The objective of this packet is to help the clinical instructor and the clinical group become familiar with the philosophy of LifeBridge Health facilities and to provide information that is needed for a successful clinical rotation.
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STUDENT & INSTRUCTOR REQUIREMENTS

Nursing students must meet the following requirements prior to beginning their experience at any healthcare facility within LifeBridge Health.

1. **Education Affiliation Agreement**
The nursing school (college, university, school program) must be covered by a current affiliation agreement with the health care provider/organization before requesting an educational experience/rotation with the hospital or clinical service area. Students and/or instructors can contact their school representative or the health care provider/organization to verify an agreement is in place.

2. **Accredited Educational Programs**
Students must be from educational programs that are accredited by national accrediting agencies and/or state organizations as appropriate (MHEC, MBON, CCNE, NLN, etc.).

3. **Verification & Documentation**
The Educational Program (college, university, school) must have verification or documentation of the following items:

   - Measles-Mumps-Rubella, Tdap, Varicella, Hepatitis B
   - Verification can be provided by: 1) documentation of immunization 2) positive antibody titer.
   - Verification of TB testing in the past year
     - Each student is required to have an annual screening for tuberculosis by an intradermal PPD test.
     - Students that are PPD positive need to verify they have had an adequate work-up for tuberculosis and are currently not communicable (chest x-ray report, Physician, or Health Department note).
   - Influenza vaccine
     - Students are required to have an influenza vaccine if working during the winter months.
   - Criminal Background check (if 18 years of age or older)
   - Urine drug screen (10 panel drug screen)

4. **Read the Student Orientation Booklet**
This orientation booklet provides a list of standards to be followed by nursing students in health care settings.

   As part of the school’s affiliation agreement with the health care provider/organization, students are subject to general rules, policies and regulations of the facility.

5. **Complete the Nursing Student Passport Orientation Checklist:**
Clinical Coordinators and/or instructors must verify necessary documentation needed for each student and instructor by completing the Nursing PASSPORT orientation checklist. This form is to confirm that students and instructors have the necessary immunizations, influenza vaccination, urine drug screen, and criminal background check and have reviewed the orientation manual before entering onsite.

   Please note that this form must be completed for ALL nursing students and ALL instructors entering into a LifeBridge Health facility, including student groups, practicum students, leadership students and graduate students.
A copy of this form can be found on the LifeBridge Health nursing website: http://www.lifebridgehealth.org/nursingstudents/#passport

This completed form is a part of the orientation packet which must be returned to ERC at least ten days prior to the start of the clinical rotation or fax 410-601-8116.

6. Meet Stated Requirements
Students may begin their experience once the above requirements have been met and any specific facility and/or health care provider/organization requirements have been completed.

7. Documents Required Prior to Start of Rotation

The following documents MUST be submitted by the instructor to ERC 10 days prior to the start of the clinical rotation:

<table>
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<th>Sinai</th>
<th>Northwest</th>
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<td>Student Roster with ID #s &amp; instructor name and contact information</td>
<td>X</td>
<td>X</td>
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<td>Student PASSPORT</td>
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<td>Badge Form</td>
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<tr>
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8. Instructors new to LifeBridge Health Sinai or Northwest Hospitals must attend the Instructor Orientation Session. Registration is located on the nursing website: www.lifebridgehealth.org/nursingstudents

CULTURAL DIVERSITY & SENSITIVITY

What is Culture?
Culture is the values, beliefs and practices shared by a group of people. We have an obligation to be respectful and sensitive to another’s belief system (co-workers, patients, families). It’s important to be culturally competent and comfortable with those we serve and serve with by examining our own personal biases and cultural values and understand how they may inhibit effective communication.

How to be Culturally Competent
➢ Ask yourself these questions:
  • Who are my customers?
  • How can I learn about them?
  • What are my beliefs about this group?
➢ Acquire basic knowledge of the cultural values, beliefs and practices of your customers:
  • Ask questions
  • Listen
• Account for language issues
  ➢ Be aware of communication styles

**Be sensitive to personal health beliefs and practices**
  ➢ As a student, ask your supervisor/preceptor to help you find the answers to the following questions:
  ➢ How does the patient stay healthy?
    • Special foods, drinks, objects or clothes
    • Avoidance of certain foods, people or places
    • Customary rituals or people used to treat the illness
  ➢ What are the expectations for medicine usage?
    • Past experiences with medicine usage
    • Will the patient take medicine even when he/she doesn’t feel sick?
    • Is the patient taking other medicines or anything else to help them feel well?
  ➢ Family and community relationships
    • Are illnesses treated at home or by a community member?
    • Who in the family makes decisions about health care?
  ➢ Language barriers
    • Can the patient understand limited English?
    • Consider literacy level
    • Use visual aids and demonstrate procedures
    • Check for understanding
    • Is an interpreter necessary? If yes, follow hospital guidelines by using a trained medical interpreter. Avoid using family members
  ➢ Body language
    • Is there cultural significance for:
      • Eye contact
      • Touching
      • Personal space
      • Privacy / modesty
  ➢ Other cultural factors to consider
    • Gender
    • Wealth or social status
    • Presence of a disability
    • Sexual orientation
  ➢ Religious / Spiritual beliefs
    • Are there sensitivities / beliefs associated with:
      • Birth, death
      • Certain treatments, blood products
      • Prayer, medication and worship
      • Food preparation, clothing, special objects, and gender practices
Sinai Emergency Alert call 2-5911 FOR ALL CODES (DO NOT CALL 0)
Levindale Emergency Alert call 113#00 and state the type of code and the location three times.
Northwest Emergency Alert call 5-5555

**Safety is Everyone’s Concern**
Students should call Security when they:
- See any criminal activity
- See any suspicious circumstances
- Need to access lost and found items
- Need to report visitor accidents or visitor needs
- Need escort or vehicle assistance
Each health care facility has a number to contact security directly. Students should be aware of the phone number in the facility they are working in.

**Fire Prevention and Response**
Promoting fire safety by recognizing and correcting fire hazards, and appropriately responding to any fire incident at work is a shared responsibility of everyone.

Employees and students can apply simple safety measures that will help prevent fires:
- Properly store and dispose of combustible materials.
- Comply with electrical equipment policies.
- Report any defective wiring (frayed cords, brown fuses, etc.)
- Enforce your facility’s smoking policy.
- Find out when and who should turn off medical gas valves.
- Learn your department evacuation plan.
- Maintain clear and unobstructed hallways, doorways and aisles.

Hospitals are designed to contain a fire behind closed doors for a period of time to allow fire-fighting efforts to occur.

Closed fire doors allow areas of the facility away from the fire to remain functional. It is important not to block or prop doors open in any way.

**Fire Alarms and Evacuation Plans**
Each health care provider/organization has a process for alerting staff of a potential fire and a fire drill. Students are orientated to fire safety procedures, patient evacuation plans and escape routes by the facility and their assigned department(s).

RACE and PASS are universal acronyms used to educate health care workers and students to basic fire safety procedures and the management of fire extinguishers.

**RACE**

**R** – Rescue
Rescue anyone (including patients, visitors, employees and yourself) in immediate danger from flames or smoke.

NOTE: Many patients are connected to oxygen tanks and monitoring equipment. These items need to be moved with the patient whenever possible.

**A** – Alarm
Activate the nearest fire alarm pull box and call your facility emergency number or 911.

Take the time before a fire emergency to locate the fire alarm pull boxes in your work area.

**C** – Contain
Keep the smoke and fire from spreading to other locations within the facility by closing any open doors or windows. If the fire is in a patient’s room, turn off the oxygen flow meter and remove from the wall.

**E** – Extinguish/Evacuate
Take time before an emergency to locate the fire extinguishers in your area. If a fire is small and manageable, use the nearest fire extinguisher. Follow the steps in PASS. The PASS acronym will help you properly extinguish a fire.

P Pull the pin
A Aim the nozzle
S Squeeze the handle
S Sweep at the base of the fire

PATIENT SAFETY: WRISTBANDS
(For Sinai and Northwest ONLY. Please see pg. 38 for Levindale). The newest wristband colors are YELLOW for fall, and PURPLE for Allow Natural Death (A.N.D), which replaces DNR. The PURPLE AND WHITE stripped wrist band is for limited interventions. The patient will be wearing a purple and white striped wristband to alert you that limited interventions were requested. Please note that selected choices for limited interventions are not denoted on the wristband. Treatment choices are denoted on the form, located in the patient’s chart.
LifeBridge Health facilities are committed every day to providing safe patient care. This means that if patients suffer from an allergy, are at risk for falling, have chosen not to be resuscitated, have a latex allergy or have restricted limb use, they will be asked to wear a wristband as an alert to those providing care.

STUDENT HEALTH

Infection Prevention and Control
The purpose of an infection prevention and control program is to prevent the transmission of infections within a health care facility. Students can protect themselves and patients by adhering to basic infection prevention and control principles. Standard precaution procedures should be used routinely when caring for patients, regardless of their diagnosis.

Standard Precautions / Body Substance Precautions
Standard Precautions or Body Substance Precautions are names associated with the isolation system used by health care providers/organizations. These precautions are used for every patient, regardless of
diagnosis. The aim is to minimize risk of exposure to blood or body fluids. To accomplish this, personal protective equipment (PPE) (i.e., gloves, gowns, masks, and goggles) are used for potential contact with body fluids from any patient.

Standard Precautions / Body Substance Precautions include these principles:

- **Hand Hygiene:** Wash hands with soap and water or sanitize hands with an alcohol-based hand rub before and after each patient contact, and after removing gloves.
- **Gloves:** Use when touching any body fluids or non-intact skin.
- **Gowns:** Use if splashing or splattering of clothing is likely.
- **Masks and goggles:** Use if aerosolization or splattering is likely.
- **Needles:** Activate sharps safety devices, then discard uncapped needle/syringe and other sharps in containers provided for this purpose. Use safety products provided.
- **Patient Specimens:** Consider all specimens, including blood, as bio-hazardous.
- **Blood Spills:** Clean up with disposable materials (i.e., paper towels or spill kit), clean and disinfect the area. Notify Housekeeping for thorough cleaning.

**Droplet**

Droplet Precautions are used when patients have a disease process that is spread by contact with respiratory secretions. These include: Respiratory infections (RSV, Human Metapneumovirus, Parainfluenza, Influenza), Neisseria meningitides (meningitis or sepsis), Invasive Haemophilus Influenza type B (meningitis, sepsis, epiglottises), Diphtheria, Pneumonic Plague, Mumps, Parvovirus B19, Rubella.

Droplet Precautions include:

- **Private Room:** Private room or rooms with a patient who has a similar diagnosis. Patient is confined to the room until directed by Infection Prevention and Control.
- **Mask and Gloves:** Worn by all hospital personnel upon entering the room.
- **Gown:** To be worn if there is a possibility of contact with bodily fluids.
- **Hand Hygiene:** Wash or sanitize your hands upon: entering a patient room, removing gloves, and when leaving the patient room.

**Contact**

Contact isolation is used when patients have a disease process that is spread by contact with wounds or body fluids.

These include: Diarrhea (Rotavirus, Clostridium difficile, E. Coli 0157:H7, Shigella, Salmonella, Hepatitis A, Campylobacter, Yersinia), open draining wounds, infection or colonization with multi-drug resistant organisms (MDROs).

Contact Precautions include:

- **Private room:** Private room or rooms with a patient who has a similar diagnosis. Patients who are un-diapered and incontinent of stool should be confined to the room.
- **Gloves:** All hospital personnel wear gloves when entering the room.
- **Gown:** To be worn if clothing will have contact with patient or objects in the room.
- **Hand Hygiene:** Wash or sanitize your hands upon: entering patient room, removing gloves, and when leaving the patient room.

NOTE: For patients with Clostridium Difficile (C-Diff), do not use a hand sanitizer or other products which contain alcohol. Use soap and water only.
Airborne
Airborne precautions are used when the infection is spread through the air. Students will not be assigned these patients due to OSHA’s medical evaluation and fit testing requirements for the use of respirators. Examples of diseases requiring airborne precautions are:

- TB (tuberculosis).
- Measles.
- Chickenpox.

Precautions include:

- Place patient in a private negative pressure room. Keep door closed except to enter/exit.
- Wear an N-95 respirator mask, which requires a fit test, or a Powered Air Purifying Respirator (PAPR) when entering the room.
- Use proper hand hygiene. Wash or sanitize your hands upon: entering patient room, removing gloves, and when leaving the patient room.

Other Infection Prevention and Control Concerns include:

Sharps Containers
All sharps should be placed in a sharps container after use. These containers are placed frequently throughout units.

Containers should be changed before full (pay attention to the “fill line” on container).

Waste
If bio-hazardous waste, blood or other body fluids, can be squeezed or crushed out of the container, they must be disposed of properly per health care provider/organization policy (i.e.: red bags, biohazard bags, etc).

Back Safety
Even the simplest activity, if done incorrectly, can strain the back and cause permanent injury. Every year many health care workers suffer back injuries, some of these injuries lead to permanent loss of work. Prevent injuries by following these simple safety guidelines.

Moving Patients
Be familiar with and follow the facility policy when moving any patients at Lifebridge Health. Do not attempt to use any lift equipment without proper education or supervision.

Student Injury/ Illness Reporting
Any on-the-job injury or illness involving a student must be reported immediately to the school instructor and the department manager or supervisor. If necessary, report to the facility Emergency Department (“ED”) for initial treatment. ED will assess injuries and determine the risk level, treatment options, and medical services required.

The student and/or the school will be responsible to pay for services provided.
Document any job-related illness or injury within 24 hours, including all exposures to blood and body fluids (puncture wounds, splashes in the eye, fall or back injuries), in accordance with the facility and/or health care provider’s policy/procedure.

OSHA: OCCUPATIONAL SAFETY & HEALTH ACT

Students are required to fully comply with all of the OSHA standards.

CORPORATE COMPLIANCE & ETHICS

The purpose of a compliance program is to reduce the risk of misconduct in the facility and reduce the risk of error or fraud. All who work or learn in the facility are encouraged to practice in an ethical and legal way. Protecting patient privacy, following appropriate codes of conduct, and respecting and valuing others is expected. All privacy rules, Medicare regulations, and laws must be followed to protect patients, employees, and the facility. The program also calls for ongoing compliance monitoring, intervention and discipline as needed.

EMTALA

The Emergency Medical Treatment and Labor Act is a federal law that requires hospitals to treat all people who request emergency care.

Employee / Student Responsibility

- Get help for people (adults or children) who request or need emergency care.
- If help is required to transport the person, call the hospital operator; state the problem and the location. Request Security to help transport the person.
- Initiate an overhead medical emergency code, if appropriate
- Never direct a person seeking emergency care to another hospital or facility if a patient requiring treatment for an emergency medical condition refuses to stay at the hospital. Hospitals cannot force individuals to receive treatment, however:
  - If the individual insists on leaving or going elsewhere for treatment, it is important to give them information regarding the possible risk and benefits involved in staying or leaving
  - It is **vital** to document the individual’s refusal of treatment.
  - Contact your preceptor/supervisor if you have questions.

(HIPAA) PRIVACY AND SECURITY OF HEALTH INFORMATION

Certain laws and regulations require that practitioners and health plans maintain the privacy of health information. Health Insurance Portability and Accountability Act (HIPAA) is a privacy rule that limits the risk that personally identifiable health information will be viewed. The rule covers all individually identifiable health information in the hands of practitioners, providers, health plans, and healthcare clearinghouses.

HIPAA impacts students in the following ways:

- Patient records may not be photo copied or printed from a computer terminal for personal use (i.e. writing care plans or other papers)
- Students must not release any patient information independently
- Any request for patient information should be directed to your preceptor/supervisor
- Violations of HIPAA may result in termination of the student experience
Other Protected Information

While this section primarily addresses the requirements of the HIPAA Privacy Rule, additional protections and requirements may apply to certain types of sensitive information, such as substance abuse records, genetic test results, Social Security numbers and credit card numbers. If the student assignment includes accessing or disclosing these types of information, the student should consult with their preceptor/supervisor for relevant policies and procedures.

Additional steps to protect a patient’s privacy

- Close room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-privacy rooms when discussing treatment and performing procedures.
- Avoid discussions about patients in public areas such as cafeteria lines, waiting rooms, and elevators.
- Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
- Log off computer when finished viewing an electronic medical record.
- Do not share computer systems access code or password with anyone. Take precautions to prevent others from learning these access codes.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
- Do not use cell phones or other electronic devises to take or send photographic images and audio/video recordings of patients and/or medical information.
- Do not publish medical information, photo images, or audio/video recordings on networking web sites or blogs, such as My Space, Twitter or Facebook. This includes de-identified and “virtually” identifiable information.
- Employees may convey medical information in a secured email if relevant to one’s job and patient treatment. However, email communication is not permitted as a means for student learning.
- Students must not release any patient information independently. Any request for patient information should be directed to their hospital preceptor/supervisor.

Disclosures to Patients’ Family & Friends

Only employees may disclose health information to a family member, other relative, close personal friend of the patient or any other person identified by the patient. This is never the responsibility of the student.

Information Privacy and Security Incidents

If you become aware of a situation where patient health information has been shared with the wrong person, or the privacy and/or security of patient health information has been compromised in any way and regardless of whether it was intentional or accidental, immediately report the situation to your preceptor/supervisor.
2014 National Patient Safety Goals

Improve the Accuracy of Patient Identification

Goal 1

NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, or services.
NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification.

Improve the Effectiveness of Communication Amongst Caregivers

Goal 2

NPSG.02.03.01: Report critical results of test and diagnostic procedure on a timely basis.

Improve the Safety of Using Medications

Goal 3

NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in peri-operative and other procedural settings. Note: Medication containers include syringes, medicine cups and basins.
NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
NPSG.03.06.01: Maintain and communicate accurate patient medication information.

Improve the Safety of Clinical Alarm Systems

Goal 6

NPSG.06.01.01: Reduce the harm associated with clinical alarm systems.

Reduce the Risk of Health Care-Associated Infections

Goal 7

NPSG.07.01.01: Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or World Health Organization (WHO) hand hygiene guidelines.
NPSG.07.03.01: Implement evidence-based practices to prevent health care-associated infections due to multiple drug-resistant organisms in acute care hospitals.
NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.
NPSG.07.05.01: Implement evidence-based practices for preventing surgical site infections.
NPSG.07.06.01: Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infection (CAUTI).

The Organization Identifies Safety Risks Inherent in its Patient Population

Goal 15

NPSG.15.01.01: Identifies patients at risk for suicide. Note: This requirement only applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

Goal 8

Universal Protocol

UP.01.01.01: Conduct a pre-procedure verification process.
UP.01.02.01: Mark the procedure site.
UP.01.03.01: A time-out is performed before the procedure.
HARASSMENT-FREE
Each health care provider/organization supports a workplace where everyone is treated professionally, respectfully and not subject to harassment.

What is Harassment?
Harassment is unwelcome conduct that creates an intimidating, hostile or offensive work environment that unreasonably interferes with an individual’s ability to perform their work / student assignment and/or is directed at an individual because of his/her age, disability, national origin, race, color, religion, gender, sexual orientation or veteran status.

What is Sexual Harassment?
Sexual harassment is unwelcome conduct of a sexual nature when submission to or rejection of this conduct explicitly or implicitly affects an individual’s employment, unreasonably interferes with an individual’s work performance (including a student assignment), or creates an intimidating, hostile or offensive work environment.

This includes:
- Sexual advances
- Requests for sexual favors
- Other verbal or physical conduct of a sexual nature

How to Report Harassment
Each health care provider/organization has a thorough reporting process. Contact your instructor or preceptor/supervisor and they will assist you. If it is necessary to exclude either of these individuals, contact the facility Human Resource department. Investigations surrounding incidents of harassment will be conducted confidentially to the extent reasonably possible. Only those individuals with a need to know will have access to confidential communications resulting from the receipt and investigation of a complaint.

VIOLENCE IN THE WORKPLACE
Each health care provider/organization has a number of measures in place to keep employees, students and patients safe from workplace violence (e.g. emergency phones in parking lots, reinforce visitation policy, etc.).

Students can assist and support staff by learning the following:
- To recognize the warning signs
- How to respond appropriately
- What to do to prevent workplace violence
- How to report offenders
Recognizing the Warning Signs
Workplace violence and its warning signs can take many forms.

- Emotional: Paranoia, manic behavior, disorientation, excitability
- Physical: Frequent change of posture, pacing, easily startled, clenching fist, aggressive behavior
- Verbal: Claims of past violent acts, loud forceful speech, arguing, making unwanted sexual comments, swearing, threatening to hurt others, refusing to cooperate or obey policies

Other
A person with any of the following could also be a potential threat:

- Psychiatric or neurological impairments
- History of threats or violence
- Loss of power or control
- Strong anxiety or grief
- Alcohol or substance abuse

Responding to Situations that Could Become Violent

- Don’t reject all demands outright
- Don’t make false statements of promise
- Do respect personal space
- Don’t bargain, threaten, dare or criticize
- Do keep a relaxed but attentive posture
- Do manage wait times
- Do listen with care and concern
- Do offer choices to provide a sense of control
- Do avoid being alone
- Don’t make threatening movements
- Do ask security or police to stand-by (an officer nearby can provide a quick response if needed, or may stop the misbehavior altogether.)
- Don’t act impatient

Preventing Workplace Violence
By simply avoiding situations that are potentially unsafe, you can decrease the occurrences of workplace violence.

ALWAYS:
- Walk to cars in groups or call security for an escort
- Have car keys ready before leaving the building
- Check around, under and inside the car
- Secure belongings

NEVER:
- Go in deserted departments or dark hallways
- Share personal information with strangers
When prevention does not work, remember these important points

- Remain calm
- Secure personal safety
- Call security and/or immediate supervisor so they can follow up
- Cooperate fully with security and law enforcement

For Patient Care Areas

- Set limits and boundaries
- Understand and maintain the allowed number of visitors, and defined visiting hours, in your assigned work area
- Recognize and maintain staff space versus visitor space
- Contact security if someone is becoming worrisome
- Students should never allow themselves to become involved in a confrontational situation. When confrontation is necessary, alert the appropriate staff member

Reporting Workplace Violence

Report all workplace violence incidents no matter how insignificant they may seem to your supervisor/preceptor.

LIFEBRIDGE HEALTH DRESS AND CONDUCT

Dress Code

All LifeBridge Health staff, including residents, staff physicians, volunteers, temporary/agency employees and contracted employees, instructors and students will adhere to these dress code requirements and appearance standards.

General Standards

1. Exhibit and maintain a well groomed appearance. Attire and personal grooming must satisfy all safety and health regulations.
2. Your identification badge must be visible at all times, face front, at chest level and in good condition.
3. Acceptable attire will be clean, pressed and in good repair.
4. Perfumes, after shave and lotions will be used in moderation
5. Fingernails (artificial nails are not allowed) and nail beds will be clean and neatly trimmed.
6. All tattoos must be covered.

All nursing instructors are responsible for enforcing the hospital dress code policies and have students change attire when in violation.
Personal Conduct

All students are expected to follow LifeBridge Health’s personal conduct policy

1. Treat patients, visitors and co-workers with the highest level of respect and courtesy.
2. Be forthright and honest in all activities and transactions
3. Respect and safeguard the well being, safety and security of patients, visitors and co-workers.
4. Work without the influence of drugs and alcohol.
5. Respect and safeguard the property and resources of patients, visitors, co-workers.
6. Respect and maintain the integrity of confidential information.
7. Have a professional appearance that enhances the confidence of patients and their families.
8. Observe policies, regulations and directives established by LifeBridge Health, its affiliates and management.
9. Perform assigned duties promptly, completely, efficiently and to the best of ability.

CELL PHONE/BLUETOOTH USE

The use of Cell Phones/Bluetooth is restricted to ensure that the use of such devices does not disrupt patient care or violate the comfort or privacy of our residents/patients. Their use is **prohibited** in all patient care areas. This also includes resident/patient rooms and dining rooms, open space on each unit, the main lobby, corridors, hallways, and treatment areas such as the gyms and meeting rooms. This includes the wearing of Bluetooth and other ear phone devices in resident/patient areas. Use of cell phones and Bluetooth devices are allowed in the cafeteria and employee break room.

Facility Quick Links

[Jump to Sinai Hospital](#)

[Jump to Northwest Hospital](#)

[Jump to Levindale Hebrew Geriatric Center & Hospital](#)
STUDENT NURSING ORIENTATION FOR: SINAI HOSPITAL

Mission Statement

Sinai Hospital of Baltimore provides a broad array of high-quality, cost-effective health and health-related services to the people of Greater Baltimore. Central to its role is the provision of undergraduate and graduate medical education and educational programs to other health professionals, employees and the community at large.

Vision Statement

Building upon its Jewish heritage, exceptional clinical strengths and its history of service; Sinai will emerge as a unique institution in the Maryland health care marketplace and will be a model for the nation as a comprehensive health care provider.

Sinai Hospital was founded in 1866 as the Hebrew Hospital and Asylum and has evolved into a Jewish-sponsored health care organization providing care for all people. Sinai is a nonprofit institution with a mission of providing quality patient care, teaching and research. Sinai Hospital is an agency of The Associated: Jewish Community Federation of Baltimore. Sinai has 467 acute beds and 35 newborn bassinets.

Magnet Designation

Magnet status is an award given by the American Nurses' Credentialing Center to hospitals that satisfy a demanding set of criteria measuring the strength and quality of their nursing. In a Magnet hospital, nursing delivers excellent patient care, nurses have a high level of job satisfaction, low staff nurse turnover rate, and appropriate grievance resolution. There is nursing involvement in data collection and decision-making in patient care delivery. Nursing leaders value staff nurses, involve them in shaping research-based nursing practice, and encourage and reward them for advancing in nursing practice. Magnet hospitals have open communication among all members of the health care team to attain the highest patient outcomes and optimal staff work environment. Sinai received its Magnet re-designation in 2014.

Patient Identification

At Sinai Hospital two forms of identification must be checked prior to any patient care or documentation. The two unique identifiers are: patient name and date of birth.
PATIENT RIGHTS & RESPONSIBILITIES

Patients at Sinai Hospital have the right to:

- Receive considerate and respectful care.
- Know the names and roles of those who are caring for them.
- Be well informed about their illness, possible treatments and likely outcome; and discuss the information with their doctor.
- Consent to, or refuse, any treatment, as permitted by law. If they refuse a recommended treatment, they will receive other needed and available care.
- Have an advance directive such as a living will or health care proxy.
- Privacy: The hospital, doctor and other caregivers will preserve one’s privacy as much as possible.
- Expect that treatment records are confidential unless permission was given to release information or unless reporting is required or permitted by law. When the hospital releases records to others, it emphasizes that records are confidential.
- Review one’s medical records and have the information explained, except when restricted by law.
- Expect that the hospital will give necessary services to the best of its ability. Treatment, referral or transfer to another health care facility may be recommended. If transfer is recommended or requested, the patient will be informed of the risks, benefits and alternatives.
- Know if Sinai Hospital has relationships with outside parties that could influence your treatment and care. These relationships might be with educational institutions, other health care providers or insurers.
- Consent or decline to take part in research affecting care. If one chooses not to take part, one will receive the most effective care the hospital otherwise provides.
- Be advised of realistic alternatives when hospital care is no longer appropriate.
- Be advised of hospital rules that affect treatment and about changes and payment options.
- Be told about hospital resources that can help resolve problems and questions about the patient’s stay and care.
While participating in a clinical rotation or practicum experience at Sinai Hospital each student is expected to and will be responsible for wearing his/her college/university student Picture ID badge. Instructors and Practicum Students will obtain a Sinai badge by first reporting to the ERC Main Office to complete the Badge ID Form. The instructor and Practicum Student will then take the completed form to the Badging Office to receive a picture ID. Their hours of operation are M, W, Th, F from 7:30 a.m. to 4:00 p.m. Name tags are not acceptable, the ID must have the picture on it and it must be in plain sight. **Students or instructors not displaying a photo ID will be asked to leave the unit.**

**Medication Cabinet Access and Acudose**

Instructors in need of medication cabinet access for units **not** in Women’s and Children’s Services, once you have received your picture ID Badge from Security, you will take the ID badge to Nursing Administration (Monday through Friday only), ask for Lynne Nielson. Lynne will activate the badge for medication cabinet access. You will have the badge for the duration of the clinical rotation and return it to the ERC on the last day of the clinical rotation.

To obtain acudose access, please contact Victor Robinson at 410-601-5881 or go to inpatient pharmacy on the first day of the clinical rotation. You must have a valid ID and your nursing license with you. Inpatient pharmacy is located the ground floor in the Schoeneman Building.

*Only instructors will be given medication cabinet and acudose access.*

**Women’s and Children’s Services – Effective 7/1/2013**

If you are an instructor and the rotation that you will facilitate is in **Women and Children’s Services**, you must follow these steps:

- Access the [Sinai Infant and Child Security - What You Need to Know](#) module from Sinai’s Nursing Student website, read the presentation, and follow the link at the end to the post-test. All students and instructors working in Women’s and Children’s Services must complete this security module on an annual basis.
- Complete the post-test and **print out** the Certificate of Completion.
- The instructor is responsible for seeing that all certificates of completion and the Student Passports have been returned to ERC at least 10 days prior to the start of the clinical rotation. Bring your certificate of completion along with a certificate for **each of your students** to Sinai prior to the start of your rotation in Women’s and Children’s Services. **You will not have access to the unit until all certificates have been handed in.** You will be given a form that you can take to Security to receive your badge.
• Sinai will retain the certificates as evidence that you have successfully completed the security training.

If you have any questions about this process please contact Jacki Edens at 410-601-7400 or by email at jedens@lifebridgehealth.org

• Each day of clinical, instructors will go to the security office on the ground floor to pick up their packet from the security officer. The packet will contain one instructor badge and 10 student badges. The instructor badge does have medication cabinet access. The security officer will sign out a packet to the instructor; the instructor will need to give his/her driver’s license to the officer. The officer will hold the license until the instructor returns the packet to him/her. Jointly, the security officer and the instructor will count the badges and sign off that all badges were returned.

If you are a clinical practicum student in Women and Children’s Services, you will need to follow these steps:
• Access the Sinai Infant and Child Security - What You Need to Know module from Sinai’s Nursing Student website, read the presentation, and follow the link at the end to the post-test.
• Complete the post-test and print out the Certificate of Completion.
• Bring your certificate of completion to the ERC office at Sinai prior to the start of your rotation in Women’s and Children’s Services. You will not have access to the unit until all certificates have been handed in. You will be given a form that you can take to Security to receive your badge.
• Sinai will retain the certificates as evidence that you have successfully completed the security training.
• Students, instructors, and staff must complete this test on an annual basis

If you have any questions about this process please contact Jacki Edens at 410-601-7400 or by email at jedens@lifebridgehealth.org

• Practicum students will need to go to the ERC office to obtain a badge form, they will then proceed to the Security Badging Office to have a badge made for them. Students should obtain their Sinai ID badge from the Security Office prior to the first clinical day. The Badging Office is open Mon-Fri 7:30 am to 4:00 pm (excluding Holidays) and is located on the ground floor of the hospital. Practicum students are still required to wear their school ID.

• Once you have completed the practicum experience, you are to return your Sinai badge to the clinical leader/manager of the unit.
If you are a student doing a clinical rotation in Women and Children’s Services, you will need to follow these steps:

- Access the Sinai Infant and Child Security - What You Need to Know module from Sinai’s Nursing Student website, read the presentation, and follow the link at the end to the post-test.
- Complete the post-test and **print out** the Certificate of Completion.
- This certificate must be given/sent to your instructor who will bring it to Sinai prior to the start of your rotation in Women’s and Children’s Services. **You will not have access to the unit until this certificate has been handed in.**
- Sinai will retain the certificates as evidence that you have successfully completed the security training.

*If you have any questions about this process please contact Jacki Edens at 410-601-7400 or by email at jedens@lifebridgehealth.org*

**To Obtain Access to the Electronic Health Record (EHR)**

All clinical groups, instructors, and practicum students are required to complete the Documentation Orientation before their clinical rotation starts if they are going to be documenting in the patient record or administering medications during the rotation.

Effective July 1, 2014, the Documentation Orientation will be completely online. The course consists of a series of online computer modules followed by a competency. Instructors and students must complete this course at least 10 days prior to the start of the clinical rotation. Instructors and students must then print the certificate of completion and get them to their instructor. Instructors will submit the completion certificates along with the other required forms, to ERC at least 10 days prior to beginning clinical.

**POLICIES AND PROCEDURES**

Policies and Procedures can be accessed through the LifeBridge Health Intranet

1. Click on to the LBH Intranet from any hospital computer
2. Go to “Choose a Facility” and click on Sinai
3. Towards the bottom of the page, under “Documentation”, click on LifeBridge policies and procedures
4. In the search bar, type the policy for which you are searching and underneath the bar, click on “or anywhere in the document” rather than “Title”
5. Select the appropriate Department/Entity
6. Click Search
Sinai Hospital is located in northwest Baltimore, just three miles south of the Baltimore County line.

When approaching Baltimore...

From the Northwest
From Carroll County, Owings Mills or Reisterstown, take I-795 to I-695 East (Baltimore Beltway, Towson direction). Take exit 23 onto I-83 South (Jones Falls Expressway). Head west on Northern Parkway. At the second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left.

From the North
From Pennsylvania and northern Baltimore suburbs, take I-83 South. At junction with I-695 (Baltimore Beltway), enter I-695 heading West (Pikesville direction). Re-enter I-83 South at Exit 23. Proceed for about three miles, and take Exit 10, Northern Parkway. Head west on Northern Parkway. At second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left.

From the West
From Howard County and points west, head east on I-70 or I-95 to I-695 East (Baltimore Beltway, Towson direction). Take exit 23 onto I-83 South (Jones Falls Expressway). Proceed for about three miles, and take Exit 10, Northern Parkway. Head west on Northern Parkway. At second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left.

From the East and Northeast
From Towson, Harford County and points farther north, take I-95 South to Exit 64, I-695 West (Baltimore Beltway, Towson direction). Take exit 23 onto I-83 South (Jones Falls Expressway). Proceed for about three miles, and take Exit 10, Northern Parkway. Head west on Northern Parkway. At second traffic signal, take a left onto W. Belvedere Avenue. Sinai Hospital will be on your left.
From the South
From downtown Baltimore, take I-83 North (Jones Falls Expressway) to Exit 10, Northern Parkway West. At third traffic signal, take a left onto W. Belvedere Avenue, Sinai Hospital will be on your left.

PARKING AREAS TO BE USED

**A Parking Hangtag is required for parking on Sinai property. Drivers must obtain a parking form from their course coordinator, complete, and fax or mail to ERC at 410-601-8116 (fax).**

Pimlico Lot (Preakness Way) DURING THE WEEK

**Directions:** from Jones Falls Expressway go west on Northern Parkway. Go to the 4th traffic light. This is Preakness Way. Turn left onto Preakness Way. Make the first right turn into the Pimlico parking lot.

Besides many employees, this lot is for PRN employees, temporary and agency personnel scheduled for daylight shifts (6:30am-7: pm) this off-site location will ordinarily be serviced from 5:30am-9:00pm, or as needed based on ongoing assessment, with regular scheduled shuttle transportation.

K Lot on Evenings
On evening shifts (from 3-11), students and instructors may park in the K Lot. From Northern Parkway, make a left off onto Greenspring and a left into the K Lot. The parking gate will be open after 10pm to allow exit without payment.

Cylburn Garage on the Weekends
On weekends students and instructors should park in the Cylburn parking garage. To get to this parking lot you will again go west from Jones Falls Expressway on Northern Parkway. Go to the second light which is Greenspring Avenue and turn left. Follow Greenspring past the Sinai ER to Cylburn Ave and turn right. You will see the garage a short way down on the right.

OTHER INFORMATION

Pastoral Care and Chaplaincy Services
Meeting your spiritual needs is an important part of the healing process. To this end, Sinai Hospital accommodates the spiritual needs of individuals of all faiths. Requests for visits from clergy may be made with the Office of Pastoral Care and Chaplaincy Services at extension 29680. During evenings and weekends, please contact the hospital operations coordinator by calling extension 21652.

The non-denominational Jill Fox Meditation Room is located on the first floor. It is open at all times with Bibles and devotional materials available. There is also a
Chapel / Meditation Room located in the Emergency department. A Jewish chapel, located in the first floor corridor between the main hospital and the Blaustein Building, is used for weekday (Monday through Thursday) Mincha services. It is open at all times for prayer and meditation.

For Observant Jewish Patients: Sinai Hospital has been in the mainstream of Jewish thought and tradition for more than 130 years. By strict adherence to Jewish law, we assure observant patients that spiritual and medical needs are treated with equal concern.

- Fresh glatt kosher food is prepared daily.
- Sabbath candles, challah, grape juice, Bibles and prayer books are available.
- Manual bells for Shabbat are available to summon nurses.
- Signatures are not required when Jewish law prohibits writing; your word is enough.
- A Shabbat entrance and elevator are available from Friday sunset to Saturday sundown.
- Accommodations can be arranged for family members to stay with you during Shabbat if medical attention and/or space permit.
- Jewish holiday rituals are observed.
- Sinai Hospital is within the eruv.
- Bikur Cholim visitations serve Jewish patients.
- Sinai Hospital’s senior chaplain is a rabbi.

DINING SERVICES

Greenspring Cafe
This mall-like food court located on the first floor offers a wide array of dining choices.

Open daily from 6:30 a.m. to 8:00 p.m.

Cafe Shalom
This kosher restaurant located on the first floor offers an assorted menu of glatt kosher and chalov Israel dairy choices.
Open Sunday through Thursday, 11:00 a.m. to 8:00 p.m., and Friday from 11:00 a.m. to 2:00 p.m.
Market Place
Located off the Brown-Crane Lobby, the Market Place is a convenient stop for coffee and dessert, take-home dishes, and basics such as milk and eggs.

Open daily from 8:00 a.m. to 2:00 a.m.
Nursing Student Orientation for: Northwest Hospital

About Northwest Hospital

For more than 40 years Northwest Hospital has served the healthcare needs of the greater northwest Baltimore area, including Baltimore County, southern and eastern Carroll County, Baltimore City and northeastern Howard County. A part of LifeBridge Health, Northwest is a community hospital offering the highest level of patient care in a convenient location on Old Court Road, directly off Liberty Road and only minutes from I-695.

The all-private room hospital includes 195 acute care beds, 25 sub-acute care beds, 14 psychiatric care beds, a dedicated outpatient center and Emergency Department. Smaller 20-bed units and single occupancy rooms; the elimination of nursing stations; the placement of supplies, medications and charts in close proximity to patients; and the use of a highly sophisticated communication system, enhance the level of responsiveness and the quality of care for patients and their families.

The hospital has over 700 affiliated physicians in more than 30 specialties that use the latest surgical and medical equipment to provide technologically advanced diagnosis and treatment of health problems on an inpatient and outpatient basis.

Northwest Hospital is certified by the Joint Commission on the Accreditation of Healthcare Organizations, the American College of Surgeons, the College of American Pathologists and the American Association of Blood Banks.

At Northwest Hospital, patients are treated with dignity, understanding and respect. We are dedicated to proving patient-centered care, a philosophy that describes the way we place our patients at the center of everything we do. This philosophy is based on the recognition that we exist for the people who use...
our services. Patients believe, and so do we, that this caring approach, centered on each patient, is a special feature that makes Northwest Hospital unique.

**Patient Identification**

At Northwest Hospital two forms of identification must be checked prior to any patient care or documentation. The two unique identifiers are: patient name and date of birth.

**PATIENT RIGHTS**

Patients at Northwest Hospital have the right to:

- Receive considerate and respectful care.
- Know the names and roles of those who are caring for them.
- Be well informed about their illness, possible treatments and likely outcome; and discuss the information with their doctor.
- Consent to, or refuse, any treatment, as permitted by law. If they refuse a recommended treatment, they will receive other needed and available care.
- Have an advance directive such as a living will or health care proxy.
- Privacy: The hospital, doctor and others caregivers will preserve privacy as much as possible.
- Expect that treatment records are confidential unless permission was permission to release information or unless reporting is required or permitted by law. When the hospital releases records to others, it emphasizes that records are confidential.
- Review medical records and have the information explained, except when restricted by law.
- Expect that the hospital will give necessary services to the best of its ability. Treatment, referral or transfer to another health care facility may be recommended. If transfer is recommended or requested, the patient will be informed of the risks, benefits and alternatives.
- Know if Northwest Hospital has relationships with outside parties that could influence treatment and care. These relationships might be with educational institutions, other health care providers or insurers.
- Consent or decline to take part in research affecting care. If one chooses not to take part, she/he will receive the most effective care the hospital otherwise provides.
- Be advised of realistic alternatives when hospital care is no longer appropriate.
• Be advised of hospital rules that affect treatment and about changes and payment options.

• Be told about hospital resources that can help resolve problems and questions about the patient’s stay and care.

BADGES - THIS SECTION IS MANDATORY INFORMATION

While participating in a clinical rotation or practicum experience at Northwest Hospital, each student is expected to and will be responsible for wearing his/her college/university student Picture ID badge. Instructors and Practicum Students will obtain a Northwest badge by first reporting to the ERC Main Office at Sinai to complete the Badge ID Form. The instructor and Practicum Student will then take the completed form to the Badging Office to receive a picture ID at Northwest. Name tags are not acceptable, the ID must have the picture on it and it must be in plain sight. **Students or instructors not displaying a photo ID will be asked to leave the unit.**

To set up a time to obtain these Northwest badges call Linda Edwards at 410-521-2100 ext 55217 or Vocera 410-496-7500 and ask for Linda Edwards.

The Badge Office is in the Administration Services Building Room 34 that is located on the lower level of the hospital.

PARKING AREAS TO BE USED

All students and faculty may park in the K or L Employee lots on Carlson Lane. Carlson Lane which is off of Old Court Road.

**Instructors or students are not allowed to park in the parking lot directly in front of the hospital that is for visitors only.**

To Obtain Access to the Electronic Health Record (EHR)

All clinical groups, instructors, and practicum students are required to complete the Documentation Orientation before their clinical rotation starts if they are going to be documenting in the patient record or administering medications during the rotation.

Effective July 1, 2014, the Documentation Orientation will be completely online. The course consists of a series of online computer modules followed by a competency. Instructors and students must complete this course at least 10 days prior to the start of the clinical rotation. Instructors and students must then print the certificate of completion and get them to their instructor. Instructors will
submit the completion certificates along with the other required forms, to ERC at least 10 days prior to beginning clinical.

**ACUDOSE ACCESS**

*AcuDose* access must be obtained by email. Instructors must send a written request to ERC with the following information:

1. **Instructor Name and credentials**
2. **School Name**
3. **Unit at Northwest where assigned**
4. **Last four digits of SS# or School ID**
5. **Beginning and ending date on Unit**

ERC will copy the instructor on the request to the NW Pharmacy Director and the access will be returned via email to the instructor.

**POLICIES AND PROCEDURES**

Policies and Procedures can be accessed through the LifeBridge Health Intranet

1. Click on the LBH Intranet from any hospital computer
2. Go to “Choose a Facility” and click on Northwest
3. Towards the bottom of the page, under “Documentation”, click on LifeBridge policies and procedures
4. In the search bar, type the policy for which you are searching and underneath the bar, click on “or anywhere in the document” rather than “Title”
5. Select the appropriate Department/Entity
6. Click Search

**DINING SERVICES**

7. Cafeteria
8. The cafeteria serves hot meals at the following times:
   9. Breakfast – 6:45 AM to 10:30 AM
   10. Lunch – 11:30 PM to 2:00 PM
   11. Dinner – 4:30 PM to 8:00 PM
12. The cafeteria is open from 6:45 AM to 12:00 Midnight daily. Beverage and snacks are available between meal times. There are also vending
machines in the cafeteria and other areas, where beverages and snacks can be purchased.

DIRECTIONS TO NORTHWEST HOSPITAL

Address:

5401 Old Court Road

Randallstown, MD 21133

410-521-2200

From I-695: Take Beltway Exit 18B (Randallstown) to Liberty Road and proceed two miles to Old Court Road. Turn left onto Old Court and go one block to Carlson Lane. The hospital is located on the left.

From I-795: Follow the signs to Baltimore. Take Exit 1B to I-695 West (Glen Burnie). Take Exit 18B (Randallstown) to Liberty Road and proceed two miles to Old Court Road. Turn left onto Old Court and go one block to Carlson Lane. The hospital is located on the left.

From Southern Carroll County: Take Liberty Road (Route 26) toward Baltimore. Turn right onto Old Court Road and go one block to Carlson Lane. The hospital is located on the left.
Our Mission
Levindale Hebrew Geriatric Center and Hospital is dedicated to providing the very best medical care for the elderly, frail and ill and, also, to creating a warm, caring atmosphere that celebrates life.

As an advocate for the elderly, Levindale accepts a leadership role in defining and developing a comprehensive continuum of nursing, medical and social services. Programs are operated within Jewish values. Our Eden Alternative and Neighborhood Model programs infuse Levindale with companionship, empowerment, spontaneity and variety.

Our Vision
Levindale continues to strive to expand our role as the leader in the Baltimore area community in post-acute and elder care services. We will continue to create and enact innovative services for residents and their families in many different settings.

As part of our vision, we are on a continuously changing journey of culture change that focuses around a resident and patient centered philosophy. At the same time, we take pride in building an environment that shows employees how important they are at Levindale.

Our Values
Our existence is built on Judaic values and beliefs. We are committed to the highest standards of quality care and excellence in service. We have respect for people.
We deliver care in a cost-effective manner.  
We serve the needs of the community.  
We are dedicated to advancement through education and research.

Levindale is a 330- bed licensed center. We have 210-nursing home beds. Our 120-bed specialty hospital consists of 60 gero-psychiatric beds, 40 complex medical beds with telemetry and ventilator capacity, 20 acute rehabilitation beds. We also have 84 household beds. In addition, Levindale operates a Partial Hospitalization Program, an Intensive Outpatient Program and two adult day services centers. In addition, Levindale offers specialty services for our residents and patients. These include endoscopic services, advanced wound treatments, dialysis and dental services.

BADGES/IDENTIFICATION:  
You are expected to wear your College /University identification badge every time you are on Levindale’s premises. You are expected to report to the nurse caring for your resident/patient upon your arrival onto the clinical unit and receive care information needed to complete your responsibilities. Upon departure from the facility, you are expected to report to the nurse assigned to your patient or the Charge Nurse. All Clinical Instructors will need to go to the ERC office and obtain a badge form. After completion of this form, the clinical instructor will take it to the badging office on the Ground Floor of Sinai and get a badge made.

PARKING  
We ask all students and faculty to park at Pimlico.  
*A Parking Hangtag is required for parking on Levindale/Sinai (Pimlico) property. Drivers must obtain a parking form from their course coordinator, complete, and fax or mail to ERC at 410-601-8116 (fax).

GENERAL INFORMATION

PERSONAL PROPERTY

Levindale does not accept responsibility for your personal property. We urge you to leave valuables at home.

HOURS OF CLINICAL

You are expected to inform the charge nurse of the clinical days and times. You are functioning under the direction of your Clinical Instructor and the assigned licensed nurse as the resident’s/patient/s total care remains the responsibility of Levindale.
FOOD SERVICE

The Dietary Department is operated under strict Orthodox Dietary Laws; therefore, food brought from home should only be eaten in the employee lounge. You are not permitted to eat in the residents’ dining rooms.

Cafeteria Hours – Hot meals are available only at these times. No food brought in from the outside can be eaten in the cafeteria. Do not store food in the any resident’s/patient’s room.

Monday – Friday
Breakfast 6:30 a.m. - 9:30 a.m.
Lunch 11:00 a.m. - 2:00 p.m.

Sunday - Lunch
11:00 a.m. - 2:00 p.m.

Saturday – CLOSED

RESIDENT/PATIENT INCIDENT

You are expected to report any event or complication that is not consistent with the routine operation of the facility or routine patient care to the Clinical Leader/Charge Nurse or Nursing Supervisor. If you witness an unexpected event with a resident/patient, you are expected to stay with him/her and assist with giving medical attention based on your qualifications to do so. You are also expected to cooperate with the investigation process. This includes completing a witness statement if necessary.

RESIDENT/PATIENT RIGHTS

You are expected to abide by the rights afforded every resident/patient. These rights state that every resident/patient shall have the right to:

- Consideration, Respect & Dignity
- Privacy
- Freedom from Restraints
- Confidentiality
- Freedom from Abuse
- Freedom from Discrimination
- Religious Freedom
- Civil Liberties
- Choice
- Appropriate Care
- Keeping Personal Possessions
- Protection of Funds
- Information About:
  - Reasonable Accommodations of Needs
  - His/Her Rights
  - A safe and clean environment
  - His/Her Health Status
  - Participation in Care Planning
  - Charges
  - Participation in Activities
  - Ombudsmen
  - Refuse Treatments & Medication
  - Services Available
  - Refuse to Participate in Research
  - How to contact one’s Physician
  - Adequate pain relief
  - Grievance Procedure
• Comfortable Lighting, Sound, and Temperature Levels
• Communication in an understandable language
• Notify family and/or personal physician of admission
• Access to one’s Medical Record

Resident/Patient Identification

At Levindale the two forms of identification must be checked prior to any patient care or documentation. The two unique identifiers are: name and date of birth. Staff asks the person this information. If the resident is cognitively impaired, we also use pictures.

RESIDENT/PATIENT SAFETY

Levindale takes pride in being dedicated to resident/patient safety throughout the organization.

You are expected to help provide a safe environment for all patients/residents, visitors and employees through participation in the SCORE program. This is an acronym for Safe Care of Our Residents/patients and Environment. We expect you to feel comfortable reporting potential and/or actual actions that may cause harm to our residents/patients in order to mitigate or correct system and process failures. Examples of interventions implemented for safety include:

Falling Leaves for Fall Reduction— A yellow leaf is placed on the walker/wheelchair and doorway name tag of the resident’s/patient’s room and a falling leaf is placed on their wheelchair. The arm band of the patient or resident has the yellow sticker FALL. This identifies those who are at risk for or have fallen and need increased monitoring. If you find a resident/patient on the floor or see him/her fall, call for assistance. Do not attempt to return the resident/patient to the bed or chair yourself.

Injury Prevention Items— Various items are available to help prevent injuries from falls. These include such things as low beds, hip protectors, bedside fall pads, bed/chair alarms and various other types of adaptive equipment. Make sure you know what equipment/devices are used for your resident/patient.

Resident/Patient identification— All residents/patients are issued an identification band on admission and should wear it throughout their stay. It contains his/her name and date of birth that are the two-identifiers used at the facility. A photograph is also taken upon admission and placed in the medical record and medication administration record. You can assist with making sure your resident/patient has an ID band on at all times. Check with the assigned nurse for any exceptions.
At Levindale, a white arm band with a purple sticker DNR which indicates the person is (Do Not Resuscitate).
The Material Safety Data Sheet (MSDS) contains information on the common name of the item and chemical ingredients contained within the item, special handling instructions, self protection and needed equipment, first aid, and spill and disposal instructions. The hard copy of the MSDS books is located in the mailroom on the ground floor of Levindale. Information can also be obtained by calling MSDS on demand at 1-800-451-8345. If a chemical splashes you, wash the area with water and inform your supervisor. The MSDS phone number can be found on every phone.

**Temperatures** – If you are authorized to take temperatures, all residents’/patients’ temperatures must be taken using the digital thermometer. Oral temperature is preferred over axillary and is recorded indicating the method, e.g. T-99.5(O). Report findings and method to the assigned nurse.

**Physical Restraints** - Restraints may only be used when less restrictive interventions have been determined as ineffective to protect the resident/patient, a staff member or others from harm. There are specific, legal requirements that must be adhered to prior to applying restraints, while caring for a resident/patient in a restraint and upon removal. If you are caring for a resident/patient in a restraint, you are expected to discuss your responsibilities with the assigned nurse prior to providing service. Examples of items used for physical restraints are: lap belts, gerichairs, side rails, wrist restraints, elbow freedom splints, enclosed bed.

**Assault, Abuse, Neglect or Exploitation** – All resident/patients have a right to be free from physical, sexual and verbal abuse, involuntary seclusion, neglect and exploitation. You are expected to report to the Clinical Leader or Nursing Supervisor any suspected or actual incidents of abuse, neglect, or exploitation. Any person who in good faith makes or participates in making a report is immune from any civil liability. If you are involved in an alleged incident, you may not be permitted to continue services to your resident/patient pending investigation.

**PAIN MANAGEMENT**

All individuals have a right to adequate pain relief to the end of life. In order to maximize the quality of life, Levindale plans, supports and coordinates the resources through a comprehensive interdisciplinary approach to ensure pain is recognized and continuously addressed.

You are expected to report signs or symptoms of resident/patient discomfort to the assigned nurse so interventions to minimize pain can be implemented. Pain is always subjective and is always what the person is experiencing; it is not subject to judgment by others. Nurses are expected to document a patient or resident’s complaint of pain, and document methods attempted to relieve the pain as well as the success of these interventions.
Levindale has many residents and patients who are either receiving Hospice Care, through Seasons Hospice, or are enrolled in the Palliative Care Program.

**AGE SPECIFIC CHARACTERISTICS**

Every resident/patient is an individual and each has his or her own likes and dislikes, feelings, thoughts and beliefs, limitations, abilities and life experiences.

Everyone grows and develops in a similar way, and most people believe we grow and develop in stages that are related to our age.

To ensure quality care with age specific characteristics, each resident/patient receives the individual care he or she needs and expects, and becomes a partner in his or her own health care. Putting age specific characteristics into practice can be challenging but they improve patient care, relationship and teamwork. Levindale primarily services the older adult. Here are a few characteristics of older adults you should know:

- **The younger adult (18–29) needs encouragement to continued health care interventions and to keep in touch with friends and family; engage patient to talk about feelings and concerns and how illness or injury may affect family, friends and finances; involve patient and close family members in patient education; and continue education with healthy living styles.**

- **The Middle adult (40-64) needs encouragement to continue self-care as much as possible; allow time to talk about frustrations, accomplishments, dreams and any concerns about illness; how stress affects them and their illness; provide help with finding resources for health care costs; provide education about healthy life style practicing concerning with stress, weight management and medications; involve patient and close family in decisions about their care.**

- **The older adult (65-79 years) needs to be encouraged to talk about feelings of loss, grief and achievements, be provided with information about medication use and safety, provided with support for coping with any impairment, and encouraged to participate in social activities.**

- **Adults ages 80 and older need encouragement to promote independence need support with end of life decisions and need assistance with self-care activities and promotion of safety.**

Recognize roadblocks to communication. Every person you may interact with might have barriers such as possible physical impairments, learning abilities, cultural differences, emotional stresses, and language barriers always give the person your full attention. Ask questions for clarification.

**CULTURE CHANGE AND THE EDEN ALTERNATIVE**

As you walk through the halls of Levindale, you will notice the plants, animals, children, and music. The residents and patients are involved and engaged in
activities designed to maximize their abilities and quality of life. The journey of Levindale to the integration of culture change into the lives of our patients and residents has been underway for some time and will continue to change and evolve. The goal of our staff is to fight the apathy, loneliness, and boredom that so many people who must abide within our institution could face on a daily basis. We invite you to join us on our journey.

TURNING AND REPOSITIONING

- Always have TWO staff to lift residents/patients up in bed. One on each side.
  A slide device, such as a slider sheet or the lift team, should be utilized according to facility policy.
- When using a mechanical lift (either full body or sit-to-stand), 2-persons are required to perform this transfer.
- Remember to use pillows as positioning devices. Heels should be floated.
- For any resident or patient who has fallen on the floor, a mechanical lift must be utilized to lift them from the floor. This is done only after the nurse has examined the person for injuries.

RESPIRATORY THERAPY

Respiratory Therapy is responsible for respiratory care on all the Meisel units and Burk 2 and for consultation with the Long Term Care Residents.

POLICIES AND PROCEDURES

Levindale has specific policies and procedures with which you should be familiar. Adherence to these policies and procedures can impact delivery of patient care, ethics, legalities and regulatory standards. These policies and procedures may include some or all of the following and are not meant to be exclusionary:

- Pain Management
- Restraints
- Falls
- Adverse drug reaction
- Assessment of Abuse and Neglect
- Handling Hazardous Medications
- Department Policy & Procedures
- Risk and incident reporting
- Workplace Violence

Students are responsible to know how to access the information on agency specific policies and procedures. Ask Clinical Leader or Charge Nurse for clarification of a policy or procedure.
MEDICINE CARTS

- Must be locked except when in use.
- When in use, place outside patient’s door **IN YOUR VIEW**.
- Keys must be kept with the medicine nurse.
- If you leave the facility or the unit, the keys must be turned over to the supervisor or another nurse on the unit.
- Chart Medication Administration only after medications are administered.
- Students must adhere to all acceptable medication administration practices, and administer medications only under the supervision of their instructor.

**All Instructors are required to meet prior to the beginning of the clinical rotation with Jonathan Karanja.** Jonathan will provide to these individuals instruction regarding the Electronic Medical Record System (HCS). Jonathan can be reached via email (jkaranja@lifebridgehealth.org) or via telephone at (410) 601-8413.

Thank you for reading the manual and welcome to LifeBridge Health! We trust you will have a great learning experience while working with our staff. The LifeBridge Health Nursing Student Orientation Manual will be updated annually or as needed. Please contact the Education Resource Center (ERC) for any questions you have.
LifeBridge Health Contacts for Clinical Rotations

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Note: Parts of this manual have been adopted from Utah Organization of Nurse Leaders' "Orientation State-wide Student Nurse Passport" (August 2009)

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