



***The* UNIVERSITY HOSPITAL**

University of Medicine & Dentistry of New Jersey

**Orientation Information for Adjunct Staff, Students and
Temporary / Agency / Contract Employees**

Table of Contents

Part I

Welcome / Mission Statement	2
Service Excellence at UH Standards	3-4
Dress Code Policy	5-9
Competency	10
Patient and Employee Safety	10-12
Infection Control Education	13-14
National Patient Safety Goals	15
Dangerous Abbreviations	16
Environment of Care:	
Emergency Codes	17
Emergency Preparedness Fact Sheet	18
Keeping Safe at The University Hospital	19-20
Safety Do's & Don'ts	21
Security Fact Sheet	22
Code Amber -Infant Child Abduction Fact Sheet	23
Violence Prevention	24-29
Patient Rights	30-31
Bioethics Committee	31
Corporate Compliance	32-33
Sensitivity to Cultural Diversity	34-35
Orientation Attestation Form*	36
Orientation Post Test*	37-38

**Must return to manager, preceptor or instructor of your assigned area.*

Part II

Required for Clinical Providers

Welcome to *The University Hospital*.

Our Mission Statement:

“To improve the quality of life for all those we touch through excellence in patient care, education, research, and community service”

Our appearance and conduct is a very important part of creating an environment at The University Hospital that is patient-focused, and where our patients and visitors feel safe and valued. I need your commitment, support, and help to improve the patient care experience at The University Hospital.

Sincerely,

Robin D. Wittenstein, Ed.D
Acting President & CEO

Please remember that as an adjunct staff member, student or temporary/ agency/ contract employee at The University Hospital, you are expected to represent the hospital in the most professional manner possible and to support the hospital's mission of service excellence. This handbook will help you to understand the policies and procedures that have been established to guide your conduct and performance while at The University Hospital.

Reading and understanding this material is mandatory. If you have any questions regarding this information, please contact the manager, preceptor or instructor of your assigned unit/area. A signed attestation form (*attached*) and successful completion of the orientation Post Test (80% or higher) are required for our records before you will be allowed to begin your experience at The University Hospital.

University Hospital Service Standards

To improve the quality of life for all those we touch through excellence in patient care, education, research and community service.

Decision-making priorities for ensuring consistent delivery of service:

1. Safety:

Ensure the welfare and safety of our patients and co-workers.

- *Keep work space neat & uncluttered*
- *Inspect equipment prior to use; report and remove unsafe items*
- *Report incidents / barriers through Patient Safety Net (PSN) or UMDNJ-Incident Report*

2. Courtesy & Respect:

Know the needs, wants, stereotypes and emotions of each person and adapt your response for each individual.

- *Smile*
- *Make eye contact*
- *Start and end each encounter on a personal note*
- *Use friendly phrases*
- *Encourage questions*
- *Know the answers to questions*

3. Outstanding Customer Experiences:

Ensure exceptional first and lasting impressions; creating a seamless experience through the continuum of care.

- *Follow the UH Dress Code policy*
- *Use scripted / standard interactions*
- *Immediate service recovery (apology)*
- *Provide a positive / healing environment*
- *Follow standards of care / standards of performance*
- *Ensure processes are customer focused*
- *Always be on time and timely*
- *Do everything possible, everyday for every patient*

Behavior Guidelines

First Impressions:

- Start every contact and communication with direct eye contact & a sincere smile.
- Greet and welcome every customer using UH's standard welcome: 1) offer a greeting, 2) identify your department, 3) identify yourself, and 4) offer assistance.
- Answer the phone within 3 rings utilizing UH's standard welcome.
- Communicate in a manner that is positive, professional and easily understood.
- Apologize for problems and inconveniences without blaming others; then seek to find solutions.
- Listen actively, focus on the person and check for understanding by repeating and asking questions.
- Secure translators and/or interpreters to meet disability and language barriers.
- Display appropriate body language at all times: attentive, good posture, appropriate facial expression.
- Extend a sincere "thank you" at the conclusion of every transaction.

Telephone

- Ask permission and wait for a response before placing a caller on hold.
- Provide the caller with the extension, prior to transferring a call.
- Create an "out of office" voice mail if you are away from the office for more than 1 day.
- Return calls within one business day.

Email

- Respond to e-mails within one business day.
- Use responsible, professional, respectful language.
- Create an "out of office" e-mail message if you are away from the office for more than 1 day.

Confidentiality

- Never discuss patient matters in locations where conversations could be overheard (elevators, cafeteria, etc.)
- Close the door or draw the curtain before asking personal questions.
- Knock before entering a room; announce yourself and the reason for your visit.
- Protect the dignity of patients (i.e., cover patients on stretchers, pull curtains, etc.)

Service Recovery:

- Make **LAST**ing relationships: **L**isten, **A**cknowledge, **S**olve it and **T**hank the patient for bringing their concerns to your attention.
- Offer a sincere apology.
- Check back to ensure their satisfaction with the remedy.

I agree to abide by these standards in my daily work life. Behaviors that I exhibit that do not support Service Excellence are unacceptable and will subject me to progressive discipline.

POLICY AND PROCEDURE MANUAL

DEPARTMENT: Administration	ISSUE NO: 831-200-251
EFFECTIVE DATE: April 2010	SUPERSEDES DATE: February 13, 2008

SUBJECT: DRESS CODE

PURPOSE:

The Dress Code policy is designed to maintain and perpetuate the reputation of University Hospital (UH) employees for providing outstanding health care and customer service. By adhering to professional standards of dress, safety, and hygiene throughout the facility, all UH employees will project competence and credibility during their interactions with patients, colleagues, and the general public. At the same time, the policy ensures that all UH employees will support the hospital's vital effort to create and preserve a safe, therapeutic environment that controls infection and facilitates treatment and healing.

Given the wide range of UH employee responsibilities and work situations, department managers will adjust this policy's general dress guidelines when necessary, such as to meet heightened safety and/or infection control requirements in a clinical setting, or to fulfill other specialized obligations that might arise for employees representing UH to the broader public.

APPLICABILITY:

This policy applies to all on-duty regular and temporary, full-time, part-time, per-diem employees, physicians, doctors, students, volunteers, vendors working on behalf of UH, or any other individuals using the institution for clinical experience or clinical research, on all shifts, and at all sites.

RESPONSIBILITY:

All levels of management, including department managers and supervisors are responsible for teaching, role modeling and enforcing the Dress Code policy through consistent application. Residency Program Directors are likewise responsible for UMDNJ and rotating residents' compliance with this policy.

POLICY:

1. Managers and supervisors may prohibit staff members from working until they change into appropriate attire or make other adjustments necessary to comply with policy. The employee may be required to leave the hospital without pay until returning in appropriate attire.
2. Standards of dress and appearance will be communicated to position applicants during the interview process and to newly hired employees as part of UH orientation and as part of the specific department orientation. Failure to comply with these standards or specific department dress code will result in progressive disciplinary action.
3. Some duties may require employees to wear uniforms/scrub suits or safety articles, or to adhere to more specific requirements than those set forth in this policy. Supervisors will inform employees when they are subject to more restrictive unit/departamental appearance or dress code standards that supersede this policy's general guidelines.

4. Students need to follow their school or institution's uniform and/or dress code policy if more specific than requirements set forth in this policy. All other requirements in this policy apply.
5. Closeness and frequency of contact with patients, the public and fellow employees demand a high degree of personal cleanliness at all times. Such cleanliness is an essential condition of quality patient care and overall professional demeanor.
6. When an employee requests reasonable accommodation for religious or disability reasons, supervisors shall consult with the Office of Workplace Diversity to ensure compliance with state and federal laws. In all cases however, it is expected that the underlying purpose and principles of this policy will be fulfilled.

GUIDELINES:

A. Identification Badge:

1. The UMDNJ identification badge is a required part of each employee's attire and must be worn at all times while on duty, above the waist, and visible to the public.
2. Badges are not to be covered with pins, ornaments, stickers, or any other objects. The front face of the badge is to be clean and displayed front-side-out (not covered or reversed) so that the name and photo are always visible.

B. Attire:

Neat and clean dress demonstrates pride in the job and is a courtesy to those around you.

1. Clothing worn by staff members must be neat, clean, wrinkle free, and in good condition, free from offending odors, and fit properly.
2. Employees must wear appropriate undergarments to avoid an unprofessional appearance.
3. University Hospital does not have "casual" or "dress down" days.
4. Certain departments may require special dress standards, such as wearing uniforms. In those areas that have a defined uniform, the guidelines for that area will be followed.

Examples of inappropriate dress that may be offensive and unprofessional include, but are not limited to:

- a. Mini-skirts
- b. Dresses or skirts with excessively high slits
- c. Excessively tight, sheer, or revealing clothing, low cut/slung garments
- d. Fish-net stockings
- e. Denim blue jeans, skirts, or jackets, including "dark wash" denim. Denim jean clothing in colors other than blue are acceptable if they are clean, and in good condition with no holes, ragged hems, frayed, or patches.
- f. Shorts or cut-offs
- g. Leggings, stretch pants, spandex, and any pants above the calf

- h. Pants worn below hip level ("sagging") or excessively loose clothing
- i. Halter tops, tank tops, low cut or see-through blouses/shirts, muscle shirts, shirts that expose the midriff, clothing that exposes undergarments or could be perceived as sexually provocative to a reasonable person
- j. Under garments should not be visible under clothing and/or through clothing. Neutral under garments should be worn under uniforms.
- k. Backless dresses or tops, spaghetti strap blouses, unless worn with a jacket
- l. Faded, tie-dyed, bleached, torn, ripped, frayed, patched, un-hemmed clothing or clothing that gives an unkempt appearance
- m. Caps, hats, or bandanas unless worn for medical or religious reasons or for nature of specific duties (physical plant). Baseball caps are not acceptable unless part of established departmental uniform. Hoods are never appropriate to wear while working.
- n. Clothing, including t-shirts, sweatshirts, caps, jackets, etc. with lettered logos or advertising (unless the logo identifies University Hospital or UMDNJ), or with offensive/suggestive images or messages, clothing with logos for alcoholic beverages, tobacco products, nudity, or illegal substances.
- o. Beachwear and sportswear, sweat pants, sweat suits, jogging suits, velour sweat suits, exercise clothes, fleece or flannel.

Examples of appropriate dress:

- a. Suits
- b. Dress pants, no more than 3" above the ankle
- c. Business casual dress pants (i.e., Dockers, chinos, khakis)
- d. Skirts
- e. Casual dresses
- f. Dress shirts, ties recommended
- g. Button down blouses
- h. Collared polo shirts
- i. Sweaters, vests
- j. Sports coats, blazers
- k. UH/UMDNJ collared shirts, sweaters, and pants
- l. Tucked in shirt-tails

C. Hosiery and Socks:

Direct caregivers: Hosiery or socks must be worn at all times.

Non-direct caregivers: Do not have to wear hosiery or socks as long as a professional appearance is maintained.

D. Accessories, Jewelry, and Adornments:

Excessive jewelry and accessories must not pose an infection or physical hazard to the patient, self or to another person or cause a distraction.

- 1. Accessories should be simple and conservative.

2. Jewelry worn by employees must be reasonable shape and size, appropriate to the work setting, and may not interfere with patient care, job performance, or safety. Earrings and small nose studs are the only acceptable forms of visible or detectable pierced jewelry. Rings must be small enough to allow for the use of gloves, with no risk of tearing the gloves.
3. Wallet chains or any hard chain apparel, including, but not limited to, metal chain belts and clothing ornaments, are not permitted.
4. Visible tattoos and body art may offend some patients, visitors, and co-workers while at the workplace and should be covered whenever possible. Managers also have the discretion to require that an employee cover any tattoo(s) or combination of tattoos that could be considered offensive.

E. Grooming and Personal Hygiene:

Good personal hygiene is required. Other employees, as well as patients and guests, have a right to expect general cleanliness and good dental hygiene from the staff.

1. Every individual must be physically clean, well groomed, and take steps to ensure appropriate general body hygiene (cleanliness, lack of offensive body/mouth odor, cigarette or cigar smoke odor, etc.)
2. Every individual should avoid excessive use of fragrances, and must be sensitive to scented chemicals that may be offensive, cause allergic, or other adverse reactions for patients, visitors, or staff.
3. Excessive makeup should be avoided.
4. In most instances, an employee may wear his or her hair the way he or she chooses while working, as long as it remains well trimmed, well groomed, and business-like in appearance. Long hair must not obstruct vision and must be controlled to prevent contact with the patient, equipment, or supplies. A hair net may be required in certain settings.
5. Beards, mustaches, and sideburns are to be neatly trimmed and groomed and should not interfere with job performance and safety.
6. Artificial nails may not be worn by staff involved with direct patient care. Fingernails should be trimmed, clean and neat, should not interfere with job performance and should comply with the Infection Control fingernail policy.
7. Proper handwashing techniques are important for personal safety and control of infection.

F. Footwear:

For safety reasons, all employees must wear shoes that are appropriate to their job. Shoes should promote a professional appearance, and be clean and in good repair.

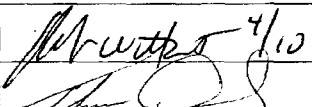
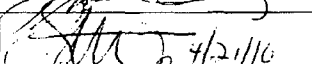
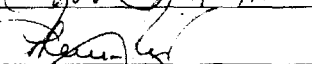


1. Direct caregivers: Closed-toed shoes must be worn at all times. They must provide safe, secure footing and offer protection from hazards in the work area.
Non-direct caregivers: Open-toed shoes may be worn as long as they look professional.
2. Protective shoes with reinforced toes are required when specified by individual departments.

The following are not appropriate footwear for the workplace.

- a. Slippers
- b. Thongs (even if "dressy") or beach shoes
- c. Flip flops (even if "dressy")
- d. Excessively high-heeled shoes. Heel height must not be more than 3 inches as not to pose a threat to the individual's safety or ability to maneuver freely as required by the job.
- e. Sports sandals
- f. Rubber rain boots
- g. "Timberland" or other work boots, if not required for nature of specific duties.

G. Other Considerations:

- 1. Chewing gum is not considered appropriate in the presence of patients, visitors, or guests.
- 2. Employees are not permitted to wear sunglasses indoors.
- 3. The use of earphones, headphones, Bluetooth devices, Walkman or iPod in public or patient care areas is not permitted, unless a necessary part of the job, such as dictation/transcription. Use outside of these areas is allowed only at the discretion of management. Use in the UH dining room while on break or lunch is permitted.
- 4. Department managers will exercise judgment and discretion to permit exceptions to the policy when appropriate, such as celebration costumes, department moving/relocation, special inventory occasions, or other emergencies.
- 5. No department manager has independent authority to implement a different department specific policy. Any department that wants to introduce uniforms or requires a department specific uniform policy must have approval of the Service Excellence team to ensure uniform uniformity.

APPROVED BY	TITLE	SIGNATURE
Robin D. Wittenstein, Ed.D	Acting President and Chief Executive Officer	 4/10
Thomas Daly	Chief Financial Officer	
Suzanne H. Atkin, MD, FACEP	Chief Medical Officer	 4/2/10
Theresa Rejrat, RN	Vice President of Patient Care Services and CNO	
Vincent Barba, MD, FACP	Medical Director for Quality Improvement	

Competency

Because our patients and their families put their trust in our skill and abilities, it is particularly important that all persons working or training at The University Hospital be competent to perform their assigned duties including education, experience, credentials, and primary source verification (as applicable). Competency is defined as the demonstrated ability to fulfill the primary responsibilities of a position safely.

You have undergone training in your selected program and your manager, preceptor or instructor will assess and reassess your competency upon completion of orientation (core) and on an ongoing basis, based on techniques, procedures, technology, equipment or skills needed to provide care, treatment or services. Their findings will be documented, which will be placed in your record/file, and they will discuss their findings with you as well to ensure that performance standards are achieved.

If you are unsure about an assignment or are requested to participate in a procedure that is unclear to you, it is your responsibility to make that known to your manager, preceptor or instructor.

Patient and Employee Safety

INFECTION CONTROL

Always following infection control precautions is the best way to protect yourself and our patients.

A. Standard Precautions: blood and body fluids from all patients are treated as if they are infectious with blood-borne diseases until proven to be free of these organisms.

Your Responsibility:

1. Wear gloves if there is a potential for coming into contact with any type of body fluid.
2. Wear a fluid-resistant gown if your uniform/clothing is likely to become soiled with any type of body fluid.
3. Wear face protection (mask + goggles or splashguard) if splashing of blood or body fluids to the face is likely. Remember, your entire face must be protected from splashes. Regular eyeglasses are not considered protective wear under the OSHA Bloodborne Pathogens regulations.

B. Transmission-based (Expanded) Precautions: In addition to standard precautions, additional precautions may be needed depending on the patient's diagnosis. This information is conveyed via the "STOP" signs on the patient's door.

Your Responsibility:

1. Airborne Disease Isolation: Wear your fit-tested N95 respirator if you enter the patient's room. Organisms include TB, chickenpox, measles, shingles (Herpes zoster) if spread

over the patient's body –Persons who have never had chickenpox should not enter the room of a patient with chickenpox or Herpes zoster.

2. **Contact Precautions:** Wear a gown and gloves if you will have direct contact with the patient or his/her environment, such as when taking vital signs or assisting with patient care. Use the alcohol based hand. Organisms include antibiotic resistant organisms such as MRSA, Vancomycin Resistant Enterococcus (VRE), localized Herpes zoster that cannot be covered, scabies, lice or other communicable skin infection.
3. **Droplet Precautions** – In addition to a gown and gloves, wear face protection (mask and goggles or splashguard) if you will be within 3-6 feet of an infectious patient. if you will have direct contact with the patient or his/her environment, such as when taking vital signs or assisting with patient care. Use the alcohol based hand rub (ABHR) or soap and water after patient care or upon leaving the room. Organisms include meningococcal meningitis, mumps, influenza, whooping cough and other communicable respiratory infections.
4. **Special Contact Precautions** – this type of precaution is used for patients with diarrhea of unknown cause or those who are identified to have Clostridium difficile infection. Wear a gown and gloves if you will have direct contact with the patient or his/her environment, such as when taking vital signs or assisting with patient care. Use **only** soap and water after patient care or upon leaving the room. Use bleach-containing products to clean the patient's environment and equipment used on the patient.

C. Occupational Safety & Health Administration's (OSHA) Bloodborne Pathogens Standard

1. The OSHA laws are in place to protect healthcare workers from exposure to bloodborne pathogens such as HIV, Hepatitis B, Hepatitis C and syphilis. The hospital must have an Exposure Control Plan that outlines the policies and procedures that are in place to protect you against exposure to these agents.
2. **The hierarchy (levels) of control** include administrative controls (policies and procedures) and availability of personal protective equipment such as gloves, fluid-resistant gowns, face protection as outlined in "Standard Precautions", above.
3. **Sharps Injuries and Exposure to Blood and Other Body Fluids:** If you sustain an injury from an instrument such as a scalpel or needle, report the incident immediately to your instructor, the nurse taking care of the patient, the nurse in charge of the unit or the manager of the area. Complete an incident report and report to the Emergency Department as soon as possible for further evaluation.
4. **Eating and Drinking Precautions:** Do not eat or drink in the patient's room or in other areas where blood or body fluid contamination may occur. Bacteria and other microorganisms from the patient/environment could get on your hands and be ingested as you eat or drink.
5. **Blood and Body Fluid Exposure Follow Up:** Follow the instructions provided in question 3 in the section below entitled "**Infection Control (IC) Questions & Answers & Other Key Tips You Should Know**". You will be treated with the appropriate medication/followed up based on the type of exposure you had. Your medical records

must be maintained for as long as you work with your facility/agency plus 30 years after you leave.

- 6. Regulated Medical Waste Alerts:** Red trash bags, red trash cans or biohazard symbols as the one pictured below, alert you that items in that container or area are potentially infected with bloodborne pathogens.



- 7. Training records:** Everyone who has potential exposure to bloodborne pathogens must receive initial orientation and must participate in annual updates on the OSHA Bloodborne Pathogens Standard. Annual education may be done through classroom sessions or through online (computerized) training. Each year's training records must be kept on file for 3 years after completion.

D. Hand Hygiene: Wash your hands with soap and water for at least 15-30 seconds or use an alcohol-based hand rub before and after patient care, after touching equipment in the patient's room, after leaving the patient's room and after removing gloves, gown and mask.

1. Use of Soap and water

- Wash hand with soap and water when they are visibly dirty or contaminated with proteinacious material or are visibly soiled with blood or other body fluids.
- Wash hands with soap and water before eating and after using the restroom.
- Wash hands with soap and water after caring for a patient with suspected or confirmed *Clostridium difficile*-associated diarrhea.

2. Use of alcohol based hand rubs

Under the following clinical conditions, use an antimicrobial soap and water or an alcohol-based hand rub* for routine hand decontamination if hands are not visibly soiled with blood or other body fluids.

- Before direct patient contact
- Before donning (putting on) sterile gloves when inserting a central intravascular catheter or other invasive device that does not require a surgical procedure
- After contact with a patient's intact skin e.g. when taking a pulse or blood pressure, and after lifting a patient
- After contact with body fluids or excretions, mucous membranes, nonintact skin and wound dressings **if hands are not visibly soiled.**
- If moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- After removing gloves

*Hand washing with antimicrobial soap and water may be used as an alternative to alcohol-based hand rub.

F: Nail Hygiene: Artificial nails (including gels, tips, wraps, nail jewelry or other artificial nail enhancements) are not allowed for persons with direct patient contact or who prepare products or equipment used on or by patients. Smooth, un-chipped nail polish is allowed unless specifically prohibited in a department's policy. Natural nail tips should be no longer than ¼ inches long.

**INFECTION CONTROL (IC) QUESTIONS & ANSWERS
& OTHER KEY TIPS YOU SHOULD KNOW**

QUESTION	ANSWER
1. What is everyone's Infection Control (IC) responsibility?	<ul style="list-style-type: none"> • All employees are required to maintain good infection control practice. • New employees must attend the mandatory IC orientation. • Employees with patient contact, potential exposure to blood and body fluid and potential exposure to TB must participate in the annual IC education.
2. How is transmission of infection prevented within the facility?	<ul style="list-style-type: none"> • Always perform hand hygiene between contact with different patients and after touching contaminated equipment in a patient's environment. • Wear personal protective equipment (gloves, gowns, mask) as needed. • Use additional precautions such as contact, airborne and droplet precautions if a patient has a disease that requires these expanded precautions in addition to standard precautions. • Use Protective Precautions for a patient who has neutropenia or severe immune deficiency <p>Become familiar with these types of precautions so that you're able to use them when needed (complete an IC course or check the Infection Control Manual).</p>
3. What would I do if I'm exposed to a patient's blood or other body fluid?	<ul style="list-style-type: none"> • Notify your supervisor immediately. • Complete an incident report (UMDNJ Form-70). • Report to the Emergency Department (ED) as soon as possible.
4. What should I do if I'm exposed to an infectious TB patient?	<ul style="list-style-type: none"> • Notify the area supervisor, your supervisor and Infection Control. • Report to your agency's Employee Health Service for evaluation.
5. How often should I get a TB skin test (TST)?	<ul style="list-style-type: none"> • At least yearly if your skin test is negative. • Some employees may receive TST more often depending on their risk of exposure to TB <p>(Check your agency's Employee Health policies).</p>
6. Is drinking beverages or eating allowed in work areas where potential contamination with blood or body fluids is likely (e.g. nurses' stations)?	<p>No. This is a violation of the OSHA Bloodborne Pathogens law since it causes potential exposure to HIV, hepatitis and other bloodborne germs. This violation could result in fines or penalties.</p>
7. Is there an alcohol hand cleanser available for use?	<p>Yes. The hospital has introduced the 3M Avagard D alcohol hand cleanser. Avagard D is available in each patient room and ambulatory care examination or treatment rooms.</p>

QUESTION	ANSWER
8. Am I allowed to wear artificial nails or nail enhancements if I work with food, have direct patient contact or prepare supplies for patient use?	No. The Joint Commission (TJC) expects care givers to remove artificial nails, wraps, tips, gels etc. to prevent transferring infections to patients. Food safety guidelines also prevent use of artificial nails if preparing food.
9. If I am a staff member with job functions described above, how long should my nails be? Am I allowed to wear nail polish?	Your nail tips should be no longer than ¼ inches. . Unless your own department policy prohibits it, you are allowed to wear nail polish if it is not chipped, cracked or damaged in any way.
10. Does the hospital have a plan in place to protect against pandemic organisms such as H1N1 flu as well as smallpox/other bioterrorism agents and SARS?	Yes. H1N1, smallpox and SARS plans are available on UHNET, and in the hospital's Emergency Management Plan.
11. Does the hospital educate families or visitors and contract workers about infection control?	Yes. Family members and other visitors are educated depending on the type of isolation precautions a patient is on. Contract workers are educated depending on the job they were hired to do.

Additional Tips

- Call Environmental Services to clean up large spills of blood or body fluids.
 - Keep needles and other sharp devices in a locked or secure area.
 - Clean and disinfect reusable equipment between use on patients.
 - Do not reuse supplies or equipment labeled as disposable. These are for use only on or by one patient.
 - Know the location of your department's copy of the Infection Control Policy & Procedure manual. Policies are also located on the hospital's website, UHNET, at <http://www.umdj.edu/uhnetweb/>
 - Do not wear gloves and other personal protective equipment outside of your work area, in hallways, elevators, etc. **unless** you are transporting a specimen or actively caring for a patient (e.g. manually resuscitating a patient) during transport.
 - If you are a student or employee, report to Occupational Medicine Service or Student Health and Wellness Service if you have a transmissible infection such as conjunctivitis. If you are an agency worker, report to your agency's Employee Health Service for evaluation.
 - Get your annual flu shot to protect yourself, family, patients and coworkers from the flu.
- Keep your work area clean and tidy to prevent insects and rodents.

National Patient Safety Goals - 2010



The UNIVERSITY HOSPITAL

University of Medicine & Dentistry of New Jersey

NEWARK, NEW JERSEY

GOAL 1 – IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION.

Use of Two Patient Identifiers (NPSG.01.01.01)

Eliminating Transfusion Errors (NPSG.01.03.01)

GOAL 2 – IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS.

Timely Reporting of Critical Tests and Critical Results (NPSG.02.03.01)

GOAL 3 – IMPROVE THE SAFETY OF USING MEDICATIONS.

Labeling Medications (NPSG.03.04.01)

Reducing Harm from Anticoagulation Therapy (NPSG.03.05.01)

GOAL 7 – REDUCE THE RISK OF HEALTH CARE–ASSOCIATED INFECTIONS.

Meeting Hand Hygiene Guidelines (NPSG.07.01.01)

Preventing Multidrug-Resistant Organism Infections (NPSG.07.03.01)

Preventing Central Line–Associated Blood Stream Infections (NPSG.07.04.01)

Preventing Surgical Site Infections (NPSG.07.05.01)

GOAL 8–ACCURATELY & COMPLETELY RECONCILE MEDICATIONS ACROSS CONTINUUM OF CARE

Comparing Current and Newly Ordered Medications (NPSG.08.01.01)

Communicating Medications to the Next Provider (NPSG.08.02.01)

Providing a Reconciled Medication List to the Patient (NPSG.08.03.01)

Settings in which Medications Are Minimally Used (NPSG.08.04.01)

GOAL 15–THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION.

Identifying Individuals at Risk for Suicide (NPSG.15.01.01)

UNIVERSAL PROTOCOL–PREVENT WRONG SITE, WRONG PROCEDURE, WRONG PERSON SURGERY

Conducting a Pre-Procedure Verification Process (UP.01.01.01)

Marking the Procedure Site (UP.01.02.01)

Performing a Time-Out (UP.01.03.01)

Questions or comments contact JoAnn Spears, Patient Safety Officer, at 2-7917

DANGEROUS ABBREVIATIONS

– Not accepted in orders or medication-related documents

The following abbreviations have been **REMOVED** from The University Hospital Official Abbreviation List because they have the potential to jeopardize patient safety by being misunderstood, resulting in medication errors.

June 2005 forward:

Abbreviation	Intended Meaning	Misinterpretation	Preferred Practice
U or u	unit	Read as a zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as "44").	Write "units"
IU	international unit	Misread as "IV" (intravenous) or 10 (ten)	Write "International Unit"
qd or QD qod or QOD	once daily every other day	Misinterpreted as "right eye" (OD - oculus dexter, causing administration of oral medications in the eye). Period after Q or "O" can be mistaken for "I"	Write "daily" Write "every other day"
Trailing Zero (X.0mg); Lack of Leading Zero (.Xmg)		Decimal point is missed	Remember, " <u>Always lead, never follow</u> " Always write a leading Zero before a decimal point (0.X mg) and never write a Zero by itself after a decimal point (X mg)
MS MSO₄ MgSO₄	morphine sulfate or magnesium sulfate	Confused for one another – can mean morphine sulfate or magnesium sulfate	Write "magnesium Sulfate" or "morphine sulfate"

VOLUNTARY, ANONYMOUS REPORTING

Every healthcare worker is encouraged to report near-misses and preventable adverse events in order for us to become aware of possible system failures and to build safer systems that protect our patients from harm. Incidents can be reported directly to your Manager. They may also be reported, anonymously if you wish, via Patient Safety Net, the electronic event reporting system, at <http://uhclinicallylinks.core.umdnj.edu/> You may also contact the Patient Safety Officer, Joann Spears, at (973) 972-7917. to discuss patient safety events or concerns. You may also file such reports with the NJ Department of Health and Senior Services at (609) 292-7837 or 1-800-367-6543 (reference: N.J.A.C. 8:43E-10.8).

ENVIRONMENT OF CARE

IN AN EMERGENCY

Be prepared for an emergency before it happens. Be familiar with your work/study environment, including the location of the nearest fire pull boxes and extinguishers and follow the area specific emergency procedures.

Emergency Codes:

If you come upon an emergency situation, call the following extensions from any hospital phone:

Non-medical emergencies, including fire and infant/child abduction: 222

Medical emergencies: 111

The following codes will be announced via overhead page to identify the type of emergency. Listen carefully for these code announcements and follow your department/area specific plan:

Type of Emergency

Overhead Page

Fire:

Code Red

Fire all clear:

Code Red all clear

Medical Emergency:

Code Blue

Infant/Child Abduction:

Code Amber

Internal Disaster:

Code Triage contact the Command Post

External Disaster:

Code Triage in the ED

Employee/Visitor requiring medical assistance:

Dr. Band-Aid

Brain Attack Team for potential Stroke Patients

BAT Team

Multidisciplinary team that reports to a clinical area for a patient that has a behavioral emergency

Crisis Response Team

When a Clinician identifies a patient is quickly deteriorating

Early Response Crisis Team

EMERGENCY PREPAREDNESS FACT SHEET

How will I know if there is a **DISASTER IN THE HOSPITAL**?

The operator will announce, "**Code Triage to the Command Post – Level I, II or III**".

Examples of internal disasters: fire, chemical release, power outage, bomb explosion.

How will I know if there is **AN EXTERNAL DISASTER**?

The operator will announce, "**Code Triage to the Emergency Department – Level I, II, III or Decon event**".

Examples of external disasters: large fire in the community, overturned bus on Rt. 280, plane crash at the Newark airport, major snow storm

How do I know when the **DISASTER IS OVER**?

The operator will announce, "**Code Triage All Clear**".

Where is the **COMMAND POST LOCATED**?

The primary hospital command post is located in D-215/D-215A, and the alternate is the ED mezzanine Conference Room. The Staffing Office is located in D-351.

How do we maintain **COMMUNICATIONS** during a disaster?

Communication is maintained through the use of telephones, beepers and overhead paging. Our back up system consists of radios, internet, Mutualink Interoperability system and runners.

What are the different levels of **EVACUATION**?

Level I: *Partial evacuation:* When someone is moved from an isolated area; e.g., a patient is evacuated out of the patient room.

Level II: *Horizontal evacuation:* An entire department or nursing unit is affected by the disaster and requires individuals to be removed to another location on the **same** floor. If moving patients from one nursing unit to another, the protocol is:

- Blue Unit to Green Unit
- Yellow Unit to Green Unit
- Green Unit to Blue Unit
- D-Green will evacuate to D: Yellow
- Orange will evacuate to Green

Level III: *Vertical evacuation:* An entire floor is affected by the emergency and requires that all individuals on the floor be removed to another floor. Generally, individuals should be moved downward to the floor below if possible.

Level IV: *Facility evacuation:* The entire hospital is affected by the emergency and necessitates the **removal of ALL occupants**.

There is evacuation equipment located at the patient elevators from D through I level of the facility. This equipment is equipped with an alarm to identify that an emergency is occurring.

How do I know **WHAT I AM SUPPOSED TO DO** during a disaster?

You will receive training on your department/unit-specific disaster plan which will explain your role during a disaster.

COMMAND POST TELEPHONE NUMBERS: 2-5800/5801

What Everyone Needs to Know about Keeping Safe at The University Hospital

Question	Answer
What do you do in case of fire?	Remember <u>R.A.C.E.</u> Rescue - anyone in immediate danger Alarm - pull the alarm Contain - the fire (close all doors) Extinguish - the fire (if you are comfortable doing so).
Where is your nearest fire extinguisher?	Department/unit specific question. Make sure you know where extinguishers are located in you work area!
Where is your nearest pull box?	Department/unit specific question. Make sure you know where the pull boxes are located in you work area!
Where is your nearest smoke compartment?	Department/unit specific question. Make sure you know where smoke compartments are located in your work area (generally they are the doors in the corridor that automatically close when the fire alarm sounds).
How do you use a fire extinguisher?	Remember <u>P.A.S.S.</u> Pull – pull the pin Aim – aim at the base of the fire Squeeze – squeeze the handle Sweep – sweep back and forth
What is the meaning of “Code Red”?	“Code Red” is our internal announcement to alert staff of a fire or fire alarm condition. The operator will also announce the location of the alarm.
What are your responsibilities if you hear “Code Red”	Everyone should close doors. All Staff, visitors, patients, faculty on ALL FLOORS, must clear the corridor and elevator lobbies and follow the direction of the department/unit Fire Warden.
What are your evacuation routes?	Department/unit specific question. Make sure you know your department/unit specific evacuation routes.
Where is your department/unit specific disaster plan located?	In EOP binder in a central location of department/unit.
Where is the UH Emergency Operations Plan?	In EOP binder in a central location of department/unit.
What does “Code Triage to the Emergency Department-Level I, II, III or Decon event” mean?	This is the announcement made by the Operators to implement our EOP plan in response to an external disaster (plane crash, major bus accident, etc)
What does “Code Triage to the Command Post –Level I, II or III” mean?	This is the announcement made by the Operators to implement our EOP plan in response to an internal disaster (fire, power outage, major chemical spill, etc)
What are your responsibilities if you hear “Code Triage . . .” announced?	Return to work areas. Do not use phones, implement Department/unit responsibilities (outlined in your Department/Unit Disaster plan). Do not release information to the media.
Name several types of Personal Protective Equipment that you use	Gloves, goggles, N-95 respirator, etc...

Question	Answer
What procedure do you follow if you are stuck by a needle or exposed to blood/body fluids?	Immediately wash the affected area with soap and water for 10 minutes, notify your supervisor, seek medical attention, and complete a UMDNJ form 70.
What is the single most effective infection prevention practice?	Hand Washing!!
What does "Standard Precautions" mean?	Treating all blood and body fluids as if potentially infectious (wear gloves, gowns and masks as appropriate and wash hands after contact).
What should you do if you are involved in a safety incident?	Notify your supervisor, seek medical attention as necessary and complete a UMDNJ form 70
What extension do you call if there is a staff/visitor accident within UH?	111 (Emergency Operator)
What extension do you call if there is a staff/visitor accident outside UH?	2-7000 (EMS)
Where are your medical gas valves?	Department/unit specific question.
Who is authorized to shut off medical gas valves?	Dept/Nurse Manager or Emergency Responders
Who is the Hospital Safety Officer?	James Hogle, III (2-3337)
Which outlet do you plug your critical support equipment in?	Department/unit specific question. Generally all critical equipment should be plugged into a red outlet.
What extension do you call for a non-medical emergency?	222 (Public Safety)
What do you do if you hear a "Code Amber" announcement?	Infant/child abduction. Be observant of people. Notify Public Safety at 222 if you notice anything suspicious.
What does MSDS stand for?	Material Safety Data Sheet
Where are MSDS's located?	Department/units, the George Smith Library, department of EOHSS and online through EOHSS website
What extension do you call for a chemical spill?	222 – EOHSS responds.
What extension do you call for a blood or other infectious spill?	2-5400 – Physical Plant Environmental Services responds.
What extension do you call for a spill involving radioactive materials?	222 - Radiation Safety responds
How do you know that the medical equipment you work with is safe to use?	All medical equipment is safety checked and tagged with a barcode sticker by Clinical Engineering.
What department do you call for medical equipment malfunction?	2-6661 (Clinical Engineering)
If you feel that a patient may become aggressive and assistance is required	Contact the Hospital Operator (2-6000) and Public Safety 222 and request activation of the Crisis Response Team.

Environment of Care/Safety Do's and Don'ts

DO	DON'T
<ul style="list-style-type: none"> Do make sure you and your staff know the answers to the above survey questions 	<ul style="list-style-type: none"> Don't store pallets in the corridors.
<ul style="list-style-type: none"> Do maintain fire alarm pull boxes, fire extinguishers, hose connections, safety showers, eyewashes and other emergency response equipment free of obstructions and clearly visible at all times. 	<ul style="list-style-type: none"> Don't store combustibles, hazardous materials in any egress corridors.
<ul style="list-style-type: none"> Do maintain clear corridors and arrange equipment, etc. to allow easy passage and access to exits at all times. 	<ul style="list-style-type: none"> Don't use doorstops, wedges or other unauthorized hold-open devices on corridor or stairwell doors.
<ul style="list-style-type: none"> Do maintain at least 18" clearance between all material storage and sprinkler heads. Do maintain at least 24" clearance from ceiling in non-sprinklered areas. 	<ul style="list-style-type: none"> Don't use extension cords as a substitute for permanent wiring.
<ul style="list-style-type: none"> Do secure all cylinders (in service or storage, full or empty) with chains to prevent falling or being knocked over. 	<ul style="list-style-type: none"> Don't drink or eat in work areas where blood or body fluids are present.
<ul style="list-style-type: none"> Do wear your security ID badges where it can be easily seen. 	<ul style="list-style-type: none"> Don't utilize any non UH approved item.
<ul style="list-style-type: none"> Do smoke in designated areas only and do remind visitors, patients, and others that UH is a smoke-free environment. 	
<ul style="list-style-type: none"> Do keep medications locked and secure. 	
<ul style="list-style-type: none"> Do keep crash carts covered. 	
<ul style="list-style-type: none"> Do ensure that the area in front of the medical gas shut off valves remain clear at all times. 	

SECURITY FACT SHEET

Public Safety operates 24 hours a day, 7 days a week and can be reached at the following numbers:

Non-medical Emergencies: 222 or 2-4490

Protect property by preventing theft:

- Limit access to restricted areas.
- Report hazards promptly.
- Use keys and electronic access codes properly.
- Secure your work station if left unattended.

To protect your own personal property:

- Keep wallets and pocketbooks locked securely.
- Avoid carrying large amounts of cash.
- Avoid leaving valuables in your car.

If a theft occurs: Report it immediately and try to remember details about anyone you saw near or in the area (height, weight, distinguishing marks, etc.)

If violence occurs:

1. Protect yourself first, immediately, notify Public Safety (panic button or phone)
2. Help nearby patients and visitors stay calm
3. Give the person what he or she wants, if possible.
4. Do not try to take away a weapon.
5. Request activation of the Crisis Response Team for patient violence or potentially violent events.

Identification Badges: All employees are required to wear their employee identification badge at all times.

Visitors: All visitors are required to check-in with Security. Visitors will be given a visitor's pass which they must carry with them at all times.

In the event of an Infant/Child Abduction: (UH Policy 831-200-168):

- Public Safety will not allow anyone with an infant/child to leave the building until the missing infant/child is found.
- Operator will announce "CODE AMBER."
- Be observant of people.
- Notify Public Safety if you notice anything suspicious.

Panic Buttons:

- Direct link to Public Safety.
- Located throughout the hospital. Be familiar with the location of the panic buttons in your work area.

PUBLIC SAFETY TELEPHONE NUMBERS: 222 OR 2-4490

CODE AMBER – INFANT / CHILD ABDUCTION FACT SHEET

To provide security for newborn and pediatric patients throughout the inpatient/outpatient areas, inclusive of Newborn Nursery, Intensive Care Nursery, F-Green, F-Blue, the Boarder Nursery and PICU.

Infant Abduction is defined as unauthorized removal of an infant/child from one of the above named units in the hospital.

The following are unauthorized removals:

1. Removal by a parent, when DYFS has physical custody even though the parent can sign for a procedure and/or visit the child.
2. When the child's physical condition warrants immediate or continued medical care and treatment.

In the event of an infant/child abduction, the following must be adhered to:

1. Staff must call the Hospital Operator and ask them to immediately overhead page "Code Amber".
2. Staff must also contact Public Safety at 222 or 2-4490. If abduction occurs on the Family Health Unit, staff can simply lift the handset on the red wall mounted phone in each nursery. When lifted, this phone will automatically call Public Safety. After the Public Safety dispatcher has radioed to all officers/units that a code amber has occurred, the following information must be provided to Public Safety:
 - Description of suspect(s), (sex, race, height, weight, clothing and any distinguishing marks);
 - Description of the infant, (sex, race, name, clothing/blankets, etc.);
 - Last time infant/child was seen and the location of where the abduction took place.
 - Location and time of discovery.
3. Upon announcement of a "Code Amber", the hospital will initiate a "lock down" procedure.
 - Staff should contact Public Safety at ext. #222 if they see anything suspicious.
4. The staff **must** also notify Nursing Office (D-351) at extension 2-5676, who in turn will activate the NXT Communicator (<http://130.219.191.237/nxtportal/login.aspx>) scenario noted as "UH – Code Amber Activation".
5. Public Safety will follow the Public Safety Operating Procedure regarding **Missing persons/Code Amber, "Infant Abductions from University Hospital"**.

Once the Infant/Child has been found and it has been determined by Public Safety and the Hospital Administration that there is no longer a need to keep the hospital locked down, the Hospital Administrator will instruct the Hospital Operator to announce "**Code Amber All Clear**".

VIOLENCE PREVENTION

University Hospital is dedicated to providing a safe workplace, free of verbal or physical threat.

Patient Risk Factors

Patients who are at greater risk for potentially becoming violent may include:

1. Head Trauma
2. Psychiatric illness (especially mania, psychosis or paranoia)
3. Delirium
4. Substance Abuse
5. Prior history of violence

"De-escalation or talking down, involves the use of psychosocial techniques aimed at calming disturbed behavior and redirecting the patient to a calmer personal space" (Dix, 2001)

Remember: Your safety is PARAMOUNT.

The earlier YOU can identify a patient as potentially becoming violent, the greater the chance that the de-escalation techniques will work successfully.

Clues that a patient may become violent/combative:

Poor eye contact	Periods of Agitation
Unable to sit still	Louder Voice
Unable to concentrate	Standing Tall
Periods of rapid then slow responses	Rapid Breathing

The following steps are things that YOU can do to ensure your safety:

1. Allow Personal space (3 feet between you and the other person)
2. NEVER allow anything between you and the exit
3. Listen to what the person is saying
4. Don't take what they are saying personally
5. Show confidence and mastery to deal with the situation.
6. Always know where the Public Safety emergency panic buttons are located.
7. Call for the activation of the Crisis Response Team, if all other measures have failed to de-escalate the situation.

Techniques to De-escalate "Defusing a Situation"

Defusing a Situation

- Be proactive, not reactive.
- Attend to the patient before things get out of hand.
- Avoid Arguing
- Avoid Threatening behavior
- Allow the patient to verbalize.

- Listen.
- Avoid threatening body language (arms crossed, etc.).
- Reduce stimulation - bring patient into a quiet/secluded location
- Allow a "frustrated patient" some time to vent.
- Do not enter the area alone.

The Crisis Response Team

Behavioral Crisis Response Team

The team shall be activated when all de-escalation techniques were not successful.

The Team consists of the following:

1. The primary nurse assigned to the patient in question
2. The primary care physician for that patient
3. Charge nurse from the inpatient psychiatry unit – G Yellow
4. A Nursing Assistant from the unit needing assistance
5. Psychiatry Resident and or Attending Psychiatrist of the Consultation Liaison Team or Resident or Attending of the Psychiatric Emergency Services
6. A Patient Care Coordinator/Nurse Manager, as available
7. A Public Safety Officer

The Team will respond to the location and receive report from the primary nurse in charge of the patient. The charge nurse from the in-patient Psychiatric Unit responds with a response kit including the following items:

1. Disposable gloves
2. Splash shields/masks
3. Oral and parental lorazepam and haloperidol with items necessary to administer
4. Soft restraints
5. Leather restraints and key
6. Restraint order set

The Resident or Attending Psychiatrist assumes the role of team leader

The G Yellow Charge Nurse is the backup team leader

The Team's primary function is non-violent crisis intervention; the Team is released from the event when the crisis is resolved.

Members of the Behavioral Crisis Response Team will complete additional training on an annual basis.

The Crisis Response Team Policy is available through the UH Policy website or by contacting the Hospital Safety Officer, James Hogle, III at 2-3337

Restraint Techniques and Utilization of Restraint Devices

The utilization of physical restraints is the LAST resort when working with a patient. All other methods MUST be attempted prior to the initiation of restraints.

There are various physical restraint techniques that can be utilized to ensure the maximum safety for yourself and the patient.

Physical restraint devices: The UMDNJ-University Hospital Restraint Policy can be viewed by going onto the UH Policy website or by contacting the Hospital Safety Officer, James Hogle, III at extension 2-3337.

DEFINITIONS:

Restraint: A physical or mechanical device used to involuntarily restrain the movement of a whole or a portion of a patient's body as a means of controlling physical activities to protect the patient or others from injury.

Medical Immobilization: Devices usually and customarily utilized during medical, nursing, diagnostic or surgical test/procedures that are considered a regular part of such test/procedures.

Medical immobilization devices are commonly utilized by clinical staff to improve patient functioning. Objectives may include: a). reducing unwanted or unsafe movement (volitional or uncontrolled) b). promoting proper positioning and c). preventing potential injury or fall.

Seclusion: The involuntary confinement of a patient alone in a room, from which the patient is physically prevented from leaving, for any period of time. Seclusion does not include involuntary confinement for legally mandated, but nonclinical purposes, such as confining a person facing serious criminal charges or serving a criminal sentence, to a locked room. This definition applies solely to those persons assigned to Inpatient Acute Care Psychiatry. Seclusion may be open or closed; and each requires a doctor's written order.

When any patient is receiving any type of restraint an order (MD, DO, PA, APN) must be present. This order must include the following items: reason for restraint utilization and must be written every 24 hours for a medical restraint and every 4 hours for a psychiatric restraint utilization (adult). The maximum length of time for a med-surg restraint order is 24 hour, for behavioral it's 4 hour (adult).

All nursing documentation must include a restraint flow sheet.

Coping Resources

If the BEHAVIORAL CRISIS RESPONSE TEAM is activated, all members of the response team as well as the Direct Patient Care providers will receive a debriefing from the Crisis Response Team Leader.

This debriefing will allow staff to discuss their concerns regarding this event and areas of improvement for responding to any future events.

Additional sessions will be identified by the team leader for any member that may request or be identified for additional counseling and a referral to the Employee Assistance Program may be made by the Team Leader.

Debriefing and speaking with the Employee Assistance Program is utilized to assist an employee with a confidential way to discuss his/her feelings regarding an event. This forum allows an

employee to feel free to discuss any concerns as well as other avenues without fear of retaliation from the facility. ALL EMPLOYEES CAN CONTACT THE EMPLOYEE ASSISTANCE HOTLINE AT 1-800-327-3678.

REPORTING REQUIREMENTS

All encounters requiring the activation of the Behavioral Crisis Response Team requires that the PRIMARY NURSE complete an incident report (INCIDENT REPORT MUST BE COMPLETED ON PATIENT SAFETY NET). **The information that must be entered includes: date, time and location of the incident; identity (job title, if applicable) of the victim; whether the act was committed by a patient, visitor, or employee (REMINDER - all aggressive behavior by an employee or visitor MUST BE REPORTED TO PUBLIC SAFETY IMMEDIATELY); the nature of the violent act, including whether a weapon was used; description of physical injuries, if any; number of employees in the vicinity when the incident occurred and their actions in response to the incident, if any; and the actions taken by the facility in response to the incident.**

ALL Performance Improvement data and analysis will be reported at the Patient Safety Committee at least quarterly with a summary provided to the Environment of Care Committee. This evaluation will include any recommendations to the response and/or policy.

Goals of De-escalation

1. Prevent violence and conflicts
2. Prevent aggression
3. Prevent patient and staff from getting hurt
4. Maintain relationship and rapport
5. Promote healing
6. Foster patient care
7. Redirect agitated behavior

Your Safety – Maneuvers

Maneuvers - For Your Safety

There are several techniques that you can perform to ensure your safety and the safety of the patient.

1. Same Side Wrist Grab
Ensure proper stance at all times
Grab your hand and pull upward against the person's grasp while moving away from the person.
View CD to see a video of this technique - full speed
View CD to see this technique - slow motion
2. Two handed wrist grab:
Ensure proper stance at all times
Grab your hand with the opposite hand and then curl your fingers up while moving backwards in a quick motion.
View CD to see this technique - Full speed
View CD to see this technique - Slow speed

3. Hair Pull Release
 - Place both of your hands firmly on the person's fingers
 - Begin to bend down while looking up at the person applying strong pressure to the person's fingers against your head.
 - While bending down - move away from the person.
 - View CD to see this technique - full speed
 - View CD to see this technique - slow speed
 - View CD to see what NOT TO DO.

4. Kick Block
 - Ensure proper stance at all times
 - Make an X with your arms to block the kick while moving backwards away from the person.
 - View CD to view this technique - full speed
 - View CD to view this technique - slow motion

5. Bitten by a person
 - Push your arm toward toward the person's mouth
 - Hook both nostrils and apply slow steady upward pressure.
 - View CD to view a picture of this technique.

6. Arm Bar Choke/Head Lock
 - Turn your chin in toward the crease of the person's elbow,
 - Bring your arm directly up and grab the person's wrist
 - Bring your other hand under their elbow and while pushing up on the elbow, the other hand is to pull down on the wrist,
 - Move backwards quickly while pushing the person away from you.
 - View CD to see this technique - full speed.
 - View CD to see this technique - slow speed.

7. Punch Block
 - Ensure the appropriate stance at all times
 - While identifying a person beginning to punch, turn your body and use your arms to block the punch.
 - View CD to see this technique

VIDEO PARTICIPANTS - Special thanks to Prince Kena, RN, MSN, MPA, NE-BC, Nurse Manager In-Patient Behavioral Health Department, Gladiette Nkiru, RN, BSN, BC and Joselino Ulanday, RN. Additional information also provided by: Program Title: Handle With Care, Author: Bruce Chapman

Inappropriate de-escalation techniques

Do you know what NOT to do?

Now that you understand the right way to implement some de-escalation techniques, these video clips can be viewed on the CD and see how many items you can identify that are not done properly.

Were you able to identify the following:

1. Lack of personal space
2. Allowing someone to go between you and the exit
3. Direct confrontation
4. Aggressive approach
5. Inappropriate stance
6. Challenging the patient

PATIENT RIGHTS

All hospitals have the responsibility to ensure patients retain the right of independence of expression, decisions, actions and personal identity. At the same time, hospitals have the right to expect reasonable and responsible behavior from patients, families and friends.

All patients receive a copy of the Patient Rights Brochure upon admission. Patient rights include:

- Provision of health care services by doctors, nurses and allied health professionals.
- Informed consent, risks involved and medical alternatives by your doctor.
- Inclusion into research with patient consent.
- Refusal of medication/treatment/procedures after consequences and risks have been explained, unless it is life threatening or the procedure is required by law.
- Knowledge of all names and providers of care of the patient.
- Translation services available as soon as possible.
- Upon request, awareness of all policies relating to life saving methods or withdrawal of life support.
- To have prompt access to information in the medical record. Next of kin have a right to see the record if it is detrimental to the patient's health.
- To be treated with courtesy, respect for your individuality and dignity.
- Freedom from mental and physical abuse (restraints).
- To have physical privacy during medical treatment and personal hygiene functions, unless assistance is required.
- Rights to treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preference, handicap, diagnosis, ability to pay or source of payment.

If you have any questions concerning your rights as a patient, you may contact the University Hospital Patient Advocacy Department.
Telephone: 973-972-6410

Each patient at University Hospital is entitled to know their rights when they are admitted to the hospital. Patients may file a written complaint against the hospital for failure to comply with the provisions of the Patient's Bill of Rights, either with the hospital or the Department of Health. The hospital or the Department of Health, as appropriate, shall respond promptly in writing to the complaint. The Department of Health shall investigate a written complaint filed with the department and report its findings to the hospital and the patient.

New Jersey Department of Health & Senior Services
Acute Care Assessment and Survey
P.O. Box 358
Trenton, New Jersey 08625-0358
Telephone: 609-292-9900
Toll Free hotline: 1-800-792-9770

You may also register your concerns with The Joint Commission (TJC) by mail, fax or email. You can provide your name and contact information or submit your concerns anonymously. University Hospital will not take retaliatory action against patients or employees for reporting

quality of care concerns to The Joint Commission. The Joint Commission can be reached at 1-800-994-6610 from 8:30 a.m. to 5:00 p.m., Central Time, weekdays.

The Joint Commission conducts random surveys to assess healthcare organizations' quality, safety-of-care issues, and the safety of the environment in which care is provided. Anyone believing that he or she has pertinent and valid information about such matters may request a public information interview with The Joint Commission field representative in the event of a survey. Information presented at the interview will be carefully evaluated for relevance to the accreditation process.

The Joint Commission can be reached at:

Division of Accreditation Operations
Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone: 1-800-994-6610
Fax: 630-792-5636
E-mail: complaint@jointcommission.org

THE BIOETHICS COMMITTEE

UH has a multi-disciplinary Bioethics Committee to assist you with patient care conflicts, ethical questions or conflicting ethical situations. The committee assists in the mediation process for staff, patients, and their families when there is a conflict regarding how to proceed in patient care decisions and to ensure that appropriate and respectful care is rendered. The Bioethics Committee includes membership from the areas of psychiatry, medicine, pediatrics, surgery, genetics, nursing, social work services, legal management, and the community.

The Bioethics Committee can be consulted by a patient, family member, or staff member. Even if you are unsure if a situation warrants a consultation, do not hesitate to contact the co-chairs of The University Hospital Bioethics Committee: Dr. Michael Jaker at 973-318-5062 or Dr. Patricia Murphy at 973-421-0709. During off-hours, the Patient Care Coordinator can be reached at x5676 to assist you in contacting the committee member on call.

CORPORATE COMPLIANCE

The University Hospital is committed to providing the highest quality health care services in a lawful and ethical manner. To reinforce and strengthen this commitment, The University Hospital has developed a Compliance Program to help ensure that all activities are conducted in full compliance with all applicable laws, regulations, and the code of ethics.

Government regulation of the health industry is increasingly complex. At the same time, health care fraud and abuse have become a top law-enforcement priority for both the federal and state government. UH's Compliance Program was developed to help prevent:

- Fraud (i.e. falsifying records)
- Abuse (i.e. overcharging for a service), and
- Other unethical or illegal practices / conduct.

To be successful, the Compliance Program requires the collective participation of every employee within The University Hospital. The program addresses such issues as Medicare laws, quality of care, patient confidentiality, coding and billing services as well as other legal and ethical matters.

Protecting Patient Privacy and the Security of Patient Data

Medical records are an important part of a patient's health care. These records are used by doctors, hospitals, and other health care providers to treat patients. Patients trust us to protect their information and we strive to earn that trust every day.

A federal law called the HIPAA Privacy Rule gives patients the right to get and correct or amend their medical record. (HIPAA stands for the "Health Insurance Portability and Accountability Act.") New Jersey laws also give patients privacy rights protecting their medical record. The HIPAA Privacy Rule sets privacy and data security standards that apply to medical records held by health care providers, like The University Hospital, across the nation. New Jersey law provides privacy and security rules for records held by health care providers within the State of New Jersey. Health care providers, like The University Hospital, must follow the federal or state law that is the most protective of patient privacy rights.

As part of the University workforce as a volunteer, Adjunct Staff member, student or temporary employee, these privacy laws and data security laws apply to your conduct, both inside and outside of The University Hospital. There are monetary and criminal penalties that may follow any violation of patient privacy rights.

What do these patient privacy and data security rules require of you?

1. Wear your ID badge. We need to know that individuals in the hospital are visitors, workforce members or patients.
2. Do not discuss patient information with anyone unless it is part of your responsibilities within UMDNJ to do so.
3. When properly discussing patient information with other employees, ensure that your discussion is out of ear-shot of others.

4. When it is part of your job and when you need to discuss a patient, don't do it in hallways, elevators, cafeterias or other public places.
5. You are not to gossip to other workforce members about patients.
6. You are not allowed to "carry stories" home to friends or family about what you have seen or heard here that involves our patients.
7. Maintain a "clean desk" policy. Do not leave patient information unattended on your desk. If you have an assigned desk or office and you work with patient information, make sure that the desk or office is locked when you leave.
8. Do not leave a patient file or patient information on nursing station countertops.
9. When it is part of your job to deliver patient information from one part of the hospital to the other, always transport the documents in envelopes.
10. If you work on a computer, report suspected problems or security breaches immediately to Information Services (IST Department.) If your computer isn't operating properly, it could be a sign that there is a software virus on your machine. That virus could contaminate the whole network of computers.
11. If you work on a computer, do not surf the Internet and do not load software, screen savers, etc. from the Internet. Do not load software on your computer from a disk or CD. If you need software added, you must contact the IST Department.
12. If you are using The University Hospital's computer system, you are only to look at information that relates to your job.
13. If you are working on an assigned computer, make sure that you sign off when you are finished.
14. If you are working on an assigned computer, never use someone else's password. Never let someone use your password.
15. Make sure that any computer monitor that you are using faces away from general public areas.
16. Do not leave patients unattended in hallways or in rooms with medical records.
17. When you get a call from someone asking for patient information, or claiming to be "Doctor X" or to be working in "Hospital Y" take the organization's name and main number, the caller's name and the caller's extension number. Do not provide the information just because some asks! Give the information to someone in the office to follow up on the call.
18. If part of your job is to send out emails, make sure you verify the email address before sending any information.
19. If part of your job is to send out emails and the email will be sent to someone other than a UMDNJ employee, you should make sure that you understand how to use our secure email service provided through ZixSecure.
20. If part of your job is to send out faxes, make sure that you (a) use a Confidential Cover sheet and (b) verify the fax number before sending any documents.
21. If you are not sure of what you should do, Stop! Ask your department what you should do.
22. If you need the help or you suspect a violation of these rules, please contact the UH Compliance Office at Extension 2-3450 or the Compliance Hotline at 1 800 215-9664.

SENSITIVITY TO CULTURAL DIVERSITY

Workplace Diversity and Culturally Sensitive Care

Anti-Discrimination and Harassment

The University of Medicine and Dentistry of New Jersey – The University Hospital (UMDNJ-UH) is committed to a working and learning environment for all faculty, staff, and students that is free of discrimination and harassment and other inappropriate workplace conduct. The University prohibits discrimination and harassment, which includes sexual assault and sexual harassment, on the basis of race, national origin, religion, disability, age, gender, gender identity and expression, sexual orientation, civil union or domestic partnership status, military status, genetic information and other protected classifications in all educational, research, healthcare delivery and service components.

Individuals who believe they have been discriminated against or harassed should file a complaint with the **Ethics and Compliance Hotline at 800-215-9664**.

All employees are required to complete the web-based program Preventing Harassment and Discrimination once every two years. To access the program visit <http://training.newmedialearning.com/psh/umdnj>

Disability and Religious Accommodations

UMDNJ-UH will make reasonable accommodations to the known physical or mental limitations of otherwise qualified individuals with disabilities so they may perform the essential functions of their positions or meet the technical standards of their programs, except where such accommodations are determined to be precluded by business necessity and/or would impose undue hardship on business operations.

Employees, students and faculty must request accommodations and provide appropriate medical documentation for disability accommodations.

The UMDNJ-UH will also provide religious accommodations and individuals may be asked to provide information to support requests for religious accommodations.

For information on the accommodation procedures, please contact The Office of Workplace Diversity at 973-972-4855 or visit the website at <http://umdnjcaprod.umdnj.edu/owd/disability/index.shtml>

Workplace Diversity

UMDNJ-UH is proud of the racial and ethnic diversity among the faculty, staff and students. We believe this diversity enables The University Hospital to provide effective and sensitive health care to the diverse residents of our state.

Providing culturally competent and sensitive care is a process in which the healthcare provider strives to achieve the ability to effectively work within the cultural context of the patient, his/her family members or community. Where applicable, the culturally competent provider assists the patient to understand the relevance of Western medicine and medical protocols in conjunction with his/her cultural health and illness world view and practices.

There are several ways you can become more culturally aware and sensitive. They include:

- Understanding and implementing Health Insurance Portability and Accountability Act of 1996 (HIPPA) regulations
- Acknowledging and where possible, implementing the United States Department of Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS standards)
- Ensuring patient records indicate unique accommodations, for example, whether an interpreter is needed or any cultural or health related needs that impact upon the patient's stay at the facility.
- Acknowledging and respecting a patient's spiritual needs and possible need for religious accommodations. Example: a spiritual advisor should be granted patient access during visiting and/or non-visiting hours, just as any other commonly recognized religious advisor (example- a Catholic priest)
- Acknowledging and respecting a patient's family spokesperson.

Limited English Proficient or Hearing/Speech Impaired Patients

Patients who do not speak English or who have limited English-speaking proficiency or who are hearing and speech impaired are not to be denied services based on these communication challenges. It is the obligation of The University Hospital to ensure that effective and efficient communication assistance and language services are provided to limited English proficient and hearing/speech impaired persons so that they have a complete understanding of information regarding medical condition, treatment and payment requirements. This is the law.

The University Hospital has established procedures to provide interpretation services to patients who need them. Please familiarize yourself with the procedures established in your department in order to access these services should a patient need them and obtain assistance from your supervisor should you have any questions.

For additional information about diversity and other related areas please visit the Office of Workplace Diversity website at <http://umdnjcaprod.umdj.edu/owd/>

ATTESTATION FORM

Orientation Information for Adjunct Staff, Students and Temporary / Agency / Contract Employees

I have been given a copy of the Orientation Information for Adjunct Staff, Students and Temporary Employees. This includes acknowledgement of UH Service Excellence Standards, and UH Dress Code Policy. I have read the material and understand my rights, roles and responsibilities, and successfully completed the Orientation Post Test. (80% or higher)

Name (Print)

Signature

Manager / Preceptor / Instructor Name (Print)

Signature

Department / School

Date

**Adjunct Staff, Students, and Temporary /
Agency / Contract Employee
Orientation Post Test**

Instructor: _____
Grade : _____

Name: _____
Date: _____

Read each question carefully and then write T (true) or F (false) on the line next to the question.

1. _____ The Mission Statement for The University Hospital is "To improve the quality of life for all those we touch through excellence in patient care, education, research, and community service.
2. _____ Always following infection control precautions is the best way to protect yourself and other patients.
3. _____ Overhead codes are used to identify various emergencies both internally and externally to the hospital.
4. _____ Your Supervisor or Manager must be notified immediately whenever you are involved in a safety accident so they can fill out an incident report.
5. _____ The extension to call immediately for a non-medical emergency is 222 (Public Safety).
6. _____ HIPAA contains the following three requirements; Privacy of individually identified health information, standardization of transaction and code sets, and security of electronic health information.
7. _____ All patients receive a copy of the Patients Rights Brochure upon admission.
8. _____ Ethical Behavior is mandatory for my position.
9. _____ Corporate Compliance was developed to help prevent: fraud (i.e. falsifying records), abuse (i.e. overcharging for services), and other unethical or illegal practices / conduct.
10. _____ UMDNJ's anti-discrimination and harassment policy ensures that all employees, faculty and students are treated fairly and equitably without regard to age, ethnicity, disability, marital status, national origin, race, religion, sex, sexual orientation, gender identity or expression, civil union or domestic partnership, and military status.

11. ___ The types of Infection Control precautions used at UH include:
 - a. Airborne
 - b. Droplet
 - c. Contact
 - d. Special Contact
 - e. All of the above

12. ___ Reasonable Accommodations for disabilities will be provided automatically to employees, faculty and students upon request.

13. ___ Patients who speak a language other than English must bring someone with them who can interpret.

14. ___ Other than extension 4490, what is the phone number to alert Public Safety that an infant abduction has occurred?
 - a. 3337
 - b. 911
 - c. 222
 - d. 5677

15. ___ What is the overhead page you hear when an Infant/Child is abducted?
 - a. Code Blue
 - b. Dr. Triage
 - c. Code Amber
 - d. Code Pink

16. ___ What information must be provided to Public Safety when an Infant Abduction occurs?
 - a. Description of the suspect(s)
 - b. Description of the infant
 - c. Last time the infant was seen
 - d. Location where abduction occurred
 - e. All of the above

17. ___ If you notice a smoke or fire situation, the first thing you should do is:
 - a. Close the doors in the immediate area
 - b. Pull the nearest fire alarm box
 - c. Rescue the people in immediate danger
 - d. Grab the nearest fire extinguisher and attempt to put the fire out

18. ___ If there is an internal disaster at The University Hospital, the operator will announce:
 - a. "Dr. Triage contact the Command Post"
 - b. Dr. Triage is wanted in the Emergency Room"
 - c. Dr. Triage report to (affected area)"
 - d. None of the above

19. ___ The single most effective infection prevention practice is Handwashing.

20. ___ Public Safety operates 24 hours a day, 7 days a week and can be reached at the following numbers: non-medical emergencies 222 or 2-4490.