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Welcome to Alamance Regional Medical Center. We are glad you will be completing your clinical and/or shadowing experience here. I am responsible for all clinical/shadowing placements at Alamance Regional Medical Center. On behalf of the administrative and nursing staff, we are looking forward to our partnership for this experience.

Before the experience, all students must access the Core Orientation at http://www.ncahec.net/StudentOrientation.ppt annually if not completed previously. Then, students and faculty should review the ARMC specific “Student Orientation Guide”. The following forms must be completed:

- Student/Faculty Orientation Agreement (1 agreement per group)
- Patient or Client Privacy
- Statement of Safety Culture and Professional Code of Conduct
- Patient Right and Responsibilities
- ID Badge Information Sheet (for Women’s Care Center or if no picture ID from your school)
- Student Parking Information (1 sheet per group to obtain “S” lot parking tags)
- Pyxis Access form (if medications will be administered)

Forms should be scanned and emailed to chribret@armc.com or hand-delivered to the Education & Training Department NO LATER THAN THE FIRST DAY OF THE CLINICAL/SHADOWING EXPERIENCE.

We are excited about this partnership with your academic institution. Please feel free to contact me at any time at 336 538-7550 with questions, concerns or suggestions. Together, we can provide the best clinical/shadowing experience for our students and faculty.

Breten Christopher

Education Coordinator

Org 6/09  Rev 4/10, 8/10, 2/12, 6/13
Alamance Regional Health Care Services

Alamance Regional offers a full range of hospital and health services that meet the needs of people in every stage of life: from young parents experiencing the joy of birth to an elderly patient who may require critical care, long-term care, or home health. In fact, our comprehensive services touch the lives of more than 200,000 people in the Alamance-Caswell area each year and continue to expand to meet the needs of our community.

Some of Our Recent Expansions/Services Include:

The Village at Brookwood, completed in 2003, is the first hospital-sponsored retirement community in the Triad. The community’s 50-acre campus includes cottages and apartments. Residents also have the security of private assisted living and healthcare accommodations located on the campus, and easy access to Alamance Regional for medical needs. In May 2009, the Wellness Center opened. This center includes a heated saltwater pool, whirlpool spa, and a spacious exercise and fitness center.

Mebane Medical Park provides high-quality outpatient medical and surgical care in a convenient location. Located in the park is the Mebane Outpatient Center, Alamance Regional Cancer Center of Mebane, physical therapy, occupational health, physician offices and other services.

PET/CT imaging, typically available only at university teaching hospitals, is now at Alamance Regional. The system combines PET (positron emission tomography) and CT (computed tomography) techniques into a single imaging device. PET/CT has the potential to diagnose cancer earlier and provide more accurate staging of tumors, leading to better outcomes for oncology patients. PET/CT also provides the ability to evaluate cardiac diseases and brain disorders, such as dementia.

Level II/III Special Care Nursery was opened in April 2006. This nursery, a joint venture of Alamance Regional and Duke University Medical Center, cares for premature, low birth weight and ill babies.

Inpatient Dialysis became available to our patients with renal failure in 2009. This service allows patients to be admitted at Alamance Regional instead of going out of the county for inpatient care.

Outpatient Imaging is now available for our community. This location allows our patients to obtain radiology services at a convenient location off Kirkpatrick road in Burlington. Services include CT, Open-Bore MRI, Ultrasound, and X-ray.
Our Mission: Improve the health of the citizens of Alamance County and its surrounding communities.

Our Vision: Setting the statewide standard for excellence and responsiveness.

Our Values: Excellence, Compassion, Integrity, Efficiency, Creativity, and Leadership.
ARMC General Information

Most policies, procedures, and reference manuals are accessible from any ARMC computer through the ARMC intranet homepage. It is the responsibility of each instructor and student to review the contents of the appropriate manuals as needed. Students and instructors are expected to follow the policies and procedures for ARMC. Staff can assist with the location of this information.

By selecting Internet Explorer icon on ARMC computer desktops, you connect with the ARMC Intranet. There a number of handy resources located on the intranet.

Questions or Concerns

Questions or concerns regarding the plan of care, medical treatment, ethical issues, or physicians are to be reported to your clinical instructor or preceptor who will then report to leadership. For most clinical areas this is the charge nurse, Unit Coordinator and/or Department Director. Every effort should be made to resolve problems and concerns immediately. Those concerns with unsuccessful resolution will be channeled through the chain of command.
Service Standards for ARMC

Providing compassionate, respectful care to our guest is imperative to our success. All students/interns are expected to commit to the ARMC service standards.

- Make a positive first impression
- Treat everyone as a guest
- Communicate effectively
- Identify and respond to guest concerns
  - Hear
  - Empathize
  - Apologize
  - Resolve
  - Thank
- Project a professional image
- Project a positive attitude and address the emotional needs of patients and families

Spanish Interpreters

Spanish Interpreters are available at all times.

To access a Spanish Interpreter for a LEP (“limited English proficient”) patient, call/beep the Interpreter Access Number: 222-3952 and enter your extension. Be aware that the Spanish Interpreter is not necessarily on hospital premises weekends and evenings and will need 30 minutes or less to arrive to assist staff.

Emergency Codes

Disasters are classified into two types: 

- **External disasters**
  - *External disasters* require a healthcare facility to admit and treat many casualties, but they do not damage the facility itself or threaten personnel. (CODE GREEN)

- **Internal disasters**
  - *Internal disasters* cause (or threaten to cause) injury or damage to the healthcare facility and its patients and staff. Examples include:
    - Fires (CODE RED)
    - Internal Disaster (CODE ORANGE) examples: water/fuel shortages, power losses, radiation accidents
    - Bomb threats (CODE YELLOW)
    - Infant Abduction (CODE PINK)
    - Medical Emergency (CODE BLUE)
    - Acts of Violence (CODE 300)
    - Medical emergency outside of the main building (CODE 250)

Everyone is involved in the disaster plan. Everyone should know the evacuation routes, alarm signals, procedure, etc. **Take disaster training seriously.** If there’s something you don’t understand, ask questions! In a real disaster, you won’t have time to ask questions or get a second chance to correct a mistake.
Code Blue – Medical Emergencies

Code Blue is called for medical emergencies inside the hospital building.

Personnel responding will consist of an ED physician and nurse, respiratory therapist, nursing supervisor, orderly and chaplain.

Code Blue and location will be paged 3 times overhead. It is imperative that all staff, faculty and students know the location of the Code Carts and AEDs in the building.

Rapid Response Team

The Rapid Response Team (RRT) is called by a nurse, patient or family member of a patient when there is a “gut-feeling” that a change is about to occur, or has occurred in the patient status (even if no criteria has been met). The goal is to respond to a “spark” before it becomes a “forest fire”.

Other criteria for calling the RRT include:
- HR < 50 > 130
- SBP < 90 mmHg or 30 mmHg below the patient’s usual SPB
- RR < 8 > 24
- Acute mental status change or change in conscious state
- Unexpected decline in condition within the last 3 hours
- Acute significant bleed
- Acute change in urinary output < 30 cc/hr
- SpO2 < 90% despite oxygen
- A change from the initial assessment

The RRT will assess, stabilize, assist with communication to physician, educate/support and assist with transfer to CCU, if necessary.

To activate the RRT dial pager # 222-3805. Key in the patient’s room number, not unit number.

REMEMBER: If the patient is getting ready to have a cardiac or respiratory arrest, call a code blue #3333.

Code 250- Medical Emergencies Outside of the Main ARMC Building

Code 250 is specific for medical emergencies which are identified on the hospital campus but are outside of the main hospital building itself (such as in the parking lot or at the Grand Oaks building).

Any ARMC staff member who encounters or receives report of an individual experiencing an apparent medical emergency will:
1. provide immediate assistance as possible.
2. summon on-scene assistance as possible, and
3. call (or designate someone to call) the ARMC switchboard at (3333), giving them the information “Code 250” and the location.

Code 250 will be responded to by the Emergency Department shift coordinator, the nursing supervisor, and a security officer.

Using Code 250 does NOT preclude or rule-out appropriate use of additional response capabilities such as Emergency Medical Services (dialing 911) or activation of a Code Blue.
**Infant Abduction - Code Pink**

**Purpose:** To be used when an infant or child patient is determined to be missing or abducted from ARMC.

Ask your clinical area (or instructor) if you need further information.

**Fire - Code Red**

Be aware of the fire zone of your assigned unit. Zones are marked on the red strobe lights. Also, everyone should know the location of fire extinguishers, fire alarm pull stations, and nearest exits.

**What to do if you discover a fire:**
- Evacuate patients and other personnel in immediate danger.
- Go to the nearest fire alarm pull station. Grasp the pull handle and pull it forward and down.

**What happens next?**
- The alarm will sound in the hospital.
- A signal will be transmitted to the Fire Department and they will respond immediately.
- Secure the nearest fire extinguisher and attempt to put the fire out if it can be done without personal danger.
- Close all doors and windows. Shut off any unnecessary electrical appliances and oxygen supplies.
- Visual alarm lights will alternately flash a warning signal.
- All smoke and fire doors will close in the affected Fire Zone.
- Maintenance and security officers are to report to the location to help, regardless of the shift. Employees on first shift are to return to their work area for further instructions - they will be summoned to the location if needed. All available second and third shift employees are to report to the location to help.
- Employee instructions will be announced over the PA system as directed by the administrative officer in charge.
- After the fire has been extinguished, an announcement will be made over the PA system, “CODE RED, ALL CLEAR.” This will be repeated three times.

**Violent Behavior – Code 300**

The purpose of Code 300 is to provide a means of requesting additional assistance to manage patients or visitors exhibiting violent behavior. This often occurs with psychotic or substance abuse patients in Behavior Medicine, who are out of control, but may occur anywhere on campus.

Anyone in need of assistance should dial ext. 3333 and state “Code 300 and the location” the operator will page “Code 300” and the location three times.

**“CODE 300: LOCATION, CODE 300: LOCATION, CODE 300: LOCATION”**

Your location should be as specific as possible. For example:
- Lower Level Behavior Medicine nurse station
- Emergency Department waiting room
- Second floor OR waiting room

A designated team will respond to provide additional support.
- This code is not to be used for the routine paging of orderlies. It should NEVER be used in lieu of Code Blue.
  - Refer to the Code 300 Policy # E10 in the Environment of Care Manual for additional information.

Code 300 **PRIORITY ONE** should be called if a weapon is visible or being used to threaten someone. Clear hallways, close and lock doors and take cover.
External Disaster Plan - Code Green

A Code Green will be called when an external disaster would severely tax the normal operations of Alamance Regional Medical Center.

**The operator will page three times:**
Attention, Attention, Code Green Phase I OR Attention, Attention, Code Green Phase II

**Phase I Code Green:** Phase I exists when there is adequate personnel on duty to handle the situation. Reassignment of staff may be necessary and some reinforcement may be indicated, but implementation of a full call back is not necessary. Upon announcement of Phase I during normal work hours, Department Managers will assess their unit’s availability of staff and supplies. During off-hours charge personnel will assume this responsibility. The Nursing Supervisor will obtain this information from the nursing units and assist with the reassignment of personnel as needed.

**Phase II Code Green:** Phase II exists when the system is about to be completely overwhelmed and a full call back is deemed necessary. Department Managers will assess their unit’s availability of staff and supplies, and evaluate patients for potential discharge. During off-hours the charge personnel will assume this responsibility.

Internal Disaster Plan - Code Orange

A Code Orange is called when an Internal Disaster occurs on our property that would severely limit our ability to provide patient care.

The Nursing Supervisor will notify the Administrator of the situation. Once it is determined that a Code Orange is appropriate to be announced the switchboard operator will be notified to page the following:

Attention, Attention, Code Orange – Name Utility

Refer to the Policy Number E2 – E6 in the Environment of Care Manual for specifics utility related information.

**Code Purple- Emergency Evacuation Plan**

This plan describes steps to be followed in the event of an emergency that would require evacuation of the facility.

Reasons for evacuation include fire, smoke, explosions, loss of service, or other life-threatening occurrence that would require emergent evacuation of an area or the entire hospital in a relatively short amount of time. AT ALL TIMES, THE PRIORITY IS LIFE OVER PROPERTY.

**Code Purple and location** will be paged 3 times. Patients will be staged on their acuity level and routed to their designated holding areas. Staff will take direction from their department manager and/or designee. Begin to prepare patients for evacuation relocation. Medical records should be placed with all critical and stretcher patients.

Code White- Weather Related

A code white will be called for any weather related watches or warnings for Alamance or surrounding counties.

**Code White and type of warning** will be paged 3 times.

Employees are responsible for preparations and/or moving of patients if necessary. In the event of inclement weather, students should follow the academic institution’s policies.
Infection Prevention and Control

**Standard Precautions** apply to all patients regardless of their diagnosis.

**Isolation Precautions** require isolation signs outside the patient’s room to inform anyone entering the room of the specific precautions that should be used for that patient. A cart of personal protective equipment (PPE) will be located outside the patient room for staff, students, instructors and guests.

*Students should NOT be assigned to airborne isolation patients requiring N95 masks or PAPR hoods.*

- Types of Isolation Precautions used at ARMC are:
  - CONTACT PRECAUTIONS
  - CONTACT (SPECIAL ENTERIC) PRECAUTIONS
  - SPECIAL AIRBORNE/CONTACT PRECAUTIONS
  - AIRBORNE PRECAUTION
  - DROPLET PRECAUTION
  - NEUTROPENIC PRECAUTIONS
  - PROTECTIVE PRECAUTIONS

**Reporting Exposures**
Accidental exposure to blood or other body substance must be reported to Employee Health and Infection Prevention & Control. After hours, report exposures to the Nursing Supervisor who may make referrals to the Emergency Department. Employee Health will follow established guidelines for follow-up treatment of employee exposures.

**Fall Prevention and Response**

In an effort to keep our patients safe, ARMC has a fall prevention and response policy.

As students, you are an integral part of the health care team and need to be aware of some key points:

- We use the Johns Hopkins Scale for fall risk assessment.
- The scale categories are *Low, Moderate* and *High Risk*.
- All patients that are identified as High Risk must not be left alone while toileting (staff/student must be within arms reach)
- Safety Checks are on the Task List.
- Written patient/family education materials are to be given for moderate or high risk patients.

**Safety Culture and Professional Code of Conduct**

The organization has **zero tolerance** for intimidating and disruptive behaviors.
- There are medical staff policies implemented that are complementary and supportive of this policy.
- There are steps to report disruptive behaviors, using the Quantros system for event reporting. All reporting should be directed through Quantros.
- The organization has a duty to investigate and take appropriate action.
Hospital Public Safety

The Public Safety Department will do their best to make you feel welcome and safe. For your protection, security measures at ARMC Health Care include qualified public safety staff, armed offices, surveillance cameras, and secured admission to many hospital locations.

We do request your cooperation in several areas. We ask your cooperation in adhering to the parking policy. Please read parking information carefully; if you have any difficulty in understanding it, do not hesitate to consult with your instructor or call the Public Safety department for assistance.

Another area we need your cooperation is in securing your valuables. Leave valuables and purses/wallets locked in your car. Do not leave valuables such as expensive jewelry or your purse with cash visible lying around and in easy reach, creating a situation for a crime of opportunity.

Call the Security Department at ext. 7008 or 7009 for any assistance you need. There are times Security does get tied up with assisting staff in different situations such as responding to emergencies or codes announced. At those times they request your patience.

Hospital policy requires that you display your ID badge at all times with your picture facing out. Don’t be offended if an officer asks to see your ID badge. This is for your own protection.

Badges & Student Parking

A picture ID from your school identifying you as a student must be worn at all times while on the hospital campus. If you will be completing a clinical experience in the Women’s Care Center area, you will need a hospital-issued ID badge. Please contact the Training & Development Department to facilitate this process prior to clinical/internship. Please note…Your social security number will be needed to issue a badge.

All students must obtain a parking hang tag for your car. Instructors will be provided with the “Student Parking Information” form. A license plate number will be needed for each student. Students MUST park in the “S” lot.(see map) Upon completion of the clinical/shadowing experience, you must return the parking permit and ARMC badge.

****CARPOOLING IS STRONGLY ENCOURAGED****
Medical Library
Medical Mall entrance, between Gift Shop and Patient Relations

PHONE: 538-7574 - Librarian’s Office  538-7570 – Library  538-7571 - Fax

THE COLLECTION:  Our textbooks, journals, video’s and CD-ROM’s represent medical, nursing, allied health, and general interest titles. Back issues of journals are kept for 3 years, and are arranged alphabetically on the shelves. A list of the journal titles can be found posted on the ends of the journal shelves and above the computer terminals. Books can be checked out for 2 weeks. The books are cataloged using the National Library of Medicine classification system. Interlibrary loan is available for books, journal articles, and audiovisuals not in our collection.

COMPUTERS:  Three workstations are available for staff and guest use. Medical information is found by searching the ADL (AHEC Digital Library), Up-to-Date, and PubMed. Microsoft Office is available for word-processing, spreadsheets, database management, and presentations. A Helpful Hints notebook is located on the shelf above the terminals. No personal user id or password is required to logon to the Internet. The librarian will be happy to instruct you in using any library software and/or assist you with any searches.

The library is available to staff 24 hours a day. The door is unlocked during business hours. It is locked at 5p.m for the evening and on weekends, and can be accessed by Security. Our Security Department monitors the room at all times.

Gift Shop
A gift shop located on the first floor of the Medical Mall offers cards, balloons, new baby gifts and items, and a variety of other gifts, jewelry and candy. The gift shop is open from 8:30 a.m. until 4:30 p.m., Monday through Friday.

Dining
The Wave Crest Café, is located on the lower level. A hot bar, sandwich and soup station, salad bar, and specialty station are available during dining hours.

Breakfast 6:30 – 9:30 a.m.
Lunch 11 a.m. – 1:30 p.m.
Dinner 4:30-6:30 p.m.

Grill items, snacks, chips, desserts and drinks are available all day.

The Java City coffee shop is located in the Medical Mall, near patient registration. The shop sells a variety of coffee drinks, muffins and pastries.
Patient Confidentiality

Employees and students may not use or disclose any patient identifiable information of any kind on any social media site.

Be respectful of peers, co-workers, hospital leadership and the hospital’s reputation when posting to these sites.

Use or disclosure of patient information could constitute a violation of the Health Insurance Portability and Accountability Act (HIPAA) and ARMC policy.

DIRECTORY - ARMC maintains a directory of patients. This allows the volunteers and staff to direct visitors and family to the correct patient room. At admission, a patient may request to NOT TO BE LISTED IN THE DIRECTORY. If a patient is not in the directory, their name and location may only be disclosed to visitors who offer the patient-selected PASSWORD.

***Students MAY NOT take any protected patient information out of the building!***

Restraints

Restraints, seclusion or isolation for violent or self-destructive behavior may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others, and must be discontinued at the earliest possible time. All restraints will have clinical justification. Non-physical interventions are the first choice as an intervention unless safety issues demand an immediate physical response.

Our responsibilities:

- Use preventive strategies and/or use of less restrictive alternatives first.
- Only use restraint, seclusion or isolation time-out based on the assessed needs of the patient and to never be used as a convenience for staff or as punishment for the patient.

Protect Your Back

Lift equipment is available on each unit and must be used correctly and in all appropriate patient situations. Instructors who are not familiar with the equipment may attend a Safe Patient Movement Course. Attendance at this course is scheduled through the Training & Development Department at 538-7550.
The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly
NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication
NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely
NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01 Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Prevent infection
NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks
NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery
UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
UP.01.02.01 Mark the correct place on the patient’s body where the surgery is to be done.
UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.
For Students Using the Pyxis

Prior to bringing students to the hospital the instructor will prepare a list of the students including the dates of their clinical rotation. This list should be emailed to Breten Christopher at chribret@armc.com. The list will then be sent to the pharmacy and our IT departments. Each student must also fill out a Pyxis Access form to be submitted to the pharmacy.

**Username:** first 4 letters of last name and first 4 letters of first name

**First time Password:** NEW

The instructor will activate the students each day.

1. The instructor will sign on to Pyxis
2. From the Main Menu screen, select USER MENU
3. Select ACTIVATE USER
4. Select one or more users (they are sorted in alphabetical order)
5. Select ACTIVATE to activate the users selected as visitors at this station
6. When a message requests you to confirm, select YES to activate the users.

These instructions are also in the booklet on each Pyxis machine.

The students will not be able to remove any controlled substances but they can be a witness for wasting purposes.

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**Medication Room Security**

Medication rooms located on the patient care units are entered only with key pad entry to assure medication security and appropriate access. Only personnel with related duties will have access to the security code.

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**Do Not Use Abbreviations**

- U for Unit
- IU for International Units
- Q.D.
- Q.O.D.
- Trailing Zero i.e. 10.0
- MS, MSO4, MgSO4 or any other chemical or drug abbreviations
- Ug for microgram (use mcg)
- CC – use ml
- Apothecary Units
Students Documenting in SCM

1. Prior to bringing students to the hospital the instructor will prepare a list of the students including the dates of their clinical rotation. This list should be emailed to Breten Christopher at chribret@armc.com. The list will then be sent to the IT departments.
2. IT will assign the students temporary access to SCM.
3. Students will log into SCM on their first day of clinical and set up their own passwords.
4. **Before entering documentation to be co-signed**, the student must click the “Save Options” tab to the side of the flowsheet screen (see below) and check the “Requested Co-Signature” box. First year students must have their documentation co-signed by the instructor. (see below)
5. Next enter the **name of the instructor** by clicking “Other” and entering the last name beside “Care Provider”; Click “Search” to highlight the instructor’s name in the list. **Do not select the name of an ARMC nurse preceptor** – they do not sign off student documents in SCM. (see below)
6. The instructor will find a red “To Sign” flag on their patient list screen when they need to sign off on a student’s entry. (see below)

   (4). Student: Click “Flowsheet Options” then “Save Options” tab and check Requested Co-Signature.

   (5). Student: Click Other, Enter Instructor’s Name and Search

   (6). Instructor: Find Red Flag and Checked Items to Sign

   ****Students cannot sign off meds on the eMAR. Instructors or preceptors must use “Mark as done by Other” and enter the student’s name that gave the drug.****
Alamance Regional Medical Center  
Clinical Areas

Clinical Instructors – Please contact Nursing Director prior to each Clinical Rotation.
If time permits, the Nursing Directors would like to welcome the students and update them on any changes taking place on their clinical areas.

<table>
<thead>
<tr>
<th>UNIT</th>
<th>UNIT DESCRIPTION</th>
<th>APPROVED # OF STUDENTS</th>
<th>CONTACT PERSON AND EXTENSION</th>
</tr>
</thead>
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<tr>
<td>Operating Room</td>
<td>State of the art technology for all specialties including: General, Gyn, Urology, Otolaryngology, Orthopedics, Ophthalmology, for both Outpatient and Inpatient surgeries. Excellent environment for observing strong organizational and team functioning skills.</td>
<td>2 OR TECH Students,. 2 RN’s Observation</td>
<td>Lana Gladhill, Nursing Director 538-7606. RN Observational Students call 538-7600 between 1PM-4PM to receive next day’s assignment.</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>All patients, any age, requesting Emergency Medical attention. Medical, Surgical, Orthopedic, Behavioral, Trauma and Minor Care.</td>
<td>1 precepted or observational experience</td>
<td>Debbie Hunt, Nursing Director 538-7090  Tiffany Johnson, Clinical Education Coordinator 538-7408</td>
</tr>
<tr>
<td>Behavioral Medicine</td>
<td>Adult Unit 36 beds</td>
<td>6 students</td>
<td>Linda Lawter, Interim Director 538-7990 Call to schedule the daylong unit orientation for instructors and students.</td>
</tr>
<tr>
<td>1 - A Orthopedics</td>
<td>28 beds. Medical Surgical unit with Orthopedic Core Specialty. Orthopedic patients as well as medical patients</td>
<td>7 Target # of students</td>
<td>Teena Hunter, Nursing Director 538-7184 **Requires specialized orientation day.</td>
</tr>
<tr>
<td>1 - C Oncology</td>
<td>32 beds. Medical Surgical unit with Oncology Core Specialty. Inpatient Chemotherapy administered. Work closely with the Hospice staff. Provides acute medical care for a variety of medical diagnosis.</td>
<td>7 Target # of students</td>
<td>Teena Hunter, Nursing Director 538-7189</td>
</tr>
<tr>
<td>Critical Care Unit</td>
<td>Staffing for 15 beds currently. Licensed for 20 beds. Medical/Surgical Critical Care Unit. Patient Population primary Cardiac and Pulmonary.</td>
<td>2</td>
<td>Marian Jeffries, Nursing Director 538-7261 Clara Iacoucci, Unit Coordinator 538-7266</td>
</tr>
<tr>
<td>2 - A Telemetry</td>
<td>30 beds. Medical Surgical unit with Telemetry Core Specialty. Primary population: cardiac, respiratory, and CVA patients.</td>
<td>7 Target # of students</td>
<td>Evette Law 538-7587</td>
</tr>
<tr>
<td>2 - C Med Surg (General Med/Surg)</td>
<td>32 beds. Medical Surgical unit with Surgery Core Specialty. Pre and Post surgery patients.</td>
<td>7 Target # of students</td>
<td>Darlene Hicks, Nursing Director 538-3570</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Average daily census 3-4 patients.</td>
<td>Not appropriate site for clinical group</td>
<td>Becky Holt, Nursing Director 538-7399 No formal or informal tours through this area without prior approval by UC or Charge RN</td>
</tr>
</tbody>
</table>

19
<table>
<thead>
<tr>
<th>UNIT</th>
<th>UNIT DESCRIPTION</th>
<th>APPROVED # OF STUDENTS</th>
<th>CONTACT PERSON AND EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BirthPlace Mother/Baby Nursery</td>
<td>6 LDRs, 4 observation beds, 1 PACU, 2 ORs; Neonatal Nursery for Transitional Care; 12 bed Level II/III Special Care Neonatal Nursery; Mother/Baby 18 bed unit with Family Centered Care; GYN surgery. Unit Coordinators: Tina Wilcox, Birthplace 538-7393, Jane Promnitz, Nursery 538-7385, Robin Smith, Mother/Baby &amp; Peds 538-7988</td>
<td>2 BirthPlace 3 Mother baby 1-2 Nursery</td>
<td>Becky Holt, Nursing Director 538-7399</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>4 procedure rooms, one equipped to perform ERCP. Five pre and 7 post procedure beds</td>
<td>1 per day</td>
<td>Bobbie McMillan, Unit Coordinator 586-3540</td>
</tr>
<tr>
<td>Day Surgery</td>
<td>Busy Day Surgery unit with AM and PM hours.</td>
<td>1 per day</td>
<td>Milissa Machia, Unit Coordinator 538-7636</td>
</tr>
<tr>
<td>PACU</td>
<td>Post anesthesia phase I for surgical and endoscopy patient Infants to aged.</td>
<td>1 per day</td>
<td>Jocelyn Lugo, Unit Coordinator 538-7650</td>
</tr>
<tr>
<td>Specials Recovery</td>
<td>Specials Recovery includes post Cath. Patients, vascular procedures, etc.</td>
<td>1 per day</td>
<td>Larry Sneed, Unit Coordinator 538-7031</td>
</tr>
<tr>
<td>Caner Center</td>
<td>outpatient chemo, radiation therapy, outpatient physician exams</td>
<td>1 per day</td>
<td>Cindy Johnson, Clinical Director, 538-7403</td>
</tr>
<tr>
<td>Lifestyle Center</td>
<td>Occupational Health Services offers 17 clinical sites with on-site nurse and also offers health fairs where students may participate</td>
<td>BSN, MSN, MPH students</td>
<td>Wanda Smith, OHS Coordinator 538-8112</td>
</tr>
<tr>
<td>Pain Management</td>
<td>Multidisciplinary, Chronic pain Treatment with medication, blocks, TENS Behavioral Therapy, Spinal Cord Stimulator and Implantable Pumps, Radio Frequencies, and Intradiscal Electrothermal Annulopasty</td>
<td>1 per day</td>
<td>Vicky Nicholson, Unit Coordinator 538-7626</td>
</tr>
<tr>
<td>Home Care</td>
<td>In home visits.</td>
<td>1 per day</td>
<td>Michelle White 538-8632</td>
</tr>
<tr>
<td>Edgewood Place at the Village of Brookwood</td>
<td>105 beds Skilled nursing care and some intermediate care plus Rehab. Unit 12 Assisted Living, 12 Memory Care – Kim Mayfield 570-8342</td>
<td>CNA I and II students RN students</td>
<td>Pam Gillespie, Nursing Director 570-8252</td>
</tr>
</tbody>
</table>
Standards of Behavior

Appearance and Environment
1. I will wear my identification badge at all times, making sure it is clearly visible and above the waist. I will not cover any information on my badge with stickers, decals, tape, ink markings, piercings, and other visual obstructions.
2. I will always make sure my appearance adheres to the Organizational Image Policy (IRC-14).
3. I will follow Alamance Regional’s* fragrance free work environment policy.
4. I will not eat, drink, or chew gum while interacting with patients and guests.
5. I will take pride in my environment by maintaining a neat and organized workspace.
6. I will keep all public areas clean and free of clutter, picking up litter by using appropriate infection control techniques.
7. I will not have food items visible to the public in work areas (i.e. reception/registration desks, nursing stations).

Attitude/Courtesy
1. I will be approachable and maintain a pleasant attitude.
2. I will demonstrate courtesy, respect, and compassion with my tone of voice and body language.
3. I will speak positively about Alamance Regional* by managing up coworkers, other departments, physicians, patients, and visitors.
4. I will never say, “That’s not my job” or “I’m busy.” If unable to meet a request, I will be responsible for finding assistance for the person.
5. I will not engage in or listen to negativity or gossip. I recognize that listening without acting is the same as participating.

Communication
1. I will use AIDET (A – Acknowledge the person; I – Introduce yourself; D – establish a Duration; E – provide an Explanation; T – say “Thank you”).
2. I will promptly acknowledge patients and guests with a smile, eye contact, and greeting.
3. I will seek to understand by listening attentively, without interruption, before speaking and then validate that I understood.
4. I will avoid using jargon, acronyms, and internal Alamance Regional* language when speaking to patients and guests.
5. I will use the following phone etiquette:
   a. Answer the phone with a positive tone and when possible, within three rings
   b. Ask the callers’ permission before placing them on hold
   c. Periodically ask if the caller would like to continue to hold or leave a message
   d. Make effort to return calls within 24 hours
6. I will show respect to the patients and guests we serve by communicating quietly and professionally with my coworkers.
7. I will be responsible for knowing what is going on at Alamance Regional* by attending department meetings, reading the intranet, my emails, bulletin boards, newsletters and all other communication tools.

Teamwork
1. I will promote interdepartmental cooperation by demonstrating good working relationships with others.
2. I will show respect and appreciation for my Alamance Regional* team members by recognizing and rewarding their good work.
3. I will take responsibility for my decisions, actions and performance, while welcoming constructive feedback.
4. I will minimize my unscheduled absences so that unnecessary burden is not placed on my fellow coworkers.
5. I will welcome and mentor new employees and students by being supportive and setting an example of the collaboration expected in the work place.
6. I will be professional when dealing with changes to work duties, environment, and schedules.
Customer Service
1. I will anticipate the needs of patients and guests and look for ways to exceed customer expectations.
2. I will use the service recovery skill steps (HEART) when things do not go as expected.
3. I will inform my patients and guests of anticipated wait times and the reason for any delays. I will periodically provide a status update and thank them for waiting.
4. I will end my patient and guest encounters by asking “Is there anything else I can do for you? I have the time.”
5. I will acknowledge everyone in the hallway by smiling and making eye contact within ten feet and will offer a simple greeting within five feet.
6. I will offer to assist patients and guests who look lost or ask for help by taking them to their destination. If I cannot take them, I will find someone who can escort them or take them to the nearest information desk.
7. I will foster a quiet, calm, and healing atmosphere by keeping noise levels down.

Confidentiality/Privacy
1. I will maintain patient and guest privacy (i.e. knock before entering and identify myself, close curtain or door during procedure or meeting).
2. I will ensure the security of my workstation by logging off the computer and protecting the confidentiality of both electronic and paper records for which I am responsible.
3. I will not knowingly access or attempt access of any information system, patient records or other information to which I am not authorized.
4. I will follow the acknowledgement of HIPAA Privacy and Confidentiality Statement signed annually by all employees and report any potential or suspected privacy violations to the hospital’s privacy officer.
5. I will discuss confidential matters in a private area where conversation cannot be overheard.

Safety
1. I will be responsible for creating a safe and accident-free environment.
2. I will address any safety hazards I observe. If unable to correct the hazard, I will report it immediately and protect others by securing the area.
3. I will follow my organization’s hand hygiene policy.
4. I will not risk the physical security of the building by propping doors open.
5. I will report any potential security violation on the hospital campus to my manager or to the nursing supervisor on weekends or after hours.

Accountability
1. I will arrive to work and meetings on time, and begin to work promptly upon arrival.
2. I will follow through in a timely manner on commitments and requests.
3. I will not use personal pagers, cell phones, and other electronic devices, including headsets, during work hours. All my personal calls and texts will be limited to break and meal periods and will be in break rooms, staff lounges, cafeteria, or on the outside grounds.
4. I will park in designated employee parking areas only allowing closer parking areas to be available for patients and guests.
5. I will complete all mandatory training and maintain appropriate credentials/licensure within the appointed time frame.
6. I will adhere to Alamance Regional’s* tobacco-free policy.

* Alamance Regional is inclusive of Alamance Regional Medical Center, The Charitable Foundation, Physicians Care, and The Village at Brookwood.

Alamance Regional Medical Center