



DONALD AND BARBARA  
ZUCKER SCHOOL *of* MEDICINE  
AT HOFSTRA/NORTHWELL

# Mandatory Program on Safety, Quality, Infection Control and Prevention, and Workplace Respect

# Program Objectives

After reviewing the content of this program on Safety, Quality, Infection Control and Workforce Respect, the learner will be able to:

1. State the mission, vision, values and expectations of Northwell Health.
2. State the three promises 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 three promises

Our brand is our promise to our consumers, our Culture of C.A.R.E. is our promise to our patients, and our employee promise is simply our promise to one another.



## Our 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.

## Our Vision & Our Brand Promise

Transformative leadership driving the future of health, wellness, and quality-of-life.

## Culture of C.A.R.E.

Experience is at the heart of what we do. Culture of C.A.R.E. is our foundation grounded in **Connectedness, Awareness, Respect** and **Empathy**. It's how we deliver on the expressed and unexpressed needs of our patients and families.

## Our Employee Promise

It's our promise to each other. It's what you get, for what you put in. Built by the people, for the people.

## Our Values

### Every moment matters.

We're passionate about caring for our patients, our communities and each other, keeping everyone safe and well.

### It's our ambitious spark that changes lives.

We seek integrity and excellence, while taking every opportunity to spread our wings and redefine what it means to work in health care.

### We never settle.

We're pioneers, always curious in our everyday tasks and our quest to shape the future of health care.

### We rely on each other.

We couldn't do it on our own, and trust each other to perform seamlessly as one.

### We are all unique.

We stand united, proud and respectful, always celebrating our differences.



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# 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.



# 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 **C**oncerned, I’m **U**ncomfortable, This is a **S**afety issue.”
- **DESC:** Describe, Express, Suggest Consequences. A constructive way to resolve conflict.
- **SBAR:** A technique for communicating critical information that requires immediate attention.

Situation, **B**ackground, **A**ssessment and **R**ecommendation



# 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 22 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.

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 or review your site specific policy.

# 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.



# 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 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, Support Person and Caregiver Designation (Policy # 100.25)\*
- Withholding and Withdrawing Life Sustaining Treatment Including Do Not Resuscitate Order (DNR) Orders (Including Medical Decision Making for Patients who Lack Capacity and Minors)(Policy #100.24)\*



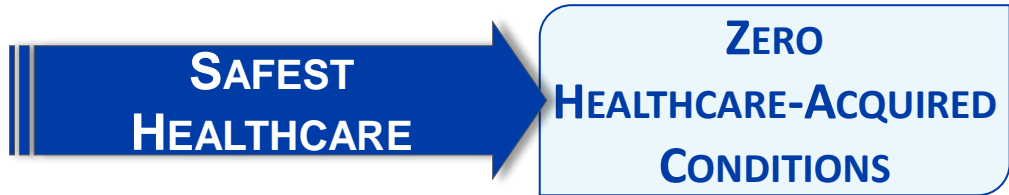
# Quality

Northwell Health's vision is to be the most trusted name in healthcare.

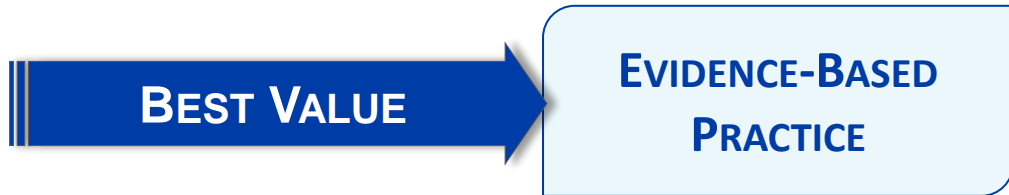
## Our Key Quality Priorities To Eliminate All Preventable Harm



*Example: Acute MI, Heart Failure, Pneumonia, COPD, Sepsis, Mortality Review*



*Example: CAUTI, CLABSI, C-difficile, MRSA, SSI*



*Example: Reduce Readmissions, Stroke, Advanced Illness*

# Quality (continued)

Your role in providing quality/safe care is to:

- Put patients first and at the center of everything you do - patient engagement & empowerment
- Maintain the highest standards of quality care and patient safety.
- Don't be afraid to speak up about any patient safety event\* – be proactive.
- Build teamwork based on collegiality and mutual respect.
- Always seek assistance and ask questions when you are uncertain or unclear about something.
- Support two-way communication to build a culture of safety and trust.
- Document clearly and accurately in the patient's medical record.

Visit our [website](#) to see how we measure and publicly report our progress in terms of quality and patient 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.



# Reporting Safety/Quality Concerns

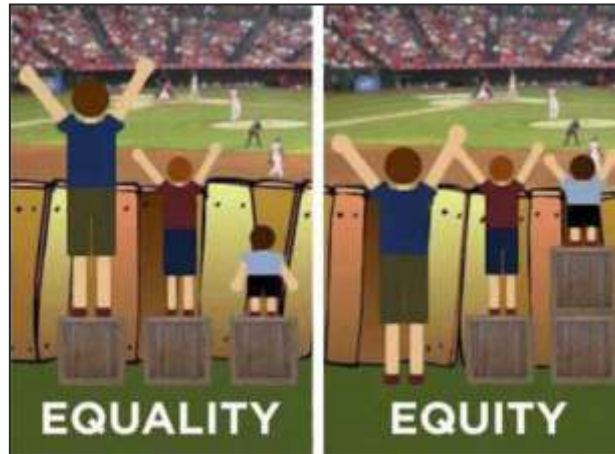
Any employee who has a concern about the quality of safety of care may report these concerns to the Joint Commission ([complaint@jointcommission.org](mailto:complaint@jointcommission.org)) or any regulatory agency.

No disciplinary action will be taken as a result.

## Diversity and Health Equity

Healthcare efforts only account for twenty percent of society's well being. Eighty percent of the population's well being and quality of life is due to factors other than medical care. These factors - known as social determinants of health - are the environmental conditions in which people are born, live, learn, work, play, and worship. Age may also affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Health equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives. Health equity is achieved when everyone has an equal chance to be healthy regardless of their background. This includes a person's race, ethnicity, income, gender, religion, lifestyle, sexual identity and disability.



# 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

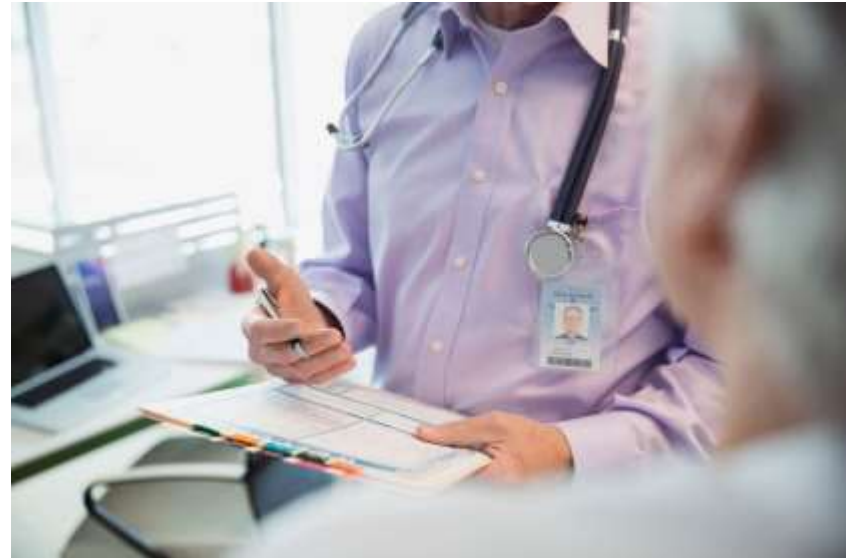
Improving health literacy will assist in improving health outcomes.

## 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

“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 capitalizes on diversity by creating a collaborative culture that values different ideas and perspectives.

Health Care needs both diversity and inclusion to be successful.

## Why is Diversity and Inclusion Important to Health Care?

- Enables us to meet the cultural and spiritual needs of our diverse patient and family population and our workforce.
- Engenders 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 are....

- More skilled decision-makers and problem-solvers.
- 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

- Develop the capacity to use a flashlight on yourself – Take an honest look at how you are, who you are, and which messages and biases govern your everyday life – do this without self-judgment but rather from a place of curious inquiry
- Practice constructive uncertainty – check your assumption and truths you have about yourself and others, and ask questions from a non-judgmental place
- Take a pause – check your reaction – pay attention to what’s happening beneath the judgments and assumptions
- Explore awkwardness and discomfort – it’s okay to feel outside of your comfort zone sometimes or unsure what to feel, do or say
- Engage with people you consider ‘others’ and expose yourself to positive role models in that group

Get feedback from others so that they can help you see your patterns and blind spots and in that way your biases and their impact

# What can you do to enhance Diversity & Health Equity?

Promoting an environment that supports diversity and health equity allows our patients, colleagues and the communities we serve to be treated with respect.

Northwell Health is committed to the delivery of culturally sensitive, safe, and quality patient-centered care, while creating a work environment where everyone feels included.

Demonstrate your commitment to diversity and health equity:

- Take the Health Literacy iLearn module and signup for the Health Literacy CLI course on iLearn.
- Join a Business Employee Resource Group (BERG) via mySelfService.
- Be involved with your Diversity and Health Equity Site Council.
- Participate in the Rev. Dr. Martin Luther King, Jr. “Week of Service” Program.
- Visit CultureVision™ on the Intranet, an online database that provides information on over 75 different cultural groups: Useful Links > Cultural Resource.
- Communicate with LEP patients using the interpreter telephones, video remote interpreting (VRI), and on-site interpreters.

For questions or to learn more, please email:  
[DiversityandHealthEquity@northwell.edu](mailto:DiversityandHealthEquity@northwell.edu)

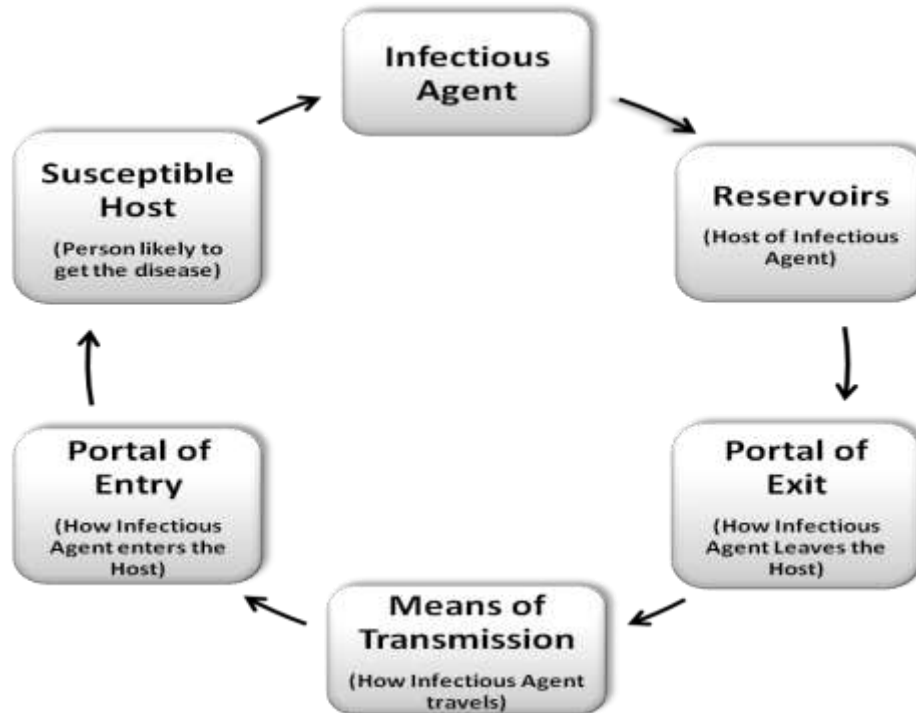
# Infection Control and Breaking the Chain of Infection





# 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 Practice Guidelines from the Centers for Disease Control and Prevention (CDC)

## 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. Dry hands thoroughly with paper towel, discard paper towel after use
6. Use clean paper towel to turn off faucet since the faucet is considered contaminated and discard into wastebasket



# 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
4. Gel nail polish cannot be worn by HCP within the operating room



# 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	HCP
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 when entering the room
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	<ul style="list-style-type: none"> <li>• Wear a gown and gloves when patient/resident/client or environmental contact is anticipated</li> <li>• Wear a surgical mask when suctioning or performing a procedure with aerosols</li> <li>• Dedicate a stethoscope and thermometer to the patient when on precautions</li> </ul>

# 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, Emergency Medical Service (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, surface 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	⇒	Wash the area thoroughly with soap and warm water
Blood spills or splashes on NON-INTACT skin	⇒	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	⇒	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:

### You, as the visiting student:

- Must immediately decontaminate based on nature of exposure
- Report directly to the nearest Northwell Health 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 an Employee Health Service office within 3 days of your discharge from the Emergency Department post exposure
- Refer to your worksite’s post-exposure policies and procedures for additional steps
- Notify your Office of Student Affairs
- Notify the Office of Student Records by emailing SOMRegistrar@hofstra.edu
- If you have any unanswered questions, please call the Office of Student Records at the Zucker School of Medicine at 516-465-7576 between 9 AM and 5 PM

### Your immediate supervisor will:

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

### The ADN/ House Supervisor will:

- Ensure source patient’s specimens are sent to the laboratory immediately to assist with the Emergency Department’s evaluation and treatment of the HCP’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
- The HCP involved with a spinal procedure and or injection must wear a surgical mask
- Multi-dose vials should be dated when opened and discard date as per the expiration date or facility protocol, which ever comes first

# 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 HCP, regardless of their health status, are required to report suspected health care worker-to-patient body fluid exposures. HCP must report patient exposures immediately to Infection Prevention, the patient's health care provider, Quality Management and Employee Health Service.

All HCP, especially those with direct patient contact are encouraged to know their HBV, HCV 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 Service and to remain under the care of a physician with expertise in infectious disease. A physician-letter should be submitted annually to Employee Health Service 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 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 HCP caring for patient must wash their hands before contact with surgical incision and dressing

# Surgical Attire

## The following attire is required for HCP entering the semi-restricted and restricted procedural area:

- All HCP must wear hospital issued scrub attire that are laundered by the facility or a facility-approved laundry service when in the restricted and semi-restricted procedural areas.
- When HCP leave the building scrubs must be removed and street clothes put on.
- All hair and facial hair must be completely covered with a facility approved head cover.
- Beard covers should be worn by HCP with beards.
- Ears and earrings should be confined under the head cover.
- HCP should wear a long-sleeved jacket in the restricted area.
  - The jacket can be a single one-time-use jacket or the facility-approved laundry service.
  - All non-disposable jackets should be laundered daily.
- Surgical attire consists of a two-piece pantsuit or scrub dress with scrub pants.
- Attire worn underneath the scrub shirt should be confined. No long-sleeved shirts are permitted.
- Shoes worn in the semi-restricted and restricted area should have closed toes and backs, low heels, non-skid soles, and not have holes or perforations.

# 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 (option #2 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.

# Pathogens of Concern – *Candida auris* (*C. auris*)

*C. auris* is an emerging multi-drug resistant yeast that causes hard to treat infections and can be spread in healthcare settings through contact with contaminated surfaces or equipment, or from physical contact with a person who is infected or colonized.

## Case identification:

- Isolate the patient with *C. auris* or *Candida species* when the laboratory has difficulty in identification of the species
- Notify Infection Prevention
- The laboratory and/or Infection Prevention will report the laboratory result to the NYSDOH and coordinate shipping of the specimen to Wadsworth Laboratory as per instructed by the representative from the NYSDOH

## Management of suspected or confirmed *C.auris* to prevent spread by:

- Place the patient on Standard and Contact Precautions in a single bedded room and adhere to precaution practices
  - Provide a dedicated thermometer, blood pressure cuff, and other equipment when possible
  - Wear a gown and gloves upon entry and remove prior to exiting the room
  - Adhere to hand hygiene with soap and water or an alcohol-based hand gel
  - Daily and terminal cleans to reduce environmental burden of organisms with EPA –approved sporicidal disinfectant or bleach solution
- Before a patient is transferred to another facility notify the NYSDOH
- Perform surveillance cultures as directed by the NYSDOH

# 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)
- 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



# 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
- Contact Infectious Disease and arrange for a consult immediately
- Notify site Infection Prevention

# Antibiotics and Negative Consequences

**Antibiotic misuse and overuse increases antimicrobial resistance and is a serious and growing public health crisis.**

- Two million people in the United States are infected with bacteria that are resistant to antibiotics each year.
- Antibiotic resistant infections are responsible for at least 23,000 deaths per year.
- 250,000 people every year are hospitalized with *Clostridium difficile*.
- 20% of Emergency Department visits for an adverse drug event were because of antimicrobial and allergic reactions, drug interactions, and side effects, including *Clostridium difficile* infection.
- Antimicrobial resistance may add 20 billion dollars in additional direct healthcare costs every year.



## CDC Threats Associated with Antibiotics

### Urgent Threat

- *Clostridium difficile*
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Resistant gonorrhoea
- Methicillin resistant *Staphylococcus aureus* (MRSA)
- Multi-drug resistant gram negative organisms

### Serious Threat

- Resistant *Campylobacter, Salmonella, Shigella*
- Fluconazole resistant *Candida*
- Drug resistant *Streptococcus pneumoniae*

### Concerning Threats

- Vancomycin Resistant *Staphylococcus aureus* (VRSA)
- Erythromycin resistant Group A Streptococci
- Clindamycin resistant Group B Streptococci

# 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 11<sup>th</sup> 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 2017. 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



# Safe Patient Handling

Defined as a physical action that is utilized for the purpose of mobilizing a patient.

- A safe patient handling and mobility committee is in place at each facility to ensure successful implementation of safe patient handling practices.
- Evaluate, plan, and execute evidence-based practices while handling patients.
  - Assess patient's 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.
  - Use proper body positioning and remember good posture.
  - Adjust the bed to waist height and use the bed features.
- Utilize safe patient handling devices to ensure your safety and the patient's safety.
- If you are injured while handling a patient:
  - Immediately report it to your supervisor or Workforce Safety
  - Promptly complete an incident report on mySelfService



## Total Assist Lift

- Floor Based
- Overhead/Ceiling Lifts



## Sit to Stand Lift

- Mechanical
- Non-Mechanical



## Lateral Assist Device

- Slide Sheet, Board
- Air Assisted



# Workforce Safety Through Ergonomics

## 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.

## Team Lifting:

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

## 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).
- Bend with your knees, not your back.



## 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.



# Workplace Violence Prevention and Security – Safety Tips

## Watch for signal that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language such as threatening gestures

## Behavior that helps diffuse anger:

- Present a calm and caring attitude
- Don't match the threats
- Don't give orders
- Acknowledge the person's feelings (for example, "I know you are frustrated")
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, speaking loud)

## Be alert:

- Remain vigilant throughout the encounter
- Don't isolate yourself with a potentially violent person
- Be aware of or attempt to secure any object that can be used as a weapon
- Always keep an open path for exiting

***Report any workplace violence incidents to Security and/or your supervisor/manager.***

## Fit For Duty: Impairment in the Workplace

Northwell Health, in coordination with the Department of Labor, maintains a Drug-Free Workplace which includes communication of the following information:

**Every employee is required to be able to safely perform their essential job functions without impairment by mood altering substances. This includes:**

- Alcohol
- Over-the-counter medications
- Illicit drugs
- Prescriptions medications
- Any substance which impairs an employee's attention or ability to perform essential job functions

**The effects of such substance use and misuse can extend beyond the time where the drug is no longer detectable by laboratory tests; as is commonly seen with "hangovers".**

The main idea is that an employee's observable behavior and ability must be at competency levels necessary to safely perform all essential job functions. It is important to note that fatigue and sleep deprivation can impair job skills equal to that of substance misuse.

# Drug-Free Workplace and Tobacco-Free Environment

- 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.
- 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 or within your site specific policy manual.*

## 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 with a specific severe, debilitating or life-threatening condition. Northwell Health recognizes there is a genuine need for medical-marijuana use.

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.

# 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:**

**R**emove those in immediate danger of fire: call aloud

**“Code Red”**

**A**ctivate the fire alarm

**C**onfine the fire

**E**xtinguish fire with proper extinguisher if safe to do so

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

**P**ull the pin

**A**im low (base of fire), stand 6 to 8 feet from fire

**S**queeze the handle

**S**weep 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. The fire department and senior leadership will provide the orders to evacuate the building if necessary.

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 would include fire within a unit.

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 Standardized Patient Safety Code activation announcements, as posted in the Employee Handbook and 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 personal cell phone number and personal email address are up-to-date 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 Operations Plan and will follow this plan:

- Your department will notify employees through the Everbridge Mass Notification System.
- Your supervisor will assign responsibilities for individual employees.
- Always carry and display your Northwell Health identification badge.
- Personnel not needed in their own department may be asked to 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 employees responsible to coordinate preparedness activities in the facility.

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

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



# Hospital Incident Command System (HICS)

Northwell Health uses the Hospital Incident Command System (HICS) response method during an emergency or for a planned event. HICS levels for a specific type of event may vary from facility to facility, based on the severity of the incident and the availability of resources. The following are the four levels of HICS used in the organization:

LEVEL I: Activated when there is a *potential* for impact on the facility.

Examples: Impending storm, surge of patients that could potentially impact resources, planned events, incidents requiring situational awareness

LEVEL II: Activated for an incident with *minor* impact on facility operations.

Examples: Utility failures, widespread communication/IT failures, infectious disease outbreak

LEVEL III: Activated for an incident with *moderate* impact on facility operations.

Examples: Any incident requiring resources external to the health system, building fires, major flooding

LEVEL IV: Activated for an incident with *significant* impact on facility operations.

Examples: Facility evacuations, major external disasters

# Hospital Incident Command System (HICS) (continued)

## Where do I go for more information?

- Contact your site Emergency Preparedness Coordinator for more information.
- Incident Response Guides
  - Located on the Intranet under Corporate Security/Emergency Management site.
  - Used to give guidance in the first few minutes/hours of an incident.
- Emergency Operations Plans
  - For hospitals - Located on the Intranet under the individual hospital tab.
  - For non-hospital sites – Located on the Intranet under the department tab.

## What is the escalation process?

- Follow site protocols to escalate HICS levels.
- Leadership may use the Everbridge Mass Notification System to alert employees of an incident escalation.

## What is my role during an incident?

- You may initially act as the Incident Commander, until relieved by a more highly trained individual.
- If assigned to an Incident Command System (ICS) role, you are no longer responsible for your daily activities.
- If you are not assigned an ICS role, continue with your normal responsibilities and work assignment.

- Contact your direct supervisor for further instructions.



# 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.

# Non-Discrimination and Non-Harassment

Northwell Health is committed to maintaining a work environment that is free from discrimination and harassment and will not tolerate 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, gender expression, disability, genetic information or genetic predisposition or carrier status, marital status, partnership status, victim of domestic violence, or other protected status.

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

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

Retaliation is forbidden against anyone who:

- Reports discrimination or harassment.
- Assists in making a discrimination or harassment complaint.
- Cooperates 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 individuals' 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 of inappropriate sexual harassment 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; displaying 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.*



# 2017 Annual Corporate Compliance Training



## **Welcome to the Northwell Health's 2017 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, Senior 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 the Office of Corporate Compliance. Thank you.

## Ethisphere – One of the world’s most Ethical Companies

In 2017, Northwell Health was named one of the World’s Most Ethical Companies for the third 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, it is critical to immediately notify Corporate Compliance of any potential overpayment to a federal or state payor such as Medicare or Medicaid.

Also any delay in notifying the patient about a privacy breach can result in serious consequences to both the employee and our organization and the clock starts ticking when **anyone** in our organization is aware of a privacy breach.

Some examples of privacy breaches may include seeing an employee snoop in medical records when they have no cause to be in them for their job, losing a medical record, or if an email, mail or fax containing PHI has been misdirected to the wrong recipient.

# Code of Ethical Conduct

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. In order to be considered compliant with this year's training, you must read the Code, view all the video's contained within and sign the attestation provided.



## Protecting Our Patients' Data

It's our job to protect the privacy and secure the data of each and every one of our patients.



When a patient enters any of our facilities, the first thing they encounter is our registrar. This person is likely a total stranger to them or maybe they are acquainted, but the patient proceeds to provide our employee with the most intimate and sensitive information they will ever share with anyone. Our patients should never have to wonder what happens to their personal data once it's provided to us. They should be concentrating on their health and nothing more. It's our job to protect the privacy and secure the data of each and every one of our patients. If we fail at privacy, that's the story the patient walks away with. You are expected to know what is required of you in order to protect our patients' privacy and secure our data.

Please pay close attention to the remainder of this training, so you have the knowledge you need. If you have any questions about patient privacy at any time, please contact Corporate Compliance. Our contact information will appear at the end of this training.

# Correct Information is Vital

If you are involved in the patient registration process, you are a vitally important component of patient privacy. Please be especially careful that you correctly follow all of our processes to ensure that we are getting accurate information about the patient. We need to get two forms of identification when possible. Always ask what the patient's current address is; please don't make assumptions based on what you may see in our systems. It's also just as important to verify the guarantor information with the patient. Remember that information could be old and not verifying the patient's current address may result in a privacy incident. For example, if the patient address or guarantor is incorrect, the bill can end up being sent to the wrong person.

Protecting our patients privacy doesn't end when they leave our doors, but it **BEGINS WITH YOU!**





Just about everything we do includes Protected Health Information or PHI so here is a list of PHI created by the United States Department of Health and Human Services. Please take a moment to review this list. PHI is so much more than a name, address or Social Security number.

If you have any questions please contact your Compliance Director or call our Compliance Helpline.

## 18 Elements of PHI

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

**Never throw PHI in the trash. Always SHRED it for disposal.**

# HIPAA is not intended to hinder patient care, but use reasonable precautions when sharing information



The HIPAA Privacy rule is not intended to prohibit providers from talking to each other or to their patients. Reasonable precautions must be used to avoid sharing patient information with those not involved in the patient's care. Use discretion when speaking about a patient. For instance, don't talk in hallways or visitor access locations, lower your voice when discussing patient information in person or over the phone, and avoid conversations about one patient in front of other patients or their visitors.

Additionally, we recognize the integral role that family and friends play in a patient's health care. The HIPAA Privacy Rule allows routine and often critical communications between health care providers and these persons. A practitioner may ask the patient's permission to share relevant information with family members or others and give them an opportunity to agree or object. A common example would be situations in which a family member or friend is invited by the patient and is present in the treatment room with the patient and the practitioner when a disclosure is made. For more information on what can be discussed with family and friends, visit the Corporate Compliance website.

## When handling PHI, we must abide by HIPAA's "Minimum Necessary" rule.



This rule allows us to use or disclose only the minimum amount of PHI necessary to achieve the purpose of the use or disclosure.

Also, the law requires us to provide a medical record to a patient no later than 30 days and we are also required to allow them to inspect their medical record no later than 10 days of a written request for access to records. HIPAA 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 and the patient requests it, we are required to provide it in an electronic format if possible. 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.

**If, at any time, you find that part or all of a patient's medical record cannot be located, you need to notify Corporate Compliance immediately. Please make sure you always return any medical records that you have when using paper.** We need to treat these records like a library book – if they are checked out, they must be returned.

Northwell Health is 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 is our patient privacy intelligence program that monitors our EMRs 24 hours a day

Whether the patient is an employee, friend or family, everyone is entitled to their privacy when they are being cared for here. You only have the right to see a patient's data if your job requires you to do so. **Employees have been subject to disciplinary action, including termination, when found to have inappropriately accessed medical records."** Don't take the chance!

FairWarning also helps us prevent identity theft. We can run reports to ensure no one is inappropriately taking patient demographic data or accessing Social Security Numbers.

As we've said, we are accountable for a lot of sensitive patient information. We are all aware, if information gets into the wrong hands, the patient could suffer medical and financial consequences. Don't forget, those patients include us, our families and our friends.

Hopefully you now understand why it's so important to take ownership and protect our data.



## Use great care when emailing, faxing and mailing PHI



Also 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 about their care. Our policy #800.02 Release of Protected Health Information for Living Patients, will guide you in handling patient emails and has an associated Email Consent form.

Also, verifying the correct name and address before emailing, faxing, scanning or mailing any patient or member communication is the best way to ensure you don't make an error. It is critical we get this right so a patient's information does not end up lost or with another person. Here is a checklist that the Office for Civil Rights recommends we follow to prevent any inadvertent errors when mailing and faxing.



# Northwell Policy #800.02 Release of Protected Health Information for Living Patients



Carefully check name and address of the intended recipient. Many names are similar; make sure you have the correct name for the intended recipient on the envelope. Make sure the address on the envelope matches the correct address of the intended recipient.

Carefully check the contents of the envelope before sealing. Make sure the contents may be permissibly disclosed to the intended recipient or properly relate to the individual. Check all pages to make sure records or material related to other individuals are not mistakenly included in the envelope.

Check the information showing on the outside of the envelope or through the address window. Make sure identifying information that is not necessary to ensure proper delivery is not disclosed.

## Faxing PHI



Carefully check the fax number to make sure you have the correct number for the intended recipient. When manually entering the number, check to see that it has been entered correctly before sending.

Confirm fax number with the intended recipient when faxing to this party for the first time or if the fax number is not regularly used.

Program regularly used numbers into fax machines. Check to make sure you are selecting the preprogrammed number for the correct party before sending.

Update fax numbers promptly upon receipt of notification of correction or change. Have procedures for deleting outdated or unused numbers which are preprogrammed into the fax machine.

Locate fax machines in areas where access can be monitored and controlled and avoid leaving patient information on fax machines after sending.

Have policies and procedures in place to safeguard protected health information that is faxed, including processes to act promptly on (1) changes in fax numbers to ensure corrections are made in all the relevant records; and (2) reports of a misdirected fax to identify the cause and take steps to prevent future incidents, including revising the organization's policies and procedures.

Train staff on the policies and procedures for the proper use of fax machines that your organization has put in place to safeguard protected health information during faxing. Update the training periodically and be sure to train new staff.

# Protecting Northwell Health Data



In today's fast paced environment, more and more information is being stored and accessed online. While this allows us to communicate and share data quicker than ever before, it also opens us up to the risk that our information may be compromised.

That's why it's more important than ever that we all understand how to protect Northwell Health's information, including patient and employee data, because we all play a role in security.

We must all *behave* in ways that protect us against technology related risks and threats.

Remember, we are only as strong as our weakest link, we are all human and sometime make mistakes, and this is why security is everyone's responsibility.

"We are only as strong as our weakest link"

Patient Data

Employee Data

We all play a role in Security



# Here are the Top Ten things you need to know to Keep our Data Safe:

1. Choose strong passwords – refer to Policy 900.10 User Password Policy
2. Keep a clean desk – don't leave sensitive information out in the open
3. Lock your screen <CTL><ATL><DEL>
4. Always shred sensitive documents
5. All mobile devices must be encrypted, don't leave them visible in a car
6. Store PHI on your network drive
7. Encrypt emails containing PHI, see Policy 900.11 Email Usage Policy
8. Only use the Northwell approved Cloud service, Syncplicity, to store our data
9. Don't fall victim to fraudulent requests via email, text or phone
10. Think before clicking any links in email

Always stay alert!

# Some more important facts on data safety

If you use any cloud services, please pay special attention to this section. **Syncplicity is the only Northwell provided cloud-based service that is approved for the storage and sharing of any Northwell Health confidential data, which includes PHI.** Storing PHI on Cloud storage such as Dropbox or Google Drive is against company policy, because these vendors do not provide the legal protections that Northwell requires to protect our patient and other confidential information. For more information about Syncplicity, visit the Information Services department page on the Employee Intranet or contact the IS Service Desk. Refer to 900.01 Internet, Cloud, Instant Messaging and Other Web Services policy for more information.

Also, don't respond to emails, texts or phone calls requesting confidential company or personal information such as social security numbers, date of birth or credit card numbers. Legitimate companies will not contact you to request this type of sensitive information. Stay on guard to protect Northwell's information, as well as your own personal information from unauthorized use.

Always think before you click on links in emails. Don't let curiosity get the best of you. **If you're not expecting an email, or if it doesn't look quite right, don't open it or click on any embedded files or links if you do.** We'll talk more about phishing and cybercrime a little later.

Cybercrime is any criminal activity that is carried out using computers and the Internet.

Cybercriminals use technology to access personal or other types of confidential information, such as PHI, to use for malicious purposes. Criminals who perform these illegal activities are often referred to as “hackers.” Two of the most common types of cybercrime affecting the healthcare industry today are ransomware and phishing.


You’ve probably heard a lot about ransomware in the news lately, particularly, the ransomware attacks at several hospitals across the United States. But what is ransomware? Simply put, **ransomware is a type of malicious software that encrypts or locks your files and forces you to pay a “ransom” or fee to the hacker in order to unlock and regain access to your files.**

“Hackers”  
“Ransomware”  
“Phishing”

**CYBER  
CRIME**

If you ever see a ransom note displayed on your computer informing you that your files have been encrypted, do not touch the workstation and immediately call the **IS Service Desk**.



516,631,718 470-7272 or through IT Chat support by clicking the  icon at the top of our myIntranet page.

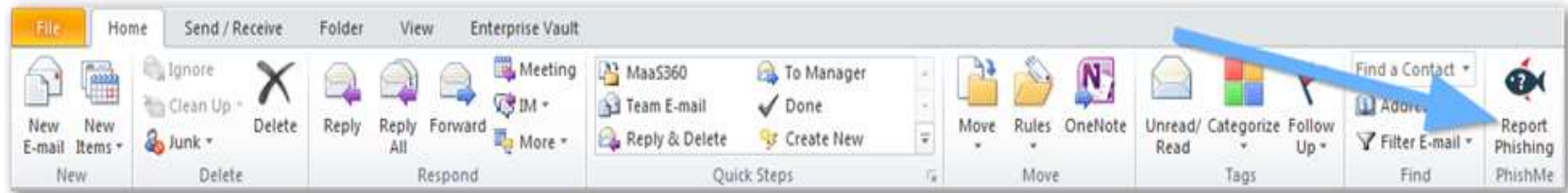


There are many ways an entity can fall victim to a ransomware attack. But one of the most common ways is through the use of phishing emails.

- Phishing is **the number one form of social engineering**. It is the attempt by a cyber criminal (“bad guy”) to trick you into revealing confidential information (such as username, password, account number) by directing you to click a link or open an attachment. Simply clicking the link or opening the attachment can compromise your computer, as well as the Northwell network.
- ***It takes just ONE click to infect our entire network.***
- Phishing scams cost companies millions of dollars per year.
- Always think before you click!



If you think you've encountered a phishing email: click the *report phishing* button located on the task bar in email



Or Email

- [Cybersecurity@northwell.edu](mailto:Cybersecurity@northwell.edu)

You can also call the IS Service Desk or invoke our IT Chat support 

# Be careful when using social media



Social media is all about sharing information, but you need to be careful about over-sharing. Social Media mistakes can be costly. Here are some important tips to help protect Northwell Health as well as your own personal information:

- Be careful about accepting friend requests. As a rule of thumb, if you don't know the person, you should not allow them to view your social profiles.
- Never use your social media accounts to discuss confidential information. Never post or tweet about your work, manager, or colleagues.
- Never post patient information on social media or anything that reflects poorly on yourself or on Northwell Health.
- Don't "over-share." Hackers may be able to guess your password or your answers to secret questions if you post too much information about your hobbies, pets, children or schools you've attended.
- Use privacy settings to limit who is able to see your posts.
- Think before you click on links. Often, friends share links to funny pictures or interesting articles. But be vigilant if the link looks suspicious; it could contain viruses that can infect your computer or device.
- As part of our ongoing Data Loss Prevention (DLP) program, we monitor for confidential data being downloaded, copied, emailed, printed or transmitted from Northwell computers. This program is another way Northwell protects our patient data from unauthorized use.

# Mandatory Program

## Visiting Students In Clinical Training Attestation/Acknowledgement Form

I hereby acknowledge that I have read and understood the contents in this packet as follows: Service Excellence, Environment of Care, Life Safety, Emergency Management, Infection Prevention & Control, Cultural Diversity, Limited English Proficiency, The Patients'/Residents' Bill of Rights, and Quality Management, HIPPA, Corporate Compliance

Print Name: \_\_\_\_\_

School: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

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