

2017-2018

Northwell Health

**Mandatory
Orientation Program for
Nursing Students and
Nursing Faculty
(including Nursing: RN,
LPN, NP, CNM)**



Northwell
HealthSM

Mandatory Program on Safety, Quality, Infection Control and Prevention

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Program Objectives

After reviewing the content of this program, the learner will be able to:

1. State the mission, vision, values and expectations of Northwell Health.
2. State responsibilities in upholding the values and mission of the organization.
3. Describe standards for delivering a superior patient/customer experience.
4. Demonstrate behaviors that illustrate cultural competence.
5. Verbalize value of teamwork and collaboration.
6. Follow and enforce hand hygiene procedures.
7. Identify at least two patient safety goals related to areas of responsibility.
8. Identify ways to prevent or minimize workplace injuries or illness.
9. Describe their role in relation to general safety in the workplace including patient safety goals, fire safety and security.

Our Mission, Vision & Values

Our mission

To improve the health and quality of life for the people and communities we serve by providing world-class service and patient/customer-centric care.

Our vision

To be a national health care leader, committed to excellence, compassion and improving the health of the community. Our work is centered on putting our patients and customers' wants/needs first.

Our values

Every employee has the opportunity to make a difference in someone's life every day. We accomplish this by putting our patients and customers at the center of everything we do, while putting our core values into action:

Caring, Excellence, Innovation and Integrity.



Culture of C.A.R.E.

- Northwell Health embodies a **Culture of C.A.R.E.**, dedicated to providing world-class service and patient/customer-centric care. It is the policy of the Northwell Health to promote a culture committed to excellence, compassion and improving the health of the communities we serve – with patient/customer experience as the number one priority.
- Every interaction an employee has with a patient, family member, visitor or colleague reflects on our mission. By pledging to **C.A.R.E.** you are committed to upholding these values while sustaining awareness and accountability to enhance the patient/customer experience.
- Please refer to policy: Patient /Customer Experience: Culture of C.A.R.E. Standards and Behaviors – *Part 13 – 01*.



Culture of C.A.R.E. (continued)

As components of the **Culture of C.A.R.E. framework** for upholding the organization's mission, values and behavioral expectations, we have two models for which we deliver care:

C.O.N.N.E.C.T. (Communication Model): helps us create meaningful relationships with colleagues, patients/customers, and should take place in every interaction.

L.A.S.T. (Service Recovery Model): used to de-escalate and professionally resolve concerns/complaints.



Our Behavioral Expectations

All members of the Northwell Health workforce are held to certain behavioral expectations evaluated during ongoing performance appraisals.

Patient/Customer Focus – Always anticipates and exceeds the expressed and unexpressed needs of others. Builds strong relationships and delivers customer-centric solutions.

Teamwork – Inspires one another to work together to achieve organizational goals. Creates a feeling of belonging and strong team morale.

Execution – Demonstrates expertise in role. Takes ownership and accountability of work. Makes well-informed and balanced decisions in order to efficiently handle deadlines and achieve excellence.

Enable Change – Adapts to shifting organizational needs. Seeks opportunities to champion new processes and ideas. Anticipates and responds to change to improve work outcomes.

Organizational Awareness – Recognizes and works to achieve business goals. Understands complexities of the organization and works to overcome obstacles.

Develop self – Takes action to increase knowledge and skills. Embrace challenging assignments. Seeks learning opportunities.

C.O.N.N.E.C.T.

Communication Model for daily interactions with our patients and customers.

- C** Contact: Smile, eye contact, shake hands, touch on shoulder (as culturally appropriate), sit vs. stand
- O** Opening Greeting: Say “good morning” “good afternoon”, include person’s preferred name if known
- N** Name/Title: Introduce yourself by name and title
- N** Needs: Assess and address expressed and unexpressed needs
- E** Explanation: Set expectation of role and time together
- C** Close: Ask “Is there anything else I can do for you?”
- T** Thank: Thank the patient/customer

L.A.S.T.

Service Recovery model to enable an exceptional experience no matter what role or job we hold in the organization.

L

Listen: Pay attention, make eye contact, and listen to the patient/customer.

A

Apologize: "I apologize." "I'm sorry that happened to you."

S

Solve: Propose a solution or FIND THE YES!

T

Thank: "Thank you for bringing this to my attention."

We all matter

- Every **role** matters
- Every **person** matters
- Every **moment** matters



Team STEPPS

Improves safety and enhances communication.

- Brief: A short planning session before care and work begins.
- Debrief: A brief review at the end of the day or after an event to see how things went and suggest ways to make solutions better.
- Huddle: A short meeting to solve problems. Each team member can call a huddle.
- CUS: "I'm Concerned, I'm Uncomfortable, This is a Safety issue."
- DESC: Describe, Express, Suggest Consequences. A constructive way to resolve conflict.
- SBAR: A technique for communicating critical information that requires immediate attention.

Situation, Background, Assessment and Recommendation



Patient's and Parent's Bill of Rights

New York State mandates that the Patient's Bill of Rights is distributed to all patients admitted to a hospital.

Each admitted patient is provided a booklet titled, "Your Rights as a Hospital Patient in New York State", which contains the Patient's Bill of Rights along with other key information pertinent to their rights and regulations. The Patient's Bill of Rights is available in other languages and can be generally obtained through the facility's language assistance coordinator. It is your responsibility to ensure that the 19 patient rights are observed and respected at all times.

Examples:

- Understand and use these rights. If, for any reason, you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment or age.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Receive emergency care if you need it.
- Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
- Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- Participate in all decisions about your treatment and discharge from the hospital.

Patient's and Parent's Bill of Rights (Continued)

Key requirements of the New York State mandate for *patients under 18 years of age* who present to the emergency department or hospital are:

- Each patient or patient representative will be asked for the name of his/her primary care provider.
- The hospital may admit pediatric patients only to the extent consistent with their ability to provide qualified staff, space and size appropriate equipment necessary for the unique needs of pediatric patient.
- To the extent possible, given the patient's health and safety, the hospital shall allow at least one parent/guardian to remain with the patient at all times.
- A child not be discharged until any tests that could reasonably be expected to yield critical value results are reviewed.
- A child not be discharged until a written discharge plan is received, which will also be verbally communicated.

Patient Rights

Existing Law:

New York Health Care Proxy Law allows patients to appoint someone that they trust to make health care decisions if they lose the ability to make decisions themselves.

A [Health Care Agent](#) is a person who has the legal authority to make health care decisions for the patient if the patient is unable to make his/her own decisions.

A [Health Care Proxy](#) is the instrument that allows a patient to appoint an agent to make the health care decisions in the event that the primary individual is incapable of executing such decisions.

A [Patient Representative](#) participates in patient care, receives clinical information and proposed treatment plan, helps make patient's healthcare decisions and carry out patient rights.

A [Support Person](#) makes decisions about visitation and provides emotional support and comfort during their stay.

Patients may choose to have one person to serve in all of these roles or choose different people for each role or may refuse to identify anyone. These roles do not override rules regarding advance directive or health care proxy.

Patient Rights (continued)

Additional standards to enhance patient rights include:

- Unrestricted visitation by family and friends while the patient is in the hospital to the greatest extent possible.
- Notify provider of choice about the admission. Patients must be asked if they have a physician who they want notified of their admission to the hospital.

New in 2016, the [Caregiver Act](#) requires that patients be given the opportunity to identify a caregiver. This person would be responsible for their care, if needed, upon discharge home and must be educated during the hospital stay regarding the scope of care s/he would need to provide at home.

Patients must be notified about their right to designees and each designee's role in a timely manner, appropriate to the situation.



Abuse and Neglect/Mistreatment of Patients

- Abuse, neglect or mistreatment is not tolerated under any circumstance.
- Any allegation of abuse must be immediately escalated to your manager.
- Any employee accused of abuse must be immediately removed from their responsibilities until the completion of a comprehensive investigation.
- For more information on Abuse and Neglect/Mistreatment of Patients, review the Administrative policy #100.14 located on the Intranet or the module on iLearn .

Advance Directives

Advance Directives are declarations made by a competent person of their choices about treatment. They serve to protect the patient's right to make his or her own choices/legally valid decisions concerning future medical care and treatment.

Examples of Advance Directives include:

Medical Orders for Life-Sustaining Treatment (MOLST) –

- Includes Do Not Resuscitate (DNR) and other Life-Sustaining Treatments (LST).
- Includes written instruction regarding what actions to take if a terminally ill resident suffers a cardiopulmonary arrest (heart and breathing stops).

Living Will - Written instructions that explain one's health care wishes, especially about end-of-life care.

Ethical Issues

Difficult situations can arise when healthcare decisions must be made. For help with ethical problems or questions, notify your preceptor, nursing instructor, nurse manager or supervisor immediately so that issues may be referred to your facility's Ethics Committee.

Refer to your facility's Administrative Policy and Procedure Manual which may contain policies to guide ethical decisions relative to:

- Health Care Proxy, Health Care Agent, Patient Representative and Support Person Designation (Policy # 100.25)
- Withholding and Withdrawing Life Sustaining Treatment Including Do Not Resuscitate Order (DNR) Orders (Policy #100.24)



Drug-Free Workplace

- It is the responsibility of all employees to share concerns about substance misuse, in confidence, with their supervisor, department head/designee, site HR, corporate compliance, EHS and/or the EAP. Any employee who observes or has personal knowledge that another employee is under the influence of, or uses or possesses illegal drugs or alcohol in violation of this policy, shall promptly report such information to his/her department head/designee site HR, or corporate compliance or be subject to disciplinary action.
- Employees who observe or have knowledge that another employee is diverting controlled substances from patient use and/or failing to properly dispose of controlled substances are obligated to report such suspicions as noted above. Failure to report suspected or known substance/alcohol misuse may result in disciplinary action.
- An employee's health benefit plan can be used to help pay for medical, psychological and substance dependence treatment in accordance with the individual's choice of health plan.

Drug-Free Workplace (continued)

In January 2016, New York State implemented the new Medical Marijuana Program. The law makes persons eligible to use medical-marijuana if they have been diagnosed

We are taking this time to remind our employees that Northwell Health, in compliance with the Federal Drug-Free Work-Place Act, has a strict policy:

- Impairment from any type of drug (legal or illegal) is in direct violation of Northwell Health policy.
- Employees suspected of being impaired while at work are subject to immediate testing and possible discipline.
- Absence of a valid prescription (including for marijuana) is in violation of our drug-free work place policy.

We hope you join us in keeping our Northwell Health campuses free of drugs and impairment.

Abuse

Child Abuse:

Children suffer several types of maltreatment and all require intervention: neglect, physical abuse, emotional abuse, medical neglect, sexual abuse, and other types including abandonment, threats to harm the child, and congenital drug addiction.

Reports should be made immediately at any time of the day and on any day of the week by telephone to the Statewide Central Register of Child Abuse and Maltreatment (SCR): 1-800-635-1522

Elder Abuse:

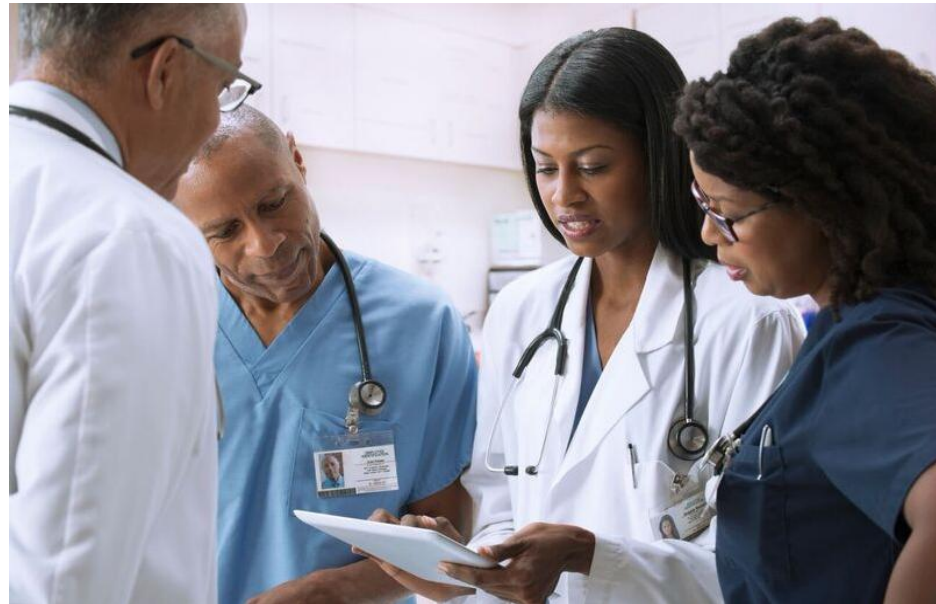
Elder abuse can manifest itself in a number of ways. Some of its forms may be recognizable while others may be more subtle. Examples include: physical abuse, sexual abuse, emotional/psychological abuse, neglect, abandonment, financial and material exploitation.

To report adult abuse in New York State, call 1-844-697-3505 or contact the local county Department of Social Services Adult Protective Services.

Quality

Northwell Health's vision is to be the most trusted name in healthcare. Our guiding principles are:

- Putting patients first and at the center of everything we do
 - patient engagement & empowerment.
- Building teamwork based on collegiality and mutual respect/physician alignment.
- Promoting clinical excellence and patient safety .
- Supporting two-way communication leading to a culture of safety and building trust.
- Adopting high reliability principles, best practices and adhering to evidence-based guidelines.
- Transparency - measuring and publicly reporting our progress in terms of quality and patient safety on our website: www.northwell.edu.



Quality (continued)

Your role in providing quality/safe care is to:

- Maintain the highest standards of quality care and patient safety.
- Don't be afraid to speak up about any patient safety event* – be proactive.
- Be a good team player – assist others.
- Involve patients and families in their care.
- Observe the patient and assist as needed.
- Always seek assistance and ask questions when you are uncertain or unclear about something.
- Document clearly and accurately in the patient's medical record.
- Promote/provide different aspects of care such as infection prevention, medication and surgical safety.

If you have ideas about improving quality or safety, inform your manager or speak with any member of the quality management department.

*Patient Safety Event: an event, incident, or condition that could have resulted or did result in harm to a patient. These can include adverse events, events that did not cause harm, close calls, and hazardous conditions.

The Joint Commission's National Patient Safety Goals (NPSG)

All employees should be familiar with the National Patient Safety Goals and the requirements as they pertain to his/her position. The current goals to focus on include:

- Identifying a patient correctly by using at least two identifiers (full name, DOB). For example, we want to make sure the correct patient receives the correct medicine or blood transfusion.
- Improving staff and physician communication, especially surrounding the reporting of abnormal test results that are critical to the patient's care.
- Recording and passing along accurate information about a patient's medication and using medications safely, especially related to labeling medication used during procedures or those that thin a patient's blood.
- Using alarms safely, especially making improvements to ensure alarms on medical equipment are heard and responded to on time.
- Preventing infections that may be acquired while in a health care facility by always practicing proper hand washing.
- Identifying patient risks; such as which patients are most likely to be at risk for suicide.
- Preventing surgical errors by marking the correct site on the correct patient's body and pausing before the surgery to perform a time-out.

Reporting Safety/Quality Concerns

Any employee who has a concern about the quality of safety of care may report these concerns to the Joint Commission (complaint@jointcommission.org) or any regulatory agency.

No disciplinary action will be taken as a result.

Physician Time Studies

Regardless of an individual physician's financial arrangement with a hospital, all physicians are required by the Medicare Intermediary to complete Physician Time Study documents in their entirety to account for all activities performed.

The purpose of these forms is to ensure accuracy in cost reports filed with the federal and state governments. Compliance is the responsibility of all Northwell Health employees and contractors. All compensated physicians, whether salaried or contracted, must submit a time study each quarter.

Employed physicians must submit their time studies via the time study portal on the employee intranet.

All contracted physicians should continue to submit the standard form.

Health Literacy

What is Health Literacy?

It is “the degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services needed to make appropriate health decisions.” We are responsible for providing information that our patients can easily understand. Effective communication is the foundation of high-quality, patient-centered care.

What is the impact of Low Health Literacy?

Research suggests that persons with low health literacy:

- Make more medication errors or treatment errors
- Are less likely to follow treatment plans
- Lack the skills needed to access and navigate the health care system

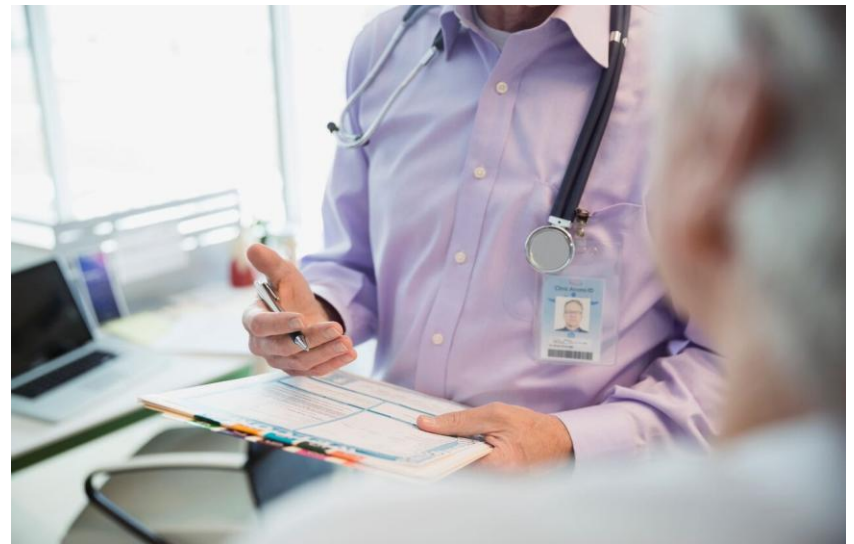
Improving health literacy will assist in improving health outcomes.

Limited English Proficiency (LEP)

Many of our patients, their family members and visitors may speak a language other than English, or have Limited English Proficiency (LEP). An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social agencies and providers.

Patients have the right to receive their medical and health information in their preferred language despite their fluency in English.

The facility will take reasonable steps to ensure that every patient has access to language assistance services to communicate. Free interpretation services will be made available to all patients.



Limited English Proficiency (LEP) (continued)

Regulatory Requirements for All Patients:

- Patients' preferred language is identified at the first point of contact and captured in the medical record.
- Patients whose preferred language is other than English are informed of their right to free interpretation services
- Qualified interpreter services must be provided to any patient who requests an interpreter within 10 minutes in an urgent setting (ED), and 20 minutes in a non-urgent setting.
- Utilization of medical interpretation services are documented in the patient's medical record, including the name of the medical interpreter or the interpreter ID #.
- Patients that refuse to use free medical interpretation services may select another individual to act as an "Ad Hoc" interpreter.
- Refusal of the facility's medical interpretation services should be documented in the medical record along with the name of the "Ad Hoc" interpreter, and the relationship to the patient.
- All vital documents must be discussed with the patient in their preferred language.

Limited English Proficiency (LEP) (continued)

Your Role:

- Identify preferred written and oral communication needs; including preferred language for discussing medical and health information.
- Offer free interpretation services to patients' whose preferred language is other than English.
- If patient is a minor or is incapacitated, or has a designated advocate; the communication needs of that person should be documented in the medical record.
- If you have any questions or concerns regarding language and communication access services, please contact your facility's designated language coordinator.

Communicating with LEP Patients

The following are methods for communicating with LEP patients:

Qualified Medical Interpreters

- Qualified telephonic interpretation services are available at all facilities.
- Onsite dual-role, qualified medical interpreters and video remote interpreters are available at some facilities and onsite qualified medical interpreters are available, by request, at all facilities.
- Qualified medical interpretation services are required for all medical communication.
- Non-medical communications do not require the use of a qualified medical interpreter.

Translation of Vital Documents

- Northwell Health has translated in several languages (based on our demographic needs) a set of Vital Documents used for patient care. They are available for download from the Vital Documents website.

Any questions can be directed to your facility's designated language coordinator.

What Can We Do To Enhance Effective Communication?

Use “Plain Language”

Have a conversation with everyday words and without medical jargon.

Use the “Teach-Back” method

It is an excellent way to be sure your patients understand what you have explained to them.

Example: *“I want to be sure I explained that clearly. Can you please tell me how you would explain what I’ve just told you to your wife when you get home?”*

If unable to accurately explain, try explaining again, using different terms. Then ask your patient again to explain what you’ve told them in their own words.

Encourage your patients to ask questions by using an open ended approach

Ask...What questions do you have?

Diversity and Inclusion

What is Diversity and Inclusion?

Diversity refers to our differences and anything that makes us unique. Some of these differences we are born with such as demographic variables, including, but not limited to: race, color, national origin, religion, sex, sexual orientation, age, gender identity, gender expression, disability, geographic origin, etc.

Inclusion puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection—where the richness of ideas, backgrounds, and perspectives are harnessed to create business value. Organizations need both diversity and inclusion to be successful.

Why is Diversity and Inclusion Important to Health Care?

- Ability to meet the cultural and spiritual needs of our diverse patient and family population.
- Creates a workplace where everyone feels included and valued by bringing their whole selves to work.
- Empowers employee engagement, innovation and culture transformation.
- Enhances the patient/customer experience achieving better health outcomes by commitment to service.

Diverse groups....

- have better decision making and problem solving skills.
- are more creative, innovative and productive.
- more effective interacting in complex situations.

Unconscious Bias

What is Unconscious Bias?

- A human response that is hidden, automatic and natural.
- Based on our personal experiences or beliefs.
- Helps distinguish “safe” vs. “dangerous” in all situations.
- Conflicts with our conscious attitudes/intentions.
- All individuals can be influenced by their biases without being aware.

Why is Unconscious Bias Important to Health Care?

- Unconscious biases drive the fundamental way we perceive our environments and may impact interactions among patients, their families and our colleagues. These interactions may have desirable or unfavorable outcomes.

Quick Tips to Mitigate Unconscious Bias

- Recognize everyone has biases.
- Practice “constructive uncertainty” (take a step back and ask what biases may be influencing your decision).
- Explore awkward or uncomfortable feelings and engage with people you consider “different”.
- Develop self-awareness and obtain feedback on your decision making patterns.
- Manage bias to sustain a more inclusive workplace culture.

Diversity and Inclusion (continued)

All employees should uphold the following:

- Ask thoughtful questions and deliver “culturally sensitive” patient-centered care in all interactions with patients and co-workers.
- Recognize and manage your own unconscious biases and possess an accepting attitude towards the value of our differences.
- Develop cultural awareness and skills to deliver high quality, safe patient- and family-centered care.
- Treat all patients, families, customers, colleagues and the communities we serve with dignity and respect.
- Access and utilize the educational resources available:

Education (see listings in iLearn)

- Cultural Competency
- Diversity and Inclusion “Inclusion Academy”
- Health Literacy
- Language and Communication Access Services

Resources

- CultureVision: An online database that provides information on over 73 different cultural groups.
- Accessible via the Intranet (Intranet > Useful Links > Cultural Resource).
- For more information, email: Diversity, Inclusion & Health Literacy (DIHL@northwell.edu).

What can you do to enhance Diversity & Inclusion?

Demonstrate your commitment to healthcare equity by treating our patients, team members and the communities we serve with Dignity and Respect.

You can view our Dignity & Respect video on www.northwell.edu under the Diversity & Inclusion section by clicking Workforce Engagement > Dignity & Respect.

Join us and make your action pledge today.
For questions or to learn more, please email DIHL@northwell.edu

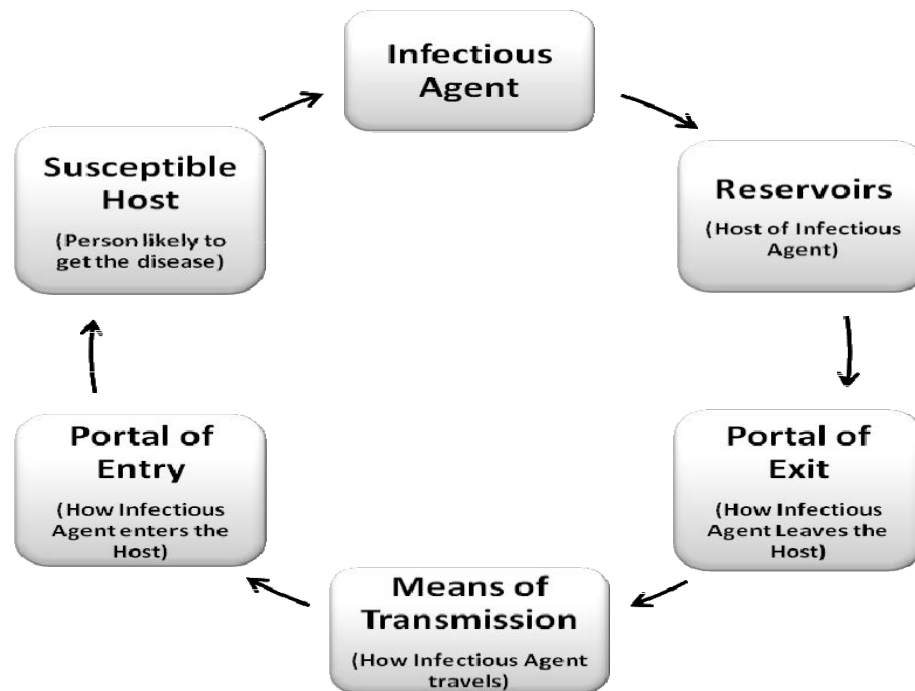
Make Your “Action Pledge” by:

- Registering and completing a Diversity, Inclusion, Cultural Awareness and Health Literacy course (CLI, iLearn).
- Joining a Business Employee Resource Group (BERG) via the employee Intranet.
- Getting involved with your Diversity, Inclusion and Health Literacy Site Council.
- Participating in the Rev. Dr. Martin Luther King, Jr. “Week of Service” Program.

Infection Control and Breaking the Chain of Infection

Infection Prevention and Control: Chain of Infection

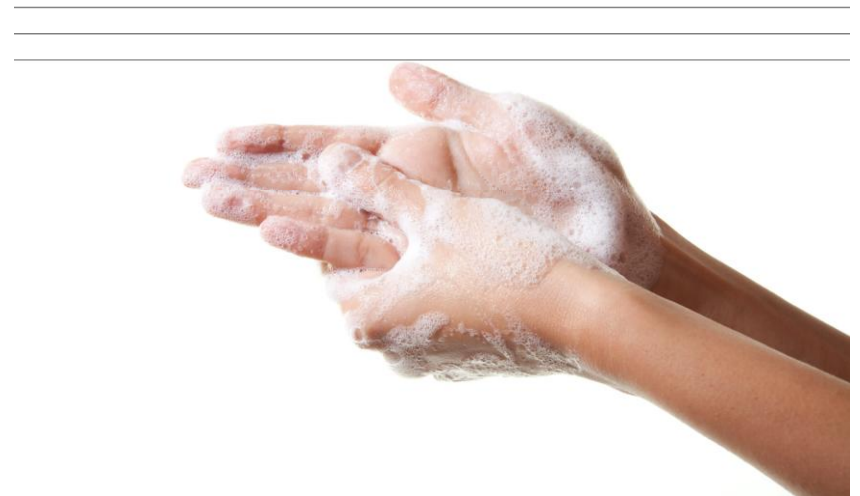
Breaking the chain of infection involves ALL health care personnel (HCP)!



Breaking the Chain of Infection: Hand Hygiene

Hand Hygiene with Soap and Water

1. Turn on water and adjust temperature.
2. Wet hands and wrists thoroughly, holding hands downward at all times so any water runoff will go into the sink and not down the arms.
3. Use plenty of soap and apply with vigorous contact on all surfaces and between fingertips for at least 15 – 20 seconds.
4. Rinse thoroughly under running water while keeping hands in a downward position.
5. Use paper towel to turn off faucet since the faucet is considered contaminated and discard into wastebasket.
6. Dry hands with paper towels. Use the paper towel to open the bathroom door to exit (*optional*).



Breaking the Chain of Infection: Hand Hygiene (continued)

Hand Hygiene with Alcohol Based Hand Gel

1. Apply the sanitizer to the palm of one hand and rub hands together.
2. Cover all surfaces of the hands and fingers with sanitizer.
3. Rub hands until dry.
4. Alcohol gel is appropriate for hand antisepsis before and after patient care, except when hands are visibly soiled.
5. Do not use alcohol gel if hands are visibly soiled.
6. Based on your facility's policy utilize soap and water following care with a patient with *Clostridium difficile*.

Fingernails:

1. Should be no longer than ¼" above the finger tip.
2. Be free of chipping nail polish.
3. Should be free of glued-on ornamentation, wraps and/or gel wraps.



Standard Precautions Protocols

Standard Precautions Protocol are designed for the care of all patients and based on the assumption that each patient is potentially infectious and contagious.

These protocols contain recommendations for the use of personal protective equipment (PPE) when performing tasks that may be associated with blood and/or body fluid (BBF) which can help protect self from exposure to the BBF of others. PPE includes: gown, gloves, mask and goggles or mask with face shield, based on the type of contamination anticipated. All employees should know what PPE should be worn when performing certain tasks. Examples include:

PPE	Intended For Use
Gloves	When handling blood and body fluids, soiled patient care equipment or used linen
Mask/Eye Protection	When splashing of blood or body fluid is possible
Gown	

Standard Precautions Protocol (continued)

Other important infection prevention practices include:

- Practicing Respiratory Etiquette and wearing a mask when a patient has a cough.
- Cleaning and disinfecting equipment and the environment often with an Environmental Protection Agency (EPA)-approved disinfectant based on the equipment manufacturer's guidelines, especially between patients and when contaminated to decrease cross contamination.
- Proper disposal of waste and sharp objects. Refer to the slide "Sharp Safety and Regulated Medical Waste" for more information.
- Safe needle practices and use of infusion/injection medication. Refer to the slide "Safe Injection Practices and Medication Management" for more information.



Transmission-Based Precaution Protocols

Modes of Transmission	Precautionary Measures		
	Patient Room (if applicable)	Patient	Health Care Personnel
Airborne Precautions: Infectious pathogens are suspended in air when an infectious person breathes, coughs, sneezes, talks, or is suctioned	Single room with negative pressure with a door that is closed at all times, except when used to enter and exit	Wear a surgical mask when being transported out of room. Note: for tuberculosis, visitors should be offered the N95 Respirator	N95 Respirator
Droplet Precautions: Infectious droplets are spread through the air (~ 6 feet) when an infected person coughs, sneezes, talks, or is suctioned	Private room or cohort with a patient/ resident/client with the same organism	Wear a surgical mask when being transported out of room	Surgical mask when within 6 feet of the patient
Contact Precautions: Infectious pathogens are spread when there is contact with an infected or colonized person's body surfaces and/or an environment contaminated with the pathogen	Private room or cohorted with a patient/resident/client with the same disease	Hand hygiene prior to exiting the room	Wear a gown and gloves when patient /resident/client or environmental contact is anticipated. Wear a surgical mask when suctioning or performing a procedure with aerosols

Occupational Safety & Health Administration's (OSHA) Bloodborne Pathogen Regulations

Protect employees from risk of occupational exposure to bloodborne pathogens including hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV). Examples of HCP that may be at risk for occupational exposure are Nurses, EMS First responders, Environmental service personnel, and other medical staff.

HCP who could be exposed as a result of performing their duties should utilize:

- Engineering Controls such as: hand hygiene facilities, puncture resistant sharps disposal containers for used needles and other contaminated sharp instruments, splatter shields on medical equipment, splash guards, etc.
- Work Practice Controls such as: not recapping needles, avoiding unnecessary use of needles and sharps, disinfection, cleaning blood and body fluid spills, and replacing gloves when torn or punctured.
- PPE: utilizing appropriate PPE to avoid contamination with BBF.
- HBV vaccination which is offered to HCP at no cost, through Employee Health Service.

****HCP should seek education on any unfamiliar syringe devices****

Occupational Safety & Health Administration's (OSHA) Bloodborne Pathogen Regulations (Continued)

Nature of Exposure		Immediate Action
Needle stick, Puncture, laceration or bite injury	D	Wash the area thoroughly with soap and warm water.
Blood spills or splashes on NON-INTACT skin	D	Immediately irrigate with large amounts of tap water or normal saline DO NOT use soap.
Blood spills or splashes in your eyes, nose, or mouth	D	Flush eyes with large amounts of tap water or normal saline DO NOT use soap or other chemicals.

In the event of a work-related blood and/or body fluid exposure:

Employee:

- Must immediately decontaminate based on nature of exposure.
- Notify your immediate supervisor.
- Report directly to the nearest Emergency Department for evaluation and treatment or go to Employee Health Services (if this is your facility's protocol) immediately or at least within 30 minutes.
- Report your injury via the mySelfService injury reporting mechanism or based on facility protocol.
- Follow-up with your local Employee Health Service office within 3 days of your discharge from the ED post exposure.
- Refer to your worksite's post-exposure policies and procedures for additional steps.

Immediate Supervisor:

- Notify Assistant Director of Nursing (ADN/house supervisor or their designee to oversee the source patient specimen collection for Rapid HIV, and other testing).

ADN/ House Supervisor:

- Ensure source patient's specimens are sent to the laboratory immediately to assist with the Emergency Department's evaluation and treatment of the employee's exposure.

Sharps Safety and Regulated Medical Waste

Contaminated sharps are lethal weapons! Handle with great caution:

- Do not recap needles or disassemble sharps by hand
- Use safety syringes, needle-less intravenous (IV) systems and other safety products whenever possible
- Immediately dispose of sharps in sharps container
- Sharps container when $\frac{3}{4}$ full should have the top closed and receptacle removed and replaced
- Seek assistance with a difficult patient

Regulated Medical Waste:

Also known as 'biohazardous' waste or 'infectious medical' waste, is the portion of the waste stream that may be contaminated by blood, body fluids or other potentially infectious materials, thus posing a significant risk of transmitting infection. The waste should be discarded in a red plastic bag.

Safe Injection Practices and Medication Management

Safe Injection Practices:

- Insulin pens must never be used for more than one person. These devices should not be used in the in-patient setting.
- Finger stick devices should never be used for more than one person.
- Do not administer medications from single-dose vials or ampules to multiple patients.
- Use single-dose vials for parenteral medications whenever possible.
- Spinal injection procedures must be performed with a surgical mask.
- Multi-dose vials should be dated when opened and discard date as per the expiration date or facility protocol, whichever comes first.

Antibiotic Stewardship:

- Overprescribing and prescribing the wrong antibiotic contributes to increasing the patient's risk for *Clostridium difficile* and antibiotic-resistant bacteria.
- 30-50% of antibiotics prescribed are unnecessary or inappropriate.

Action: Prescribe the right antibiotic and dose for the appropriate duration of time.

Human Immunodeficiency Virus (HIV)

Description:

- A virus that causes HIV infection or acquired immunodeficiency syndrome (AIDS).

Transmission:

- Transfer of semen or vaginal fluid through sexual intercourse.
- Transmission from an infected mother to her baby through breastfeeding or at birth.
- Sharing a needle can pass blood directly from one person's bloodstream to another.
- Transmission through contaminated needles or blood exposure through non-intact skin or mucous membranes.

Symptoms:

- Flu-like; many people with HIV may not have symptoms of AIDS for years.

Vaccine:

- None.

HIV Information and Testing

The general rule: HIV information about an individual may not be disclosed to anyone except:

- Patient gives verbal consent for testing and to release HIV information which is documented within the patient's medical record.
- An internal communication among HCP and facilities caring for a patient, on a need-to-know basis, to manage patient's care.
- Reporting of HIV/AIDS cases to the New York State Department of Health (NYSDOH).
- Notification of infected contact(s)/partner as per Public Health Law Article 21, Title III.
- Provide information to parents and legal guardians who make health care decisions for patients.
- Respond to a court order.

HIV testing:

- Refer to policy #100.92 Titled "HIV Testing and Management" in the Administrative Policy and Procedure Manual for more information on:
 - Offering an HIV test to patients between age 13 and 64 and providing follow-up care when positive.
 - Anonymous HIV testing of a source patient when a HCP is exposed to blood and body fluid.

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)

Description:

HBV and HCV are viral diseases that leads to swelling (inflammation) of the liver.

Transmission:

HBV and HCV transmission occurs from person to person by: breaks in the skin or mucous membrane; needle-sticks; sexual intercourse; splashes of blood or body fluids getting into existing cuts or abrasions; or blood transfusions.

Symptoms:

- Hepatitis B: can take 2 to 6 months to develop symptoms; symptoms include jaundice, extreme fatigue and may be like a mild case of flu; some people will not have any symptoms.
- Hepatitis C: symptoms include fatigue, loss of appetite and may be like a mild case of flu; some people will not have any symptoms.

Vaccine:

- HBV: Available at no cost in Employee Health Service.
- HCV: None.

Hepatitis B, Hepatitis C and HIV Disclosure

All employees, regardless of the personal health status, are required to report suspected health care worker-to-patient body fluid exposures. Employees must report patient exposures immediately to Infection Prevention, the patient's health care provider, Quality Management and Employee Health Service (EHS).

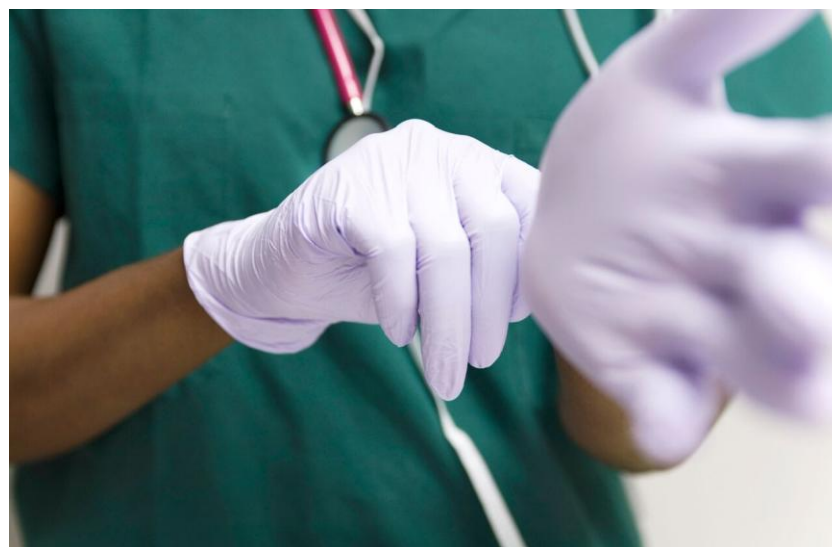
All employees, especially, health care workers with direct patient contact are encouraged to know their Hepatitis B Virus, Hepatitis C Virus and HIV status.

If you know that you are infected with any one of these viruses, you are encouraged to report your infection status to Employee Health Services (EHS) and to remain under the care of a physician with expertise in infectious disease. A physician-letter should be submitted annually to EHS stating that you remain under medical care. All health information will be protected to the fullest extent possible.

Hepatitis B, Hepatitis C and HIV Disclosure (continued)

As a health care worker, if infected with Hepatitis B, Hepatitis C or HIV, the following procedures should be followed:

- Double-glove for all procedures involving needles or sharp objects.
- Change gloves every 2-3 hours or more frequently in the event that glove damage occurs during a procedure involving needles or sharp objects.
- Avoid digital palpation of needle tips and blind probing in poorly visualized or highly confined anatomic sites.



Tuberculosis (TB)

Description: TB is a disease caused by *Mycobacterium tuberculosis*. TB usually causes a chronic lung infection; it can also cause infection in other organs of the body.

Transmission: Airborne droplet is spread when a patient with the disease in the lung coughs, sneezes, or otherwise expels the organism into the air. The TB bacteria is suspended in droplet nuclei that float in the air and can be inhaled by another person. Refer to slide “Transmission-Based Precaution Protocols” for more information on precautions.

Symptoms: Bloody sputum, weight loss, loss of appetite, night sweats, fever, severe fatigue, shortness of breath, persistent cough and abnormal chest x-ray.

Definitions:

Latent TB infection = positive tuberculosis skin test (TST); asymptomatic.

TB disease = positive TST; with symptoms such as bloody sputum, weight loss, loss of appetite, night sweats, fever, severe fatigue, shortness of breath, persistent cough and abnormal chest x-ray.

TST = skin test that identifies individual with previous latent tuberculosis infection (LTBI).

Interferon-gamma release assays (IGRAs) = another test for TB exposure. It is a blood based diagnostic test for LTBI. An example is quantiFERON-TB Gold In-Tube.

Multi-Drug Resistant Tuberculosis (MDR-TB) = MDR-TB that does not respond to drug treatment, which may occur when therapy is not continuous or therapy is incomplete.

Influenza Prevention

The risk of Influenza (flu) is greater for HCP due to their environment. It is spread by droplets through sneezing, coughing and being in close contact with a contagious person with the flu.

- To decrease the risk of spread and help safeguard your patient, family and you by receiving yearly vaccination against the flu. All HCP are encouraged to receive the influenza vaccine annually.
- The influenza vaccine is available annually at no cost through Employee Health Service.
- The influenza vaccine is safe and effective against several strains of the flu to help prevent infection.
- Always “cover your cough” and perform hand hygiene.
- NYSDOH mandates that unvaccinated HCP must wear a surgical mask during flu season while in patient areas as outlined by Northwell Health protocol. Refer to Administrative Policy and Procedure #250.10 titled “Workforce Influenza Vaccination”.

Pertussis

- Pertussis is an acute respiratory infection caused by *Bordetella pertussis*. Illness classically manifests as a protracted cough illness.
- In the United States, the incidence of pertussis has increased in the recent years.
- The transmission of pertussis in health care settings has important medical consequences.
- It is important to realize immunity wanes after childhood vaccination, leaving individuals susceptible to infection.
- A booster vaccine called “Tdap” is now available. It is recommended that HCP receive at least one pertussis containing vaccine as an adult. Preventing pertussis among HCP will decrease the exposures and secondary cases in the health care settings.
- When a HCP is exposed to a confirmed case of pertussis and works in a high risk setting prophylaxis may be offered to minimize the risk to vulnerable population, i.e. neonatal intensive care units (NICU) and pediatric populations.
- Contact Employee Health Service for more information.

Clostridium difficile

Clostridium difficile often called C.difficile or C.diff or CDAD, is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. Illness from C. difficile most commonly affects older adults in hospitals or in long-term facilities and typically occurs after use of antibiotic medications. However, studies show increasing rates of C. difficile infection among people traditionally not considered high risk, such as younger and healthy individuals without a history of antibiotic use or exposure to healthcare facilities.

Clostridium difficile (continued)

Strategies to prevent the spread of *C.difficile*:

- *C.difficile* should only be ordered for patients with diarrhea (greater than 3 stool per 24 hour period).
- *C.difficile* should not be ordered for patient on any diarrheal or stool softener medication.
- As soon as possible send loose or liquid stool specimens to the Laboratory. The laboratory should only perform *C.difficile* tests on stool that takes the shape of the container.
- Initiate Contact Precautions for suspect and confirmed *C.difficile*.
- Obtain dedicated Contact Precautions equipment (stethoscope, blood pressure cuffs & thermometer).
- Disinfect the environment with a bleach-based product.
- If diarrhea ends before specimen is collected, discontinue order for test.
- Contact Precautions should be discontinued as per facility protocol.

Notify Environmental Services or designated HCP to clean the room following a transfer or discharge with *C.difficile*

Preventing Multi-Drug Resistant Infections (MDRO)

Strategies to prevent spread of antibiotic-resistant infections among patients include:

- All HCP performing hand hygiene before and after contact with patient and their environment
- Placing patients with an MDRO on Contact Precautions:
 - Use gowns and gloves when there is contact with the patient and/or environment or based on facility protocol
 - Place patient in private room when possible or cohort (If neither is possible confer with Infection Prevention for optimal placement)
 - Carefully clean patient rooms and shared medical equipment with an EPA-approved disinfectant after use and before contact with another patient
 - When possible, assign dedicated equipment to patient
 - Educate family members and visitors on proper precautions when visiting patient and document within the medical record

Catheter Associated Urinary Tract Infections (CAUTI) Prevention

Limiting the use of urinary catheters by:

- Using *only* when therapeutically indicated
- Adhering to aseptic technique when inserting an indwelling urinary catheter

It is also necessary to:

- Keep catheters in place only as long as necessary
- Perform daily needs assessment during clinical rounds. An exception is a chronic indwelling urinary catheter
- Consider catheter alternatives:
 - Condom catheter drainage in men
 - Female urinal
 - Intermittent straight catheterization
- If a patient is going to the intensive care unit (ICU) or operating room insert a catheter with a urimeter if catheterization is needed.

CAUTI Prevention (continued)

It is also necessary to:

- Ensure proper maintenance of the indwelling urinary catheter & drainage bag.
- Maintain a closed drainage system.
- Avoid disconnecting the catheter/tubing junction. If the bag needs to be changed, change the entire Foley with attached bag and not just the bag. If the system must be opened, disinfect the catheter-tubing with an alcohol swab before disconnection.

Maintain unobstructed flow and avoid pooling of urine in the catheter.

- Empty the collecting bag regularly and before transport with a separate collecting container marked with the patient's name.
- Clean peri-urethral and peri-anal areas at least daily and as needed with the designated cleansing product or mild soap.
- Secure catheter with a device to minimize movement.
- Obtain urine samples from the sampling port using aseptic technique.

Central Line Associated Blood Stream Infections (CLABSI) Prevention

To Prevent CLABSI:

- Hand hygiene prior to insertion and after insertion.
- Use sterile full body drape on patient.
- Inserter should wear a cap, mask, sterile gown and gloves.
- Use chlorhexidine to scrub the insertion site prior to line insertion, allow at least 30 seconds for the skin preparation to dry, when the 3 mL chlorhexidine gluconate (CHG) is used.
- Insert a line with as few lumens as possible, try to avoid femoral insertions.
- Maintain a sterile field.
- Apply sterile dressing.
- Document line necessity daily.
- Hand hygiene prior to accessing line.
- Scrub the hub for at least 5 seconds with alcohol prior to accessing and allow to dry.
- Maintain a transparent, dry and intact dressing, change weekly or as needed.
- Dialysis catheters should have Bacitracin or a CHG impregnated disc or dressing with CHG should be placed at the site.
- Dialysis catheters should be used only for dialysis.
- Assess for signs of infection at entry site at least every shift and document.

Preventing Surgical Site Infections (SSIs)

To decrease risk of SSIs, the following steps should be taken:

- Proper skin antisepsis prior to surgery and allow to dry thoroughly prior to incision.
- Surgical scrub for all members of the surgical team working within the surgical field.
- Surgical attire for HCP and proper draping of the patient, refer to INF. 1103 Surgical Hand Antisepsis within the Infection Control Manual .
- Appropriate use of antibiotic, if needed, within 60 minutes of surgery (ideally within 30 minutes) and discontinued within 24 hours after surgery.
- Hair removal, if necessary, at the surgical site with clippers – no shaving.
- All HCP caring for patient must perform hand hygiene before contact with surgical incision and dressing.
- Pre-operative showers with CHG for facility designated surgical procedures.
- Glucose control.
- Maintain normothermia.
- Consider screening all joint surgical patients for *Staphylococcus aureus* (sensitive and resistant) and treat patients with nasal mupirocin for 5 days prior to surgery or an alternative substitute.
- Consider having a separate closing tray for closing the surgical incision.
- Prior to closing the surgical incision gloves should be removed and replaced.
- All staff caring for patient must wash their hands before contact with surgical incision and dressing.

PPE NYSDOH Training Requirements: Donning and Doffing

Prevention of exposure to a highly infectious disease is best accomplished when HCP are able to demonstrate PPE donning and doffing. The NYSDOH has new requirements, refer to INF.2032 titled “Highly Infectious Diseases Preparedness: Personal Protective Equipment (PPE) Training and Drilling “ within the Infection Control Manual for more information.

Donning (putting on) PPE:

GOWN (impervious)

- Fully cover torso from neck to knees, arms to end of wrist, wrap around the back, fasten in the back of neck and waist.

OPTIONS: Mask and Goggles OR Face Shield OR Mask with Face Shield.

- Place mask over mouth and nose • Secure the ties or elastic band(s) of the mask behind head, in the middle of the head.
- Secure the flexible band to the bridge of nose (pinch the top clip). • Fit snug to face and below the chin.
- Place goggles over eyes and adjust to fit.
- If a face shield is used instead of mask and goggles, place over face and eyes and adjust to fit.
- If a mask with face shield is used , place the mask over nose and mouth with the visor covering the eyes and adjust to fit.

GLOVES

- Place the gloves on and extend to cover your wrist and the isolation gown.

PPE NYSDOH Training Requirements: Donning and Doffing (Continued)

Doffing (option #1 removing) PPE:

Gloves

- grasp the outside of the glove with opposite gloved hand, peel off and hold the removed glove in gloved hand
- slide fingers of ungloved hand under remaining glove at wrist

• peel glove off over first glove and then discard

Goggles or Face Shield or Mask with Face Shield

- handle by head and/or ear pieces and remove
- if a face shield or face shield with mask is used remove by handling the ties or ear pieces
- discard

Gown

- pull away from neck and shoulders, touching inside only, turn gown inside out; fold or roll into bundle and discard

Mask

- grasp bottom, then top ties or elastics and remove; discard in waste container

Hand Hygiene (using soap and water or an alcohol-based hand sanitizer)

If your hands get contaminated during any step of PPE removal, immediately wash your hands or use an alcohol-based hand sanitizer. Discard PPE in the appropriate waste receptacle.

PPE NYSDOH Training Requirements: Donning and Doffing (Continued)

Doffing (removing) PPE:

Gown and gloves

- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands.
- While removing the gown, fold or roll the gown inside-out into a bundle.
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands.
- Discard the gown and gloves.

Goggles and face shield:

- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield.
- Discard the goggles and/or face shield. If reusable decontaminate as per protocol.

Mask, if applicable:

Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front

- Discard the mask.

Hand Hygiene (using soap and water or an alcohol-based hand sanitizer):

- If your hands get contaminated during any step of PPE removal, immediately wash your hands or use an alcohol-based hand sanitizer. Discard PPE in the appropriate waste receptacle.

Infectious Diseases of Concern

Avian (bird) Influenza A: Avian influenza is an infectious, viral disease that occurs naturally in wild aquatic birds and can infect domestic poultry, other birds, and animal specific.

- Be ALERT and evaluate patients with influenza like-illness (ILI) or acute respiratory infection in patients with:
 - Recent travel to China within the past 10 days.
 - Countries may be deleted and other countries may be added based on Centers for Disease Control and Prevention (CDC) guidance.

Middle East Respiratory Syndrome (MERS-CoV): Be ALERT and evaluate patients with ILI or acute respiratory infection in patients with travel within 14 days to:

- Middle East (Arabian Peninsula, Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); Yemen
- Korea
- Countries may be deleted and other countries may be added based on CDC guidance.
- Refer to INF.2006 Respiratory Viruses (Avian Influenza A Viruses, Middle East Respiratory Syndrome Coronavirus, & Other Emerging Viruses) Management in the Infection Control Manual.

What to do immediately if Avian Influenza A or MERS-CoV is suspected:

Immediately implement precautions for ALL SUSPECT patients:

- Ask the patient to place a surgical mask over their mouth and nose.
- If they cannot place mask, then assist and follow with hand hygiene.
- Escort the patient to a private room with negative pressure, if available otherwise use a private room. Once patient is in the room, their mask can be removed and the door closed.
- Place the patient on Standard, Contact and Airborne Precautions:
 - An N95 respirator with a face shield, gloves and gown should be worn by HCP entering the room.
 - Discard all PPE when leaving the room and perform hand hygiene.
- Confirm the patient's travel history and symptoms.
- Screen patient visitors and place on precautions if symptomatic.
- When patient is being transported out of the negative pressure room, the patient must wear a surgical mask.
- All procedures that involve aerosolization must be performed in a negative pressure room and HCP should wear an N95 respirator.
- Individuals in long term, sub-acute, or within a behavioral health facility should be transferred to an acute care facility for evaluation and treatment as indicated.

Zika Virus

- Zika is a flavivirus related to dengue, West Nile, yellow fever and Japanese encephalitis.
- It is spread via mosquitoes.
- The most common symptoms are fever, rash, joint pain, and conjunctivitis (red eyes).
- The illness is usually mild with symptoms lasting from a few days to a week; some individuals can become infected and remain asymptomatic.
- Women who are pregnant and become infected have a risk for microcephaly and intracranial calcifications to the unborn infant.
- See CDC website for information at <http://www.cdc.gov/zika/geo/index.html>

Steps can be taken to limit the exposure to mosquitoes and protect you from bites when in an area with reported Zika infected mosquitoes and reported human cases:

- Use an EPA-registered insect repellent
- Wear long sleeves, long pants, light colors, wide-brimmed hat to help protect your ears and the back of your neck, sleep under a mosquito net, stay indoors with screens.
- Reduce mosquitoes around your home; keep your house and yard free of mosquito pools by reducing standing water.
- For more information on managing patients refer to INF.2032 Zika Virus: Case Criteria and Process for Testing in the Infection Control Manual

Internal and External Notification

External communication:

- Notify the Local Department of Health if a case meets the criteria for MERS-CoV or Avian Influenza A.
- If the Local Department of Health and possibly in discussion with the NYSDOH agrees the case meets criteria instructions will be provided on specimen(s) to be obtained and location of the testing facility.
- The facility may be required to complete documents that accompany the specimen(s).

Internal communication:

- Notify Emergency Management at (516) 719-5000.
- Contact Infectious Disease and arrange for a consult immediately.
- Notify site Infection Prevention.

What is Sepsis and Why is it Important?

Sepsis is a life threatening condition that arises when a body's response to an infection injures the body's own tissues.

Recognition of Sepsis mandates urgent attention

- Sepsis is the primary cause of death from infection if not recognized and treated promptly.
- Sepsis is the 11th leading cause of death in the United States.
- More than 750,000 cases of Sepsis occur annually in the United States.

Sepsis Recognition

- Maintain a high level of suspicion/awareness for sepsis.
- Most Common Symptoms include:
 - Fever
 - Hypotension
 - Tachycardia
 - Change in mental status
- Immediately notify the appropriate clinician.
- Initiate Sepsis protocol – draw lactate, blood cultures, order antibiotics, and crystalloids.
- Transfer patient to the appropriate level of care (i.e. intensive care unit).

Sepsis Summary

- Sepsis is a Northwell Health strategic initiative.
- Sepsis is a Center for Medicare & Medicaid Services core measure which will be publically reported in 2017.
- Sepsis Mortality at Northwell Health has decreased from 35% in 2008 to 12% in 2016. Our goal, to positively impact patient care, is to continue to decrease this rate annually.

Most importantly: Early recognition and prompt treatment of patients in sepsis, while adhering to the sepsis bundles, is the key to significantly impacting patient outcomes.

Safety and Security

Workforce Safety

Everyone is responsible for safety: Employee safety is our foundation for patient safety.

In the event that you are injured at work, follow these steps:

- Immediately notify your manager or any supervisor on duty of the incident.
- Log in to mySelfService and complete the *Employee Injury/Illness Incident Report* as soon as possible.

If you experience a serious injury that requires urgent medical attention, you should bypass these steps and seek immediate medical assistance.

An incident investigation must be completed by the supervisor.

The Workforce Safety Department is your advocate in supporting you through the various steps and ensuring that you receive the right care at the right time to assist with your safe return to work.

Report any unsafe conditions (i.e., damaged equipment) immediately to the appropriate department.

Obey the “Tobacco-Free Environment” policy and refrain from using electronic cigarettes (e-cigarettes).

The Human Resources Policy and procedure on Tobacco-Free Environment can be accessed on the Intranet under the MyHR section on HR Home>Policies and Procedures.

OSHA Reporting Requirements

All employers must report to OSHA:

- All work-related fatalities within 8 hours.
- All amputations and all losses of an eye within 24 hours.
- Inpatient hospitalizations within 24 hours.

To be reported, a hospitalization:

- Is considered the formal admission to the in-patient service of a hospital or clinic for care or treatment.
- Does not include admission for observation or testing.

It is the responsibility of the organization to report hospital admittance in accordance with site specific Policies.

Proper Lifting

Planning:

- Determine what has to be done to perform the activity safely.
- Organize your environment and use caution.
- Remove hazards and obstructions in the path and check that the receiving area is clear.
- Assess the weight of the load and seek help or use a cart if the item is too heavy or bulky.

Proper lifting:

- Get close to the object.
- Keep your feet shoulder width apart.
- Get a good grasp of the load.
- Turn whole body with your feet (avoid twisting).
- Try to lift items in your power zone.
- Bend with your knees, not your back.

Team Lifting:

- Identify a leader and review the activity / path.
- Count down to the start of the activity (i.e. 1,2,3).



Preventing Slip, Trip injuries

- Keep areas free of slip, trip hazards:
 - Clean up and report spills immediately.
 - Close drawers and cabinets.
 - Remove clutter and keep aisles clear.
 - Secure mats, rugs, and carpets.
 - Cover cables or wiring appropriately.
 - Keep areas well lit.
- Use proper walkways, cleared pathways, and be attentive.
- Wear proper shoes.



Safe Patient Handling

- Plan the patient handling activity:
 - Assess patient strength and cognitive level.
 - Determine the proper method to handle the patient.
 - Explain the activity to the patient and determine if the patient can assist.
- Seek appropriate assistance from your team and ensure proper team lift synchronization.
- Use patient handling equipment when available.
- Prepare the area & rearrange equipment if necessary.
- Use proper body positioning and remember good posture.
- Adjust the bed to waist height and use the bed features.
- Lock the brakes on equipment such as the bed, wheelchair or stretcher.
- Communicate throughout the activity.

Fire Safety

Fire safety is a responsibility we all share. Here are some guidelines to keep in mind:

- Know who your Safety Officer is and how to contact him or her.
- Keep fire exit doors and exit access corridors clear of equipment and clutter.
- Know the location of the following in your work area:
 - Fire alarm pull box stations
 - Fire extinguishers
 - Means of egress
- All employees participate in fire drills.
- Refer to the site-specific EOC Safety manual for details of the fire and life safety systems and procedures.



Fire Safety: Types of Fire Extinguishers and Their Use

Type of Fire	Extinguisher Type/ Color
Ordinary Combustible: Paper, wood, linen, etc. Normally extinguished by cooling	Type A (Silver) Water
Flammable Liquid: Grease, oil, alcohol, gasoline, benzene, etc. Best extinguished by smothering (Type B)	Type B/C (Red & funnel on hose) Carbon Dioxide
Electrical Equipment: Wiring Best with non-conductive extinguishing agent (Type C)	
All of the above	Type A/B/C Multi Purpose (Red & funnel on hose) Dry Chemical

Fire Safety: RACE and PASS

In the event of fire, follow these steps in this order – RACE:

Remove those in immediate danger of fire: call aloud

“Code Red”

Activate the fire alarm

Confine the fire

Extinguish fire with proper extinguisher if safe to do so

In the event you have to use a fire extinguisher, follow PASS:

Pull the pin

Aim low (base of fire), stand 6 to 8 feet from fire

Squeeze the handle

Sweep from side to side

Evacuation During A Fire

The Emergency Management Plan (EMP) assigns the incident Commander the authority to order complete or partial evacuation. The Incident Commander is normally the Executive Director. If unavailable, the administrator of nursing services also has the authority to order an evacuation.

In the event of a serious emergency or imminent threat to life and safety, any staff member may evacuate a particular space within the facility. An example of such an evacuation is a unit fire.

The staff on a unit may evacuate the unit under a condition of fire without administrative approval should imminent danger exist. Should such an emergent action be necessary, the staff in the affected area shall make immediate notification of the emergency by activating the fire alarm pull station and notifying the operator to activate the emergency response.

Evacuation During A Fire (continued)

The area of movement will either be:

Horizontal to the nearest corridor separated by fire doors that is unaffected by smoke, or **vertical** in the nearest stairwell without smoke. Horizontal evacuation is always the preferred method.

Patient Movement :

All patients should be wrapped in blankets. The order in which patients should be moved to a safe area is:

- All ambulatory patients will be wrapped in blankets and taken to a safe area.
- “Wheelchair” patients will be wrapped in blankets and wheeled to a safe area.
- Bedridden patients will be covered with blankets and moved to a safe area on a stretcher or in their own beds. If necessary, patients can be relocated using available evacuation equipment or dragged on blankets.

Electrical Safety

Only operate electrical equipment that has been pre-approved for use by the facility's Engineering Department and/or Safety Officer.

Guidelines to keep in mind before using any electrical equipment:

- Perform visual inspection of electrical equipment before each use.
- Visually check that wall outlets are in good condition.
- Electrical equipment located in patient areas must be grounded (3-prong plug) or double insulated and UL-approved.
- Electrical equipment located in non-patient areas must be UL-approved.
- Remove any defective equipment from your work area, if appropriate, label it "defective" and notify your supervisor accordingly.

Emergency Management

All employees must be familiar with the organization's emergency management procedures, including code phrase activation announcements as posted in the Employee Handbook on the Intranet in the Human Resources section.

As your employer, Northwell Health needs to be able to communicate with you in an emergency. To make this possible, ensure your current cell phone number and personal email address are on file in your personal profile in mySelfService. Be sure to mark your primary cell phone number as your "Preferred" phone number. This information will only be used to contact you in an emergency situation, unless you indicate otherwise.

Each department has a specific function outlined in the Emergency Preparedness Plan and will follow this plan:

- Your department will execute a phone call chain (refer to your department manual)
- Your supervisor will assign responsibilities for individual employees
- Always carry and display your hospital identification badge
- Personnel not needed in their own department will report to the personnel pool

Disaster Preparedness

Each hospital has an Emergency Management Committee that meets regularly. It is a multidisciplinary team of administrative, clinical, and non-clinical personnel responsible to coordinate preparedness activities in the facility.

Each department has a copy of the facility's Emergency Operations plan.

Each department has its own Continuity of operations Plan (COOPS). All employees must be familiar with their department's plan.

Each hospital conducts preparedness exercises simulating influx of patients, internal emergencies, decontamination operations and events requiring with Municipal Emergency Response Agencies.



Hospital Incident Command System (HICS)

Northwell Health uses the Hospital Incident Command System (HICS) response method during an emergency. The following are the 4 levels of HICS:

LEVEL I: Potential for impact on hospital operations such as an event that may produce casualties, or an impending weather event.

LEVEL II: Minor impact on hospital operations - Example: a community hospital expects 5-10 patients in the ED or 1 major trauma.

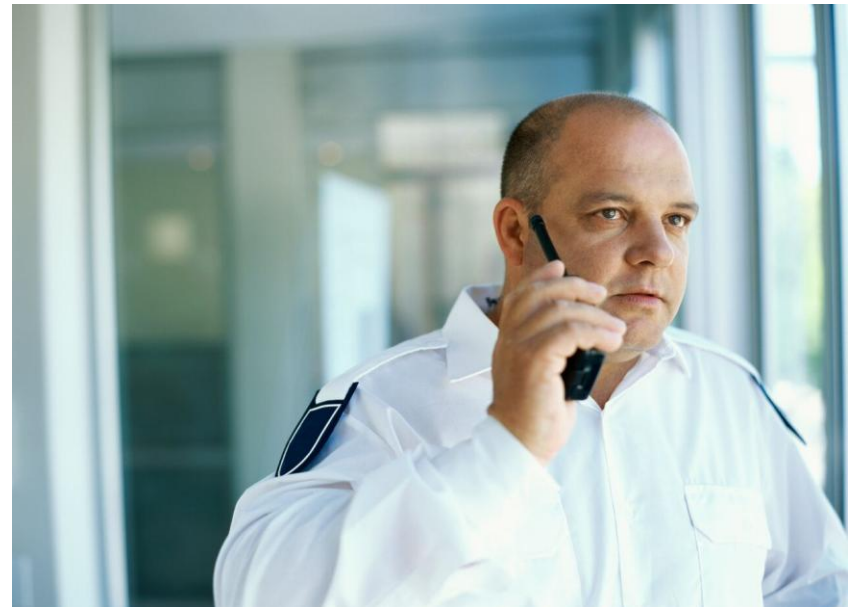
LEVEL III: Moderate impact on hospital operations - Example: a community hospital expects 10-20 patients in the ED or 2 major traumas, physical plant or utility disruption affecting a major area or general operations.

LEVEL IV: Significant impact on hospital operations; potential for long term duration- Example: 20 or more patients expected in ED or Level III incident lasting more than 24 hours.

Security

Guidelines for Security:

- Wear your Northwell Health identification badge at all times while at work. The ID badge should be worn above the waist with the photo facing forward so that it can be clearly seen.
- Report all security-related incidents involving team members, patients, visitors and/or property to Security. Your supervisor and/or Human Resources Department will then be notified as appropriate.
- Workplace violence includes: physical assaults, threats, harassment, acts of intimidation and verbal abuse. Immediately report all acts of workplace violence to Security.
- Per Northwell Health policy, no weapons are permitted on work premises unless carried by law enforcement personnel (police, sheriff, marshal, FBI, etc.).



Hazardous Materials, Waste and Chemicals

Hazardous materials are any biological (i.e., infectious material, sharps, etc.), chemical (Toxic, corrosive, flammable, etc.) or radioactive substance that has negative health and/or environmental implications.

Hazardous wastes include hazardous chemicals, drugs or other materials deemed hazardous by the U.S. Environmental Protection Agency (EPA) and NYS Department of Environmental Conservation (DEC). They must be stored and disposed of in accordance with applicable Federal and State Regulations.

Hazardous chemicals include toxic, corrosive, flammable and reactive agents.

Hazardous Materials, Waste and Chemicals (continued)

Precautions for handling Hazardous Materials, Wastes and Chemicals:

- Ensure that all containers have labels indicating contents and associated hazards/warnings.
- Do NOT open/use any containers that do not have the appropriate label and associated warnings.
- Use Personal Protective Equipment (PPE) to protect self and others from unnecessary exposures or contamination. PPE includes: gloves, mask, goggles, respirator, etc.
- Know hazards associated with materials you work with.



Globally Harmonized System (GHS)

OSHA has modified the Hazard Communication Standard to conform with the United Nations' Globally Harmonized System (GHS), an international, standardized approach to hazard communication.

Some important notes:

- GHS provides consistent information and definitions for hazardous chemicals.
- It increases understanding by using standardized statements, labels and new Safety Data Sheets.
- Also included are changes to hazard classifications to provide specific criteria.

Existing Material Safety Data Sheets (MSDS) need to be replaced with up-to-date Safety Data Sheets (SDS) for chemicals/hazardous substances in departmental inventories.

The standardized Safety Data Sheet (SDS) has a specific 16-section format. Some examples of what is contained include: identification information, hazard identification, first aid measures, exposure controls/personal protection and regulatory information.

Globally Harmonized System (GHS) (continued)

Low Means High!

Under the Globally Harmonized system (GHS), a low hazard rating number represents a high hazard.

Always read the manufacturer prepared label of any container.

Pay attention to the following:

HAZARD PICTOGRAMS



SIGNAL WORD

Danger

HAZARD STATEMENT

**Highly flammable liquid and vapor.
May cause liver and kidney damage.**

SUPPLEMENTAL INFORMATION

Directions for use

Fill weight: _____ Lot Number: _____
Gross weight: _____ Fill Date: _____
Expiration Date: _____

Waste Management

Guidelines for disposing of different types of waste:

TYPES OF WASTES	CONTAINER FOR DISPOSAL
Regulated medical waste, items soaked or dripping with blood or body fluids; containers of blood or body fluids; and tubing with blood and/or body fluid.	Red Bag
Items with small amounts of blood or body fluids; precaution waste; items contaminated with urine or fecal matter; food and food related items; paper.	Clear Bag
Needles, scalpel blades; surgical staples; any item which can puncture skin and may be contaminated.	Designated Sharps Containers

Medical Equipment Safety

Medical equipment is maintained either by the Engineering/Biomedical Engineering Department in your facility or a contract service company.

Before you use medical equipment, be sure that it is labeled with the following information:

- The date of last inspection
- Next due date for inspection

Remove defective equipment from your work area. Label it “defective” and notify your supervisor.

Utility Systems

Familiarizing yourself with the utility systems is an important part of your guidelines for work. Utility systems include electric service, water, sewer, heating, ventilation and air conditioning (HVAC), communications (telephone) and elevators.

In the hospital setting, the Engineering Department oversees the management and maintenance of utility systems.

You should be familiar with back-up or emergency utility-related equipment services in the work area.

Employee Interaction and Communication

Equal Employment Opportunity (EEO)

It is the policy of Northwell Health to provide equal employment opportunity and treat all employees equally regardless of: age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender, gender identity, disability, pregnancy, genetic information or genetic predisposition or carrier status, marital status, partnership status, victim of domestic violence, or any other protected status.

Northwell Health reaffirms its efforts to comply with all EEO and Affirmative Action principles, including those to increase employment and advancement of minorities, females, Protected Veterans and individuals with disabilities, and comply with all laws relating to non-discrimination in employment decisions. Leadership, managers and supervisory staff share responsibility to ensure that the Northwell Health's support for these principles is understood throughout the organization.

Applicants and Employees with Disabilities

The Americans with Disabilities Act and New York State, County and City Laws:

Protects qualified individuals with disabilities from discrimination in employment, such as in hiring, advancement, discharge, compensation, job training and other terms, conditions, and privileges of employment.

Northwell Health is required to:

- Employ qualified individuals with disabilities.
- Make reasonable accommodations for qualified individuals.
- Maintain the confidentiality of medical information.

Applicants and Employees with Disabilities (continued)

Requests for Accommodations:

Accommodation requests/reasonable accommodations may take many forms such as:

- Granting a leave of absence or extending a leave beyond periods in law or policy.
- Making facilities more accessible.
- Restructuring jobs.
- Modifying work schedules.
- Reassignment to vacant positions.
- Acquiring or modifying equipment.

If you need to make a request for a reasonable accommodation, please contact your Site Human Resources office.

The Interactive Process:

- Employee must generally request accommodation(s) *unless* the disability and need are obvious.
- Northwell Health MUST engage in an interactive process to seek an appropriate accommodation.
- The process involves a review of essential job functions and exploring requests for accommodation.

Non-Discrimination and Non-Harassment

Northwell Health is committed to maintaining a work environment that is free from unlawful discrimination and harassment and will not tolerate unlawful discrimination or harassment against its workforce by anyone based on age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender, gender identity, disability, pregnancy, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status.

It is everyone's responsibility to ensure that discrimination and harassment are avoided.

All instances of discrimination or harassment should be reported immediately to your Supervisor or Site Human Resources.

Retaliation is forbidden against anyone for:

- Reporting discrimination or harassment.
- Assisting in making a discrimination or harassment complaint.
- Cooperating in an investigation of alleged discrimination or harassment.

Sexual Harassment in the Workplace

Northwell Health policy strictly prohibits any form of sexual harassment. Sexual harassment is unwelcome conduct of a sexual or gender-based nature that affects an individual's employment or work performance and/or creates a hostile work environment. If a "reasonable person" (either male or female) would find the behavior or environment sexually intimidating or offensive, then it may be sexual harassment and must stop.

Examples include: sexual innuendos; physical contact such as patting, pinching or brushing against another's body; jokes about gender-specific parts; foul or obscene language or gestures; display of foul or obscene printed or visual material; explicit sexual propositions; suggestive comments, and sexually oriented "kidding," "teasing" or "practical jokes."

All employees should be careful about their actions and sensitive to the possible effects of their behavior on those around them. A good rule to follow is: treat fellow employees with courtesy and respect and you can be sure that you are not harassing anyone.

Report any incidents of sexual harassment that you experience or witness to your supervisor or the person's supervisor, or site human resources.

For more information, refer to the Non-Discrimination and Non-Harassment HR Policy on the Intranet.

Employee Handbook

EMPLOYEE HANDBOOK

on Patients First Excellence
Teamwork Caring Integrity
Excellence Patients
First Integrity Innovation
Teamwork Excellence
First Innovation Integrity



The Employee Handbook is available on the Intranet under the MyHR section under Useful Links. It is your responsibility to review the Employee Handbook in its entirety.

Contact the Human Resources Department if you have any questions about the content.

2016 Annual Compliance Training Program



Introduction

Welcome to the Northwell Health Compliance training program. Every year state and federal governments increase their enforcement of the health care fraud and abuse laws and privacy and security laws (e.g. HIPAA) by means of audits, investigations and information obtained from whistleblowers. The number of government audits has skyrocketed and will continue to grow. The fines and penalties for violations have been increased dramatically.

Because we participate in the Medicaid and Medicare programs, it is more important than ever that everyone associated with Northwell Health knows the rules and plays by them at all times. This is not only a financial issue. It is a matter of protecting Northwell Health's reputation for providing excellent patient care in an environment that is open, honest and fair.

Thank you for taking the time to review this material.

A Message from Greg Radinsky, Vice President and Chief Compliance Officer for Northwell Health

Welcome to our annual Compliance training program. This year's compliance training not only highlights patient privacy and the importance of security, but also topics discussed in our Code of Ethical Conduct and other core compliance laws. The Northwell Health Code of Ethical Conduct is a great resource that is the foundation of our compliance program and describes our organization's commitment to Compliance. As I am sure you know, identity theft is a crime that is rampant in the United States. Stolen medical records are one of the primary sources of the information used to open fraudulent credit accounts and to commit other forms of identity theft. So I hope all of you will read this program carefully and learn everything you need to know about HIPAA privacy and security. And please remember that each of you has a duty to report a HIPAA violation or any other type of compliance violation if you become aware of one. You will not be retaliated against for making a good faith report and Northwell Health has a duty to investigate and remediate every alleged compliance violation. If you have any questions about how we protect and secure the protected health information of our patients, a great resource available to you as an employee are the policies found under the Office of Corporate Compliance's section on our intranet. You should also feel free to contact Corporate Compliance directly with any questions you may have. This training includes details about how to contact both the Office of Corporate Compliance and the Compliance Directors that represent the different departments and facilities in Northwell Health.

Thank you.

Protecting PHI- Why is this important?



A Seattle woman received a bill for OxyContin, prescribed for her son for a work related injury. Her newborn son's Social Security number had been stolen and used to obtain healthcare.

In Utah, a pregnant woman delivered a baby addicted to crack using another woman's Social Security number – and then abandoned the baby. Social services threatened to put her children into protective custody and it took years to straighten out all of her issues with her medical record.

A patient in Texas used a California man's medical identity to obtain radiation treatment and other care. When the thief's records and the patient's record merge, healthcare providers will think the patient has a condition he doesn't have.

This is Medical Identity Theft and not only can it cause harm to a patient, it can result in death.

Please review our policy - 800.11 Identity Theft Prevention Program

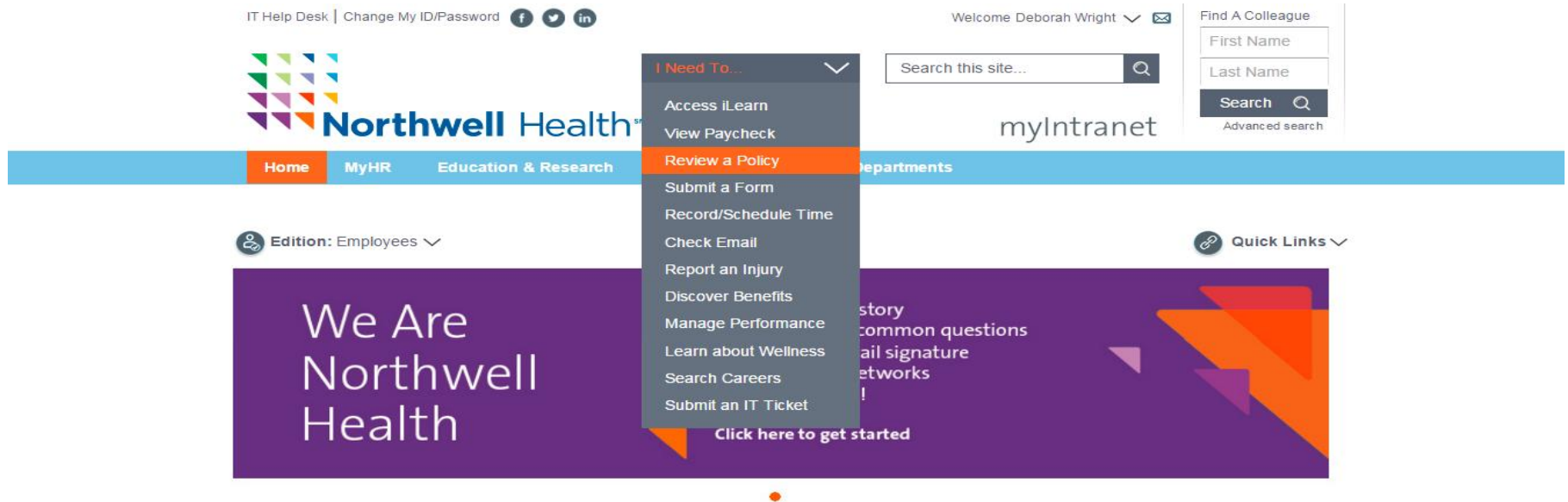


There are 18 Elements of PHI and we all need to understand what they are so we know what information to protect

1. Name
2. All geographic information smaller than state
3. Elements of dates (except year)
4. Telephone #
5. Fax #
6. Email Address
7. Social Security #
8. Medical Record #
9. Health Plan Beneficiary #
10. Account #
11. Certificate/license #
12. VIN, serial #, license plate #
13. Device identifiers/ serial #
14. Web URLs
15. IP Address
16. Biometric Identifiers
17. Full face or comparable images
18. Any other unique identifying number, characteristic or code

It's also extremely important to remember that you must never throw PHI in a trash receptacle or recycle bin. PHI must be thrown into a shredding bin. If you are not sure if a document contains PHI, shred it!

Intranet



Every one of us must be familiar with Northwell Health’s policies to ensure we are protecting the privacy of our patients and keeping our devices secure. Please check out the Intranet website under subheading *I need to* and *Review a Policy* to familiarize yourself with the privacy and security policies under Corporate Compliance and Information Services. It is your job to understand the policies of our organization, just like you must know the laws where you live.

Code of Ethical Conduct

"Working Together for Quality"



Another very important component of Northwell Health is our Code of Ethical Conduct. It is a great resource that is the foundation of our Compliance program and describes our organization's commitment to Compliance.

You should be familiar with the contents of the Code.



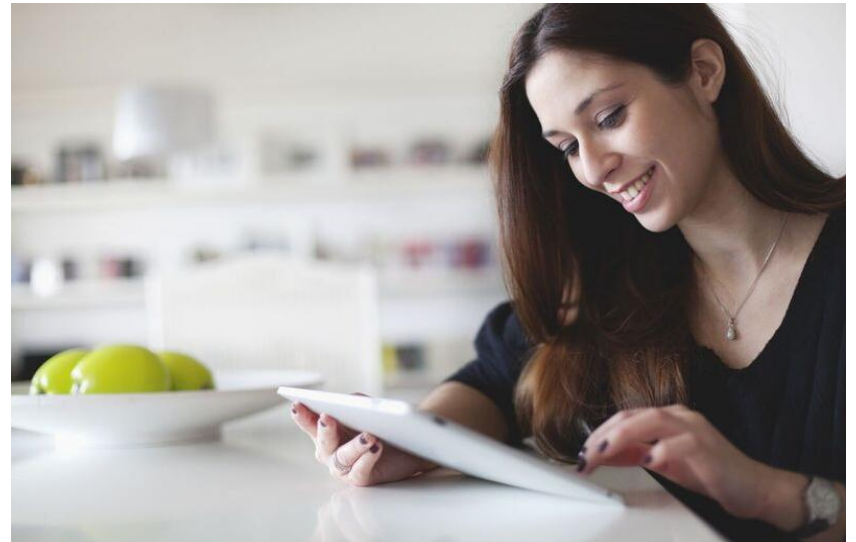
Hopefully you have heard that Northwell Health has been named one of the world's most ethical companies for the second consecutive year by the Ethisphere Institute. The Institute honors those organizations that have had a major impact on the way business is conducted by fostering a culture of ethics, compliance and transparency at every level of the company. Each and every one of us has made a contribution to this honor by doing the right thing and reporting issues to Compliance. Reporting and fixing issues is how we continue to make Northwell Health a stronger organization. So, let's keep up the good work! If you become aware of or suspect any potential compliance violation, it's extremely important that you contact Corporate Compliance immediately. For example, we are required to notify a patient as soon as possible for a HIPAA breach. Any delay in notifying the patient can result in serious consequences to both the employee and our institution and the clock starts ticking when anyone in our organization is aware of a breach. Some examples of breaches include an employee snooping in medical records when they have no cause to be in them for their job, if any document that contains PHI is missing, or if an email, mail or fax has been misdirected to the wrong recipient. Please see Compliance's website on MyIntranet under Department and Corporate Compliance for our more information.

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Communication

Communicating today is easier than it's ever been with the use of IT systems and patient's health information is at our fingertips. It's vital that all of us understand how we protect this information in this fast paced environment.

- All mobile devices must be encrypted including BYOD (Bring Your Own Device)
- Don't leave mobile devices visible in car or unattended in public
- Do not save PHI to an unapproved Cloud vendor, use Northwell's Cloud application
- Protect your password, don't share, post it or save it where it can be viewed
- Encrypt email containing PHI- use the "Encrypt and Send" button in email
- Double check distribution lists in email to ensure they are correct
- Dispose of media and equipment properly, call the IS Service Desk
- Do not text PHI without approved texting application
- All applications containing PHI, need to be vetted by IT Security and Procurement



“This year in cybercrime was...epic! Every prediction made last year has not only materialized, but exceeded expectations. Increases in attacks, technical sophistication and higher losses than ever imagined painted a new cyber reality in the past 12 months.”

Limor Kesson
Executive Security Advisor, IBM



Cybersecurity Awareness

Cyber-crime

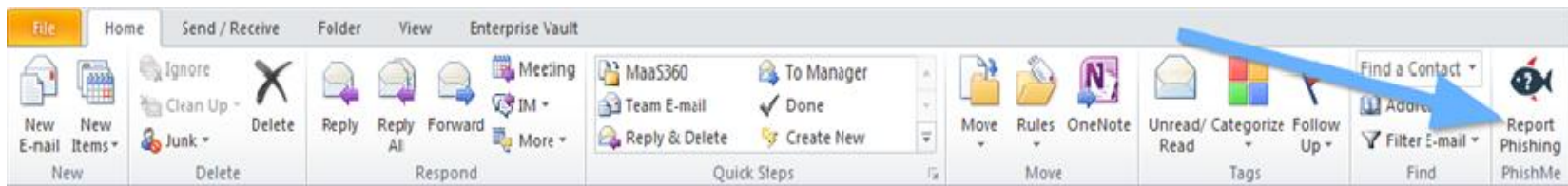
Before we move on, we want to call your attention to a fast growing and troubling issue that is plaguing healthcare. Cyber-Crime. Cybercrime is a crime in which a computer is used as a tool to commit a crime. Cybercriminals use computer technology to access personal information or other types of sensitive information, such as patient information, for malicious purposes. Criminals who perform these illegal activities are often referred to as “hackers.” The ransomware attacks at several hospitals across the United States underscore the importance of securing protected health information. Ransomware is malicious software that encrypts files and forces a fee to be paid to the hacker in order to regain access to the affected files. There are many ways an entity can fall victim to a ransomware attack. One very common way is through the use of phishing emails. Phishing emails are sent by hackers masquerading as a trustworthy source in an attempt to acquire sensitive information such as usernames, passwords, social security numbers and credit card information. Phishing emails typically either launch malware, such as ransomware, or prompt users for personal information when an embedded link or file is clicked. Employees must be very careful not to click on a link or attachment in an email from an unrecognized sender and be able to spot other “red flags” such as misspelled words, grammatical errors or emails that make threats or unrealistic promises

Phishing Awareness – Reminders

To safeguard yourself and Northwell Health against email phishing scams:

- Never open emails from un-recognized senders.
- Never click on the attached files or embedded website links from un-recognized senders.
- Never provide your user ID, password or other personal information such as date of birth or social security number when prompted for in email.
- Recognize red flags such as spelling and grammatical errors.
- Watch for emails that evoke emotions such as anger, greed, fear or urgency. If it seems too good to be true, it probably is.
- Report suspected phishing emails by either clicking on the “[Report Phishing](#)” button or forwarding the email to cybersecurity@northwell.edu.

If you think you've encountered a phishing email:



Or Email

- Cybersecurity@northwell.edu

Or Call

- Call the IS Service Desk if you need assistance

HIPAA Privacy Rule

HIPAA also has a “Minimum Necessary” rule regarding PHI that states that when you are using or disclosing a patient’s PHI, you must use or disclose only the minimum amount necessary to achieve the purpose of the use or disclosure.

Also, HIPAA requires us to provide a medical record to a patient no later than 30 days and we are required to allow them to inspect their medical record in a timely manner. HIPAA now requires health care providers to also try to provide a medical record in a patient’s desired format. If we maintain the medical record in an electronic format, we are required to provide it to the patient in an electronic format if requested and is readily available in that format. If not we must provide a hard copy or other format agreed to by the patient. Please see policy #800.02 Release of Protected Health Information for Living Patients for more information.



HIPAA “Minimum Necessary” Rule

Only provide information the minimum necessary when disclosing patient information.

We are required to provide a patients medical record within 30 days upon request.



FairWarning®

Hopefully you are aware that we monitor our electronic medical records (also known as EMRs) for patient privacy and inappropriate access. We are fully committed in ensuring that each and every one of our patients receives the highest standard of care, including privacy. That includes our friends, family and co-workers.

FairWarning® monitors our EMRs 24/7 for patient privacy.



Mailing and Faxing – Check It!

A lot of Northwell Health's protected health information either gets emailed, faxed or mailed to our patients and members as part of providing clinical care or for billing purposes.

It is our policy and a HIPAA requirement to get authorization from a patient before emailing them their care. Our policy #900.11, Electronic Mail Acceptable Usage, will guide you in handling patient emails; Policy #900.11 Attachment A is the required authorization form.

It is critical that we verify the correct name and address before emailing, faxing, scanning or mailing any patient or member communication. We are all human and humans make mistakes, but when you're dealing with PHI, one error can cause HIPAA violations and loss of privacy. Be extremely careful when faxing or mailing PHI by remembering to CHECK IT!

Concentrate on the task at hand, don't multi-task when handling PHI

Handle mail with care and always double check the name and address are correct

Ensure that the contents you are mailing match the recipient on the envelope

Confirm the fax number you've input is correct

Keep numbers that are regularly used programmed in the fax memory

Inform Corporate Compliance immediately if you become aware that an error has occurred with faxing or mailing PHI to the incorrect party

Train your staff and co-workers on proper policies and procedures for safeguarding PHI that is faxed or mailed

Be careful when using Social Media - It's about Trust!



Never post any patient information on social media. See Northwell's Social Media Acceptable Use policy, under Human Resources, for more guidance.

PCI

Please also remember if the media ever requests to interview a patient, employee or vendor, please make sure you contact our Public Relations department before agreeing to do anything including even acknowledging a patient is at our facility. They can be contacted at 516-321-6701.

Privacy doesn't end with patient medical data for us. We have to be very conscientious of how we handle financial data also. Let's review the standards we must abide by for the handling of credit cards and credit card information as defined by the Payment Card Industry Data Security Standards also known as PCI DSS. This is especially important information if you or your department comes in contact with credit card information in any form or if you are a Northwell Health employee or other workforce member responsible for processing credit card transactions. Our patients' credit card information is just as confidential as their health information, so here's what you need to know.

PCI

- Always follow Northwell Health's credit card handling policies for all credit card transaction processing. These policies are located on our intranet site under the Information Services Privacy and Security policies: 100.009, 100.010 or 100.011.
- Always avoid writing down credit card information wherever possible.
- Always shred any written credit card information after processing.
- Always process credit card information received directly into credit card terminal or credit card processing system.
- Always redact or black out credit card number, or display only last four digits if credit card information must be retained. Redacted credit card information must be kept in a secure, locked place, accessible only on a need-to-know-basis.
- Always shred transaction documentation and merchant receipts after the retention period has expired.

PCI

Periodically inspect credit card terminals to detect tampering or substitution of the device. Here are some examples of tampering devices that you can look for:



- Verify the identity of any third party persons claiming to be repair or maintenance personnel prior to granting them access to review, modify, replace or troubleshoot credit card processing devices.
- Report suspicious behavior and indications of device tampering or substitution to the site manager, Internal Audit and Treasury.

PCI

- Never send or receive credit card information via email, instant messaging, fax or any other medium that is not explicitly permitted by Northwell Health policy.
- Never retain full credit card information after payment has been processed.
- Never store credit card information digitally in any format, for example; do not store the information in billing systems or in any other place or format.
- Never ask for or store credit card CSC/CVV or PIN code which is the three or four digits on back of card.
- Never provide customer receipts showing more than the last four digits of the credit card number.

EMTALA

Emergency Medical Treatment and Active Labor Act

EMTALA

Remember, all patients that present to a dedicated ED are entitled to a medical screening examination to determine whether an emergency situation exists.

It's important that all ED personnel understand that we cannot delay the examination of the patient while we verify their health insurance coverage or method of payment.

Also, if the patient needs to be transferred to another facility that has the capability to provide the necessary medical treatment, the patient has to be stabilized first.

Violating EMTALA can result in fines or penalties, but more importantly may affect timely and proper care of a patient.

If you need more information on EMTALA, you can reference our policy, 700.01 or call your Quality Management representative.

Healthcare Fraud and False Claims Act

Anti – Kickback Statute

The Anti-Kickback Statute prohibits payments by Northwell Health to any referral source for the purpose of receiving referrals of patients, products or services that are reimbursed by Medicaid, Medicare or any other federal or state health care program. At Northwell Health, we do not pay for referrals, and we do not accept payment of any kind for making or receiving patient referrals from other health care providers. We accept patient referrals and admissions based solely on the patient's medical needs and on our ability to render medically-necessary services.

The prohibited kickbacks include not just giving money to physicians or other referral sources, but also any kind of gift or benefit or anything of value. If you have any questions about the Anti-Kickback Statute, please consult your supervisor, the Office of Legal Affairs or the Office of Corporate Compliance.

False Claims Act

Every year millions of health care dollars are improperly spent because of fraud, waste, and abuse. Health care providers and health plans have to submit accurate data to the government for payment. For example a false claim can occur if we knowingly submit a claim to Medicare or Medicaid for a higher service level than our documentation in the medical record supports. Another example of a false claim is when a pharmacist provides less than the prescribed quantity and bills for the fully-prescribed amount to Medicare. Also, under the False Claims Act, health care providers only have 60 days after an overpayment is identified to repay it; otherwise, the overpayment is considered to be a false claim. Failure to repay overpayments in a timely manner can result in serious consequences for Northwell Health, including significant fines and other penalties.

One other important aspect of the False Claims Act is the protection offered to whistleblowers. Whistleblowers can bring suit on behalf of the federal government for a false claim and, if the case is successful, the whistleblower gets a portion of the money the federal government recovers. Whistleblowers are protected against retaliation.

New York State also has a false claims act that is very similar to the federal law. In addition, Governor Cuomo approved the Nonprofit Revitalization Act of 2013, the first large-scale revision to the Not-for-Profit Corporation Law in more than 40 years. It also requires us to have a policy to protect individuals who bring forward possible violations of law or policy.

You can learn more about these laws and about how whistleblowers are protected against retaliation by reading Northwell Health Policy #800.09, which is called “Detecting and Preventing Fraud, Waste and Abuse.”

The Stark Law

Another law our employees must be aware of is the Stark Law. The Stark law prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he/she, or his/her immediate family member, has a financial relationship with, unless an exception applies. The Northwell Health policies on Business Courtesies to Potential Referral Sources, policy # 800.10, Office Space and Equipment Leases with Physicians and Others, policy #800.14, and Compensation Valuation Methodology, policy # 800.12, further reflect the requirements of these laws. If you work on physician employment, recruitment or other business relationships with physicians, you need to be familiar with these policies.

Please sure to contact the Office of Corporate Compliance if you have any questions.

Exclusion Screening



Federal law requires that we screen all of our employees, trustees, physicians, volunteers and vendors on a regular basis to ensure we do not have any excluded providers on our staff. Excluded providers cannot bill federal or state health care programs, either directly or indirectly. Here at Northwell Health, we screen our employees, vendors, trustees, voluntary physicians and volunteers on a monthly basis. If you are excluded from participation in any federal or state health care program, you must immediately inform your manager or the Chief Corporate Compliance Officer. Failure to do so will result in severe sanctions.

Responding to Government Inquiries

Responding to government inquiries is simple. You should notify the Office of Legal Affairs immediately if any government agent appears on Northwell Health premises and requests an interview with our employees and/or access to records. While you have a right to speak with the government directly if you so choose, we recommend that you contact Legal before doing so. You do not have a right to release Northwell Health documents to the government without authorization, so please contact Legal before doing so.

We have a policy to provide further guidance, Policy 800.48, Responding to Government Inquiries, if you have any questions.

Gifts and Interaction with Industry

In addition, our Gifts and Interactions with Industry policy prohibits physicians from participating in Industry- sponsored Speaker's Bureaus unless academic investigators are presenting results of their research to peers and there is an opportunity for critical exchange. Therefore, our employees should not be giving pharmaceutical and medical device sponsored presentations unless it is their own work and complies with the other requirements of our policy.

Our policy also was revised to no longer allow pharmaceutical sales reps to access our facilities unless they make an appointment with our Office of Procurement or our Chief Pharmacy and Medical Safety Officer.

Please see Northwell Health's policy #800.04, Gifts and Interactions with Industry, for the most current information regarding Gifts and other interactions with Industry vendors.

Conflicts of Interest

Also, certain employees are required to complete an external interest disclosure form annually and to update that form whenever they enter into a new financial or other relationship that might create a conflict with their position at Northwell Health. It is important to remember that even if you are not required to fill out the annual external interest disclosure form, you must disclose to the Chief Compliance Officer any situation that may create a conflict of interest. For example: Do you or a family member have the ability to influence Northwell Health's decision to do business with a vendor or contractor? If so, you have a conflict.

Physicians Sunshine Law

The Open Payments or Physician Sunshine law, requires health care industry vendors, such as pharmaceutical and medical device companies, to report anything of value over \$10 provided to a physician or teaching hospital. The federal government is making all of this information public on its website in the interest of transparency. It is even more important that our employees follow our policy to ensure only appropriate payments get reported to the federal government.

All Northwell Health physicians are strongly encouraged to check the CMS website even if you do not believe you received any industry payments. Since the program, we anticipate some data errors. It is important that you confirm the accuracy of any data linked with your name as it can impact your reputation.

You can review your industry payments by entering your demographic information on the [Open Pay](#) section of the CMS website. If you have technical issues registering on the CMS website or disputing a payment, call the CMS help line at 1-855-326-8366.

In addition to the Gifts and Interactions with Industry policy, please also consult Policies #800.03 Conflict of Interest and Recusal and #GR065 Review and Management of Conflict of Interest in Research.

Value Based Purchasing Programs

Northwell Health also is participating in multiple value based purchasing programs, the aim of which is to reward Northwell Health or the provider for delivering quality patient care. Each of these programs has their own unique regulatory and compliance requirements. Some of these programs include New York's Delivery System Reform Incentive Payment Program known as DSRIP; Medicare Share Saving Program Accountable Care Organization, known as the Northwell Health ACO and the Bundled Payments for Care Improvement Initiative. You will receive additional compliance training if your work duties have you involved in any of these programs

New York's Delivery System Reform Incentive Payment (DSRIP) Program

- Aimed at reducing avoidable hospital use by Medicaid beneficiaries over a 5 year period

Medicare Shared Savings Program (MSSP) Accountable Care Organization (ACO)

- Aimed at improving the quality of care for Medicare fee-for-service beneficiaries

Bundled Payments for Care Improvement (BPCI)

- Links payment for the multiple services Medicare beneficiaries receive during an episode of care.

How Can We Help You?

The Office of Corporate Compliance
(516) 465 – 8097

Help Line: (800) 894 – 3226
24 hours a day, 7 days a week

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The Office of Research Compliance
516-321-2101

Corporate Security
516-321-6900

IS Service Desk
516/631/718 470-7272

Introduction and Instructions

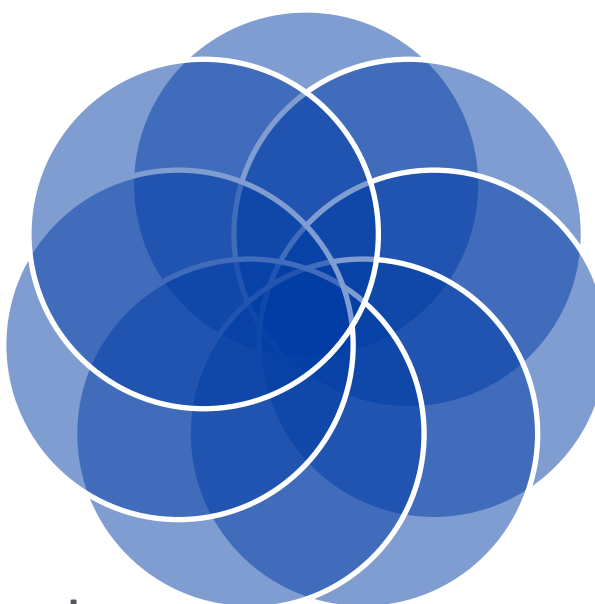
It is the policy of the Northwell, Inc. Health to ensure that all team members, nursing faculty and nursing students participate in the annual mandatory program on Safety and Quality, Infection Control and Prevention, Management of the Environment of Care, etc., pursuant to training requirements from regulatory agencies (e.g.: NYS DOH, The Joint Commission, OSHA, etc.).

To ensure that you receive credit for this program, please read the following presentation in its entirety and:

- **Nursing students and faculty print and complete:**
 - *Print Certificate of Completion*
 - *Complete and Pass Test in ilearn after reading both modules.*
 - *Attest to Confidentiality and Computer Use Agreement Form*
- *Nursing students return completed documents to your nursing faculty.*
- *Nursing faculty please return documents above to site nursing education department (hospital setting) or preceptor (ambulatory or outpatient setting).*

Program Objectives

After reviewing the content of this program, the learner will be able to:

- 
1. State responsibilities in upholding core values of the organization
 2. Verbalize value of teamwork and collaboration
 3. Identify at least two patient safety goals related to areas of responsibility
 4. Describe purpose and function of the Rapid Response Team
 5. Describe the role in relation to Protection for Persons with Special Needs Act (PPSNA) regulations
 6. Describe role in relation to HIPPA and Corporate Compliance

Northwell Health

Values and Expectations

Northwell Health's core values are Excellence, Integrity, Teamwork, Innovation and Caring. By putting these core values into action, we ensure that our customers have the best possible experience at our facilities and when receiving our services. We always put our patients first. Each team member always demonstrates our values by making them a part of your daily routine: Always putting our customer first, working as a team, promoting quality and pursuing excellence are just some of the expectations we have of our team members.



Northwell Health



CUSTOMER EXPERIENCE

Patients First

Fulfill the expressed and unexpressed wishes and needs
to exceed our customers' expectations

INTEGRITY

Act honestly and
ethically to promote
excellence at all levels

EXCELLENCE

Promote quality in work
performance to achieve
business outcomes

TEAMWORK

Inspire others to work
together to achieve
organizational goals

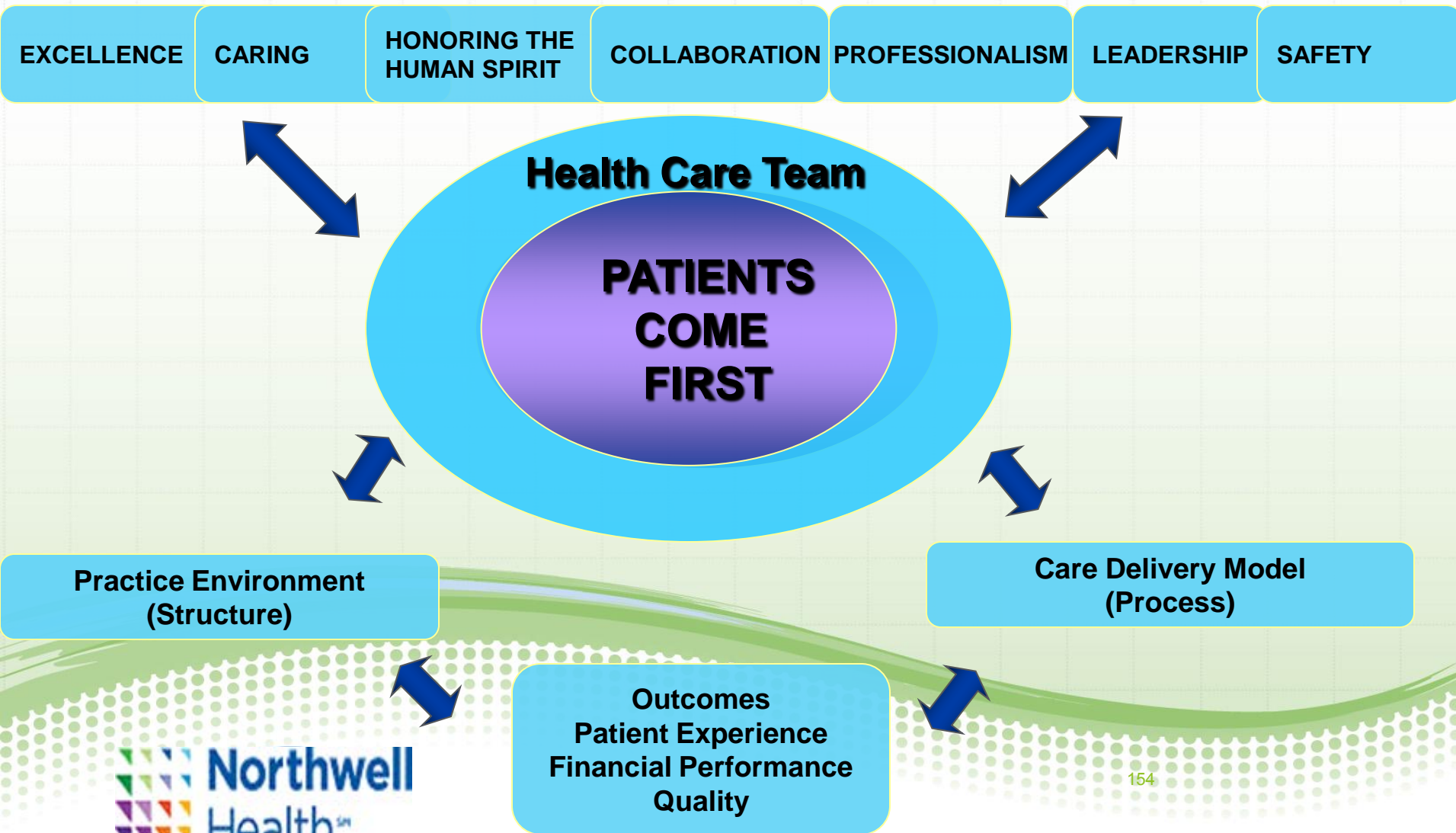
CARING

Demonstrate empathy
toward others to promote
an environment of trust

INNOVATION

Generate creative
solutions to positively
impact business goals

Organizational Practice Model: Collaborative Care Model



▶ Northwell Health

Always Put
Our Patients
First!

Northwell Health

The Institute for Nursing

The logo for Northwell Health The Institute for Nursing is positioned on the left side of the slide. It consists of a large blue semi-circle. Inside the semi-circle, there is a light blue rectangular box containing the text "Northwell Health The Institute for Nursing" in a blue, sans-serif font. The text is arranged in five lines: "Northwell", "Health", "The", "Institute", and "for Nursing".

Northwell Health The Institute for Nursing

Research

Grants Academic Partnership

Operations

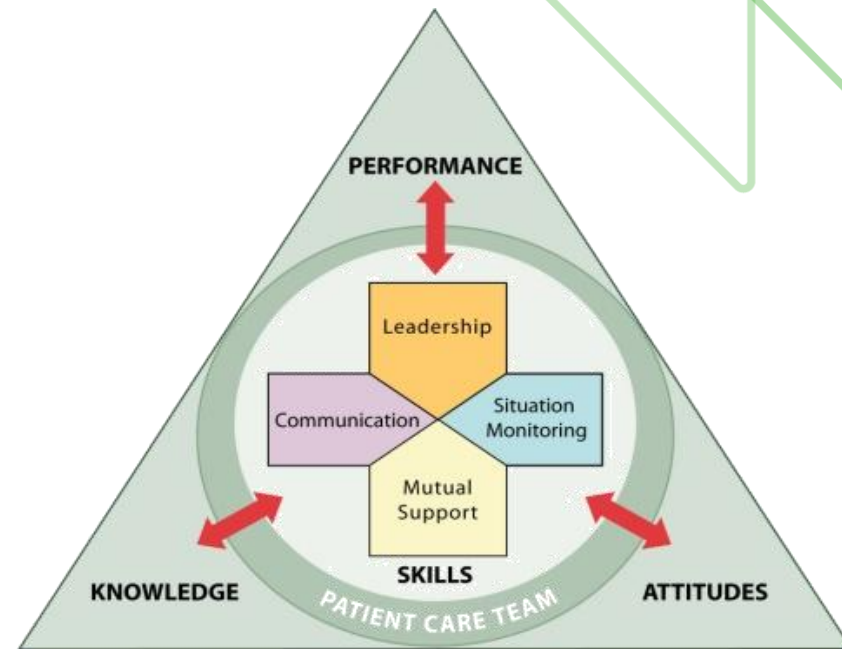
System wide initiatives standards policy
and procedure conferences

Education

Continuing education, specialty education courses, and
system wide orientation.

► TeamSTEPPS

Communication Tools



TeamSTEPPS Tools

Brief (Plan), Huddle (Problem Solve), Debrief (Process Improvement): Entire team meets for 3-5 minutes to share information.

Situation Monitoring: Cross monitoring maintains situation awareness and prevents errors. Team members monitor the patient, situation and each other--- This looks like:

“Watching each other’s back”

Shared Mental Model – “We are on the same page”

Mutual Support: Team members use task assistance by offering help, asking for help and using feedback as needed--- This looks like: “Back -Up Behaviors”

TeamSTEPPS Tools

Conflict Resolution

Two Challenge Rule:

Team members are empowered to “Stop the Line”- voice your concern by advocating and asserting your statement at least twice.

CUS:

Team members use this phrase to catch attention

C = Concern: state concern

U = Uncomfortable: state why you are uncomfortable

S = Safety: state there is a safety issue

TeamSTEPPS Tools

Communication

SBAR:

Standardized framework for team to communicate about the patient's condition.

S = Situation

B = Background

A = Assessment

R = Recommendations

TeamSTEPPS Tools

Communication

Check Back:

Closed loop communication validating information exchange. Example - read back of an order

Call Out:

Communicate critical information during an emergent event. Example: calling out orders during codes.

TeamSTEPPS Tools

Communication

Handoff:

Standardized framework used for information exchange at critical times such as transitions in care. Example:

I PASS the BATON

(see next slide for an example of I PASS the BATON)

▶ I PASS the BATON

I	Introduction	Introduce yourself and your role/job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Chief complaint, vital signs, symptoms, and diagnosis
S	Situation	Current status/circumstances, problems, including code status, level of (un) certainty, recent changes and response to treatment, needs/goals to be met
S	SAFETY Concerns	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation) restraints, risk for skin breakdown, 1 to 1 observation, assist OOB, poor swallow reflex
THE		
B	Background	Co-morbidities, previous episodes, current medications, and family history, procedures
A	Actions	What actions were taken or are required? Provide brief rationale e.g. oxygen titrations, weaning, bed in low position, call bells within reach, turn and position q24 hrs, HOB at 60 degrees, aspiration precautions
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Who is responsible (person/team) including patient/family?
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Patient Identification

Education Module

Purpose

To ensure patient safety through correct patient identification for every patient for every encounter throughout the continuum of healthcare

This module is not intended to be all inclusive but rather to address salient points related to patient identification



Educational Objectives

The employee will:

- Confirm the Eight Rights of Patient Identification with Every Patient Encounter
- Utilize the Eight Critical Elements of Patient Identification
- State the procedure for patient identification for an actively participating patient
- Articulate the patient identification procedure for patients unable to participate

Educational Objectives



The employee will:

- Identify when patient identification is needed
- Identify when 2 person identification is needed
- Articulate infant/newborn patient identification process
- Articulate the process for a missing ID bands

Why the Renewed Emphasis on Patient ID

227 Nationally Reported Root Cause Analyses Identified Poor Patient Identification as the Reason for Sentinel Events

- Wrist bands included incorrect patient names
- Tests were ordered for the wrong patient
- Similar names confused
- Mislabeled specimens
- Failure to use 2 sources of ID and 2 person verification ¹

79% of staff RNs reported NOT checking the ID band ²

Educational programs improved compliance by 33% ³



Patient Identification



Is the process and procedure used to correctly match a patient to the correct intervention (service, test, treatment, and/or procedure) at every encounter in both the clinical and non-clinical setting.

Eight Patient Rights of Patient Identification



Right Patient



Right Test, Treatment, Procedure



Right Time



Right Location



Right Reason



Right To Participate



Right To Understand



Right To Consent or Refuse

Eight Patient Rights of Patient Identification

Utilize an Interpreter if English is Not the Patient's Preferred Language

Eight Critical Elements of Patient Identification

Use 2 Patient Identifiers –
i.e., Full Name,
DOB, MR#

Include Active
Patient
Participation

Compare
Patient
statement with
ID band and
source
document*
(see next slide)

If patient
unable – have
family*
participate
(next slide)

Independent 2-
person
identification
required for
blood
administration
& chemo

Label all
specimens in
presence of
patient

Do NOT use
location as an
identifier

Do NOT
proceed if ID
band missing –

clarify &
escalate

What is a Source Document*?

Source
documents
are:

- Healthcare records containing patient identification information
 - Electronic medical record (EMR)
 - Paper chart
 - Medication administration record (MAR)
 - Physician order/requisition



Who is considered family*?



Family is anyone the patient designates and may include:

- Spouse
- Parent
- Guardian
- Significant other
- Patient representative
- Patient support person

Who Needs an ID Band?



All In-Patients



All Emergency Department Patients



All Ambulatory Out-Patients who are scheduled to receive sedation analgesia

Let's see when & how the ID Band / Identification Process is used...

When is it necessary to use the
patient identification process?

At Every Patient Encounter!

At Every Patient Encounter!

When is it necessary to use the patient identification process?

- During all inpatient and outpatient registration
- Prior to Patient:
 - exam(s),
 - tests(s),
 - specimen collection and processing,
 - treatment(s), procedure(s),
 - medication administration
 - dispensement of breast milk

Compare:
Patient/family statement with ID band and source document

When is it necessary to use the patient identification process (continued)?

- Medical record documentation
- Admission/discharge to/from unit
- Patient transport(s)
- All hand-offs and transfers
- Reporting of test results
- Communication and correspondence with or regarding patients

Compare:

Patient/family statement with ID band and source document

Upon Admission to the Facility



The Registrar will:

Ask patient to state and spell full name and date of birth (DOB)

If patient unable to participate ask family to state and spell patient's full name and date of birth

Physically show band to patient/family for visual & verbal confirmation of accuracy

Place ID band on extremity not involved with tx.

Educate patient/family to purpose of ID band

Patient Encounter with Active Participation

At the first encounter in all treatment or service locations ask the patient to both State and Spell their Full Name and DOB

On subsequent encounters ask the patient to State Full Name and DOB

Compare Patient's Statement to ID Band and Source Document(s)
(Use Bar code technology if available)

Location is never used as a patient identifier!

If Patient is Unable to Participate

- Ask patient's family to state and spell patient's full name and DOB
- Compare family's statement to ID Band and Source Document(s)
- If family not available - identify patient using two identifiers - Full Name and DOB (Medical record number is a third option) comparing ID Band and Source Document(s)

When in doubt escalate!





ALWAYS

- Label all specimens in the presence of the patient
- Do NOT Proceed if ID band is missing or incorrect – Notify RN
- When in doubt escalate!



If ID Band is Missing/Unreadable

Stop Do NOT proceed if ID band is missing, incorrect, not legible or if the patient has a question or concern – clarify and escalate

Notify RN

- If patient able to participate RN, NP, PA or MD replaces band using identification process
- If patient unable to participate, TWO staff members (one must be an RN, NP, PA, or MD) will re-identify the patient and re-place the band

When in doubt escalate!

Newborn / Infant Identification

Patient Identification will include three (3) identifiers

- Full Name (Surname, Baby Girl/Boy)
- DOB
- Medical Record Number

Four (4) ID Bands will be utilized

- Two (2) will be placed on baby
- One will be placed on mother and second on person of mother's choice

**Check ID policy for
additional provisions of
newborn patient
identification**

Two Person Verification

Two RNs must independently verify patient identification comparing patient's full name and DOB with ID band and source document(s) prior to giving blood, some blood products and/or chemotherapy

2 Person ID Required
Whole Blood
PRBC's
FFP
Platelets
Cryoprecipitate
Granulocytes
Anti Hemophilic
Clotting Factor
Chemotherapy

Patient / Family Education

To ensure cooperation make sure the patient knows:

The purpose of the ID band

Why we vigorously and persistently check ID

To immediately notify staff if band comes off

Encourage patients and families to:

“Partner with Us for Safety”

Additionally

ID Bands must never be placed on bedrails, wheelchairs, stretchers, walls, or charts *as a method of patient identification*

Patient room numbers/location may never be used as a method of identification

Barcode technology supports correct patient identification but does not replace the eight critical elements and eight patient rights

Additionally

- Check with individual department/service for additional patient identification requirements
- Reporting of identification errors and near misses is important to improving patient safety
- Event/Occurrence reports are required for missing, incorrect ID bands and for incorrect identification and documentation

Monitoring

Individual facilities, service lines and

Departments will conduct internal monitoring and performance improvement activities to ensure patient safety and compliance with the patient identification policy

Keep in Mind

Patients with Similar Names

- Are NOT to be placed in the same room and if possible placed on different units
- Staff and patients and when indicated family will be notified of name alert
- Name alerts are to be posted as per facility process (e.g. door sign)
- Family members with the same surname may be placed in the same room upon request

See facility for
additional processes

Keep in Mind

- Bar coding technology does not replace the eight critical elements and eight patient rights
- If any concerns/objections or discrepancies are found - stop and escalate
- For identification during disaster emergencies - refer to facility policy
- For identification of the expired patient - refer to facility policy

THE PATIENT IDENTIFICATION PROCESS

IN-PATIENT / OUT-PATIENT

EIGHT CRITICAL ELEMENTS

EMERGENCY DEPARTMENT

- 1) Use Full Name and Date of Birth
- 2) Request Patient/Family State & Spell*
- 3) Compare ID to Source Document(s)
- 4) Include Family if Patient Unable
- 5) Verification of Two Staff When Required
- 6) Label in Presence of Patient
- 7) Do Not Use Location
- 8) Clarify Discrepancies

** spell on registration, 1st encounter to location, replacement of ID*

EIGHT PATIENT RIGHTS

- | | |
|------------------|------------------------------|
| ▪ Right Patient | ▪ Right Location |
| ▪ Right Time | ▪ Right To Participate |
| ▪ Right Test/Med | ▪ Right To Understand |
| ▪ Right Reason | ▪ Right To Consent or Refuse |

Patient Presents to Facility/Home Care Visit

Registration Process/
Visit Encounter

SDA/Direct Admit
or Outpatient Receiving
Sedation?

Yes

ID Band Applied

Include Patient ID in All Care,
Treatment and Services

Include Patient ID in
All Handoffs & Transfers

Patient Presents to
Emergency Department

Triage Process/
Quick Registration

Priority
Level?

Yes

Initiate
Treatment

Yes

Complete Registration Process

ID Band Applied

Include Patient ID in All Care,
Treatment and Services

Include Patient ID in
All Handoffs & Transfers

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References

1. Dunn & Moga, 2010
 2. Wallin et al., 2009
 3. Mollon & Fields, 2009
 4. 2016 - National patient safety goals
- This module is not intended to be all inclusive but rather to address salient points related to patient identification -
- Check with your site and service line for additional information**

The NYS Justice Center

Protection for Persons with Special
Needs Act (PPSNA)

Vulnerable Persons Central Register
(VPCR)

New York State Legislation that
affects Behavioral Health
Institutions and Units

Mandated Reporting

History:

Dec. 2012 – Governor Cuomo signed into law the PPSNA to address inconsistencies and provide greater protection to vulnerable persons.

June 30, 2013 – OPWDD, OMH, OASAS, OCFS, DOH and SED (collectively, the “State Oversight Agencies” or “SOAs”) were charged with establishing uniform definitions and standards for reporting incidents and allegations of abuse and neglect.

PPSNA defines a **Vulnerable Person** as a person who due to physical or cognitive disabilities or the need for services or placement is receiving care from a facility or provider within the systems of the SOAs

Mandated Reporting

What do I need to know as a mandated reporter:

- Nursing students are considered mandated reporters and are covered under the PPSNA
- Anonymous reporting is allowed but employees are strongly encouraged to inform their supervisors so investigations can begin as promptly as possible
- Responsibility to report to the VPCR does not relieve an employee of their reporting requirements or duties that may be required by law, regulation or policy

How and What to Report

Whenever a Mandated Reporter has reasonable cause to suspect a reportable incident involving a Vulnerable Person, he/she is required to make a report to the VPCR Hotline (1-855-373-2122), or by completing the form on the Justice Center website (www.justicecenter.ny.gov) **immediately** upon discovery.

If a Mandated Reporter or any other person has doubts about whether the available information indicates such reasonable cause, he/she should call the VPCR Hotline.

How and What to Report

- • **Immediately** means “right away”; however reporting may be delayed to prevent harm (e.g., for as long as it takes to call emergency responders and/or address the need to maintain supervision). Staff “going off-duty” does not justify a reporting delay. Reports must be made within 24 hours.
- • **Discovery** comes from witnessing the situation or when the vulnerable person or another individual comes to you in your official capacity and the available information indicates reasonable cause.
- • **Reasonable Cause** means that, based on your observations, training and experience, you have a suspicion that a vulnerable person has been subject to abuse or neglect as described below. Reasonable cause can be as simple as doubting the explanation given for an injury.

What Constitutes Abuse or Neglect?

Terms	Examples of Custodian Behaviors
<i>Physical Abuse</i>	Intentional contact (hitting, kicking, shoving, etc.) corporal punishment, injury which cannot be explained and is suspicious due to extent or location, the number of injuries at one time, or the frequency over time
<i>Psychological Abuse</i>	Taunting, name calling, using threatening words or gestures
<i>Sexual Abuse</i>	Inappropriate touching, indecent exposure, sexual assault, taking or distributing sexually explicit pictures, voyeurism or other sexual exploitation. All sexual contact between a Custodian and a service recipient is sexual abuse, unless the Custodian is also a person receiving services.
<i>Neglect</i>	Failure to provide supervision, or adequate food, clothing, shelter, health care; or access to an educational entitlement
<i>Deliberate misuse of restraint or seclusion</i>	Use of these interventions with excessive force, as a punishment or for the convenience of staff
<i>Controlled Substances</i>	Using, administering or providing any controlled substance contrary to law
<i>Aversive conditioning</i>	Unpleasant physical stimulus used to modify behavior without person-specific legal authorization
<i>Obstruction</i>	Interfering with the discovery, reporting or investigation of abuse/neglect, falsifying records or intentionally making false statements

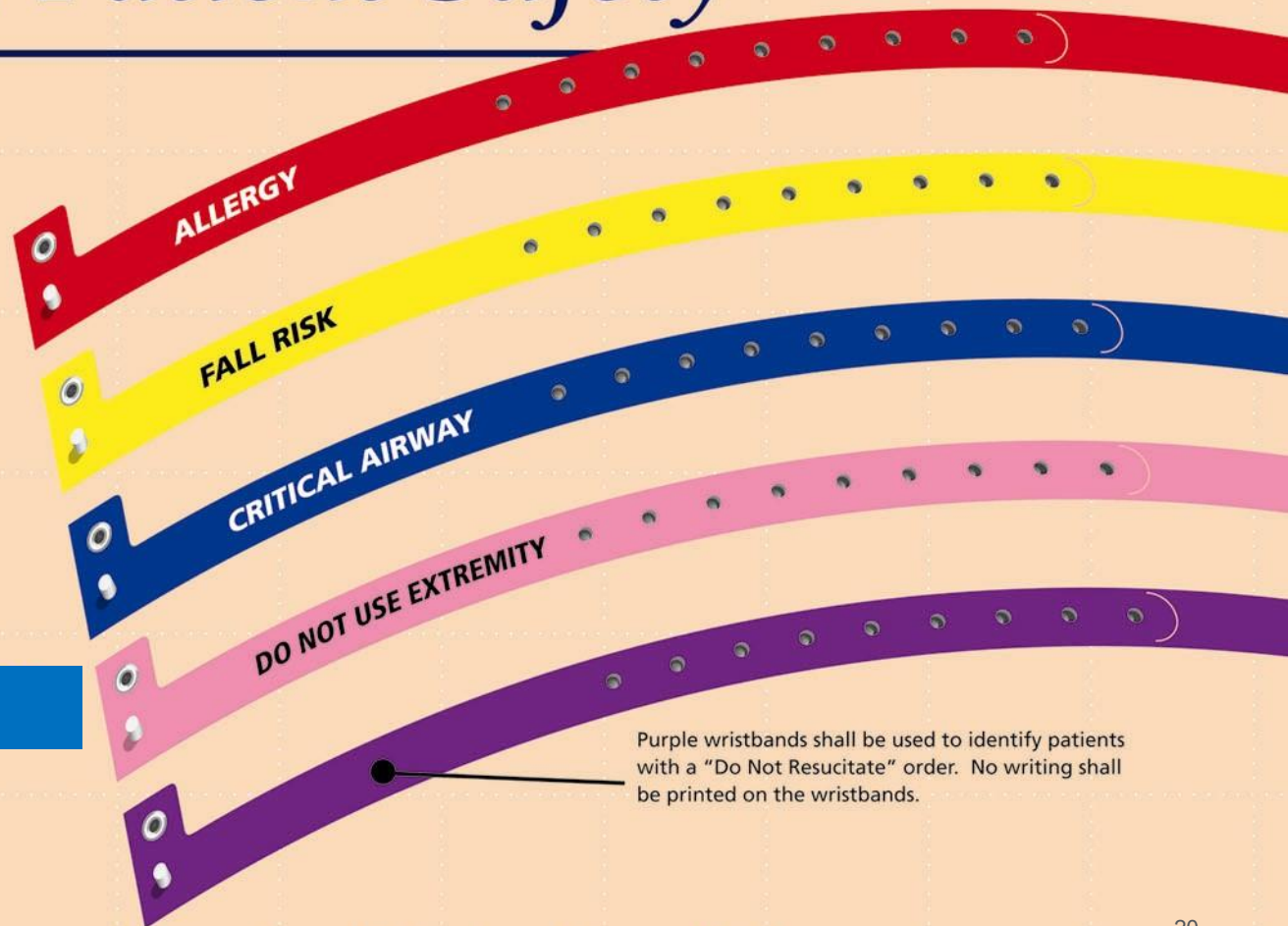
Patient Safety



Colors of Patient Safety

Starting this January, all patient wristbands are being standardized across

Northwell Health



Purple wristbands shall be used to identify patients with a "Do Not Resuscitate" order. No writing shall be printed on the wristbands.



Every employee should be familiar with the colored bands to provide an exceptional patient experience. Need help? Contact your supervisor or Nurse Educator.

The Joint Commission National Patient Safety Goals (NPSG)

Each year, the Joint Commission issues National Patient Safety Goals (NPSG), with the purpose of improving patient safety and assisting organizations to focus efforts on healthcare safety issues.

All team members should be familiar with the goals and the requirements as they pertain to his/her position.

2016 National Patient Safety Goals

http://www.jointcommission.org/standards_information/npsgs.aspx



The Joint Commission National Patient Safety Goals (NPSG)

National Patient Safety Goals apply to :

Hospitals

Ambulatory Health Care

Behavioral Health Care

Critical Access Hospital

Home Care

Laboratory Services

Long Term Care (Medicare/Medicaid)

Nursing Care Center

Office – Based Surgery



The Joint Commission National Patient Safety Goals (NPSG)

Identifying a patient correctly using at least two (2) identifiers. For example (but not limited to), when patients receive medication, treatment or blood transfusions.

Improving staff communication, especially surrounding reporting test results to the right staff person on time.

Using medications safely, especially related to labeling of medications used during procedures and for those medications that are used to thin a patient's blood.



The Joint Commission National Patient Safety Goals (NPSG)

- Using medications safely, especially related to labeling of medications used during procedures, care of patients prescribed medications to thin their blood and medication reconciliation where patient medication information is communicated with care providers including medications the patient is presently taking, compared to new medications, which medications the patient should take at home, and encourage the patient to bring medication list to each healthcare providers visit.
- Alarms on medical equipment are heard and responded to in a timely manner.
- Prevent mistakes in surgery: correct surgery, correct location of surgery, and pause before surgery



The Joint Commission National Patient Safety Goals (NPSG)

- Preventing infection by: always practicing proper hand washing and using proven guidelines to prevent infections.
- Identifying patient safety risks, such as which patients are most likely to be at risk for suicide.
- Preventing errors in surgery, by ensuring surgery is for correct patient, correct surgery, correct site, site marked prior to surgery and pause before surgery begins



The Joint Commission National Patient Safety Goals (NPSG)

Reporting safety/quality concerns

Any team member who has a concern about the quality of safety of care provided in the organization may report these concerns to the Joint Commission or any regulatory agency. No disciplinary action will be taken as a result.



Patient Safety Rapid Response Team- RRT



Rapid Response Team-RRT

RRT is an Institute for Healthcare Improvement Initiative –
100K Lives Campaign –
Updated to - 5 Million Lives Campaign.

RRT was part of the 2009 Joint Commission's
National Patient Safety Goals. They have been moved from
requirement to a standard. (NPSG - Rapid response)

Rapid Response Team-RRT

By calling a hospital's RRT when a patient first begins to show signs or symptoms of deteriorating health, patients are able to benefit from the expertise of health care colleagues before the situation gets worse. The goal is to respond to a “spark” before it becomes a “forest fire.”

RRTs have shown to reduce transfers to ICU, decrease ICU and hospital length of stays. They are associated with a decrease in cardiac arrests outside of ICU and a decrease in mortality rates in the hospitalized patient.

Activating RRT

The RRT is designed to intervene when a patient's condition starts to deteriorate **BEFORE** the onset of a cardiac arrest.

Criteria for Activation of the Rapid Response:

(examples include, but are not limited to)

Heart rate <40–45 per minute or >130–140 per minute.

Systolic Blood Pressure < 90mmHg.

Respiratory Rate <8–10 per minute or >28–35 per minute

Oxygen saturation <90% (despite the use of FiO₂ 50% or greater).

Change in mental status, level of consciousness or agitation (new onset or worsening of condition).

Urinary Output <50ml over 4 hours.

Hypothermia <95 F (except in PACU).

Underlying concern about the patient even if the above criteria are not met.

All team members including patient and family can activate RRT

Personal Protective Equipment



Reference:

Center for Disease Control
Website:

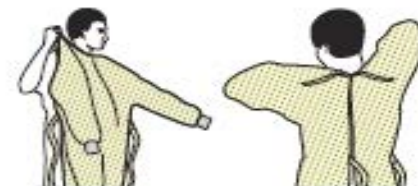
<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



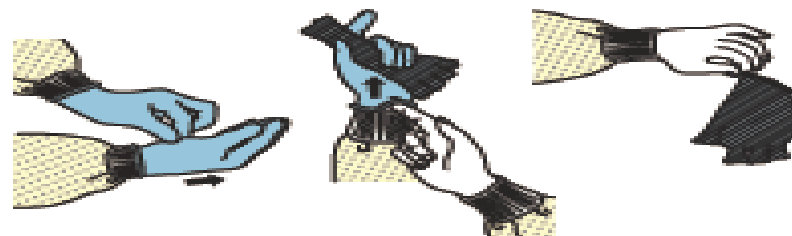
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

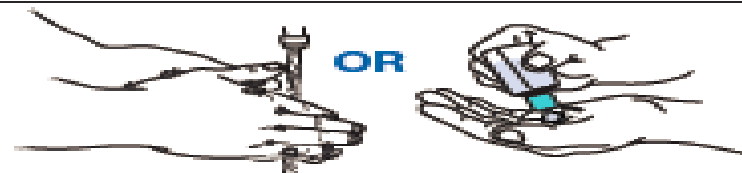


4. MASK OR RESPIRATOR

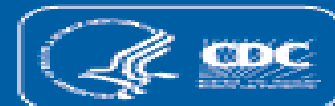
- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

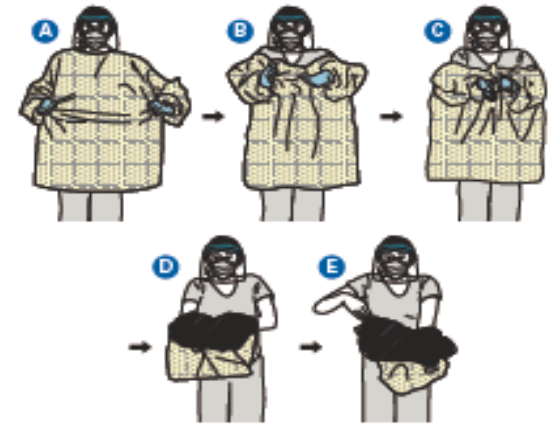


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

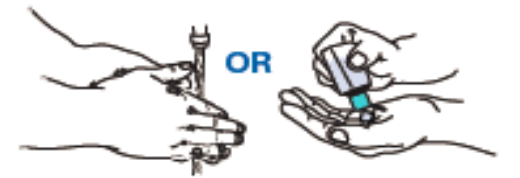


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Reference:

Center for Disease Control

Website:
<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Corporate Compliance Policies

Your Role Related to Corporate Compliance Policies

Consistent with the Health System's Code of Ethical Conduct, Associated Individuals are expected to perform their duties and responsibilities free from the influence of Conflicts of Interest and devote their professional loyalty, time and energy to applicable teaching, research, patient care, and service on behalf of the Health System.

Gifts from Industry are prohibited regardless of any value because even gifts of a nominal value may be viewed to influence or potentially influence Individuals in the conduct of their duties or responsibilities.

***Any questions related to the Northwell Health, Inc. Corporate Compliance policies please contact the Corporate Compliance Office at (516) 465-8097.**

Your Role Related to Corporate Compliance Policies

Patient Gifts: Individuals also are prohibited from accepting a personal, individual Gift of any kind from patients, former patients, their friends and relatives as individuals unless:

The Gift is a modest token of appreciation rather than intended to influence behavior;

The Gift does not involve cash or a cash equivalent such as a gift card; and

The circumstances are such that refusal could hurt a patient's feelings or otherwise be counterproductive to a patient relationship.

When feasible, Individuals should direct the donor to the relevant Health System Foundation so that such Gifts can be made to the appropriate entity.

***Any questions related to the NSLIJHS Corporate Compliance policies please contact the Corporate Compliance Office at (516) 465-8097.**

Health Requirements

Health Requirements Includes Nursing Students (LPN,RN,NP,CNM) and Nursing Faculty

**Must be documented and up-to-date even
if student is an employee of Northwell Health**

Health Requirements

All Participants and Faculty are required to complete the medical clearance requirements (unless medically contraindicated) as outlined below. The School will be responsible for maintaining updated records for the duration of the Participant's and/or Faculty's interactions within Northwell Health facilities and provide appropriate documentation upon request. The following requirements are subject to change in accordance with applicable law and Northwell Health policy.

Health Requirements

1. Physical Examination. All Participants and Faculty assigned to Northwell Health shall have had a complete health assessment and recorded medical history, prior to assignment to the clinical field. The examination shall be of sufficient scope to ensure that the Participants and Faculty are free from any health impairment which is of potential risk to patients or which might interfere with the performance of their duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior.

Health Requirements

Immunization.

- (i) Documentation of immunity to **Rubella** by blood antibody testing or adequate immunization;
- (ii) Documentation of immunity to **Measles** by blood antibody testing or adequate immunization;
- (iii) Documentation of immunity to **Mumps** by blood antibody testing or adequate immunization;
- (iv) Documentation of immunity to **Varicella** (Chicken Pox) by blood antibody testing or adequate immunization;

Health Requirements

Immunization.

- (v) **Tuberculosis Screening** performed within the past one (1) year. Screening methods should be either a tuberculin skin test or Food and Drug Administration (FDA) approved blood assay for the detection of latent tuberculosis infection. A history of a positive TB screening test shall require documentation of the positive test and a negative chest X-ray report.;
- (vi) **Documentation of Tdap** (Diphtheria, Tetanus and Pertussis) booster within 10 years;
- (vii) **Documentation regarding annual influenza** vaccination stating that:
 - (a) the Participant or Faculty member has received the annual influenza vaccination; or
 - (b) the Participant or Faculty member declined vaccination and the reason for declination. If the annual influenza vaccine was not received during the current influenza season, the Participant or Faculty member agrees to adhere to North Shore-LIJ's policy regarding use of a surgical mask when near patients.

Health Requirements

1. **Annual Screenings.** Health Assessment and Tuberculosis screenings at least annually
2. **Additional Health Requirements** for Participants and Faculty with direct patient-care-responsibilities:
 - (i) Documentation regarding Hepatitis B stating that:
 - (a) The Participant or Faculty member has received Hepatitis B vaccination; or
 - (b) Antibody testing has revealed that the Participant or Faculty member is immune; or
 - (c) The Participant or Faculty member declined vaccination.
 - (ii) **Respirator Fit Testing** (for those whose duties require providing service in respiratory isolation rooms); satisfactory fit results to wear a disposable 3M N95 1870 respirator within the past one (1) year.

The School must also certify that the Participants and Faculty have received appropriate infection control training on bloodborne pathogens.

Health Requirements

Baseline Eye Examination. All Participants and Faculty who will work directly with lasers shall have had a baseline eye examination, including:

- Ocular history, including photosensitizing medications
- Visual acuity for far and near vision
- Macular function by use of Amsler grid
- Color vision by use of Ishihara test

Congratulations

You have completed the reading material for the mandatory orientation program.

Please print and complete:

Certificate of Attestation/Acknowledgement Form

Post-test

Computer Use Agreement Form

Nursing students return completed documents to your nursing faculty/nursing preceptor

Nursing faculty please return Student Affiliation Checklist/Orientation (located on website) and Computer Use Agreement Form to the site nursing education department.

Website

<https://www.northwell.edu/research-and-education/continuing-and-professional-education/institute-nursing/external-nursing-education>

Return the following documents to your nursing faculty/preceptor.

If you are at a hospital site, the documents are returned to the nurse educator/department of nursing education.

If you are at a site outside of the hospital return to your nursing faculty/preceptor for the site's records.

2017 Mandatory Program Attestation and Acknowledgement Form

I hereby acknowledge that I have read and understood the contents of this Mandatory Orientation Program.

Print Name: _____

School: _____

Date Completed: _____

Signature: _____

Please return this page to your instructor/preceptor- retain a copy for your files.

CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGEMENT REGARDING USE OF COMPUTERS, E-MAIL, THE INTERNET and COMPLIANCE.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS OF THE FOLLOWING CONFIDENTIALITY STATEMENT AND THE POLICES AND PROCEDURES OF NORTHWELL HEALTH AND ITS INFORMATION SERVICES DEPARTMENT CONCERNING COMPUTER USE, ELECTRONIC MAIL AND THE INTERNET.

I understand that computers and/or my Computer Network ID's are provided to me for business purposes related exclusively to the scope of my employment or other relationships with Northwell. I further understand that the Internet is a public facility and utmost care is needed in all electronic communications to protect the integrity of the Northwell Computer Network, the confidentiality of data concerning Northwell patients and staff, and other information that is proprietary to Northwell, as well as the reputation of Northwell and its mission. I can be held accountable for any damage to Northwell that may result from my inappropriate behavior on the Internet or Northwell internal Computer Network.

My password is confidential and will not be shared with any other individual; nor will any attempt be made to learn another user's password. I will notify the Information Services Security Officer if I have reason to believe that someone has gained access to my password.

I understand that any misuse of my computer, the Northwell Computer Network, or my Internet account is a serious violation of Northwell policy that can result in disciplinary action. I understand that I do not have the right, nor am I authorized to disclose or use in any way for my own purpose, the unauthorized purpose of any third party, or any purpose other than as necessary to carry out treatment, payment and health care operations of Northwell and other authorized purposes, any confidential or property information obtained during my employment or relations with Northwell.

This includes, but is not limited to, financial, medical, patient and employee data as well as information regarding proprietary products or hardware obtained by Northwell from computer hardware/software vendors in the conduct of its business. I agree to notify the Information Services Security Officer immediately upon learning of an unauthorized use or disclosure of confidential or proprietary information.

If granted Remote Access to the Northwell Computer Network, I understand that I am responsible for safe handling and storage of the Authentication Information and that this information is exclusively for my personal use in the performance of Northwell business. I promise that I will not share it or the system privileges that it proves with any other person. The Authentication information should not be stored on a computer that will be used to access the Northwell Computer Network. I agree not to write or store the access information or activating personal identification number on anything that is stored anywhere near the computer or on anything which may logically be connected with the computer. If the Network access information is lost or stolen, the loss must be immediately reported to the Northwell Help Desk so that it can be disabled. I agree to inform the HELP DESK upon termination of employment for any reason.

I hereby attest that I have viewed and understand all twenty one videos and the slide presentation located on line. @ [WWW.Northwell.com/research-and-education/continuing -and -professional-education/graduate-clinical-education](http://WWW.Northwell.com/research-and-education/continuing-and-professional-education/graduate-clinical-education) which include : Service Excellence, Environment of Care, Life Safety, Emergency Management, Infection Prevention & Control, Cultural Diversity, Limited English Proficiency, The Patients'/Residents' Bill of Rights, Quality Management, HIPAA and Corporate

My signature on this form attests that I have read and understand the statements above and affirms my agreement to comply with them.

User Name X _____

User Signature X _____



All the best in
your clinical /
preceptorship
experience.

2017 - QUESTIONS

Print Student's/Faculty Name: _____ **Date of Test Completion:** _____

Site of Experience: _____ **School/University:** _____ **Semester:** _____

Instructions: Read each question, write an answer on space provided, and return test to the site educator / nursing school faculty for review. Incorrect answers clarified with the student by the site educator/nursing school faculty.

- _____ 1. All faculty and students must:
- A. Abide by the code of conduct
 - B. Be responsible and ethical
 - C. Comply with laws and regulations
 - D. All of the above
- _____ 2. The single most important means to prevent the spread of infection is:
- A. Wearing disposable gloves
 - B. Wearing a mask when entering a patient's room
 - C. Good hand hygiene
 - D. Reading isolation signs posted by the patient's door
- _____ 3. Which of the following patients require a identification band ?
- A. All inpatients
 - B. All Emergency Department patients
 - C. Ambulatory outpatients who are scheduled to receive sedation
 - D. All of the Above
- _____ 4. When identifying a patient at the first encounter in all treatment and service locations we ask them to
- A. Both state and spell their full name and Date of Birth (DOB)
 - B. State their Medical Record Number and DOB
 - C. Confirm their room number and Medical Record Number
 - D. None of the above
- _____ 5. **True or False.** Barcode technology allows staff to identify the patient without verifying the name and DOB.
- A. True
 - B. False
- _____ 6. Which of the following are included in the patient identification process?
- A. Use full name and DOB.
 - B. Include family if the patient is unable to participate
 - C. Clarify Discrepancies
 - D. All of the above.

- _____ 7. **True or False.** The Protection For Person with Special Needs Act includes those that have:
- A. Physical Disabilities only
 - B. Cognitive Disabilities only
 - C. A&B
 - D. None of the Above
- _____ 8. Which of the following should be done when difficult ethical situations arise in the clinical area?
- A. Notify your instructor or nurse manager
 - B. Refer to you facility's administrative policy and procedure manual
 - C. Gather information about the situation
 - D. All of the above
- _____ 9. **True or False.** A Living will and a Health Care Proxy are examples of Advance Directives:
- A. True
 - B. False
- _____ 10. What are some of the reasons that a patient may have a colored wrist band?
- A. Fall Risk
 - B. Allergies
 - C. Difficult airway
 - D. All of the above
- _____ 11. **True of False.** The National Safety Goals applies to both inpatient and outpatient medical settings
- A. True
 - B. False
- _____ 12. Which of the following is concluded in the 8 rights of patient identification?
- A. Right Patient
 - B. Right Reason
 - C. Right insurance coverage
 - D. A & B
- _____ 13. Which of the following can be used a source document when identifying patients?
- A. Electronic Medical Record
 - B. Physician order/requisition
 - C. A & B
 - D. None of the Above
- _____ 14. **True or False.** Students and faculty at Northwell Health may activate a Rapid Response Team:
- A. True
 - B. False
- _____ 15. Before obtaining consent for a patient with Limited English Proficiency (LEP) we must:
- A. Provide the appropriate language interpretation services
 - B. Encourage the patient to seek clarification when needed
 - C. Encourage the patient to involve family members if appropriate
 - D. All of the Above

- _____ 16. **True or False:** Patient information can be posted online as long as the information is accurate.
- A. True
 - B. False
- _____ 17. Which of the following *is* an approved/official identifier used in the patient identification process?
- A. Full Name and DOB
 - B. Phone number
 - C. Diagnosis
 - D. Room or Bed Number
- _____ 18. **True or False:** Before administration of blood, two nurses must independently verify patient identification.
- A. True
 - B. False
- _____ 19. Which of the following actions are done to comply with the National Patient Safety Goals.
- A. Ensuring alarms and medical equipment are heard and responded to in a timely manner
 - B. Ensuring that medications used are properly labeled
 - C. Pausing before surgery to verify correct patient and procedure.
 - D. All of the above
- _____ 20. **True or False:** Under no circumstances may a family member call a Rapid Response Team (RRT).
- A. True
 - B. False

HIPPA Questions

- _____ 21. The Privacy Act limits collection of information about individuals to that which is legally relevant and necessary.
- A. True
 - B. False
- _____ 22. It is the job of every healthcare provider to protect the confidentiality and privacy of patient health information.
- A. True
 - B. False

_____ 23. You are leaving your clinical unit when someone stops you in the hallway to ask what room a patient is in. You have this information because your preceptor was actually consulted to see him. What should you do?

- A. Escort the visitor to the room
- B. Tell the person that the patient cannot have visitors
- C. Tell the person to check at the information desk
- D. Pretend like you did not hear the person

_____ 24. Students who are participating in “clinical rotations” in hospitals are not subject to HIPPA penalties.

- A. True
- B. False

_____ 25. You are on a crowded elevator and a staff member with whom you need to discuss patient information enters the elevator. What should you do?

- A. Begin to discuss the information
- B. Whisper the information to the person
- C. Write all of the information on a piece of paper and hand the paper to the person
- D. Wait until you can get to a private area before discussing patient information

_____ 26. If a patient wants access to their record, they must provide in writing a valid reason for wanting to see their record.

- A. True
- B. False

_____ 27. The spouse of your patient approaches you in the hallway to inquire about her partner’s condition. Earlier that morning the patient states “I do not want my information discussed with anyone”. You should:

- A. Tell the partner that you are unable to share information about the patient’s healthcare
- B. Enter the patient’s room to ask if it is okay to share with the partner
- C. Give the partner the minimum necessary information about the patient
- D. Go through the patient’s chart with the partner in private

_____ 28. A facility’s Notice of Privacy Practices must be given to all patients on the initial visit.

- A. True
- B. False

_____ 29. An employee's access to patient information is determined by their:

- A. Length of Employment
- B. Years of Education
- C. Job responsibilities within the organization.

_____ 30. You see one of your colleagues and he tells you about an interesting case that he saw in the Cardiac Cath lab. After lunch you go up to the Cath Lab to pull up the patient medical record. This is okay because you are trying to "enhance" your education.

- A. True
- B. False

_____ 31. What makes a good password?

- A. A wide range of characters
- B. Using mixed case in words
- C. Using mnemonics to help you remember passwords
- D. All of the above

_____ 32. What is the name of the document that explains the organization's rules for releasing a patient's medical information?

- A. Authorization for Release of Information
- B. Medical Consent
- C. Notice of Privacy Practices

_____ 33. What are some potential consequences of HIPPA violations?

- A. Civil Penalties
- B. Criminal Penalties
- C. Disciplinary Action by the Board of Nursing
- D. All the Above

_____ 34. As a student you may photoduplicate/copy or fax patient documents if you are working with the patient's PHI.

- A. True
- B. False

_____ 35. You may access the medical record of your minor child because you are the legal guardian and are responsible for medical payments.

- A. True
- B. False

_____ 36. Patient information that is protected by HIPPA federal laws and practice policy includes which of following?

- A. Lab Results
- B. Surgical History and Medications
- C. Past and present conditions
- D. All of the above

_____ 37. How do you keep patient information private when you need to leave your computer?

- A. Log off each time you leave the computer
- B. Ask your coworker to watch your computer for you
- C. Don't worry if you are only leaving your computer for a short period of time
- D. Activate the screen saver on your computer

_____ 38. What are some of the things that are done to increase the privacy and security of patient information?

- A. Keep your password to yourself
- B. Do not install unauthorized software
- C. Report incidences
- D. All the above

_____ 39. Over the last 2 weeks you have collected several sheets of paper that contains patient's names and health information. You would like to get rid of the information. What should you do?

- A. Throw it in the trash can
- B. Place in an approved locked HIPPA bin to be discarded
- C. Shred the papers and then throw it in the trash can
- D. Hold on to it until the end of your rotation

_____ 40. Protected Health Information is anything that connects a patient to his or her health information?

- A. True
- B. False



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Print Name: _____

School: _____

Date Completed: _____

Signature: _____

Please return this page to your instructor/preceptor- retain a copy for your files.