

Dear Nursing Students:

Welcome to NR 122 Mental Health Nursing

This is the table of content for your general orientation for NR 122. Please make sure you read the entire material provided. Print, sign and bring to the first day of your clinical rotation all the required forms.

For orientation, students receive via e-mail or from the nursing website the following:

1. **Course Outline** (posted on website). There is one for the land students and one for the online students.
2. List of the student's clinical group assignment.
3. Instructions for **clinical sites** at Trenton Psychiatric Hospital and Princeton House.
4. **Orientation materials for Princeton House.** (continue to read below...)
5. Students who have not met **health/insurance or financial payment requirements** are contacted individually at time of orientation –check with the department secretary.

Other documents the students need to have for clinical orientation can also be found on the website are:

- Nursing Assessment for the mental health clinical rotation

Please read this important information about your NRS 122 clinical sites.

Each clinical group will have two days at Trenton Psychiatric Hospital (TPH) and two days at Princeton House, times 7:00 a.m. to 4:00 p.m..

The forms needed to be completed by all nursing students before starting the clinical rotation at the Princeton House are posted below.

Instructions:

Read over the 2010 Required Education Packet, then complete the **Competencies Post test – (pg. 5)** (we will do a review during the first hour/ day of clinical rotation at PH). Bring the completed post test to the first clinical day at PH.

Sign and bring the **Initial Orientation Checklist – (pg. 17)**, and the **Confidentiality Form – (pg. 23)**, and bring them as well to first clinical day.

Take the ID Badge Authorization Form – (pg. 26) to PHCS Human Resources and **the Vehicle Registration Form – (pg. 27)** to PHCS Security for an auto registration sticker and picture ID prior to starting the first clinical day at Princeton House and bring them with the other required forms.

In addition to the above mentioned forms, all students also bring the one copy of the **Mental Health Project - Grading Form (pg. 28)** and the **Student Health Clearance – will be attached to your email.**

1. Princeton House

Prior to class/ clinical day, please read over the educational information, print out, and bring to orientation the following completed forms:

The Confidentiality Form -please sign and date

The last page of the Mini Orientation form - please sign and date

The completed Competency Post Test

In addition, please obtain **your PHCS picture ID at PHCS Human Resources** prior to your first clinical day. The applications for the ID badge will be in the e-mail attachment packet. The main number at PHCS is 609-497-4000. Call them for directions and open hours of business. **Please complete the PHCS orientation requirements before the first day of clinical rotation at PH.**

2. Trenton Psychiatric Hospital

The orientation will take place during the first hour of clinical. All forms for TPH will be given out at that time.

To learn more about the clinical placements go to their websites at:

<http://www.princetonhcs.org/default.aspx?p=5858>

<http://www.nj.gov/humanservices/dmhs/oshm/tph/>

Directions to the clinical sites:

Princeton House is located at 905 Herrontown Road, Princeton, NJ 08540. Park at the right side, in the staff parking area and meet the clinical instructor in the main lobby. The outside door to enter is labeled Main Entrance/Admissions. The hospital number is **609-497-3300**. Remember to wear your picture ID from Princeton Health Care Systems, obtained ahead of time from Human Resources.

Trenton Psychiatric Hospital is located on 100 Sullivan Way, Trenton, NJ 08628. **Enter at Gate 1.** (Sullivan Way is right turn off of route 29 going north toward Ewing from Trenton. Gate 1 will be on your right. Another way to get to Sullivan Way is off Lower Ferry Road. You would turn onto Sullivan Way from Lower Ferry then make a left at gate 1). When you enter the driveway off Sullivan Way make a right hand turn just before the security booth. Drive up the very tiny road to the top parking lot. Park and walk toward the modern looking building (Stratton Building). Keep walking in front of the modern building (Stratton Building) on the sidewalk and turn left at the small sign that says entrance. That will take you in the building at a security desk where you will each sign in. Your instructor will meet you there. Wear you MCCC picture school ID to this placement. The hospital number is **609-633-1500**.

You can bring your lunch, snacks and beverage to Trenton Psychiatric Hospital and Princeton House. On the day shift, TPH has a cafeteria and lunch-snack bar and Princeton House has a cafeteria.

Thank you,

Mihaela E. Olson, APN, FNP, PMHRN-BC

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Please, continue to read, and find the forms you need.....

**PHCS
2010
REQUIRED
EDUCATION
SELF STUDY
PACKET**



Princeton HealthCare System

www.princetonhcs.org

Redefining Care.

Posted on website or as attachment to your email....

**2010
Required Education
Post Test**

Name _____ Date _____

Unit/Department _____ Extension _____

Grade _____

Select and Circle the most correct answer

Infection Control

1. Standard Universal Precautions should be taken on all patients.
 - a. True.
 - b. False
2. After caring for a patient with possible C. difficile, you should conduct hand hygiene in the following manner:
 - a. Use Purell only
 - b. Wash hands with soap and water
 - c. Wipe hands off with a paper towel and then use Purell
3. In addition to Standard Universal Precautions, what are the appropriate precautions to take when caring for a patient with MRSA (methicillin-resistant S. aureus)?
 - a. Respiratory Precautions
 - b. Strict Isolation.
 - c. Contact Precautions.

Corporate Compliance, HIPAA, EMTALA

4. Under the Emergency Medical Treatment and Labor Act (EMTALA) a hospital must provide for a medical screening examination, treatment or transfer regardless of a patient's ability to pay for their emergency visit.
 - a. True
 - b. False
5. If you suspect an activity is unethical, illegal or wrong you should talk to your supervisor, another manager or someone from Human Resources. You may also contact the Corporate Compliance Officer or the PHCS Compliance Hotline. PHCS has a policy forbidding retaliation or retribution for reporting a compliance issue in good faith.
 - a. True
 - b. False
6. I can avoid a conflict of interest by refusing any gift or gratuity that exceeds courtesy value, never accepting cash or cash equivalents in connection with my work at PHCS, not using my position at PHCS for personal gain, and by declining outside employment which conflicts with my position at PHCS.

- a. True
 - b. False
7. Reviewing health care records of friends, family and colleagues may result in disciplinary actions unless I am directly involved in the patient's care or for other appropriate business operations.
- a. True
 - b. False
8. The Code of Ethical Conduct is a guide to help us do the "right thing" at PHCS and outlines a series of standards to guide our behavior.
- a. True
 - b. False
9. If an employee forgets his/her user name or password to access a computer or application, which of the following is acceptable?
- a. Ask a co-worker to borrow theirs
 - b. Report the problem immediately to the Help Desk
 - c. Share a computer with a co-worker
 - d. None of the above
10. An example of health care fraud that may lead to the submission of false claims to the government is:
- a. Falsifying billing and/or medical coding records
 - b. Billing for services not medically necessary
 - c. Duplicate billing for items or services
 - d. Submitting bills for services never performed or items never furnished
 - e. All of the above
11. If a patient presents a suspicious document such as a tampered drivers license or insurance ID card, what should I do?
- a. Notify my supervisor
 - b. Call Security
 - c. Call the Privacy Officer
 - d. Accuse the patient of identity theft
 - e. Answer A-C are all correct
12. An example of a potential HIPAA Security Breach is:
- a. Emailing, mailing or faxing Protected Health Information (PHI) to the wrong person
 - b. Reviewing and/or disclosing medical records of patients outside of job responsibilities
 - c. Hacking of patient information by an outside party
 - d. Laptop, PDA or backup tapes of patient information are lost or stolen
 - e. All of the above

Diversity

13. PHCS is not required to provide interpretive services to patients that do not speak English.

- a. True
- b. False

14. Deaf and Hard of Hearing patients have special communication needs which must be assessed so that their communication needs are met while they are receiving health care.

- a. True
- b. False

15. In caring for patients of different cultures, it is acceptable to ask questions that help you to learn about the patient's view of his or her condition.

- a. True
- b. False

National Patient Safety Goals 2010

16. What **two patient identifiers** are used when administering medication, blood; when collecting blood samples and other specimens; and when providing treatments or procedures?

a. Patient social security number and medical record number (Home Care: patient name and telephone number)

b. Patient name and telephone number (Home Care: patient name and telephone number)

c. Patient name AND medical record number or date of birth (Home Care: patient name and address)

17. The National Patient Safety Goal are revised annually based on problematic areas in healthcare, sentinel events reported to the Joint Commission, and review of best patient safety practice literature.

- a. True
- b. False

Fall Prevention

18. UMCP has an interdisciplinary fall prevention program that focuses on early identification of patient at risk for falling, employees strategies to prevent patient falls and monitors outcomes of prevention strategies.

- a. True
- b. False

Caring Service

19. What is a Key Service Point?

- a. Greetings
- b. Goodbyes
- c. Handoffs
- d. All of the above

20. What is the key to personalizing our service to customers?

- a. Caring Communication

- b. Ignoring
- c. Avoiding
- d. none of the above

Patient Rights

21. If a patient is visually impaired:
- a. They maybe accompanied by a service animal or guide dog
 - b. A PHCS staff member will read fully and provide assistance in completing registration forms and consents
 - c. Talking books are available from the Library
 - d. A,B,C
 - e. A and B only
22. At PHCS, the primary source for language interpretation is the Language Line.
- a. True
 - b. False
23. For patients with limited English proficiency, it is okay to routinely use family members to interpret medical and clinical information.
- a. True
 - b. False

Human Resources

Conscientious Employee Protection Act (CEPA) (policy 1.14)

24. Princeton HealthCare System (PHCS) will provide enforcement of the rights and privileges of the Conscientious Employee Protection Act (CEPA) to all employees. CEPA provides that PHCS can and will take action against an employee because the employee discloses, or threatens to disclose to a supervisor or to any public body an activity, policy or practice of the employer that the employee reasonably believes is in violation of a law, or a rule or regulation promulgated pursuant to law.

- a. True
 - b. False
25. An employee can object to or refuse to participate in any activity, policy or practice which the employee reasonably believes violates a law, rule or regulation; is fraudulent or criminal.
- a. True
 - b. False
26. PHCS encourages employees to make such complaints in writing or a verbal complaint can be made to the employee's designated representative.
- a. True
 - b. False

Sexual (and Other) Harassment - (policy nbr. 6.01)

27. Princeton HealthCare System (PHCS) is opposed to all forms of unlawful discrimination, including; harassment based upon sex, race, ethnicity, religion, age,

disability, handicap or other unlawful harassment of one employee by another employee.

- a. True
- b. False

28. If any employee believes that they are the victim of sexual (or other) harassment, they should report the incident immediately to his or her department manager/supervisor or Human Resources.

- a. True
- b. False

29. Sexual Harassment includes any unwelcome sexual attention, sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature or other offensive behavior directed against any person based upon his or her sex or sexual orientation?

- a. Yes
- b. No

30. Princeton HealthCare System also prohibits retaliation of any kind against any individual reporting a good faith complaint of harassment for participating in a harassment investigation.

- a. True
- b. False

Selection of Employees - (policy nbr. 1.01)

31. Princeton HealthCare System is an Equal Opportunity Employer and will consider for employment, hire, transfer, promotion, demotion, discharge, training, and lay-off all persons without regard to their race, color, religion, national origin or ancestry, age, non-job related handicaps or disability, sex, marital status, liability for service in the Armed Forces of the United States, citizenship, or any other characteristic protected by applicable Federal or State laws.

- a. True
- b. False

Family Medical Leave Act (FMLA) (policy nbr. 3.31)

32. Are all employees eligible for leaves under FMLA?

- a. Yes
- b. No

33. When must an employee apply for FMLA?

- a. after 1 day of absence
- b. after 3 days of absence
- c. after 7 days of absence

34. How much notice must an employee provide the employer for a planned FMLA?

- a. 1 week
- b. 30 days
- c. 3 months

The Joint Commission

35. The goal of the Joint Commission is to continuously improve health care. What are we doing at PHCS to meet this goal?

- a. Continued evaluation of our practices and protocols
- b. Provision of Education
- c. Implementation of Best Practices
- d. All of the above

36. If employees or physicians have unresolved concerns about safety or quality, they can contact the Joint Commission at 1.800.994.6610 or

complaint@jointcommission.org.

- a. True
- b. False

Utilities

37. Red Outlets indicate an outlet that will still provide power when normal power is lost but generator power is available.

- a. True
- b. False

38. Extension cords may be used at PHCS to provide temporary power in an emergency.

- a. True
- b. False

39. Which of the following should be reported to Engineering regarding electrical equipment?

- a. Frayed or worn wires
- b. Loose or malfunctioning switches
- c. Any manner of shock
- d. All of the above

Fire Safety

40. Which of the following is the announcement indicating that a fire alarm has been activated?

- a. Code Triage
- b. Code Purple
- c. Code Red
- d. Code Silver

41. Which of the following is the correct definition of R.A.C.E.?

- a. Rescue; Alarm; Contain; Extinguish/Evacuate
- b. Resuscitate; Alarm; Contain; Extinguish/Evacuate
- c. Rescue; Annoy; Complain; Extinguish/Evacuate
- d. Run; And; Call; Engineering

Hazardous Materials

42. It is OK to not have a manufacture's label on a chemical container provided:
- You write what's in the container using a permanent marker
 - You discard the contents at the end of your shift
 - You only use the product in a confined supervised area
 - All of the above
 - None of the above
43. Which item(s) would go in the red regulated medical waste can?
- Dirty diaper with no visible blood
 - Tubing with blood
 - Isolation room gloves with no dripping blood
 - Dressing saturated with blood
 - Both b and d
44. Related to red regulated medical waste, how do we define "saturated"?
- Band aid with speck of blood
 - Any item that if you would lightly squeeze, it would drop blood
 - Paper gown with a spilled medication
45. What is MSDS?
- Multiple System Disaster Sheet
 - Material Safety Data Sheet
46. Where are the MSDS's located?
- I-Drive
 - M-Drive
 - Citrix

Medical Equipment

47. How do you know if a medical device is safe to use?
- A visual inspection of the device shows no evidence of damage
 - The nice salesperson provided the device and donuts
 - The yellow "Approved For Use By PHCS" sticker is current
 - Both a and c
48. What do you do if a medical device malfunctions?
- Put it back where you got it and get another one
 - Tag the device "defective" and either obtain another or call Biomed (Ext. 4263)
 - Provide a brief description of the device symptom on the defective tag
 - Both b and c
49. How can you tell if a medical device is overdue for inspection?
- The device is covered with dust and cobweb
 - The last inspection sticker was signed by Benjamin Franklin
 - The "Inspection Due" date is in the past
 - It is a new device so it does not need an inspection sticker

Workplace Violence Prevention

50. Which of the following are examples of workplace violence?
- Verbal threats
 - Throwing Objects
 - Shouting at co-workers
 - All of the above

Emergency Management

51. The proper staff response to a Code Triage announcement is:
- To remain at their posts or assignments and continue working until directed otherwise
 - To report back to their departments as quickly as possible to be briefed on the situation
 - To keep patients and visitors calm by assuring them the situation is being addressed
 - To be prepared to adjust their normal work conditions in response to the event, if needed
 - All of the above
52. What do the following announcements indicate?
- | | |
|-------------------|--|
| _____ Code Triage | a. a hostage situation |
| _____ Code Red | b. indicating surge condition |
| _____ Code Purple | c. activation of the Emergency Operations Plan |
| _____ Code Silver | d. fire alarm has been activated |
| _____ Code White | e. pediatric medical emergency |

Security

53. The Emergency Number for Security is?
- 6464
 - 5555
 - 4444
 - 0
54. If you find a suspicious package in the building you should?
- Notify your supervisor
 - Do not move or touch the item
 - Secure the area around the item
 - All of the above
55. If a Code Amber is announced overhead, staff is responsible for which of the following:
- Monitoring stairwells, elevators, doors, and common areas in their department
 - Remaining aware of anyone in scrubs that may be carrying a baby verses transporting them in a basinet
 - Notifying Security via 4444 of any suspicious activity or details regarding the event
 - All of the above

Occupational Medicine Services

56. If you have a work related injury, you must:
- Report it immediately to your supervisor
 - Fill out an Accident Report and Treatment Form (ART)
 - Report to Occupational Medicine Services (OMS)
 - All of the above
57. If OMS is closed, you must go to the PHCS Emergency Department and call OMS on the next business day.
- True
 - False
58. If you are placed on modified duty, after a work related injury and you are not able to perform your regular duty job; a Modified Duty Program is in place to provide temporary work during this time.
- True
 - False

Bloodborne Pathogens Exposure

59. _____ carries the largest risk of transmission to a susceptible individual after exposure.
- HIV
 - HBV
 - HCV
60. Examples of Personal Protective Equipment (PPE) are:
- Gloves
 - Eye Protection
 - Masks and Gowns
 - All of the Above
61. If an exposure should occur, the exposed worker should:
- Pretend it did not happen
 - Wash area immediately and report incident to your supervisor
 - Go home
 - None of the Above
62. OSHA mandates Bloodborne Pathogen Training every:
- 5 years
 - 2 years
 - 1 year
 - It is not required
63. The exposed worker should report for medical attention immediately after an exposure because post exposure prophylactics are time sensitive.
- True
 - False

- 64. Bloodborne exposures can occur from needle sticks, contamination of mucous membranes and broken/abraded skin.
 - a. True
 - b. False

Body Mechanics

- 65. Health care workers get musculoskeletal injuries because:
 - a. High proportion of patients are dependent.
 - b. Assistance can be limited.
 - c. Often weigh more than 50 lbs.
 - d. All of the above
- 66. Safe Patient Handling Program is designed to:
 - a. Decrease injuries to staff while moving patients
 - b. To educate staff in correct use of assistive devices to move patients
 - c. To make available equipment necessary to safely move patients
 - d. All of the above

Employee Assistance Program

- 67. The EAP program is available to all PHCS employees & household members at no charge.
 - a. True
 - b. False
- 68. The EAP program is completely confidential.
 - a. True
 - b. False

Religious and Spiritual Care of the Patient

- 69. The responsibilities of Interfaith Chaplains include:
 - a. Caring for patients of all religions
 - b. Participating as part of the healthcare team
 - c. Calling a patient's clergy representative, if the patient requests this
 - d. All of the Above

Performance Improvement

70. What Performance improvement initiative is happening in the unit/department you are working?

71. What process do we use to improve services and system?
- Trial and Error Method
 - PDCA Process – Plan-Do-Check-Act
 - Listen and Learn Method
 - All of the above

Risk Management

72. The Incident Report Form should be completed by the Department Manager or a designee.
- True
 - False
73. Any additional information related to an incident should be stapled to the report.
- True
 - False

Abuse

74. Three signs of possible physical abuse are:
- Injury to the face, neck and abdomen
 - Questionable story regarding an injury
 - Over protective caregiver
 - All of the above
75. If abuse is suspected after assessing a patient, which of the following steps must be taken?
- Interview the patient
 - Plan for the patient's safety
 - Document facts only
 - Report case to hospital departments and/or community agencies as appropriate
 - All of the above

Age Specific

76. One should encourage the adolescent to have visits from friends and to pursue interests and hobbies while in the hospital.
- True
 - False
77. Which of the following interventions would be appropriate to safely care for the elder adult patient?
- Good lighting
 - Proper footwear
 - Uncluttered surroundings
 - All of the above
78. It is important to provide privacy for children of any ages.
- True

- b. False
- 79. In the adult patient, it is important to focus on education and preventative care.
 - a. True
 - b. False

Bioethics

80. When an ethical issue concerning a patient's treatment plan arises, who can request an Ethics Consultation?
- a. The patient
 - b. The attending physician
 - c. The family
 - d. The nurse
 - e. Anyone involved in a particular patient's care
 - f. All of the above
81. How does one request an Ethics Consultation?
- a. Contact the Nursing Supervisor (Beeper 600) who has access to a Consultant at all times
 - b. Contact the hospital Operator

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INITIAL ORIENTATION CHECKLIST

Princeton HealthCare System (PHCS) Staff: This checklist must be given to and signed by all PHCS employees whose start date is prior to mandatory general orientation, temporary employees hired through an employment agency (such as RN's, technicians and clerical workers), chaplains and **students**.

Contract Personnel: This checklist provides you with information about important Princeton HealthCare practices and is intended to support your interaction with patients, PHCS employees and the public.

COMMUNICATION

Please contact the following for concerns/problems:

- Manager/Dept. Director/Preceptor _____, dial _____ or Beeper _____
- Administrative Coordinator _____, dial Operator or Beeper 600
- Security Emergency, dial Extension 4444/Non-emergency, dial Extension 6464

PATIENT CONFIDENTIALITY/RIGHTS

- Any information about a patient's condition, care, treatment or personal data is absolutely confidential and must not be discussed with anyone other than those who are directly responsible for the patient's care.
- A patient bill of rights is mounted in every patient room.

CULTURAL SENSITIVITY AND DIVERSITY AWARENESS

- The patient has a right to and receives care that is considerate and respectful of his or her personal values and beliefs.
- The assessment of patients considers not only physiological status but also psychological and social concerns.
- A patient's cultural and family contexts and individuals backgrounds are important factors in his/her response to illness and treatment.

CARING SERVICE

Excellence in service is integral to the mission of Princeton HealthCare System. Our commitment to be the best at PHCS is demonstrated by our caring, dignified, and respectful treatment of our patients, their families, each other and all of the community we serve. Our goal is service with a WOW...consistently!

INFECTION CONTROL/UNIVERSAL PRECAUTIONS

- Use Universal Precautions (protective barriers such as gloves, masks, and gowns) in all circumstances that may present exposure to blood or body fluids.
- Perform hand hygiene before and after each patient contact.
- Report sharp injuries and body fluid exposures to Occupational Health Services or the ER within one hour of exposure.

EMTALA

- EMTALA stands for the Emergency Medical Treatment and Labor Act. When any individual comes to UMCP's Emergency Department or Obstetric Unit and requests an examination or treatment, the hospital must provide the examination or treatment regardless of their ability to pay to determine if an emergency condition exists.
- The hospital must provide medical treatment within its capabilities to minimize the risk to the individual or for a woman in labor, the unborn child.
- EMTALA requires hospitals to inform individuals of their right to a medical screening examination and stabilization for an emergency condition. It also requires an individual requesting or requiring a transfer for further medical care is transferred appropriately regardless of ability to pay.
- EMTALA does not apply to inpatients or to an individual being treated as an outpatient who develops an emergency during the encounter.

HIPAA

HIPAA, The Health Insurance Portability and Accountability Act, passed in 1996 and went into effect in April 2003 was designed to:

- Protect patients' rights by giving them access to their health information and control over how it will be used.
- Protect the confidentiality, security, and privacy of all medical records and other health information that is used or shared in any form, whether on paper, electronically, or orally by certain healthcare entities and their business associates.
- To protect patient's privacy, do not give out patient information unless you are sure it is going to the appropriate person for a legitimate reason; and release only the minimum necessary information.
- To protect the confidentiality and security of electronic protected health information, log off your computer applications and systems when you no longer need access or when you step away from your workstation. In addition, protect your usernames and passwords and do not share them with anyone.
- Privacy Officer, call 609-430-7789 or our hotline 1-800-442-5188

CORPORATE COMPLIANCE

- Our Corporate Compliance program is based on the principle of compliance with all laws and regulations affecting our services and on abiding by standards of integrity, honor, and concern for others. These standards are the foundation upon which our day-to-day operations exist.
- Our standards of conduct are formalized in our Corporate Code of Conduct, which is distributed to all employees as a reminder of our tradition of high ethical standards.
- You are strongly encouraged to report any suspected violations to your supervisors, managers, or human resources staff or you can call our Corporate Compliance Officer, 609-430-7789 or the Hotline at 1-800-779-4035

- PHCS has a policy forbidding retribution or retaliation for reporting compliance issues in good faith.
- The Corporate Compliance Hotline was created to allow anonymous and confidential reporting of suspected violations of Princeton HealthCare System's standards of conduct and policies as well as state and federal laws and regulations. It is available twenty-four hours a day, seven days a week.

EMERGENCY AND SAFETY PREPAREDNESS

- If a disaster situation occurs, a Code Triage is called. Know what your responsibility is.
- Report any failure in bio-medical equipment immediately.
- Report any safety concerns immediately to your Supervisor or contact the Administrative Coordinator on Beeper 600.

EMERGENCY CODES/RESPONSE

TYPE	DIAL	CODE CALLED
Adult Medical Emergency	5555 give location	Code Blue
Pediatric Medical Emergency	5555 give location	Code White
Fire	4444 give location or Pull alarm	Code Red
Infant/Child Abduction	4444 give location	Code Amber
Bomb Threat	4444 give location	Code Yellow
Security Emergency/ Patient Elopement	4444 give location	Code Gray
Hostage Situation	4444 give location	Code Silver
HAZMAT Situation	4444 give location	Code Orange
Code situation has resolved		Code Clear

FIRE SAFETY

Remember RACE to fire safety:

- R**escue those in danger
 - A**ctivate the alarm
 - C**ontain the fire
 - E**xtinguish or Evacuate
- Remember **PASS** for extinguisher use:
(Check for location when entering area)
- P**ull the pin
 - A**im nozzle at base of the fire
 - S**queeze the handle
 - S**weep stream back and forth across base

HAZARDOUS MATERIALS

- All units/departments have Material Safety Data Sheets (MSDS) manuals for material in their area. MSDS information is also available on-line on Citrix
- If you are involved in a hazardous spill or exposure call your Supervisor for help immediately

SEXUAL (AND OTHER HARRASSMENT)

- PHCS is opposed to all forms of unlawful discrimination, including harassment based upon sex, race, ethnicity, religion, age, disability, handicap, or other unlawful harassment of one employee by another employee
- PHCS does not tolerate sexual harassment, and like other forms of harassment, will result in disciplinary action, up to and including unpaid suspension and discharge
- The term “sexual harassment” includes any unwelcome sexual attention, sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature or other offensive behavior directed against any person based upon his or her sexual orientation
- If an employee believes that they are the victim of sexual (or other) harassment, they should report the incident immediately to their department manager/supervisor or to the Human Resources Department. Human resources Management will be responsible for the investigation and resolution of all harassment charges.

CONSCIENTIOUS EMPLOYEE PROTECTION ACT (CEPA)

- CEPA provides that it is unlawful for an employer to take any retaliatory action or tolerate any reprisal (e.g. demotion, suspension, termination or other retaliatory action) against an employee who refuses to participate in unlawful or unethical activity and/or discloses unlawful activity to a supervisor or government agency.
- The protection against retaliation, when a disclosure is made to a public body, does not apply unless the employee has brought the activity, policy or practice to the attention of a supervisor or administrator of the organization and has given the employer a reasonable opportunity to correct the activity, policy or practice.
- Disclosure is not required where the employee reasonably believes that the activity, policy or practice is known to one or more supervisors of the employer or where the employee fears physical harm as a result of the disclosure, provided that the situation is an emergency in nature.
- If you have a complaint of this nature, questions or desire further information, please contact the Manager Employee Relations, Human Resources, and PHCS @ (609) 497-4339.

THE JOINT COMMISSION (JC)

- The Joint Commission is the nation's predominant standards setting accrediting body in Healthcare. Accreditation by the Joint commission is recognized nationwide as a symbol of quality that reflects an organizations commitment to meeting certain performance standards.
- Any employee who has concerns about safety or quality of care provided by PHCS should report these concerns to their Supervisor, Manager, Director, VP, HR and/or the Corporate Compliance Officer.
- If the concerns cannot be resolved by PHCS, employees may contact the Joint Commission directly by calling 1-800-994-6610 or email the Joint Commission at complaint@jointcommission.org.

THE FALSE CLAIMS ACT (FCA)

PHCS supports the efforts of federal and state authorities in identifying incidents of fraud and abuse and has the necessary procedures in place to prevent, detect, report and correct incidents of fraud and abuse in accordance with contractual, regulatory and statutory requirements.

False Claims Act Policy sets forth the guidelines to be followed by all employees, contractors and agents regarding the FCA and in detecting and preventing fraud, waste and abuse.

Below please find some examples of Health Care Fraud that may lead to the submission of fraudulent claims to the government:

- Falsifying billing and/or medical coding records
- Billing for services not medically necessary
- Duplicate billing for items or services
- Submitting bills for services never performed or items never furnished
- Failing to report overpayments

Under the FCA, it is a violation to knowingly submit a false claim to the government. All employees, contractors or agents with knowledge of potential fraud and abuse situations must report such situations through any of the following methods:

- Notifying their direct supervisor;
- Notifying any supervisor or member of management;
- Notifying Human Resources management;
- Contacting the PHCS Compliance Officer/Corporate Compliance Office directly at 609-430-7789 or
- Calling the confidential PHCS Compliance Hotline at 1-800-779-4035.

SPEAKUP

- A Joint Commission sponsored initiative-inviting patients to play a vital role in making their care safe.
- This initiative encourages our patients to “Speak Up” to help prevent health care errors and to make their care a positive experience.

Reviewed with _____

(Signature of PHCS staff or contract personnel)

on _____ by _____
(date) (PHCS staff member-HR/Dept. Director/Preceptor)



Confidentiality and Non-Disclosure Agreement

THIS CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT (the "Agreement") is made as of the date signed on page two by and between PRINCETON HEALTHCARE SYSTEM, a New Jersey nonprofit corporation ("PHCS") and the "Recipient" as identified on page two.

WHEREAS, in connection with the business relationship between the parties, PHCS will disclose confidential information to the Recipient; and

WHEREAS, the Recipient has been advised of and acknowledges the competitive value and proprietary nature of the confidential information of PHCS and the damage that could result to PHCS if its confidential information is not treated in accordance with the terms and conditions of set forth in this Agreement;

NOW THEREFORE, in consideration the mutual premises and undertakings contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto, intending to be legally bound hereby, agree as follows:

- 1. Definition of Confidential Information.** As used in this Agreement, the term "Confidential Information" means all oral and written information furnished by, or on behalf of, PHCS to the Recipient or its Representatives (as defined below), which is not generally known to the public, including, without limitation, all trade secrets, products, procedures, manuals, guidelines, reports, communications, information regarding names and requirements of current and prospective suppliers, vendors and customers, technical information regarding current and prospective products and programs and the development and/or acquisition of future products, programs and enhancements, discoveries, concepts and ideas, nature and results of research and development activities, technical information on product or program performance and reliability, processes, formulae, techniques, "know-how," specifications, any "protected health information" as defined in HIPAA regulations, 45 C.F.R. Parts 160 and 164, as amended from time to time, and any other material or information related to the business or activities of PHCS, whether or not protectible by patent, copyright or other laws, whether furnished before or after the date of this Agreement, together with any additional information derived from such information and contained in all analyses, compilations, studies or other documents or records prepared by the Recipient or its Representatives, as well as all copies and other reproductions thereof, whether in writing or stored or maintained in or by electronic, magnetic or other means, media or devices. As used in this Agreement, the term "Representatives" means, with respect to PHCS or the Recipient, their directors, officers, shareholders, members, managers, partners, employees, affiliates and controlling persons, and their agents, advisors and representatives (including without limitation attorneys, accountants and financial advisors).
- 2. Exclusions from Confidential Information.** Notwithstanding anything to the contrary contained in Paragraph 1, Confidential Information does not include information which (i) was or becomes generally available to the public other than as a result of a disclosure by the Recipient or its Representatives; or (ii) was or becomes available to the Recipient on a non-confidential basis from a source other than PHCS, provided that such source is not bound by a confidentiality agreement with PHCS or otherwise prohibited from transmitting the information to the Recipient; or (iii) was within the Recipient's possession prior to its being furnished by or on behalf of PHCS, provided that the source of such information was not bound by a confidentiality agreement with PHCS in respect thereof or otherwise prohibited from transmitting the information to the Recipient.
- 3. Use of Confidential Information.** As a condition to the disclosure of the Confidential Information, the Recipient agrees to keep the Confidential Information confidential and not to disclose or otherwise use the Confidential Information for any purpose, other than for its business relationship with PHCS, without the prior written consent of PHCS. Accordingly, the Recipient agrees to treat the Confidential Information which it receives as it would its own confidential information and to take all reasonable precautions to prevent the unauthorized disclosure to any third party of any Confidential Information. The Recipient further agrees to disclose the Confidential Information only to those Representatives who need to know such information for the purpose of its business relationship with PHCS and who shall (i) be advised by the Recipient of this Agreement and the confidential and non-public nature of the Confidential Information, and (ii) agree with the Recipient to be bound by the provisions hereof. The Recipient shall be responsible for any improper use of the Confidential Information by its Representatives and agrees, at its own expense, to take all reasonable measures, including but not limited to court proceedings, to restrain its Representatives from unauthorized disclosure or use of the Confidential Information.
- 4.** In addition, without the prior written consent of PHCS, except to the extent Confidential Information may be disclosed to Representatives of the Recipient or pursuant to the exception identified in Paragraph 7, neither the Recipient nor its Representatives will disclose to any person (which shall be broadly interpreted to include, without limitation, any corporation company, group, partnership, trust, association or individual) (i) that the Confidential Information has been made available to them, (ii) that they have inspected any portion thereof, (iii) the existence of, or any of the terms, conditions or other facts with respect to, this Agreement or its business relationship with PHCS.
- 5. No Warranty.** Neither PHCS nor its Representatives make any representations or warranties as to the accuracy or completeness of the Confidential Information. Each Recipient agrees that neither PHCS nor any of its Representatives shall have any liability to the Recipient or its Representatives resulting from the use of the Confidential Information supplied by PHCS or any of its Representatives.
- 6. No License or Transfer.** The Confidential Information disclosed shall at all times remain the property of PHCS. No license of any trade secrets, copyrights, patents or other rights is granted by this Agreement or by any disclosure of Confidential Information.

7. Destruction/Return of Confidential Information. Upon PHCS' request, all Confidential Information (and all copies, extracts or other reproductions in whole or in part thereof), whether in writing or stored or maintained in or by electronic, magnetic or other means, media or devices, shall be returned or destroyed (such destruction to be certified in writing) by an authorized officer and not retained in any form or for any reason.

Confidentiality and Non-Disclosure Agreement

- 8. Compelled Disclosure. Notwithstanding anything to the contrary set forth herein, in the event that the Recipient or its Representatives are requested or become legally compelled (by oral questions, interrogatories, request for information or documents, subpoena, civil investigative demand or similar process) to disclose any of the Confidential Information or take any other action prohibited hereby, the Recipient shall provide PHCS with prompt written notice so that PHCS may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Agreement. In the event that such protective order or other remedy is not sought or obtained or that the compliance with the provisions of this Agreement is waived, the Recipient agrees that it will furnish only that portion of the Confidential Information which, in the reasonable opinion of its counsel, the Recipient is compelled to disclose without standing liable for contempt or suffering other censure or penalty. The Recipient further agrees that it will exercise its best efforts to obtain reliable assurance that confidential treatment will be accorded to that portion of the Confidential Information which subject to the compelled disclosure.
- 9. Indemnification. The Recipient agrees to indemnify and hold harmless PHCS, and its affiliates, and its and their shareholders, directors, officers, members, managers, partners, employees and agents (collectively, the "Indemnified Parties") from and against any and all costs and expenses (including without limitation reasonable attorneys' fees) incurred by or on behalf of any Indemnified Party arising out of any breach of any provision of this Agreement by the Recipient or its Representatives.
- 10. Injunctive Relief. The parties acknowledge and agree that, in the event of any breach of this Agreement, PHCS might be irreparably harmed and unable to be made whole by monetary damages. It is accordingly agreed that PHCS, in addition to any other remedy to which it may be entitled in law or equity, will be entitled to seek an injunction to remedy breaches of this Agreement and/or to compel specific performance of this Agreement.
- 11. Term. The Recipient's obligations of confidentiality and nondisclosure shall survive termination of PHCS' business dealings with the Recipient.
- 12. Miscellaneous. It is understood and agreed that no failure or delay by PHCS in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise of any right, power or privilege hereunder. This Agreement (i) shall not be assigned by any party without the prior written consent of the other party; (ii) cannot be amended, nor can any of its provisions be waived, except by a writing signed by the parties; and (iii) shall be binding on and inure to the benefit of the parties and their respective successors and assigns. This Agreement shall be governed and construed in accordance with the laws of the State of New Jersey without giving effect to the conflict of laws provisions thereof. This Agreement represents the entire agreement among the parties relating to the treatment of Confidential Information.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement under their respective hands as of the day and year first above written.

RECIPIENT

Signature: _____

By Name (print): _____

Title: _____

Date: _____

PRINCETON HEALTHCARE SYSTEM

By: _____

Name: _____

Title: _____

Date: .



BADGE AUTHORIZATION FORM

Employee Name: _____ Date: _____
(Please Print)

Title: _____

Department: _____

Company (If not PHCS): _____

Please Check One:

- Volunteer Physician Temp
- Student Contractor

Employee's Signature: _____ Date: _____

Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____ Date: _____

Human Resources Department Use Only:

Date Received: _____ Badge #: _____

Process By: _____ Date of Issue: _____

Human Resources Authorization: _____ Date: _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR DEPARTMENT MANAGER

Princeton HealthCare System VEHICLE REGISTRATION FORM

OPERATOR INFORMATION

Name: _____
 Department _____
 : _____
 Facility: _____
 Telephone: _____
 Employee # _____

Title: _____
 Supervisor: _____
 Shift Normally Worked: _____
 Ext: _____ Beeper: _____
 Date of Hire _____

VEHICLE INFORMATION

License Plate No: _____ State: _____

Make: _____
 Model: _____
 Year: _____
 Color: _____
 Decal No.: _____
 Decal Letter: _____
 Lot Location _____

SECURITY DEPARTMENT

USE ONLY

Card No: _____
 Issue Date: _____

Notice to Vehicle Operator

Parking decal's must be displayed in the back window of the vehicle on the driver's side. The decal must be visible. Any loss of or damage to the parking decal and/or access card must be reported to the Security Department immediately. There is a \$15.00 charge for the replacement of lost access cards.

Receipt of a parking decal and/or access card does not guarantee the availability of parking.

It is the operator's responsibility to obey all parking regulations and posted signs.

Vehicles parked in any Princeton HealthCare System parking facility must be properly locked.

Princeton HealthCare System is not liable for any loss of or damage to vehicles or their contents while parked in any facility. The vehicle operator assumes any and all liability for any loss of or damage to vehicles or their contents while parked in any Princeton HealthCare System parking facility.

The vehicle operator must notify the Security Department if any of the operator or vehicle information on this form changes.

My signature below acknowledges that I have read and understand the above "Notice to Vehicle Operator." My signature further authorizes the Princeton HealthCare System to collect via payroll deduction any charges for replacement of access cards, which I may incur during my employment.

Signature: _____ **Date:** _____

MERCER COUNTY COMMUNITY COLLEGE
NURSING PROGRAM

NRS 122 Concepts of Mental Health Nursing

Mental Health Project - Grading Form

Student Name _____ Date submitted _____

Graded Item	Possible Points	Earned Points
1. Select a psychiatric diagnosis-provide a definition of the disorder and one differential diagnosis.	20	
2. Describe the major signs and symptoms of the selected psychiatric disorder.	20	
3. Formulate two appropriate NANDA nursing diagnoses for the psychiatric disorder.	20	
4. Discuss treatments including three medications appropriate for the disorder. Include common side effects and adverse reactions for the medications.	20	
5. APA Format	5	
6. Correct spelling/grammar	5	
7. References (At least 3, including the Varcarolis text)	10	
8. Points deducted for lateness Papers submitted 1 week after the due date receive a grade of zero (0)	- 25	
TOTAL	100	

Comments: _____

Instructor
Signature: _____ Date _____

Student Clinical Clearance Form									
Student Clearances								Spring 2011	
School:									
Clinical Site: Princeton				Instructor:			Day/Time:		
Course #		Course Name:							
Student Last Name	Student First Name	Mal	CPR	Health Clearance	Bkd Chk	Flu/H1N1 Vaccine	Drug Screen		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Instructor's Signature: _____									
Instructor's Name: _____									
Name of School/College: _____									

Please, make a copy of this page at 150% if needed...

7.01 – STUDENT/RESIDENT/INTERN/EXTERN

I. POLICY:

The Princeton HealthCare System (PHCS) is dedicated to providing exceptional medical and health education. The Princeton HealthCare System strongly supports the development and education of future healthcare providers by offering learning experiences in a variety of fields and disciplines. It is the goal of Princeton HealthCare System to ensure the best possible learning experience for students while maintaining outstanding patient care.

II .PROCEDURE:

Each student/Resident coming to PHCS in a student affiliation, as a Resident, Extern, Intern or to complete a clinical rotation must be treated in the same way as the regular and contracted staff with regards to the pre-employment/screening process. They must provide proof, individually or thru their school, of compliance with our requirements:

- Negative two-step TB-test within the past year
- Immunity to Rubella, Rubeola, and Varicella documentation
- Recent Drug Test (negative)
- Criminal Background Check (if over 18 yrs old) must be completed at least two weeks prior to start of program
- Review of Orientation packet which includes:
 - Emergency Codes
 - Right to Know Info
 - Fire & Safety
 - Code of Conduct
 - Confidentiality Statement
 - HIPAA
 - Caring Service Agreement
 - Harassment Policy

The PHCS Education Department is responsible for establishing agreements with educational institutions and administration for nursing student programs as well as some Med Tech/OR Tech programs at UMCP. The Laboratory, Radiology and Pharmacy Departments are responsible for the agreements and administration of programs for students in their areas. Diversified Services and Princeton House Behavioral Health have specific policies with regards to their student programs.

Students must comply with the PHCS policies and procedures at all times
Students are under the direct supervision of their preceptor and/or clinical instructor at all times.

Proof of professional liability insurance must also be demonstrated by the student or per the Affiliation Agreement.

- Students/Residents/Externs/Interns must wear a PHCS identification badge issued by the Human Resources Department. An hour log must be maintained.
- On the first day of the program, students will be oriented to their role and the facility. This orientation will include completion of the Mini-Orientation Checklist with the student/Resident/Extern/Intern.
- Evaluation of the student's performance will be completed as per the sending educational institution's policy.

Site Visits / Observations by Students

Princeton HealthCare System recognizes that some students are required to complete a site visit/observation at a Healthcare facility as part of their learning experience. Prior to the completion of a site visit, student must:

- Register as a volunteer by completing the College Volunteer Application.
- Sign the Volunteer Confidentiality Agreement.
- Maintain a log of their hours as per Volunteer Services' policy.
- Have any schoolwork related to their site visit reviewed by the onsite supervisor.

Site Visits by Academic Educators

Princeton HealthCare System welcomes visits by members of the faculty of the sending college or university in connection with student programs. The site visit will be scheduled through the onsite supervisor.

Dress Code

All students will adhere to the Princeton HealthCare System Dress Code Policy.
