

SCRMC 2015

Student Orientation

Welcome to South Central Regional Medical Center. We have prepared this guide to provide you with information about some of the policies and procedures at our facility. Of course this guide does not cover all information. If you have questions, or to report any issues, contact the director of the department in which you report.

All contractors/students must be orientated by Human Resources before beginning clinical rotations and/or entering the facility.

You will be issued an identification badge that must be worn at all times while on medical center property.

If you do not have a permanent badge that contains your name and picture, you will be assigned a temporary badge. Temporary badges must be picked up and returned to your home department each work day.

SCRMC MISSION: *SCRMC will provide exceptional service, open communication, recognize excellence, and measure quality while maintaining a commitment to those we serve.*

All non-employees are expected to exhibit respect and courtesy to our patients and guests at all times.

PATIENT CONFIDENTIALITY HIPAA

The privacy of our patients is required legally and ethically. Any patient information learned on the job and shared without authorization from the patient to share is a breach and could result in fines and imprisonment. Individuals should report any unauthorized use of confidential information to the Medical Center's Privacy Officer.

SMOKING POLICY

All South Central Regional Medical Center properties, buildings and vehicles are tobacco free. Smoking or the use of tobacco products is prohibited.

FACTS YOU SHOULD KNOW

- SCRMC Emergency Hot Line is **426-4111**
- If a product is unfamiliar and has a "CAUTION" label you should **check for potential hazards using our online MSDS at <http://hqmsdsonline.com/scrmcsl>**
- Emergency electrical outlets are **red**.
- Remove from operation and report any defective equipment.

DISASTER PREPAREDNESS

The alert system includes 2 levels of response depending upon the number of possible victims and the severity of the emergency situation.

ALPHA / BRAVO

In the event of a disaster, all vendors will be treated as visitors.

FIRE

Remember **RACE** in the event of fire.

- R** - remove all patients from danger
- A** - alarm; pull fire alarm and report fire
- C** - contain the fire; close the doors
- E** - extinguish the fire

USING A FIRE EXTINGUISHER

Remember **PASS** when using a fire extinguisher.

- P** - pull the pin
- A** - aim at the base of the fire
- S** - squeeze the handle
- S** - sweep from side to side of the fire until extinguished

SCRMC CODES

Code Blue or Code 99: Cardiac Arrest

Code White: Bomb Threat

Code Red: Fire Alarm/Alert

Code Pink: Infant Abduction

Code Black: Threat or harm to a person

In the event of an **INFANT ABDUCTION**, notify Security at **426-4493** or call the hospital operator at "0".

In the event of a **BOMB THREAT**,

Take notes of the conversation. If number is recorded on caller ID, write it down. Notify Security immediately by calling 426-4493 or the hospital operator at "0".

Language Assistance: Language Coordinator provides oral and written translation in Spanish in all areas. A language telephone service provides translation in 150 languages and dialects 24 hours a day, 7 days a week.

For Individuals Working in Patient Care Areas

INFECTION CONTROL

- Infection Control is a system to minimize the transmission of infection between patients and staff. All staff and physicians practice **Standard Precautions**. This means all blood and body fluid from all patients will be considered as potentially infectious regardless of patient's diagnosis.
- **Contact, Droplet, Enteric, or Airborne isolation** is practiced depending on the type and location of the organism present. (See signs on patient doors.)
- Individuals should wash their hands with soap and water, or use alcohol-based cleaner, between patients and before and after a task.

PAIN MANAGEMENT, FALLS AND RESTRAINTS

*All patients are screened for pain. The staff is educated about pain management.

*All patients are assessed as to their risk for falls. Appropriate education and equipment is provided based on patient need.

*Restraints are used only when clinically appropriate.

Acknowledgment of receipt.

Signature _____ Date _____

Print Name _____ Date _____

Employer _____ Date _____