

# Student & Faculty Clinical Passport



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# Instructions

- Please read the following Student & Faculty Clinical Passport.
- For the purposes of this Passport, all clinical partners or hospitals will be referred to as Clinical Agency.
- Sign and date the Statement of Understanding form.
- Submit the completed form to your school.

**Reading and signing the Statement of Understanding form must be completed annually. Students and Faculty are responsible for understanding and following all information contained in the Passport while in the clinical sites.**

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## INTRODUCTION

This manual has been prepared as a guide for all students and faculty having clinical experiences at a participating Clinical Agency. Outlined are the normal procedures, restrictions and safety regulations that must be followed while at a Clinical Agency. This manual does not cover every situation and does not replace policies at your facility. All students are expected to be familiar with the contents of this manual and are responsible for adhering to the information set forth as well as the policies of the Clinical Agency. Hospital policy supersedes this Clinical Passport.

As a student your job involves helping people. In doing that, you need to be sure to protect yourself and the patients with whom you come in contact. By following safety guidelines, you can assist with eliminating unsafe working conditions and health risks. Various organizations, including the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), Food and Drug Administration (FDA), The Joint Commission (TJC), Healthcare Facilities Accreditation Program (HFAP), and American Osteopathic Association (AOA) have designed specific safety guidelines to protect you and help keep your facility a safe and healthy workplace. Know where to go for information on safety and, when in doubt, ask a supervisor or manager. Remember – YOU are responsible for your safety, the safety of your patients, and the safety of your co-workers.

## PROFESSIONAL CONDUCT

### Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives patients privacy rights. It includes the following:

- The right to receive a notice of privacy practices, the right to read or receive a copy of their medical record.
- The right to request restrictions on the use and disclosure of their medical information.
- The right to request an amendment to their medical record.
- The right to receive an accounting of uses and disclosures of medical information that are not for treatment, payment, or health care operations.
- The right to request confidential communications, the right to not have his or her name listed in the hospital directory for hospital inpatients. Anything with patient identifying information must be handled as confidential. These items should be discarded as per agency process.

An Incidental Disclosure is a permissible disclosure. It occurs when reasonable safeguards have been taken to protect patient protected health information (PHI), but due to unforeseen circumstances, someone not involved in the treatment of the patient overhears the PHI.

Example: A man is admitted to a unit. He is alone. The RN closes the curtain and then asks the patient about his medical history. Unknown to the RN, the family comes to visit and stays outside the curtain. The family overhears the PHI. This is an incidental disclosure and not a HIPAA violation. If the curtain were not pulled and no safeguard taken, the Office of Civil Rights (OCR) would consider this a privacy violation.

A reasonable safeguard is a precaution that a prudent person would take to protect PHI. It is a commonsense safeguard.

Example: Before starting any collection or discussion of PHI, determine if the patient agrees to the presence (and thereby PHI disclosure) of ANY family member/visitor.

Reasonable Safeguards:

- Pulling the curtains
- Talking quietly when able
- Asking visitors to step out of the room when discussing PHI. The patient needs to consent to the presence of ANY visitor before discussing any PHI
- Providing counseling in a private area.

Common Mistakes:

- Talking about patient information in elevators
- Talking about patient information in the cafeteria

- Talking in public areas where it is easy for others to overhear
- Not shredding report sheets/notes when they contain PHI
- **It is not permissible to access a medical record if you do not have a medical need to know even for yourself, a family member, or a friend. If you violate patient confidentiality, your school may discipline you and you may lose the privilege to return to your assigned clinical site.**

## Social Networking and Cell Phone Use

Student cell phone use, including camera and text functions, during clinical time is prohibited. Personal contact with patients and families is prohibited through social networking systems (i.e., Facebook). This includes any post about patient condition, patient behavior, patient's visitors, or anything else about or related to the patient even if you do not use the patient's name. Confidentiality must be maintained along with maintaining professional boundaries through all social networking systems.

Any posts related directly or indirectly to a patient will result in a breach of patient privacy as well as school disciplinary action for the individual who posted.

## Dress Code

Clinical agencies expect students to be in proper uniform, including appropriate identification badges to be visible at all times and worn between the shoulder and the waist. It is imperative that a well-groomed and professional appearance is maintained. All clothing must be clean, neat, and well kept. It is never appropriate to wear stained, wrinkled, frayed, or revealing clothing in the workplace. Safety and infection control principles must be satisfied when selecting work attire.

### Jewelry

- Hoop earrings are not permitted.
- No more than 2 earrings per ear are allowed.
- Jewelry must be able to be worn with a gloved hand.
- Only one ring or ring set per hand is allowed.
- Necklaces that do not interfere with patient care may be worn.
- Bracelets or armbands are not permitted unless they are Medical Alerts.
- Watches are permitted.

### Piercings

- Body piercing hardware must be covered or taken out when at work, except for earrings (see above).
- A clear spacer may be inserted in the piercing while at work if it is not obvious.

### Tattoos

- Tattoos must be covered unless doing so creates an infection control risk.

### Nails

- Artificial or excessively lengthened nails are prohibited.
- Natural fingernails are to be well groomed and no longer than ¼ inches.

### Hair

- Must satisfy infection control standards and maintain patient and personal safety.

Socks or hose must be worn. Open toe shoes or sandals are not acceptable in any patient care area.

Excessive fragrances, body odors, or smell of smoke/tobacco products are prohibited.

Examples of unacceptable attire include, but are not limited to:

- Wearing suggestive attire (including leggings/tights/spandex)
- Denim/jeans
- Shorts/skorts
- Flip-flop or beach style sandals or shoes

- Spaghetti straps, sundresses, or midriff baring tops
- Workout clothes (wind pants, sweatpants, etc.)
- Obvious absence or presence of undergarments
- Ball caps or other headgear (except for religious, cultural, sanitary, or medical reasons and as approved)
- Lanyards

### **Professional Behavior and Expectations**

Clinical learning environments are places for applying the skills that students have learned in the classroom and lab. Students are compelled to deliver the highest quality of care possible in these clinical learning environments. If the student has questions or needs clarification on a procedure or intervention, they are obligated to refer those questions to the faculty or preceptor assigned to manage the student's clinical learning experience. The patient's safety is the highest priority, and the student should not let their questions go unanswered.

Students will demonstrate responsibility and accountability for personal and professional behaviors in all laboratory and clinical settings. Failure to demonstrate any of the following behaviors may result in dismissal from the clinical setting and a grade of unsatisfactory for that clinical day.

- Be a gracious guest – respect the clinical site's environment and time.
- Accept responsibility for own behavior, practice, and scholarship.
- Adequately prepare for clinical.
- Arrive and depart from the clinical setting promptly.
- Exhibit professional appearance and behavior.
- Maintain privacy and confidentiality.
- Advocate for patients.
- Demonstrate ethical behavior.
- Seek and utilize guidance from instructor and/or staff in an appropriate manner.
- Promote personal growth by self-assessment, self-disclosure, and utilization of feedback.

### **Drug Free Workplace**

Clinical agencies are committed to the highest quality of care for the patients, a safe work environment, and to the health and well-being of their employees and their families. Drug and alcohol abuse jeopardize the health and welfare of employees and patients. Clinical agencies' commitments are demonstrated by a clear policy and programs related to the prevention, recognition, and treatment of substance abuse. Clinical agencies' policies are to maintain a workplace free from alcohol and illegal drug use. The student and or instructor are subject to the same rules as the employees of the clinical agency where they are participating in clinical experiences.

### **No Smoking Policy**

Clinical agencies are dedicated to the well-being of all patients, visitors, students, faculty members and employees utilizing the facilities. Clinical agencies have instituted a No Smoking Policy throughout the facility and on all medical center property, including parking areas.

## ENVIRONMENT OF CARE

### Emergency Preparedness

Disasters can be human-caused or natural in origin, internal or external in effect. The primary adverse effects of disasters are the impact on the function of the hospital and/or community and mass casualties. Disasters include fire, explosions, acts of terrorism, flood, tornado, abduction, utility failure etc. Hospitals use the Hospital Incident Command System (HICS).

Code Name	Code Situation
Code Red	Fire
Code Adam	Infant/Child Abduction
Code Black	Bomb/Bomb Threat
Code Grey	Severe Weather
Code Orange	Hazardous Material Spill/Release
Code Blue	Medical Emergency – Adult
Code Pink	Medical Emergency – Pediatric
Code Yellow	Disaster
Code Violet	Violent Patient / Combative
Code Silver	Active Shooter, Person with Weapon / Hostage Situation
Code Dark	Cyber Security Threat (if used)
Code Brown	Missing Adult Patient

### Fire Safety

“Code Red” is announced in the event of a fire. Follow the R.A.C.E. plan below. When the fire is in another area, do not go to the scene unless you have been assigned to do so.

- RESCUE – remove persons in immediate danger.
- ALARM – alert others and pull the fire alarm.
- CONTAIN – close all doors in the area to help contain the fire and smoke.
- EVACUATE or EXTINGUISH – only extinguish the fire if you can easily do so.

All staff should be aware of the location of the Fire Pull stations and Fire Extinguisher boxes in their area. To use a fire extinguisher, follow the P.A.S.S. actions:

- PULL the pin from the fire extinguisher.
- AIM the nozzle at the base of the fire.
- SQUEEZE the handle.
- SWEEP Use the fire extinguisher in a sweeping motion.

Staff and employees should conduct themselves in the same manner for a drill (“Code Red Drill” announcement) as a real event with the exception of not extinguishing the fire.

### MRI Safety

All staff must follow all MRI safety requirements and understand that the magnetic environment is a unique and potentially dangerous situation if these special practices are not followed. The extremely high magnetic field will cause any object with



magnetic properties to be attracted with great force to the main magnet field. No metal objects (including non-MRI fire extinguishers) are allowed in the magnet scan room. The following list cites examples of items **NOT** allowed:

- Metal fire extinguishers
- Keys, key chains, metal pens
- Coins; jewelry-earrings, watches, necklaces
- Hemostats, knives, scissors, or other ferrous material
- Paper Clips
- Life support, monitoring devices, gas tanks
- Employee badges, credit cards
- Anyone with a pacemaker or active implant device

Medical equipment/devices will not function in the MRI scan room and are not allowed; therefore, this equipment must be disconnected before the patient is scanned. **If the equipment (i.e., life support devices) cannot be disconnected, the patient cannot be scanned.** Call to verify if alternate equipment is available.

## **PATIENT CARE**

### **National Patient Safety Goals**

Each year The Joint Commission (TJC) introduces required processes to reduce medical errors and enable the provision of safe, high quality health care. See <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/> for more information and to refer to current year safety goals.

### **Patient Rights**

The hospital respects the rights of patients. Each patient has a right to have his or her cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected. We must protect and promote the basic rights of patients and support the idea that observance of these rights promotes the highest standard of medical care and respect for each patient's personal dignity. Examples of patients' rights are the right to receive care in a safe setting, environmental safety, infection control, security, and appropriate pain management.

### **Special Needs**

Interpreter services must be offered to all non-English speaking patients (Limited English Proficiency) and patients who communicate using sign language. Interpreter services will be needed for any communication that influences the patient's understanding of their care or to obtain information for the purpose of care planning.

Interpreter services are required in the following situations:

- obtaining medical / psychiatric history or evaluation
- explaining diagnosis; treatment plans and schedules (medications, tests, procedures, any changes in the plan; need for continued hospitalization; discharge planning instructions)
- obtaining informed consent or permission to treat

To preserve patient confidentiality and safety, family or friends should not be asked to interpret for any patient or family member. Family and friends may interpret in an emergency while waiting for an interpreter. If the patient requests to use a family member or friend, it must be documented in the medical record.

### **Identifying and Reporting Abuse**

Every hospital associate is required by law to report any instance of abuse or physical injury that he/she reasonably believes is the result of abuse, neglect, or exploitation. The victim could be a child, an elder or another "covered person," i.e., persons with mental or developmental disabilities. All people have the right to be free from abuse, neglect and/or exploitation. Common signs and symptoms of abuse and/or neglect include verbal insults, emotional abuse, financial deprivation, threats, and/or sexual and physical violence.

Instances of domestic violence are reported to the police when serious physical harm is determined. A social worker should be requested for assistance. Students should report suspected abuse to their clinical supervisor or instructor.

### **Advance Directives**

The Patient Self Determination Act gives health care providers the responsibility to inform patients 18 years and older of their right to complete Advance Directives. The two types of Advance Directives that are frequently completed in the hospital are:

- Health Care Power of Attorney/Durable Power of Attorney (DPOA) - In this legal document, you name the person you would like to speak for you about medical decisions when you are unable to speak for yourself. A DPOA only applies to decisions regarding medical care – not finances or estate matters.
- Living Will- This document is a record of your wishes about life sustaining treatments if you become permanently unconscious or terminally ill and cannot make decisions for yourself. It is important to note that a Living Will is in effect ONLY when 2 physicians agree that you are permanently unconscious or terminally ill and that you are unable to speak for yourself.

Your “health care agent” (DPOA) can represent your wishes if both documents are available.

Upon admission, patients are asked if they have, or are interested in completing Advance Directives. For the Advance Directives to be honored, a copy must be in the chart. If a patient does not have Advance Directives and wants information or assistance in completing them, contact a hospital social worker.

### **Service Recovery**

Students are expected to assist in resolving problems or complaints. When approached by a person with a problem or a complaint, the student shall:

- Assist the person in every way possible to resolve the complaint.
- Inform the immediate responsible RN/clinical instructor of the complaint and advise him/her of the actions taken.
- Refer the person to patient relations if you are unable to provide adequate resolution of the problem, or if the complaint needs Hospital Administrative involvement.
- Students should report any complaints or problems to their supervisor or clinical instructor.

### **Incident/Safety Reporting**

An incident is any situation/occurrence that is not consistent with routine operations or with the standard quality of care rendered to a particular patient (i.e., fall, equipment failure, medication errors or general incidents).

- Sentinel event: A patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following: death; permanent harm; or severe temporary harm. An event is also considered sentinel if it is one of the following: suicide of any patient receiving care, treatment, and services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital’s emergency department (ED); unanticipated death of a full-term infant; discharge of an infant to the wrong family; abduction of any patient receiving care, treatment and services; any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient; hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups); rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital; rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any staff member, licenses independent practitioner, visitor, or vendor while on site at the hospital; invasive procedure, including surgery, on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure; severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter); prolonged fluoroscopy with cumulative dose >1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose; fire, flame or unanticipated smoke, heat, or flashes occurring during an episode of patient care; any intrapartum (related to the birth process) maternal death; severe maternal morbidity (not primarily related to the natural course of the patient’s illness or underlying condition) when it reaches a patient and results in any of the following: permanent harm or severe temporary harm.
- Near miss: A more serious incident that did not affect the outcome but would have significant risk of serious outcome if it happened again. The incident was caught and remedied before it was able to cause harm.
- Root Cause Analysis: Process for identifying the basic factors underlying performance failures in a sentinel event.

## **REPORT ANY INCIDENT TO THE HOSPITAL NURSE AND YOUR CLINICAL INSTRUCTOR / FACULTY RESPONSIBLE FOR THE AFFECTED PATIENT.**

### **Restraints**

It is a patient right to be free from restraints and seclusion. Restraints will be used only in emergent and unsafe circumstances when other reasonable, less restrictive methods are ineffective. Restraints will not be used as a means of coercion, discipline, convenience, or retaliation. Restraints include physical methods and medications that are not part of a patient's standard treatment. Use of restraint is driven by an assessment that indicates that less restrictive interventions pose a greater risk than the use of restraint/seclusion. Use of restraint is not driven by diagnosis. Restraints for violent, self-destructive patients can occur in any treatment setting and are not limited to Psychiatry. Refer to the patient's nurse for specific information about the use of restraints and the required documentation.

### **LIGATURE RISK: A SAFE ENVIRONMENT FOR ALL PATIENTS**

All patients have the right to a safe environment. This includes patients with psychiatric needs who might be at risk for intentionally harming themselves or others. All patients are screened for self-harm risk by a nurse. Patients who are at risk must be protected by using safety measures, which include:

- Observers/sitters
- Environmental checks to remove risks from the room.
- Removing equipment that can be used as a weapon or as a means of self-harm.

Previously many of those who were at risk for self-harm were isolated in behavioral health units. However, now they may be receiving care in any part of the hospital or medical facility. This means that all staff must be alert for potential risks.

### **Potential Self-Harm Risk Items**

Sharp items:

- Harmful substances such as unsecured chemicals
- Access to medications
- Windows
- Ligature Risks

Access to ligatures is especially risky for patients who may attempt self-harm by hanging or strangulation. **75%** of patients who commit suicide in the hospital use this method.

A ligature is anything which could be used for hanging or strangulation, such as a cord, rope, or other material.

A ligature anchor point is a fixed point, which a ligature might be tied to, wedged around or behind, or otherwise held in place by any means that allows the ligature to bear all or part of the patient's weight.

### **Ligature Examples**

- Plastic bags
- Bra straps
- Purse straps
- Torn strips of clothing
- Linens
- Phone charging cord
- Phone cord
- Rubber strips from door seals
- Ties
- Shoelaces
- Cords
- Belts

- Other items

### **Ligature Anchor Point Examples**

- Gaps between the window or the door and its frame
- Window or door handles
- Shower heads and shower controls
- Sink taps
- Furniture like metal bed frames, chair, or table legs
- Door hinges
- Ventilation grills, ceiling vents and ducts
- Sprinkler heads

### **Student Role in Preventing Patient Self-Harm**

If you notice an environmental safety issue that may pose a risk to patients in any facility, even if it is an area, you are only visiting or passing through, say something! Share your concerns with your leadership, and with the clinical unit leadership.

If you work in an area with patients who may be at risk for self-harm, ask your department leadership how to store equipment or supplies safely. It is everyone's job to keep our patients safe!

### **Pain Management**

Pain management and prevention requires an interdisciplinary approach. The patient/significant other, physicians, nurses, therapists, and other care providers collaborate to assess pain needs and develop a goal-based management plan (consisting of drug and non-drug interventions) to relieve pain based on the individual patient's functional needs. An aggressive approach to pain management can:

- Reduce pain
- Increase patient comfort and satisfaction
- Enhance functional abilities and physical and psychological well being
- Contribute to improve patient outcomes.

Pain is defined as whatever a patient or significant other state it to be. All patients have the right to appropriate assessment and management of pain and have the right to have a staff committed to pain management. Staff will assess and address pain needs objectively and without judgment using tools such as the Numeric Rating Scale (patient reports intensity of pain on a 0-10 scale), Wong Baker Faces, or the OPAS (observational scale for patients unable to self-report). The pain assessment and reassessments are documented in the medical record.

A patient's participation in his/her pain management may take many forms, including:

- Reporting intensity, quality, and location of the pain.
- Establishing goals for the pain management plan.
- Participating in the decisions regarding the type of pain management to be employed.
- Communicating the effectiveness of pain management.

Pain management standards require the following to be documented in the medical record: the patient's pain goal, ongoing assessment of pain, all therapeutic measures utilized, and the patient's response to those measures. The same assessment tool is used before and after the therapeutic measures. Example: if the Numeric Rating Scale is used to initially assess pain, it is used again to evaluate the effectiveness of the intervention.

### **Assessment and Reassessment Documentation**

Pain documentation provides a history of a patient's pain levels, as well as what interventions (both medicinal and non-pharmacological) have been effective in reducing pain and associated distress. When documentation is timely and complete, it improves the ability to continue to offer the interventions that have been helpful to the patient, and each reassessment of the patient provides a chance to fine-tune the patient's pain management plan. Refer to facility policies for appropriate timeframes for pain reassessment.

## Education

Providing education specific to pain management plans and intervention options is essential. Education and information empower patients and equips them to participate in pain management program.

## Non-pharmacological Pain Interventions

- Relaxation exercises – are not considered a pain relief measure because they do not always reduce the severity of the pain. It cannot be used with patients who have cognitive impairment. This intervention must be used with caution for patients with a history of hallucinations.
- Imagery – patients need to be capable and willing to imagine pictures. Imagery must be used with caution with patients who have a history of hallucinations.
- Music – has been widely used to soothe and relax. Preferred and familiar music may be effective in providing psychological comfort for patients regardless of the type of music.
- Holistic Health Specialists may be available in some clinical agencies
- Environmental considerations
- Distraction activities
- Comfort measures

## **Management of Transfusions (For Nursing Students only)**

- Students are NOT to be managing transfusions without a RN.
- Students are NOT to be managing transfusions in the pediatric setting.
- Students should understand transfusion reactions (physiological process/patient care) but are not expected to manage them independently and must be supervised by an RN.

When giving blood products, the nurse should remain in the room for the first 15 minutes when a transfusion reaction is most likely to occur.

## Understanding Transfusion Reactions

Signs and symptoms that may be associated with acute transfusion reactions include:

- Fever with or without chills, defined as a 2-degree Fahrenheit increase in body temperature
- Shaking with chills (rigors) with or without fever
- Pain at infusion site or in chest, abdomen, back, or flank
- Oozing from the infusion site
- Blood pressure changes, usually acute, either hypertension or hypotension
- Respiratory distress, including dyspnea, tachypnea, or hypoxia
- Skin changes i.e., flushing, itching, edema, hives (urticaria)
- Nausea, with or without vomiting, diarrhea
- Circulatory shock
- Urine color changes to pink, red, or black (hemolytic reaction).

## Care of the Patient (Notify RN immediately if suspected reaction!!)

If a transfusion reaction occurs at any point during the infusion the RN will:

- Stop the transfusion immediately
- Notify the physician
- Save all attached tubing and solution
- Treat symptoms per physician order
- Monitor vital signs as ordered

All transfusion reactions or incidents must be reported immediately to Blood Bank lab personnel. For urticaria or circulatory overload, the transfusion may be interrupted for treatment of symptoms, and then restarted.

Send to Blood Bank in a hospital approved sealed plastic bag:

- Remains of blood product

- Blood tubing – all tubing and solution (NS) into the IV site
- Transfusion Reaction form –with the Unit section completed

An acute transfusion reaction such as febrile non-hemolytic reaction presents with signs and symptoms of rigors, rise in temperature (2 degrees F), headache, malaise, or vomiting. (The patient may have an antibody to the donor WBC's). The physician will order to pre-medicate with aspirin-free antipyretic (acetaminophen) before additional blood product transfusions. Other symptom management may include antihistamine if the patient has experienced a previous allergic reaction. If the patient has rigors, the use of meperidine or steroids may be required.

Transfusion Related Acute Lung Injury (TRALI) is a rare, but serious syndrome, characterized by sudden acute respiratory distress following transfusion of FFP or other blood products. It usually presents with acute dyspnea, hypoxia, and noncardiogenic bilateral pulmonary edema within 6 hours of transfusion. Treatment includes provision of oxygen that may require emergent intubation with oxygen and ventilator therapy for up to 4 days.

If the Blood Bank suspects bacterial contamination of the unit, a request may be made for blood cultures of the recipient.

## **INFECTION CONTROL MEASURES**

### **Medical Asepsis**

Protect your patients and yourself! Practice medical asepsis for patient care procedures and maintain supplies in a clean and safe environment. Rotate supplies to prevent them from becoming outdated. Handle contaminated equipment and instruments with care. Remove any visible gross soiling from reusable medical equipment before transporting the items from the patient's bedside or treatment room to the soiled utility room. Carefully discard used sharps into puncture resistant containers. It is always important to maintain clean work areas to ensure a safe and clean patient care environment. Remember the Hepatitis B virus can live on surfaces for up to seven (7) days and the HIV virus can live on surfaces for 24 hours.

### **Standard Precautions**

Standard Precautions consists of a system of barrier precautions designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the health care setting. These precautions are the “standard of care” to be automatically implemented by ALL health care workers for contact with blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes of ALL patients and for EACH patient contact, regardless of the patient’s diagnosis.

Blood, body fluids, and Other Potentially Infectious Materials (OPIM) include:

- Blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva
- Any unfixated human tissue or organ
- Any body fluid visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids

It is the responsibility of each individual student to follow STANDARD PRECAUTIONS based on the degree of anticipated exposure to body substances. STANDARD PRECAUTIONS procedures include hand hygiene, personal protective equipment (gowns, gloves,

masks, eye protection and face shields), linen and laundry management, sharps safety, bloodborne pathogen post-exposure management and waste management for all as warranted.

### Hand Hygiene – Hand Washing and Hand Antisepsis

Hand washing is the single most important control measure to prevent the spread of infectious agents from one person to another.

- Hand Washing Procedure: Wet hands first with warm water; apply an adequate amount of soap to the palm of one hand and rub hands together for a minimum of 20 seconds, covering all surfaces of hands, fingers, and areas around nails and between fingers. Rinse well with running water and dry thoroughly with a paper towel. Using a paper towel to turn off the faucet is preferable.
- Procedure for Hand Antisepsis. Apply alcohol-based hand rub in sufficient quantity according to manufacturer's recommended amount to cover all surfaces of hands, fingers, and areas around nails and between fingers; allow the agent to dry, do not rinse off.
- Hand washing with soap and water must occur as soon as possible after touching blood, body fluids, secretions, excretions, and visibly contaminated equipment/surfaces, whether or not gloves are worn. This will also be necessary with patients diagnosed with or suspected of having C. Diff.
- Either hand washing or hand antisepsis must be accomplished after visibly clean gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients, personnel, or environment.
- Either hand washing or hand antisepsis must be accomplished between tasks or procedures on the same patient to prevent cross-contamination between different body sites.
- Minor lacerations or breaks in skin on hands should be covered with a bandage in case a glove leaks or tears. Students with large lacerations or breaks in skin that cannot be safely covered should be evaluated by their instructor to determine if they should be excluded from direct contact with patients or from managing patient specimens.

Alcohol hand sanitizers are available at most sites. Hospital policy should be followed regarding usage.

### Personal Protective Equipment (PPE)

- PPE (i.e., disposable gloves, fluid-resistant gowns, lab coats, isolation and resuscitation masks and disposable and reusable protective eyewear and face shields) are intended to protect healthcare workers from exposures to infectious hazards.
- After wearing, PPE must be carefully removed (i.e., to avoid contamination of skin or clothing) before leaving the work area and discarded in the designated container for either disposal or laundering. Disposal of PPE should occur at the site of use. In general, this will be prior to leaving the patient's room. Used PPE should be discarded into trash or soiled linen hamper, unless moderately/grossly soiled with blood or blood body fluids.
- The PPE worn must be appropriate for the task or procedure being accomplished. Students should wear as much or as little PPE as necessary to prevent blood, body fluids, secretions, and excretions except sweat, from direct contact with skin, mucous membranes, and clothing.

### *Disposable, Single-Use Medical Exam Gloves*

- Gloves must be worn when contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, contaminated surfaces, or medical devices can be reasonably anticipated. Gloves must also be worn to perform venipuncture, other vascular access procedures and as required for the practice of medical asepsis.
- Remove and discard gloves during patient care between tasks and procedures on the same patient and when moving from a contaminated body site to a clean body site. Replace torn, punctured or otherwise damaged gloves as soon as patient safety permits. Do not wash gloves for use for different patients.
- Gloves should **NOT** be worn:
  - for the care of more than one patient
  - away from the bedside or lab bench
  - at the nursing station
  - to handle charts, clean linen, clean patient equipment or patient care supplies
  - in hallways or elevators, unless providing patient care in transit.
- Sterile gloves should be worn when aseptic technique is required.

## *Gowns*

Gowns must be worn to prevent contamination of clothing and protect the skin of healthcare workers from blood and body fluid exposures during patient care procedures that are likely to soil clothing. Hospitals may use linen or disposable gowns. Gowns must be changed after each patient use. Soiled gowns should be discarded in garbage or laundry upon leaving each patient's room.

## *Masks, Eye Protection (Goggles or Glasses with Side Shields) and Face Shields*

- Masks, eye protection or face shields must be worn to protect mucous membranes of the eyes, nose and mouth during either procedures or patient care activities that are expected to generate splashes or sprays of blood, body fluids, secretions or excretions (e.g., suctioning, trauma care, surgery, intubation, emptying bedpans/suction canisters into hopper/toilet). Masks must also be worn when providing care to coughing patients with suspected infectious etiology.
- Masks are to be worn for single patient use and must be removed and discarded upon leaving the patient/procedure room.
- Reusable eyewear and face shields should be inspected for soiling after each use. If visibly soiled with blood or body fluids, they must be washed with soap and water, rinsed, and then disinfected by using a germicidal agent.

## Other Medical Equipment

Stethoscopes, otoscopes, reflex hammers, and similar items should be cleaned with alcohol wipes (i.e. Sani Cloth Plus® or Cavi-wipes®) between patients. Single-use items (e.g., thermometers, blood pressure cuffs) should be used when possible; items labeled as "single-use" must be properly discarded and not reprocessed for reuse. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods for resuscitation.

## Linen and Laundry Management

If a student's clothing becomes soiled with blood or other potentially infectious materials associated with the transmission of bloodborne pathogens, the hospital policy should be followed. Health care clothing that becomes soiled with blood or body fluids capable of transmitting a bloodborne pathogen (e.g., HIV, HBV, HCV) must be rendered non-infectious.

## Sharps Safety

Caution should be taken to prevent sharps injuries when handling needles, scalpels, and other sharp instruments or devices by promptly disposing them into designated sharps containers.

- Sharps containers should be sealed, discarded, and replaced when one-half to two-thirds filled.
- Whenever possible, select a safety engineered needle or other safety device to assist in the prevention of sharps injuries.
- Never recap used needles or use any other technique that involves directing the point of a needle or sharp toward any part of the body.
- Do not remove used needles from disposable syringes by hand. Do not bend, break, cut or otherwise manipulate used needles by hand.
- Work safely and do not stick yourself or your co-workers.
- Do not grab for a falling sharp; let falling sharps fall.
- Do not pick up broken glass by hand.

## **Food and Beverages in the Workplace**

Unsafe work practices can lead to contamination of food and beverages and potentially expose health care workers to all types of pathogens. Protect yourself by following the required work practices concerning the management of food and beverages:

- Store food and beverages in department-specific approved areas. Do not store it in areas where blood or other potentially infectious materials may be present, such as refrigerators/freezers, cabinets, countertops, or shelves.
- Staff food must be stored in a separate refrigerator from patient food. Food may **not** be stored in the same refrigerator as pharmaceuticals. Food must be labeled with date and name.
- Food and beverages may not be eaten at the nurse's station, any area where patient care is provided or any place where laboratory specimens are present.
- Generally, food and beverages may be consumed in conference rooms, kitchens, staff lounges, and the cafeteria. Every department has a designated area for storing and consuming food and beverages. Know your department's policy and follow it!



- NEVER apply cosmetics or lip balm or handle contact lenses in patient care areas or laboratory settings.

### **Work Restrictions due to Illness**

Maintain good personal health and hygiene and do not come to work if you are sick! Students experiencing an acute infectious process (e.g., febrile illness, acute respiratory infection, gastroenteritis, bacterial conjunctivitis, shigellosis) must be restricted from clinical practice until the infectious process is resolved. Students must be able to demonstrate proper hand hygiene techniques. Students with draining lesions that cannot be covered with dressings and clothing should not work in clinical settings.

### COVID-19

Students should refer to the Center for Disease Control website for guidance of current symptoms for COVID-19. All students will be screened for symptoms, prior to entry into the clinical agency. Special circumstances may be instituted during an infectious disease outbreak. Please refer to your clinical agency for specifics.

### Herpes Simplex Virus (HSV) Infections

Students with oral herpes lesions will not be permitted to provide care for immuno-suppressed patients (cancer, chemotherapy, HIV infection, high-dose steroids), infants under age of 28 days, NICU patients, patients with open or weeping wounds or burn patients. Care may be provided to patients not meeting the above criteria if a mask is worn to avoid direct contact with the infected lesions. Herpes Whitlow (sores on finger) – no direct patient contact is allowed. Students with evidence of active HSV infections (i.e., cold sores, fever blisters, herpetic Whitlow) must notify your instructor or preceptor and the department director of the presence of active lesions. Students may not be assigned to the care of any high-risk patient until the lesion(s) is dry and crusted.

Examples of patients at high-risk for serious complications should transmission occur include:

- patients less than 6 months of age
- recipients of solid organ and bone marrow transplants
- patients receiving cancer chemotherapy and/or radiation therapy
- patients receiving high dose steroids
- patients with widespread skin disorders such as burns or scalded skin syndrome
- any immunocompromised patient

Students with active lesions of the face (e.g., cold sores, fever blisters) must strictly observe hand hygiene procedures and must wear a mask to cover the lesions when working within 3 feet of the non-immunosuppressed patient.

Students and Faculty with herpetic Whitlow (i.e., painful HSV infection of the finger) are prohibited from patient contact until the lesions are crusted and dry.

### **Transmission-Based Isolation Precautions**

Patients with confirmed or suspected infectious or communicable diseases or specific significant pathogens must be managed in transmission-based isolation precautions, in addition to the practice of Standard Precautions. Also, severely immunosuppressed patients are managed in Protective or Neutropenic Isolation Precautions, which vary based upon the degree of immunosuppression. Listed below is a summary of the types of Transmission-Based Isolation Precautions that may be practiced.

- Airborne Precautions: used for diseases spread by the airborne route (e.g., measles and varicella zoster virus infections, such as chicken pox or disseminated shingles in an immunosuppressed patient; requires a negative pressure room).
- Hospital issued airborne mask or respirator: required for patients with confirmed or suspected active tuberculosis disease; requires negative pressure room and a hospital issued airborne mask or respirator. Students are NOT permitted to enter these rooms, as students are not fit-tested for the hospital issued airborne masks or respirators. (Tuberculosis: Students and Faculty are not to care for patients with known or suspected infectious tuberculosis due to the impracticality of providing the mandated employee respiratory protection program to students). Do not utilize writing utensils and paper in these rooms unless they will always remain in these rooms. Remember to clean your stethoscope, any computers, and reusable equipment with Sani-wipes before removing them from these rooms.
- Droplet Precautions: used to contain organisms that are spread by large respiratory droplets, such as influenza, meningitis, certain types of pneumonia, toxic shock and German measles or rubella.

- Respiratory – Contact Precautions: used to contain organisms that are spread by both droplet and through contact with environmental surfaces and equipment. Examples include respiratory syncytial virus (RSV) and viral pneumonia; also required for the care of patients with Cystic Fibrosis to contain their multiple-drug resistant organisms.
- Contact Precautions: used to contain infections and pathogens that re-spread by direct contact with the patient or with contaminated surfaces and equipment in the patient's room. Examples include congenital syphilis, bacteria colonizing draining wounds, congenital herpes simplex infections and agents causing gastroenteritis such as rotavirus and E. coli 0157:H7.
- Strict Isolation: used for highly communicable, multiple-antibiotic resistant organisms (i.e., vancomycin resistant enterococcus {VRE}).
- Handwashing only – for contact with suspected or confirmed Clostridium difficile patients.

## **POST-EXPOSURE MANAGEMENT**

### **Blood and Infectious Body Fluids**

In the event a student experiences a percutaneous or mucous membrane exposure to a patient's blood or other potentially infectious body fluids, the following procedure should be followed:

- Wash the injury site with soap and water and apply an antiseptic, or
- Irrigate involved mucous membranes with copious amounts of saline or water, and
- Report the exposure to the clinical instructor who should contact infection control, employee health, school, and/or any other appropriate authority to facilitate an "exposure risk assessment." Exposures determined to be "high risk" for potential exposure to HIV must be triaged to a knowledgeable health care provider who can provide counseling and anti-retroviral prophylaxis in keeping with the Public Health Service Guidelines for the Management of Healthcare Worker Exposures to HIV.
- Anti-retroviral prophylaxis should be started within about two hours of "high risk" exposures to HIV positive blood.
- The exposed student should consult the clinical instructor or supervisor for post-exposure follow-up.
- Typically, an exposure is not a life-threatening situation; therefore, an Emergency Department follow-up is not required unless emergency care is deemed necessary (i.e., sutures).
- IF THE SOURCE PATIENT IS HIV POSITIVE AND THE STUDENT HAS EXPOSURE TO THE SOURCE BLOOD VIA Sharps injury or splash to open skin or mucous membrane, the student should be evaluated for HIV exposure, either in an ER or Occ Health setting. Student should report any exposures to their clinical instructor and/or supervisor.

### **Other Communicable Diseases**

Students who sustain a significant exposure to the following communicable diseases in the course of their student role should notify the clinical instructor/clinical manager of the unit (who in turn, will contact Infection control, employee health, and/or any other appropriate authority) for evaluation and management:

- Pertussis
- Meningococcal disease (Neisseria Meningitis)
- Mycobacterium tuberculosis
- Potentially infectious skin disorders such as Norwegian scabies or syphilis lesions

## **WASTE MANAGEMENT**

### **General Trash**

General trash includes all trash generated in the care of patients that is not more than lightly soiled with blood or body fluids that could transmit a bloodborne pathogen.

The following items are to be placed in general trash:

- Disposable patient care items that are not soiled or lightly soiled with blood or other potentially infectious materials (e.g., gloves, Band-Aids, diapers, Chux).
- All waste from the rooms of patients in protective isolation.

- Routine paper waste (e.g., paper towels, newspapers, food and drink containers, wrappers for sterile items).
- Diapers and feminine hygiene products.
- IV tubing, IV fluid containers, catheters, and drainage bags, if they are not bloody and do not contain any medications. Anything with patient identifying information must be handled as confidential. These items should be discarded as per agency process.
- Disposable pillows.

### **Infectious Waste**

Infectious waste is defined as waste that if improperly managed can transmit a bloodborne pathogen or a communicable disease for which a patient has been placed in isolation precautions. The following is a list of infectious waste:

- Sharps waste that includes contaminated needles, scalpels, razor blades, etc. All sharps waste must be discarded into a puncture-resistant sharps container. Sharps containers should never be overfilled and must be properly secured to prevent tipping, spilling, or leaking.
- Disposable items that are moderately to grossly soiled with blood or body fluids associated with transmission of transmitting blood borne pathogens.
- Disposable items soiled with excretions or secretions capable of transmitting infectious disease from patients that have been placed in Transmission-Based Isolation Precautions.
- Infectious medical or “red bag” waste must be discarded into “red bags” or other containers that are conspicuously labeled with the international biohazard symbol.

### **Blood and Body Fluid Spill Clean-Up Procedures**

Blood and body fluid spills should be cleaned promptly in keeping with the specific hospital guidelines. Students should report all blood and body fluid spills to their instructor.

### **Medication Waste**

#### **Resource Conservation Recovery Act (RCRA) hazardous waste**

A solid waste or combination of solid waste, which because of its quantity, concentration, or physical, chemical or infectious characteristics may cause or contribute to an increase in mortality or an increase in serious illness; or pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of.

- Characteristic: waste that is ignitable, corrosive, reactive or toxic (designated as “D” drugs)
- P-list: drugs that are specifically listed by the Environmental Protection Agency (EPA); pose an acute risk to the environment and require special disposal processes.
- U-list: drugs that are specifically listed by the EPA; pose a toxic risk to the environment and require special disposal processes.

*Hazardous drug:* Any drug identified by at least one of the following six criteria:

- Carcinogenicity,
- Teratogenicity or developmental toxicity
- Reproductive toxicity in humans
- Organ toxicity at low doses in humans or animals
- Genotoxicity (DNA damaging) or
- New drugs that mimic existing hazardous drugs in structure or toxicity. (NIOSH)

*Cytotoxic drug:* A pharmacologic compound that is detrimental or destructive to cells within the body.

*Hazardous pharmaceutical waste:* pharmaceutical waste with a chemical composition or other properties that make it capable of causing illness, death, or some other harm to humans and other life forms when mismanaged or released into the environment.

**Non-hazardous pharmaceutical waste:** all pharmaceuticals intended for waste that are not classified as hazardous.

**RCRA empty:** all waste has been removed using practices commonly employed industry-wide to remove waste from the container and no more than 3% by weight of the total capacity of the container remains.

**Aerosol and aerosolized inhalers:** unused, partially used or completely used containers of medications and other chemicals where the delivery system uses pressurized gas.

**Bulk:** Volume that remains because of an interrupted or partially used product (greater than 3% of original volume remaining in the container).

**Trace:** volume that remains after the product has been completely used: less than 3% of original volume remaining in the container.

Pharmaceutical Waste Designated Containers: Color/Waste Type	Code	Examples
Black – (U-listed waste)	BKC Black Container	Medication left that poses an environmental risk; Insulin; Alcohol-based liquid meds; Antiseptics; Full or partial IVs or vials identified as U-listed waste
Black- Nicotine/warfarin container (P-listed waste)	PBKC-Nicotine/ warfarin container	Warfarin (Coumadin); nicotine meds; empty packaging for warfarin & nicotine gum; backing from nicotine patch
Aerosol container for respiratory	SP- Aerosol	Inhalers
Send to Pharmacy – Hazardous (Place in zip-lock bag)	All SP Codes	Aerosols; Unused silver nitrate
Black/Yellow – Chemo	Chemotherapy or Cytotoxic	Black- chemotherapy medications or their containers that are NOT empty Yellow- Empty containers of cytotoxic/chemo drugs or chemotherapy personal protective equipment (gowns, gloves, etc.)
Red – Sharps not containing medication	None	Sharps; infectious waste; needles; empty syringes (oral and injection); empty glass ampules

### Hazardous Materials and Waste

A hazardous substance is defined by the OSHA standard as any item or agent (biological, chemical, radiological and/or physical), which has the potential to cause harm to humans, animals, or the environment, with by itself or through interactions with other factors.

Many healthcare workers use hazardous chemicals and/or medical gases on a routine basis. Because certain dangers are associated with these materials when they are handled improperly, OSHA has developed the **Hazard Communication Standard (HazCom)**. It requires employers to inform employees of workplace hazards. You have the “right to know” how to protect yourself against those hazards.

HazCom requires chemical manufacturers, employers, and employees to take steps so everyone who works around hazardous chemicals:

- understands their specific hazards.
- has the information and equipment to prevent safety and health problems.

HazCom requires employers to develop a written hazard communication program that informs employees:

- about the HazCom rule and how its requirements are applied in the workplace.
- how to recognize, understand, and use labels and safety data sheets (SDS).
- how to work safely when using hazardous material(s).

The Safety Data Sheet (SDS) provides detailed information about the hazards of materials. Safety Data Sheets (SDS) should be reviewed before you start any job using a hazardous chemical. Hazardous materials must always be handled and disposed of in a safe manner. Never use a material without knowledge of its hazards and appropriate protective measures. All containers of hazardous substances must be labeled with their identity and hazard warning including target organs. Report any containers that do not have identity and/or hazard warnings on them to your supervisor immediately! Unlabeled containers can be dangerous.

## **GENERAL SAFETY**

### **Personal Safety**

- Secure your personal belongings in an area that is not accessible to others. Use locks if available.
- Do not bring large quantities of cash to the clinical at any time.
- Lock your car and do not leave valuables inside that are visible to others. Please place your valuables in the trunk of your locked car prior to leaving home.
- Question all individuals who do not look like they belong to the facility. All staff, physicians, and volunteers should be wearing an ID (hospital) badge. Report any suspicious individuals to hospital police or security.
- If you feel uncomfortable about going to your car, request help from hospital police or security.
- If you have been threatened by anyone, report this to a management person.
- Do not bring any weapons onto clinical agency grounds.

### **Latex Allergy**

Recent studies have shown an increase in the number of health care workers suffering from Latex Allergy. Risk factors for Latex Allergy include frequent use of latex gloves, exposure early in life and length of exposure, allergies to certain foods, and ragweed allergies. You should be tested for Latex Allergy if you experience any of the following symptoms immediately following exposure to latex: skin redness, hives, itching, runny nose, itching eyes, scratchy throat, and asthma. A blood or skin test is needed to confirm the allergy. If you test positive for Latex Allergy, there are special precautions you should take, including use of non-latex gloves, using powder-free gloves, wearing glove liners, avoiding oil-based hand creams or lotions, and washing hands with mild soap and drying thoroughly.

### **Preventing Workplace Violence and Harassment**

All employees/associates are responsible for being aware of violence in the workplace policy. Report immediate incidents or threats of violence to security. Report non-urgent concerns to your supervisor. Practice effective methods of anger control with peers, supervisors, patients, physicians, vendors, and visitors.

Clinical Agencies are committed to maintaining a work environment free from harassment. Conduct or behavior that creates an intimidating, hostile or offensive work environment is prohibited. Understand the definition and the serious nature of harassment in the workplace. Contact your hospital supervisor and school coordinator if you are subject to harassment in the workplace. Cooperate in investigations and act proactively to keep the workplace free of harassment.

### **Radiation Safety**

Anyone who cares for patients in a clinical environment or works with or near radiation generating equipment (RGE) in a non-clinical environment has the potential for occupational exposure to radiation. For this reason, an understanding of basic radiation protection principles is important for many medical center employees, students, and visitors.

Awareness and observance of warning signage is the first measure for avoiding unnecessary radiation exposure. For those who are exposed to radiation during their daily work, following three basic principles of radiation protection can minimize exposure:

- **TIME:** Minimize the amount of time you spend close to the source of radiation
- **DISTANCE:** Maximize distance from the source of radiation
- **SHIELDING:** Place shielding between you and the radiation

There is no smoking, eating, drinking, storage of food/drink, or application of cosmetics/lip balm in any area that contains radioactive material.

#### **References**

Greater Dayton Area Hospital Association: <https://gdaha.org/>

<https://www.jointcommission.org/standards/national-patient-safety-goals/hospital-national-patient-safety-goals/>

<https://www.cdc.gov/>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<http://codes.ohio.gov/oac/4723-5>

<https://www.hhs.gov/hipaa/for-professionals/index.html>

#### **Patient Self Determination Act**

<https://www.govinfo.gov/content/pkg/GAOREPORTS-HEHS-95-135/pdf/GAOREPORTS-HEHS-95-135.pdf>

<https://www.congress.gov/bill/101st-congress/house-bill/4449>

#### **OSHA:**

<https://www.osha.gov/aboutosha>

<https://www.osha.gov/coronavirus/standards>



**GREATER DAYTON AREA HOSPITAL ASSOCIATION (GDAHA)**  
**STUDENT AND FACULTY**  
**CLINICAL PASSPORT**  
**STATEMENT OF UNDERSTANDING**

**DIRECTIONS:** *After reading the Clinical Passport document, please sign and date below, indicating your status as a student or faculty.*

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**I have read, and will adhere to, the guidelines provided in the current GDAHA Clinical Passport document.**

\_\_\_\_\_  
**PRINTED NAME**

**STATUS:**    \_\_\_ STUDENT    \_\_\_ FACULTY

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Note:** This is an annual requirement.