

# NASSAU HEALTH CARE CORPORATION EAST MEADOW, NEW YORK 11554

## SECTION: MANAGEMENT OF HUMAN RESOURCES POLICY/PROCEDURE

<b><u>TITLE:</u></b> <b>ORIENTATION/CONFIDENTIALITY</b>
<b><u>Approved:</u></b> Quality and Policy Advisory Council (QPAC)
<b><u>Cross References:</u></b> LD-302 Code of Conduct LD-227 Corporate Compliance Program

### 1.0 POLICY

- 1.1 All staff, including contract employees, vendors and volunteers providing patient care and/or services on NHCC premises, are required to participate in the educational orientation programs as outlined in this policy.

### 2.0 PROCEDURE

#### 2.1 HUMAN RESOURCES ORIENTATION

At the commencement of employment, all employees attend a Human Resources Orientation that includes the review and signing of relevant documents pertaining to employment. Staff is provided with a copy of their job description before beginning their assignment.

#### 2.2 NEW EMPLOYEE ORIENTATION PROGRAM

All staff is required to participate in a general hospital wide orientation, typically on their first day of employment, or within two months of commencing continuous employment. Staff will also receive a focused departmental, unit specific orientation.

#### 2.3 ANNUAL EDUCATION PROGRAM

General organization-wide in-service is conducted annually. It is the responsibility of the Department Head to ensure full compliance. Periodic reports documenting compliance are forwarded to the Department Heads, and Administration, as needed, by the Education Services Department.

### 3.0 EXTERNAL LAW ENFORCEMENT AND SECURITY PERSONNEL

- 3.1 NHCC provides forensic personnel, including those accompanying and/or assigned to prisoners receiving medical treatment at NUMC, with orientation training materials as necessary. The department in which the treatment is received may post relevant information as show in Attachment A. Forensic personnel must be aware of their forensic/custodial responsibilities and their role in facilitating therapeutic goals for their patient. This includes their interaction with patients and communication

channels as well as NHCC's expectations for them in situations when a code is required on the patient, fire alarms and other emergencies, as well as the distinction between restraints/seclusion/isolation for medical and/or behavioral reasons versus administrative or legal reasons.

- 3.2 Compliance issues will be addressed directly with the forensic personnel and/or their organizational chain of command and, where necessary, through additional training provided by the Hospital staff. They will attend training and orientation when requested by the respective departments.

#### **4.0 CONFIDENTIALITY**

- 4.1 Staff is required to protect the right to confidentiality of patients receiving services. This shall include information concerning patients' conditions, diagnoses, histories, course of treatment, outcomes, and anything related to the overall management of the patient. Only those staff members who are involved in direct provision of services may share information on the case with others who have a need to obtain such information and in accordance with NHCC's Confidentiality Policies and state and federal law. At no time shall the care of a patient be discussed openly in public areas.
- 4.2 Staff members are restricted from communication about NHCC business with any parties except as required in the normal conduct of performing their regular duties. This includes, but is not limited to its patients, policies, procedures, finances, staff or staffing and transactions. Further, access to NHCC records, including, but not limited to personnel files, purchasing and contract files, and patient records, is limited to a strictly "need to know," basis as required by "business necessity."
- 4.3 All dealings with the media are to be conducted by authorized personnel through the Department of Public Affairs, unless prior approval is obtained from NHCC senior management.
- 4.4 For release of HIV related patient information, except as required by regulation, contact the Medical Record Department for direction; also see NYSDOH HIV Confidentiality Law Article 27-F.
- 4.5 For release of medical record information established corporate policies in Information Management shall be followed.
- 4.6 All new employees are required to sign the attestation, Attachment B, which states that they understand and will comply with the policies on Confidentiality, including HR-110.

Attachment A

**FORENSIC PERSONNEL WELCOME/ORIENTATION**  
**CODES & RESPONSIBILITIES**

NAME OF CODE	DESCRIPTION	GENERAL NUMC INSTRUCTIONS	FORSENIC PERSONNEL INSTRUCTIONS
CODE RED	Fire response within facility	<p><b>Implement R A C E</b></p> <p><b>Rescue</b> - Take immediate lifesaving action.</p> <p><b>Alarm</b> - Do not delay. Announce Code Red to fellow employees. Pull the alarm. Call 2-3333 and give the exact location.</p> <p><b>Confine</b> - Close doors and windows to prevent fire/smoke spread.</p> <p><b>Extinguish/Evacuate</b> - Fight the fire if it is still small and you have been trained.</p>	<p>In the event of a fire alarm activation, you will first see "flashing" white lights from the red "Simplex" Strobes located on the walls (near the ceiling) throughout the institution, followed by an overheard announcement stating the type of emergency and location.</p> <p>During fire events, hospital staff is required to close all doors on all units.</p> <ul style="list-style-type: none"> <li>In the event the door to the patient/prisoner's room is shut, the Police/Correction Officer(s) will remain in the room with the prisoner.</li> <li>In the event the fire/smoke is on your unit and evacuation is necessary, all patients are to be evacuated <b>HORIZONTALLY</b> across the floor, pass the <b>FARTHEST</b> set of smoke doors and await instructions from Fire Personnel. The prisoner should be evacuated remaining in the bed, shackled, and in the presence of a Police/Correction Officer at all times.</li> </ul>
CODE PINK	INFANT/CHILD ABDUCTION Called when personnel discover a missing child or infant	Immediately stop non-clinical work. Report to stairwells and elevators	Report any suspicious behavior including package removal to Public Safety at 2-3131.
CODE BLUE	Represents a real or imminent loss of life	CPR and ALS protocols should be initiated	Notify NUMC Staff immediately if you determined CPR necessary for your patient
CODE BROWN	LOCK DOWN To secure the facility by limiting entrances and exits of the building	Staff must display ID badges. Some entrances and exits may be closed.	Forensic Staff must display photo ID at all times. Follow departmental policies from parent agency.
CODE SILVER	ACTIVE SHOOTER/MASS CASUALTY OFFENDER	<p><b>RUN</b> - Leave everything behind and get to a safe location</p> <p><b>HIDE</b> - If you cannot run, barricade yourself in and hide</p> <p><b>FIGHT</b> - As a last resort if you cannot run, or hide, fight.</p>	Follow departmental policies from parent agency.

OVERHEAD ANNOUNCEMENTS

Name of Announcement	Forensic Personnel Instructions
Activation of Internal/External Disaster Plan (HICS)	Consult with unit charge personnel and/or staff for instruction
Communication Failure	All telephone, pager and overhead intercoms are nonfunctional. Emergency (red) phones will be activated. Emergency phone numbers are in the information Directory at all nursing stations.
All Clear	The event is completed. All work may resume as usual.

INFECTION PREVENTION & CONTROL

NuHealth observes Universal/Standard Precautions at all times. This means that all human blood and certain human body fluids are to be treated as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.



- Gloves** are to be worn when in contact with blood/body fluids, mucus membranes, non-intact skin of all patients, and when handling items or surfaces soiled with blood or body fluids.
- Hand Washing** is the single most preventative method for the spread of disease. Hand washing is to be done before and after gloves are worn.
- Food/beverages can only be consumed in designated break areas.



OTHER PERTINENT INFORMATION

<b>Hazardous Materials</b>	You have a "Right to Know" about any hazardous materials that may be contained on the unit you are working. Call extension 2-3076 (or 2-3131 24 hrs./day) to request Safety Data Sheets (SDS) containing this information.
<b>Care of the Patient/Inmate</b>	<p>The hospital requires that <b>patient/prisoner be guarded at all times</b>. Administrative or legal restraints (i.e. handcuffs, leg irons, etc) may be used to prevent escape unless they directly interfere with required treatment. In addition to being shackled, the prisoner might also require hospital approved therapeutic restraints. These restraints will be applied, monitored and removed by the Department of Nursing staff. Hospital directed seclusion for medical/behavioral reasons may also be required. Handcuffs or leg irons are not permitted in psychiatric inpatient units.</p> <ul style="list-style-type: none"> <li>The patient/prisoner shall be accompanied and secured by you on any occasion when it is necessary for the patient to be removed from the unit or floor for other treatment.</li> <li>Other treatment procedures will require your presence in reasonable proximity to the patient/prisoner.</li> <li>For patient/prisoner in isolation, the officer is not required to remain directly in the isolation room.</li> </ul>
<b>Visitors</b>	<b>Only Visitors Authorized By Your Agency</b> shall be permitted within the patient/prisoner's room or within reasonable proximity (ICU, CCU, etc). It is your agency, NOT THE HOSPITAL PERSONNEL, who is responsible for screening all visitors.
<b>Media Contact</b>	<b>Contact With Or Admission Of Media</b> of any kind requires explicit permission from hospital administration through the Public Affairs Department at extension 2-6055. No media contact may occur without documented permission by the patient/prisoner's physician. This represents the policy of NuHealth and is not intended to supersede or contradict any policy of your agency with regard to media contact.
<b>Identification</b>	Photo ID above the waist must be worn at all times.

**REMINDER: All patient information and interaction with patients must be KEPT CONFIDENTIAL**

**Attachment B**

**NASSAU HEALTH CARE CORPORATION**  
**HUMAN RESOURCES CONFIDENTIALITY POLICY**

All hospital staff is required to protect the right to confidentiality of patients receiving services at NHCC. This shall include information regarding patients' conditions, diagnoses, histories, course of treatment, outcomes, and anything related to the overall management of the patient. Only those staff members who are involved in direct provision of services may share information on the case. At no time shall the care of a patient be discussed openly in public areas of the hospital.

- I. In the event that patient information is accessed by those not involved in that case, such persons should be instructed that the information is not to be discussed with others not associated with the patient's care.
- II. Hospital staff members are restricted from communicating with any parties outside the hospital on any internal hospital issues including policies, finances, staff, etc., without prior approval of NHCC Administration.
- III. All dealings with the media are to be conducted by authorized personnel through the Department of Public Affairs, unless prior approval is obtained from NHCC Administration.
- IV. For release of HIV related information, see NYSHOR HIV Confidentiality Law (Article 27-F).
- V. For release of medical record information see the Information Management Corporate Policies shall be followed.

**CONFIDENTIALITY STATEMENT**

I understand and agree that in the performance of my duties as an employee of NHCC Corporation, I must hold patient information (including HIV-related information), as well as hospital financial/operational information in confidence. I understand that any violation of the confidentiality of information policies may result in disciplinary action up to, and including, termination.

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NAME (Please Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE