

Nursing Student Orientation Requirements

Nursing Student Name _____

School Attending _____

Quarter of Rotation _____

All of the requirements below must be completed and returned prior to your orientation date.

- National Background Check
PLEASE PROVIDE COMPLETE BACKGROUND CHECK
Including:
 - OIG (Office of Inspector General) Report
 - WATCH report
- TB Test, within 1 year. PLEASE PROVIDE DOCUMENTATION
- Flu Vaccination, within 1 year. PLEASE PROVIDE DOCUMENTATION
- Fairfax Hospital Nursing Student Guidelines-Therapeutic Boundaries
- Student Appearance Policy Agreement
- Confidentiality of Information Agreement
- Cell Phone/Mobile Device Policy Acknowledgement
- Student Acknowledgement and Agreement to comply with the UHS Code of Conduct
- Infection Prevention Quiz
 - EC/LS/EM In-Service Post Test

**Return completed packet to
Fairfax Hospital
Attn: Kyrie Troy**



Fairfax Hospital Nursing Student Guidelines- Therapeutic Boundaries

It is the responsibility of every student at Fairfax Hospital to exercise appropriate judgement and conduct him/herself with patients in a manner that reflects use of common sense and good judgement. The following general guidelines are for the information and guidance of all students at Fairfax Hospital. These guidelines are not all inclusive.

1. Students are to render care in a manner that respects the personal dignity and rights of each patient. Any form of patient abuse and/or neglect will not be tolerated and students are to support facility policy and procedures in this regard.
2. Counseling of a patient outside the realm dictated by the physician in treatment/care plan sessions is discouraged.
3. Patients are to be dealt with equally and fairly at all times. The selection of "favorites: is not beneficial to the therapeutic milieu or the patient population.
4. Students may not:
 - a. Be alone in a patient room, with a patient, with the door closed.
 - b. Escort a patient from the ground alone, without prior approval.
5. Befriending patients outside the facility is not acceptable.
6. Befriending patients after they have been discharged from the facility is not acceptable for a period of two years.
7. Any sexual relations between students and patients will result in termination of clinical rotation and shall further result in all applicable professional and legal sanctions against the student.
8. Students are not to reveal unnecessary personal information about themselves (such as home address, telephone number, and email address) to patients or patients' family members.
9. Students who have reason to believe another student or employee is committing a boundary violation are obligated, for the sake of patient safety, to bring such concerns to a hospital supervisor or their instructor.
10. Students who are licensed or certified in any profession shall follow all applicable rules of conduct.

I agree to abide by the above student guidelines

I understand that significant or repeated violations of therapeutic boundaries may be grounds for disciplinary action, up to and including my immediate termination.

I have read and received a copy of the above.

Student Signature	Date	Print Name
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Student Copy



STUDENT APPEARANCE POLICY AGREEMENT

This agreement is set forth to establish the appearance standard for students participating in their clinical rotation at Fairfax. It is expected that students provide a safe environment in a less formalized business setting.

I have received and understand the appearance policy of Fairfax Hospital and understand that it is my responsibility to adhere to the dress code of the hospital. I understand that if I am found to be wearing anything inappropriate or unsafe, including but not limited to the "forbidden item" list I will be sent home immediately and will have to schedule a make p day with my instructor.

Date: _____

Printed Name: _____

Signature: _____

School: _____



CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that in the course of my visit at Fairfax Hospital, I may learn the identity of patients or their family members. I understand that this is confidential/privileged information and subject to State and Federal laws, which protect the rights of patients in psychiatric facilities. I further understand that I may not discuss any of this information except with an authorized Fairfax Hospital employee/representative or with an appropriate consent signed by the patient/family. I understand that Federal Regulation 42-CFR Part 2 delineates patient's rights and ramifications for breach of confidentiality.

Date: _____

Printed Name: _____

Signature: _____

School: _____



CELL PHONE/MOBILE DEVICE POLICY ACKNOWLEDGEMENT

I certify that I have read and understand the Fairfax Hospital Cell Phone Policy. I understand that I am not permitted to use a cell phone or any other device that has a camera in patient care areas. I understand that a "patient care area" is any area where patients and/or their protected health information are located. For example, the cafeteria is a patient care area when patients are in the cafeteria. The nurse's station is also a patient care area, even if patients themselves are not allowed in the nurse's station, because their protected health information is stored there. I understand that if I need to check my cell phone, I will need to leave the patient care area to do so.

Date: _____

Printed Name: _____

Signature: _____

School: _____



STUDENT ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH
THE UHS CODE OF CONDUCT

I certify that I have read and understand the UHS Code of Conduct and agree to abide by it during the term of my clinical rotation at Fairfax Hospital. I acknowledge that I have a duty to report any alleged or suspected violation of the UHS Code of Conduct or the UHS Compliance Program.

I certify that I will promptly report any potential violation of which I become aware. I understand that any violation of the UHS Compliance Program, the Code of Conduct, or any relevant policy or procedure may subject me to disciplinary action, up to and including termination of my clinical rotation.

Date: _____

Printed Name: _____

Signature: _____

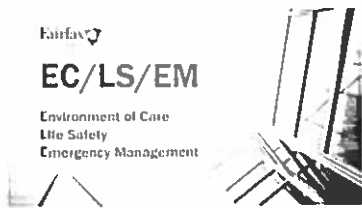
School: _____

Infection Prevention Quiz

Name: _____ Date: _____ Score: _____

1. Every employee at Fairfax Behavioral Health is responsible for Infection Prevention, regardless of their role.
True ___ False ___
2. The single most important thing you can do to prevent the spread of infection is to routinely wash or sanitize your hands. True ___ False ___
3. Personal protective equipment or PPE (gloves, masks, gowns, and goggles) should be worn while performing any work activity that has the risk of exposure to body fluids. True ___ False ___
4. When searching a patients belongings it is important to always look before you reach or grab. True ___
False ___
5. It is important to clean all equipment that touches the patient before use on the next patient. True ___
False ___
6. All employees are required to be screened for TB yearly. True ___ False ___
7. Hand hygiene after contact with any patient with diarrhea should be hand washing instead of hand sanitizer.
True ___ False ___
8. It is important to use the correct sanitizing wipe for the surface being cleaned. True ___ False ___
9. Alcohol based hand sanitizers may be used on all situations except when hands are visibly soiled. True ___
False ___
10. After washing hands with soap and water, one should use a paper towel to turn off the faucet. True ___
False ___
11. When wearing gloves, hand hygiene should be performed before and after use. True ___ False ___
12. When responding to a show or code grey, it is a viable option to keep gloves in your pockets, if no bodily fluids are readily apparent. True ___ False ___
13. Artificial nails have been shown to significantly reduce the effectiveness of all forms of hand hygiene and are thus not allowed for direct clinical care employees. True ___ False ___
14. Encouraging patients to practice personal hygiene is an important part of infection prevention. True ___ False ___
15. Staff is responsible for educating patients about hand hygiene and encouraging patients to use hand sanitizer before each med pass, groups, meal and snack. True ___ False ___

16. Staff is responsible for ensuring food is properly stored on the unit. True ___ False ___
17. Staff is responsible for ensuring soiled linens are placed in the soiled linen hamper promptly after use. True ___
False ___
18. If a patient has lice all their belonging should be placed in a YELLOW Biohazard bag. True _____ False _____
19. Items soiled with blood should be placed in a RED Biohazard bag and picked up by Housekeeping. True _____
False _____
20. Hospital linens soiled with urine or feces should be placed in a YELLOW bag and placed with soiled linens. True
_____ False _____
21. Micro kill 70 Wipe is used for keyboards, Mouse, Door Knobs, and Walls. True _____ False _____
22. Sani Bleach Germicidal Disposable Wipe is used for Glucometers, Blood/Bodily fluid spills, and
Mattresses between patients. True _____ False _____
23. I do not need to use the Micro kill 70 or Sani Professional wipe after using the bleach wipe. True _____
False _____
24. The Sani Bleach wipe has the tendency to break down equipment and increase risk of microbe
growth when used too frequently. True _____ False _____
25. Sani Professional Sani Wipes Quaternary Ammonium Chloride is used for hard, non-porous surfaces
like Keyboard, Mouse, and Door Knobs. True _____ False _____
26. How long do I have to wait after using the Sani bleach wipe before I can use the Micro kill 70 or the
Sani Professional Sani Wipe quaternary Ammonium Chloride to wipe the same
Surface/item? _____
27. What is the dwell time for Sani Professional Sani Wipes Quaternary Ammonium Chloride? _____
28. I need to use gloves with all cleaning products. True _____ False _____



In-service Post Test

Environment of Care | Life Safety | Emergency Management

I. Environment of Care

1. When observing a safety/security hazard, who is responsible for taking immediate action?
 - a. The charge nurse
 - b. All hospital employees (Me)
 - c. The hospital safety officer
 - d. My supervisor
2. The established response procedure for "tailgaters" (individuals attempting to follow you through a doorway without using their own access key-card) is
 - a. Be polite and hold the door for them
 - b. Stop, Challenge, Assist
 - c. Report it to your supervisor
 - d. Call Code "E"

II. Life Safety

1. Scenario: A hospital employee is performing a task which involves the use of a cart or other wheeled item. This item is not medical emergency equipment nor is it patient transport equipment. The employee is paged and must report to another area of the hospital. Before walking away from the wheeled equipment –
The employee must:
 - a. Stage the item someplace which is not within a corridor
 - b. Stage the item someplace which is not within a stairwell or an exit discharge
 - c. Stage the item someplace where it does not obstruct access to a corridor, a stairwell, or an exit discharge
 - d. All of the above
2. Photos, paintings, other art directly attached to the walls are permitted if
 - a. Not more than 30% of the wall surface is covered; in general areas
 - b. Not more than 50% of the wall surface is covered; inside a patient room
 - c. The artwork meets corporate approved design standards
 - d. Answers (a) and (b)

III. Emergency Management

1. As an emergency response exercise:
 - a. Employees should randomly activate the fire alarm
 - b. The power to the hospital is shut down annually
 - c. The hospital activates its Emergency Operations Plan twice a year
 - d. Code triage drills are conducted monthly
2. Identify the item which is not one of the "6 Critical Areas":
 - a. Rescue
 - b. Patient clinical and support activities
 - c. Communications
 - d. Staff responsibilities