NEW EMPLOYEE ORIENTATION

UNIVERSITY HOSPITAL
Newark, New Jersey
Dear University Hospital Employees:

Welcome to University Hospital. I am delighted to have you on our team of talented employees, all of whom are dedicated to putting our patients first.

The New Jersey Medical and Health Sciences Education Restructuring Act established our hospital as a separate, standalone entity and an instrumentality of the State on July 1, 2013. This transition continues to give all our valued employees opportunities to advance our mission of improving the quality of life for all those we touch through excellence in patient care, education, research, and community service.

We look forward to having you on board as we work to shape our future. I am confident we have the potential to become one of the leading academic medical centers in the country.

I believe you will find much satisfaction in contributing to our important mission, and I look forward to your success at University Hospital.

Sincerely,

Gerard Garcia
Chief Human Resources Officer
# Table of Contents

Welcome Letter from the CHRO .................................................................2

UH Mission and Fast Facts ........................................................................4

UH Orientation Schedule .........................................................................6

Organization Chart ..................................................................................8

Marketing and Communications ...............................................................9

Patient Experience ...................................................................................10

Culturally Competent Patient-Centered Care .........................................20

Emergency Preparedness .........................................................................23

Environment of Care ..............................................................................26

Ethics & Compliance ..............................................................................52

Infection Prevention and Control .............................................................60

Patient Safety ..........................................................................................63

Abuse and Neglect .................................................................................66

Key Contacts ..........................................................................................69

Campus Map .........................................................................................70

Map of University Hospital .....................................................................73

Notes ........................................................................................................74
Key Highlights and Achievements

Our Mission: As New Jersey’s public academic health center, University Hospital is committed to providing exceptional care to every patient, every time.

Our Vision: Partnering with our communities, University Hospital Improves health for generations to come.

- University Hospital (UH) is a 519-bed hospital, owned and operated by the State of New Jersey. It is the primary teaching hospital and clinical research site for Rutgers University –RBHS/New Jersey Medical School (NJMS).

- UH is one of the largest employers in Newark, with a total of over 3,600 full-time employees and a total active medical staff of 497; its Annual Operating Budget is approximately $600 million.

- The Center for Liver Diseases at UH is one of two providers for liver transplant services in the State of New Jersey. More than 1,000 liver transplants have been performed since 1989.

- University Hospital is certified by The Joint Commission for Advanced Disease Specific Heart Failure Care. University Hospital is currently the only hospital in Northern New Jersey with Advanced Certification in Heart Failure Care. The New Jersey Comprehensive Stroke Center at University Hospital was recognized by The Joint Commission with advanced certification as a comprehensive center.

- UH is one of three Level 1 Trauma Centers in New Jersey. The hospital receives severely injured accident victims from throughout northern New Jersey via air emergency transport called NorthSTAR (Northern Shock Trauma Air Rescue).
### Fast Facts 2019

<table>
<thead>
<tr>
<th>519</th>
<th>Beds</th>
</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<td>3,645</td>
<td>Full-time Employees</td>
</tr>
<tr>
<td>13,592</td>
<td>OR Procedures</td>
</tr>
<tr>
<td>16,342</td>
<td>Admissions</td>
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<tr>
<td>1,232</td>
<td>Births</td>
</tr>
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<td>92,052</td>
<td>Emergency department visits</td>
</tr>
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<td>112,640</td>
<td>Emergency Medical Services responses</td>
</tr>
<tr>
<td>171,268</td>
<td>Clinic outpatient visits</td>
</tr>
</tbody>
</table>

UH’s role in the community is reflected in its payer mix and commitment to the medically indigent. It is the largest provider of Charity Care services in the state, and Medicaid and uninsured patients account for approximately 60% of its gross revenues. The level of charity care services provided by UH represents approximately 25% of its patient case volume.

In 2012, U.S. News and World Report rated UH #16 in New Jersey, #34 in the New York metropolitan area, and one of the Best Hospitals in Northern New Jersey. The 2012 rankings also recognized UH as a high performer in the areas of gynecology, nephrology and orthopedics.

- University Hospital received the Neurosurgery Excellence Award from HealthGrades, a leading independent healthcare ratings organization analyzing 5,000 hospitals each year. UH is one of only three hospitals in New Jersey to receive the HealthGrades Neurosurgery Excellence Award™ in 2012. In addition, UH’s success in treating heart failure patients also earned it the HealthGrades® 5-Star rating in that specialty.

- University Hospital was named as one of New Jersey’s Top Hospitals by Inside Jersey, a monthly magazine of The Star Ledger. The Top Hospitals were selected as a result of a Castle Connolly survey of licensed physicians who named the top hospitals for various medical conditions, as well as for overall care by size, number of beds, and by the following categories: breast cancer, prostate cancer, pediatric cancers, coronary surgery, hip and knee repair, heart failure, stroke, high risk pregnancy, and neurological disorders.

- University Hospital was recognized by the American Heart Association/American Stroke Association with awards for outstanding care in stroke and heart failure care. The 2012-2013 Get With the Guidelines – Heart Failure Gold Quality Achievement Award signifies that University Hospital has reached an aggressive goal of treating heart failure patients with 85 percent compliance for at least 24 months to core standard levels of care as outlined by the American Heart Association/American College of Cardiology secondary prevention guidelines for heart failure patients. In addition, the Hospital also received a GWTG Gold Plus Stroke Achievement Award for GWTG Stroke Care.
UH Orientation Agenda

Day 1

8:30    Introductions
8:40    Welcome from CEO/Executive Staff
        - Fast Facts
        - Mission, Vision and Your Contribution
        - Expectations for UH Employees (Staff Handbook)

9:30    Patient Experience (Anthony Lisske/Megan Gargiulo)
10:30   BREAK
10:45   Cultural Competency (Angela Adekola)
11:15   Shuttle Bus Tour (optional)
12:30   LUNCH
1:30    Benefits for Full Time Staff (Robin Hynes/Claudine Cruz-Green)
2:45    Union
UH Orientation Agenda

Day 2

8:00  Welcome Back
8:05  NJ State Employees Deferred Compensation 457(b) Plan (Prudential)
8:20  Emergency Preparedness (Michael Feravolo)
9:30  Environment of Care (Jasmine Ip)
10:00 Ethics, Compliance & Corporate Integrity (Kylie Rosado)
10:30 BREAK
10:45 Infection Prevention and Control (Wina Padilla/Monica Rivera/Allison Brown/Avalon Brown)
11:45 Patient Safety (Lois Greene/Myrna Montoya/Nenita Tolentino)
12:15 Abuse (Kathy Hughes/Paul Mennona)
12:30 Cyber Security (Frank Sinatra/Austine Nwankwo)
12:45 LUNCH
1:45  PEOSH and HAZMAT: Working with or Around Hazardous Materials (Kyle SanGiovanni)
2:45  Pre-Orientation for Nurses (Carolyn Windsor)
Marketing and Communications Department

The Marketing and Communications Department is responsible for implementation of strategic marketing initiatives, hospital branding, internal and external communication, crisis communications, social media, special event planning, graphic design, @UH (University Hospital’s magazine), media relations and community education, outreach, and events.

CONTACT NUMBERS
Interim Director – 2-3368
Manager, Internal Communications – 2-2365
Manager, Web Communications – 2-6501
Senior Public Relations Specialist – 2-7527

Internal communications include: flyers, posters, email announcements, UHNet, Click Picks, TV monitors, hospital bulletin boards and @UH. All materials must be approved by Marketing and Communication and only hospital-related events and programs can be promoted. Hospital-wide communications must be approved and distributed by the Marketing Department only.

WEBSITES

The following two websites will provide you with important and timely information about University Hospital. From these websites, you may access other hospital-related sites.

UHNet  www. @uhnj.org/uhnetweb
UHNet was designed specifically for UH staff and features hospital-related news and information. Updated daily, it is the easiest way to learn what’s going on in the hospital. If you would like something posted on UHNet, please call 2-2365.

University Hospital  www.uhnj.org
The University Hospital website is the definitive guide to University Hospital. It features a comprehensive listing of key services, the physician’s referral directory; hospital history, updates on hospital awards and recognition, directions, and key information for patients and staff.

CLICK PICKS
“Click Picks” highlight new items which have been added to UHNet. They are sent to the staff on Mondays via e-mail. If you would like something included in the “Click Picks”, please call 2-2365. Items must be submitted 2 weeks prior to publication.

PUBLICATIONS
@UniversityHospital is a monthly newsletter for staff that focuses on hospital news and key initiatives. For more information or to make a submission, contact the editor, at 2-7527.
Patient Experience

Standards

Dress Code
Following the dress code contributes to a positive impression in your daily contact with patients, visitors and fellow employees.

Phone Etiquette
Answer every call with: Good morning/afternoon/evening, (your unit/department), (your name) speaking, How can I help you?

Noise Level
Take an active part in maintaining a quiet and healing environment. Be aware of your own volume in hallways and other public areas.

Attitude
A positive attitude, eye contact, a smile, a friendly tone of voice—all contribute to creating a space where patients and visitors feel welcome.

Cell Phones
Cell phones should always be on vibrate or with simple sound alerts only. Personal cell phones should never be used via text or voice while you are working.

Elevator Etiquette
Smile and say “hello” when you get on the elevator. The patient elevators are for patients—if a patient in a wheelchair or stretcher gets on the elevator, get off.

One Goal, One Passion, Every Patient, Every Time
SUBJECT: DRESS CODE

The Dress Code policy is designed to maintain and perpetuate the reputation of University Hospital (UH) employees for providing outstanding health care and customer service. By adhering to professional standards of dress, safety, and hygiene throughout the facility, all UH employees will project competence and credibility during their interactions with patients, colleagues, and the general public. At the same time, the policy ensures that all UH employees will support the hospital’s vital effort to create and preserve a safe, therapeutic environment that controls infection and facilitates treatment and healing.

Given the wide range of UH employee responsibilities and work situations, department managers will adjust this policy’s general dress guidelines when necessary, such as to meet heightened safety and/or infection control requirements in a clinical setting, or to fulfill other specialized obligations that might arise for employees representing UH to the broader public.

APPLICABILITY:
This policy applies to all on-duty regular and temporary, full-time, part-time, per-diem employees, physicians, doctors, students, volunteers, vendors working on behalf of UH, or any other individuals using the institution for clinical experience or clinical research, on all shifts, and at all sites.

RESPONSIBILITY:
All levels of management, including department managers and supervisors are responsible for teaching, role modeling and enforcing the Dress Code policy through consistent application. Residency Program Directors are likewise responsible for rotating residents’ compliance with this policy.

POLICY:

1. Managers and supervisors may prohibit staff members from working until they change into appropriate attire or make other adjustments necessary to comply with policy. The employee may be required to leave the hospital without pay until returning in appropriate attire.

2. Standards of dress and appearance will be communicated to position applicants during the interview process and to newly hired employees as part of UH orientation and as part of the specific department orientation. Failure to comply with these standards or specific department dress code will result in progressive disciplinary action.

3. Some duties may require employees to wear uniforms/scrub suits or safety articles, or to adhere to more specific requirements than those set forth in this policy. Supervisors will inform employees when they are subject to more restrictive unit/departmental appearance or dress code standards that supersede this policy’s general guidelines.
4. Students need to follow their school or institution’s uniform and/or dress code policy if more specific than requirements set forth in this policy. All other requirements in this policy apply.

5. Closeness and frequency of contact with patients, the public and fellow employees demand a high degree of personal cleanliness at all times. Such cleanliness is an essential condition of quality patient care and overall professional demeanor.

6. When an employee requests reasonable accommodation for religious or disability reasons, supervisors shall consult with the Manager – EEO, Leaves and Labor Relations in Human Resources to ensure compliance with state and federal laws. In all cases however, it is expected that the underlying purpose and principles of this policy will be fulfilled.

GUIDELINES:

A. Identification Badge:

1. The University Hospital identification badge is a required part of each employee’s attire and must be worn at all times while on duty, above the waist, and visible to the public.

2. Badges are not to be covered with pins, ornaments, stickers, or any other objects. The front face of the badge is to be clean and displayed front-side-out (not covered or reversed) so that the name and photo are always visible.

B. Attire:

Neat and clean dress demonstrates pride in the job and is a courtesy to those around you.

1. Clothing worn by staff members must be neat, clean, wrinkle free, and in good condition, free from offending odors, and fit properly.

2. Employees must wear appropriate undergarments to avoid an unprofessional appearance.

3. University Hospital does not have “casual” or “dress down” days.

4. Certain departments may require special dress standards, such as wearing uniforms. In those areas that have a defined uniform, the guidelines for that area will be followed.

Examples of inappropriate dress that may be offensive and unprofessional include, but are not limited to:

a. Mini-skirts
b. Dresses or skirts with excessively high slits
c. Excessively tight, sheer, or revealing clothing, low cut/slung garments
d. Fish-net stockings
e. Denim blue jeans, skirts, or jackets, including “dark wash” denim. Denim jean clothing in colors other than blue are acceptable if they are clean, and in good condition with no holes, ragged hems, frayed, or patches.
f. Shorts or cut-offs

g. Leggings, stretch pants, spandex, and any pants above the calf

h. Pants worn below hip level (“sagging”) or excessively loose clothing

i. Halter tops, tank tops, low cut or see-through blouses/shirts, muscle shirts, shirts that expose the midriff, clothing that exposes undergarments or could be perceived as sexually provocative to a reasonable person

j. Under garments should not be visible under clothing and/or through clothing. Neutral under garments should be worn under uniforms.

k. Backless dresses or tops, spaghetti strap blouses, unless worn with a jacket

l. Faded, tie-dyed, bleached, torn, ripped, frayed, patched, un-hemmed clothing or clothing that gives an unkempt appearance

m. Caps, hats, or bandanas unless worn for medical or religious reasons or for nature of specific duties (physical plant). Baseball caps are not acceptable unless part of established departmental uniform. Hoods are never appropriate to wear while working.

n. Clothing, including t-shirts, sweatshirts, caps, jackets, etc. with lettered logos or advertising (unless the logo identifies University Hospital), or with offensive/suggestive images or messages, clothing with logos for alcoholic beverages, tobacco products, nudity, or illegal substances.

o. Beachwear and sportswear, sweat pants, sweat suits, jogging suits, velour sweat suits, exercise clothes, fleece or flannel.

Examples of appropriate dress:

a. Suits

b. Dress pants, no more than 3” above the ankle

c. Business casual dress pants (i.e., Dockers, chinos, khakis)

d. Skirts

e. Casual dresses

f. Dress shirts, ties recommended

g. Button down blouses

h. Collared polo shirts

i. Sweaters, vests

j. Sports coats, blazers

k. UH collared shirts, sweaters, and pants

l. Tucked in shirt-tails

C. **Hosiery and Socks:**

Direct caregivers: Hosiery or socks must be worn at all times.

Non-direct caregivers: Do not have to wear hosiery or socks as long as a professional appearance is maintained.
D. Accessories, Jewelry, and Adornments:

Excessive jewelry and accessories must not pose an infection or physical hazard to the patient, self or to another person or cause a distraction.

1. Accessories should be simple and conservative.
2. Jewelry worn by employees must be reasonable shape and size, appropriate to the work setting, and may not interfere with patient care, job performance, or safety. Earrings and small nose studs are the only acceptable forms of visible or detectable pierced jewelry. Rings must be small enough to allow for the use of gloves, with no risk of tearing the gloves.
3. Wallet chains or any hard chain apparel, including, but not limited to, metal chain belts and clothing ornaments, are not permitted.
4. Visible tattoos and body art may offend some patients, visitors, and co-workers while at the workplace and should be covered whenever possible. Managers also have the discretion to require that an employee cover any tattoo(s) or combination of tattoos that could be considered offensive.

E. Grooming and Personal Hygiene:

Good personal hygiene is required. Other employees, as well as patients and guests, have a right to expect general cleanliness and good dental hygiene from the staff.

1. Every individual must be physically clean, well groomed, and take steps to ensure appropriate general body hygiene (cleanliness, lack of offensive body/mouth odor, cigarette or cigar smoke odor, etc.)
2. Every individual should avoid excessive use of fragrances, and must be sensitive to scented chemicals that may be offensive, cause allergic, or other adverse reactions for patients, visitors, or staff.
3. Excessive makeup should be avoided.
4. In most instances, an employee may wear his or her hair the way he or she chooses while working, as long as it remains well trimmed, well groomed, and business-like in appearance. Long hair must not obstruct vision and must be controlled to prevent contact with the patient, equipment, or supplies. A hair net may be required in certain settings.
5. Beards, mustaches, and sideburns are to be neatly trimmed and groomed and should not interfere with job performance and safety.
6. Artificial nails may not be worn by staff involved with direct patient care. Fingernails should be trimmed, clean and neat, should not interfere with job performance and should comply with the Infection Control fingernail policy.
7. Proper hand washing techniques are important for personal safety and control of infection.
F. Footwear:

For safety reasons, all employees must wear shoes that are appropriate to their job. Shoes should promote a professional appearance, and be clean and in good repair.

1. Direct caregivers: Closed-toed shoes must be worn at all times. They must provide safe, secure footing and offer protection from hazards in the work area.
   - Non-direct caregivers: Open-toed shoes may be worn as long as they look professional.

2. Protective shoes with reinforced toes are required when specified by individual departments.

The following are not appropriate footwear for the workplace.

a. Slippers
b. Thongs (even if “dressy”) or beach shoes
c. Flip flops (even if “dressy”)
d. Excessively high-heeled shoes. Heel height must not be more than 3 inches as not to pose a threat to the individual’s safety or ability to maneuver freely as required by the job.
e. Sports sandals
f. Rubber rain boots
g. “Timberland” or other work boots, if not required for nature of specific duties.

G. Other Considerations:

1. Chewing gum is not considered appropriate in the presence of patients, visitors, or guests.
2. Employees are not permitted to wear sunglasses indoors.
3. The use of earphones, headphones, Bluetooth devices, Walkman or iPod in public or patient care areas is not permitted, unless a necessary part of the job, such as dictation/transcription. Use outside of these areas is allowed only at the discretion of management. Use in the UH dining room while on break or lunch is permitted.
4. Department managers will exercise judgment and discretion to permit exceptions to the policy when appropriate, such as celebration costumes, department moving/relocation, special inventory occasions, or emergencies.
5. No department manager has independent authority to implement a different department specific policy. Any department that wants to introduce uniforms or requires a department specific uniform policy must have approval of the Service Excellence team to ensure uniform uniformity.
Measuring the Patient’s Experience: The CAHPS Survey

- CAHPS: Consumer Assessment of Healthcare Providers & Systems
- Data is publicly reported via Hospital Compare website.
- Value-based purchasing (VBP) is a financial incentive for hospitals to improve the patient experience.
- Press Ganey (PG) is University Hospital’s patient survey vendor.

Which patients receive survey

- Inpatients receive the HCAHPS (Hospital CAHPS) survey.
- Ambulatory Care Services patients receive CGCAHPS (Clinician & Group CAHPS).
- Emergency Dept. patients receive regular PG survey. CAHPS is coming soon!
- Same Day Surgery patients receive regular PG survey. CAHPS is coming soon!
Guiding Principles:

1. Communicate while the patient is waiting.
2. Make a positive impression: You are “On Stage”
3. Listen.
4. Don’t blame the patient, or another department.
5. Encourage the patient & family to ask questions.
6. Know how to handle complaints.
7. Follow through.
8. Keep your language simple - communicate effectively.
9. Relate to the person.
10. Work as a team!

Keep it Positive:

<table>
<thead>
<tr>
<th>Instead of this...</th>
<th>Say this...</th>
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</thead>
<tbody>
<tr>
<td>That’s not my department.</td>
<td>I’ll find the right person to help you.</td>
</tr>
<tr>
<td>I don’t know.</td>
<td>I’ll find out for you.</td>
</tr>
<tr>
<td>He/she is not my patient.</td>
<td>I’ll help.</td>
</tr>
<tr>
<td>We’re short-staffed.</td>
<td>I’m sorry you are waiting. Is there anything I can do for you right now?</td>
</tr>
<tr>
<td>I don’t understand what you want.</td>
<td>I think I understand. Is this what you mean...? (Restate to confirm understanding)</td>
</tr>
<tr>
<td>NO.</td>
<td>Here is what I can do for you. (Offer an alternative.)</td>
</tr>
<tr>
<td>Hold on.</td>
<td>Please hold on for just a minute.</td>
</tr>
<tr>
<td>“OK” or “Bye”</td>
<td>Is there anything else I can help you with?</td>
</tr>
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</table>
One Goal. One Passion. Every Patient. Every Time.

UH Patient Experience

Numbers to Know

*Environmental Services (24/7)* 2-1500

*Maintenance* 2-1500

*Dietary (missed meals)* 2-6152, 2-6153

*Hospital Operator* 2-6000

*Medical Records* 2-5608

*Patient Relations* 2-6410

*Information Desk (UH Main Lobby)* 2-4040

*Patient Transport (call for a wheelchair)* 2-7433
  or 2-1688 for the Tele-tracking System

*Putting Our Patients First*
Language Services

RESOURCES...

✓ Bilingual UH staff member wearing blue Interpreter Badge
✓ Phone Interpreter: **1-866-455-8165**
✓ Video Remote Interpreting (VRI for Sign Language) Locations:
  i. Bed Management (UH-C454)
  ii. Patient Relations Dept. (UH-C242)
  iii. Emergency Department (UH-C level)
  iv. Ambulatory Care Center (CC-B1115)

If the patient refuses phone/VRI and requests an in-person interpreter:

✓ Bilingual UH staff member wearing blue Interpreter Badge can interpret
✓ Contact Patient Relations Dept. at ext. 2-6410 (or PCC at ext. 2-5677 after hours/weekends) immediately and we will attempt to obtain an interpreter from an outside agency
✓ If patient’s visit is being scheduled, advise the Patient Relations Dept. (ext. 2-6410) IMMEDIATELY that an interpreter will need to be scheduled for a future visit.

REMEMBER...

11. ALWAYS ASK the patient what is their preferred language.

12. ALWAYS DOCUMENT how you communicated with the patient.

  e.g. “Patient was asked their preferred method of communication an indicated that needs Spanish interpreter. Staff member Jane Doe/phone service/ VRI used for interpreting.”

13. NEVER ASSUME it’s OK to use a friend or family member to interpret.

14. ONLY UH staff wearing the **BLUE “Interpreter” badge**, affixed to the UH ID badge, are permitted to communicate clinical information to a patient needing an interpreter.
Culturally Competent Patient-Centered Care

University Hospital embraces education as a core value, and characterizes our organization as a national leader in designing and delivering educational programs, and assuming a leadership position in facilitating culturally competent education and practices. In tandem with this value, University Hospital has developed the following summary that defines and addresses facets of culturally competent patient-centered care.

Culture and Linguistics Culture is defined as values, beliefs, customs, knowledge, language and practices shared by a group. It often affects an individual’s perception of care providers as well as the quality of services they deliver. The Joint Commission (JCAHO) has developed Standards that provide a framework for embracing culturally and linguistically appropriate patient-centered care for hospitals and health care facilities. These standards are consistent with national CLAS (Culturally and Linguistically Appropriate Services) standards generated from the U.S. Department of Health and Human Services’ Office of Minority Health.

Cultural and linguistic competencies include:
• Awareness of culture-based treatment protocols and patient care practices;
• Acquiring knowledge of health-related beliefs, attitudes, practices, and communication patterns of patients and their families to improve services;
• Understanding and demonstrating sensitivity and skills to population-specific issues such as health-related beliefs and cultural values, nutritional preferences; disease prevalence among ethnic and/or cultural groups and;
• Implementing knowledge-based skills to provide effective clinical care for patients from specific ethnic, cultural or racial groups.

Benefits of Culturally Competent Patient-Centered Care:
• Enhances staff and patient communication
• Enhances staff cultural knowledge and skills
• Improves overall employee morale
• Enhances staff performance and teamwork to achieve UH’s mission
• Enhances patient satisfaction and expands consumer base
• Characterizes UH as an organization of choice by students, employees and consumers

Health Literacy at UH: The ASK ME Program

It is important for clients and patients to understand as much as possible about their healthcare at University Hospital. Staff who have patient contact are urged to encourage patients to ask the following critical questions:

• What is my main problem?
• What do I need to do?
• Why is it important for me to do this?
Encouraging clients and patients to take care of their health helps them to:

- Take better care of themselves
- Prepare for medical tests
- Take medications as prescribed
- Be less afraid

Concluding message: Information is power and we’re on your side!

**Applicable Standards, Federal/State Legislation and UH**

- *Policy Prohibiting Sexual and Other Types of Harassment*
- *Limited English-Proficient & Hearing/Speech-Impaired Communications Policy (UNDER REVIEW)*
- *U.S. Dept. Health and Human Services National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)*
- *Joint Commission (JCAHO) Standards for Culturally and Linguistically Competent Care for Hospitals, Ambulatory, Behavioral Health, Long Term Care, and Home Care*
- Consistent with 14 standards “cross walked” with national CLAS Standards
- *New Jersey Bill S144*
- *Titles VI and VII of the Civil Rights Act of 1964*

**Employment Law and University Hospital Diversity/Cultural Competency Guidelines for Staff**

The following listings include federal, state and Joint Commission standards that address workplace diversity, equal opportunity, and cultural and linguistic competency guidelines that University Hospital employees should be aware.

**The Americans with Disabilities Act (ADA)**

The ADA prohibits discrimination against a “qualified individual” with a disability who can perform the essential functions of a job with or without “reasonable accommodation”.

**The Civil Rights Act, Title VII**

Title VII prohibits employment discrimination based on *race, color, religion, sex and national origin*.

**Equal Pay Act (EPA)**

The Equal Pay Act requires that men and women be given equal pay for equal work in the same establishment. The jobs need not be identical, but they must be substantially equal. It is job content, not job titles, that determines whether jobs are substantially equal.
**Fair Labor Standards Act (FLSA)**

FLSA Applies to full-time and part-time employees in the private sector and in federal, state and local government that establishes: minimum wage, premium pay for overtime, child labor protections, and recordkeeping requirements.

**Family and Medical Leave Act (FMLA)**

FMLA provides employees with the right to take unpaid or earned leave for birth of a child or placement of a child through adoption or foster care, and care of an employee’s family member (child, spouse, parent) with a serious health condition.

**Occupational Safety and Health Act (OSH Act)**

OSHA governs occupational health and safety in the private sector and federal government to ensure that workers are protected against unsafe work environments and workplace hazards that can cause injuries, illnesses or death.

**Pregnancy Discrimination Act (PDA)**

PDA states that discrimination on the basis of pregnancy, childbirth or related medical conditions constitutes unlawful sex discrimination under Title VII.

**New Jersey Bill S144**

NJ Bill S144 requires physicians licensed to practice medicine in New Jersey are required to complete cultural competency training as a condition of re-licensure and as a component of medical school curriculum.

**New Jersey Law Against Discrimination (NJLAD)**

NJLAD prohibits employers from discriminating in job-related actions including recruitment, interviewing, hiring, promotions, discharge and compensation on the basis of race, creed, color, national origin, nationality, ancestry, age, sex, AIDS/HIV and related illnesses.

University Hospital embraces education as a core value, and supports initiatives that advocate programs that embrace cultural and linguistic competency. Examples of our hospital’s commitment to these initiatives include:

- Bloodless surgery
- Religious accommodations and pastoral counseling
- Cultural dietary accommodations
- Volunteer medical interpreter services (including Language Line and Deaf Talk)
- Dedicated (contracted) translation services (example - Patients’ Bill of Rights)
- Health Literacy (the “Ask Me” program)
- Commitment to reducing health disparities
- Embracing/reinforcing tenets of service excellence to enhance patient sati
Emergency Preparedness

Preparedness starts at home!

Ensure you have a plan for you and your family in the event disaster strikes.

The following sources provide an abundance of information regarding:

- What types of disasters can affect me and my family?
- Why should I create a disaster plan?
- How should I react during a disaster?
- What items should be contained in a disaster kit?
- How can I help others when disaster strikes?

Sources of Information

- www.state.nj.us/njoem
- www.fema.gov
- www.ready.gov
- www.citizencorps.gov

Michael Feravolo, CEM, CHEP
Coordinator, Emergency Management
(973)972-4668, fax (973)972-5788
feravomr@uhnj.org
The FEMA App: A simple and easy-to-use tool

- Receive fast and reliable weather alerts from the National Weather Service for up to five different locations nationwide.
- Learn how to prepare for emergencies and useful tips to keep you and your loved ones safe before, during and after disasters.
- Locate open shelters and disaster resource centers near you.
- Submit photos of damage in your area.
- Prepare your emergency kit, make a family plan, and set reminders.
RUN: When an active shooter is in your vicinity:
- If there is an escape path, attempt to evacuate.
- Evacuate whether others agree to or not.
- Leave your belongings behind.
- Help others escape if possible.
- Prevent others from entering the area.
- Call 911 when you are safe.

HIDE: If evacuation is not possible, find a place to hide.
- Lock and/or blockade the door.
- Silence your cell phone.
- Hide behind large objects.
- Remain very quiet.

FIGHT: As a last resort, and only if your life is in danger:
- Attempt to incapacitate the shooter.
- Act with physical aggression.
- Improvise weapons.
- Commit to your actions.

FIRE SAFETY FACT SHEET

What if I DISCOVER A FIRE OR SMOKE condition in the Hospital?

Remember “RACE”

R = Rescue
A = Alarm
C = Contain
E = Extinguish

What if I HEAR THE FIRE ALARM AND SEE FLASHING LIGHTS?

• Listen for the “Code Red” announcement to identify the location of the fire alarm.
• Close patient, office, laboratory and utility room doors throughout the hospital.
• Clear the corridors and elevator lobbies on all floors.
• Remain alert and await further instructions on the announcement system.
• Do not evacuate unless specifically instructed to do so.
• When the fire alarm stops sounding, the lights (strobes) stop flashing and you hear the “Code Red All Clear” Announcement, you may resume with your normal activities.

What type of FIRE EXTINGUISHER should I use?

ONLY use fire extinguishers if you are trained and confident about using them!

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Ordinary combustible (e.g., wood, paper, cloth)</td>
</tr>
<tr>
<td>B</td>
<td>Flammable liquids/gases (e.g., gasoline, oil, paint)</td>
</tr>
<tr>
<td>C</td>
<td>Energized electrical equipment (e.g., appliances)</td>
</tr>
<tr>
<td>ABC</td>
<td>All of the above applications</td>
</tr>
<tr>
<td>K</td>
<td>Cooking with oils and fats (located in Hospital kitchen area)</td>
</tr>
</tbody>
</table>
To use the Fire Extinguisher, remember the acronym “PASS”

P = PULL the pin;  A = AIM low;  S = SQUEEZE the handle;  S = SWEEP from side to side

What should I do if I see someone SMOKING?

Inform them that University Hospital is a smoke-free facility. Remember that you can always call Public Safety if necessary. If you see an employee smoking, get their name and report it to your EOC Management Committee representative.

Extension Cords:
Extension cords are NOT permitted in University Hospital, especially in patient care areas, unless in a “Hospital Emergency”. If additional outlets are required, call the Call Center at 2-1500 and place a work order.

FIRE EMERGENCY TELEPHONE NUMBER: 222
SUBJECT: Fire

Safety

REFERENCE:

UH Fire and Emergency Evacuation Plan and UH Emergency Operations Plan

RESPONSIBILITY:

The President and Chief Executive Officer are to ensure compliance with this policy.

Department Managers/Nurse Managers are responsible for the general condition of areas under their supervision. They are also responsible for the physical condition of the areas under their supervision with regard to fire safety. Other responsibilities include ensuring staff under their supervision meet the hospital training requirements for fire safety.

Hospital staff, both medical and administrative are responsible to become familiar with and comply with the requirements in the Hospital Fire Safety Plan and The Emergency Operations Plan as well as their Department/Unit Specific Emergency Preparedness (Contingency) Plan.

POLICY:

It is the policy of University Hospital to support a life safety management program, which exists to protect patients, staff, visitors, and property from disasters or emergencies affecting the Environment of Care (EOC).

PROCEDURE:

1) All **MEANS OF EGRESS** are to be kept clear at all times

2) Corridors and stairways within buildings must be kept clear at all times. Furniture, equipment, supplies, clothing or trash must not be placed or stored in corridors or stairways. It is everyone’s responsibility to keep exits clear! When items need to be stored in a unit or corridor, the items must all be located on the same side of the corridor.

3) Travel to and through exit doors must be clear and unobstructed.

4) Fire doors prevent the spread of fire, smoke and heat. DO NOT block or prop them open. Never place chairs or other types of wedging devices to hold open exit or fire doors.

5) All stairwells must remain closed at all times and clear of storage.
6) The placing or securing (temporary or otherwise) of any object, appliance, rope, wire cable, clothing laundry or in any manner obstructing a stairwell is prohibited.

7) All broken furniture must be reported to the Call Center – 2-1500 for removal.

8) Rubbish, waste paper, sweeping, paper boxes, etc. must not be allowed to accumulate. These items are to be placed in approved fire resistant containers and removed daily. The use of combustible waste baskets is prohibited.

9) Storage rooms or closets are to be neat and orderly at all times.

10) All cooking surfaces and appliances shall remain free of grease.

11) Smoking (including electronic smoking devices) is prohibited in University Hospital and vehicles, according to UH policy # 00-01-10-15 and University Hospital policy 831-200-051. Everyone is responsible for maintaining a smoke free environment. All supervisory faculty and staff members will ensure that the individuals they supervise, including students or volunteers assigned to their areas, comply with this policy.

12) The use of electrical extension cords in lieu of fixed wiring is prohibited. However, UL approved multiple outlet power strips with built in fuse or circuit breaker protection may be used. They must be UL approved & obtained from Physical Plant. All power strips shall be attached to walls to prevent direct contact with flooring.

13) The following items are prohibited: hotplates, toasters, toaster ovens, electric frying pans, woks, rotisseries, crock pots, fans, space heaters & candles.

14) Storage of materials must be at least 18” from sprinkler/heat sensor/smoke detector to prevent obstruction of such devices. Storage in non-sprinkler areas must be at least 24” from ceiling.

15) Access to Fire Extinguishers, Pull Stations & Medical Gas Shut-Off Valves free from blockage & storage

16) Report any fire hazard or unsafe practice you observe in your daily work to your supervisor and the Hospital Safety Officer or EOC Manager at 2-3358.

TRAINING:
1) All staff must participate in the Hospital orientation training program and receive update training on the:
   a) University Hospital Fire/ and Emergency Evacuation
   b) University Hospital Emergency Operations Plan
   c) Department/ Unit specific Emergency Preparedness (Contingency Plan)

2) Annual training can be accomplished online by going to my apps or http://moodle.rutgers.edu and accessing Environment of Care.
3) Agency Personnel will meet the requirement for fire safety training (both orientation and annual update) via the self-study modules prior to performing direct pat
Fire Incident Response Protocol - 2020

Please review with Staff: Upon hearing the Fire Alarm or the activation of the strobes, go behind a closed door. Do not continue to walk in the corridors. Fire Wardens are required to obtain your name if you do not follow these instructions.

- **Code Red** is the code for a fire, NEVER call out fire. Stay calm.
- In the event of a fire or smell of smoke: Activate the nearest Pull Station then call 222, this will connect you to Public Safety, clearly report the location of the fire/smoke. Request Public Safety to repeat the location back to you, to ensure proper identification of the area.
- Clear the corridors and elevator lobbies (NO ONE should be walking or standing in these areas, this includes: Patients, Visitors, Doctors, Residents, Volunteers and Vendors)
- Each staff member should know the location(s) of the fire extinguisher on their unit. They are always by the stairwell as well as the pull stations.
- Operate the pull station by simply pulling the handle in the down direction. In some areas you may notice a clear plastic case over it, simply lift it up and proceed to pull the handle down.
- Know the location of the stairwells.
- NEVER use the elevators in the event of a fire. Stairs are to be used!
- Before opening a door, be sure to feel the door and latch with the back of your hand, if it is hot do not open the door. If it is not hot, open the door slowly.
- All doors are to be closed to prevent the spread of smoke/fire.
- Remember to stay close to the floor by crawling. Smoke and heat rise along with the toxic fumes.

Remember all staff members are expected to respond to a fire alarm activation even if it is an announced fire alarm drill.

**All Fire Alarms are treated as actual fires.**

Remember the Medical Gas Shut-Off valves are located in the corridors; they are only shut off when given instruction by the Nursing Department in concert with Respiratory Dept. Nursing and Respiratory Departments will ensure all patients on Medical Gases have been safely transferred from Piped Medical Gases to portable systems

**PASS:** How to use a fire extinguisher
**PULL:** Pull the pin between the 2 handles
**AIM:** Aim the nozzle at the base of the fire
**SQUEEZE:** Squeeze the handles together.
**SWEEP:** Sweep the extinguisher from side to side
RACE: Rescuing patients in immediate danger is your first priority. One person should pull the alarm and call 222 with the location as another co-worker rescues the patient. Teamwork is Essential.

ALARM: Alarm, never hesitate to sound the alarm. Remember to call out “Code Red”, not fire.

CONTAIN: Once a fire alarm is initiated the smoke and fire doors will automatically close on the floor of the activation, on the floor above the activation and below the activation. All other doors must be manually closed on every floor.

- Always keep doors clear of obstructions
- Never prop open the doors (It is a violation to use chocks to keep doors open)
- Close all doors to limit oxygen to the fire and transfer of smoke
- Stuff wet towels under the doors to keep smoke out.

EXTINGUISH If the fire is small, extinguish it.

Or

EVACUATE

An “ALL CLEAR” will be announced by the operator once the building has been declared safe by the Fire Department.

In the event that an actual fire occurs, the Pull Station must be activated even if the fire has been put out. The Fire Department must still come in to investigate the area and give an “All Clear”, declaring the area safe.

In the event that an actual fire has occurred the room/area is to be considered a forensic site and must be secured, this includes not discarding any items involved in the fire.
University Hospital

Environment of Care Questionnaire

As part of the Environment of Care, staff members are randomly chosen to participate in answering questions about Fire Safety & Safety.

Please share with your staff on All Shifts in preparation of them answering and understanding the processes involved with University Hospital.

1. What number would you call in the event of a fire?
   111

2. What does the acronym PASS stand for? (Technique for using a Fire Extinguisher)
   Pull, Aim, Squeeze, Sweep (at the base of the fire)

3. What does the acronym RACE stand for? (What you do in the event of a fire or smoke condition)
   Rescue, Alarm, Contain, Extinguish or Evacuate

4. Where would a Pull Station definitely be located?
   By a stairwell

5. How do you contact the Safety Officer for University Hospital? (not to be confused with Patient Safety) 973-972-8189

6. What does SDS (formerly referred to as MSDS) stand for, describe and where can they be found? Safety Data Sheets; a written description of hazardous products/chemicals/drugs; found online at my.uhnj.org – Employee Resources – Staff Toolbox or located in the Call Center A104 and the Nurse Staffing Office D-345

7. What does PPE stand for? Give an example.
   Personal Protective Equipment (gloves, goggles, mask, gown, respirator, etc.)

8. Why do we close doors during a fire or smoke condition?
   To prevent the spread of fire/smoke

9. What is the code for Active Shooter?
   Code Silver

10. What are the 3 things you should do in the event of an Active Shooter?
    Run – Hide - Fight

*** Please be sure to have an Emergency Code Card attached to your name badge. If you require one, call 2-3358 or come to room A-220.

Please be sure to treat all Fire Alarms as actual fires. During an alarm activation, no one should be walking or standing in the elevator lobbies or the corridors, go into the nearest room possible. This applies to Patients, Visitors, Staff, Doctors, Residents, Students, Volunteers and Vendors. Elevators are not to be used.

Patient Elevators are reserved for PATIENTS!
Environmental Policy

We, the Board of Directors, Administration and Staff of University Hospital, Newark, NJ recognize and accept our responsibility to be stewards in protection of the environment and in the surrounding community in partnership with our neighbors while we fulfill our healthcare mission.

We intend to be accountable for our commitment to environmental responsibility and to our pledge “to do no harm” by striving to achieve the following goals and objectives:

- Establish an Environmental Management System (EMS) that focuses on assessment, pollution prevention and control of environmental impacts of hospital operations, activities and services.

- Actively support the environmental programs and principles of Hospitals for a Healthy Environment (H2E) and Healthcare without Harm to achieve specific pollution prevention and waste reduction goals.

- Implement systems and standard operating procedures to maintain compliance with all applicable EPA, state of New Jersey and local jurisdiction environmental requirements as well as The Joint Commission Environment of Care environmental standards.

- Provide adequate resources and personnel with the necessary training, skills and knowledge to carry out their duties and responsibilities as specified in the EMS.

- Conduct periodic senior management evaluations of the performance of all elements of the EMS and make appropriate changes to continually improve the effectiveness of the system in light of new and changing hospital programs and operations.

- Make all reasonable efforts to communicate our environmental performance and progress to all interested internal and external University Hospital, Newark, NJ stakeholders.
HAZARDOUS MATERIALS AND WASTE FACT SHEET

Hazardous Chemicals and Wastes - EOHSS

HAZARD COMMUNICATION

- **Right-To-Know Training**: Staff that may be exposed to hazardous chemicals as part of their employment receive Right-To-Know training by EOHSS as required by the Hazard Communication standard.
- Safety Data Sheets (SDS) are accessible 24/7 on the UH intranet my.uhnj.org and located in A104 Call Center which is open 24/7.
- **Laboratory Safety Training** is provided for laboratory employees by EOHSS.
- In the event of a chemical spill call **2-1500**

HAZARDOUS WASTE MANAGEMENT

1. **Infectious Materials and Regulated Medical Wastes – Infection Control**
   - **Infectious Materials** training is provided by Infection Control.
   - In the event of a blood or other infectious spill call **2-1500**.

2. **Chemotherapeutic Materials and Wastes – Environmental & Occupational Health & Safety Services (EOHSS)**
   - In the event of a chemotherapeutic or other hazardous drug spill call **2-1500**.
   - Place *empty* (TRACE) vials/bags/tubing of chemo waste in yellow containers.
   - Place *unused* (BULK) containers of chemo waste or other hazardous drug waste or other hazardous drug waste in black containers.

3. **Radioactive Materials and Wastes – Radiation Safety**
   - Office of Radiation Safety Services Department administers the radioactive materials and waste program.
   - In the event of a radioactive materials spill call **2-1500**.
Hospital Security operates 24 hours a day, 7 days a week and can be reached at the following numbers:

**Non-medical Emergencies – 111**

**Protect property by preventing theft:**
- Limit access to restricted areas.
- Report hazards promptly.
- Use keys and electronic access codes properly.
- Secure your work station if left unattended.

**To protect your own personal property:**
- Keep wallets and pocketbooks locked securely.
- Avoid carrying large amounts of cash.
- Avoid leaving valuables in your car.

**If a theft occurs:** Report it immediately and try to remember details about anyone you saw near or in the area (height, weight, distinguishing marks, etc.)

**If violence occurs:**
1) Protect yourself first, immediately notify Public Safety (panic button or phone).
2) Help nearby patients and visitors stay calm.
3) Give the person what he or she wants, if possible.
4) Do not try to take away a weapon.

**Identification Badges:** All employees are required to wear their employee identification badge at all times.

**Visitors:** All visitors are required to check-in with Security. Visitors will be given a visitor’s pass which they must carry with them at all times.

**In the event of an Infant/Child Abduction:**
- Public Safety will not allow anyone with an infant/child to leave the building until the missing infant/child is found.
- Operator will announce “**CODE AMBER**”
- Be observant of people.
- Notify Public Safety if you notice anything suspicious.

**Panic Buttons:**
- Direct link to Public Safety
- Located throughout the hospital. Be familiar with the location of the panic buttons in your work area.

**HOSPITAL SECURITY TELEPHONE NUMBERS: 111**
University Hospital

Panic Button

Panic Buttons throughout University Hospital have been upgraded to newer buttons.

Staff should know the location of the buttons on their unit. Directors/Managers should identify the location of the devices to all new staff members/volunteers.

When the button is activated it will go directly to the Call Center, Rutgers Police Dispatch will be immediately notified and respond to the unit/department.

Commonly located under the Nursing Station:

Insert your finger in the red button and slide forward, the red tab will protrude from the end portion of the panic button. The Panic Button has been activated.

It may be located on a wall, such as in the Cath. Lab or Pathology:

Insert your finger in the red button and slide downward, the red tab will protrude from the bottom portion of the panic button. The Panic Button has been activated.
Insert your finger in the red button and slide **upward**, the red tab will protrude from the top portion of the panic button. The Panic Button has been activated.
Rutgers University Police Department

Crime Prevention Tips

Be Smart. Stay Safe.

Crime Prevention Tips

Crime prevention is a collaborative effort between the Rutgers University Police Department and the university community. With your assistance, we can greatly reduce opportunity for crime through "target hardening" behaviors.

Excessive alcohol consumption is the largest contributor to victimization and crime. RUPD understands the social aspect of college life, but asks that you drink responsibly and encourage the same of your friends. The RUPD urges you to attend one of our many alcohol education programs.

Denying a criminal the opportunity to commit a crime is paramount to your personal security. We ask you to observe our noted precautions, create your own personal safety plan, and be alert for the danger signals we have outlined.

PERSONAL SAFETY

- Are you a creature of habit? Avoid traveling to your destinations using the same route at the exact same time to reduce the opportunity of crime.
- If you have a cellular phone, keep it readily available in an accessible pocket with pre-programmed police emergency numbers. The RUPD-New Brunswick non-emergency phone number is 732-932-7211.
- Be aware of your surroundings. Keep your head up while walking and walk with a purpose. Pay attention visually of the actions and behaviors of those who are walking around.
- Trust your instincts.
- Be ready to take defensive action if necessary. This could be as simple as crossing the street and entering a populated area.

http://rupd.rutgers.edu/crimetips.php

11/30/2017
• Walk or jog in groups of three or more.
• Avoid isolated or dark areas.
• Travel with confidence and purpose.
• Do not wear headphones while walking or jogging.
• Know the locations of emergency phones.
• Do not use ATMs at night, in poorly lit or remote areas.
• Stay alert, and ahead of “What if...?”

PRECAUTIONS

We believe in fostering partnerships with members of the University community to identify, prioritize and respond to issues that impact our campuses, both negatively and positively. We know that with the support of the community, we are a much more effective law enforcement agency. Therefore, we encourage the community’s increased support and collaboration in keeping our campus safe! Each member of our community can further assist the Rutgers Police Department by recognizing and practicing the following crime prevention tips:

• Be aware that you are a potential victim of crime. Stay alert and attuned to people and circumstances around you.
• Report suspicious activity or persons to the police immediately.
• Avoid isolation. After dark, walk with others and use well-lit paths. University transportation and after-hours escort services are available 24/7.
• Do not hitchhike or pick up hitchhikers.
• Do not carry your name, address or car license number on your key ring.
• Never leave wallets, purses, checkbooks, and other personal property of value (laptops, cell phones, MP3 players, etc.) lying visibly in a room or unattended in public places.
• Report defective locks, card readers, or burnt-out lights to University Facilities’ Service Call Center at 848-445-1234.
• Do not leave notes on your door announcing you are not at home.
• Close curtains at night.

RESIDENTIAL / WORKPLACE SAFETY

• Know your neighbors or coworkers; you are the best one to determine who does not belong.
• Only allow in people who are familiar to you, guests should be escorted.
• Do not prop open exterior doors.
• If you come in through an electronic key card access door, do not allow strangers to enter with you on your code. They should have their own cards and codes.
• Always lock your door when you leave.
• Lock your door while you sleep or when you work late.
• Always lock your office or residence hall room door when you leave for “just a minute”, even for a restroom break. This is the single best deterrent to intruders.
• Take your valuables (laptops, cell phones, MP3 players, etc) with you. Do not leave them unattended and unsecured in your office or at your work space.
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KEY CONTROL

http://rupd.rutgers.edu/crimetips.php
• Do not leave notes on your door or social media announcing you are not around.
• Reduce the amount of cash and credit cards you carry with you.
• Get involved. If you see someone you consider suspicious or out of place, CALL POLICE IMMEDIATELY.
• Do not leave your keys lying about.
• Keep a record of all keys issued. Master keys and extra duplicates should be locked away for safekeeping. When a particular key is needed, everyone must sign for its use.
• Have all keys stamped with the words "Do Not Duplicate."
• If you suspect you have been burglarized, do not walk into or disturb the crime scene area. Call the Rutgers Police Department immediately. The chances of apprehending the burglar are greatly increased if the scene is left completely intact. Assist responding officers by providing information regarding all missing items, including a prerecorded list of serial numbers.
• If your keys or ID card is lost or stolen, report it immediately to prevent misuse.

LOCKERS

• Always lock your locker—make sure your lock is durable.
• A good key lock instead of a combination lock is a better safeguard for your property. The lock should have a rugged, laminated case and a 3/8" shackle that resists being smashed. It's crime prevention "plus" if you get a lock that will not release the key until the lock is locked. And give it an extra tug just to make sure it's closed.

PROPERTY & VEHICLE SECURITY

• Take your valuables (laptops, cell phones, MP3 players, etc) with you. Do not leave them unattended when you leave for "just a minute"; even for a restroom break. This is the single best deterrent to intruders.
• Conceal or hide power cords from cell phones, iPods & GPS units when left unattended within your vehicle.
• Lock your vehicle.
• Secure bicycles with a U-lock. Learn more about bicycle security.
• Anti-theft devices such as the "Club" and car alarms may deter a thief from burglarizing or stealing your vehicle.
• Do not hide spare keys under your car.
• Record serial numbers of bicycles, computers or other electronics, and keep these numbers in a safe place, separate from the devices. In the event these devices are lost or stolen, these serial numbers may assist the Police with locating your property.
• Secure valuables in lockable storage medium or take them with you when away for extended periods of time.

REPORTING SUSPICIOUS ACTIVITY

Remember, if you see suspicious activity or packages while visiting Rutgers University, pick up the phone and report it.

It's our job to check it out and to keep you safe! Stay alert. Be aware. Speak up.

Contact Information

For an Emergency
(Police, Fire, Medical)
Dial 9-1-1

http://rupd.rutgers.edu/crimetips.php

11/30/2017
Emergency Numbers From a University Phone
Obtain an outside line, then dial 9-1-1

Non-Emergency Numbers
Rutgers University-Camden
856-225-6111
Biomedical and Health Sciences at Newark
973-972-4491
Rutgers University-Newark
973-353-5111
Rutgers University-New Brunswick
732-932-7211

Get Emergency Alerts on Your Cell Phone
During emergencies, accurate information is important. Rutgers students, faculty and staff can receive up-to-date information conveniently via cell phone text message. To register, update your emergency-notification information (NetID Required).

Program the Alternate Public Safety Numbers into Your Cellular Phone
Download a Printable Roster

Helpful Links
Institutional Planning & Operations
University Public Safety
Emergency Management
Emergency Services
Rutgers Police Department
Protection of Minors
Contact Us

Campus Operating Status
New Brunswick
Newark
Camden
RBHS

http://rupd.rutgers.edu/crimetips.php 11/30/2017
UTILITIES MANAGEMENT FACT SHEET

The Physical Plant department is responsible for implementing the utilities management program at University Hospital to include the following systems: emergency power, electrical power, heating and ventilation, air conditioning, fire protection and fire detection. A preventive maintenance program has been established and implemented for each of these components as well as for elevators, plumbing, boiler and steam production and piped medical vacuums and gases.

Elevators
There is an emergency call button inside each elevator, which is used to call for assistance when the normal operation of the elevator is affected.

- All elevators (passenger, patient and freight) are checked monthly.

Emergency Generators
Emergency generators are University Hospital’s back-up system when normal power fails and are tested monthly by the Physical Plant department.

- Emergency generators provide power instantaneously after power failure.
- All Department Directors/Managers are notified prior to testing.
- Lights may flicker when transferring to or from emergency power.

Hot Water Temperature
Hot water temperature is maintained between 110 to 120 degrees and tested monthly in patient care areas.

Electrical Safety
Extension cords in lieu of fixed wiring is prohibited, however UL approved multi-outlet power strips with built-in fuse or circuit breaker protection may be used temporarily until such time as fixed wiring is installed.

Portable space heating devices are prohibited in all areas of the Hospital.

Emergency outlets are identified by a red colored cover plate.

All work requested for University Hospital Maintenance should be referred to the
Electrical Safety

Safety Tips for Plugs and Receptacles:

- Electrical plugs MUST be pushed all the way into receptacles in wall sockets. Failure to do so could result in a fire.
- If the receptacle is loose and doesn’t hold the plug tightly (plug sags or fall outs), notify the Call Center Immediately (2-1500) to have it replaced.
- Make sure all electrical cords are in good condition, if they are frayed or cracked, Do Not use them. Take the item Out of Service and notify the Call Center (2-1500).
- Do Not pull on cords - to disconnect the plug (pull from the plug).
- Cords should not be pulled tightly across (this may cause the plug to come out of the receptacle or partially come out, leaving the prongs exposed.
- Cords should not be kinked or twisted.

Work Control Center at extension 2-1500.
**MEDICAL EQUIPMENT FACT SHEET**

**What is medical equipment?**

Medical equipment is any device that is used in the rendering of patient care. Medical equipment is inventoried, tracked and maintained by the Department of Clinical Engineering.

**Equipment Maintained By Clinical Engineering Include:**

- EKG machines, infusion pumps, anesthesia machines
- Ultrasound machines, defibrillators, ventilators, infusion pumps
- X-ray machines, patient bedside monitors, blood pressure monitors
- Sterilizers, surgical lasers, surgical microscopes

**Equipment Not Maintained By Clinical Engineering Include:**

- Office machines
- Wheelchairs
- Patient beds*

*Physical Plant Maintenance Department repairs equipment such as beds, tables and stretchers.

**Who do I call when medical equipment breaks?**

Call the Hospital Call Center for all equipment repairs. 2-1500

**How do I know that the medical equipment I work with is safe to use?**

All hospital medical equipment is safety checked and tagged with an inspection sticker by Clinical Engineering. Preventive Maintenance (PM) for medical equipment includes safety and function checks.

The PM schedule varies depending on the type of equipment and the manufacturer requirements, e.g. once a year for most medical devices, every six months for defibrillators.

There are no yearly maintenance requirements for certain items. Only a safety check is performed when the unit is first installed and whenever the item is brought to Clinical Engineering for repair. These items include, but are not limited to scales, exam tables, otoscopes, and thermometers.
<table>
<thead>
<tr>
<th><strong>Standard Clinical Engineering Department Labels and Stickers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="Asset number label" /></td>
</tr>
<tr>
<td><strong>Asset number label assigned to hospital owned equipment for</strong></td>
</tr>
<tr>
<td><strong>inventory purposes.</strong></td>
</tr>
<tr>
<td><img src="image2" alt="Asset number label" /></td>
</tr>
<tr>
<td>** Asset number assigned to non- hospital owned (Long term leased**</td>
</tr>
<tr>
<td><strong>equipment) for inventory purposes.</strong></td>
</tr>
<tr>
<td><img src="image3" alt="Inspection label" /></td>
</tr>
<tr>
<td><strong>Inspection label affixed to signify inspection and preventive</strong></td>
</tr>
<tr>
<td><strong>maintenance work was done to the medical equipment. (Color varies</strong></td>
</tr>
<tr>
<td><strong>from year to year).</strong></td>
</tr>
<tr>
<td><img src="image4" alt="Inspection label" /></td>
</tr>
<tr>
<td><strong>Inspection label affixed to signify that inspection was performed on</strong></td>
</tr>
<tr>
<td><strong>non- hospital owned medical equipment (Loaner, Rental,</strong></td>
</tr>
<tr>
<td><strong>Demonstration and Patient owned equipment).</strong></td>
</tr>
<tr>
<td><img src="image5" alt="Label" /></td>
</tr>
<tr>
<td><strong>Label affixed to signify that the equipment is under service contract</strong></td>
</tr>
<tr>
<td><strong>with outside vendor, who is responsible for the repair, inspection</strong></td>
</tr>
<tr>
<td><strong>and preventive maintenance work.</strong></td>
</tr>
<tr>
<td><img src="image6" alt="Label" /></td>
</tr>
<tr>
<td><strong>Label affixed to medical equipment that is in storage for future use.</strong></td>
</tr>
<tr>
<td><strong>(Absolutely not to be used on patient).</strong></td>
</tr>
<tr>
<td><img src="image7" alt="Label" /></td>
</tr>
<tr>
<td><strong>Label affixed to medical equipment categorized as low risk to signify</strong></td>
</tr>
<tr>
<td><strong>that routine inspection is not required.</strong></td>
</tr>
<tr>
<td><img src="image8" alt="Label" /></td>
</tr>
<tr>
<td><strong>Label affixed to the medical equipment when battery was checked</strong></td>
</tr>
<tr>
<td><strong>or replaced.</strong></td>
</tr>
<tr>
<td><img src="image9" alt="Label" /></td>
</tr>
<tr>
<td><strong>Inspection label affixed to the equipment after repair and</strong></td>
</tr>
<tr>
<td><strong>performance verification performed.</strong></td>
</tr>
</tbody>
</table>
What should I do if I discover an alarm sounding on a piece of medical equipment?
Alarms alert staff whenever there is a problem involving the patient or the equipment itself. If you discover an alarm is sounding on a piece of medical equipment or if you suspect a patient is having trouble, immediately notify a member of the Nursing or Medical staff so that appropriate follow-up can occur. **DO NOT ATTEMPT TO SILENCE THE ALARM.**

What should I do if the equipment malfunctions during patient use?

- Turn off the equipment and disconnect patient except if device provides life support. If equipment provides life support such a ventilator, call for assistance
- Isolate and tag the item, note that the item was involved in an incident, be sure to save and bag all accessories such as cables and tubing
- Do not attempt to remove wall mounted equipment, simply tag it
- Call Clinical Engineering at 2-1500; Have your manager notify Risk and claims
- Submit an incident report to Risk and Claims; Do not tamper with the equipment
- Do not allow anyone except Clinical Engineering to adjust or repair the item

What personal devices are NOT allowed into University Hospital?

Hotplates, Toasters, Toaster Ovens, Electric Frying Pans, Woks, rotisseries, fans, space heaters

Can I use my cellular phone in the Hospital?

Cellular phone use is prohibited in many patient care areas of University Hospital. Prohibited areas are marked with signs. Radio frequency transmitting devices such as cellular phones can interfere with some medical equipment such as cardiac monitors, intravenous pumps, etc.

**Remember....ALL** medical equipment, including outside equipment brought in by vendors, must be checked by Clinical Engineering before it is placed into service or used on a patient.

**There are no exceptions!**
UTILITIES MANAGEMENT FACT SHEET

The Physical Plant department is responsible for implementing the utilities management program at University Hospital to include the following systems: emergency power, electrical power, heating and ventilation, air conditioning, fire protection and fire detection. A preventive maintenance program has been established and implemented for each of these components as well as for elevators, plumbing, boiler and steam production and piped medical vacuums and gases.

Elevators
There is an emergency call button inside each elevator, which is used to call for assistance when the normal operation of the elevator is affected.
- All elevators (passenger, patient and freight) are checked monthly.

Emergency Generators
Emergency generators are University Hospital’s back-up system when normal power fails and are tested monthly by the Physical Plant department.
- Emergency generators provide power instantaneously after power failure.
- All Department Directors/Managers are notified prior to testing.
- Lights may flicker when transferring to or from emergency power.

Ultraviolet Lights (UV)
Ultraviolet Lights are used to assist in preventing the transmission of Tuberculosis (TB) and are located throughout University Hospital. All UV lights are tested periodically.

Hot Water Temperature
Hot water temperature is maintained between 110 to 120 degrees and tested monthly in patient care areas.

Electrical Safety
Extension cords in lieu of fixed wiring is prohibited, however UL approved multi-outlet power strips with built-in fuse or circuit breaker protection may be used temporarily until such time as fixed wiring is installed.

Portable space heating devices are prohibited in all areas of the Hospital.

Typically a red cover plate and the word “safety” identify emergency outlets.

All work requested for University Hospital Maintenance should be referred to the Work Control Center at extension 2-1500.
**MEDICAL EQUIPMENT FACT SHEET**

**What is medical equipment?**

Medical equipment is any device that is used in the rendering of patient care. Medical equipment is inventoried, tracked and maintained by the Department of Clinical Engineering.

**Equipment Maintained By Clinical Engineering Include:**

- EKG machines, infusion pumps, anesthesia machines
- Ultrasound machines, defibrillators, ventilators, infusion pumps
- X-ray machines, patient bedside monitors, blood pressure monitors
- Sterilizers, surgical lasers

**Equipment Not Maintained By Clinical Engineering Include:**

- Office machines
- Wheelchairs
- Patient beds*

*Physical Plant Maintenance Department repairs equipment such as beds, tables and stretchers.

**Who do I call when medical equipment breaks?**

Call the Hospital Call Center for all equipment repairs. **2-1500**

**How do I know that the medical equipment I work with is safe to use?**

All hospital medical equipment is safety checked and tagged with an inspection sticker by Clinical Engineering.

Maintenance Preventive Maintenance (PM) for medical equipment includes safety and function checks. The PM schedule varies depending on the type of equipment and the manufacturer requirements, e.g. once a year for most medical devices, every six months for defibrillators.

There are no yearly maintenance requirements for certain items. Only a safety check is performed when the unit is first installed and whenever the item is brought to Clinical Engineering for repair. These items include, but are not limited to scales, exam tables, otoscopes, and thermometers.
Types of Labels Found on Medical Equipment and Tracked by Clinical Engineering

**Inventory Label:**
- Indicates the equipment is tracked by Clinical Engineering
- label color may be red, blue, yellow or green

**Inspection Label:**
- label is changed with each time inspection or pm is done
- different color label is used each year

**No Preventive Maintenance Required:**
- equipment does not need annual PM
- label is not changed yearly, only when equipment is serviced

**Non-Hospital Owned Equipment:**
- equipment is vendor-owned
- equipment is on long term consignment
- equipment could be a sales demo unit or a loaner
**EMERGENCY PREPAREDNESS FACT SHEET**

How will I know if there is a **DISASTER IN THE HOSPITAL**?

The operator will announce, *“Code Triage in the Command Post at ext. 5800”*

**Examples of internal disasters**: fire, chemical release, power outage, bomb explosion.

How will I know if there is an **EXTERNAL DISASTER**?

The operator will announce, *“Code Triage in the Emergency Room”*

**Examples of external disasters**: large fire in the community, overturned bus on Route 280, plane crash at the Newark Airport, major snow storm.

How do I know when the **DISASTER IS OVER**?

The operator will announce, *“Code Triage All Clear”*

Where is the **COMMAND POST LOCATED**?

The primary hospital Emergency Operations Center is located in D-215-D-215A and the alternate is the ED Mezzanine Conference Room. The Nursing Operations Center is located in D-351 with the alternate location on D-Yellow.

How do we maintain **COMMUNICATIONS** during a disaster?

Communication is maintained through the use of telephones, beepers and overhead paging. Our back-up system consists of radios and runners.

What are the different levels of **EVACUATION**?

**Level I**: Partial evacuation: When someone is moved from an isolated area; e.g., a patient is evacuated out of the patient room.

**Level II**: Horizontal evacuation: An entire department or nursing unit is affected by the disaster and requires individuals to be removed to another location on the same floor. If moving patients from one nursing unit to another, the protocol is:
- Blue Unit to Green Unit
- Yellow Unit to Green Unit
- Green Unit to Blue Unit

**Level III**: Vertical evacuation: An entire floor is affected by the emergency and requires that all individuals on the floor be removed to another floor. Generally, individuals should be moved downward to the floor below if possible.

**Level IV**: Facility evacuation: The entire hospital is affected by the emergency and necessitates the removal of ALL occupants.

How do I know **WHAT I AM SUPPOSED TO DO** during a disaster?

You will receive training on your department/unit-specific disaster plan which will explain your role during a disaster.

**COMMAND POST TELEPHONE NUMBERS: 2-5800**
University Hospital Compliance Program

- Physicians
- Psychologists
- Nurses
- Counselors
- Aides
- Statisticians
- Technicians
- Therapists
- Social Workers

- Finance
- Facilities
- Laboratory Technicians
- Pharmacists
- Coders
- Clinical Associates
- Administrators
- Clerical
- Practice Managers

- Researchers
- Food Services
- Security
- Transporters
- Messengers
- Housekeeping
- Discharge Planners
- Others

Compliance with Laws, Regulations and the Code of Conduct

- False Claims Act
- Health Information Portability and Accountability Act
- Anti-Kickback Laws
  - JCAHO
  - OSHA
  - CLIAC
  - EMTALA

- Credentialing/Screening Requirements

YES
Better Quality of Care Improved
Customer Satisfaction Higher
Confidence Increased
Efficiency and Effectiveness

NO
Investigations
Audits
Makes Share Loss
Fines and Penalties
Reputation Damage
Sentinel Events
Notice of Privacy Practices for Protected Health Information

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We, at University Hospital (UH), understand that health information about you and your health is personal. We therefore are committed to and required by law to maintain the privacy of your health information and to provide you with notice of legal duties and privacy practices with respect to your health information. We will not use or disclose your health information except as described in this Notice. This Notice applies to all of the health information maintained by our departments, and our Centers and Institutes. The departments, centers, and institutes of UH may share your health care information with each other, as necessary to carry out treatment, payment, or health care operations. For a complete listing of the Centers and Institutes of UH, please go to our web site: http://www.uhnj.org

How We May Use and Disclose Your Health Information:
We may use and disclose your health information as described below. However, this is only meant to give you a general overview and not to describe all specific possible uses and disclosures that may occur.

Treatment
We may use your health information to provide medical treatment, items or services. For example, we may disclose all or any portion of your health information to your attending physician, treating physician, consulting physician(s), nurses, technicians, and other health care professionals who have a need for such information for your care and treatment.

Also, different departments may share health information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. We may also disclose your health information to people outside UH who may be involved in your medical care, such as family members, social service, clergy and others that provide services that are part of your care. Also, our staff may discuss your care in a case conference.

Treatment Alternatives
We may use and disclose your health information to tell you about possible treatment options or alternatives or other health related benefits that may be of interest to you.

Payment
We may use and disclose health information about you so that we may bill and receive payment for treatment and services that you receive. Your information may also be necessary for purposes of determining coverage, medical necessity, pre-authorization or certification and for utilization
management. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or portions of your medical record, which are necessary for payment of your account. For example, a bill sent to an insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used. Also, your health information may be disclosed to consumer reporting and/or to collection agencies.

**Healthcare Operations**

We may use and disclose your health information for our health care operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, social services certification, licensing or credentialing activities of UH, certain medical research, and educational purposes. For example, UH may review your health information to make sure that UH is providing quality care to all of its patients.

**Other Health Care Providers, Health Plans, and Clearinghouses**

We may use and disclose your health information to your treating provider or health plan, or a clearinghouse involved in the billing of services and treatment provided to you, for the purpose of providing you treatment, receiving or processing payment, and to conduct certain operational activities as permitted by law.

**Activities of Organized Health Care Arrangements in Which We Participate**

For certain activities, the various components of UH (listed earlier in this Notice) and other independent providers are called an Organized Health Care Arrangement. We may disclose information about you to health care providers participating in our Organized Health Care Arrangements as necessary to carry out our treatment, payment, or health care operations. All participants in our Organized Health Care Arrangements have agreed to abide by the terms of this Notice with respect to your health care information created or received as part of the delivery of health care services to you at UH.

**Appointment Reminders**

We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at UH.

**Facility Directory**

This section only pertains to the units at UH that utilize facility directories. Unless you object, we may include certain limited information about you in the facility directory while you are a patient at our facilities. This information may include your name, location in UH, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This is so your family and friends can visit you in the UH facility and generally know how you are doing.

The directory information, except for your religious affiliation, may only be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. If you do not want to be included in the facility directory or to limit those who can know that you are in the facility, inform the admitting staff.
Persons Involved in Your Care

Unless you object, we may disclose your health information to family members, other relatives, close personal friends, or any other person(s) who are involved with your medical care or payment.

Disaster Relief

Unless you object, we may use or disclose your health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts including notifying your family about your condition, status and location.

Health Related Benefits and Services

We may use and disclose your health information to tell you of health-related benefits or services that may be of interest to you.

Business Associates

We may use and disclose health information to business associates. A business associate is an individual or entity under contract with us to perform or assist UH in a function or activity which requires the use or disclosure of health information. Examples of business associates include, but are not limited to, copy services used by us to copy medical records, consultants, accountants, lawyers, and medical transcriptionists. We require the business associate to enter into an agreement to protect the confidentiality of your health information.

Research

While most uses and disclosures related to research require your authorization, in some limited situations we may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has waived the individual authorization requirement in accordance with the regulations covering this area.

De-Identified Data or Limited Data Sets

We may use or disclose health information about you if we remove all information that could be used to identify you, i.e. “de-identified” information. We are required to remove over fifteen (15) different pieces of information that could be used to possibly identify you. We may also use or disclose a limited amount of health information about you in a “limited data set” for the purposes of research, public health, or health care operations if we enter into a data use agreement with the recipient of the data.

Organ Procurement Organizations

We may use and disclose your health information to organ procurement organizations and other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Fundraising

We may use and disclose certain health information to contact you in an effort to raise money for UH and its departments. We may disclose certain health information to a foundation related to UH so that the Foundation may contact you in its effort to raise money. The information released would only be contact information, such as your name, address, phone number, and the dates you received treatment or services at UH. If you do not want UH to contact you for fundraising efforts,
Health Oversight Agencies
We may use and disclose your health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

Law Enforcement
We may use and disclose your health information for law enforcement purposes to a law enforcement official if required by law, or where permitted by law, or in response to a valid subpoena. Also, we may disclose health information if it is necessary for law enforcement authorities to identify or locate an individual.

Disclosures in Judicial/Legal Proceedings
We may use and disclose your health information to a court or administrative agency when a judge or administrative agency orders us to do so. We may also use and disclose information about you in legal proceedings, such as in a response to a discovery request, subpoena, court order, etc. Also, UH may use or disclose your health information in preparation for any dispute or litigation between you and UH.

Public Health Risk
We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, we are required by law to report the existence of a communicable disease, such as Acquired Immune Deficiency Syndrome (AIDS), to the New Jersey State Department of Health to protect the health and well-being of the general public. Other activities generally disclosed include the following:
- To prevent or control disease, injury or disability
- To report births or deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if UH believes a patient has been the victim of abuse, neglect or domestic violence

Safety of a Person or the Public
We may use and disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers’ Compensation
We may use and disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
Military/Veterans
We may use and disclose your health information as required by military command authorities, if you are a member of the armed forces.

Inmates
If you are an inmate of a correctional institution or under the custody of a law enforcement officer, we may release your medical record information to the correctional institution or law enforcement official. This release would be necessary:
(1) for the institution to provide you with health care;
(2) to protect your health and safety and that of others;
(3) for the safety and security of the correctional institution.

Required by Law
We may use and disclose health information about you when required to do so by state or federal law. For example, we may disclose certain health information to those persons who have a risk exposure related to a communicable disease, as required by New Jersey law.

National Security and Intelligence Activities
We may use and disclose your medical information about you to authorized federal officials for intelligence, counterintelligence, and other National Security activities as authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President or other authorized persons.

Coroners, Medical Examiners, Funeral Directors
We may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. UH may also release your health information to funeral directors as necessary to carry out their duties.

Employers
We may use and disclose your health information to your employer to conduct medical surveillance of the workplace, or to evaluate whether you have a work-related illness or injury.

Secretary of the Department of Health and Human Services
We may use and disclose your health information when required by the Secretary of Health and the Department of Health and Human Services for purposes of investigating or determining compliance with the privacy law.

Other Uses
Any other uses and disclosures of your health information will be made only with your written authorization.

Your Rights Regarding Your Health Records
Although your health records are UH’s property, you have the following rights:

Right to Confidential Communications
You have the right to receive confidential communications of your health information by
alternative means or at alternative locations. To exercise your right, please write to the address at the end of this section.

Right to Request to Inspect and to Obtain a Copy
You have the right to inspect and to obtain a copy of your health information. However, such requests may be denied as permitted under the law. You have the right to appeal such denials. To exercise your right, please write to the address at the end of this section. (Copying fees may be imposed.)

Right to Request Amendment
You have the right to request to amend your health information. However, UH may deny your request to amend your health information under certain circumstances. All requests for amendments must be in writing and provide a reason supporting your request for an amendment. To exercise your right, please write to the address at the end of this section.

Right to Request Restrictions
You have the right to request restrictions on certain uses and disclosures of your health information. However, UH is not required to agree to such request. You have the right to receive confidential communications of your health information by alternative means or at alternative locations. You must communicate your specific request in writing by using the proper form. To exercise your right, please write to the address at the end of this section.

Right to an Accounting of Uses and Disclosures
You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. This list will not include disclosures of your health information made for treatment, payment, or health care operations, made to you, or made pursuant to an authorization signed by you.

The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and should not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional requests during the same twelve month period, we will charge you for costs of the accounting. We will notify you of the amount we will charge and you may choose to withdraw or change your request before you are charged any costs. To exercise your right, please contact the address below.

Right to Receive A Copy of this Notice
You have the right to receive a paper copy of this Notice, upon request. You may also obtain a copy of this notice at our website.

Right to Revoke Your Prior Authorization
You have the right to revoke your authorization (your permission) to use or disclose your health information except to the extent that action has already been taken in reliance on your prior authorization. To exercise your right, please contact the address below. All requests to exercise your rights above must be made in writing to the address below:
For More Information or to Make a Complaint (There will be no retaliation for filing a complaint)

If you believe your privacy rights have been violated, you may file a complaint with UH or with the Secretary of the Department of Health and Human Services. Or if you have questions and would like additional information, you may call the HIPAA hotline: (855) 431-9966, or contact:

Privacy Officer
University Hospital
150 Bergen Street, PO Box 27050
Newark, New Jersey 07107-6750
(973) 972-3450

Changes to This Notice
UH will abide by the terms of the Notice currently in effect. However, UH reserves the right to change the terms of its Notice and to make the new Notice provision(s) effective for all health information that it maintains. UH will promptly post the revised Notice on the UH web site: www.uhnj.org.

Reliance on this Notice by Other Healthcare Entities
UH may sometimes participate in an organized healthcare arrangement with providers and entities that may not be employed by UH, but participate in your health care. Any providers or entities participating in this arrangement may rely on this Notice as providing you with notice of their privacy practice.

Effective Date
The effective date of the Notice is July 1, 2013
Infection Prevention and Control at University Hospital - It’s Critical!

Infection prevention and control is one of the most important practices in any hospital. All sorts of communicable diseases, including blood-borne pathogens, TB and multi-drug resistant organisms can be spread from patient-to-patient, patients-to-staff, staff-to-patients and even among staff and visitors. That’s why learning to prevent or contain infection is extremely important.

University Hospital’s Infection Prevention and Control Department is focused on preventing healthcare-associated infections and containing existing infections. This is accomplished through strict adherence to a variety of hospital protocols.

But it’s up to us! All of our prevention and control strategies are meaningless if University Hospital employees don’t do their part. It can’t be emphasized enough: You are the star of the University Hospital Infection Prevention and Control program and you determine whether it is successful or not.

How Can We Stop The Spread of Infection?

There is much you can and should do to prevent the spread of infection at UH. Let’s get busy!

Clean Your Hands!
The single most important thing YOU can do to prevent infection is to perform hand hygiene with either alcohol hand sanitizer or soap and water. This goes for everyone!

Important Tips:
- Always follow the 5 Moments for hand hygiene (this will be explained in detail during the hand hygiene part of orientation)
- Perform hand hygiene before and after patient contact, and/or contact with environmental surfaces in the patient’s room
- Wash your hands with soap and water after contact with patient on Special Contact precautions, when hands are visibly dirty or soiled with blood or other body fluids or after using the toilet.
- Hand Sanitizer – apply for 20-30 seconds
- Soap and Water – wash for 40-60 seconds.

Get the Flu Vaccine
It is still the most effective way to prevent the flu. It is mandatory at University Hospital except if an exclusion is made. Employee Health Services provides free flu vaccine to employees. For more information call at 2-3066.

Wear PPE - Educate Visitors When/How to Wear PPE
Also known as Personal Protective Equipment, this is basically “barrier” clothing or equipment which protects healthcare professionals from being exposed to and/or spreading infection. Some of these items include gloves, masks, eye protective glasses and gowns.

Remember...
- Cover your Operating Room scrubs if you are wearing them outside of the OR or the procedure area.
- Remove booties, masks, surgical bouffant or caps and discard appropriately if leaving the OR.
- Do NOT wear booties, surgical bouffant, caps or masks, etc. to the cafeteria, in the elevator or when walking the hallways, etc.

Post Appropriate Isolation Signs On Room Doors...
When a patient has an infection that could spread to others.

Date and Cover Opened Food in the Patient Food Refrigerators...
To alert you to what items are fresh - or need to be tossed.

Place Soiled and Ripped Linen in the Correct Receptacle - Cover and Maintain an Appropriate Fill Level
Ripped linen - goes into the “Reject Bag” (if it is not soiled). Soiled linen - goes into the “Soiled Linen Bag.”

Call 2-1500 to Report....
Any major infection control issue requiring Maintenance or Environmental Services action (e.g. dust/debris in the air vents, empty/broken soap or sanitizer dispensers or...
stained or misplaced ceiling tiles).

Use the Correct Garbage Bag
Use the “Clear Bag” for regular trash.
Use the “Red Bag” for Regulated Medical Waste only.

What is Regulated Medical Waste (RMW)?
RMW is waste that is contaminated with blood or body fluids that may transmit communicable disease and requires special handling for disposal

Examples:
Clear Bags: Everyday garbage
   IV tubing that has a streak of blood
   Emptied foley bags
Red Bag: Empty blood transfusion bags
   Visibly bloody gloves

Note: Very little goes into the Red Bag. The rule of thumb is: if something is so saturated with blood it could be wrung out, it goes in the Red Bag. Everything else goes into the Clear Bag.

What Surgical Care Practices Minimize the Risk of Infection?
• Use clippers or depilatory if hair removal is required to prep operative site.
• Never use razors; use of the word shave in medical record implies razors were used.
• Ensure appropriate selection, time and duration of antibiotic for surgery type.
• Maintain appropriate glucose and temperature levels.

How Can We Prevent Central Line Infections?
Each year, an estimated 41,000 central line-associated bloodstream infections (CLABSI) occur in U.S. hospitals. These infections are usually serious and often increase length of stay, increase medical costs and most importantly, increase the chance that a patient could die.

You can help prevent Central Line-Related Blood Stream Infections (CLABSI), Catheter Associated Urinary Tract Infections (CAUTI), and Ventilator Associated Pneumonia (VAP) by remembering to “BUNDLE UP” to prevent infections.

CLABSI Bundle:
Prevent Central Line-Related Blood Stream Infections (CLABSI) by implementing this “BUNDLE.”
• Wash hands
• Use the custom kit
• Wear full barrier protection
• Optimal catheter site selection, with subclavian vein as the preferred site
• Chlorhexidine skin antisepsis
• Full body drape
• Document the checklist
• Daily review of line necessity, with prompt removal of unnecessary lines
• Investigate circumstances if infection develops

CAUTI Bundle:
Prevent Catheter Associated Urinary Tract Infections (CAUTI) by implementing this “BUNDLE.”
• Aseptic insertion and proper maintenance is paramount.
• Bladder ultrasound may avoid indwelling catheterization.
• Condom or intermittent catheterization in appropriate patients.
• Do not use the indwelling catheter unless you must!
• Early removal of the catheter using reminders or stop orders appears warranted.

VAP Bundle:
Prevent Ventilator Associated Pneumonia (VAP) by implementing this “BUNDLE.”
• Elevate the Head of the Bed 30-45 degrees
• Implement daily Sedation Vacations
• Assess patient ability to breathe on their own to determine patient readiness to extubate
• Ensure Peptic Ulcer Disease Prophylaxis to prevent stomach ulcers from developing
• Ensure appropriate Deep Venous Thrombosis Prophylaxis to prevent blood clot.

De-Clutter, Deep Clean and Organize!

Who is Responsible for University Hospital’s Infection Prevention and Control Program?
Staff involved with implementing the infection control program
include:
- Beverly Ann Collins, Director Infection Prevention & Control
- Allison Brown, MPH – Sr. Infection Preventionist
- Wina Padilla, RN - Infection Preventionist
- Monica Rivera, RN – Infection Preventionist
- Avalon Brown, RN – Infection Preventionist
- Debbie Hughey – Infection Prevention Technologist
- Nimfa Palagonia, Administrative Assistant
They are located on UH, C-470. Phone: 2-5790
University Hospital
Quality Improvement Department
Patient Safety

Quality patient care and safety are a shared responsibility of everyone. The Quality Improvement Department is committed to providing quality health care service to all patients in the safest manner possible. The outcomes of patient care and safety are continually measured, assessed and improved. Quality Improvement and patient safety priorities are set annually and an interdisciplinary, collaborative approach is used to continuously improve process and outcomes of care. University Hospital participates in the national quality agenda: improving care for Heart Failure, AMI, Pneumonia, Stroke and VTE Prevention. The Patient Safety Goals include reducing harm to hospitalized patients, including preventing Cather-associated UTIs, Surgical Site Infections, pressure ulcers, falls and VTEs and reducing readmissions by ensuring smooth transitions of care.

Our QI Team includes a Quality Director, Quality Manager and QI Specialists who serve as QI Consultants for the hospital and medical staff by providing guidance in the use of PI tools and concepts for designing effective unit and department improvement projects. They also serve as facilitators for the multidisciplinary teams that are chartered to improve outcomes and patient safety in order to meet our hospital quality and safety goals and to achieve national recognition for excellence in patient care. Measurement and evaluation are essential to a data-driven quality improvement program and these functions are carried out by a Sr. Outcomes Evaluation Specialist and data support staff. A monthly dashboard is produced for the hospital community, Quality Pulse, that captures the key quality and safety performance metrics and our progress in meeting our goals. We participate in a national comparative clinical database that is used to establish benchmarks and performance overtime is analyzed through the use of control charts using the statistical process control methodology.

Patient Safety

“Putting Patients First...Keeping Patients Safe” is the Patient Safety program “motto”. As part of the Quality Improvement Department, patient safety is an ongoing effort led by two Patient Safety Analysts. All adverse patient events are reported via an online system called Patient Safety Net (PSN). All staff at University Hospital has access to PSN via computers in clinical areas and via the hospital portal. Each event entered into the PSN system is reviewed by the Analysts who provide a quality perspective review and work with nursing and department managers to review each report and resolve outstanding issues. Depending on the type of event, a Root Cause Analysis (RCA) may be completed; some events and RCA results are reported to the NJ State Department of Health.

Patient Safety Analysts provide guidance in risk reduction of serious preventable errors and near misses in the delivery of health care. They work to develop and implement the hospital Patient Safety Plan, conduct Failure Mode and Effects Analysis (FMEA) to prospectively analyze risk and development of risk reduction strategies, and coordinate UH safety activities with relevant UH medical staff committees. On a daily basis, our analysts work closely with hospital staff of all levels in an effort to further our culture of safety.

Questions? Contact the Department of Patient Safety
Extension 2-9317  UH/B2
Safety Intelligence (SI)
Safety Intelligence is an electronic event reporting database maintained by Vizient®, in conjunction with University Hospital, for reporting, tracking, and trending patient safety events.

Enter an SI event whenever an unexpected occurrence or variation in care occurs that places, has placed or may place a patient in harm.

**HOW TO ENTER A SAFETY INTELLIGENCE (SI) EVENT**

**FROM CLINICAL LINKS**

**Mandatory fields are noted as ***

**Tips**

- Clinical links is located on each computer in all patient care areas.
- You are encouraged to note your role (Reporter Role). However, you may enter an SI anonymously if preferred.
- The system will automatically log out after 15 minutes. There is no Save function.
- Use SBAR to describe the event: situation, background, assessment, recommendation.
- Enter a factual account of what happened, avoid accusations.
- Describe any factor you feel may have contributed to the event.
- Focus on patient safety, always keeping the patient in mind.

**Harm Score:** Click on ☐ for a list of harm scores

**To receive feedback, include your name & email**

Questions? Call Patient Safety at 2-9317 or 2-1530.
The guide below is a summary of actions required during adverse events. This does not negate the need for those involved in the process to be aware of and follow the detail of the Adverse Event policy.

**PROCESS FOR THE REPORTING AND MANAGEMENT OF AN ADVERSE EVENT (AE)**

1. Address the immediate health needs of those affected by the event
2. **Create a Safety Intelligence (SI) report.** (See "How to Enter a Safety Event")
3. Grade the incident (Death/Severe Harm/Moderate Harm/Low Harm/No Harm/Near Miss)
4. Consider the level of required communication with the patient and family members

**Death/Severe Harm (including Near Miss Events)**
- Report immediately to a Manager, AOD and executive staff.
- Create SI report via online system.
- Manager/AOD initiates the initial investigation immediately.
- Safety Analyst reviews to ensure appropriate actions are in progress. Consider Root Cause Analysis (RCA).
- Team identifies and develops strategies for improvement based on learning.

**Moderate Harm**
- Report immediately to a Manager/senior staff member.
- Create SI report via online system.
- Manager/ACD initiates the investigation within 24 hours.
- Safety Analyst reviews to ensure appropriate actions are in progress. Coordinates initial debrief meeting, chaired by Manager or Patient Safety leader.
- Team identifies and develops strategies for improvement based on learning.

**Low Harm**
- Create SI report via online system.
- Manager/Supervisor reviews and investigates the SI within 5 business days.
- Manager/Supervisor and Safety Analyst review investigation findings.
- Team identifies and develops strategies for improvement based on learning.

**No Harm**
- No action required.

**No Harm Near Miss**
- No action required.

**Issues reported to/monitored via:**
- UH Board
- Patient Safety Steering Committee
- Unit Governance Committee
- UH Quality and Performance Improvement Teams
- Required regulatory agencies

**Issues reported to/monitored via:**
- UH Boards
- Patient Safety Steering Committee
- Unit Governance
- UH Quality and Performance Improvement Teams

**Issues reported to/monitored via:**
- UH Boards
- UH Patient Safety Committee
- Unit Governance
- UH Quality and Performance Improvement Teams

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If you would like to receive follow up on the SI report you created, you may select this option when entering the SI online. Feedback will be provided to you at the conclusion of the event investigation.

Questions? Call Patient Safety at 2-9317 or 2-1530.
ABUSE AND NEGLECT

As an employee of University Hospital, there may be times when you come into contact with a patient who may show signs of possible abuse or neglect. The following information provides some basic information about the behavioral and physical indicators of abuse and neglect. It is important that you report your concerns to your supervisor and request a Social Work consultation so that the concerns are explored and reported to the appropriate authorities.

ABUSE

Abuse is physical, sexual, or emotional harm or risk of harm to a child under the age of 18 caused by a parent or other person who acts as a caregiver for the child.

Physical Indicators:

• Unexplained bruises and welts
• Unexplained burns, sometimes in the shape of an object
• Multiple fractures sometimes in various stages of healing
• Unexplained lacerations

Behavioral indicators:

• Child being wary of adult contacts
• Fearful of parents
• Reports of injury by parents

SEXUAL ABUSE

Physical indicators:

• Difficulty in walking or sitting
• Torn, stained or bloody underclothing
• Pain or itching in genital area
• Bruises or bleeding in external genitalia, vaginal, or anal areas

Behavioral Indicators:

• Unwilling to change for gym or participate in physical education
• Withdrawn, fantasy or infantile behavior
• Bizarre, sophisticated or unusual sexual behavior or knowledge
• Poor peer relationships
• Delinquent or runaway
• Reports sexual assault by caregiver
NEGLECT
Neglect occurs when a parent or caregiver fails to provide proper supervision for a child or adequate food, clothing, shelter, education or medical care although financially able or assisted to do so.

Physical Indicators:

- Consistent hunger, poor hygiene, inappropriate dress
- Unattended physical problems or medical needs
- Consistent lack of supervision
- Constant fatigue or listlessness

Behavioral indicators:

- Begging, stealing food
- Extended stays at school
- Alcohol or drug abuse
- Delinquency
- Falling asleep in class

IDENTIFICATION AND REFERRAL

All cases of suspected abuse and neglect must be immediately reported to the Division of Child Protection and Permanency (DCPP). DCPP has legal responsibility for investigating and processing cases of suspected child abuse, neglect or abandonment.

- Within the hospital setting a call is made by or on behalf of the physician or Hospital Administrator to the Division of Child Protection and Permanency (DCPP) which provides a 24 hour emergency hotline 877-652-2873.
- Our social workers are an integral part of this process and are available seven days a week to assist with this process.
- Hospital staff who have particular concerns around abuse and neglect should discuss them with their immediate supervisors.
- There are specific processes that occur in areas of the hospital for evaluation and referral.
- Any person who in good faith, makes a report of child abuse or neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action.
- Calls can also be placed to the hotline anonymously.

ABUSE/NEGLECT OF AN ELDERLY INDIVIDUAL OR VULNERABLE ADULT

Elder abuse is when physical, psychological, sexual or financial harm is brought to a vulnerable/elderly adult. Caregiver neglect occurs when the vulnerable/elderly adult’s basic needs are not being provided for adequately.
Financial abuse or exploitation may occur when a vulnerable adult is grossly overcharged for goods or services or otherwise cheated out of their money. This financial exploitation/abuse can also occur when a family member takes advantage of another family member.

Vulnerable adults may also be at risk due to self-neglect. Sometimes they are unable to care for themselves properly due to mental or physical illness. (We often see this with people who have dementia. Sometimes rapidly or over a period of time they become unable to manage their bills, stop doing laundry, bathing, etc. They often cannot seek help because they lack the awareness to do so.)

**Identification and Referral**

- Adult Protective Services programs are established in every NJ County to receive and investigate reports of suspected abuse, neglect and exploitation of vulnerable adults living in the community.
- Reports can be made anonymously.
- When a report is received the agency will send out a trained worker to the alleged abused person’s home to assess the validity of the report.
- If you are aware of, or suspect, abuse neglect or financial exploitation of a vulnerable adult living in the community, you should contact your local APS agency.
- Based on their assessment, the worker will take steps to identify and put in place those services that can help protect the vulnerable adult.
- Within the hospital setting the social worker generally does the assessment and planning of services. If the patient will be returning home, the social worker will place a call to APS upon discharge.
- New Jersey Department of Health and Senior Services: [www.state.nj.us/health/senior/aps.shtml](http://www.state.nj.us/health/senior/aps.shtml)

**DOMESTIC VIOLENCE**

Domestic Violence is control by one partner over another in a dating, marital, or live in relationship. The means of control include physical, sexual, emotional, and economic abuse, threats, and isolation.

**Who is Affected by Domestic Violence?**
- Every culture, ethnic and age group.
- All socioeconomic, educational and religious backgrounds.
- Same sex as well as heterosexual relationships.
- Children (indirectly)

**Information to share with a Domestic Violence Victim:**
- Call the police if you are in danger and consider filing a restraining order.
- Call the National Domestic Violence Hotline (1-800-799-SAFE), your state domestic violence coalition, and/or a local domestic violence agency.
- Tell your physician, nurse, social worker, psychiatrist, about the abus
# University Hospital Key Contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Operator</td>
<td>(973) 972-4300</td>
</tr>
<tr>
<td>Admitting</td>
<td>(973) 972-4044</td>
</tr>
<tr>
<td>Cafeteria Talking Menu</td>
<td>(973) 972-4023</td>
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<tr>
<td>Compliance Hotline</td>
<td>(855) 431-9966</td>
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<tr>
<td>Emergency Department</td>
<td>(973) 972-5123</td>
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<tr>
<td>Environmental Health &amp; Safety (HAZMAT)</td>
<td>(973) 972-3411</td>
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<tr>
<td>Ethics and Compliance</td>
<td>(973) 973-6274</td>
</tr>
<tr>
<td>Human Resources</td>
<td>(973) 972-3252</td>
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<tr>
<td>HR – Benefits</td>
<td>(973)972-2451</td>
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<tr>
<td>HR – Employment</td>
<td>(973)972-9385</td>
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<tr>
<td>HR – Labor Relations/Workplace Diversity</td>
<td>(973)972-4069</td>
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<tr>
<td>HR - Learning and Organizational Development</td>
<td>(973) 972-9391</td>
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<tr>
<td>IST Helpdesk</td>
<td>3-3200</td>
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<td>Marketing and Communications</td>
<td>(973) 972-6273</td>
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<td>Medical Records</td>
<td>(973) 972-5608</td>
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<tr>
<td>Nursing Office</td>
<td>(973) 972-5677</td>
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<tr>
<td>Outpatient Appointments</td>
<td>(973) 972-9000</td>
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<td>Patient Relations</td>
<td>(973) 972-6410</td>
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<td>Patient Safety</td>
<td>(973) 972-6373</td>
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<td>Payroll Manager</td>
<td>(973)972-1200</td>
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<td>Physician Relations</td>
<td>(973) 972-1238</td>
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<td>Pre-Admission Testing</td>
<td>(973) 972-2999</td>
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<tr>
<td>Public Safety</td>
<td>UH (973)972-5000/Rutgers (973) 972-4490 or 222</td>
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<tr>
<td>Spiritual Support Team</td>
<td>(973) 972-4063</td>
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<tr>
<td>Social Services</td>
<td>(973) 972-5842</td>
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<tr>
<td>Web Portal</td>
<td><a href="http://www.my.uhnj.org">www.my.uhnj.org</a></td>
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<tr>
<td>Work Orders and Support Services Call Center</td>
<td>(973) 972-1500</td>
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<td>Blood &amp; Specimen Collection / Tomo de Sangre y Recolección de Muestras</td>
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<td>Blood Bank / Banco de Sangre</td>
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<td>Bronchoscopy / Broncoscopia</td>
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<td>Cafeteria / Vending / Cafetería / Máquina Expendedora</td>
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<td>Cardiac Catherization Lab / Laboratorio de Cateterismo Cardiaco</td>
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<td>Cardiology / Telemetry / Cardiología / Telemetría</td>
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<td>Cardiothoracic &amp; Vascular Surgery / Cirugía Cardiovascular y Vascular</td>
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<td>Cashier / Caja</td>
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<td>Chapel, Palliative Care &amp; Family Support / Capilla, Cuidados Paliativos y Apoyo Familiar</td>
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<td>D Blue Conference Room / D Azul Sala de Conferencias</td>
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<td>D Green Oncology / D Verde Oncología</td>
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<td>Dental Clinic / Clínica Dental</td>
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<td>Diagnostic Radiology / Radiología Diagnóstica</td>
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<td>Dietary Services / Servicios Alimentarios</td>
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<td>Echocardiography Lab / Laboratorio de Ecocardiografía</td>
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<td>G Green Pediatric Intensive Care Unit / G Verde UCI Pediátricos</td>
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<td>MRI / Resonancia Magnética</td>
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<td>Ultrasound / Ultrasonido</td>
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<td>Recovery (PACU) / Recuperación (Posanestesia)</td>
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<td>Volunteer Services / Servicios Voluntarios</td>
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</table>
NEW EMPLOYEE ORIENTATION

UNIVERSITY HOSPITAL
Newark, New Jersey
150 Bergen Street
Newark, NJ 07103