



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

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Welcome to The University Hospital, Newark, New Jersey.

Our Mission Statement:

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

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.

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.

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.

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.
2. Contact and Droplet 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 rub (ABHR) or soap and water after patient care or upon leaving the room.
3. Special 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 **only** soap and water after patient care or upon leaving the room.

C. 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.

D. 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.

E. Hand Hygiene: Wash your hands with soap and water for at least 10-15 seconds or use an alcohol-based hand cleanser 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 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 nails should be no longer than ¼ inches beyond the fingertips.

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

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

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?	o No. The JCAHO 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.
If I am a staff member with job functions described above, how long should my nails be? Am I allowed to wear nail polish?	o Your nails should be no longer than ¼ inches beyond your fingertips. o 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.
Does the hospital have a plan in place to protect against smallpox/other bioterrorism agents and SARS?	o Yes. A smallpox plan and SARS plan are available on UHNET and the Infection Control website. o Posters on precautions against agents of bioterrorism are also located in patient care areas. o The hospital's Emergency Operations Plan, which addresses all types of terrorism (including chemical and radiological) is located on UHNet.
Does the hospital educate families or visitors and contract workers about infection control?	o 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

- o Call Environmental Services to clean up large spills of blood or body fluids.
- o Keep needles and other sharp devices in a locked or secure area.
- o Clean and disinfect reusable equipment between use on patients.
- o Do not reuse supplies or equipment labeled as disposable. These are for use only on one patient.
- o Know the location of your department's copy of the Infection Control Policy & Procedure manual. Policies are also located on UHNET at www.umdnj.edu/UHNet.
- o Do not wear gloves and other personal protective equipment outside of your work area.
- o Report to OMS if you have a transmissible infection such as conjunctivitis.
- o Get your annual flu shot to protect yourself, family, patients and coworkers from the flu.
- o Keep your work area clean and tidy to prevent insects and rodents.

2007 – 2008 Patient Safety Goals

****Bold print in 3E, 16, & 16A signifies new for 2008****

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers when providing care, treatment or services.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- 2C Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- 3E Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.**
- Goal 7 Reduce the risk of health care-associated infections.
- 7A Comply with current [World Health Organization \(WHO\) Hand Hygiene Guidelines](#) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.
- Goal 9 Reduce the risk of patient harm resulting from falls.
- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.
- Goal 13 Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.
- Goal 15 The organization identifies safety risks inherent in its patient population.
- 15A The organization identifies patients at risk for suicide.
- Goal 16 Improve recognition and response to changes in a patient's condition.**
- 16A The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.**
- Goal Eliminate wrong-site, wrong-patient, wrong procedure surgery.
- Use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.
 - Utilize a process to mark the surgical site and involve the patient in the marking process.

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, "Always lead, never follow" 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 (anonymously, if you desire) to your Manager or to The Patient Safety Officer, Alan Levin, at (973) 972-7917. 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).

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:

Fire:

Fire all clear:

Medical Emergency:

Infant/Child Abduction:

Internal Disaster:

External Disaster:

Employee/Visitor requiring medical assistance:

Code Red

Code Red all clear

Code Blue

Code Amber

Code Triage contact the Command Post

Code Triage in the ED

Dr. Band-Aid

EMERGENCY PREPAREDNESS FACT SHEET

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

The operator will announce, “**Code Triage in the Command Post** at ext. 5800”.

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 in the Emergency Room**”.

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 Nursing Operations Center is located in D-202 with the alternate in E-406.

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 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
- 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.**

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> <u>R</u>escue - anyone in immediate danger <u>A</u>larm - pull the alarm <u>C</u>ontain - the fire (close all doors) <u>E</u>xtinguish - 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> <u>P</u>ull – pull the pin <u>A</u>im – aim at the base of the fire <u>S</u>queeze – squeeze the handle <u>S</u>weep – 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. Staff on the <u>floor of the alarm as well as above</u> , must clear the corridor and elevator lobbies.
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 EMP binder in a central location of department/unit.
Where is the UH Emergency Operations Plan?	In EMP binder in a central location of department/unit.
What does “Code Triage in the Emergency Department” 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 in the Command Post ” 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.

Question	Answer
Name several types of Personal Protective Equipment that you use	Gloves, goggles, N-95 respirator, etc...
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?	Cynthia McCreary (2-3358)
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)

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"> 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. 	

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.

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:

- 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. The staff **must** also notify Nursing Office (D-202) at extension 2-5676 or 2-5677, who in turn will notify the AOC (Administrator On Call), the Director of Patient Care Services – Division of Family Health Services, the Nurse Manager and the Vice President for Patient Care Services.
4. Public Safety will follow the Public Safety Operating Procedure regarding **Missing persons/Code Amber, "Infant Abduction from University Hospital"**.
 - 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.

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

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 Evening Administrator or Administrator On Call will assist you in contacting the committee member oncall.

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.

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>

Cultural Diversity and Sensitivity

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. 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 / or Instructor Name (Print)

Signature

Department / School

Date

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

Instructor: _____

Name: _____

Date: _____

Read each question carefully, and then writ 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. _____ Cultural competency means learning about all the different cultures in your service area.

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 I notice a smoke or fire situation, the first thing I 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.

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

Instructor: _____

Name: _____

Date: _____

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

1. T 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. T Always following infection control precautions is the best way to protect yourself and other patients.
3. T Overhead codes are used to identify various emergencies both internally and externally to the hospital.
4. T 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. T The extension to call immediately for a non-medical emergency is 222 (Public Safety).
6. T 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. T All patients receive a copy of the Patients Rights Brochure upon admission.
8. T Ethical Behavior is mandatory for my position.
9. T 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. T 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. F Cultural competency means learning about all the different cultures in your service area.

12. **F** Reasonable Accommodations for disabilities will be provided automatically to employees, faculty and students upon request.
13. **F** Patients who speak a language other than English must bring someone with them who can interpret.
14. **C** 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. **C** 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. **E** 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. **C** If I notice a smoke or fire situation, the first thing I 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. **D** 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. **T** The single most effective infection prevention practice is Handwashing.
20. **T** 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.