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Overview of Requirements

Student enrollment at Children’s encompasses four major elements: enrollment information (which covers personal and academic information), immunization information, a compliance test (on the information covered in this packet), and student agreements. Students who meet the criteria for patient charting will receive information on electronic medical record training upon completion of enrollment. Finally, at the end of your experience, we ask that you provide an evaluation of your overall experience.

Use this packet to gather required information. The packet outlines the list of immunization questions you will be required to provide, along with valuable information on compliance and regulatory issues such as infection control and patient safety. You will be tested on your knowledge of this information as part of the enrollment application. Enrollment must be complete at least two weeks prior to your first day at Children’s.

Once you have read over the information in this packet, log on to https://www.childrenshc.org/Applications/StudentEnrollment

Enrollment Form

On the enrollment form, you will be required to provide the following information:

- Your name, Address, Phone, E-mail
- Emergency Contact Name, Phone
- School Name, State
- Instructor’s Name
- Course Number
- Discipline (e.g. nursing)
- BLS Expiration (if appropriate)
- Background Information*
  o Birth Date
  o Social Security Number
  o MN Driver's License Number
  o Race
  o Gender
- Learning Objectives
- Dates of Experience (IMPORTANT! Please verify dates with your instructor.)
- Anticipated Number of Hours
- Unit/Dept
- Campus: Mpls St Paul Minnetonka Woodwinds Other
- Children’s Preceptor, if known:

* If you attend a school out of state, you will need to provide information required for a background check. The information will be used to conduct a background study unless your school provides a copy to Children’s.
Immunization Information

Evidence of immunity is a requirement for providing patient care at Children’s Hospitals and Clinics. Please complete the questions below, and return this sheet with your application. If no boxes can be checked for any disease, you must obtain vaccine/serology/mantoux from your primary care provider and document here.

1. **TUBERCULOSIS** - one of the following is required:
   - Negative Mantoux within the last 12 months. Date: __________
   - Negative chest x-ray (follow-up for + Mantoux) Date: __________
   - Treatment for active disease. Date: __________

2. Immunity to **CHICKENPOX** (varicella) defined as one of the following:
   - History of chickenpox infection or shingles
   - Positive serology indicating immunity to chickenpox. Date: __________
   - If vaccinated prior to age 13 – ONE dose of varicella vaccine Date: __________
   - If vaccinated when 13yo or older; Two doses of chickenpox vaccine Date: __________

3. Immunity to **MEASLES** (rubeola) defined as one of the following:
   - **Date of birth before 1/1/57**
     - Reliable history of measles
     - Positive serology (antibody test) indicating immunity to measles. Date: __________
     - One dose of vaccine (MMR, MR, or Measles). Date: __________
   - **Date of birth 1/1/57 or later**
     - MD diagnosis of measles
     - Positive serology (antibody test) indicating immunity to measles. Date: __________
     - Two doses of vaccine (MMR, MR, or Measles) Dates: __________

4. Immunity to **RUBELLA** defined as one of the following:
   - Positive serology (antibody test) indicating immunity to rubella. Date: __________
   - One dose of vaccine (MMR, MR, or rubella) Date: __________

5. Immunity to **MUMPS** defined as one of the following:
   - **Date of birth before 1/1/57**
     - MD diagnosis of mumps
     - Positive serology (antibody test) indicating immunity to mumps. Date: __________
     - At least one dose of vaccine (MMR, or mumps) Date: __________
   - **Immunity status unknown** (note: immunity recommended, not required)

6. Immunity to **HEPATITIS B** defined as one of the following:
   - Completion of vaccine series. Date: __________
   - Positive serology (antibody test) indicating immunity to hepatitis B. Date: __________
   - **Immunity status unknown** (note: immunity recommended)
     - I understand that Hepatitis B vaccine is strongly recommended for health care workers, but decline vaccination

7. Immunity to **INFLUENZA** defined as one of the following:
   - Completion of vaccine series. Date: __________
   - I understand that influenza vaccination is strongly recommended for health care workers, but decline vaccination. I will wear a surgical mask in patient care areas per procedure and policy.
Compliance Information

Students at Children’s of Minnesota need to be knowledgeable in the areas of infection control, safety management, patient safety, HIPAA, patient rights and ethics, age-specific competence, and cultural competence. Questions from each of these areas will be included in the compliance test, which is a part of the enrollment process on the Web site.

Our Mission, Vision, and Strategic Direction

Mission
Children's Hospitals and Clinics of Minnesota champion the special health needs of children and their families. We are committed to improving children's health by providing high-quality, family-centered pediatric services. We advance these efforts through research and education.

Vision
To become one of the nation's best pediatric providers, accessible to all children.
Best - Highest quality - Become one of the top 10 in all we do - Dedicated to improvement
Access - Convenient - Welcoming - In all health plans - Where the children are
All - Every child in our region

Strategic Direction
We are a knowledge-driven health care organization dedicated to the improvement of children's health.
Infection Control

Access Infection Control Policies on Children’s Intranet...

Standard Precautions
- Appropriate personal protection equipment (PPE) to protect yourself from splash/spray of blood or other potentially infectious body fluids
- Mask with eye protection, gloves, gowns are to be worn as indicated by risk of splash/spray
- Hand hygiene – studies consistently find MD’s the least compliant with hand hygiene!

Hand Hygiene
- How?
  - Use an alcohol-based hand rub for routinely decontaminating hands.
  - Wash hands with soap and water when visibly soiled or if potentially contaminated with blood or body fluids. Also wash hands after 10-15 uses of alcohol to remove emollient buildup.
- When?
  - Before entering a patient room/environment
  - Upon leaving a patient room/environment
  - When moving from “soiled” to “clean”
  - Before performing an invasive procedure, even if gloves will be worn
  - Before and after eating
  - After using the restroom
Contact Transmission
- **Direct contact** - Physical contact with infectious germ by touching reservoir
- **Indirect contact** - Touching an object or surface that has been contaminated with infectious germs, and then carrying germs on hands

Contact Precautions
- Gloves every time you enter the room
- Gown for contact with patient or environment
- Clean/disinfect equipment coming out of the room
  - Stethoscopes
  - Anything handled while in the room (pagers, hand held devices, etc.)
  - Dynamap
- Remove barriers and perform hand hygiene immediately upon leaving room
- Known or suspected multiple drug resistant organism (MDRO) infection or colonization (MRSA, VRE, ESBL)
- Uncontained drainage from a wound
- Uncontained diarrhea/stool from patient with acute gastric illness
- RSV, conjunctivitis, scabies, lice, etc.
- If it’s messy, icky, and unknown – contact precautions are appropriate.

Droplet Precautions
- Care providers are to wear a surgical mask and eye protection when within 3 feet of coughing patient.
- Coughing patients often have coughing family members – all coughers should remain in the room or mask when out of the room
- If they’re coughing and you don’t know why – droplet precautions apply
- Examples of illness known or suspected to spread in this manner:
  - Influenza
  - Invasive meningococcal disease
  - B. pertussis
  - Streptococcal pharyngitis, pneumonia or scarlet fever in infants and young children
  - Adenovirus
  - Mumps
  - Parovirus B19 (if in aplastic crisis or is immunocompromised with chronic infection)
  - Invasive HIB infection
  - Post-natal rubella

Airborne Transmission
- Tiny organisms that can stay suspended in the air for an extended period of time
- Can be expelled by coughing, sneezing, talking, breathing
- Can travel far distances with air flow and remain suspended for minutes or sometimes hours

Four Categories of Airborne Precautions
- Routine airborne – used for patients with known or suspected measles
- Airborne and contact – used for patients with chickenpox, disseminated shingles, and any shingles in an immunocompromised patient
- Special airborne – used for patients with known or suspected tuberculosis
- Full barrier – used for patients with SARS, avian flu, smallpox or other infection that is transmitted by airborne particles, droplets, and contact
Negative Airflow Room
- All patients requiring any type of airborne precautions must be in a special room where the air flows into
  the room and then is vented directly outside.
- Door must remain closed except when entering or leaving the room.
  If there is an anteroom, only one door may be open at a time. Both should be closed unless entering or
  leaving the room.

Special Airborne Precautions
- **Pulmonary TB**
  - Negative airflow on designated unit
  - NIOSH approved respirator required to enter room
  - Mpls – ED, PICU, 7th floor
  - St. Paul – ED, PICU, 4100
  - N95 mask (3M 1870)
  - PAPR

- Look for and contain coughing family members

Special Airborne or Full Barrier Precautions

“Respirators”
- N95 mask
- PAPR hood

Respiratory Protection Program

To wear an N95 mask you must be:
- Medically evaluated and cleared to wear a respirator mask
- Fit tested to verify appropriate fit

To wear a powered air purifying respirator (PAPR) you must be:
- Medically evaluated and cleared
- Trained

Full Barrier Isolation
- Any patient who is suspected of having SARS, avian flu, smallpox or other significant emerging pathogen
  should be immediately placed into a negative airflow room in the ED or designated unit:
  - 7th floor and PICU in Mpls
  - 4100 and PICU in St. Paul
- All personnel entering the room will wear:
  - Head cover, N95 mask with eye protection or PAPR hood, gloves, and gown.
- Infection control (651-629-4444) must be called immediately.

Emerging Pathogens
- Many emerging pathogens have originated from another country.
- Screening for potential SARS includes asking about travel history and exposure to ill travelers.
- Avian flu: exposure to sick chickens or to ill persons who have been exposed to chickens.
- Other diseases (such as Bubonic/pneumonic plague, TB) can be associated with a geographic location
Clinical Considerations

- When a child is admitted with acute respiratory illness and no immediate explanation:
  - Ask about exposure to sick family members. Family members are often the source of these and other diseases
    - M. Tuberculosis
    - B. pertussis
  - Ask if the child was exposed to any ill persons who have traveled (or if child traveled within 10 days of illness)

Implementing/Discontinuing Precautions

- Anyone can implement precautions:
  - The most conservative approach should be taken
  - A doctor’s order is NOT necessary to implement precautions

- Discontinuing precautions:
  - If infectious disease is ruled out OR
  - If duration recommended by the red book or infection control policies has passed
  - MRSA, VRE and other antibiotic resistant organisms are assessed on a case-by-case basis in consultation with infection control.

Reporting Blood & Body Fluid Exposures

- All exposures occurring at Children’s are managed by Employee Health Services.

What Should Be Reported As a Blood or Body Fluid (BBF) Exposure?

If you are exposed in one of the following ways:

1. Needlestick from a needle that was in a patient’s vein or artery
2. Non-needle – cut, puncture, human bite
3. Non intact skin – chapped, dermatitis, abrasion, open wound
4. Contact with intact skin for a long time (more than several minutes)
5. Mucous membrane – splash to eyes, nose, mouth; (includes CPR without mask)

To any of the following BODY FLUID TYPES

- Blood
- Semen
- Vaginal Secretions
- Amniotic
- Peritoneal
- Pericardial
- Pleural
- Synovial
- Cerebrospinal
- Other body fluid with visible blood
- Body fluid type is unknown

BBF Exposure Process

- Wash or flush area immediately
- Notify charge nurse or administrative representative in the unit where you were exposed
- Obtain a BBF post-exposure packet from Star-Net
- Follow step-by-step instructions in the packet
- Do not wait to follow up on a BBF exposure – if you have been exposed to high risk blood, post exposure prophylaxis should be started within several hours of exposure

Questions? Need more information?

- Infection control phone number: 651-220-5555 or 6-5555
- Infection Control Policies: Children’s Intranet – policies and procedures
- CDC website www.cdc.gov
- Minnesota Department of Health website www.health.state.mn.us
- Red Book online or copy on each unit
Safety Management

Security is staffed 24/7 everyday of the year:
Minneapolis: 5-7777 • St. Paul: 1-8899 • All Others: 9-911

Personal Safety / ID Badges
All employees, volunteers, contractor, and observers must wear an ID badge at all times. Students are required to wear their school photo ID badge. If you forget obtain a temporary ID badge from a Welcome Center.

Emergency Codes:

**CODE PINK: Abducted, Eloped or Missing Patient or Person**
Responsibility:
- If you are missing a patient or person, call security immediately to notify them of a Code Pink. Provide them with the floor/location you are at and a specific description of child and/or abductor (age, sex, clothing, etc). DO NOT allow anyone to leave the unit until cleared by security,
- If you hear an overhead page for a Code Pink:
  - Secure and check exit and entrance points (i.e., stairwell, elevators) and bathrooms. Report any findings to security immediately.
  - Security will overhead page child and/or abductor description and details as above

**DR. BLUE: Cardiac or Respiratory Arrest**
Responsibility:
Respond to the overhead page only if you are a member of the “Dr. Blue” Team.

**CODE ORANGE: Internal &/or External Disaster**
Responsibility:
Follow your department specific Code Orange plan and take direction from the charge nurse and command staff.

**CODE GREEN: (Restraint Personnel Requested: violent visitor, patient, parent, etc.)**
Responsibility:
- Call Security immediately
- Indicate-Code Green RPR
- Provide your name
- Provide Floor/Location you are at
- Stay near the situation to help responders understand the circumstances

**CODE YELLOW**

Code Yellow – Internal: Security emergency inside the hospital
Responsibility:
- Employees, visitors, and patients should stay away from the area or department named in the Cody Yellow – Internal page, until the “All Clear” has been given by security.
- Identify anything suspicious in your area to assist should the code impact your area.
- Report anything suspicious to Security immediately!
Code Yellow – External: Security emergency outside the building
Responsibility:
• No one should go outside or stand near windows, due to a security emergency occurring very near the hospital.
• Notify visitors, staff, or other individuals of the incident. Make sure they do not proceed outside until the “All Clear” has been given by security overhead.

SEVERE WEATHER: The type of severe weather will be announced via the overhead paging system.
Responsibility:
Severe Thunderstorm –
• Close blinds & open doors to occupied rooms.
Tornado –
• Close blinds & open doors to occupied rooms. Move patients away from windows into central corridor. Move ambulatory patients & yourself to lower level/basement if possible.

Fire Safety – CODE RED If the fire is in your area:
Rescue anyone in immediate danger
Alert others:
• Call out “Code Red!” to your co-workers
• Activate the fire alarm pull station
• Call security or the emergency number to give exact location of fire
Confine: Close doors and windows, ensure smoke doors are closed, turn lights on in corridor and patient rooms.
Extinguish: Use a fire extinguisher to put out the fire if it is safe to do so.
OR
Evacuate: Evacuate patients, families, visitors, employees to adjacent smoke compartment

Non-evacuation buildings:
Non-Evacuation buildings are divided by smoke compartments. Smoke compartments prevent the spread of smoke and fire from one area of the building to the other. Fire doors separate each smoke compartment.

The following locations are Children’s non-evacuation buildings:
• Children’s - Minneapolis
• Children’s - St. Paul
• Day Surgery Centers (Minneapolis, St. Paul & Mntka)
• Children’s Specialty Center (Basement & 1st floor)

Non-Evacuation Building Response:
• If you hear the fire alarm and/or the strobe lights are visible, you are required to respond.
• If the fire is not in your smoke compartment, prepare to accept patients from the unit experiencing the fire.
• If the fire is in your smoke compartment, prepare for horizontal or vertical evacuation.
• Close all doors and windows

• Clear hallways of all obstructions (carts, computers, etc.)

• Turn lights on in the corridor and patient rooms

• Do not enter the smoke compartment where the fire is occurring.

• Do not use elevators, unless authorized by the Fire Dept

**Evacuation Buildings:**
During a Code Red, all personnel in evacuation buildings must leave the building and meet at your department’s designated meeting location at least 100 feet away from the building.

The following locations are evacuations buildings:
• St. Paul Garden View-Occupant’s need to evacuate if the strobes and chimes are activated on their floor or they are threatened by smoke or fire.
• Children’s – Roseville
• Ritchie Medical Plaza
• Children’s - Centre Pointe
• Woodwinds
• Children’s Minnetonka (excluding day surgery portion)
• Transfer Road Warehouse
• Doctor’s Professional Building
• Children’s Specialty Center (floors 2 – 5)
• Children’s – Maple Grove
• Twin Lakes
• PACE Clinics
• All office buildings

**How to use a fire extinguisher -PASS:**

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

**Types of Fire Extinguishers at Children’s:**

**ABC:** Found throughout facility and use for fires with
- combustible solids(paper, wood),
- flammable liquids(grease, gasoline),
- electrical

**Water Mist:** Found in Surgery & MRI
- use on patient fires
- the tank is MRI compatible

**Class K:** Found in Nutrition Services
- used for grease fires in conjunction with the fire suppression system
Material Safety Data Sheets (MSDS): Children’s is required to have an MSDS accessible to employees for every chemical and hazardous drug used in the facility. MSDS’ provide information about the chemical including:

- Chemical Identity
- Physical / Chemical Characteristics
- Fire & Explosion Data
- Reactivity Data
- Health Hazard Data
- Emergency First Aid
- Personal Protective Equipment
- Storage & Handling Precautions

MSDS are Available on Children’s Intranet Homepage under the ASPIRE Tab.

Hazardous Waste (OSHA 29 CFR 1910.120)

The hazardous materials and waste management plan is designed to safely control and monitor hazardous materials and waste management procedures include proper selection, handling, storage, use, and disposal of such materials from receipt or generation through use of final deposit. The Policy helps ensure compliance with local, state commission and federal regulations.

Hazardous Waste Identification

Hazardous wastes are defined by the EPA as solids, liquids, or containerized gases that meet the definition of a characteristic or listed hazardous waste.

Treat all waste chemical solids, liquids, or containerized gases as hazardous wastes unless a specific chemical waste has been confirmed to be a non-hazardous waste by the safety department.

A chemical becomes a "waste" when you no longer intend to use it, regardless of whether or not it has been used or contaminated.

Spilled chemicals and absorbent materials used to clean up the spill of a hazardous material should be disposed of as hazardous waste.

Please note that the term "chemical" includes items containing chemicals such as paints, solvents, aerosols (including hand foam), degreasers, glues, varnishes, disinfectants, and pharmaceuticals, as well as, stock chemicals and chemical solutions used in laboratory processes.

Use the following disposal methods for hazardous waste in your area. For Specific questions regarding hazardous waste, contact Safety Specialist, Mitch Josephson (x6-6712).

See below chart for hazardous waste disposal information.
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL NEEDLES (Except Chemo)</td>
<td>Pharmaceutical Haz Waste</td>
<td>Acutely Toxic Pharmaceutical Waste (P-List Haz Waste)</td>
<td>Any Chemo/ Cytoxic container with visible drug</td>
<td>Empty vials, syringes, IV’s (no visible liquid contained in bag or tubing), empty pill containers and bags previously containing chemo products previously containing chemo or cytoxic medications</td>
<td>Items listed here only:</td>
<td>Gamgee/IV bags and tubing or container with free liquids</td>
<td>Gamgee/IV bags and tubing or container with free liquids</td>
<td>Gamgee/IV bags and tubing or container with free liquids</td>
</tr>
<tr>
<td>Blunt tips</td>
<td></td>
<td>Warfarin (Coumadin) tab including empty package/wraper</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>Dual Haz Waste</td>
<td>This container is for items that are both a Hazardous Waste and a Regulated Medical Waste. Any syringe with a needle that still contains medication.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
</tr>
<tr>
<td>Any blood product: Albumin, IVIG</td>
<td></td>
<td>Nicotine products including empty package/wraper</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>Dual Haz Waste</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
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</tr>
<tr>
<td>Blood contaminated items</td>
<td></td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
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<td>Dual Haz Waste</td>
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<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
</tr>
<tr>
<td>Saline / Lipids in a syringe with a needle</td>
<td></td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>Dual Haz Waste</td>
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</tr>
<tr>
<td>Syringes with needles</td>
<td></td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>Dual Haz Waste</td>
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<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
</tr>
<tr>
<td>Empty glass vials (except P-list and chemo)</td>
<td></td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>Dual Haz Waste</td>
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<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
</tr>
<tr>
<td>NO MEDICATIONS</td>
<td></td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>TV’s, tubing, &amp; vials containing chemo, pills, spill clean-up debris (including clothing, bedding, other contaminated items), etc.</td>
<td>Dual Haz Waste</td>
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</tr>
</tbody>
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**NOTE:**

- **Chemo Needles** are collected in a separate Chemo Sharps Container.
- **EPI NO LONGER FALLS INTO THIS CATEGORY.**
- **DISPOSE OF EPINEPHRINE MEDS IN THE BLACK CONTAINER.**
- ** Collection Procedure:** Nicotine, coumadin, and phystostigmine products will be sent from Pharmacy in a bag with disposal instructions. When disposing of these products, place all wrappers and empty containers back into bag and place in the BLACK CONTAINER.

**If there is any visible liquid in an IV bag, tubing, vial, or syringe (no needle), manage waste as Bulk Chemo Waste.**

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**Items listed here only:**

- Controlled substances witnessed by 2 staff. 
- Return any unused Chloral Hydrate to the Main Pharmacy.

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**Items:**

- TPN's (without Insulin)
- Electrolytes Lipids
- Normal saline
- Used alcohol wipe
- Lactated ringers
- Heparin IV's
- Sodium Bicarbonate
- Dopamine
- Dobutamine

**Garbage:**

- Drained normal saline bag
- Empty large volume IV bag
- Used/Empty Chloraprep (cannot be wet or dripping)
- Other Batteries: Silver Oxide, Mercury Oxide
- Ascom/ Cisco phones and medical equipment are where most of our used rechargeable batteries come from.
- Place battery in clear bag or tape contacts with electrical tape or other non-conductive tape.

**Be sure to verify Battery Types**

**Container Located:**

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Last update: 5-13-10
Hazardous Waste Disposal Procedures

Pharmaceutical Waste (black containers)

Pharmaceutical waste is collected throughout the hospital in black containers located in the patient care areas, med rooms, and soiled utility rooms. Examples of pharmaceutical waste are: partial IV bags of medication, partial vials of medication, syringes still containing medication (without needles), unused alcohol wipes, unused or partially used chloropreps, etc. See the Waste Disposal Flow Chart for other examples. Any leaking IV bags or tubing, spill materials, or broken containers should be placed in a zip-lock bag (NOT A BIOHAZARD BAG) prior to disposal in this container. Never dispose of any needles, blood or body fluid contaminated items, narcotics, or trash in this container.

**Please note:** Some patient care areas use a small black 2 gallon container for pharmaceutical waste. Due to the small size, when possible dispose of IV bags in the black container located in the soiled utility room.

CHEMOTHERAPY WASTE SHOULD NOT BE PLACED IN THIS CONTAINER.

When a small black 2 gallon container is full:

- Place date on container
- Leave full container in soiled utility room
- Call x5-HAZZ (x54299) in Mpls. or x6-HAZZ (x64299) in St. Paul for pickup.

When the larger floor standing black containers are ¾ full, call Safety for pickup. If container is full, place date on container and call Safety.

Full containers need to be placed into storage within 3 days of becoming full.

Always remember to keep containers closed.

Acutely Toxic Pharmaceutical Waste (P-Listed Waste)

Acutely Toxic Pharmaceuticals (P-Listed) are more toxic pharmaceuticals and are unique in that the empty container (vial, ampule, wrapper, etc.) is considered a hazardous waste. A pharmaceutical is considered acutely toxic if it has a sole active ingredient that is on a special acutely toxic chemical list (P-list). Currently, there are three main acutely toxic pharmaceuticals found in our hospitals. They are: coumadin, nicotine and physostigmine salicylate. Examples of an acutely toxic pharmaceutical waste are empty or partial vials, IV Bags and tubing previously containing any of the above pharmaceuticals; an empty, partial or full physostigmine salicylate ampule; the wrapper of a coumadin tablet; and the wrapper from a nicotine patch or gum. See the Waste Disposal Flow Chart for other examples.

Acutely toxic pharmaceuticals transferred to a syringe with a needle or contaminated w/blood should be disposed of as Dual Waste.

DISPOSAL PROCEDURE: This waste no longer has it’s own container, except in the pharmacy. Acutely toxic pharmaceuticals will be sent from the pharmacy in a zip-lock bag with
instructions for disposal. Any left over med, empty vials, wrappers, etc. should be placed back in the zip-lock that the medications came in and placed in the black pharmaceutical waste container. If original bag is unavailable, any clear zip-lock may be used. Any of these medications kept in Pyxis will be stocked with the same bag or flagged in Pyxis.

**Please note: epinephrine products are no longer in this category and should be managed as a normal pharmaceutical waste and placed in the black container.**

**Bulk Chemotherapy/Cytotoxic Waste**

Bulk Chemotherapy/Cytotoxic Waste is collected in the following locations: 8th floor, Heme/Onc Clinic, SSU, and DTC for Minneapolis and 4th floor, Heme/Onc Clinic in St. Paul. This waste is usually collected in the med rooms or soiled utility rooms in a white container with a yellow label. Bulk Chemotherapy/Cytotoxic Waste includes the following items containing Chemotherapy/Cytotoxic Drugs: IV bags and tubing that still contain visible liquid, syringes (without needles) that still contain visible liquid, and any spill clean up debris (this includes clothing, bedding, etc). All IV bags and tubing and any leaking items should be placed in a zip-lock bag prior to disposal in this container.

**NOTE:** Saline bags should be removed prior to disposal.

Never dispose of any needles, blood or body fluid contaminated items, narcotics, or trash in this container.

When container is ¾ full, call x5-HAZZ (x54299) in Mpls or x6-HAZZ (x64299) in St. Paul.

If a container is full, place date on container and call Safety.

Full containers must be placed in storage within 3 days of becoming full.

Always remember to keep container closed.

**CHEMO SPILLS:** Chemotherapy spills should be cleaned up using a spill kit and proper PPE. Debris from chemo spills should be placed in the Bulk Chemo Waste container or containerized for Safety to pick up. See Hazardous Materials Spills Policy (912.02) for clean up and disposal procedures.

**Trace Chemotherapy/Cytotoxic Waste (yellow containers)**

Trace Chemo/Cytotoxic Waste is waste that has residual chemotherapy/Cytotoxic agents remaining in the container. Trace Chemo/Cytotoxic Waste is collected where these types of medications are
administered. If there is any visible liquid in the container (IV bag, syringe, etc.) it should be managed as Bulk Chemo/Cytotoxic Waste. Trace Chemo/Cytotoxic Waste is collected usually found in the med rooms or the soiled utility room. Trace Chemo/Cytotoxic Waste is collected in two different ways: as sharps and as soft chemotherapy. Both containers are managed in the same way. When a Trace Chemo/Cytotoxic Container is full it should be placed in the soiled utility room for disposal. Trace Chemo/Cytotoxic Waste is managed by the same vendor that manages our sharps and will be picked up at the same time.

Always remember to keep container closed.

**Dual Waste Containers (bright green labeled container)**

Dual Waste is collected throughout the hospital and may be collected in the med rooms/stations, soiled utility rooms, or the suture carts found in the ED. This container may also be found in certain patient rooms. Dual Waste is waste that is considered both a hazardous waste and a regulated medical waste. An example of a dual waste would be a syringe with a needle on it that still contains a drug (not an empty syringe) or a syringe that had blood and medication mixed together. Any syringe with a needle that still contains medication may go in this container.

Other examples are burn cream (with silver) and gauze contaminated with blood or silver nitrate sticks that contain blood.

When container is full:

- Place date on container label
- Leave container in soiled utility room
- Call x5-HAZZ (x54299) in Mpls. or x6-HAZZ (x64299) in St. Paul for pickup.

*Container must be placed in storage within 3 days of becoming full.*

*Additional containers are located in the soiled utility room or from the Safety Department.*

### Narcotic Waste

Due to Drug Enforcement Agency (DEA) regulations, we are required to waste most narcotic waste in the sewer. Although this is expected to change in the future, currently all narcotics should be wasted in the sink.

*Exception 1:*

Both the DEA and EPA regulate chloral hydrate. Unused portions of chloral hydrate (partial suppositories, cups, oral syringes) should be returned to the pharmacy for proper disposal. Contact Safety or Pharmacy if you have any questions.

### Aerosol Containers

Aerosols containers are used to administer medication, hygiene products and some cleaners. The most common aerosols found in patient care areas are hand foam and inhalers. Aerosol containers must not be thrown in the trash unless they are completely empty (no product and no pressure). Partially used hand foams are typically picked up by Environmental Services and given to
Safety. Inhalers and other medications that are not completely empty should be returned to the Pharmacy for disposal. If an aerosol container cannot be returned to the pharmacy, it should be disposed of in the black pharmaceutical container.

Cylinders
Disposable pressurized gas cylinders may be used for certain procedures. Most cylinders hold some pressure even when they appear to be empty. For that reason, by law, they cannot be thrown in the trash. If you have any cylinders for disposal (full or empty): write the word “empty” and the date on the cylinder, place in soiled utility room and call Safety for pickup. Remember that cylinders need to be secured, so be sure cylinder will not fall over (you can place in the white pail or drum if needed).

Unused Chemicals/Cleaners
Any other unused chemicals or cleaners not mentioned here should be disposed of through the Safety Department. Never dispose of any chemicals or chemical containing items in the trash, sewer or regulated medical wastes.

Battery Disposal
Batteries are collected throughout the hospital in various collection points. Check with your supervisor or Safety for the nearest collection area.

The following batteries MUST be collected:

- All Rechargeable batteries including:
  - NiCad (found in medical equipment, ascom phones, power tools)
  - Lithium (found in medical equipment, cameras, cell phones, etc.)
  - Nickel Metal Hydride (found in medical equipment)
  - Lead Acid (found in medical equipment, floor scrubbers)
- Additional batteries
  - Silver oxide batteries
  - Mercury oxide batteries (marked with ⊕ symbol)
  - Silver oxide and mercury batteries are usually button or coin shaped batteries.

When disposing of batteries, be sure to tape electrical contacts or place battery in small plastic bag.

Note: Some rechargeable batteries look like alkaline batteries. Be sure to check label before disposing of batteries.

Electronic Waste & Appliances
Electronic wastes (computers, pagers, TVs, cell phones, electronic thermometers, etc) contain metals, which are hazardous to the environment. Electronic waste includes, but is not limited to, items that have a contained circuit board.

Appliances also need to be managed much like an electronic waste. Never dispose of an appliance in the trash without consulting facilities or safety. Appliances also contain electronics and gases, which are harmful to the environment and must be disposed of properly.

Contact the ITS Helpdesk for disposal of IT/Telecom related items.

Contact Facilities for proper disposal of appliances and electronics, such as TVs.
Material Safety Data Sheets

Any time employees are exposed to chemicals in the workplace, they should be able to identify the hazards associated with them. Chemical information can be found on Material Safety Data Sheets (MSDS).

The following information is provided on an MSDS:
- Chemical identity
- Physical & Chemical Characteristics
- Fire & Explosive Data
- Reactivity Data
- Health Hazard Data
- Emergency First Aid
- Personal Protective Equipment Required
- Storage & Handling Precautions

Chemical MSDS’ can be found on Children’s StarNet. The following two slides provide instructions on where to access Children’s MSDS Online Program.
Safety Resources

Jim Leste, Senior Director, Environmental Operations, x5-5975

Pam Schultz, Corporate Emergency Manager, x6-6044

Mitch Josephson, Safety Specialist, x6-6712

Kristi Haglund, Environmental Health and Safety Manager, x5-6335

Organizational Policies and Procedures Manual (Environment of Care)

Quick Reference Guide (flip chart)
Patient Safety

Fall Prevention Program

- 2005 National Patient Safety Goal
- Reduce the risk of patient harm resulting from falls
- Assess and periodically reassess each patient’s risk for falling, including the potential risk associated with the patient’s medication regimen, and take action to address any identified risks

---

Keep Your Child Safe.
Put side rails up to prevent falls.

Ceev Koj Tus
Minyuam Kom
Nyabxeeb.
Too sab ntuq laym sau.

ILaaLi ammaanka
cunuggaga.
Kor u qaad dhinaca gigishma
sariirta cunuggaga.

Proteja a su bebé
Mantenga los barandales de la
cuna levantados.

---
Labeling Specimens

Match LABELS to the PT ID band every time. Confirm two patient identifiers every time.

NO EXCEPTIONS!

Stop The Line Rule

All Children’s employees, Children’s Professional Staff, contracted staff, housestaff, students, volunteers, patients, parents, legal guardians, and visitors have the responsibility and authority to immediately intervene to protect the safety of a patient, to prevent a medical accident, or to avert a sentinel event. It is the expectation that all participants will immediately stop and respond to the request by reassessing the patient’s safety. When emergency intervention is warranted; assistance by any means most expedient shall be sought. Such necessary emergency interventions may be initiated without prior express physician order, however appropriate orders are to be documented when the patient’s imminent risk is contained.

Critical Communication Tools / Strategies

Routine

Confirm patient identification
Do not use or accept verbal orders, critical result/verbal order read back

Rescue

Clinical Alarms
Medication Reconciliation
SBAR
Stop The Line Policy
Chain of Command Policy
Rapid Response Team

Critical Communication: SBAR

S ⇔ Situation  B ⇔ Background  A ⇔ Assessment  R ⇔ Recommendation/Response

SBAR: Put it all together

• S “Doctor Smith, this is Mary at Children’s Hospital. Samantha Jones in Room 32 is complaining of severe abdominal pain”.
• B “Samantha Jones is the patient you operated on earlier today to repair her obstructed right ureter.”
• A “She has had two doses of Morphine, which were not effective. I am also noting early abdominal distension”
• R “Would you please come in now to assess her?”
HIPAA

(Health Insurance Portability and Accountability Act)

HIPAA stands for health insurance portability and accountability act. It was passed in 1996 as part of a broad congressional attempt at healthcare reform based on the Kennedy-Kassembaum bill. It is public law 104-191.

HIPAA is primarily designed to:
- provide better access to health insurance
- reduce healthcare fraud
- promote and ensure the confidentiality of patient/family information

HIPAA Basics

HIPAA will provide Children’s Hospitals and Clinics with the means to ensure patient and family trust by maintaining patient privacy and confidentiality.

Some basics include:
- Protected health information - all information about patients is considered confidential, including demographic and billing information (name, address, medical record number, health plan, dates of birth, etc.)
- Minimum necessary - A person or entity should have access to, receive or distribute only the “minimum necessary” amount of information to perform their jobs
- Communication methods - we are obligated to protect all forms of communication (oral, written or electronic)
  - Be aware of your surroundings
- Computers and electronics - privacy restrictions apply electronically
  - Never share ids or passwords
  - Log off or use password protected screen savers on terminals
  - Access only information necessary for the performance of your duties
  - Facsimile machines: kept in secure places, never leave facsimiles on machine, verify facsimile number before sending
- Written materials - privacy restrictions apply to written materials
  - Properly dispose of confidential information in shredding boxes
  - Clear all materials when utilizing copy machines
  - All business partners must provide satisfactory assurances of privacy protections

Protected Health Information (PHI)

- Protected healthcare information, or PHI, is any health information that relates to physical or mental health condition and other aspects of healthcare, or payment for healthcare that can be used to identify a person.

- PHI includes:
  - Name
  - Address
  - Telephone or fax numbers
  - Birthdate
  - Social security number
  - Names of relatives or employers
  - Email address, web URL or IP address
  - Photographic images (pictures)
Privacy
- Privacy is about confidentiality
- Patient information is only to be shared to individuals who need to know to perform their work
- Privacy is about human behavior and communication practices
- Privacy is about legal compliance and individual consumer rights
  - **Key privacy areas:**
    - Confidentiality of PHI
    - Privacy notice of practices
    - Patient rights

Information Security
- Security is about protection
- Protecting patient information
- Protect the integrity of the information
- Protect others who do not need to know from knowing
- Security is about technology and protecting systems and networks
  - **Key security areas**
    - Eliminate sharing of passwords
    - Fax, email and screen saver protocols
    - Securing data in transit

Why Do We Need to Do This?
- The right thing to do
- Federal law (HIPAA)
- Sanctions apply
- Civil monetary penalties - up to $100 per person per violation not to exceed $25,000 per person per year per standard (also applies in failure to comply)
- Criminal penalties - (maximum)
  - “Knowing” violations - $50,000 and 1 year in prison
  - “False pretenses” - $100,000 and 5 years in prison
  - “Intent to sell” - $250,000 and 10 years in prison
Patient Rights and Ethics

Children's of Minnesota is committed to helping patients, families, and staff address ethical and patient rights issues. There can be overlap between the issues and clinical care. The most important thing to know is that there are resources that are available and that all staff and families can access them.

Abuse/Neglect

We are required to report abuse or neglect if we know or have reason to believe it has taken place.

Midwest Children’s Resource Center: 651-220-6750
Children’s Social Work Department: 612-813-6138

Children's of Minnesota’s role:
• Advocate for maltreated children
• Seeks to significantly advance the protection, treatment and healing of these children.

Children’s of Minnesota Services:
• Medical and psychological evaluation,
• Professional consultation,
• Prevention programs
• Multidisciplinary training.

Domestic Abuse, Safe Place for Newborns, and School Services

• Domestic abuse: Domestic violence can include threats of violence, physical harm, attacks against individuals, property or pets or other acts of intimidation, emotional abuse and isolation. It affects all socio-economic levels, races, ethnicities, and ages.
• Safe Place for Newborns: A newborn up to 72 hours of age who might otherwise be abandoned, or experience injury or death may be anonymously dropped off at Children’s. Any employee or staff member of Children's Hospitals and Clinics who finds or receives a newborn shall immediately bring the newborn to the Emergency Department.
• School Services for Patients: Homebound Instructional Services offers education for K-12 students who are unable to attend classes at a school building. Students dealing with medical or other problems are given services, which allow them to maintain academic progress and transition back into a school classroom as soon as possible. If a child will meet the 15 missed day requirement, call Social Work as soon as you recognize the 15 days has been or will be met.

Patient Rights and Responsibilities Notification

• Patients learn about their rights through:
  • Receiving Children’s Rights And Responsibilities brochure, MN patient bill of rights, and privacy practices in a welcome folder upon nursing assessment
  • Public postings throughout Children’s of Minnesota
  • Staff members
  • Family relations liaison staff
  • External agencies

Patient and Family Rights

Patients and families have the right to:
• Be involved in decisions about care, treatment, and services
• Give written informed consent
• File a complaint or grievance
• Ask for an interpreter, if needed
• Safe, respectful care
• Privacy and confidentiality
Patient and Family Responsibilities

Patients and families are responsible to:

- Provide accurate and complete information about the patient’s health and needs.
- Ask questions when they do not understand information about their care and what is expected of them.
- Follow the recommended treatment plans they have agreed to.
- Follow Children's of Minnesota’s rules and regulations about patient care and conduct.
- Show respect and consideration for other patients and families, staff and property.
- Meet the financial obligations they have agreed to.
- Tell us if they feel their child is unsafe or in pain.

Informed Consent

- Parents sign a general consent for treatment at the time the child is admitted. Procedures with additional or special risks often require additional informed consent forms.
- Children's of Minnesota requires documentation that the patient, his or her legal guardians (usually the parents) or his or her court appointed guardians have given informed consent prior to the therapeutic procedures, treatment and/or surgical interventions carried out at Children's of Minnesota.
- Information must be provided before consent is documented. Best efforts are made to provide this information with sufficient time to consider the decision and in a language understood by the decision maker.

Research Studies

- Research is conducted at Children's to help understand the causes and treatments of children's illnesses. All research must be submitted to both the Research and Sponsored Projects Administration (RSPA) and to a hospital committee called the Institutional Review Board (IRB). RSPA provides comprehensive development, management, and financial/legal compliance support to Children's researchers and sponsored projects activities. The IRB reviews the research to be sure human subjects are protected. This applies to research on patients, families, and all Children's employees or staff.

End of Life

- End of life care is full of complications and feelings. Providing good care at this time is very important and Children's has many resources available to you to help in this. Patients or their families have the right to be involved in decisions about all aspects of care, especially end of life care. One basic decision is the shift from aggressive, curative treatment to comfort-focused, palliative or hospice treatment. Patients or their families can choose a care plan that emphasizes comfort care only, and discontinue medical treatments that do not help the patient.
- End of life topics include:
  - Health Care Directive
  - Allow Natural Death/DNR order
  - Pain Control
  - Organ Donation
- End of Life Resources: Chaplains, Children's Karuna (Palliative Care) and Hospice Services, Office of Ethics and Ethics Committee, Bereavement Coordinator
Internal Patient Rights and Ethics Resources

<table>
<thead>
<tr>
<th>Who to contact:</th>
<th>For:</th>
<th>Minneapolis:</th>
<th>St. Paul:</th>
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<tbody>
<tr>
<td>Family Relations Liaison.</td>
<td>Irresolvable Complaint or Grievance</td>
<td>(612) 813-7393</td>
<td>(651) 220-6888</td>
</tr>
<tr>
<td>Administrative Representative</td>
<td>Irresolvable Complaint or Grievance</td>
<td>(612) 813-6100</td>
<td>(651) 220-6888</td>
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<tr>
<td>The Privacy Officer</td>
<td>If you have concerns about medical</td>
<td>(612) 813-6911 or toll-free</td>
<td>(612) 813-6911 or toll-free</td>
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<td>information and privacy rights</td>
<td>1-866-225-3251</td>
<td>1-866-225-3251</td>
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<tr>
<td>Social Work</td>
<td>Information or assistance about</td>
<td>(612) 813-6138</td>
<td>651) 220-6479</td>
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<td>protective services for children or</td>
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<td>vulnerable adults.</td>
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<tr>
<td>Office of Ethics</td>
<td>Consultation if you encounter difficult</td>
<td>(612) 813-7200</td>
<td>(612) 813-7200</td>
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<td></td>
<td>health care decisions</td>
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External Patient Rights and Ethics Resources

- Office of Health Facilities Complaints
  85 East Seventh Place, Suite 300
  St. Paul, MN 55164-0970
  (612) 215-8702 or (800) 369-7994

- Board of Medical Practice
  2829 University Avenue SE, Suite 400 Minneapolis, MN 55414-3246
  (612) 617-2130 or (800) 657-3709

- Joint Commission on Accreditation of Healthcare Organizations
  –(JCAHO) (800) 994-6610 or complaint@JCAHO.org
Age-Specific Competence

Developmental Stages
Newborn- Birth up to 28 days
Infant- 29 days to 12 months
Toddler- 1 to 3 years
Pre-school-age child- 3 to 5 years
School-age child- 6 to 12 years
Adolescent- 13 to 20 years
Adult- 21 to 69 years

Newborn Growth and Development
- Easier to get infections- Notify nursing staff if you are ill
- Staff members may be required to wear certain clothing in the NICU
- Easily stressed by bright lights, loud noises, and room temperature

Infant Growth and Development
- Responds to light, sound and temperature
- Responds better to visual rather than spoken cues
- Progresses to crawling, standing alone, walking with assistance and grasping strongly, usually by 12 months of age
- Explores the world by tasting, touching, looking, listening and smelling
- Unable to recognize dangers
- Fears strangers at 7 to 8 months old
- Fears unfamiliar situations and separation from parents/caregivers at 8 to 10 months old
- Attached to security objects (pacifier, blanket) and toys

Toddler Growth and Development
- Impulsive and unable to recognize dangers
  Remember to focus on safety! Keep harmful objects out of reach and in a proper storage location.
- Fears separation from parents/caregiver
  If the child is alone, the child may be fearful if you enter the room. Contact the toddler's nurse first to avoid upsetting the child.
- Very curious and asks a lot of "why" questions
  You may find that toddlers are interested in what you are doing. Speak slowly and show him or her what you will be doing. Toddlers often understand what they see better than hearing an explanation.
- Understands ownership ("mine")
  The toddler may see you moving his or her objects and become upset. Show him or her what you are doing and try not to move objects the toddler may be attached to (blankets, toys), unless necessary.

Pre-school-age Child Growth and Development
- Learns from imitation and "why" questions
- Begins to understand right from wrong
- Unable to recognize dangers
- Vivid imagination and fears
- Children in this age group will begin to imitate actions, so it is important to show safe behaviors. Pre-school-age children are unable to recognize things that are dangerous and harmful to them. They may attempt to do an activity they have seen a grown-up do. It is important to keep the area around them safe and without hazardous materials and equipment
School-age Child Growth and Development

- Understands cause and effect
  School-age children begin to understand that certain behaviors may be dangerous and should be avoided. If you see a child doing something dangerous, tell him or her to stop, and notify nursing staff.
- Has fears and fantasies of the unknown, bodily harm, separation and death
  Remember that children may overhear parts of adult conversation and be fearful of what they hear. Always be aware of who may be around you in an elevator or hallway.
- Physical traits are getting close to those of adults
  Remember to maintain privacy!

Adolescent Growth and Development

- Physical characteristics are close to those of adults.
- Tires easily.
- May need to rest and sleep more in early adolescence.
- May not want to admit that he or she does not understand something.
- Enjoys sense of control.
- Risk-taking behavior is common.
- It is important to maintain privacy and avoid interrupting a sleeping adolescent.
- Notify nursing staff if any risk-taking behaviors are seen, such as the adolescent smoking in the room.
- If the adolescent appears angry, upset or rude, remember that this is common for this age group. Do not take personal offense. This behavior may be the adolescent's way of dealing with his or her illness or hospitalization.

Adult Growth and Development

- Health concerns of the young adult include anxiety, stress and depression related to the pressures of independence and work responsibilities.
- After age 40, visual changes, especially farsightedness, are common. Older adults may have difficulty reading small print signs or reading material.
- Heat/cold intolerance may develop as an adult ages. Patients may require more blankets or cooling fans to stay comfortable.

Children’s Care Communities

Neonatal: Cares for infants who are born prematurely or those that have difficulties at birth

Critical Care: Cares for infants and children through teen years who require intensive medical attention from specially trained medical professionals

Medical-Surgical: Cares for infants and children through teen years that require hospitalization for chronic illnesses, surgeries, or acute illnesses

Peri-Operative: Cares for patients pre-operatively, intra-operatively and post operatively
Diversity

- Diversity is differences that make each person unique!
- What makes each person unique?
  - Many things can make a person unique, such as their appearance, ethnicity and culture, age, family life, beliefs, income/social status, sexual orientation, abilities, life experiences, and education.
- Why should I learn about diversity?
  - Because diversity can enrich your life and your world, understanding and appreciating differences helps individuals, communities, and groups.

Learning about Diversity

Take advantage of Children’s internal cultural competency resource on Star Net. From the home page, go to Departments/Committees, then to Cross Cultural Care and Interpreter Services. Call 612-813-7600 for more information.

Get More out of Relationships

Here are some tips to get more out of relationships:

- Be open about differences
- Don’t assume anything
- Encourage questions
- Develop friendships
- Don’t make someone a spokesperson
- Don’t tell ethnic or sexual jokes
- Make feelings known
- Remember that mistakes happen
Tips for Successful Patient Encounters…

Use of Interpreters

• Use interpreters any time you have a language barrier with a family. Interpreters are available 24/7 by calling 612-813-7600. Arrange for one ahead of time, if possible.
• Do not use children and family members as interpreters. If you can’t wait for an interpreter to arrive in person, use one over the phone. The number is the same: 612-813-7600.
• When working with an interpreter, don’t say anything you don’t want the other party to hear; speak in short sequences and pause frequently to give the interpreter a chance to convey your message; speak in a normal voice, not too fast and not too slow.
• Avoid jargon and technical terms, as well as slang, figurative expressions and metaphors.
• Expect that some things said briefly in one language will require a longer explanation in the other.
• Verify patient, interpreter, and your understanding. For example, paraphrase what you heard and ask for a summary of what they heard.
• If your message is not understood, repeat what you said in different words.
• Speak to the patient, not the interpreter.
• Use your own limited skills in a foreign language for building rapport, rather than exchanging vital clinical information.

Styles of Speech

• Tolerate gaps between questions and answers -- impatience can be seen as a sign of disrespect.
• Listen to the volume and speed of the patient’s speech as well as the content. MODIFY your own speech to more closely match that of the patient to make them more comfortable.
• Rapid exchanges, and even interruptions, are a part of some conversational styles. Don’t be offended if no offense is intended when a patient interrupts you.
• Be aware of your own pattern of interruptions, especially if the patient/parent is older than you are.

Eye Contact

• Most Euro-Americans expect to look people directly in the eyes and interpret failure to do so as a sign of dishonesty or disrespect.
• For many other cultures direct gazing is considered rude or disrespectful. Never force a patient to make eye contact with you.
• If a patient seems uncomfortable with direct gazes, try sitting next to them instead of across from them.

Body Language

• Follow the patient’s lead on physical distance and touching. If the patient moves closer to you or touches you, you may do the same. However, stay sensitive to those who do not feel comfortable, and ask permission before touching them.
• Gestures can mean very different things to different people. Be VERY conservative in your own use of gestures and body language. Ask patients about unknown gestures or reactions.
• Do NOT interpret a patient’s feelings or level of pain solely from facial expressions. The way that pain or fear is expressed is closely tied to a person’s cultural and personal background.

Gently Guide Patient Conversation

• Initial greetings can set the tone for the visit. Many older people from traditional societies expect to be addressed more formally, no matter how long they have known their physician. If the patient’s preference is not clear, ask how they would like to be addressed.
• Patients from other cultural backgrounds may be less likely to ask questions and more likely to answer questions through narrative than with direct responses. Facilitate patient-centered communication by asking open-ended questions whenever possible.
• Avoid questions that can be answered with “yes” or “no.” Research indicates that when patients, regardless of cultural background, are asked, “Do you understand?” many answer, “yes” even when they do NOT understand. This tends to be more common in teens and older patients.
• Steer the patient back to the topic by asking a question that clearly demonstrates that you are listening. Some patients can tell you more about their health through storytelling than by answering direct questions.
Elicit Patient’s/Family’s Perspective
- What does the family think has caused the problem? How?
- Why do they think it started when it did?
- Has anyone around them ever faced a similar illness? If yes, what was its course?
- What is the family’s idea about what the illness does to the patient?
- What is their idea about how the illness affects the patient’s life?
- What do they think about the severity of the sickness?
- What are they most concerned about?
- What traditional treatments have they tried or are being recommended by others?
- What kind of treatment are they hoping to get?
- What results do they expect from the treatment? (e.g., a cure, symptom control …)

Non-Verbal Communication
- Gestures may have dramatically different meanings across culture.
- Conservative use of hand or body gestures is recommended to avoid misunderstanding.
- Example: Motioning with your index finger to beckon someone to come closer may be an innocent gesture in your culture, but in many cultures, the “come here” hand gesture is used to call people of a lower stature and is viewed as an offensive gesture.

Infant/Child Communication
- Acknowledge with the parents that the baby/child is well cared for.
- Be cautious about overtly praising a baby/child.
  - Among traditional Philippine or Hmong, saying a baby is “pretty” or “cute” may be seen as a threat because of fears that spirits will be attracted to the child and take it away.
  - Some traditional Latinos will avoid praise to avoid attracting the ‘evil eye’.
  - Some Vietnamese consider profuse praise as a mockery.
- It is often better to focus on the quality of the mother’s care – “the baby looks like you take care of him well”.
- Talking about a new baby is an excellent time to introduce the idea that preventive medicine should be a regular part of the new child’s experience. Well-baby visits may be an entirely new concept to some new mothers from other counties. Protective immunizations are often the most accepted form of preventive medicine. It may be helpful to explain well-baby visits and check-ups as a kind of extension of the immunization process.

Find More Information about Diversity
- Watch TV Documentaries
- Listen to Radio Programs
- Read Magazines
- Attend Workshops
- Contact Organizations
- Get Firsthand Experience

More Cultural Diversity Information
- Or contact Cross Cultural Care /Interpreter Services
  - Minneapolis: 612-813-7600
  - St. Paul: 612-813-7600
Student Agreements
As you complete the information online, you will need to indicate whether or not you will have “hands on” access to patients. This determines which type of student agreement – observation or preceptorship – is appropriate for your experience. You will need to agree to the parameters outlined in the agreements, including patient privacy.

General Information

CAFETERIA / FOOD
Minneapolis- Jazzman’s Cafe: Located on the 2nd floor Children’s Specialty Center. Hours of operation: Hours: Mon-Fri 0700-1700
St. Paul - Kids Café: Mon-Fri 0715 - 1315
St. Paul - United Hospital Cafeteria: Located on the 1st floor of United Hospital, near main entrance (adjacent to the Deli Bean and United Gift Shop) Hours of operation: 0600-1000, 1100-1330, 1700-1900, daily.

DRESS CODE
Students are expected to maintain a clean, well-groomed appearance in the clinical setting. The following are the expectations:
• Attire must be neat and clean.
• Hosiery must be worn at all times
• Facial hair must be neat and trim
• Clean and appropriate footwear is required
• The use of excessive jewelry, perfumed products, artificial nails, and nail polish is prohibited.

IDENTIFICATION BADGES
Students are expected to wear nametags, which must include photo identification, name, school, and role. If your student ID does not include a photo, you may obtain one from Children’s. Please check in at the Welcome Center on each campus to obtain

CONFERENCE ROOM SCHEDULING
Minneapolis: 612-813-8765 • St. Paul 651-241-7666

SECURITY: PERSONAL BELONGINGS
In St. Paul, lockers may be arranged through the Room Scheduler, 651-241-7666. In Minneapolis, lockers are available on the unit. However, storage is limited, please plan accordingly.

SECURITY: ESCORT
To request a personal escort to your vehicle, call 612-813-7775 in Minneapolis and 651-241-5444 in St. Paul. Use ramp security phones for all emergencies or to report a suspicious person.
PARKING—http://www.childrensmn.org/AboutUs/Locations/

**St. Paul**-
Free parking is available for students in off campus lots. Parking permits and maps are to be picked up in advance by the faculty prior to the clinical experience. Please call 612-813-6198

**Minneapolis**-
Parking stickers can be purchased for a reduced daily rate at the cashier’s office on the 2nd floor of the hospital. The cost of parking is approximately $4.00 a day. Please have your student ID with you to prove that you are a student.

**For More Information**
If you have any questions or comments on the information provided in this packet, please contact childrens.education@childrensmn.org.