



# Nursing Student Clinical Rotation Orientation

**UCI** Health



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# Welcome to UCI Health

We are glad to have you at UCI Health for your clinical rotation. This packet contains important information to enable you to have a positive clinical experience.

***The expectation is to review the contents of this packet PRIOR to coming onsite to the medical center.***

Once you have reviewed the information, you may direct any questions to Susan Greco.

## Department of Nursing Quality, Research & Education

### Director

Donna Grochow

### Nurse Manager

Charlene Miranda-Wood

### Clinical Nurse Specialists

Khaled Al Eid – Med/Surg

Maurice Espinoza – Critical Care

Robin Koeppel – NICU

Lisa Wilhelm – Neuro

### Clinical Nurse Educators

Erin Avalos – Med/Surg

Johanah Carrera – Perinatal

Kelly Greear – Emergency Dept

Michelle Grywalski – Critical Care

Jennifer Hoff – Med/Surg

Nicole Jasso – NICU

Chet Khay - Peds

Nikki Martin – Ambulatory

Cheryl Simkins – Critical Care

Kristine Yannitelli - Psych

### Administrative Assistants

Susan Greco

Massiel Luizaga-Seeger

Neidy Brito

### Assistant Administrative Analyst

Karlo Abejo

## Contact

### **Susan Greco**

#### **Clinical Placement Coordinator**

101 The City Drive  
Bldg 22A, Room 3104J  
Orange, CA 92868  
(714) 456-5975 Office  
[sgreco@hs.uci.edu](mailto:sgreco@hs.uci.edu)

# Hospital Access Badges

Instructor and student badge distribution occurs on or before your first clinical day. The badges must be worn at all times when on the hospital grounds. All badges will be returned on the *last clinical day*. **Badges must be returned to Susan Greco, NOT the Security Department.** Students are responsible for ensuring proper return of their badges.

Instructor badge: Access to hospital, staff elevators, unit doors, medication rooms, and staff lounges

Student badge: Access to hospital, staff elevators, unit doors, and staff lounges

\*If your badges do not allow access to the above areas, please contact Susan Greco.

**If you lose your badge or do not return it on the last clinical day, there will be a \$50 fee charged to you and/or your school. Contact Susan Greco immediately.**

# Parking at UCI Health

The Parking Office (**Building 51**) is open Monday thru Friday, from 7:15 a.m. to 4:00 p.m. Their telephone number is 714-456-5636. For after-hours leave a message, or for immediate assistance, please call UCI Campus Dispatch at 714-456-5493. **Purchase your passes in Bldg. 51 before parking in The Christ Cathedral lot.**

For more information, please contact:  
Nelly Cruz, Parking Manager  
[ncruz@hs.uci.edu](mailto:ncruz@hs.uci.edu)



**Masks must be worn to ride the shuttle.**

## Which parking pass do I purchase?

Purchase MB-General Staff, Students permit

- Cost: \$4/Daily
- Valid Monday thru Friday at The Christ Cathedral parking lots 3 and 4 on the corner of Lewis and Chapman Avenue. Please refer to The Christ Cathedral map for lots (highlighted in yellow) where you may park.
- **Weekend and night shift parking only:** Please park in the visitor's parking structure on Dawn Way. You can purchase parking passes or use cash or credit cards to exit the structure.

**How do I get from The Christ Cathedral to the Medical Center?** Shuttle service is available to bring you back and forth from The Christ Cathedral to the Medical Center from 5:00 am to 8:30 pm., Monday thru Friday. **Masks MUST be worn to ride the shuttle.**



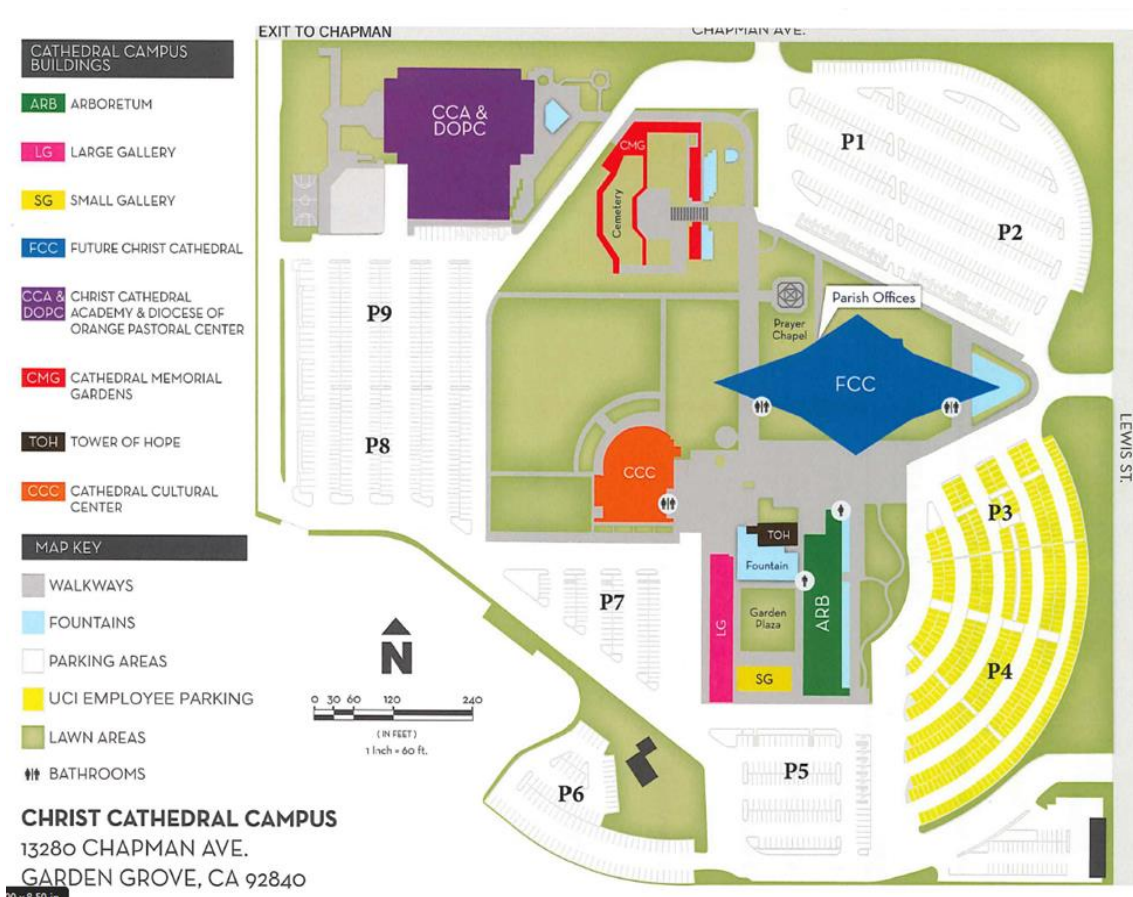
Smoke-Free Campus

- YOU ARE HERE
- Information
- Directory
- Valet Station
- Visitor Parking
- Emergency Parking
- Permit Parking
- Courtesy Shuttle Stop
- Handicapped Parking
- Pedestrian Walkway
- Crosswalk
- Elevator
- Building Entrance
- Walk-In Care Parking
- Animal Relief



Parking Services  
UCIPD/Security  
Relocated from B33 to  
B51/B52





# Professional Standards of Conduct

*(GA Policy: Professional Standards of Conduct)*

- Personal disclosures, other than friendly conversation by staff are indicated only when pertinent to the patient’s health and wellbeing
- Staff will always treat patients, patient’s families, and co-workers with respect including respect for their privacy
- It is expected that discussing non-work related personal information with coworkers will be done in private
- “Special needs” situations involving a patient should be referred to the manager of the department or clinical social worker
- Staff will not assume direct care for family members, significant others or friends unless approved by their supervisor

## Dress Code

- Appropriate attire portrays a professional image of care providers to patients, visitors and colleagues. Nursing student uniforms are required at all times when onsite for clinicals or any visits related to the nursing rotation.

## Cell Phone Use

- Should be primarily for work-related activities
- Must be in silent or vibration mode at all times
- Limit personal use to break and lunch periods in non-patient care areas whenever possible
- No cell phone photography of patients is allowed

# Health Insurance Portability and Accountability Act (HIPAA)

- **DO NOT** take any portion or copies of the patient chart out of the medical center for any reason. No paperwork with patient identifying information leaves the hospital
- There is a legal and ethical responsibility to protect the privacy of the patients, employees, physicians and visitors. The indiscriminate or unauthorized review, use, or disclosure of medical, personal, or business information regarding any patient, employee or visitor is prohibited
- The expectation to protect health information applies to everyone who has access to the healthcare environment, whether an employee, physician, volunteer, student, intern or contractor. Your signature on the Confidentiality Agreement establishes your commitment and obligation to the protection of information

## Social Media

- No protected Health Information, or information that could be used to identify a patient or combined with other publicly available information to be used to identify the patient, should ever be posted to an internet site, or discussed in a social networking site



## Public Relations Performance Standards

Service Excellence Standards are represented by the acronym **UCICARE**:

- **U**nderstanding: Understanding the wants and needs of the patients we service is essential to providing excellent care
- **C**ommunication: The four E's of communication (Engage, Empathize, Educate, Enlist) helps us gain understanding by listening attentively to both verbal and non-verbal messages
- **I**nvolvement: Involving others increases their understanding and allows them to make informed decisions and appropriate choices
- **C**ommitment: Commitment to our organization and our work is essential to creating a successful and healing atmosphere
- **A**ction: The actions we take demonstrate our competence, professionalism, and attitude
- **R**espect: Respect will be demonstrated for all individuals, regardless of culture, class, or beliefs
- **E**nvironment: Maintaining a safe and clean environment demonstrates our pride and makes a powerful impression on our patients, their families, and our staff

## Standard Precautions

- Standard Precautions is used in the care of all patients to prevent transmission of infection. Follow guidelines for patients in isolation. For more detailed information refer to policy titled *Standard Precautions and Isolation/Transmission Precautions*.
- Currently, nursing students are not allowed to care for patients who are in isolation to conserve PPE. **This is subject to change.**

## Hand Hygiene

- When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids
- Before eating
- After using a restroom
- After care of a patient on "Spore Precautions" or after contact with the patient's environment in the "Spore Precautions" room



Use soap and water – scrub at least 20 seconds



Use alcohol-based hand rub – rub hands, covering all surfaces, until hands are dry

- Before having direct contact with patients
- Before donning PPE
- Before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices
- After contact with a patient’s intact skin (when taking vitals, lifting patient, etc.)

No artificial fingernails. Fingernails are not to exceed ¼ inch beyond fingertips

## Falls

Patients who are at high risk for falling may be identified by any of the following:

- Yellow armband
- Colored footwear – red



## Medication Safe Practice



- Students are **required** to have either their instructor or the healthcare provider they are working with, in attendance at the bedside when they are administering medications (**no exceptions**)
- Read the label three times prior to administration
- Before removing from the storage area
- Before preparing medication
- Before returning to storage area
- Two licensed staff independently conducts

double-check for narcotic and sedative continuous IV drips, PCA, insulin, therapeutic IV heparin, and chemotherapy

- Observe the patient taking the medication
- Medications that come in single dose containers that are removed from the Pyxis and not administered to the patient should be returned to the Return Bin at the Med Station. Select “Print Slip”, wrap the slip around the return item and drop in the Return Bin
- Scrub diaphragms of locks and injection ports with 70% isopropyl alcohol prior to injection for the count of 10 with the patient

# Hand-off Communication

Hand-offs will be conducted in a consistent manner using a standardized hand-off form or guideline. IPASS will be used.

|          |   |   |
|----------|---|---|
| <b>I</b> | <b>Illness Severity</b>                               | <ul style="list-style-type: none"> <li>• “Stable”, “watcher”, “unstable”</li> </ul>   |
| <b>P</b> | <b>Patient Summary</b>                                | <ul style="list-style-type: none"> <li>• Summary statement</li> <li>• Event leading up to admission</li> <li>• Hospital course</li> <li>• Ongoing assessment</li> <li>• Plan</li> </ul> |
| <b>A</b> | <b>Action List</b>                                    | <ul style="list-style-type: none"> <li>• To do list</li> <li>• Time line and ownership</li> </ul>   |
| <b>S</b> | <b>Situation Awareness &amp; Contingency Planning</b> | <ul style="list-style-type: none"> <li>• Know what is going on</li> <li>• Plan for what might happen</li> </ul>   |
| <b>S</b> | <b>Synthesis by Receiver</b>                          | <ul style="list-style-type: none"> <li>• Receiver summarizes what was heard</li> <li>• Asks Questions</li> <li>• Restates key action/to do items</li> </ul>                             |

## Patients on legal holds (e.g. 5150, 5250, etc)

- Must have a sitter who is a UC employee. Nursing students cannot act as sitters
- Must be observed by staff member at all times, even when in bathroom
- Cannot leave the room unless going to an ordered test or procedure
- Staff must accompany patient to test/procedure
- **Do not bring anything** (supplies, equipment, etc.) into the patient room unless instructed and observed by the bedside nurse
- **Do not give anything** (medications, blankets, utensils, cups, food, etc.) to the patient **unless instructed and observed by the bedside nurse**
- Notify bedside nurse of any visitors requesting to enter patient’s room

## Protecting yourself from Workplace Violence

- Familiarize yourself with all of the unit exits
- **Ask the nurse you are working with** where the unit Code Grey (combative person) buttons are located and discuss the units’ Code Grey procedures
- Do not attempt to engage or deescalate any aggressive or hostile individuals
- Remove yourself from the situation and notify staff immediately

## Codes & Paging

|                           |  |
|---------------------------|--|
| Code <b>Blue / White</b>  | Resuscitation – <b>Adult / Child</b>           |
| Code <b>Gray / Silver</b> | <b>Combative Person / Hostage Situation</b>    |
| Code <b>Orange</b>        | <b>Hazardous Material / Radiation Incident</b> |
| Code <b>Pink / Purple</b> | <b>Abduction – Infant / Child</b>              |
| Code <b>Red</b>           | <b>Fire</b>                                    |
| Code <b>Triage</b>        | <b>Internal / External Disaster</b>            |
| Code <b>Yellow</b>        | <b>Bomb Threat</b>                             |

Dial extension 456 -6123 to report Code (state the color) and its location (Building, Unit, and Bed Number)

## Fire Safety

Code Red is the code for fire. If you hear the operator page Code Red or you see a fire, immediately notify your nurse and take the following steps. **(R.A.C.E.)**

|          |                       |   |
|----------|-----------------------|---|
| <b>R</b> | Rescue                | Remove all persons from danger  |
| <b>A</b> | Alarm                 | Pull the nearest fire alarm box. Call 456-6123 and tell the operator the exact location of the fire                                       |
| <b>C</b> | Confine               | Confine the fire by closing all doors and openings  |
| <b>E</b> | Extinguish / Evacuate | Extinguish the fire if it is small and you have been trained to use a fire extinguisher. Evacuate when necessary or when ordered to do so |

### **(P.A.S.S.) - When using a fire extinguisher**

|          |         |  |
|----------|---------|--|
| <b>P</b> | Pull    | Pull the pin                                 |
| <b>A</b> | Aim     | Aim the nozzle                               |
| <b>S</b> | Squeeze | Squeeze the nozzle                           |
| <b>S</b> | Sweep   | Sweep back and forth at the base of the fire |

# Blood and Body Fluid Exposure

- Immediately
  - Wash the affected area with soap and water or use eye wash if applicable
  - Report injury to Preceptor and Nursing Instructor
  - Notify UCI Occupational Health 714 456-8300 if exposure occurs during week days (8 – 5pm)
  - Notify House Supervisor 714 456-8455 or Pager 714 506-6000 if exposure occurs after hours and weekends
- Do not Let Source Patient Leave Until Blood Sample is taken
- After consent and blood draw obtained, source patient may be allowed to leave
  - Source patient consent can be obtained by any licensed physician from patient or next of kin if patient unable.
  - Note: if consent cannot be obtained, document attempt on the form and have physician sign the form
- Fill out consent and requisition forms. (Occupational Health or House Supervisor will order the proper testing. **It is against hospital policy to order any lab work yourself under the patient name**).
- Write code number as advised by Occupational Health or House Supervisor
- Student or instructor must contact their school to determine where student should be sent for treatment.
  - The school carries insurance for the students during their clinical and should be treated at the appropriate facility
- Occupational Health will notify student of results of lab work from source patient within 24 hours



# COVID-19 Effect on Clinical Rotation

## Universal Screening

UCI Health requires all who enter to have a health screening. Use the 'fast pass' health screening website to complete the checklist of questions prior to reporting to the hospital. To access the screening site, please text Screen to 59224 or go to <https://screen.ucihealth.org> Upon your arrival go to the lobby of the Douglas Hospital to complete health screening and obtain screening badge tag.

## Universal Masking

**Everyone is required to wear their own community cloth face masks when entering UCI Health premises.**

- **Direct patient care providers must change from a community cloth mask to a UCI Health patient care regular mask when performing patient care duties.**

| Who   | What                  | Where   |
|---|-----------------------|---|
| Non-direct patient care providers   | Community cloth mask  | On arriving and leaving UCI Health and continuously through the day   |
| Direct patient care providers (e.g. MDs, RNs, OT/PT/Speech, Technicians, RTs) | Community cloth mask  | On arriving and leaving UCI Health<br>Non-patient care areas<br>During administrative time (not providing patient care for all or part of day)<br>During breaks |
| Direct patient care providers   | UCI patient care mask | Can be worn continuously in patient care areas or during patient care duties  |

### Universal masking serves two helpful purpose

- It prevents transmission through coughing, sneezing, or loud voices/singing from someone who is ill
- It prevents droplets from someone else who is ill from reaching your nose or mouth

However, universal masking does not replace the need to

- Keep a 6 foot distance from others whenever possible (social distancing)
- Clean your hands before and after touching or readjusting your mask
- Clean your environment in case the person touching items before you was ill

Direct patient care providers will be issued UCI Health patient care masks after reporting to work.

Extended and reuse protocols will still apply. See the COVID SharePoint for specific PPE guidance.

None of us are accustomed to wearing a mask all day. We have to learn how to do it through practice.

Wearing a mask can cause people to touch their face more due to the need to adjust the mask. Frequent touching of the face can, unintentionally, increase the likelihood of exposure to COVID-19 if hands are not clean.

Here are some key points on how to wear a mask. ALL of these take practice.

- Mask should cover nose and chin
- Try your best to avoid touching face and mask
- Clean hands every time before & after touching mask
- Do not put mask under chin, over forehead or over one ear
- Store mask in clean, open bag for re-use
- Put on clean mask if wet, soiled, or damaged
- For cloth mask, wash mask between use with detergent at home
- Masks can be re-used unless wet, soiled or damaged. See COVID SharePoint on PPE re-use.

| Masking Dos   | Masking Don'ts  |
|---|---|
| <ul style="list-style-type: none"> <li>• Wear community cloth mask on arrival to work and when going home</li> <li>• Cloth masks must be worn all day at work by non-direct patient care providers</li> <li>• Cloth masks can be worn in non-patient care areas, during administrative time and breaks by direct patient care providers</li> <li>• Perform hand hygiene before and after putting on, taking off, or adjusting your mask.</li> <li>• Remove mask by grasping ear loops or ties and directly removing away from face.</li> <li>• Store in a clean, unsealed bag for reuse.</li> <li>• Protect your mask under a face shield in Droplet + Eye and anytime when splash or spray could occur</li> <li>• Non-UCI issued masks from home may also be worn as your "community mask". Masks must be professional and not distracting or offensive</li> </ul> | <ul style="list-style-type: none"> <li>• Don't touch or adjust the mask with unclean hands</li> <li>• Avoid touching the inside of your mask if possible</li> <li>• Don't remove mask by grasping the front of it</li> <li>• Don't reuse your mask if it is wet, soiled, damaged, loses function (e.g. unable to breathe through) or the fit cannot be maintained</li> <li>• Don't wear mask on chin, top of head or hanging over one ear</li> <li>• Don't double mask</li> <li>• Don't wear your community cloth mask into patient care rooms if you are a direct care provider</li> </ul> |

## FAQs

### **When am I allowed to take off my mask?**

- To minimize touching and manipulating masks, it is recommended to leave your face mask on at all times, except when needing to remove it for breaks, lunch or when leaving work.
- When alone in a personal office or cubicle, masks can be removed if not encountering other persons within 6 feet.
- Remember to clean your hands immediately before and after taking off and putting on your mask. Store masks in a clean breathable bag (open plastic or paper bag)

### **How do I clean my cloth mask?**

- The novel coronavirus, SARS CoV-2 is easily killed by standard laundry detergent.
- Cloth masks should be put in the hamper daily and washed with home detergent.
- It is recommended to bring additional clean cloth masks for backup in case one becomes soiled or wet during the day.

### **Are there any health issues I should look out for when wearing a mask all day?**

- Masks are generally safe to use all day. Because the skin of our faces is more fragile than other parts of our body, there have been reports of healthcare workers developing skin irritation (e.g., contact dermatitis).
- Cloth masks will minimize this risk while still providing protection. Rarely, people who wear masks all day can develop side effects that include buildup of carbon dioxide in the air enclosed within the mask. This is least common in cloth masks and is expected to be more common when wearing very tight fitting masks or N95 respirators. The symptoms of carbon dioxide buildup can include tiredness, sleepiness, feeling dizzy, or headache. To avoid this, take breaks in fresh air and remove your mask when outdoors.

## How do you re-use regular masks?

- In order to protect and preserve the UCI Health supply of regular masks, safe re-use of regular masks is mandatory. Reuse refers to the practice of using the same mask for multiple encounters with patients but removing it ('doffing') after each encounter. Reuse is not the same as extended use.
- Extended use refers to the practice of wearing the same regular mask for repeated close contact encounters with several patients, without removing it between patient encounters. Extended use is only utilized in designated locations.

NOTE: Individuals within 6 feet of a procedure or patient care activity producing splashes, sprays or aerosols should discard PPE. Wearing a face shield over your mask can protect it from contamination.

The following re-use guidance aligns with general direction from CDC and CalOHSa:

Re-use of a regular mask is permitted only by the same healthcare worker

- Re-use of regular masks is allowable by a single healthcare worker.
- Do not share regular masks between health care workers.

How to safely re-use a disposable mask

- Regular masks can be re-used unless wet, soiled, damaged, loses function (e.g. unable to breathe through) or the fit cannot be maintained.
- Regular masks can be worn for multiple days/shifts if it does not meet discard guidance.
- **Perform hand hygiene every time prior** to and after touching the regular mask.
- Particularly avoid touching the inside of the regular mask unless hands are clean.
- Store in a clean, dry location.

Reasons to discard regular mask

- If wet, soiled, damaged, loses function (e.g. unable to breathe through) or the fit cannot be maintained.