

Greater New Orleans Surgery Center

NURSING STUDENT AFFILIATIONS

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Reviewed: August 1, 2001

8/1/03, 06/24/08, 05/01/09

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SUBJECT: Nursing student affiliations.

PURPOSE: To ensure safe appropriate experience for nursing students at the Greater New Orleans Surgery Center.

SCOPE: Nursing students and nursing personnel.

POLICY: Nursing student affiliations will be managed in accordance with the following procedures.

PROCEDURE:

- A. Schools utilizing services at Greater New Orleans Surgery Center for affiliation of nursing students will have an agreement maintained in the Administrator's office. The school of nursing requires proof of physical examination, including TB testing and HIV testing, proof of malpractice insurance coverage, and current CPR certificate. These records will be maintained at the school of nursing.
- B. Students from the following school receive clinical nursing experience under the agreement with Greater New Orleans Surgery Center: There are currently no nursing student affiliations
- C. Instructors for the above school will contact the Administrator prior to the school term and specify dates, objectives and number of students designated for each class.
- D. Instructors and students will attend orientation including fire, safety, infection control, risk management, and surgery center policies/procedures pertinent to their clinical experience.
- E. The Clinical Manager and nurses in designated areas will be notified of each student's schedule.
- F. Student assignments will be made by the instructor on the basis of patient diagnosis, level of care needed, extent of each student's background and skills.
- G. An instructor from the school will be readily available and able to meet students' needs for no more than 1-2 students.
- H. Patients assigned to students will also be assigned to a staff nurse who is ultimately responsible for that patient's care. The staff nurse will work closely with the student to coordinate effective, quality patient care and appropriate learning experience. Nursing students are not assigned to provide direct patient care but will function as observers.

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- I. If any problems arise with the students, they will be reported to the Clinical Manager, who will then follow-up with the instructor. Deleted: Nurse Manager

- J. Each student will receive an evaluation upon completion of his or her rotation through the facility. Additionally, the student will complete an evaluation of the facility.

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ORIENTATION TO THE FACILITY

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SUBJECT: Orientation to the facility

PURPOSE: To familiarize new employees with departmental policies and procedures.

SCOPE: All personnel.

POLICY: New employees shall be oriented to departmental policies and procedures including infection control, safety, fire, risk management, quality improvement, biohazardous waste management, and MSDS.

GENERAL COMMENTS: Documentation shall be maintained in the office of the administrator or business office manager.

PROCEDURE:

- A. The administrator or business office manager will give general orientation about the facility and benefits.
- B. The appropriate manager will orient the new employee to all areas and their respective policies and procedures.
- C. Emphasis will be placed on the employee's staff position and a record will be kept regarding the progress and completion of orientation.
- D. When an employee is hired:
 - 1. Pull signed application.
 - 2. Pull applicable job description and performance appraisal for employee. Employee shall review and sign.
 - 3. Review Employee Policy & Procedure Manual along with other benefits and registration forms.
 - 4. The orientation folder should include:
 - a. Medical history questionnaire.
 - b. I-9 form.

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ORIENTATION TO THE FACILITY

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- c. W-4 form.
 - d. Orientation check list.
 - e. Employee area specific checklist
 - f. Right to know.
 - g. Hepatitis-B vaccine consent/declination.
 - h. Company safety policy.
 - i. Right of confidentiality.
 - j. Employee conduct and disciplinary action.
 - k. Drug free work place. (Prior to hire.)
 - l. Prior cumulative occupational dose (nursing).
 - m. Employee disaster information.
 - n. Job description/performance appraisal.
 - o. Employee handbook.
 - p. Corporate Compliance.
 - q. L-4 form
5. Testing is completed to include:
 - a. Bloodborne pathogens.
 - b. Advanced directives.
 - c. Competency (nursing).
 6. Review the following with the employee:
 - a. P/P book.
 - b. Fire/safety.
 - c. Right to know.
 - d. OSHA training.
 - e. Infection control.
 - f. Risk management. (Test for FI only)
 - g. Performance Improvement.
 7. Review risk management program including completion of risk identification reports.
 8. Review quality improvement program including PI transmittals.
 9. Explain in detail the complete chain of command and organizational chart associated with the facility.
 10. The respective manager will review the appropriate checklists with the new employee.
 11. Review assignment for work and introduce employee preceptor.

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SEXUAL HARASSMENT

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- SUBJECT: Sexual harassment.
- PURPOSE: To protect the rights of all employees.
- SCOPE: All personnel.
- POLICY: Sexual harassment of any employee or applicant for employment will not be tolerated. Disciplinary action, up to and including discharge, will be applied to any individual found in violation of this policy.

PROCEDURE:

A. Definition:

Sexual harassment includes, but is not limited to, unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. More specifically, sexual harassment occurs when:

1. Submission to or rejection of such conduct is used as the basis of an employment decision affecting such individual.
2. Submission to such conduct is an expressed and/or implied term or condition of an individual's employment.
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidation, hostile or offensive working environment.

B. Reporting incidents of sexual harassment:

Any employee who believes that he or she has been subject to sexual harassment, as defined above, by any member of management, other employee, patient, visitor, vendor or any other person in connection with employment at the Greater New Orleans Surgery Center, should bring the issue to the attention of his/her supervisor or, if the employee is uncomfortable in discussing the situation with the supervisor, he/she may report the situation to the Administrator.

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C. Investigation:

A prompt investigation of all allegations will be conducted within three (3) working days. Any employee who is found, after an investigation occurs, to have engaged in sexual harassment in violation of this policy will be subject to appropriate discipline, up to and including termination.

An employee who is not satisfied with the action or resolution of the complaint may file a formal grievance as outlined in the Personnel Manual.

D. Duty to Report:

Any supervisor or member of management who becomes aware of a complaint of sexual harassment shall direct the complainant to the Administrator. The supervisor, if necessary, may personally contact the Administrator to initiate an investigation. A supervisor or member of management has an affirmative duty to address and to stop any inappropriate behavior of sexual nature that he or she is made aware of by direct or indirect observation or contact. Failure to do so may result in disciplinary action, up to and including termination.

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STAFFING

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SUBJECT: Staffing.

PURPOSE: Staffing the facility with the proper ratio of personnel is established to provide quality patient care.

SCOPE: All perioperative nursing personnel.

POLICY: Staffing will be done using the procedure established by Greater New Orleans Surgery Center.

PROCEDURE:

The Surgery Center requires that:

- A. There will be a registered nurse circulator for each room.
- B. There will be one scrub person for each operating room, and that person may be an RN, LPN or OR Tech.
- C. There will be a nurse in the building when patients are present.
- D. The PACU area will be staffed by 2 personnel; at least one recovery experienced RN and may be assisted by other Center RNs or LPNs.
- E. The preop area will be staffed by at least one RN; an LPN may assist the RN.
- F. The surgery center has a flexible staffing plan, and the staffing will be determined each day by the case load.
- G. Patient ratio: Children and adults - 1:1 until stable, then 2:1.

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USE OF TIME CARDS

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SUBJECT: Use of time clock system.

PURPOSE: Employees have an accurate record of their hours worked.

SCOPE: All personnel.

POLICY: Employees are responsible for the proper use of the time clock.

PROCEDURE:

A. The time clock software is designated for a two week period.

B. Each employee is responsible to punch in when he/she arrive and out when leaving the Center. Employees must also punch out when going to lunch and punch back in upon return only if leaving the building.

C. The Administrator, Business Office Manager, or Clinical Manager should be notified of any discrepancies via the Payroll Exception Report and will make appropriate corrections.

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D. Each employee is responsible to indicate the use of sick time, personal days and vacation time for each pay period and obtain the signature of his/her supervisor showing approval of such use on the Payroll Exception Report

E. At the end of each pay period, each employee must sign his/her full name at the bottom of his/her time sheet to validate its accuracy.

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F. An employee will let his/her supervisor know when he/she leaves the center.

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