

2023-2024

WakeMed Health & Hospitals

**Healthcare System-Specific Student and Faculty
Orientation Self-Study Program**

Getting Started

- Read through the entire PowerPoint program for information specific to WakeMed Health & Hospitals
- When you have completed the program, be prepared to print and sign documents and turn in to your program coordinator or as specified by the school
- If you have any questions, please contact your instructor or program coordinator



WW2E Tenets
+
WW2E Behaviors

WakeWay² Excellence



WakeMed 
WakeMed Health & Hospitals

Your Responsibilities

WakeMed's **Code of Ethics** states:

“Our success depends on the sound judgement and personal integrity of every member of the WakeMed family. By following the Code of Ethics, you can support us in our efforts to achieve our mission, vision and values.”

“Doing the Right Thing When No One is Watching...and Especially When They Do”

COMPLIANCE CENTRAL



A PARTNER YOU CAN TRUST

We are here to listen and support.



Contact us
any time, day or night,
with questions or concerns:

1-800-379-0279

compliancecentral.wakemed.org

WakeMed Compliance
Central is completely
anonymous.



Compliance Central

It's OK to raise your hand.

In fact, it's encouraged!



ETHICAL
CONCERNS



CODE OF ETHICS
VIOLATIONS



HR
POLICIES



ACCURACY & INTEGRITY
OF RECORDS, BILLING
AND CODING



CONFLICTS
OF INTEREST



PRIVACY
VIOLATIONS

A resource for the entire WakeMed family

Compliance Central is available 24 hours a day, 7 days a week for staff and providers to raise concerns, ask questions and receive timely guidance.

WakeMed policy prohibits retaliation against anyone who reports compliance or ethics concerns in good faith. We protect your anonymity at all times.

WakeMed



WakeMed

Welcome to WakeMed!



- At WakeMed hand hygiene is a patient safety priority
- Please clean your hands upon entry to a patient room and upon exit
- Hospital-provided lotion should be used as others may not be compatible with our soap or gel
- Artificial nails and nail extenders cannot be worn by direct care providers
- Nail length should be less than ¼ inch



Practicing hand hygiene is a simple, yet effective, way to help prevent infections!

When using soap and water:

- Wet hands, apply soap, and rub all surfaces of hands and fingers (including thumbs and fingernails)
- Wash hands for at least 15 seconds
- Rinse well and dry hands with a clean paper towel
- Turn off water with a paper towel to prevent your hands from being re-contaminated!

When using a waterless, alcohol-based hand rub:

- Apply one pump and rub into hands
- Rub all surfaces of hands and fingers (including thumbs and fingernails)
- Allow hands to air dry before touching anything
- Do **NOT** speed up drying by removing hand gel with a paper towel!

** Let's practice proper technique**

Soap and Water or Alcohol-Based Hand Rub?

SOAP and WATER

You should use soap and water:

- Before and after eating
- After using the restroom
- When your hands are visibly dirty or after contact with blood or body fluids
- Before donning gloves and after glove removal
- When caring for patients with diarrhea
- When leaving a Special Enteric Precautions room

****Alcohol gel is ineffective in eliminating the spores associated with infectious diarrhea.***

****Special Enteric Precautions are used for patients with known or suspected infectious diarrhea.***

ALCOHOL GEL

You can use alcohol gel:

- Upon room entry & exit
- Before and after direct patient care if hands are not visibly soiled
- Before moving from a soiled area to a clean area on the same patient
- Before donning gloves and after glove removal
- After contacting surfaces in patient rooms such as bedside tables and blood pressure cuffs
- Before performing an aseptic task (e.g. placing a Foley) or handling invasive medical devices

Isolation Precautions At WakeMed

Contact Precautions

- Used for infections caused by multidrug-resistant bacteria such as MRSA and other infections transmitted by contact such as shingles
- Requires gloves on entering the room
- Requires a gown for direct contact with the patient or their immediate environment (bed rails, linens, bedside tables, etc.)
- Remove gown and gloves and perform hand hygiene when exiting the room
- Door Sign: **Yellow**

Special Enteric Precautions

- Used for infections such as C. difficile, VRE, norovirus, or any patient with diarrhea of unknown, possibly infectious origin
- Initiate Special Enteric Precautions any time stool is sent for C. difficile testing
- Requires gown and gloves when entering the room
- Remove gown and gloves when exiting the room
- Wash hands with **soap and water** when exiting the room
- Clean any equipment with SaniCloth Bleach wipes (orange top lid) before removing from the room
- Door Sign:

Pink

Isolation Precautions At WakeMed

Droplet Precautions

- Used for diseases such as bacterial meningitis and influenza
- Procedure mask to enter the room
- Patient must wear a procedure mask when out of the room
- Door does not need to be closed
- Door Sign:

Blue

Airborne Isolation

- Used for diseases such as tuberculosis, chicken pox, measles
- Requires use of a fit-tested N-95 respirator or PAPR for healthcare workers
- Patient wears procedure mask when not in room
- Visitors should wear N-95
- Requires negative pressure room. Door must remain closed at all times.
- **Students will not care for these patients.**
- Door sign:

Green

Isolation Precautions At WakeMed

Airborne Isolation with Full Barrier Precautions

- This isolation category is used for highly infectious diseases such as SARS, COVID – 19, MERS, Ebola, Avian Influenza and certain agents of bioterrorism
- Required PPE varies by disease but at a minimum will require a gown, gloves, N-95 respirator, goggles/face shield when entering the room
- Limited staff and visitors are allowed to enter the room.
- Requires negative pressure room. Door must remain closed at all times.
- **Please refer to current WakeMed COVID Guidelines for Students. Generally students are excluded from caring for patients with COVID and all other Airborne Isolation patients.**
- Door sign:

White

Personal Protective Equipment (PPE) Outside the Patient Room

- Shoe covers, gown, and gloves must ALWAYS be removed before leaving the work area and may not be worn in halls, except rarely as noted below.
- Before transporting a patient, prepare them for transport then remove PPE and clean hands
- If patient is on Contact or Special Enteric precautions or if you are actively maintaining patient's airway, you may then don clean gloves and gown if needed
- If patient is not on isolation, do not wear gloves during transport unless there is an imminent threat of blood/body fluid exposure
- If gloves must be used, carry an extra pair of gloves in case you need to change gloves during transport
- Never touch anything in the halls with contaminated gloves!

Environmental Cleaning

- All shared equipment must be cleaned between patients
- Computer keyboard, mouse and scanner must be cleaned every time they leave a patient room
- Dedicated equipment should be used for isolation rooms
- Germicidal wipes are available for cleaning shared equipment. Please keep container lid closed when not in use to prevent drying of wipes.
- PDI Super-SaniCloth wipes (purple top lid) – surface must remain wet for 2 minutes to kill germs
- PDI Bleach wipes (orange top lid) – surface must remain wet for 4 minutes to kill germs

What is a Hazardous Drug and How Can Exposure Occur?

- Drugs are classified as hazardous when they possess any of these characteristics:
 - Impact or damage DNA/genes
 - Cause cancer
 - Contribute to infertility
 - Impact a developing embryo or fetus
 - Cause developmental abnormalities
 - Cause organ damage
- 8 million US healthcare workers are exposed to hazardous drugs each year
- Anyone handling hazardous drugs is at risk for exposure

Such as . . .	
Pharmacists	Pharmacy technicians
Nurses	Respiratory Therapists
Nurse Aides	Environmental Services
Providers	

NIOSH Defined Hazardous Drug Groups

WakeMed has adopted safer handling practices for Hazardous Drugs consistent with the National Institute for Occupational Safety and Health and the USP Regulation 800.

NIOSH Group	Description	Common Examples
1	Chemotherapy – Students should not handle or administer Group 1 drugs even when they are being given for non-chemotherapy reasons	Methotrexate tablets/ injection, tamoxifen tablets, cisplatin IV
2	Non-Chemotherapy/Non-Reproductive Risk Only	Phenytoin and fosphenytoin, carbamazepine, azathioprine
3	Reproductive Risk Only	Fluconazole, Oxytocin (Pitocin), warfarin (Coumadin), clonazepam

How will Hazardous Drugs be Identified?

EPIC MAR Information

Admin Instructions:

Take medication on an EMPTY STOMACH.

Product Instructions:

Caution: Must wear double gloves and other PPE according to Policy



****NIO SH Group 1: Chemo Drug- Check Chemo Admin Policy ****

Product Instructions:

Caution: Must wear gloves



****NIO SH Group 2: Non-Chemo/Non-Reproductive Risk Only****

Printed Pharmacy Label

NIO SH Group 1: Chemo Drug- Check Chemo Admin Policy		
Rockstar,Bennett	WRCNICU-NICU31	
3 mos [2/2/18]	CSN:139816983	Ord#1621478
methotrexate tablet 5 mg		
Dose:	2 tablet (2 × 2.5 mg tablet)	
Route:	Oral	Frequency: Daily
Dispense:	methotrexate 2.5 MG tablet	
Dispense Qty:	2 tablet	
[REDIS P REPRINT] 5/17 1242 Tech_____RPh_____		

Students should not administer Group 1 drugs. Students may administer Group 2 and 3 drugs using precautions.

How Will I Know If a Patient Had Hazardous Drugs in the Past 48 Hours?

There will be an HD symbol in their room



Exposure Minimization Strategies







Stage	NIOSH Group 2 and 3 medications
Delivery to Nursing Units	<ul style="list-style-type: none">• Liquid medication in this category may be delivered through pneumatic tube system (IV, oral, nasal sprays, ophthalmic drops, etc.) if double-bagged• Must be in packaging that minimizes breakage or leakage• Gloves are not required if medications remain in their sealed packages
Splitting or Crushing	<ul style="list-style-type: none">• May be split or crushed by nursing staff on nursing unit• Wear single pair of chemotherapy gloves• For splitting tablets – must obtain a pill splitter for single patient use• For crushing tablets – must use plastic pouches to contain particles with the pill crusher; must clean pill crusher thoroughly after each use
Retrieval of Medication from Storage Location on Nursing Unit	<ul style="list-style-type: none">• Gloves are not required for retrieval of medications from automated dispensing cabinets or patient specific storage• Maintain medications in their outer packaging until the preparation and administration stage
Preparation and Administration	<ul style="list-style-type: none">• Single pair of chemotherapy gloves required• For inhalation solutions, nasal sprays, open irrigations, and open instillations: Chemotherapy gown, eye and respiratory protection are also required
Disposal	<ul style="list-style-type: none">• Unused or partially used hazardous drugs will be disposed of in the pharmaceutical waste container

Disposal

Pharmaceutical Waste Containers	Controlled Substances (CsRx)	Trash
 <ul style="list-style-type: none"> • ALL Pharmaceutical Waste • Unused/partially used pharmaceutical waste may include: <ul style="list-style-type: none"> ○ Syringes (no needles) ○ Vials ○ Contrast (barium based) ○ Loose pills ○ TPN ○ IV bags (with medication added) ○ Pressurized inhalers <p>Contact hazwaste@wakemed.org or EH&S at x08080 if you have questions or need a container replacement</p>	 <ul style="list-style-type: none"> • Dispose of all Controlled Substances (witnessed waste) in CsRx • Place liquids, loose pills, and patches directly into the CsRx • Waste liquids from PO syringes or dosing cups into CsRx, then place empty syringes/packaging in trash • Waste injectable liquid from needles into CsRx and place in sharps container 	 <ul style="list-style-type: none"> • Empty IV bags, syringes without needles, and glass vials (except Cytotoxic/Chemo Waste) • Containers are considered empty even if a trace amount of medication remains • Packaging (i.e. wrappers) from Arsenic Trioxide, Nicotine, Warfarin, and Physostigmine

- **Pharmaceutical Waste (Purple Bin)**
 - Unused or partially used hazardous drugs, including chemotherapy agents

- **Chemo Waste (Yellow Bin)**
 - PPE used to prepare NIOSH group 1 medications
 - EMPTY chemotherapy containers (IV, syringes) and supplies used to prepare chemotherapy

Chemotherapy Waste Containers	Sharps Containers	Biohazardous Waste Containers	Sink
 <p>ONLY</p> <ul style="list-style-type: none"> • Empty chemotherapy containers / supplies used to mix and/or to administer chemotherapy (IV bags, syringes, etc.) • All used PPE (gloves, gowns, masks, etc.) 	 <ul style="list-style-type: none"> • Sharps including: needles, blades, lancets, scalpels, trocars, and guidewires 	 <ul style="list-style-type: none"> • Infectious / biological waste, blood products, contaminated PPE 	 <ul style="list-style-type: none"> • Allowable IV fluids: Dextrose, saline, sodium bicarbonate, vitamins, and electrolytes <p>Note: Flush the drain with water after discarding to prevent growth of organisms</p>

- **Regular Trash (Trash Bin)**
 - PPE used to prepare NIOSH group 2 and 3 medications
 - EMPTY glass vials with ONLY trace medications

Linens Disposal Process



- Linens contaminated from a hazardous drug spill:
 - Contact the Environmental Health & Safety Officer at 919-350-8080.
The Officer will coordinate the process of collection and disposal.
 - The linen will be bagged, utilizing the pharmaceutical waste bag, and will be disposed of through the hazardous waste system.
- Linen, not contaminated with hazardous drugs will be collected in blue bags
- Linen contaminated with urine, feces, blood, vomitus, or other body fluids from patients who have received a hazardous drug within the past 48 hours will be:
 - Placed in yellow plastic linen bags
 - Double bagged
 - Goose neck tied (Repeatedly twist the open end of the bag into a single rope and tie it with an overhand knot.)



Linen Misuse Causes Waste and Patient Shortages

WakeMed purchases about 12,000 washcloths and over 1,800 towels a week at a cost of over \$5800. Total annual spend on laundry linen is over \$3 million. We want to provide quality linen and value to every patient.

- Before changing the bed or taking in clean linen, take an inventory of what is already in the room.
- Taking excess clean linen into patient rooms drives up cost and can cause shortages for other patient care needs. When patients are discharged the unused linen must be reprocessed.
- Excess linen in the room also gives patients opportunities to take the linen home with them. Please discourage this. You can explain that we need to conserve linen to ensure that we can care for all of our patients properly.
- Never throw linen in the trash or red bags. All linen must be sent to the laundry in soiled linen bags for processing, even if it is soiled with body fluids.

Linen Misuse Causes Waste and Patient Shortages

- Use cloth underpads only when necessary for incontinence or turning patients.
- Using a sheet or bath blanket on top of one thermal spread will keep a patient warmer than a second thermal spread. Thermal spreads have the highest replacement and processing cost of any linen item, so we don't want to overuse them.
- Avoid placing adhesives like tape or electrodes on the linen or writing on the linen (or scrubs) with pens or markers. This leaves marks and stains and makes linen unusable for patients.
- Obtain linen for family members rather than allowing them to access the cart themselves. This can prevent cross-contamination of linen.

Please Do Your Part to Ensure Wise Use of Linen and Create Value for Our Patients

- Check any linen items for visible stains/tears/holes before using for patient care.
- Each soiled utility closet should have an orange bag like this one. Returning CLEAN stained or torn items in the orange bag takes the items out of circulation and we receive credit back from the laundry.





Important Numbers

919-350-2222
Emergency Incident Reporting

911
Remote Sites
Emergency Incident Reporting

919-350-3333
Campus Police-Security Emergencies

919-350-8080
Environmental Health & Safety Officer 24/7

919-350-8000
Hospital Operator



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3000 New Bern Avenue Raleigh, NC 27610

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Environment of Care Programs

Safety is Your Responsibility

- Every standard, every day
- There are no accidents; every incident can be prevented
- Details matter
- If you see it, you own it; take steps to correct and/or to report issues
- “Not on my watch”
- The WakeWay is the Safe Way

Policies and Guides

- Environment of Care policies are located on the WakeMed intranet in the policy management software system
- Continual Readiness Guides are available to help you prepare your work areas and your staff to provide for a safe environment
- Quick Response Guides give you the steps that need to be taken to manage Environment of Care incidents

Reporting Hazards and Incidents

- Report to your Supervisor
 - All workplace hazards
 - Any incident that is not a normal occurrence
 - All work-related injuries or illnesses
 - Immediately report if you have an exposure to a bloodborne pathogen
 - Near Misses/Good Catches
 - Defective products or equipment – save the item for Risk Management
 - Injury or death that is thought to have been caused by a medical device
 - Complete an Incident Report for unexpected situations

Safety Training

- All staff is required to take safety training upon hire and on a yearly basis
- Do not perform a task, use equipment, or use chemicals unless you have been trained

Slips Trips and Falls

- Prevention Measures
 - Avoid distractions when walking – for example, texting and calling on cell phones
 - Make certain there is adequate lighting
 - Wear shoes with good traction
 - Use handrails in stairwells
 - When carrying objects, look where you are going
 - Keep work areas uncluttered
 - Clean wet spills immediately; if the spill is large, barricade the area, and get assistance



Contact Environmental Health & Safety at 919-350-8080 or envhealthsafety@wakemed.org with questions or concerns



WakeMed

Personal Protective Equipment (PPE)

- Every job title must be evaluated to determine if PPE is needed
- Confirm PPE requirements with your supervisor
- PPE must be used when performing tasks with known hazards
- Specific PPE that may be needed:
 - Gloves, masks, eye protection, face shields
 - Gowns, aprons, lab coats, surgical caps or hoods, shoe covers, boots
 - Respiratory protection devices

Respiratory Protection Program

- Respirators may be required in both clinical and nonclinical settings
 - Check with your supervisor to determine if any tasks that you will be performing require a respirator
 - Medical Surveillance information is required on an annual basis to wear a respirator
 - Certain respirators, such as N95s, require yearly fit-testing procedures prior to their use
 - Training, including competency demonstration, is required to use a respirator



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Environment of Care Programs

Hazardous Materials and Waste Management Program: Right to Know

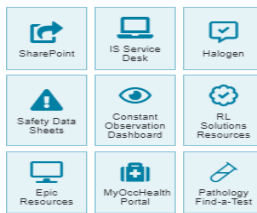
- Know the information on the department's chemical list
- Review the chemical's Safety Data Sheet prior to using the chemical
- You have the right to know about the chemicals' hazards
- You are to be trained on safe chemical use
- You are to be trained on the personal protective equipment needed to protect you
- Always use the required personal protective equipment when working with chemicals

Safety Data Sheets (SDSs)

- Source of hazardous chemical information
- Know the name of the chemical and its manufacturer
- To find the SDS:
 - Go to the WakeMed intranet front page
 - Find the blue tiles (upper right-hand corner; go to the 2nd set of tiles)
 - Click on the Safety Data Sheet tile
 - Enter the product or chemical name
 - Print the Safety Data Sheet

Chemical Spill *RAFT*

- Remove all persons from danger
- Avoid contact with the chemical
- Find and read the SDS
- Telephone the operator and ask the operator to page the Clinical Administrator
- Note: Departments are to have staff trained to clean incidental spills



< 10 - 18

Utility Management Program

- Systems include computer networks, telephones, electricity, pneumatic tubes, elevators, heating and air conditioning, medical gases, plumbing, sewer, and water
- Confirm critical equipment is plugged into emergency power; for buildings with generators, limited power will be restored within 10 seconds
- Know where the electrical emergency lighting for the department is kept



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Utility Management Program

- Stay alert to scam / phishing emails
- Do NOT forward suspicious email to co-workers
- Send the suspicious email to phishing@wakemed.org and delete the email
- Know where the department Information Services downtime procedures and forms are kept; know the location of the downtime computer and printer
- Know where the medical gas shut down alarm panel is located; the charge nurse in the area is the authority to give the order to shut down the gas when an immediate threat to life has been identified, e.g., fire in a patient's room who is on oxygen
- Do NOT block medical gas shut off valves with any items
- Do not block electrical panels; a 36-inch clearance area is required around the panel



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Environment of Care Programs



Security Management Program

- Know what is required to proactively manage and maintain a secure environment
Keys, Identification Badges, Controlled Access (use of ID badges to enter certain areas), Protection of Infants/Children, Custodial Forensics (care of those patients in law enforcement custody)
- Do not allow other persons to “tailgate” in with you to a secured environment without verifying who they are and their reason for being in the department
- Situational Awareness: Always be aware of your surroundings; have a plan to immediately react should you identify a threatening situation
- Know how to report security incidents; specifically, know the location of panic alarms and the emergency number for the site where you are working

Workplace Violence Prevention Program

- Work-place Violence: OSHA defines workplace violence as: violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty. “Even if no physical injury takes place, threats, abuse, hostility, harassment, and other forms of verbal violence can cause significant psychological trauma and stress-and potentially escalate to physical violence.”

Staff Protection Measures in Potentially Violent Situations

- Only enter a room if you have purpose to be there; if able, leave the door open
- Don’t leave objects/items in the area unattended that could be potential weapons
- Do not enter a room with anything around your neck; minimal jewelry is to be worn (avoid hoops or dangling earrings)
- Always position yourself close to the exit; don’t allow others to come between you and the door (includes the bathroom)
- Keep a safe distance and maintain visual contact of the person(s) in the room
- Never turn your back to the person(s)
- Use established techniques and recommended verbal responses to deescalate agitation; avoid arguing or using inflammatory statements and avoid power struggles
- Do not get on the elevator with someone exhibiting concerning behaviors

Reporting Events

- Take all threats seriously
- If there is immediate threat, report to Campus Police at 919-350-333 or 911 if on a site not staffed by Campus Police.
- If there is not an immediate danger of injury, report the threat incident to your supervisor/manager for guidance who will investigate and notify Campus Police and the Clinical Administrator as soon as possible.
- Coworker related events, such as sexual harassment, are to be reported to your supervisor and/or Human Resources.
- If you need further guidance, contact the Clinical Administrator for your site.



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Environment of Care Programs

Life Safety Management Program

Fire Response When Oxygen Is Not In Use: *RACE*

- **Rescue** persons from danger
- **Alarm** others:
 - Call for help from others in the area
 - Pull the closest fire alarm pull station
 - Call the emergency number
- **Contain** the fire by closing all doors and windows
- **Extinguish** the fire by using the fire extinguisher and **Evacuate** if required

Fire Response When Oxygen Is In Use: *ECAR*

If a **PERSON** is on fire

- **Extinguish** the fire and Evacuate if required
If the fire is not close to a person, use the fire extinguisher
- **Contain** the fire
 - Immediately shut off the source of oxygen
 - Closing all doors and windows
- **Alarm** others:
 - Call for help from others in the area
 - Pull the closest fire alarm pull station
 - Call the emergency number
- **Remove** all persons from the room

Fire Extinguisher Use: *PASS*

- **P**ull the pin
- **A**im the nozzle at the base of the fire
- **S**queeze the handle
- **S**weep the spray from side to side at the base of the fire

Fire Prevention and Preparedness

- Flammable chemicals must be stored in flammable cabinets
- Fire exits are identified by EXIT signs
- Patient EXIT corridors must maintain a minimum of an 8 foot clearance
- Hallways are to clear of all items except for crash carts and isolation carts (when there is a patient in isolation)
- Fire protection system devices, such as fire pull stations, fire doors, fire extinguishers, must never be blocked
- When you observe a fire code regulation violation, immediately take the time to correct it



WakeMed

Medical Equipment Program

- Broken equipment
 - Immediately remove from service
 - Report it to Clinical Engineering
 - Tag it with the repair sticker
- Should a medical device cause an injury or death:
 - Do NOT touch the device or throw away accessories
 - Contact your immediate supervisor, who will notify Patient Safety Services/Risk Management
- Clinical Engineering provides tracking and maintenance on medical devices
- All medical equipment is to have a Clinical Engineering inspection label
- Always confirm the inspection date is in current; if it is overdue for inspection, remove the equipment from service and notify your supervisor



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Emergency Management Program

Personal Preparedness

- Be personally prepared to manage emergencies (home and work)
- Know your roles and responsibilities in responding to emergencies; work within your assigned scope of practice
- Know the emergency numbers for your site

Situational Awareness

- Always be alert to your surroundings
- Know the location and how to use all emergency equipment, e.g., evacuation sleds, fire pull stations, fire extinguishers, flashlights
- Know your safe areas for:
 - _ Fire Safe Area of Refuge
 - _ Tornado Safe Area
 - _ High Security Risk
- Know and walk your evacuation routes, both on the same floor level and down stairwells

Emergency Announcements

- Facility Alerts: Facility or weather events.
- Medical Alerts: Medical conditions, such as trauma, stroke, STEMI, behavioral health
- Security Alerts: high risk security events, such as missing infant/child/adult, active shooter, hostage, bomb threat, or civil disturbance where there is an immediate threat.

Emergency Response In Immediate Threats to Life

- Notify others around you of the emergency
- Call the emergency number for your site
- When there is an immediate danger of harm, related to a security incident, the emergency communication message will state: Security Alert: Immediate Threat
- Take quick action to save life or to prevent further harm
- Danger of Harm in (name of department). Get out of the area of danger.
- Secure departments.

Missing Infant Child, or Adult

STOP all work except life saving procedures

SECURE the unit, monitor entrances and EXITS

SEARCH for the missing individual

PROTECT the scene when applicable

PROVIDE information to Campus Police or other authorities

Hospital Incident Command Structure (HICS): Incident Management Teams (IMT)

Should an incident require specific, additional and/or multiple resources that cannot be provided with normal operations, or when a situation is high risk, and/or it is anticipated that situation is going to extend over hours, shifts or days, an Incident Management Team will coordinate the activities, providing direction and support to affected departments. A Hospital Emergency Operations Center will be established when it is necessary for the team to be in one location coordinating incident related activities.

Emergency Operations Plans

- There are many Emergency Operations Plans that define how an emergency incident is managed. Some of the topics include Chemical Decontamination, Electrical Interruptions, Epidemiological – Pathogens of High Consequence, Evacuation, Information Systems Network Interruptions, Internal Flood, Mass Casualty, Medical Equipment System Interruption, Radiological incidents, and Severe Weather – Hurricanes, Tornadoes, and Winter Storms
- Quick Response Guides give you the steps that need to be taken to manage emergencies





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Emergency Management Program

COVID 19 Preparedness

- Know the risk factors, signs and symptoms, and how the disease is spread, and when to seek attention
- Should persons have symptoms and/or have tested positive, they are not to work until cleared by their organization's occupational health service
- Consistent compliance with the use of proper hand hygiene, physical distancing, the use of the required personal protective equipment, and compliance with infection control measures, such as compliance with cleaning and disinfection policies is expected
- Check with your organization to determine if you can be assigned to care for patients who are COVID positive
- Communicate with your instructors should you have questions and/or concerns

COVID 19 Preparedness: Personal Protective Equipment Requirements

Please use the COVID-19 Resources on the WakeMed intranet homepage to access the most current guidance as the situation changes from time to time.

FACE COVERINGS AT ALL WAKEMED FACILITIES

Hospitals & Healthplexes



- Masking is **optional** for staff, patients & visitors in:
 - Public hallways, breakrooms, conference rooms, elevators, cafeterias, departments where patients are not present.
 - Nursing stations where social distancing (being 6' apart) is possible.
- Masking is **required** for staff, patients & visitors ages 2+:
 - Emergency Department waiting rooms, Surgical/Critical Care waiting areas, other waiting rooms where social distancing is difficult, nursing unit hallways.
- Masking is **required** for staff and visitors ages 2+ (not required for patients) in patient rooms.
- Masking is **required** for staff who are not vaccinated against COVID-19.*

WPP & OP Rehab Practices

- Masking is **optional** for patients, visitors & staff with a few exceptions:
 - Patients, visitors & staff who have symptoms of respiratory illness must wear a medical-grade mask in the practice.
 - Some practices and outpatient services may require masking based on the patient population they serve.
 - Masking is required for staff who are not vaccinated against COVID-19.*

GENERAL ED/INPATIENT GUIDE TO PPE IN THE SETTING OF COVID-19

The following PPE must be provided by WakeMed (except eye protection as noted in FAQ)

Type of ED/Inpatient Contact	Isolation	Staff PPE Requirement	Care & Additional Instructions
Routine care	N/A	 Procedure mask only.	See CRG COVID-19 The Proper Way to Wear a Procedure Mask . Dispose of mask at conclusion of shift or if it becomes soiled, damaged, or difficult to breathe through.
PUI or COVID-19 Positive Patient	Airborne Infection Isolation (AI) with Full Barrier Precautions	 Apply respirator, eye protection, gown, and gloves.	For room turnover see CRG COVID-19 - Airborne Contaminant Removal **Respirator reuse instructions If aerosol-generating procedure anticipated, utilize negative pressure room, if available.

Remember . . .

- Parking at WakeMed Raleigh Campus: Only park in the **P5** employee parking deck. Please enter the deck from Falstaff Road. The gates are open between 0600 and 0800, so you can park there even if you have not yet received your badge.
- Parking at Cary and North hospitals: Park in the deck. At North Hospital park on Level 3 or above.
- “Patients are the reason we are here.” **Students who park in visitor parking will not be allowed to complete clinicals at WakeMed.**
- Review applicable policies on the WakeMed intranet under Policy Tech or on the Nursing Administration webpage under Lippincott Procedures (with WakeMed critical notes.)
- Wear school photo ID badge and hospital ID badge whenever you are on hospital property.
- Dress in school uniform or business attire, no jeans.
- Have a great experience!



WakeMed Health & Hospitals Healthcare System-Specific Student and Faculty Orientation 2023-2024

Attestation

I read and understand the *WakeMed Health & Hospitals Healthcare System-Specific Student and Faculty Orientation Self-Study Program 2023-2024*.

Signed: _____

Date: _____

*Not valid if signed after June 30, 2024. Please use the version for the current school year available from
Credentialing and Orientation, WakeMed Health & Hospitals, Raleigh & Wake County, NC*