

2024-2025

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!



- Hand hygiene is a patient safety priority
- Please clean your hands when entering and leaving a patient room
- Hospital-provided lotion should be used as others may not be compatible with our soap or gel
- Artificial nails and nail extenders should not be worn by certain direct care providers. Check your unit's policy.
- Nails should be kept short



Hand hygiene is a simple, effective way to help prevent infections!

STEPS FOR WASHING WITH 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!

STEPS WHEN USING 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!

HAND HYGEINE

Personnel should use **alcohol-based hand rub** or wash with **soap and water** for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

*Alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water.

*Soap and water **MUST** be used when hands are visibly soiled or when the patient is on **SPECIAL ENTERIC PRECAUTIONS**.

Isolation Precautions At WakeMed

- Transmission-Based Precautions (in addition to Standard Precautions) are used for certain infections/organisms.
- Be sure to follow instructions on the sign posted on the door if the patient has an order for isolation.

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

Hazardous Drugs

- 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 handling practices for hazardous drugs that are consistent with the National Institute for Occupational Safety and Health (NIOSH) 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

Hazardous Drug Identification

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_____		

Examples of Hazardous Drug Room Signs



NIOSH Group 1: Antineoplastic/Chemotherapy Biohazard – Hazardous Drug Precautions

Personal Protective Equipment		
<ul style="list-style-type: none"> Wash hands before putting on PPE and after removing PPE. Personal Protective Equipment (PPE) Requirements: <ul style="list-style-type: none"> All PPE must be chemotherapy rated. All PPE is single use only. Put on PPE upon entry to the room; take off PPE when leaving the room. 		
Gloves – 2 Pairs	Gown	Goggles / Face Shields / Respiratory Protection
Wear while:	Wear while:	Wear if:
<ul style="list-style-type: none"> Touching surfaces Performing patient care Handling, administering, and discontinuing medications Handling bodily fluids or linens Disposing of contaminated items 	<ul style="list-style-type: none"> Performing patient care Handling, administering, and discontinuing medications Handling bodily fluids or linens Disposing of contaminated items 	<ul style="list-style-type: none"> Risk of splashing and/or inhalation exposure

Disposal of Used PPE, Supplies, Sharps and Linen Management	
Trace Chemotherapy Disposal Containers	Trace Chemotherapy Biohazard Linen Bags
 <ul style="list-style-type: none"> Dispose of PPE and all disposable supplies into the Trace Chemotherapy Waste container. Dispose of intact used needles and empty syringes into the Trace Chemotherapy Sharps container. 	 <ul style="list-style-type: none"> Double bag linens used with patients receiving chemotherapy into the yellow chemotherapy biohazard bags. Gooseneck tie each bag. Place the yellow bag into the Environmental Services laundry hamper.

For questions and concerns, contact Environmental Health & Safety at EnvHealthSafety@wakemed.org

For chemotherapy spills, immediately contact or 919-350-8080



Hazardous Drug Management

Hazardous Drug Preparation

- Manipulating hazardous drugs (e.g. crushing or splitting tablets) is to be avoided whenever possible
- When not commercially available in a ready to administer form, hazardous drugs are compounded, crushed, and split by Pharmacy staff in the required environment, unless specified in the drug-specific assessment of risk document

Hazardous Drug Management

Hazardous Drug Administration

Students are never to administer NIOSH Class 1 medications

Students may administer Group 2 and 3 medications if the school has approved the student handling hazardous drugs, and the student has completed the following:

- NIOSH required training
- Orientation to the required don/doffing procedures for the required personal protective equipment

Hazardous Drug Management

Hazardous Drug Disposal

- **Pharmaceutical Waste (Purple Bin)**

Unused or partially used hazardous drugs, including chemotherapy agents

- **Trace Chemo Waste (Yellow Bin)**

- PPE , supplies, and syringes used to prepare NIOSH Class 1 medications
- Sharps used to administer chemotherapy are placed in the Trace Chemotherapy Sharps containers

- **Regular Trash (Trash Bin)**

- PPE used to prepare and /or administer NIOSH Class 2 and 3 medications
- EMPTY glass vials with ONLY trace medications

Hazardous Drug Management

Hazardous Drugs Linen Management

- Linen, not contaminated with hazardous drugs, is to 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.)
 - Then placed into the regular linen hopper



The yellow bag alerts the laundry of potentially contaminated linens as these linens are required to initially be washed separately from the other hospital linen

Hazardous Drug Management



Hazardous Drugs Chemical Spills

- Notify the department supervisor, who will contact the Environmental Health & Safety & Preparedness Officer at 919-350-8080
- The EHS Officer will coordinate the process for the cleaning up of the spill and the disposal of all affected materials
- The affected materials, including contaminated linens will be bagged, utilizing the required waste bag, and will be disposed of through the hazardous waste system

Linen Misuse Causes Waste and Patient Shortages

It is important to provide quality linen and value to every patient. WakeMed purchases large amounts of replacement linens each week to maintain the inventory.

- Before changing the bed or taking clean linen to a patient room, 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 from the patient rooms must be reprocessed.
- Excess linen in the room also gives patients opportunities to take the linen home with them. Please discourage this practice. You can explain that we need to conserve linen to make certain that we can provide linens for all of the patients.
- Never throw linen into the trash or regulated medical waste (red) bags.
- All linen is to be sent to the laundry in soiled linen bags for processing, even if it is soiled with body fluids.
 - Exception: When linen is contaminated in a chemical spill, it must be secured and disposed of into a hazardous waste stream.

Linen Misuse Causes Waste and Patient Shortages

- 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 don't overuse them.
- Avoid placing adhesives like tape or electrodes on the linen or writing on the linen (or scrubs) with pens or markers. This action 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 step can prevent cross-contamination of linen.

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

- Check linen items for visible stains/tears/holes before using for patient care
- Each Soiled Utility Closet should have an orange bag with the word “Soiled” on it. Please return stained or torn items in the orange bag. This step takes the linens out of normal circulation and repurposes them.





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



WakeMed

WakeMed Health & Hospitals

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3000 New Bern Avenue Raleigh, NC 27610

www.wakemed.org

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

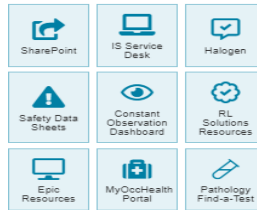
- Know the information on the department's chemical list
- Review the chemical's Safety Data Sheet prior to using the chemical
- You have the right to know about the chemicals' hazards
- You are to be trained on safe chemical use
- You are to be trained on the personal protective equipment needed to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



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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

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

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 PolicyTech or on the Nursing Administration webpage under Lippincott Procedures (with WakeMed critical notes.)
- Wear a 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 2024 - 2025

Attestation

I read and understand the *WakeMed Health & Hospitals Healthcare System-Specific Student and Faculty Orientation Self-Study Program 2024-2025*.

Signed: _____

Date: _____

*Not valid if signed after June 30, 2025. Please use the version for the current school year available from
Credentialing and Orientation, WakeMed Health & Hospitals, Raleigh & Wake County, NC*