

Orientation for Students with Health System Affiliations

Excludes Nursing Students

August 23, 2012

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Mission, Vision, Values and Expectations

Mission:

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

Vision:

To be a national healthcare leader, committed to excellence, compassion and improving the health of the community.

Values and Expectations:

Our core values are what make the organization successful. You are expected to always demonstrate our core values in action; they should be part of your daily routine: Always putting our patients first, working as a team, promoting quality and pursuing excellence are just some of the expectations we have of our team members.

OUR VALUES IN ACTION

Excellence

Pursue greatness with passion and promote quality

Integrity

Be professional, honest and protect privacy

Patient Experience

Always put our patients first

Caring

Be compassionate, respectful and supportive

Teamwork

Work together and communicate effectively

Innovation

Initiate change and promote creativity

Patient's Bill of Rights

New York State mandates that the Patient's Bill of Rights is distributed to all patients admitted to a hospital. Please ensure that these rights are observed and respected at all times.

As a patient in a hospital in NY State, you have the right, consistent with the law, to:

1. 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.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

Patient's Bill of Rights (Continued)

6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet “Deciding About Health Care – A Guide for Patients and Families.”
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

Patient's Bill of Rights (Continued)

13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Safety/Security

North Shore-LIJ is committed to providing a safe environment for all.

Please observe the following:

1. Safety is everyone's responsibility! Maintain safe conditions to protect yourself, hospital staff, patients and visitors.
2. Walk – do not run, especially in halls and on stairs. Keep to the right, using special caution at intersecting corridors.
3. Report any unsafe conditions (i.e., damaged equipment) immediately to the appropriate department.
4. Report any foreign objects or spills you see on the floor to your supervisor.
5. Report injuries to self or others and, if necessary, get immediate first aid.
6. Obey the “Tobacco-Free Environment” policy.
7. Wear your health system or school issued identification badge while in any health system facility.
8. Report all security related incidents and acts of workplace violence.
9. No weapons are permitted in any health system facility.

Standardized Patient Safety Codes

Be familiar with the following health system's codes:

| | | | |
|---|--|--|---|
|  | Code Amber Pediatric or infant has been abducted or is missing |  | Code Decon Activation of Decon response team |
|  | Code Flight Adult patient has eloped or is missing |  | Code Red Activation of the Hospital's Fire and Life Safety Management Plan – plus announce location |
|  | Code Blue Adult Cardiac/Respiratory Arrest – plus announce location |  | Code Stroke Activation of Stroke Team – plus announce location |
|  | Code W Pediatric Cardiac/Respiratory Arrest – plus announce location |  | Code Trauma Activation of Trauma Team- plus announce location |
|  | Code 100 Neonatal Resuscitation – plus announce location |  | Code Fusion Transfusion Emergency – plus announce service and location |
|  | Code Gray Security Stat – plus announce location |  | Rapid Response Activation of Rapid Response Team – plus announce medical/surgical/pediatric and location |
|  | Code Green Security Stat – plus announce location because of violence with weapon |  | STAT Response by Department Announce Service STAT to location – (service e.g. Respiratory, Cath Lab, etc.) |
|  | Code HICS Activation of EOP – plus activation level (I, II, III, IV) |  | All Clear Announced twice following resolution of incident |

Fire Safety

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

1. Be aware of your surroundings. 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 station
- Fire extinguisher
- Exits – emergency and others

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

R: Remove those in immediate danger of fire.

A: Activate the fire alarm.

C: Confine the fire.

E: Extinguish fire with proper extinguisher if safe to do so.

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

P: Pull the pin.

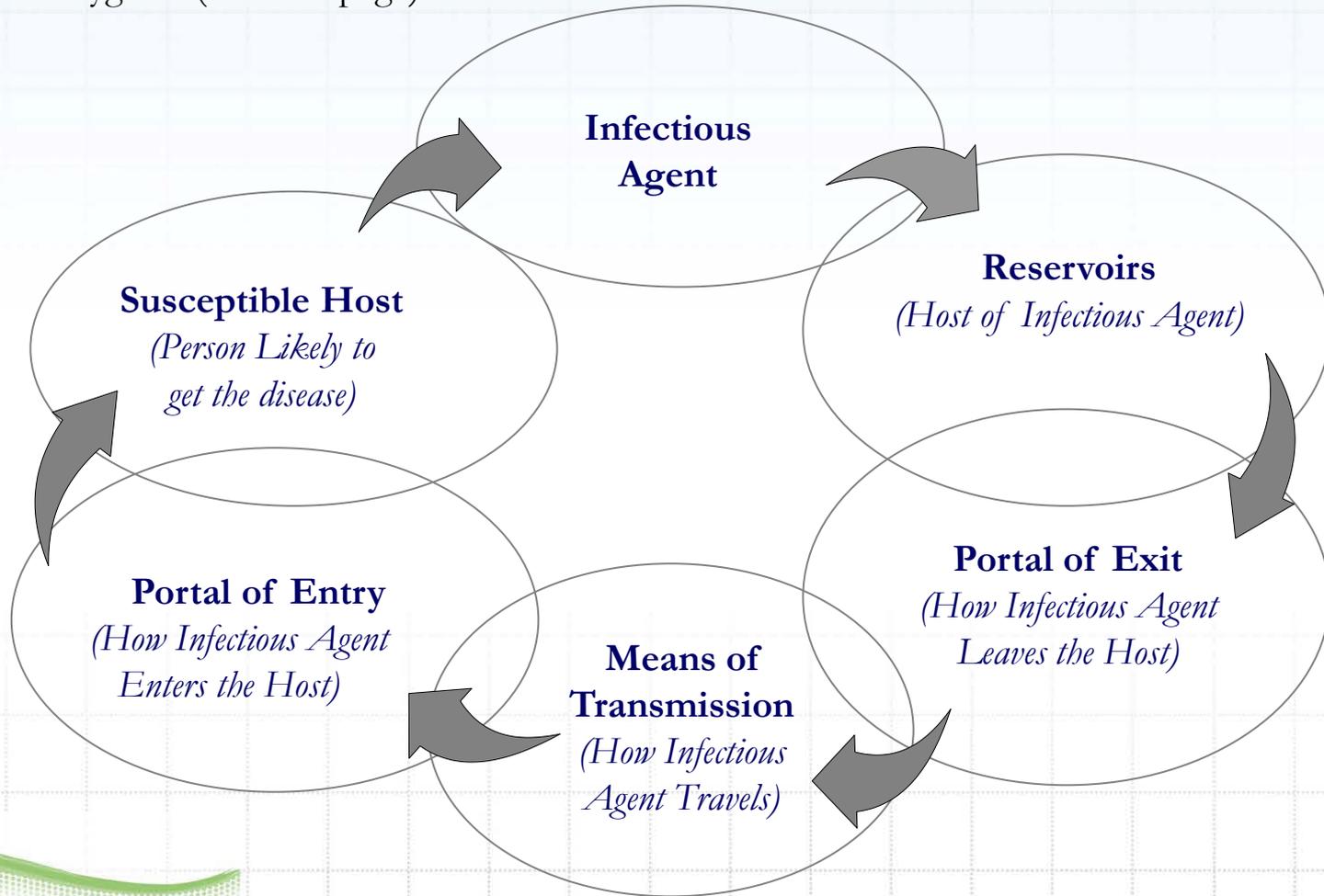
A: Aim low (base of fire). Stand 6-8 feet from fire.

S: Squeeze the handle.

S: Sweep from side-to-side.

Infection Control: Chain of Infection

The control of infection is an important part of maintaining a safe work environment. The mechanism by which infection occurs is illustrated below. An effective way of breaking the chain of infection is through hand hygiene (see next page).



Procedure for Hand Hygiene

Your role in breaking the chain of infection is to ALWAYS wash your hands. Remember...

| ...Hand Hygiene with Alcohol Based Hand Gel: | ...Hand Hygiene with Soap and Water: | ...Wash your hands: |
|---|--|---|
| <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 1. Thoroughly wet hands and wrists with water – holding hands downward at all times so runoff goes into the sink. 2. Apply soap with vigorous contact on all surfaces and between fingertips <u>for a minimum of 15 – 20 seconds</u>. 3. Rinse thoroughly under running water while keeping hands in a downward position. 4. Dry hands with paper towels. Use paper towel to turn off faucet (considered contaminated); discard into wastebasket. | <ol style="list-style-type: none"> 1. Before and after eating, and using the toilet. 2. Immediately after removing your gloves. 3. In between patient contacts. 4. After touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. (The use of gloves does not preclude the need for hand washing). |

Material Safety Data Sheets (MSDS)

It is important to know the hazards associated with material you work with. A Material Safety Data Sheet (MSDS) is a document that contains information on the potential health effects of exposure to chemicals, or other potentially dangerous substances. It is intended to tell what the hazards of the product are, how to use the product safely, what to expect if the recommendations are not followed, what to do if accidents occur, how to recognize symptoms of overexposure, and what to do if such incidents occur. Information found on MSDS includes:

1. Materials physical properties
2. Materials toxicity
3. Level of Personal Protective Equipment (PPE) needed
4. First aid
5. Response to spills, releases and emergencies
6. Disposal
7. Name, contact of product company

Electrical Safety

Prior to operating electrical equipment:

1. Perform visual inspection of the electrical equipment.
2. Visually check that wall outlets are in good condition.
3. Report any electrical cords that have cracked and worn insulation.
4. Keep electrical cords away from heat and water.
5. Electrical cords should not be run under rugs or carpets, or through doors or windows.

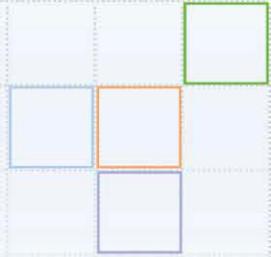
Health Insurance Portability and Accountability Act (HIPAA) Security

- Never share your log on and password with anyone.
- Lock your computer or log off if you are going to be away from your workstation.
- Do not alter any software on your computer.
- Notify IS Security if you detect a virus.
- Store your data on network drives only.
- Do not text confidential information such as a patients' PHI (Protected Health Information).
- Do not take pictures of patients or patients' PHI with your personal devices.
- Do not carry or store patients' PHI on portable devices unless it is absolutely necessary.
- Encrypt your portable storage devices regardless of the type of PHI information it contains.
- Encrypt e-mails that contain confidential information by using the "Encrypt and Send" button located directly over the "Send" button.
- If you need help with an encryption or other security question, please call the Help Desk.
- For more information, please refer to the "*Use, Access and Disclosure of Protected Health Information with Valid Authorization*" policy that is posted on HealthPort.

E-Mail, Facebook, Twitter and Other Social Media

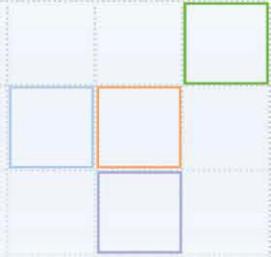
- Use health system e-mail for health system business.
- E-mails are to be considered an extension of the health system and must be professional in all aspects.
- Do not post or discuss any patient information on social media sites. Even if the information cannot be linked to specific patients, it cannot be posted. Something as seemingly harmless as a patient's symptom can violate a patient's privacy and become a HIPAA violation.
- Do not post or discuss confidential or proprietary health system information on any social media sites.
- Personal use of social media shall be reserved for non-work time.
- Please refer to the "*Social Media Acceptable Use*" policy and/or the "*Electronic Communications Systems*" policy for additional details.

Contact Information for Questions



Please contact Corporate Human Resources
if you have questions about these materials at:
(516) 837-1666

Orientation Attestation



I have read the Orientation for Students with health system affiliations.

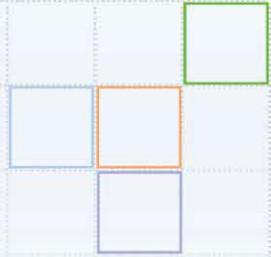
Name _____

Department _____

Date _____

Please provide the signed copy of this attestation, the Confidentiality Statement and Attestation and the Conflict of Interest Questionnaire to the program manager in your department.

Confidentiality Statement and Attestation



As a student at one of the facilities of North Shore-LIJ Health System (“health system”), I understand that I must keep all health system information confidential, and by signing this document, I am agreeing to do so.

I understand that the health system information includes, but is not limited to, medical, patient, employee and financial information.

I understand that the health system has the right to hold me accountable for disclosing confidential information and that my failure to keep health system information confidential may result in the termination of my association or affiliation as a student of the health system.

Signature _____

Date: _____

Print Name: _____

Conflict of Interest Questionnaire

OUTSIDE INTEREST

A conflict of interest may exist if you or any members of your immediate family is an owner of, has an investment or other financial interest in, or receives compensation in any form from an outside concern which sells or leases goods or services or lends money to the health system, or competes with the health system in its line of business.

Please identify any such activity, which you or members of your immediate family may have. If none, so state: _____

OUTSIDE ACTIVITIES

A conflict of interest may exist if you or any member of your immediate family is employed by, is engaged in business dealings with or acts as a director, trustee, or officer or otherwise renders services or goods to any outside concern that does business with the health system or to any outside concern that competes with the health system.

Please identify any outside business activities as described above in which you or members of your immediate family are engaged. If none, so state: _____

GIFTS, GRATUITIES, AND ENTERTAINMENT

A conflict of interest may exist if you or members of your immediate family accept gifts or gratuities of any kind including goods, services, entertainment or other favors, or anything of value (including discounts) from any entity that does, or is seeking to do business with the health system or which competes with the health system.

Please identify any gifts or gratuities, which you or members of your immediate family have accepted while employed by the health system, from any entity that does or seeks to do business with the health system, or which competes with the health system. If none, so state: _____

Signature _____ Date _____