

NURSING TRIAGE LETTER

TELEPHONE TRIAGE PROTOCOLS FOR NURSES

RN Staff:

In an effort to ensure the highest quality health care services possible, the Telephone Triage Protocols policy was developed. As part of the implementation of the policy and our commitment to lifelong learning, all RN staff will complete a structured in-service training program.

The following standards are noteworthy:

- I understand and acknowledge that once telephone contact has been initiated with the offender patient, a patient-nurse relationship has been established. Failure to adhere to protocols in the Lippincott “Telephone Triage Protocols for Nurses” and the policies and procedures of UTMB CMC / TYC, FBOP, and TDCJ Health Services may lead to disciplinary action up to and including termination.
- I understand that when in doubt on how to proceed, as a patient advocate, it is my responsibility to always err on the side of patient safety.

Date Telephone Triage Protocol In-service Completed: _____

I have reviewed the standards and understand I am responsible for ensuring my practice complies with the standards while employed by UTMB Correctional Managed Care.

Employee Signature

Date

I verify the above RN has been presented the materials for the Telephone Triage Protocol training and has completed the training.

Agency Representative Witness

Date

To: Agency Talent

Date:

From: Agency Representative

Re: UTMB Time Sheet/Time Keeping

By signing below I acknowledge:

I have been instructed on the proper process of signing in and out on the unit and have received instructions on how to fill out my time sheet properly by UTMB standards. I understand I must ask my supervisor or designee for the sign in/sign out log upon arrival and/or departure of my shift if I cannot locate the log on my own.

I understand I must sign in/out for breaks to include lunch in the log. I understand that by failing to sign in/out for every shift may result in payroll issues.

I have also been instructed that my timesheet must be completed by the close of each shift and ready for the supervisor or designee's signature. If supervisor or designee is not available I understand it is my responsibility to contact my agency representative at once for instructions.

I understand I am to be at my assigned area at the start of my shift and will not leave prior to **or after** my scheduled departure time without notifying my agency and receiving approval.

Agency Talent Signature

Date



Job Descriptions

Registered Nurse (R.N.)

Responsibilities for the Registered Nurse have increased with medical advancements. The Registered Nurse is the primary point of contact between the patient, physician, and the world of healthcare. A Registered Professional Nurse is a highly competent, valuable member of the professional health team, who through clinical experience and education, performs with a high level of sophistication.

Qualifications:

- Current license to practice as a Registered Nurse in the state of placement
- Graduate of accredited school of nursing
- At least one (1) year of professional clinical practice on the specified unit as a Registered Nurse.

Primary Functions:

- Provides total patient care in accordance with physician's orders and individual patient needs within the scope of standards of nursing practice.
- Observes and documents information that reflects the patient's clinical condition, with respect to the entire human being. Reports the same to oncoming nurses, supervisory nursing personnel and physicians.
- Maintain accurate and complex records of nursing observation and care.
- Assigns patients to ancillary personnel based on patient's needs and personnel qualification.
- Supervises the care given by ancillary personnel.
- Acts as role model for ancillary personnel.
- Performs and/or supervises treatment and administers medication as required and documents such.
- Counts narcotics with another nurse according to the facility's policies and procedures.
- Conducts team conferences and assumes responsibilities for keeping plans, implementation and evaluations of Current nursing care.
- Actively participates in patient and/or family teaching, appropriately documents activity and response to instructions.
- Cooperates in maintaining a high level of order, safety and strict control over narcotics and other dangerous drugs.
- Institutes emergency procedures in the absence of physician to offset life threatening situations; maintains the defined institutions policies and procedures.
- Keeps abreast of current nursing trends and continuing education opportunities.
- Duties will vary depending on the nursing care setting.
- Registered Nurses may choose to specialize in one field or rotate to different areas.

Physical Demands and Working Conditions:

- Work is of medium physical demand; walking and standing most of the time on duty
- Frequent maneuvering, lifting and transfer of patients
- Frequent reaching, bending, handling and fingering of instruments and caring for patient's needs
- Hearing to distinguish differences in heartbeat and breathing of patient
- Near visual acuity to read gauges, instructions, medication labels and orders
- Motor coordination and manual dexterity to coordinate hands, eyes and finger.

Licensed Practical/Vocational Nurse (L.P.N.)

A Licensed Practical/Vocational Nurse is a professional member of the healthcare team who provides skilled nursing care to patients in compliance with the Nurse Practice Act in the state of clinical practice. A LPN/LVN works under the direction of a supervising Registered Nurse or Physician.



Qualifications:

- Current nursing license to practice as a LPN/LVN in the state of placement
- Graduate of an accredited LPN/LVN program
- At least one (1) year professional clinical practice on the specified unit as an LPN.

Primary Functions:

- Provides total patient care in accordance with physician orders and individualized patient needs in conformance with recognized standards of nursing practice and under supervision of a registered nurse.
- Observes and documents pertinent information that reflects the patient's clinical condition, with respect to the entire human being. Reports the same to oncoming nurses, charge nurses and physicians.
- Maintains accurate and complex records of nursing observations and care.
- Conducts ongoing assessments as determined by age-specific assessment of patient.
- Performs treatments and administers prescribed medications as required and within the scope of the Nurse Practice Act in the state of placement.
- Observes and documents patient's assessments and reactions to treatment and/or medications.
- Collects and labels specimens as ordered by the physician for testing following the facility's policies and procedures.
- Assists patients with personal care, ambulation, positioning and feeding, while performing basic nursing care.
- Maintains the client facility's policies, procedures and protocols.
- Actively participates in patient and/or family teaching, appropriately documents activity and response to instructions.
- Cooperates in maintaining a high level of orders and safety within the unit.
- Institutes emergency procedures to offset life-threatening situations.
- Keeps abreast of current nursing trends and continuing education opportunities.

Physical Demands and Working Conditions:

- Work is of medium physical demand; walking and standing most of the time on duty.
- Frequent lifting and transfer of patients.
- Frequent reaching, bending, handling of instruments and caring for patient's needs.
- Hearing to distinguish differences in patient's breathing and heartbeat.
- Near-vision acuity to read gauges medication labels and orders.
- Color vision for perceiving changes in patient's skin and nail color and colors of medications and solutions.
- Motor coordination and manual dexterity to coordinate hands, eyes and fingers.

By my signature below, I confirm that I have read the applicable job description and understand the contents thereof to be an accurate representation of my role while on an assignment with Worldwide Travel Staffing, Limited.

Print Name

Signature

Date

2014-2015 Seasonal Influenza Vaccine Declination Statement

In 2011, the Texas Legislature approved Senate Bill 7 which requires each health care facility to have a policy identifying the requirements for vaccinations for each employee that comes into contact with patients at their facilities. UTMB-CMC is requiring the following in an effort to comply with the Senate Bill.

If applicable, indicate the date of your last influenza vaccination and provide proof of vaccination.

_____ (Date of Prior Vaccination)

I, _____ understand that due to my occupational exposures, I may be at high risk of acquiring influenza infection by declining vaccination.

- I understand that influenza is a serious and contagious respiratory disease that can be spread by coughing, sneezing or nasal secretions, and also can be spread prior to an individual showing any outward signs of illness.
- I understand that it is recommended that anyone who lives with or cares for individuals at high risk for influenza-related complications should receive the influenza vaccine.
- I understand that by declining this vaccine I continue to be at risk of acquiring influenza and of transmitting it to patients and to others with whom I may come in contact.
- I understand and agree that by declining this vaccine I **MUST** wear a mask the entire scheduled shift while providing patient care activities for the duration of the flu season.
- If I elect to be vaccinated in the future, I understand that I can receive the influenza vaccine (supplies permitting) through your supplemental staffing vendor (agency).
- At this time, I **decline** the influenza vaccination: Due to a medical contraindication
 Due to a matter of conscience

Name (print)

Agency

Employee Signature

Date

Witness Signature

Date



CONFIDENTIAL EMPLOYEE INFORMATION

I, _____, understand that as a UTMB Correctional Managed Care employee in, or associated with, a correctional setting, I am often responsible for overseeing the receipt, processing, storing and retrieving of critical, confidential employee and/or offender information.

I understand confidential employee or offender information shall not be communicated to any person (including healthcare providers and any other employee) unless that person has a clear need to know.

Communicating confidential employee or patient information inappropriately, carelessly, or negligently (e.g. casual discussion, discussion in public areas, and/or unauthorized use and/or release of information while on or off the facility, physician-patient communications in connection with professional services, information contained in patient records) is a breach of confidentiality.

I understand that I am expected to perform my duties and responsibilities with a high degree of confidentiality and that I must reliably handle sensitive information for professional/business or clinical purposes without using it for personal or non-business/non-clinical related reasons.

I understand that the confidential information I come in contact with is protected by law and that a breach of confidentiality is a serious violation of UTMB Managed Care policy which may lead to appropriate disciplinary review and action including termination.

_____		_____
Employee's Signature	Date	Last four numbers of SS
_____		_____
Employee's Title		Agency

Agency Supervisor's Signature	Date	

Agency Supervisor's Title		

cc: Personnel File
UTMB – Galveston



UTMB CORRECTIONAL MANAGED CARE

To: All UTMB Employees and Contract Employees

Subject: PD-27 Employee Status Pending Resolution of Criminal Charges or Protective Orders

I have reviewed TDCJ PD-27 Employee Status Pending Resolution of Criminal Charges or Protective Orders and acknowledge it is my responsibility to report any arrest to my immediate supervisor and the Facility Warden within 48 hours of the arrest. I also acknowledge that I must have the Warden's approval before returning to work.

Within 72 hours following a court hearing, it is my responsibility to provide my immediate supervisor and the Facility Warden with a copy of the court's ruling in order that it may be reviewed and made a part of my personnel file.

I understand failure to follow this procedure will result in violating TDCJ Personnel Policy PD-27 and may result in disciplinary action against me.

Printed Name

Signature

Date

FACILITY LEVEL 9-1-1

As an employee of UTMB-CMC you are expected to respond to an emergency with the appropriate protective equipment and begin CPR as needed.

Telephone Call

If you answer a call for help, tell the caller, “DO NOT hang up until you have been told to do so”. Get all pertinent information from the caller, such as:

- The caller’s name
- Location of the emergency
- Phone number extension to area of emergency
- How many victims
- What the caller can tell you about what they see, hear, feel, and smell concerning the scene and victim

If you are the one to respond or are helping with the emergency, be prepared with the necessary equipment to perform CPR including the Automated External Defibrillator, (AED). *Medical personnel will take the AED on all calls requiring a cell side or onsite response.*

It is your responsibility to have immediate access to a CPR barrier device or have one on your person at all times while you are outside the medical department where they are readily available. CPR barrier resuscitation devices are available in various locations throughout the facility. It is your responsibility to know where the equipment is located and how to use it correctly.

Scene

Think “Scene Safety”. Whether that scene is at cell side or in the medical department, your safety comes first—dead heroes can’t save lives. In general population areas, Correctional Officers are allowed to open cell doors but a correctional supervisor must be present in order to have cell doors opened in administrative segregation.

Once you are on the scene, if you determine more or different equipment or more personnel are required, call or send someone for what is needed to give the best care possible at the scene.

DO NOT ABANDON THE VICTIM!

CPR

If the victim is not breathing and has no pulse:

- Start CPR and apply AED immediately. Do NOT allow security to move the patient until CPR is initiated.
- Follow verbal prompts from AED.
- Continue CPR en route to the infirmary/clinic and after arrival until:
 1. The victim revives;
 2. You become too tired to continue and no other personnel are available to relieve you;
 3. EMS or other medical staff takeover; or
 4. A physician or Justice of the Peace pronounces the victim’s death.

My signature below verifies that I have read and fully understand the above information and understand that I must start CPR at the scene.

Print Name

Print Title and Facility

Signature

Date

How to Book Signature Receipt Acknowledgement

I have been provided a copy of the UTMB-CMC Agency Orientation How to Book to read during my orientation.

- UTMB Mission/Vision
- Forms (Must be signed and returned to the CMC Nursing Program Coordinator)
 - Confidential Employee Information
 - PD-27
 - Contract Employee Confidentiality Agreement
 - Facility Level 9-1-1
 - How to Book Signature Receipt Acknowledgement
- Instructions – How to Access UTMB’s Departmental Manuals
- Licensure and Credential Verification
 - CMC Policy C-18.1 Licensure and Credential Verification
- Health Insurance Portability and Accountability Act (HIPAA)
- Personal Appearance
 - IHOP Policy 3.7.2 Personal Appearance
 - Nursing Policy C-25.7 Dress Code
- Meal and Break Periods
 - HR Policy 3.7 Work Schedules and Work Week
- Access to Care
 - CMC Policy A-01.1 Access to Care
- Administrative Segregation
 - CMC Policy E-39.1 Health Evaluation and Documentation Offenders in Segregation
- Use of Force
 - CMC Policy E-34.3 Use of Force Procedures
- Emergency Response During Hours of Operation
 - Nursing Policy-41.1 Emergency Response During Hours of Operation
 - CMC Policy E-41.2 Emergency Response During Hours of Operation
 - Nursing Policy D-27.45 Intravenous Therapy and Central Line Access
 - Nursing Policy E-41.3 Advanced Cardiac Life Support (ACLS)
- Automated External Defibrillator
 - Nursing Policy E-41.2 Automated External Defibrillator
 - Nursing Policy E-41.2 Attachment A
 - Nursing Policy E-41.2 Attachment B
 - Nursing Policy E-41.2 Attachment C
- PD-27 Employee Status Pending Resolution of Criminal Charges or Protective Orders
- Emergency Plans and Drills
 - CMC Policy A-07.1 Emergency Plans and Drills (refer to facility specific plans maintained by the Nurse manager)
 - UTMB-CMC Response to Medical Emergencies Video
- Correctional Awareness
- General Rules for Agency Nurses Working on TDCJ Facilities
- Security Reminders

- Correctional Managed Care – Agency Nursing Presentation
- UTMB-CMC Orientation Checklist for Agency Nursing – (Will be completed within 30 days of the first scheduled shift)

I have read the above listed policies/procedures/standards and had the opportunity to ask questions. I also understand I am responsible for ensuring my practices comply with the policies/procedures/standards while employed at UTMB-CMC.

Printed Name

Signature (Agency Employee)

Date

Prison Rape Elimination Act (PREA)

Please read the below carefully. By signing this form, you are acknowledging the requirement to comply immediately with the PREA standard which mandates that all health services staff entering offender housing areas of the opposite sex must announce their gender immediately upon entry. Your voice must be audible and clearly pronounced.

Please note that the same mandate applies to all inpatient infirmaries/clinics/regional medical units.

Subject: PREA Cross-Gender Viewing

Effective immediately, all health services staff must comply with PREA standards related to cross-gender viewing. When health services staff are entering an offender housing wing, they must announce their gender (i.e., male or female) on the housing units of offenders of the opposite sex.

Printed Name

Date

Signature

Agency



Dear Agency Registered Nurse/Licensed Vocational/Practical Nurse:

It is the responsibility of ANY NURSE practicing in the state of Texas to know and utilize the Texas Board of Nursing practice rules, regulations, and standards. The Texas Board of Nursing Website can be accessed on the following link: <http://www.bne.state.tx.us/>. UTMB CMC expects you to know and adhere to the Texas Board of Nursing rules, regulations, standards, and federal, state, and local laws regarding nursing practice.

It is your responsibility to ensure that the agency orientation checklist is properly completed. You must ensure that you are orientated to the listed tasks on the checklist as you will be the one held responsible for those tasks that are checked and/or initialed as being completed. Fraudulent documentation is a violation of the Texas Board of Nursing practice standards.

It is your responsibility to know and utilize the nursing protocols correctly. An **LVN/LPN must consult with a RN or a provider** prior to administering treatment outlined in the nursing protocol. The LVN/LPN will document the RN or provider's name on the protocol after consultation. RN's must seek guidance from the provider when they feel the patient needs care beyond the scope of the nursing protocol. When an LVN/LPN consults with the RN and questions/concerns arise, the RN will seek further clarity/guidance from the Nurse Manager or the provider before the LVN proceeds with the protocol.

It is your responsibility to know the UTMB CMC policies regarding **Standing Delegated Orders**. You will be responsible for implementing the standing delegated orders when needed, documenting on the **Urgent/Emergent Care Record (HSM-16)**, and utilizing **the code sheet** when CPR is initiated. The Standing Delegated Orders link: http://cmcweb.utmb.edu/Standing_Delegated_Orders/Default.htm.

It is your responsibility to review and know UTMB CMC policies and procedures for all staff and those specific to nursing.

I have reviewed these standards/expectations and I fully understand that I am responsible for adhering to the above listed responsibilities while working within UTMB Correctional Managed care. I understand that failure to comply with the above standards/expectations may result in disciplinary action and/or termination from the agency program. I understand that UTMB Correctional Managed Care will notify my employing agency of any violations. I understand that UTMB Correctional Managed Care will notify the Texas Board of Nursing of any reportable violations.

Agency Nurse Signature

Date