during internship/clinical hours.
2. Agrees to conform to Mount Nittany Medical Center’s dress code.
3. Agrees to assume responsibility for the completion of all internship/clinical assignments, such as written reports, required by the school.
4. Observes Mount Nittany Medical Center policies and procedures during the internship/clinical experience.
5. Agrees to comply with the health requirements as stated in Infection Control Policy 407, Health Policy: Students, Faculty and Contracted Patient Care Providers.
6. Adheres to scheduled hours and reports any absence promptly to the Preceptor/Faculty member. The student assumes the responsibility for making up the time missed through illness or family emergency.
7. Agrees, if appropriate, to maintain current professional liability insurance policy at limits recommended by the school.
8. Agrees to report any alleged, charged, or resolved ongoing incidents of criminal conduct to Mount Nittany Medical Center.

Oath of Confidentiality: I agree as a condition of my internship/clinical experience to treat all proprietary information relating to the business and operation of Mount Nittany Medical Center, information about individuals whom I encounter, all patient information available through any source, and all other information available to me through records and documents during my internship/clinical experience at the Medical Center in strictest confidence and keep the information, names and other forms of identities anonymous and I further agree that the information available to me will be used only for the purpose of my study/research/academic work. I understand that a violation of this confidentiality agreement by me may result in my suspension from the internship/clinical experience at the Medical Center and my breach of confidentiality will be reported to the agency/institution that I represent. Further, I understand that I may be subject to legal action for violation of this confidentiality agreement.

Release of Liability: I have reviewed important safety and customer service information provided to me and have had an opportunity to have questions answered about the information. I acknowledge that my internship/clinical experience at Mount Nittany Medical Center may involve observation of health care patient treatment and I hereby agree to release Mount Nittany Medical Center from any and all claims for injuries occurring to me as a result of my reaction (i.e. fainting, nausea, etc.) to the observation of health care patient treatment.

My signature below represents my agreement to be legally bound by the terms of this Agreement set forth above.

Signature: __________________________________________ Date: __________

Parent/Guardian Signature __________________________________________ Date: __________

(for Participant under age 18)
MOUNT NITTANY HEALTH
CONFIDENTIALITY STATEMENT

I understand that in the performance of my duties or exercise of my privileges as an employee, volunteer, Medical Staff member, or other person authorized by Mount Nittany Health, or as an applicant for any such positions, I may have access to and may be involved in the processing of confidential patient care information and/or confidential personnel information (together "confidential information", see definitions on the other side of this form) whether in electronic form, paper form or through direct observation. I understand that I am required to maintain the confidentiality of such information received by me at all times, both at work and off duty, and that my duty of confidentiality includes the proper safeguarding and disposition of confidential information in a manner that prevents unauthorized access and disclosure.

I understand that access to and use of confidential information for legitimate purposes is a privilege and not a right, and that loss of that privilege may occur if I violate the terms of this statement, among other potential penalties. I acknowledge that a breach of confidentiality occurs if I obtain access to confidential information of any kind or in any manner that is not consistent with the requirements of my job or role with the Mount Nittany Health. I acknowledge further that a breach of confidentiality occurs if I disclose confidential information by any means to any person or entity not authorized to receive it. I understand that these rules against access and disclosure specifically include confidential information about me and my family members, friends and co-workers.

I understand that a breach of my duty of confidentiality may result in disciplinary action including termination of my employment or privileges. I further understand that a breach of my duty of confidentiality may result in legal action or criminal charges against me individually, and that the Mount Nittany Health will maintain this statement on file indefinitely. I certify by my signature that I have received education concerning my obligation and duty to protect the privacy of confidential information as defined herein and within the Mount Nittany Health policies.

I certify that I am the only person using and in possession of the confidential passwords for computer system access that may have been issued to me or specified by me. Misuse of passwords is a violation of my duty of confidentiality and I understand that any action taken using my passwords will be deemed an action taken by me. I understand that violations of professional standards for the protection of confidential information are violations of professional ethics and/or law and may be reportable to one or more of the following: the appropriate State Board of Licensure; the Secretary of Health and Human Services of the United States; and state or federal law enforcement officials.

I understand that the requirement of confidentiality and my personal liability for any breach of that confidentiality continue indefinitely whether or not I remain employed by or associated with the Mount Nittany Health or any of its affiliated entities.

Printed Name: ________________________________
Signature: ________________________________ Date: __________________

☐ Employee ☐ Volunteer
☐ Physician ☐ Student
☐ Contract Worker ☐ Other: ________________________________
CONFIDENTIALITY STATEMENT

Confidential patient information is defined as any information that is paper-based, electronic, orally transmitted or observed that includes the identity of the patient and any associated data pertaining to the health of the patient, tests or therapies provided to the patient, health insurance data or billing data, address or telephone number, social security number, or any subset of patient data that may be used to identify the patient to whom it applies.

Examples of unauthorized access to confidential patient information include, but are not limited to, the following: viewing patient identifiable information in any form and/or by any means that is outside the scope of job or role; participating in or listening to conversations about patients not under one’s direct job responsibility or role; viewing patient schedules or similar documents when not part of the job or role; loitering in patient care areas without legitimate business reason; sharing or other misuse of passwords.

Examples of unauthorized disclosure of confidential patient information include, but are not limited to, the following: conducting a conversation about a patient when unauthorized persons are present and the conversation could take place in a secure area; intentionally or unintentionally leaving patient records or computer screens or systems accessible to unauthorized persons; permitting unauthorized persons to be in restricted areas such as unit stations or HIM where inadvertent disclosure is likely; directly disclosing patient information to any person not authorized to receive it by patient permission, job or role; disclosing to any unauthorized person that a patient was seen in the Medical Center receiving services, such as “Mom, I saw Betty in the Medical Center yesterday waiting to have a CT scan. Do you know what is wrong with her?”

Examples of unauthorized disposition or disposal of confidential patient information include, but are not limited to, the following: disposal of any patient records or patient identifiable information in the regular trash or recycling bins instead of the shredding box, including labels or notes identifying the patient; removing patient records or identifiable notes from the Medical Center when not authorized to do so; sending patient records via interdepartmental mail; misdirecting patient reports or other patient information to persons other than the authorized recipient.

Confidential personnel information is defined as records and information relating to payroll, salary, performance evaluations and related matters, disciplinary actions, attendance, employee health, disability, ADA matters, insurance benefit utilization, prescriptions, beneficiaries, dependents, court orders, wage attachments, employment applications, social security numbers, other contents of personnel files, contents of Medical Staff applications and files, and peer review information.

Examples of unauthorized access to, disclosure of and disposition and disposal of confidential personnel information are identical to or similar to the examples cited above for confidential patient information. Access is restricted to those persons authorized by job or role, and only for legitimate business purposes. Disclosure to unauthorized persons is prohibited except as may be provided for in Medical Center or Human Resources policy or provided by law. All such information must be kept secure from unauthorized access or disclosure, transported by hand or secure computer transaction rather than interdepartmental mail, and disposed of by shredding or transporting to Human Resources according to related Medical Center policies.