



Clinical Student Orientation Self-Study

Welcome to Driscoll Children's Hospital!

We are a tertiary care referral center serving 31 counties in South Texas. We have approximately over 2,000 employees and over 300 volunteers committed to caring for children. Our state of the art technology enables us to provide the very best in pediatric healthcare.

Driscoll Children's Hospital is a teaching facility committed to education through scholarships, clinical and observation programs, ongoing staff education, and medical residencies.

We look forward to providing you with a rewarding and successful learning experience.



Mission, Vision and Values

Mission

To offer hope and healing in an environment of trust, compassion and care.



Vision

To be the regional and international leader in children's services through innovation and excellence in healthcare, advocacy, education, and research.

Values

Customer Satisfaction

Advocacy for Children

Respect for Others

Excellence in All We Do

Stewardship of Resources



Overview Outcomes

Through this Clinical Self-Study Student Orientation, students will increase positive patient outcomes with additional knowledge that enhances your delivery of care to the sick and high-risk pediatric patient at Driscoll Children's Hospital.

Topics to Cover

- ✓ Student Badges
- ✓ Dress Code
- ✓ Parking
- ✓ Safety/Emergencies
- ✓ Cultural Diversity
- ✓ Statement of Responsibility
- ✓ HIPAA and Protected Health Information (PHI), Privacy Notice, Security, HITECH
- ✓ Safety Improvement Reporting System
- ✓ National Patient Safety Goals (NPSG)
- ✓ Communication
- ✓ Pain Management
- ✓ Infection Prevention
- ✓ Blood borne / Airborne Pathogens
- ✓ Medical Safety
- ✓ Falls
- ✓ Medical Equipment
- ✓ Patient/Family Involvement in Care
- ✓ Child Abuse
- ✓ At-Risk Patients

Student Badges

As a student at DCH you are required to wear your College/University Photo identification badge while on the DCH campus, in combination with the DCH Student Badge.

Upon successful completion of all student requirements, paperwork, orientation, etc., each student will be issued a DCH Student Badge.



The bearer of this badge has completed Driscoll Children's Hospital Program Participant Orientation.

For questions or concerns, please contact the Center for Professional Development & Practice at Ext. 5420.

2019 PROGRAM PARTICIPANT

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

This badge is valid through the punched month.

Student Badges

The Student Badge:

- Indicates the student has attended DCH Orientation, which includes the signing of documents which protects DCH and its patients, and is permitted to be on our campus for the clinical experience.
- If a student shows up at DCH without a badge, they will need to wait in the hospital lobby while a call is placed to the Center for Professional Development & Practice, Ext. 5420.
- If seen without a badge while on-campus, the student should expect to be stopped and questioned by DCH personnel.

Dress Code

Students completing clinical rotations should adhere to the Driscoll Children's Hospital dress code.

- You are expected to use good judgment in your personal grooming and dress and to be neat, clean and well-groomed while at the hospital
- Closed-toed shoes only in any clinical areas
- Scrubs only in any clinical areas, unless otherwise instructed by your preceptor
- Business attire is appropriate if a student is completing a leadership rotation, or shadowing a hospital administration leader

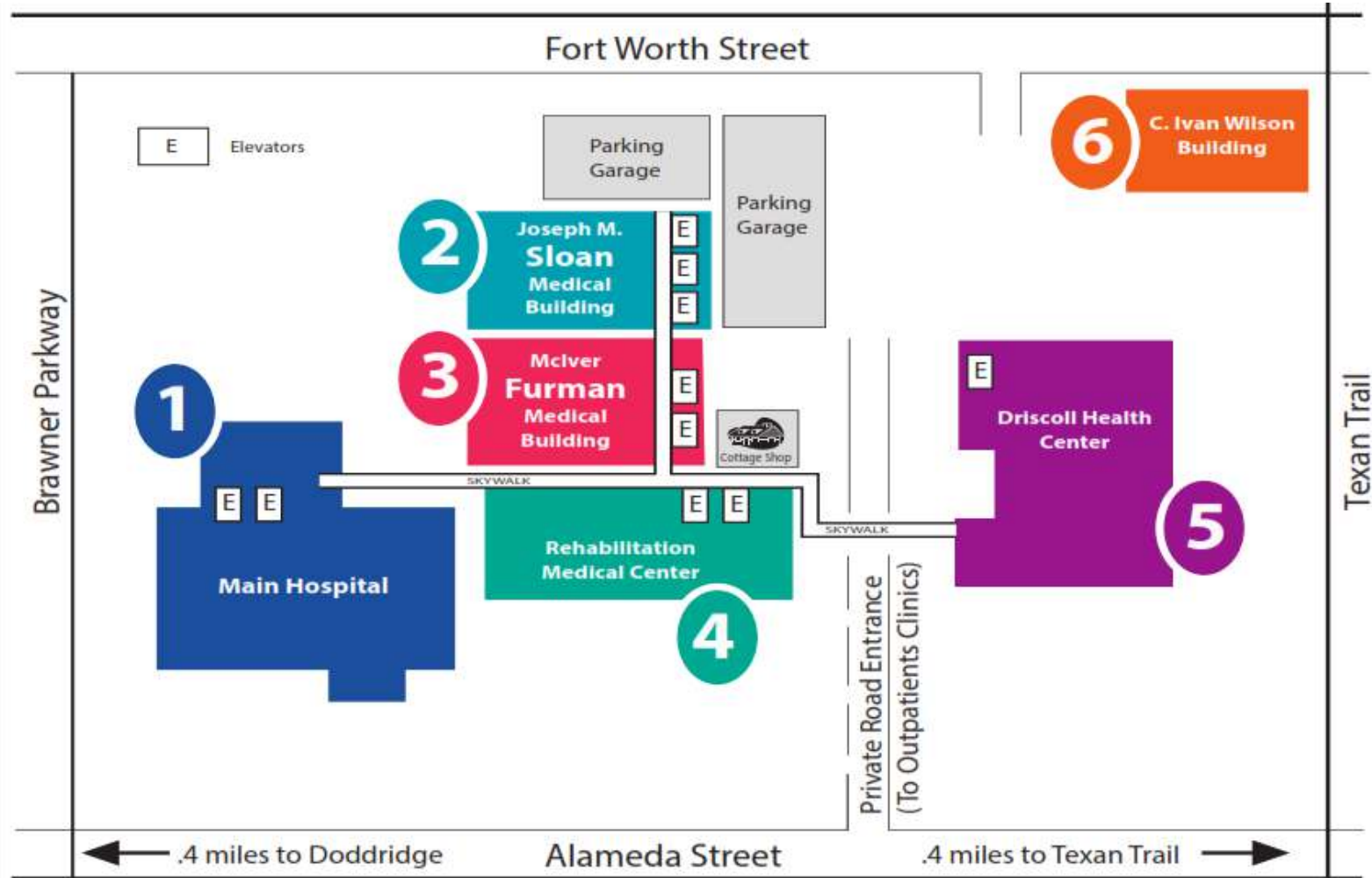
Parking

All students/instructors are required to park in the Parking Garage adjacent to the Sloan Building in employee parking only while at Driscoll Children's Hospital. Additionally, all students/instructors should park on the 5th & 6th Floor. Please refer to the DCH Campus Map.

You are encouraged to keep your vehicles locked at all times and place any valuables out of sight. DCH is not responsible for damage to vehicles or stolen property.

DCH Security is available to help should you have a safety concern, 361-694-4466 or ext. 4466 from a DCH phone. They will even escort you to your car. Don't put yourself at risk; and always **think safety**.

DCH Campus Map



Safety Codes

Code	Situation
Code Red	Fire
Code Silver	Active Shooter/Hostage Situation
Code Orange	Bomb Threat
Code Yellow	Disaster
Code Blue	Cardiopulmonary arrest/ Medical Emergency
Code Black	Tornado Warning
Code Dragon	Nursing Staff Assistance Needed
Code Pink	Missing Patient
Code Strong	Security Assistance/Violence

Safety Codes

Code Red - Fire

- In the event of a fire, Code Red will be called.
- Evacuation Maps are located near all exits. Please read and become familiar with the location of fire exits and locations of fire extinguishers.
- Do not use elevators during Code Red and never prop open fire doors.
- The initial response to smoke or fire is: **R**escue anyone in immediate danger; **A**ctivate the pull station and call ext. 2222; **C**onfine the area by closing doors; **E**xtinguish with appropriate fire extinguisher, if you feel comfortable doing so, using **P.A.S.S.** (**P**ull, **A**im, **S**queeze, **S**weep).

Safety Codes

Code Silver – Active Shooter/Hostage

- In the event of a active shooter/hostage situation, Code Silver will be called.
- Remain calm and do not attempt to disarm, confront or stop the individual(s) from leaving.
- Dial **2222** from a phone away from the situation, the operator will announce “code silver”.
- All patients, visitors, students, volunteers, and employees will be removed from the area.

Safety Codes

Code Orange – Bomb Threat

- If a bomb threat is in progress, Code Orange will be called.
- If you receive a bomb threat over the phone, alert someone nearby, but keep the person making the threat, on the phone.
- Ask them where the bomb is located. Listen for background noises and any distinct accents and other such characteristics of the caller.

Safety Codes

Code Yellow - Disaster

- If a disaster has occurred in the community and the impact on hospital is unknown, or if an internal disaster has occurred, Code Yellow will be called.
- Condition 1: disaster has occurred with an anticipated influx of <7 patients
- Condition 2: disaster has occurred with an anticipated influx or 7-20 patients
- Condition 3: a disaster has occurred with an anticipated influx of >20 patients;
- Condition 4: a chemical exposure has occurred
- All Clear: the incident is manageable, hospital operations to return to normal
- Controlled Lock Down: All exits/entrances will be locked, but will be accessible by employee badge
- Complete Lock Down: All exits/entrances will be locked and will not be accessible by employee badge.

Safety Codes

Code Blue – Cardiopulmonary arrest

- If someone is experiencing cardiopulmonary arrest, or if there is a medical emergency within the hospital, Code Blue will be called.
- This will signal any medical staff to come and assist in the given area.

Safety Codes

Code Black – Tornado

- In the event a tornado warning is issued for the immediate area, Code Black will be called.
- All patients, if not constrained by their condition, will be moved into the hallway away from windows.
- Clinical staff will remain with patients at all times.
- All employees, not in clinical settings, will move to a central area of the hospital or away from windows.
- Each unit/department has a designated area. Please check with the Charge Nurse.

Safety Codes

Code Dragon

- In the event that any one unit is in need of extra staff, Code Dragon will be called.
- The staff assigned Code Dragon for the day will report to that unit for relief.

Safety Codes

Code Pink – Missing patient

- If a patient is missing, Code Pink will be called.
- All exits, parking lots and stairwells are searched by staff until the missing patient is found.

Safety Codes

Code Strong – Violent situation

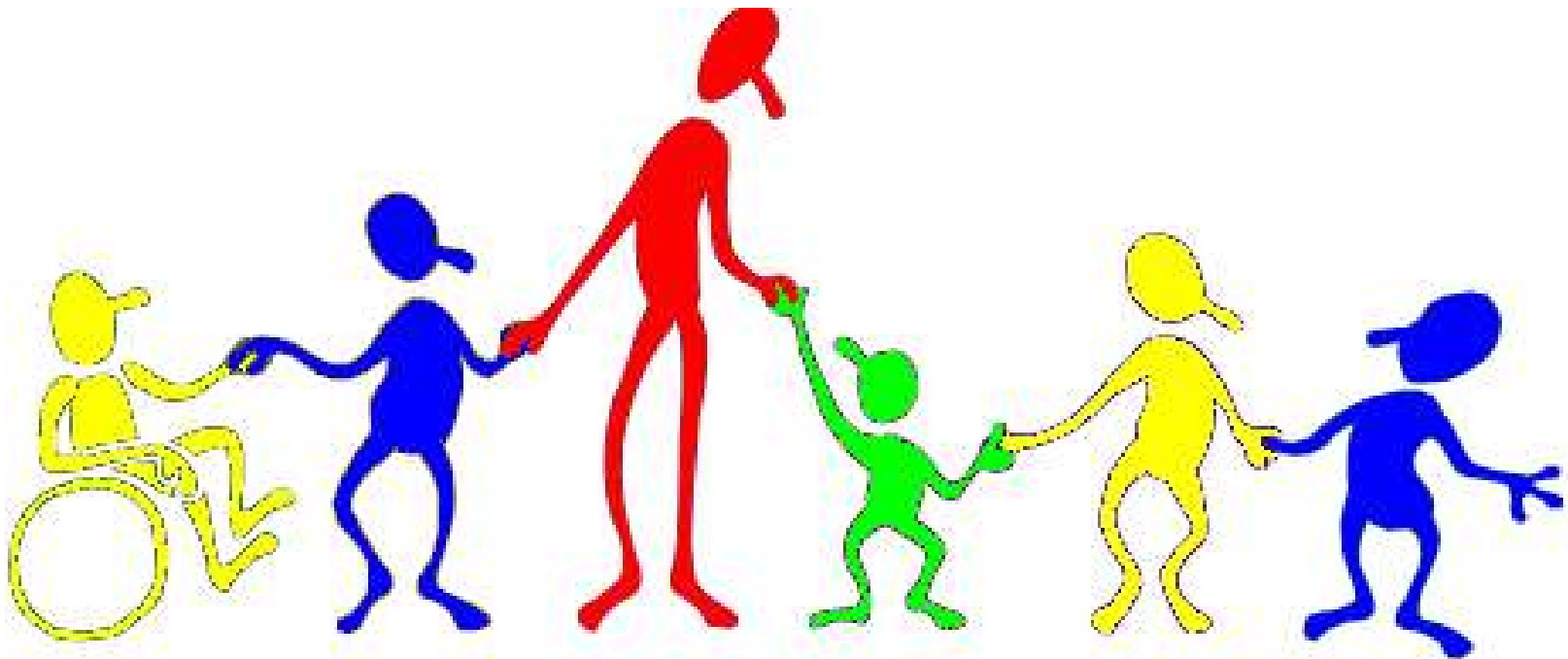
- In the event of an altercation in progress, Code Strong will be called.
- This code will alert Security to secure the situation.
- Never attempt to intervene, yourself.

Emergency Situation

- ✓ Call extension **2222** in the event of an emergency

Cultural Diversity

What is Diversity?



Age

Race

Gender

Ethnicity

Cultural Diversity

Diversity affects all aspects of the hospital. Common types of diversity are Age, Race, Gender and Ethnicity.

However, there are many characteristics each individual brings with them that make them culturally diverse. These include: marital status, parental status, job position, education, sexual orientation, religious beliefs, food preferences, and even health care practices, among many others.

Cultural Diversity

Terms defining **Cultural Diversity** include, but are not limited to:

Ethnocentrism – a belief in or assumption of the superiority of your own social or cultural group

Racism – prejudice or animosity against people who belong to other races

Stereotype – an oversimplified standardized image or idea held by one person or group of another

Cultural Diversity

When providing care to a patient, it is important to:

- Understand pediatric patients are a unique patient population, and be sensitive and respectful to their needs
- Use age specific measures when caring for a child
- Take time to learn about each patient
- Ask the patient what they have done to care for the illness
- Ask the patient if anyone else has been treating their illness
- Know that each culture has different beliefs on treating illnesses either by using:
 - Modern Medicine
 - Traditional Cures
 - Herbal Medicine

Statement of Responsibility

As a Program Participant in the clinical rotation experience, you will be required to read, understand, and acknowledge the following:

Statement of Responsibility:

I UNDERSTAND THAT ACCIDENTS AND INJURIES MAY OCCUR DURING TRAVEL AND AT PARTICIPATING IN A CLINICAL LEARNING EXPERIENCE PROGRAM ("PROGRAM") AND THAT I MAY SUSTAIN SERIOUS PERSONAL INJURY. KNOWING THE RISKS, AND IN CONSIDERATION OF THE BENEFIT PROVIDED ME IN THE FORM OF A CLINICAL LEARNING EXPERIENCE AT DRISCOLL HEALTH SYSTEM, I THE UNDERSIGNED, ON MY BEHALF AND ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AGREE TO ASSUME ALL RISKS AND BE SOLELY RESPONSIBLE FOR ANY INJURY OR LOSS SUSTAINED BY THE UNDERSIGNED WHILE PARTICIPATING IN THE PROGRAM. I AGREE TO HOLD HARMLESS AND RELEASE DRISCOLL HEALTH SYSTEM AND ITS AFFILIATES, EMPLOYEES, REPRESENTATIVES, SUCCESSORS, AGENTS AND ASSIGNS FROM ANY AND ALL LIABILITY FOR ANY AND ALL INJURY, LOSS OR DAMAGE SUSTAINED BY ME WHILE PARTICIPATING IN THE PROGRAM.

HIPAA

HIPAA is the Health Insurance Portability and Accountability Act, which impacts hospitals and other health care organizations. Specifically, it is a federal standard which authorizes a fine and/or imprisonment of organizations and individuals for each offense of wrongful disclosure of protected health information (PHI).



HIPAA

HIPAA impacts:

- Patient communications
- Business processes
- Policies and procedures
- Technology
- Contracts that involve the use and disclosure of PHI
- Patient registration
- Medical transcription
- Medical records
- Transaction and code sets (ICD-10-CM)
- Eligibility and referrals
- Claims processing and patient billing
- Patient care and safety
- Coordination of care with other healthcare providers

Protected Health Information, Confidentiality, and Security Agreement

As a Program Participant in the clinical rotation experience, you will be required to read, understand and acknowledge the following:

Protected Health Information, Confidentiality, and Security Agreement: *Protected Health Information (PHI) includes patient information based on examination, test results, diagnoses, response to treatment, observation, or conversation with the patient. This information is protected and the patient has a right to the confidentiality of his or her patient care information whether this information is in written, electronic, or verbal format. PHI is individually-identifiable information that includes, but is not limited to, patient's name, account number, birth date, admission or discharge dates, photographs, and health plan beneficiary number.*

Protected Health Information, Confidentiality, and Security Agreement

- Medical records, case histories, medical reports, images, raw test results, and medical dictations from healthcare facilities are used for student learning activities. Although patient identification is removed, all healthcare information must be protected and treated as confidential.
- Students enrolled in School programs or courses and responsible faculty are given access to patient information. Students are exposed to PHI during their clinical rotations in health care facilities.
- Students and responsible faculty may be issued computer identifications (IDs) and passwords to access PHI.

Protected Health Information, Confidentiality, and Security Agreement

Children's hospitals are unique because it is sometimes difficult to determine who has access to PHI, which in most cases, is the parent or legally appointed guardian. State law may provide exceptions, such as when a minor is emancipated.

Contact the Chief Privacy Officer for any questions:

Allan Tinana - ext. 4663

Protected Health Information, Confidentiality, and Security Agreement

The Hospital may not use or disclose PHI except as permitted by the HIPAA Privacy Rule.

HIPAA requires that healthcare workers only use and share the minimum amount of patient information necessary to complete their tasks regarding the patient.

- Disclose only the parts of a medical record needed to complete the job
- Identify which healthcare providers require certain PHI and limit access accordingly
- Use regular protocols for recurring requests
- Develop criteria to limit PHI disclosure
- Review individual requests for PHI under the criteria established

Protected Health Information, Confidentiality, and Security Agreement

The minimum necessary rule does not apply to a request for the following:

- A healthcare provider giving treatment
- With patient's authorization
- Requests made to the patient by a healthcare provider
- As required by law
- Requests to the Department of Health & Human Services (HHS) for HIPAA compliance purposes



It is important that you do not take advantage of your PHI access. i.e. reviewing records of loved ones or others you may know.

Protected Health Information, Confidentiality, and Security Agreement

The Program Participant will acknowledge the following:

Policy
1. It is my responsibility to keep PHI confidential and secure and I agree to abide by all DCH policies and procedures regarding the confidentiality of PHI.
2. I understand that any and all PHI, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning experience.
3. Whether at the School or at a clinical site, I, am not to discuss PHI, in general or in detail, in public areas under any circumstances, including hallways, cafeterias, elevators, or any other area where unauthorized people, or those who do not have a need-to-know, may overhear.
4. Unauthorized removal of any part of original medical records from DCH is prohibited. I may not release or display copies of PHI.
5. I will not access data on patients for whom I have no responsibility.
6. A computer ID and password may be assigned to me, and I understand that I am responsible and accountable for all work done under the associated access, and that my password is to be kept private.
7. I agree to follow Driscoll's privacy policies, located on the Driscoll website.
8. I understand that breach of patient confidentiality by disregarding the policies governing PHI is grounds for immediate dismissal from DCH.
9. I agree to abide by the above policies, and other policies at the clinical site. I further agree to keep PHI confidential.
10. I understand that Federal and State laws govern the confidentiality and security of PHI and that unauthorized disclosure of PHI is a violation of law and may result in civil and criminal penalties.

Protected Health Information, Confidentiality, and Security Agreement

Students and faculty agree to follow Hospital's privacy policies.

Breach of patient confidentiality by disregarding the policies governing PHI is grounds for dismissal from the Hospital.

Agree to abide by the previously referenced policies and other policies at the clinical site. Further agree to keep PHI confidential.

Understand that failure to comply with these policies will result in disciplinary action and immediate dismissal from the Hospital.

Understand that Federal and State laws govern the confidentiality and security of PHI and that unauthorized disclosure of PHI is a violation of law and may result in civil and criminal penalties.

HIPAA & Security

There are many levels of security to consider when dealing with PHI:

- Threats
 - Most security problems with PHI are caused by accident, human error or lack of knowledge about the policies.
 - Examples: leaving file drawers open in plain view, failing to logout of a computer screen which shows PHI



HIPAA & Security

There are controls in place to help us avoid PHI security threats:

- Administrative
 - HR policies
 - Security management policies
 - Reporting procedures
 - Training plans
- Physical
 - Protect servers, limit access to authorized staff
 - Secure any electronic storage devices, such as USBs
- Technical
 - System access and levels of access are different for every employee, depending on their job function
 - Use caution when visiting websites or using media from an unfamiliar source
 - Only use secure networks when emailing patient information
 - Never use social media to give information about patients or their families

HITECH

- Health Information Technology for Economic and Clinical Health Act
- Modified HIPAA privacy and security rules
 - Patients, local media outlets and HHS should be notified if PHI breaches occur
 - Business associates, including affiliations, are directly responsible for complying with HIPAA security rules and are now subject to civil and criminal penalties
 - 4 categories of violations that indicate penalty amounts to be paid, with a maximum of \$1.5 million for all violations of an identical provision within one year's time
 - Patients may request restrictions regarding sharing particular PHI among covered entities.

Safety Improvement Reporting System

Keeping Kids Safe (KKS):

- ✓ Helps DCH improve patient, visitor student and employee safety... reporting all incidents in a timely manner
- ✓ To report an incident, call 1-888-874-0713 or on-line through the DCH Intranet* by clicking on the Keeping Kids Safe – Safety Improvement Reporting hyperlink, located on the home page of the DCH Intranet

**Dependent on student electronic access*

Additional Reporting System

Driscoll Children's Hospital is dedicated to providing tools that allow individuals to report concerns without fear...

To report anonymously,
call the integrity hotline at 1-888-874-0713

Additional Reporting System

The Joint Commission on Accreditation of Healthcare Organizations encourages you to:

First, bring your complaint to the attention of the healthcare organizational leaders.

If this does not lead to resolution, the Joint Commission asks that you bring your complaint to them for review.

Additional information regarding this may be found at:

www.jointcommission.org.

Additional Reporting System

At DCH, we encourage you to utilize the Hospital's *Chain of Command* until you are satisfied that the problem has been appropriately addressed and resolved.

Discuss any concerns you have first with your DCH Preceptor and/or Clinical Instructor. If your concern has not been addressed, you may escalate to the next steps in sequence until you feel your concerns have been addressed and resolved: Charge Nurse, House Supervisor; Unit Manager or Director; DCH Executive Leadership.

Always advocate Patient Safety.

National Patient Safety Goals

National Patient Safety Goals (NPSGs)
*were developed to ensure patients and staff
are protected from potential harm.*

National Patient Safety Goals

Patient Identification

We use two (2) patient identifiers in our facility:

- ✓ Patient Name
- ✓ Medical Record Number (MR#)

Final verification must be conducted before:

- ✓ Procedures
- ✓ Medications
- ✓ Assessments

Communication

Improve communication among care providers:

- ✓ Do not use unapproved abbreviations
- ✓ Write down, then read back the verbal and telephone order to the person who gave the order. Time and date of order must be indicated.*
- ✓ Always hand-off your patient to anyone assuming care (SBAR).
- ✓ Report critical results to the provider of care, as soon as possible (measure, assess, take action).*

**Dependent on student role*

Communication, Contd.

Improve communication among care providers:

- Communicate early warning signs of a change in the patient's condition immediately to the Primary Nurse.
- The physician will be notified by the Primary Nurse of any patient who fails to receive relief following pain management interventions
- Always report the following to the physician
 - A change in level of consciousness and arousal
 - Significant changes in the patient's vital signs and oxygenation
 - Change in the patient's PEWS score

Pain Management

Types of pain are *subjective* verses *objective*:

- ✓ Subjective Pain is how the patient states their pain
- ✓ Objective Pain is measureable and verifiable

Pain Management Continued

Acute Pain:

- ✓ Pain lasting less than 3-6 months
- ✓ Has a distinct beginning and end
- ✓ Blood pressure increases

Chronic Pain:

- ✓ Pain lasting greater than 6 months
- ✓ Cannot remember when it started
- ✓ Pain may never go away
- ✓ Blood pressure and pulse don't change

Pain Scales

The following pain rating scales have been accepted for use at DCH:

- ✓ PIPPS < 34 weeks; Can be used for 34 to 40 weeks
(PIPPS - Penn Interactive Peer Play Scale)

- ✓ CRIES >34 weeks to one year of age
(CRIES – Crying Requires Increased vital signs Express Sleepless)

Pain Scales

- ✓ CHEOPS Children 1-3 years of age; may also be used with cognitatively impaired children.
(CHEOPS – Children’s Hospital Eastern Ontario Pain Scale)
- ✓ FLACC Children 2 months - seven years of age; Pre-verbal; and Non-verbal
(FLACC – Face, Legs, Activity, Cry, Consolability)

Pain Scales

- ✓ WONG BAKER

Children three years and older.

- ✓ NUMERICAL RATING SCALE

Children ages eight and older;
Patient self identifies level of
pain 0-10

Infection Prevention

- It is the responsibility of every employee, volunteer, visiting clinical student, contracted personnel, medical staff and healthcare provider with clinical privileges to follow the guidelines of the infection prevention and control program (IPCP)
- We must resolve to prevent the spread of infection from patient to patient, from personnel to the home, and from parents to the home.
- Each high-risk area (NICU/PICU/Surgery/ED) has year-round surveillance

Infection Prevention, Contd.

- Reduce the risks of healthcare-associated infections by following all safety guidelines set forth by the Joint Commission and the Infection Prevention and Control Committee (IPCC)
 - Examples: good hand hygiene, proper wound care precautions
 - Students should not provide any care for high-risk patients, without close supervision by the Primary Nurse
- High-risk situations for infection
 - Multidrug-resistant organisms in acute care hospitals
 - Surgery site infections
 - Indwelling catheter-associated urinary tract infections
 - Central line-associated bloodstream infections

Bloodborne & Airborne Pathogens

There are designated areas where you may perform high-risk tasks. These tasks may require the use of personal protective equipment (PPE) in the form of a face shield or eye goggles, which will be provided to you.



Bloodborne & Airborne Pathogens

If you are on assignment and you are exposed to blood or body fluids, **WHAT** would you do?

- ✓ Flush and wash the area immediately;
- ✓ Notify your instructor;
- ✓ You and your instructor must notify a DCH employee and/or Employee Health Nurse at extension 5018;
- ✓ DCH will collect patient specimens only
- ✓ You are responsible for your own follow-up

Bloodborne & Airborne Pathogens

Patients with Airborne Isolation Precautions require airborne isolation equipment, which is specially fitted for **Driscoll employees**.

As a student, you will not be fitted for this equipment. For this reason, students are not allowed to care for these patients or enter an airborne isolation room.

Medication Safety

In an effort to reduce medication errors, we have:

- ✓ Standardized and limited the number of drug concentrations
- ✓ Identified look alike/sound alike drugs on the MAR
- ✓ Labeled all medications, containers and solutions
- ✓ Anticoagulation therapy practice protocols are in place at DCH

Reconciliation of Medications

***Reconciliation of medications is very important. Remember to:**

- ✓ Document patient's current medication upon arrival and entry into the facility
- ✓ Medications are then compared and reconciled to medications ordered
- ✓ Current medication lists accompany the patient throughout their hospital stay
- ✓ A complete list of medications are explained and documented at the time of discharge
- ✓ Finally, medication lists are communicated to the next provider of care if the patient is transferred to another facility

**Dependent on student role*

Reduce the risk of patient harm from falls.

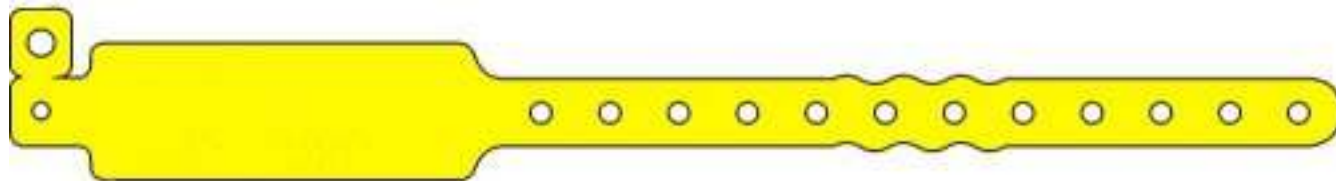
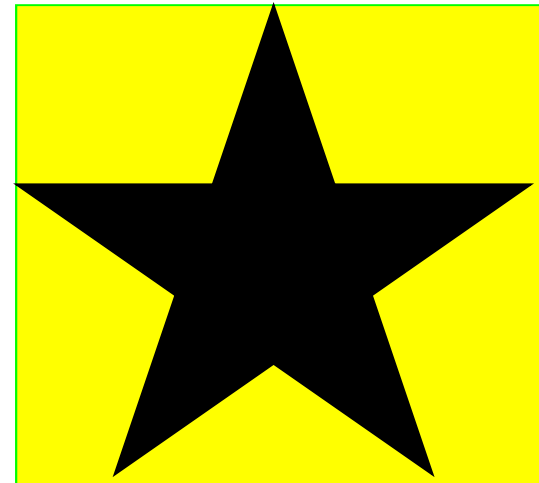
What would classify a patient as a fall risk?

- ✓ Seizure disorder
- ✓ Narcotics
- ✓ Received anesthesia in last 24 hours
- ✓ Neuromuscular impairments
- ✓ Orthopedic devices
- ✓ Closed head injury
- ✓ Climber

Falls

Patients who have been designated as fall risks will have this picture, black star on yellow background, on the outside of their patient room door.

They should also be wearing a yellow wrist band on.



Medical Equipment

Care & Upkeep of Equipment

- You may be involved in the cleaning of equipment at a low-level
 - Equipment is cleaned at the end of the shift, or after the work project is completed
 - Manuals for cleaning and care of equipment are located in the Environmental Services Department
 - You should only clean equipment if you have received instruction necessary for the safe operation of the equipment, and with close supervision
 - You must wash your hands thoroughly before and after cleaning equipment

Medical Equipment

Care & Upkeep of Equipment, contd.

- Storage
 - Equipment must be stored in designated areas only
 - Storage areas and closets must be clean and uncluttered
- Cleaning carts
 - Carts must be cleaned at the end of each shift
 - Remove all trash and damp clean receptacle
 - Organize paper products and supplies on the cart shelves
 - Damp wipe all surfaces with germicidal solution and wipe dry

Medical Equipment

What would you do with a piece of equipment (such as an IV pump) that suddenly malfunctions while in use on a patient?

Report to the Primary Nurse immediately, or to your Instructor, who will then report to the Primary Nurse.

Medical Equipment

The Primary Nurse will assess and inspect the equipment and then will:

- ✓ Disconnect the equipment from the patient, if appropriate
- ✓ Stabilize the patient
- ✓ Leave everything as is (including all attachments, tubing etc.)
- ✓ Fill out a KKS report
- ✓ Tag equipment with specific data regarding problem
- ✓ Remove equipment from patient room and place in dirty utility room
- ✓ Call Biomed to pick up equipment **immediately**

Patient & Family Involvement in Care

It is important to communicate to patients and their families about care, treatment and services.

Patients and families are an important source of information about adverse events and hazardous conditions.

Remember to encourage patients and families to report any concerns about safety that they might have.

Patient & Family Involvement in Care, Contd.

The components of the pain management plan should be explained to the patient/family/caregiver, including:

- The pain scales used for assessing pain and frequency of assessments
- The use of pharmacological and non-pharmacological interventions for ongoing pain management and potentially painful procedures/interventions
- At discharge, the patient/family/caregiver should be given instructions on home management of pain

Child Abuse

Types of Abuse:

- Emotional
- Physical
- Sexual
- Neglect: Physical & Medical

Texas Law on Reporting Child Abuse or Neglect

- A person having cause to believe that a child has been abused or neglected shall make a report within 48 hours. (Driscoll policy is that it must be done by the end of your shift.)
- A person must make the report and may not have another person make the report on behalf of the person/professional.
- The report is anonymous.

Child Abuse

Baby Moses Law:

- A mother may take her infant baby to any hospital, fire rescue station or Emergency Medical Technician (EMT) in the State of Texas and not be prosecuted for Child Abandonment or Neglect.
- The infant may be up to 60 days old.

Texas Department of Health Rider 14 (formerly 18)

- Each contractor/provider shall ensure that its employees, volunteers or other staff reports a victim of sexual abuse who is an unmarried minor under 14 years of age.

CPS Statewide Hotline *800.252.5400*

CCPD *361.886.2600*

Nueces County Sheriff *361.826.2900*

At-Risk Patients

Patients at risk for suicide must be identified by healthcare providers.

Upon admission, a suicide assessment tool is completed to identify those patients who are at risk.

If a risk is identified the patient is placed on 1:1 observation immediately.

Questions?



Please feel free to call us with any questions.

Student Scheduling
361.694.5068