



***The* UNIVERSITY HOSPITAL**

University of Medicine & Dentistry of New Jersey

NEWARK, NEW JERSEY

## **Orientation Information for Adjunct Staff, Students and Temporary Employees**

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***Our Mission:***

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

Welcome to *The University Hospital*, Newark, New Jersey.

**Please remember that as an adjunct staff member, student or temporary 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 or instructor of your assigned unit/area. A signed attestation form (attached) is required for our records before you will be allowed to begin your experience at The University Hospital.**

## **Your Competence/Education**

Because our patients and their families put their trust in our skills and abilities, it is particularly important that all persons working or training at University Hospital be competent to perform their assigned duties. Competency is defined as having the knowledge and ability to perform tasks safely and effectively.

You have undergone training in your selected program and your manager, preceptor or instructor will assess and reassess your competency on an ongoing basis, based on techniques, procedures, technology, equipment or skills needed to provide care, treatment or services. Their findings will be documented on a written competency tool, which will be placed in your record/file, and they will discuss their findings with you as well.

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, instructor or preceptor.

## **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.

**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 Red and White "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.

**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 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 or the nurse in charge of the unit. Complete an incident report and report to the Employee or Student Health Service 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 after leaving the patient’s room and after removing gloves, gown and mask.

**F: Nail Hygiene:** Artificial nails and nails longer than ¼ inches beyond the fingertips are not allowed for persons with direct patient contact or who prepare products or equipment used on or by patients.

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

<b>QUESTION</b>	<b>ANSWER</b>
What is everyone’s Infection Control (IC) responsibility?	<ul style="list-style-type: none"> <li>○ All employees are required to maintain good infection control practice.</li> <li>○ New employee must attend the mandatory IC orientation.</li> <li>○ Employees with patient contact, potential exposure to blood and body fluid and potential exposure to TB must participate in the annual IC education .</li> </ul>
How is transmission of infection prevented within the facility?	<ul style="list-style-type: none"> <li>○ Use Standard Precautions i.e. clean hands between patient contact, wear personal protective equipment (gloves, gowns, mask) as needed.</li> <li>○ 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. <b>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).</b></li> </ul>
What would I do if I’m exposed to a patient’s blood or other body fluid?	<ul style="list-style-type: none"> <li>○ Notify your supervisor immediately.</li> <li>○ Complete an incident report (UMDNJ Form-70).</li> <li>○ Report to Occupational Medicine (OMS) or the Emergency Department (ED) as soon as possibl.</li> <li>○ Complete the EOHSS sharps injury form in OMS or the ED.</li> </ul>
What should I do if I’m exposed to an infectious TB patient?	<ul style="list-style-type: none"> <li>○ Notify OMS and Infection Control.</li> <li>○ Report to OMS for evaluation.</li> </ul>

<p>How often should I get a TB skin test (TST)?</p>	<ul style="list-style-type: none"> <li>○ At least yearly if your skin test is negative.</li> <li>○ Some employees may receive TST more often depending on their risk of exposure to TB</li> </ul>
<p>Is drinking beverages or eating allowed in work areas where potential contamination with blood or body fluids is likely (e.g. nurses' stations)?</p>	<ul style="list-style-type: none"> <li>○ 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.</li> </ul>
<p>Is there an alcohol hand cleanser available for use?</p>	<ul style="list-style-type: none"> <li>○ Yes. The hospital has introduced the 3M Avagard D alcohol hand cleanser.</li> <li>○ Avagard D is available in each patient room and ambulatory care examination or treatment room</li> </ul>
<p>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?</p>	<ul style="list-style-type: none"> <li>○ 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.</li> </ul>
<p>If I am a staff member with job functions described above, how long should my nails be? Am I allowed to wear nail polish?</p>	<ul style="list-style-type: none"> <li>○ Your nails should be no longer than ¼ inches beyond your fingertips.</li> <li>○ 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.</li> </ul>
<p>What are Universal Respiratory Precautions (URP)?</p>	<ul style="list-style-type: none"> <li>○ URP is a method of infection control in which tissues and hand cleansers are available to patients and visitors in waiting areas. A patient or visitor may be asked to wear a mask if he/she is coughing a lot.</li> </ul>
<p>Does the hospital have a plan in place to protect against smallpox/other bioterrorism agents and SARS?</p>	<ul style="list-style-type: none"> <li>○ Yes. A smallpox plan and SARS plan are available on UHNET and the Infection Control website.</li> <li>○ Posters on precautions against agents of bioterrorism are also located in patient care areas.</li> <li>○ The hospital's Emergency Operations Plan, which addresses all types of terrorism (including chemical and radiological) is located on UHNet.</li> </ul>
<p>Does the hospital educate families or visitors and contract workers about infection control?</p>	<ul style="list-style-type: none"> <li>○ 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.</li> </ul>

## **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 one patient.
- 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](http://www.umdnj.edu/UHNet).
- Do not wear gloves and other personal protective equipment outside of your work area.
- Report to OMS if you have a transmissible infection such as conjunctivitis.
- 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.

## **IN AN EMERGENCY**

Be prepared for an emergency before it happens. Be familiar with your work/study environment, including the locations 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:

<b>Fire:</b>	<b>Code Red</b>
<b>Fire all clear:</b>	<b>Code Red all clear</b>
<b>Medical Emergency:</b>	<b>Code Blue</b>
<b>Infant/Child Abduction:</b>	<b>Code Amber</b>
<b>Internal Disaster:</b>	<b>Code Triage contact the Command Post</b>
<b>External Disaster:</b>	<b>Code Triage in the ED</b>
<b>Employee/Visitor requiring medical assistance:</b>	<b>Dr. Band-Aid</b>

**WHAT EVERYONE NEEDS TO KNOW ABOUT KEEPING SAFE AT UNIVERSITY HOSPITAL**

<b>Question</b>	<b>Answer</b>
What do you do in case of fire?	Remember <b><u>R.A.C.E.</u></b> <b><u>R</u>escue</b> - anyone in immediate danger <b><u>A</u>larm</b> - pull the alarm <b><u>C</u>ontain</b> - the fire (close all doors) <b><u>E</u>xtinguish</b> - 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 your work area!
Where is your nearest pull box?	Department/unit specific question. Make sure you know where the pull boxes are located in your 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 <b><u>P.A.S.S.</u></b> <b><u>P</u>ull</b> – pull the pin <b><u>A</u>im</b> – aim at the base of the fire <b><u>S</u>queeze</b> – squeeze the handle <b><u>S</u>weep</b> – 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 Emergency Preparedness plan (disaster plan)?	In EOC binder in a central location of department/unit.
Where is the UH Emergency Operations Plan?	In EOC binder in a central location of department/unit or online at <a href="http://www.umdnj.edu/eoc">www.umdnj.edu/eoc</a> .
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 <b>external disaster</b> (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 <b>internal disaster</b> (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

<b>Question</b>	<b>Answer</b>
	to the media.
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 70-2.
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
Which outlet do you plug your critical support equipment in?	Department/unit specific question.
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 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)

## *Safety Do's and Don'ts*

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

# Protecting Patient Rights and Privacy

## HIPAA

HIPAA is the “Health Insurance and Portability Act of 1996”, public law 104-191. One goal of HIPAA is to create a uniform way for all providers and health plans to send and receive health information electronically. When this is achieved, electronic transactions will be easier and more efficient and administrative burdens for providers, facilities and health plans will be reduced.

Another objective, which everyone at The University Hospital must support, is to prevent inappropriate use and disclosure of an individual’s protected health information. This would require entities, which utilize confidential health information to protect that information and the systems, which store, transmit and process it.

HIPAA contains three requirements:

- Privacy of individually identified health information:
- Standardization of transaction and code sets:  
and
- Security of electronic health information.

Here are some tips for you:

1. Do not discuss patient information in public areas or elevators
2. Make sure you get official access to be able to log on UH network
3. Do not leave telephone messages regarding a patient’s health status.

If you have any questions, please call the Corporate Compliance Office at 2-5664.

## 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 are 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.
- NJ State Department of Health Hotline 1-800-792-9770

## **Ethical Behavior**

### **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, pastoral care 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**

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 and 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 governments. 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.

## **Cultural Diversity and Sensitivity**

### **UMDNJ's ANTI-DISCRIMINATION AND HARASSMENT POLICIES**

UMDNJ's anti-discrimination policy ensures that all applicants for employment or educational opportunities are treated fairly and equitably without regard to age, ethnicity, disability, marital status, national origin, race, religion, sex, sexual orientation, or veteran status. Our *Policy Preventing Sexual and Other Types of Harassment* also prohibits sexual assault, and all other types of illegal harassment based on age race, religion, ethnicity, national origin, sex, disability, sexual orientation or veteran or marital status.

Please refer to the AA/EEO web site at [www2.umdj.edu/aaceoweb](http://www2.umdj.edu/aaceoweb) for details on taking the supportive Web based training, *Preventing Sexual Harassment*.

### **VALUING DIVERSITY AND EMBRACING CULTURALLY COMPETENT CARE**

*Valuing Diversity* consists of appreciating staff and patient differences in age, color, ethnicity, gender, national origin, physical or mental ability, race, religion, sexual orientation, socioeconomic background, veteran status or unique individual style.

Providing *Culturally Competent Care* is a process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of a 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.

#### **Examples:**

- understanding and implementing *Health Insurance Portability and Accountability Act of 1996* (HIPPA) regulations
- acknowledging and, where possible, implementing US Department of Health and Human Services' *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (CLAS Standards)
- ensuring that patient records indicate unique accommodations, 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-visitation hours, just as any other commonly recognized religious advisor (example - a Catholic priest) is granted access.
- acknowledging and respecting a patient's family spokesperson

# ATTESTATION FORM

## Orientation Information for Adjunct Staff, Students and Temporary 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.**

\_\_\_\_\_  
**Name (print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Department or School**

\_\_\_\_\_  
**Date**

# Adjunct Staff, Students, and Temporary Employee Orientation Post Test

Instructor \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

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

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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 our 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 policy ensures that all applicants for employment or educational opportunities are treated fairly and equitably without regard to age, ethnicity, disability, marital status, national origin, race, religion, sex, sexual orientation, or veteran status.