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WHO WE ARE

Mission, Vision and Values

Mission
To heal, to teach, to discover and to advance the health of the communities we serve.

Vision
To be a premier academic medical center that transforms health and enriches lives.

Montefiore, through our enduring partnership with Albert Einstein College of Medicine, combines nationally-renowned clinical and research expertise with compassionate, patient-centered care. Building upon our rich history of innovation and community service, Montefiore seeks to improve the lives of all of those in the communities that it serves.

Values
Our values drive our philosophy of care. They shape our actions and motivate and inspire us to continually strive for excellence and to achieve the goals we have set forth for the future. Our values include:

Humanity—Our physicians, nurses and other clinical and support staff serve with extraordinary care and compassion. These attributes are rooted in a rich history beginning more than 125 years ago when Montefiore was established to care for patients with debilitating and chronic illnesses. Our patients are people first, with a set of values, beliefs and experiences that shape their needs and consequently our care.

Innovation—Our innovative delivery system, research endeavors and use of technology to improve how we provide care are all fundamental to our success. Together, Montefiore and Einstein advance clinical and translational research to facilitate the transformation of new discoveries into treatments and therapies benefiting our patients. We are never satisfied with the status quo—we always challenging ourselves to elevate our care to a new level.

Teamwork—At Montefiore, our collaborative approach ensures a culture of participation, learning and respect. We build on the knowledge and specialized expertise of all disciplines, which contribute vital insights and fresh perspectives in pursuit of a common goal. By bringing together multidisciplinary teams and involving patients and their families through every stage of the treatment process, we improve the quality of patient care, enhance patient safety and provide the broadest range of expertise possible.

Diversity—We embrace our diverse workforce and communities, knowing that they are an integral part of who we are. Montefiore is proud of its heritage, serving residents of the Bronx, Westchester and Rockland Counties, and the surrounding New York metropolitan area, as well as patients from across the nation and around the globe. Different backgrounds translate into new contributions to patient care and medical advances. We seek to recruit and retain candidates with a breadth of experiences and backgrounds.

Equity—Our actions result from a deep belief in fairness to those we serve. We are committed to providing access to vital programs and exceptional care to all patients, regardless of social or economic status, ethnicity, creed, gender and sexual preference. Montefiore also advocates for government policies that ensure equitable access to all levels of care, ranging from primary to advanced specialty care.
Montefiore Standards of Behavior: RESPECT

At Montefiore, we hold each other accountable for treating each other and our patients with respect.

**R** Respect
I honor and value each person.

**E** Effective Communication
I listen carefully and keep others well informed.

**S** Sensitivity
I demonstrate my willingness and ability and listen to and understand other’s feelings, needs and circumstances.

**P** Professionalism
I demonstrate confidence, competence and pride in my work and appearance.

**E** Exceed Expectations
I assist others without being asked.

**C** Courtesy
I treat everyone with kindness and care.

**T** Teamwork
I am a member of the Montefiore Team; I support and encourage others and focus on our shared goals.

Anti-Harassment and Anti-Discrimination

Robyn Ruderman
Labor Counsel
Human Resources—Employee Relations
718-920-5428
rruderma@montefiore.org

Montefiore is committed to providing its associates, patients and visitors with an environment free from discrimination, unlawful harassment and other harassing behavior. Maintaining such an environment is a responsibility shared equally by all associates. Montefiore’s policy prohibiting discrimination and harassment applies to all individuals affiliated with Montefiore, including full- and part-time associates, temporary associates, agency workers, patients, students, visitors, volunteers, vendors, consultants and independent contractors. This policy applies to conduct both in the workplace and during work-related activities outside of the workplace (for example, an off-site business meeting or a business-related social event occurring after regular working hours).

Unlawful Harassment Is Prohibited
Under this policy, harassment is defined as verbal or physical conduct that denigrates or shows hostility to or an aversion toward an individual because of his or her race, color, sex, religion, creed, national origin, alienage or citizenship status, age, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status or partnership status, or any other characteristic protected by law that: (a) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (b) has the purpose or effect of unreasonably interfering with an individual’s work performance; or (c) otherwise adversely affects an individual’s employment opportunities.

Harassing conduct may include (but is not limited to)

- Labels, slurs or negative stereotyping
- Threatening or intimidating acts
- Denigrating jokes
- Displaying or circulating objects or written or graphic
material that denigrates or shows hostility or aversion toward an individual or group (including through email, the Internet or the mail)

Sexual Harassment Is Prohibited
Sexual harassment is a type of unlawful harassment. Sexual harassment is defined in this policy and in federal guidelines as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when, for example, (a) submission to such conduct is made either explicitly or implicitly a term and condition of an individual's employment; (b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual; or (c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Examples of sexual harassment are
- Touching or groping
- Unwanted sexual advances or requests for sexual favors
- Sexual jokes and innuendos
- Verbal abuse of a sexual nature
- Commentary on an individual's appearance or body
- Displaying or circulating sexually suggestive objects or written or graphic material (including through email, the Internet or the mail)

Retaliation Is Prohibited
Retaliation is a form of discrimination. Montefiore prohibits retaliation against any individual who (a) reports, in good faith, discrimination or harassment or retaliation or (b) participates in an investigation of such a report. Montefiore will severely discipline any person who engages in retaliation.

Investigation of a Complaint
Montefiore will promptly investigate a complaint concerning discrimination, harassment or retaliation. Human Resources is responsible for ensuring that the investigation is prompt, thorough, fair and accurate. Montefiore will keep confidential the identities of the individuals involved in the investigation (including the person who made the complaint, the person accused of violating this policy, and the persons interviewed during the investigation) to the extent feasible to conduct an adequate investigation and take any appropriate corrective action.

This policy relies, in part, on the good faith of Montefiore associates. If an associate deliberately abuses this policy and files a false or malicious complaint, Montefiore may discipline the associate. Such discipline may include, but is not limited to, a suspension without pay or discharge.

Tip: Managerial associates are REQUIRED under this policy to promptly report to either an HR Business Partner or Labor and Employee Relations any complaint they receive concerning discrimination, harassment or retaliation.

Reporting Harassment
Montefiore strongly urges individuals to promptly report their complaints or concerns so that rapid and effective action can occur. Montefiore urges individuals to make the complaint before the objectionable conduct becomes severe or pervasive.

An individual can make a report to
- The individual's immediate supervisor
- The administrative or clinical leader of the individual's department
- A Human Resources Business Partner
- A Labor or Employee Relations Manager
- The Director of Labor and Employee Relations
- The Associate General Counsel for Labor and Employment
- Corporate Compliance
- Compliance Hotline (1-800-662-8595)
Montefiore Media Policy

Tracy Gurrisi
Assistant Director
Media & Public Relations
718-920-8274
tgurrisi@montefiore.org

Media and Public Relations Is Responsible for:
• Serving as the public face of Montefiore with the media. This includes both proactive and reactive engagement with a goal of enhancing Montefiore’s reputation.
• Providing spokespeople and facilitators from the Media and Public Relations team for linking the media with Montefiore experts.
• Increasing general awareness, understanding and support for Montefiore and its people, programs and mission.
• Managing Montefiore’s Twitter presence @MontefioreNYC.
• Protecting the confidentiality of patients and their families.

How Can I Contact Someone in Media and Public Relations?
The Media and Public Relations team is available 24 hours daily, seven days a week. The Media and Public Relations Department is staffed during business hours Monday through Friday, and team members are on call outside of business hours. They can be reached during business hours at 718-920-4011 or after hours through the page operator at 718-920-8282. After 5:00 pm on weekdays and on weekends, any media requests should be referred to either the Administrator on call or the Assistant Director of Nursing or the Assistant Nurse Manager, who will contact the Public Relations representative on call.

Associates are the eyes and ears of Montefiore, so please contact the Media and Public Relations Department to share story ideas, request media support or flag issues you believe might prompt media interest.

When Media Call
Associates are not authorized to interact with reporters or speak on behalf of the institution in any capacity.

If you are approached by a reporter, refer him or her to the Media and Public Relations Department. This is the protocol at all times, whether you are approached on or around campus or at an off-site public event or conference. Assist the reporter that a Montefiore media representative is available 24/7 and will respond shortly.

What Should I Do If I See Cameras or Media On-site Anywhere at Montefiore?
A Public Relations representative must accompany members of the media at all times. If you see unaccompanied reporters, TV cameras or photographers, please contact Security immediately at 718-920-5668 with a description and location. Security will contact the Media and Public Relations team and assist further as needed.

Social Media

Randee Sacks Levine
Senior Director, Communications
Marketing and Communications
718-920-5195
ralevine@montefiore.org

Social Media
Social media provides us with an important way of communicating online with current and prospective patients, physicians, partners and associates both inside and outside of Montefiore. It is also a great way to share content, have online conversations, create community and further understanding of Montefiore and the many people who work within the institution.

The Departments of Marketing and Communications and Public Relations are responsible for the development, management and oversight of all official Montefiore social media platforms, such as Facebook, LinkedIn, Twitter, Google+, Pinterest and other social media, such as blogs. We also maintain Montefiore’s social video presence through platforms such as YouTube, photography sharing sites (such as Instagram) and our internal social media network, Yammer. These social media platforms are powerful and highly-effective tools for marketing and communication.
Montefiore’s Department of Marketing and Communications also has primary responsibility for the development, management and oversight of all official social networking sites, groups, fan pages or other tools that represent the Montefiore organization at large. At Montefiore, all associates interested in learning more about the parameters for development of social media platforms outside of those maintained as part of our official institutional presence must contact the Marketing and Communications Department prior to site development. Montefiore will require submission of a written proposal. We also reserve the right to request such sites to link to officially-sanctioned institutional sites or to request removal or changes to subgroups/sites.

The Montefiore Yammer Network (MYN)
The Montefiore Yammer Network (MYN) is a secure, web-based internal social network for associates. The platform is made available to all Montefiore associates as a means to encourage more effective communication, collaboration and streamlined workflow across all of our campuses.

Montefiore associates are spread out across more than 150 locations in the Bronx and Westchester County. While nothing will ever replace meeting colleagues face to face or hearing their voices over the phone, Yammer helps to bring people together and make people feel a bit more connected when meeting in person just isn’t possible. It also makes it easier for associates to share information and add to the efficiency and overall collaboration across the organization.

Montefiore associates use Yammer to

- Create or join both public and private work groups to communicate and/or collaborate on key topics.
- Share information across all of Montefiore or within smaller, more focused groups.
- Upload and share documents, videos and links.
- Engage in real-time multi-user document editing.
- Connect with colleagues using a direct messaging feature.
- Download apps that allow users to do anything from praising a colleague, to posting an event, to tapping into the experience and expertise of our network to solve a problem.

Social Media Policy at Montefiore
Whether on or off duty, it is important to remember that when using social media, all associates are bound by all Montefiore policies, procedures and rules governing workplace conduct—including those pertaining to patient privacy, the use and disclosure of confidential and proprietary information, prohibited discrimination and/or harassment. Acceptable procedures relating to these and other legal obligations are available on the intranet.

Associates must review the guidelines provided in HR Policy VII-18, Social Media, before posting or communicating any information about Montefiore, its services or staff on the web.

Things to remember when using Yammer or other social media platforms

- Yammer is a business environment; all posts should be kept professional and respectful.
- Soliciting is prohibited on Yammer.
- All messages posted on behalf of Montefiore must be approved and coordinated in advance through the Marketing and Communications Department.
- Never post any confidential or proprietary business information.
- Never post protected health information (PHI), including in groups or messages.
Impaired Professional

Robyn Ruderman
Labor Counsel
Human Resources—Employee Relations
718-920-5428
rruderma@montefiore.org

There are many types of impairment that can inhibit a professional’s ability to practice with reasonable skill and safety. This may be due to mental or physical illness, or habitual or excessive use of alcohol, drugs or other substances that impair ability.

At Montefiore, our utmost concern is protecting the health and safety of our patients and others. We recognize that conditions related to impairment may be treatable illnesses. We assist professionals by helping them recognize that they have a problem, helping them receive treatment and/or rehabilitative services and helping them resume their careers.

Although each of these signs by itself may not indicate impairment, when viewed collectively they may be helpful in determining whether a problem or potential problem exists.

Signs of Potential Impairment

Physical conditions:
- Looks tired
- Slurred speech
- Eyes glassy or bloodshot
- Personal hygiene deteriorates
- Unkempt appearance
- Smells of alcohol or marijuana
- Shaky or sweaty

General conduct:
- Dependency on opiates, stimulants, sedatives or alcohol
- Irritable or argumentative behavior
- Bizarre behavior
- Depressed or unexplained mood swings
- Unfocused, confused, poor memory or poor concentration
- Chronic lateness or absenteeism
- Significant change in behavior or personality
- Unexplained accidents or injuries
- Spends too much time behind locked doors

Professional conduct:
- Neglect of patients or duties
- Inappropriate treatment or dangerous patient care orders
- Disorganized appointments and schedules
- Hard to locate or does not respond to pages or calls
- Increase in patient complaints
- Unusually high dosages or wastage noted in drug logs
- Eagerness to administer narcotics or sedatives to patients
- Keeps excessive stock of sedatives or narcotics
- Writes prescriptions for narcotics, stimulants or sedatives for self or associates
- Requests frequent prescriptions for narcotics, stimulants or sedatives from colleagues
- Diverts patients’ narcotics, stimulants or sedatives for self-use

Tip: You are REQUIRED to immediately report any good-faith suspicion or concern about an impaired professional. All information will be treated confidentially to the extent allowed by law. All good-faith reports of possible impairment can be made without fear of retaliation. If you suspect impairment, please contact your immediate supervisor, Occupational Health Services or the Medical Director. If there is an immediate risk to a patient or associate’s safety, please page the on-call Medical Director through the page operator at 718-920-8282.
HEALTHY WORK ENVIRONMENT

Fire Safety

Philip Del Vecchio
Fire Safety Manager
718-920-7600
pdelvec@montefiore.org

In the event of a fire or smoke condition, implement the RACE procedure immediately.

R
Rescue

RESCUE: Rescue anyone in immediate danger, and at the same time call out “Code Red,” which is the incident code for fire.

A
Alarm

ALARM: Alarm by pulling the closest fire alarm pull station or pull box. Fire alarm pull stations are located throughout Montefiore and always at exit stairways. Also have someone call x2222 AND 911.

C
Confine

CONFINE: Confine by closing doors in the immediate area where the alarm has been activated. These will include doors to the room with the fire, patient rooms, storage rooms and other rooms that open into the exit corridor.

E
Extinguish or Evacuate

EXTINGUISH or EVACUATE: Extinguish by using a portable fire extinguisher or, if necessary, evacuate the area.

What Should I Do When I Hear a Fire Alarm?
It is your responsibility to know the specific fire procedures in your area. In some locations, such as the Moses Campus, when the alarms go off, they go off in all buildings. You should know the alarm sequences in your work area. To determine the location of an alarm, count the alarm sequences and look them up on the fire alarm code charts posted throughout Montefiore.

Point of origin—The location where the fire started.

If you are at the point of origin of the fire, as indicated by the alarm sequence in your area, follow these steps:
• Assist in closing patient room doors and doors to other rooms
• Keep doors closed—do not open doors to “see how bad it is” or for any other reason
• Clear all corridors by putting all items on one side of the corridor or in an empty room, if available
• Reassure patients and visitors of their safety
• Be prepared to evacuate the area if necessary

If you are away from the point of origin:
• Listen to the overhead announcement for any instructions
• If you are not at your normal work location, return to your assigned location
• Be prepared to accept patients from alarm area
• Return to normal operation after the “all clear”—one bell will sound—from the alarm system

Extinguishers
Fire extinguishers are useful for putting out fires before they spread. PASS is the acronym for the proper use of the fire extinguisher. Do not attempt to extinguish any fire that has grown larger than you in size, and ALWAYS maintain a safe position with your back to the exit door—never let the fire get between you and the exit.
Pull
PULL the pin located on the top of the extinguisher

Aim
AIM the nozzle at the base of the fire—not at the flames

Squeeze
SQUEEZE the handle

Sweep
SWEEP the nozzle from side to side

Tip: For a fire safety in-service, please call Phillip Del Vecchio at 718-920-7600.

Note: If the fire cannot be quickly extinguished with a fire extinguisher, the best way to assist responding firefighters is to close the door and confine the fire to that room. This is because a closed door will prevent the fire from quickly spreading, and a fire that is confined to one room can be extinguished more rapidly by firefighters and will cause less damage.

Evacuation—Horizontal or Vertical?
Hospitals are designed to “defend in place” to decrease the frequency of patient evacuations in response to fire and smoke.

There are two types of evacuation in a hospital—horizontal and vertical:
1. Horizontal evacuation—moving patients from one smoke compartment to another on the same level or floor.
2. Vertical evacuation—moving or transferring patients from one floor to the lower floors through the stairways or emergency exits.

In most cases, horizontal evacuation should be used first. Within a floor, smoke barrier doors divide a building into different smoke zones. On a typical patient floor, the smoke barrier door is located in the middle of the unit. Vertical evacuations should only be used when no other horizontal evacuation points are available. Elevators cannot be used for vertical evacuation.
Infection Prevention and Control (Associate Safety)

Audrey Adams
Director
Infection Prevention and Control
718-920-4562
aadams@montefiore.org

Engineering Controls and Devices
Engineering controls and devices include:
• Puncture-resistant sharps container
• Retractable lancet finger-stick device
• Recessed needle-less and plastic cannula devices for IV therapy
• Safety butterfly (activate in vein, prior to removal) and straight-needle blood-drawing devices
• Safety IV device
• Safety needle/syringe devices
• Safety blood transfer device
• Plastic specimen bag with external pocket

Rules for Handling Needles Safely
• Discard all needles
• Properly dispose of all sharps in puncture-resistant sharps containers
• Activate the safety mechanism of safety needle devices directly after use (if applicable)
• Make sure sharps containers are removed when ¾ full and are wall mounted 52”–56” above the floor
• Floor-model containers are permitted only in designated locations; for example, operating room, laboratory, invasive procedure areas
• NO recapping/removing of needle unless no alternative exists
• If necessary, recap needle with one-handed scoop method
• Transport blood gas syringe without needle attached; use the syringe cap

Needle-Stick Injuries/Waste Management
Needle-stick injuries to associates present one of the greatest risks of blood-borne disease. Please refer to the administrative policy manual “Exposure Control Plan” for more information.

Steps When Donning and Doffing PPE
Donning
1. Perform hand hygiene
2. Don gown
3. Don mask or respirator
4. Don eye protection
5. Don gloves

Doffing
1. Remove gloves
2. Remove eye protection
3. Remove gown
4. Remove mask or respirator
5. Perform hand hygiene

Radiation Safety
Man Yu Chen
Radiation Safety Officer
Environmental Health and Safety
718-920-5012
mchen@montefiore.org

Associates need to be aware of the radiation safety policies regarding their specific work assignments and should insist that they be followed carefully, both by themselves and by other healthcare professionals.

Employ the Following Principles to Minimize Your Exposure to Radiation:

Time
• Minimize time spent with patients given radioactive material or around source of radiation.

Distance
• Maintain your distance from source of radiation. Radiation drops off rapidly as a function of distance from the source.

Shielding/Standard Precautions
• Utilize shielding to minimize exposure if necessary. Utilize standard precautions to minimize chance of contamination.

Types of Radiation Procedures and Necessary Precautions:
External X-rays
• Generally, non-clinical staff are not involved in X-ray
procedures. Once the X-ray procedure is completed, there is no radiation present in the room or the patient.

Radiopharmaceuticals
• Diagnostic: Patients undergoing a nuclear medicine diagnostic study receive a small amount of a radioactive material. Most of the radioactivity is dispersed in body fluids, the remainder going to the desired organ. Standard precautions provide sufficient protection against contamination from the radiopharmaceuticals used in Nuclear Medicine. Pregnant associates may care for these patients.
• Therapy: Various radiopharmaceuticals are used for treatment purposes. Occasionally a patient may be required to be hospitalized for such treatment.

Note: Pregnant associates should not care for radiation patients. Use standard precautions. Any other specific instructions will be posted on the door.

Types of Radiation Procedures and Necessary Precautions
External X-rays
Reasonable protection for staff will normally be maintained during X-ray procedures provided they:
• Do not permit themselves to be exposed to the direct beam.
• Remain at least 2 meters (6 feet) from the X-ray beam whenever possible.
• Wear shielding when involved in an X-ray procedure.
• Wear a radiation monitoring badge and use lead shield in areas where fluoroscopy is used (e.g., operating rooms, Cath Lab) if they must remain inside the room during the fluoroscopic procedure.

Radiopharmaceuticals
Nuclear Medicine
• Diagnostic: Patients undergoing a nuclear medicine diagnostic study (e.g., bone scan, heart scan, gallbladder scan) receive a small amount of a radiopharmaceutical. These diagnostic radiopharmaceuticals only stay a short time in the body. Most of the radioactivity is dispersed in body fluids, the remainder going to the desired organ. Standard precautions provide sufficient protection against contamination from these radiopharmaceuticals used in nuclear medicine.

Pregnant staff may care for these patients.
• Therapy: Radioiodine is used to treat patients with thyroid diseases. Occasionally, a patient receiving such treatment may be required to be hospitalized. These patients will be confined to a private room, and a yellow “Caution—Radioactive Material” sign will be placed on the patient’s door. Additional precautions include:
  » Staff must wear radiation badge to monitor their radiation exposure and use standard precautions when caring for patients.
  » Pregnant staff must not care for these patients.
  » Time and distance limits while in the room are posted on the door.
  » No trash, linen, etc. will be removed from room.
  » Radiation Safety will check all items prior to removal.
• Strontium-89 is administered to patients with intractable bone pain secondary to breast, lung and prostate cancer.
  » Patients may be in a semi-private room.
  » Radiation exposure to others is low.
  » Radiation badges are not needed.
  » Standard precautions should be used when caring for the patient.
  » Pregnant staff should not care for these patients.

Radiation Oncology
• Iodine-125 or Cesium-131 Implant—A permanent interstitial implant that delivers a therapeutic dose of radiation therapy to accessible tumors.
  » Patients may be placed in a semi-private room. A private room is not necessary.
  » Radiation badges are not needed.
  » Pregnant staff should not care for these patients.
  » There are no limitations on visitors. There is no contamination of body fluids.
  » If a seed becomes dislodged while the patient is in the hospital, pick up the seed with forceps and place it in a container, then leave the container in water. Notify Radiation Oncology Physics at 718-920-4361 or the Radiation Safety Office at 718-920-5012.
• High-Dose-Rate Brachytherapy—Temporary implant that delivers a therapeutic dose of radiation to tumors. After treatment, patient is not radioactive.
Hazardous Materials and Waste Stream Segregation

Alex Lochner  
Manager  
Hazardous Waste Compliance  
718-920-7600  
alochner@montefiore.org

**Hazardous Materials**—Substances that are present in the workplace capable of causing harm.

### Hazardous Materials are stored and used throughout Montefiore. The care we provide generates hazardous waste. Montefiore is committed to ensuring that hazardous waste streams are managed in such a way that hazardous situations for associates, patients, visitors and the community are minimized. Montefiore also has a responsibility to minimize any negative environmental impact that our waste materials may pose. Hand in hand with human safety and protecting our environment, associates must assist in managing our waste streams correctly to maintain compliance with numerous regulatory...
agencies. Associates are responsible for identifying the hazardous materials they work with, and for ensuring that waste materials are handled and disposed of properly.

The Federal Medical Waste Tracking Act requires that items containing or saturated with blood or blood products be discarded in receptacles lined with a red plastic bag. The Environmental Services Department is responsible for red bag waste. Biological hazard signs are used to indicate areas of potential contamination, including sharps containers, specimen refrigerators, bags with lab waste, and doors leading to garbage and laundry.

The Environmental Health and Safety Department works to identify hazardous waste streams and implement policies for their collection and disposal. If you have any questions concerning hazardous waste determination and collection, please contact EHS@montefiore.org.

Information about any chemical can be obtained from its Safety Data Sheet (SDS).


### Regulated Medical Waste

<table>
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<tr>
<th>Sharps</th>
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<tbody>
<tr>
<td>Needles (used and unused, with safety device activated)</td>
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<tr>
<td>Syringes</td>
</tr>
<tr>
<td>Pipettes, scalpel blades, scissors</td>
</tr>
<tr>
<td>Glass slides/broken or unbroken glass</td>
</tr>
<tr>
<td>IV needles/IV styles</td>
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<tr>
<td>Vials (empty/partial)</td>
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<tr>
<th>Trace Chemo Waste</th>
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<tbody>
<tr>
<td>Chemotherapy wastes such as vials (empty/trace), syringes (empty/trace), needles (empty/trace), IV bags and tubing (empty/trace)</td>
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<tr>
<td>Materials soiled by chemotherapy patients within 48 hours of being administered chemotherapy medications (i.e., linens, diapers, gowns)</td>
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### Hazardous Waste

<table>
<thead>
<tr>
<th>Universal Waste</th>
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<tbody>
<tr>
<td>Fluorescent light bulbs</td>
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<tr>
<td>Light ballasts</td>
</tr>
<tr>
<td>Batteries (i.e., lead acid, nickel cadmium, lithium)</td>
</tr>
<tr>
<td>Pesticides (i.e., insecticides, rodenticides, fungicides)</td>
</tr>
<tr>
<td>Electronics (i.e., CPUs, computer monitors, cell phones, printers)</td>
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</tbody>
</table>

Contact EH&S to coordinate the collection and disposal of the Universal Waste items listed above. DO NOT dispose of the above items in RCRA Black Bins.

<table>
<thead>
<tr>
<th>Hazardous RCRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUD listed RCRA pharmaceutical waste</td>
</tr>
<tr>
<td>RCRA pharmaceutical waste drugs that are: ignitable, corrosive, reactive, toxic</td>
</tr>
<tr>
<td>Hazardous waste generated by facilities (i.e., oil-based paint, aerosols, floor strippers, combustible adhesives)</td>
</tr>
<tr>
<td>Hazardous waste generated in a laboratory that is PUD,F listed</td>
</tr>
<tr>
<td>Solid RCRA Chemo–Bulk (visible liquid/product remaining)</td>
</tr>
<tr>
<td>RCRA Black Bins are to be used ONLY for the disposal of RCRA-regulated pharmaceutical/medication waste. Contact EH&amp;S to coordinate collection and disposal of all other types of hazardous waste.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low-Temperature Incinerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave, Incineration</td>
</tr>
<tr>
<td>SSM Technology (Red Bag Solutions)</td>
</tr>
<tr>
<td>Grinder/Shredder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High-Temperature Incinerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landfill</td>
</tr>
<tr>
<td>Lined Hazardous Waste Landfill</td>
</tr>
</tbody>
</table>

Recycled

Landfill

To Coordinate Disposal, Contact Environmental Health and Safety: EHS@montefiore.org | 718-920-7600
Hazard Communication

Compliance Manager
Environmental Health & Safety
718-920-7600
EHS@montefiore.org

Policy & Background
To improve the safety and health of workers through more effective communications on chemical hazards, the U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) has revised its Hazard Communication Standard to adopt The Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

The three major areas of change in the revised hazard communication standard are

- Hazard classification
- Label requirements
- Safety Data Sheets (SDS)

Hazard Classification
The definitions of hazard have been changed to provide specific criteria for classification of health and physical hazards, as well as classification of mixtures. These specific criteria will help to ensure that evaluations of hazardous effects are consistent across manufacturers, and that labels and Safety Data Sheets are more accurate as a result.

Label Requirements
Product Identifier—How the hazardous chemical is identified. This can be (but is not limited to) the chemical name, code number or batch number. The manufacturer, importer or distributor can decide the appropriate product identifier.

Under the revised Hazard Communication Standard, labels for a hazardous chemical must contain the following:

1. Words: a single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used are “danger” and “warning.” “Danger” is used for the more severe hazards, while “warning” is used for less severe hazards.

2. Pictogram: a symbol plus other graphic elements, such as a border, background pattern or color that is intended to convey specific information about the hazards of a chemical. There are nine pictograms under the GHS. (See images on following page.)

3. Hazard Statement: a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard. For example: “causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin.”

4. Precautionary Statement: a phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling of a hazardous chemical. There are four types of precautionary statements: prevention (to minimize exposure), response (in case of accidental spillage or exposure emergency response, and first aid), storage and disposal.

5. Contact Information: Company name, address, contact information, emergency phone number.
HCS Pictograms and Hazards

<table>
<thead>
<tr>
<th>Health Hazard</th>
<th>Flame</th>
<th>Exclamation Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Carcinogen</td>
<td>• Flammables</td>
<td>• Irritant (skin and eye)</td>
</tr>
<tr>
<td>• Mutagenicity</td>
<td>• Pyrophorics</td>
<td>• Skin Sensitizer</td>
</tr>
<tr>
<td>• Reproductive Toxicity</td>
<td>• Self-Heating</td>
<td>• Acute Toxicity (harmful)</td>
</tr>
<tr>
<td>• Respiratory Sensitizer</td>
<td>• Emit Flammable Gas</td>
<td>• Narcotic Effects</td>
</tr>
<tr>
<td>• Target Organ Toxicity</td>
<td>• Self-Reactives</td>
<td>• Respiratory Tract</td>
</tr>
<tr>
<td>• Aspiration Toxicity</td>
<td>• Organic Peroxides</td>
<td>• Irritant</td>
</tr>
<tr>
<td>• Explosives</td>
<td>• Acute Toxicity</td>
<td>• Hazardous to Ozone</td>
</tr>
<tr>
<td>• Self-Reactives</td>
<td></td>
<td>Layer (Non-Mandatory)</td>
</tr>
</tbody>
</table>

Safety Data Sheet (SDS)
Safety Data Sheets (SDS) replace Material Safety Data Sheets (MSDS) and now have a specified 16-section format. The required information appears in the same section of an SDS regardless of the supplier. The most important information is listed in the first sections of the SDS.

Employer Responsibilities
1. The employer is responsible for providing initial and ongoing hazard communication trainings to the employee specific to the employee’s job responsibilities. This includes, but is not limited to, general awareness training provided to all new employees at the New Associates Orientation, as well as initial and ongoing training provided to employees by their department managers for each hazardous material to which the employee is routinely exposed.

2. For employees working with hazardous gases and vapors (for example, nitrous oxide, ethylene oxide, formaldehyde), the employer needs to ensure that monitoring of hazardous gases and vapors is performed on a periodic basis. Monitoring results are to be reported to each affected employee, and the employer must inform the employee that exposure records are available at Occupational Health Services.

3. Employers must ensure that SDS are readily accessible to employees for all hazardous chemicals in their workplace.
   » SDS Online Service: go to Montefiore intranet, click on Resources, click on MSDS on the drop-down menu to access SDS Online Service.
   » SDS Fax Back On Demand Service: available by contacting SDS Online at 888-362-7416 (Note: this service is meant to provide supplemental coverage for your department during an emergency only).

Employee Responsibility
Employees have the right to access their exposure records via Occupational Health Services. As employees, you are responsible for being aware of the hazardous materials that you may come in contact with while working, how to handle and use them safely, and where to find the SDS information.
MRI Safety

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MRI Physicist Radiology
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Magnetic Resonance Imaging (MRI)—A medical imaging technique used in radiology to visualize internal structures of the body in detail. MRI makes use of extremely strong magnets (up to 10 times the strength of the crane-mounted magnets used to move cars around junkyards) to image nuclei of atoms inside the body.

MRI is an essential diagnostic tool, but it requires a unique set of high-level safety precautions. All associates who work in the MRI environment are trained for MRI safety and have to fulfill annual MRI safety continuing education requirements and recertification.

Tip: The MRI magnet is ALWAYS ON. There is NO time when the safety concerns listed below do not exist in MRI.

Screening for Potentially Fatal Risks to Patients
Every person (e.g., patients, staff, family) entering the MRI scanner room must first complete a screening form and then be interviewed by trained MRI personnel to determine personal risk for entering the MRI environment. Screening must ALWAYS be completed, even in emergencies. False or inaccurate responses to the screening questions could lead to serious injury or death. ONLY the patient or someone who actually knows the patient’s detailed medical history should complete the screening form. Devices that have potential for especially severe consequences include pacemakers, defibrillators and other electronic devices, aneurysm clips and metallic fragments in or near the eyes. A qualified radiologist must assess these devices prior to MRI. Patients or others (including staff) with pacemakers or implanted defibrillators should NEVER enter the MR scanner room for any reason.

Symbol for MR Safe. This means the item poses no known hazards in all magnetic resonance imaging (MRI) environments.

Symbol for MR Unsafe. This means an item is known to pose hazards in all MRI environments.

Symbol for MR Conditional. This means an item has been demonstrated to pose no known hazards in a specified MRI environment with specified conditions of use.
**Dangerous Objects NOT Allowed in MRI:**

Ferromagnetic objects (magnets and items, no matter how small, that contain iron, steel, nickel or cobalt) will be strongly attracted to the MRI machine and can be launched through the air at extreme speeds of 60 miles per hour or more. In order to avoid this “missile effect,” NO such items may be brought into the MR scanner room FOR ANY REASON at any time. Oxygen tanks are PROHIBITED in MRI at all times; wall oxygen is available. The MRI suite is locked for safety. Keep the doors closed and locked. Read all safety warning signs carefully and adhere to their instructions. All equipment within the locked MRI suite, even if it is outside the MRI scanner room, must be labeled MR Safe, MR UNsafe or MR Conditional, as shown in the chart below.

In the event of a medical emergency involving a patient or other person within the MR scanner room, initiate basic life support and remove the patient from the MR scanner room as soon as possible. Further resuscitation must take place OUTSIDE the MR scanner room.

**Tip:** NO equipment may be brought into the MR scanner room for resuscitation.

Fire and Emergency Safety: In the event of a fire, only MR-compatible fire extinguishers may be used within the MR suite. The MRI technologist and/or specially trained radiological staff must ensure that non-MR personnel, including police, fire or security, are restricted from entering the MRI scanner room with their equipment during emergencies. If needed, radiology personnel trained to emergently turn off the magnetic field are available onsite at all times. ALL safety restrictions and precautions remain in place until this trained individual verifies that the magnetic field is no longer present.

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**Oxygen Safety**

**Cliff Dryden**
Director
Respiratory Care Service
718-920-5110
cdryden@montefiore.org

The more you know about oxygen, the safer everyone will be.

- Oxygen (O2) is a drug. It’s regulated by the Food and Drug Administration. Medical-grade oxygen is a gas at room temperature that is virtually 100 percent pure. Proper handling is key to ensuring everyone’s safety, as well as protecting and maintaining the oxygen’s quality.
- Oxygen cylinders are pressurized. If a tank falls or drops, it might break, causing the pressurized oxygen to propel the cylinder like a rocket.
- Oxygen is sensitive to ignition sources. Oxygen supports combustion. It should be kept away from flammable materials such as petroleum-based products (Vaseline), heat-producing instruments (electro-surgical units or cautery pencils) and spark-generating devices (defibrillators). In addition, oxygen can seep into surgical drapes and bed sheets, creating a potentially hazardous condition for ignition.
- Oxygen tanks are dangerous around MRIs. The magnetic field generated by an MRI can cause the tank to fly across a room, causing injuries to patients and staff and equipment damage.
- Never rely on color. Read the tank label for proper identification.

**Oxygen Do’s and Don’ts**

**DO**
- Carry oxygen tanks with both hands.
- Be sure your hands are free from grease or oil.
- ALWAYS secure tanks in stands or holders.
- Read the gauge and change the tank when it shows less than 500 PSIG.
- Turn the tank off after use.
- Exchange your tanks. If you leave one, take one, and if you take one, leave one.
• Call Respiratory Therapy to pick up empties:
  » Moses Campus: 718-920-5200
  » East Campus: 718-904-3214
  » Wakefield Campus: 718-920-9230

DON’T
• Use oxygen near open flames or potential ignition sources.
• Leave any tank unattended. Tanks MUST be secured in a proper cart or stand at all times.
• Drop an oxygen tank—it could become a dangerous missile.
• Roll oxygen tanks on their sides. Transport them in approved carts only.
• Bring an oxygen tank into an MRI or surgical suite without checking with the supervisor beforehand.

There are two basic sizes of oxygen tanks. Each contains 2200–2400 PSIG of oxygen.

The "H" tank holds 244 cubic feet of oxygen. It weighs about 135 lbs.

The portable "E" tank holds only 22 cubic feet of oxygen. It weighs about 15 lbs.
Healthy Work Environment

Security

Lonnie Trotta
Director
Security
718-920-4113
ltrotta@montefiore.org

A unique aspect of hospital security is the important role every associate plays in keeping Montefiore safe. All new associates are trained about the Security Program, including which types of incidents Security can respond to, how to report incidents, how to obtain a security escort and how to obtain assistance in an emergency.

The Security Department works to provide a safe and secure setting in which the various departments can function most effectively and to ensure patients, visitors and staff feel that Montefiore is a safe environment. Security develops and maintains all policies and procedures required to provide a safe environment.

Security issues an identification badge to all associates, volunteers, students, temporary agency personnel and contractors in order to provide easy, positive identification and to comply with regulatory requirements.

Access cards are also provided to those associates in sensitive areas. All associates are required to display an identification badge on their upper body while on duty. Lost ID cards/access cards should be reported to Security and Human Resources. There is a replacement fee to obtain another.

Maintaining a Nonviolent Workplace

Maintaining a nonviolent workplace ensures the safety of patients, associates and visitors. Associates have the right to complete their work tasks without implied or actual threat of physical aggression from patients or visitors. Acts or threats of violence or abuse are strictly prohibited at Montefiore. Individuals who engage in acts or threats of violence or abuse are subject to immediate discharge.
Prohibited acts or threats of violence include, but are not limited to the following.

- Physical abuse—such as physical touching that is intimidating, hitting, slapping, punching, kicking, pinching, grabbing or pushing
- Verbal abuse—such as the use of language (in either spoken or written form) that is directly or indirectly threatening, obscene, hostile, humiliating or degrading
- Gestures designed to intimidate an individual—such as inappropriate touching that includes invading someone’s personal space, fist shaking, spitting, slamming doors and throwing objects

Associates should be aware of the resources available to help them assess risk of violence in the workplace and how to seek assistance if needed.

**Tip:** Any act or threat of violence or abuse toward an individual should be immediately reported to Security. Upon receipt of a report, Security will notify the Employee and Labor Relations Department and the department head(s) of individuals involved in the incident. Security will document the incident in an Occurrence report, and Labor and Employee Relations will determine the appropriate level of discipline and whether further investigation is necessary.

Comprehensive nonviolent workplace training is provided to associates who work in clinical settings that are noted to be at higher risk for patient or visitor acts of aggression and/or abuse. Any associate who feels that a potentially harmful event is about to occur should inform his or her supervisor and/or Security immediately for further assistance to prevent an escalation of the crisis situation.

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**Code ADAM (Infant/Child Abductions)**

**A** Attention

**ATTENTION:** Stop other activities and listen to overhead announcements for suspect and victim descriptions

**D** Directions

**DIRECTIONS:** Follow all directions given by Security Officers or other authorities

**A** Area

**AREA:** Search your area for people matching suspect or victim descriptions—including closets, stairwells, patient rooms and restrooms—and guard any doorways.

**M** Missing Identification

**MISSING IDENTIFICATION:** Question anyone without proper Montefiore identification, anyone acting suspiciously or anyone matching the suspect and/or victim descriptions.
Comprehensive Emergency Management Plan

Mike Moculski
Director
EMS and Emergency Management
Environmental Health & Safety Department
718-920-7600
mmoculsk@montefiore.org

What Should I Do in an Emergency?

Emergency—A natural, technological or human-caused event that disrupts normal operations.

If you discover the emergency, make an appropriate notification. For example, pull the fire alarm in case of a fire, call x2222 (911, if off campus) and/or notify your supervisor. Refer to your Department Emergency Operations Plan (DEOP) for instructions.

Tip: Avoid using the telephone for non-emergency calls, as phone lines get overloaded quickly.

Who Is in Charge in an Emergency?
The Senior Vice President of Operations or his or her designee, called the Incident Commander (IC), is responsible for the entire hospital response to an emergency.

Leadership and direction of the emergency takes place in the Hospital Command Center (HCC). The IC gathers information about the incident, decides how the hospital should respond and what actions we should take across all functions, including Operations, Logistics, Planning, Finance and Administration.

What Is a Labor Pool or Medical Staff Pool?

Labor Pool—A designated location where medical, nursing and non-medical personnel and volunteers are sent during an emergency to await assignment.

Medical Staff Pool—A designated location where physicians are sent during an emergency to await assignment.

In some emergencies, we may assemble a group of staff to assist with emergency activities, such as patient care, patient movement, message running and traffic control.

Associates and medical staff should respond to the Labor Pool/Medical Staff Pool ONLY WHEN INSTRUCTED TO DO SO by the Hospital Command Center during an emergency to await assignment.

Tip: If you are needed in the Labor Pool, you will be directed to go there by a supervisor. Otherwise, stay at your assigned work location.

It is very important that staff members follow directions in an emergency and do not act on their own.

What If I’m Off Duty?

If you are off duty and you hear about an emergency at the hospital or in the community:

• Check your work email for a message from EmergencyInfo@montefiore.org.
• Call the Associate Information Hotline for recorded information and instructions: 718-920-8008.
• Make arrangements to come to work if requested.
• If not requested, or unable to make contact, report as scheduled for your next regular shift.
• If you are unable to come to work as scheduled, contact your supervisor for instructions.
• DO NOT respond to the scene of an emergency in the community unless you have been requested as part of the planned, organized response (firefighter, EMT or CERT Team member).

What Should I Say If People Ask Me for Information?

If people ask you for information regarding an emergency, refer them to the Public Information Officer (PIO) or the Public Relations Office. Do NOT spread rumors or unverified information.
### Incident Codes

Our hospitals use a standard set of emergency codes for announcing critical events while minimizing the alarm to non-staff present in the hospital. As an associate, you are responsible for knowing these codes and responding accordingly.

**Tip:** Code Brown was added to signify Elopement of a Patient without Capacity.

<table>
<thead>
<tr>
<th>Emergency Code</th>
<th>Meaning</th>
<th>Immediate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code 4 HICS</td>
<td>Internal Disaster—Emergency Operations Plan Activated</td>
<td>IC activates HCC; Command and General Staff respond as directed</td>
</tr>
<tr>
<td>Level 3 or 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code 7 HICS</td>
<td>External Disaster—Emergency Operations Plan Activated</td>
<td>IC activates HCC; Command and General Staff respond as directed</td>
</tr>
<tr>
<td>Level 3 or 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire</td>
<td>Fire Response Team responds</td>
</tr>
<tr>
<td>Code CAC</td>
<td>Adult &amp; Pediatric Cardiac Arrest Emergency</td>
<td>Adult or Peds Code Team responds to patient</td>
</tr>
<tr>
<td>Code RRT</td>
<td>Adult Medical Emergency</td>
<td>Adult Rapid Response Team responds to patient</td>
</tr>
<tr>
<td>Code PMET</td>
<td>Pediatric Medical Emergency</td>
<td>Peds Rapid Response Team responds to patient</td>
</tr>
<tr>
<td>Code Adam</td>
<td>Infant/Child Abduction</td>
<td>Lockdown of exterior doors; Security response to location</td>
</tr>
<tr>
<td>Code 5</td>
<td>Security Emergency</td>
<td>Security response to location</td>
</tr>
<tr>
<td>Dr. Strong</td>
<td>Security Emergency—Covert Response</td>
<td>Security response to location</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Active Shooters</td>
<td></td>
</tr>
<tr>
<td>Code Brown</td>
<td>Elopement of a Patient Without Capacity</td>
<td></td>
</tr>
<tr>
<td>Code Clear</td>
<td>Situation Has Been Resolved</td>
<td>Initiate recovery actions/resume normal activities</td>
</tr>
</tbody>
</table>
Montefiore's Risk Management Department seeks to prevent financial losses associated with adverse events and patient/visitor injury. In addition, the Risk Management Department provides education and guidance to Montefiore associates for issues related to consent, documentation, advanced healthcare directives, termination of patient relationship, service of summonses and legal papers, medical malpractice issues and all other insurance matters and concerns related to actual or potential lawsuits.

Risk Management is available to answer questions regarding the following administrative policies:

- Consents (JC10)
- Safe Medical Devices (JM02.1)
- Photographing, Videotaping and Audio Taping Montefiore Patients (JP23.1)

Risk Management is also responsible for notifying the Food and Drug Administration when medical devices fail or do not work properly. The goal of the Risk Management Department is to collaborate with hospital staff in improving the quality of care and minimizing liability.

All associates are encouraged to promptly report accidents, device failures, potential liabilities, untoward events, near misses, unanticipated outcomes and therapeutic misadventures through the electronic adverse event reporting system known as Midas. Risk Management is notified when an occurrence report has been completed in the Midas system.

The Risk Management office operates weekdays 8:30 am–5:00 pm and is located at 3328 Rochambeau Avenue, 2nd floor. We are staffed with experienced risk management professionals who aim to serve as a resource to all Montefiore staff. Any emergent risk management issues reported after normal business hours are responded to by the on-call Risk Manager. This individual is accessed by contacting the Associate Director of Nursing (ADN). Non-emergent messages may be left after business hours and weekends on the Department’s answering machines for 718-920-4051, 718-920-6733 and 718-920-6340.

We encourage you to contact us during regular business hours regarding policies or their application. Risk Management is committed to associate education and conducts department in-service programs. Please contact Risk Management if you would like to schedule an in-service for your staff.
Patients have an expectation of privacy with regard to their medical records, and that privacy should be honored at all times. Accessing and/or disclosing confidential information that is not role-based or without patient authorization is both unethical and illegal.

If you have any questions or concerns about confidentiality or patient privacy, please contact Montefiore’s Privacy Officer, Mary Scranton, at 718-920-8239, mscranto@montefiore.org, or privacyofficer@montefiore.org.

If you have questions about electronic protected health information, including health information in Montefiore’s electronic health record systems, contact Montefiore’s Information Security Officer, Anca Banciu, at 914-457-6152, or abanciu@montefiore.org. The Department of Compliance maintains a 24-hour Compliance Hotline (1-800-662-8595) for reporting known or suspected noncompliance, including privacy violations. You should immediately report any privacy violations of which you become aware.

**What Is HIPAA?**

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law governing patient privacy and the security of electronic patient information.

The Privacy Rule requires that all covered entities—including hospitals—implement policies and procedures to maintain the confidentiality of any “protected health information (PHI)” held or transmitted by the covered entity, in any form or media, whether electronic, paper or oral.

PHI is defined as any information, including demographic data, that relates to (1) the individual’s past, present or future physical or mental health or condition, (2) the provision of healthcare to the individual, or (3) the past, present or future payment for the provision of healthcare to the individual. PHI includes 18 identifiers such as:

- Name
- Address
- Birth date
- Medical record number
- Social Security number
- Anything else that can reasonably be used to identify the patient

The Security Rule supplements the Privacy Rule by requiring covered entities to implement additional measures to safeguard their electronic PHI (ePHI).

Both the Privacy Rule and Security Rule require that PHI be safeguarded.

Failure to maintain the confidentiality of PHI (whether verbal, in paper, electronic or any other format) can result in serious harm to patients or damage to our reputation, and may result in civil or criminal penalties. Disciplinary action, up to and including termination, will be imposed against any individual who violates our HIPAA policies.

**What Disclosures Are Required by HIPAA?**

HIPAA requires that we disclose PHI in the following three situations:

- To individual patients (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information.
- To regulatory agencies, including the U.S. Department of Health and Human Services (DHHS) when it is undertaking a compliance investigation or review of enforcement action (contact the Privacy Officer if you receive a request from DHHS or any other regulatory agency), The Joint Commission, and the New York State Department of Health.
- As required by state or local regulations.

**What Disclosures Are Permitted by HIPAA?**

We are permitted to use and disclose protected health information without the patient’s authorization if the disclosure is being made to the patient. In addition, we are allowed to use and disclose PHI without authorization for treatment, payment or healthcare operations.
Treatment—The provision, coordination or management of healthcare and related services for an individual by one or more healthcare providers, including consultation between providers regarding a patient and/or the referral of a patient by one provider to another. Treatment includes coordinating or managing the care with someone outside of Montefiore.

Payment—The activities we perform to get reimbursed for the healthcare services we have provided.

For instance, payment activities include determining eligibility of coverage, billing, claims management, collection activities, review of healthcare services with respect to medical necessity, utilization review activities and disclosure to consumer reporting agencies in an effort to collect reimbursement.

Healthcare Operations—Activities that ensure our effective business operations.

Healthcare operations include, but are not limited to, conducting quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs, accreditation, certification, licensing, or credentialing activities, conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs; business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity; including formulary development and administration; and development or improvement of methods of payment. Note that education of medical students, other students and residents is considered part of operations. Research, however, is not operations, and is covered by separate HIPAA requirements and separate Montefiore policies and procedures.

What Is a Notice of Privacy Practices?
The HIPAA privacy regulations require Montefiore to provide patients with a statement of how we protect the privacy of PHI. This statement is entitled “Notice of Privacy Practices.” This Notice must be provided to patients at their first date of service or the first face-to-face encounter. The Notice contains numerous subjects that we are required to inform patients about. Patients are asked to sign an acknowledgment of receipt of the Notice of Privacy Practices because we are required to demonstrate that we have given our Notice to each patient at the first point of service. Patients do not have to accept the Notice or sign the acknowledgment in order to be treated. We are also required to post a summary of the Notice of Privacy Practices at registration areas, front desks and other places where patients are seen.

What Are Incidental Uses and Disclosures?
A use or disclosure of PHI that occurs as a result of, or “incident to,” an otherwise permitted use or disclosure is permitted as long as there are reasonable safeguards to protect the information, and the information being shared was limited to the “minimum necessary.”

For example, a visitor may overhear a provider’s confidential conversation with another provider or a patient, or may glimpse a patient’s information on a sign-in sheet or nursing station whiteboard. HIPAA is not intended to impede these customary and essential communications and practices and, thus, does not require that all risk of incidental use or disclosure be eliminated to satisfy its standards. However, reasonable safeguards must be put in place wherever feasible to minimize the number of incidental disclosures that may occur. Examples of reasonable safeguards include facing computer terminals away from public view, putting away charts when you are finished using them, and speaking to your patient or family in a low voice out of earshot of others.

What Is the Minimum Necessary Standard?
PHI should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a particular function. The minimum necessary standard requires us to limit unnecessary or inappropriate access to and disclosure of protected health information.

The minimum necessary standard does not apply to
- Disclosures to or requests by a healthcare provider for treatment purposes.
- Disclosures to the individual who is the subject of the information.
- Uses or disclosures made pursuant to an individual’s
authorization.
• Uses or disclosures that are required by other law.

Of course, the provider should always use good judgment and not disclose extraneous additional information in any situation.

**What Other Types of Disclosures Are Permitted?**
The Privacy Rule allows us to disclose PHI, without the patient’s authorization or permission, for the purposes listed below. These disclosures are permitted, although not required.

**Tip:** Specific conditions or limitations apply to each purpose, so before releasing PHI for any of the purposes listed below, be sure to check with Montefiore’s Privacy Officer.

**Required by Law**—Covered entities may use and disclose PHI without individual authorization as required by law.

**Public Health Activities**—Covered entities may disclose PHI to public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury or disability.

**Child Abuse or Neglect**—In certain circumstances, the provider should disclose PHI to appropriate government authorities regarding child abuse or neglect.

**Health Oversight Activities**—Covered entities may disclose PHI to health oversight agencies for purposes of authorized health oversight activities, such as audits and investigations necessary for oversight of the healthcare system and government benefit programs.

**Judicial and Administrative Proceedings**—Covered entities may disclose PHI in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may sometimes be disclosed in response to a subpoena. Always check with the Office of Legal Affairs if you receive a subpoena or court order.

**Law Enforcement Purposes**—Covered entities may disclose PHI to law enforcement officials, but only under certain circumstances, and subject to specified conditions. Always contact the Privacy Officer or Office of Legal Affairs (even if the law enforcement officer is standing in front of you).

**How Can a Patient Get a Copy of His or Her Medical Record?**
A patient can request a copy of his or her medical record by completing a HIPAA Authorization form and submitting it to the Department of Health Information Management (HIM). Patients may request that HIM provide them with an electronic version of any records that we maintain electronically. You may contact HIM for questions at 718-920-4921.

**What Is a HIPAA Authorization?**
An authorization is an individual’s signed permission to allow healthcare professionals to use or disclose their PHI for reasons generally not related to treatment, payment or healthcare operations. The authorization must include: a detailed description of the PHI elements to be disclosed (e.g., entire medical record, lab result, consultation report), the person who will make the disclosure, the person or entity to which the disclosure will be made, an expiration date and the purpose for which the PHI will be used.

**When Is an Authorization Required?**
You must obtain the individual’s written authorization for any use or disclosure of PHI that is not for treatment, payment or healthcare operations, or otherwise permitted or required by the Privacy Rule. Examples of disclosures that would require an individual’s authorization include disclosures to a life insurer for coverage purposes, disclosures to an employer of the results of a pre-employment physical or lab test, or disclosures to a pharmaceutical firm for their own marketing purposes. Contact HIM at 718-920-4921 to obtain a Montefiore HIPAA Authorization.

**What Do I Do When Patients Are Checking Out After a Clinic Visit and Request a Copy of Their Clinic Notes or Labs?**
It is okay to provide a patient with a copy of a clinic note or lab report. You should document in the medical record that the patient was given a copy. If a patient requests a copy of the entire record, refer the patient to HIM.

**What Is Sensitive Information?**
Although all health information is sensitive, New York
State and federal law have provided strict protection of certain health information, which we refer to as “sensitive information.” We are required to treat this information with special care.

Sensitive information includes

- Psychotherapy notes
- Information about a mental illness or developmental disability
- Information about HIV/AIDS testing or treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative)
- Information about treatment in a substance (i.e., alcohol or drug) abuse treatment program
- Information about genetic testing

Extra precautions should be taken with sensitive information, including the following

- Even though a patient may have agreed to have a family member present when you are discussing the patient’s general health, you should always check with the patient before discussing sensitive information in the presence of family and/or friends.
- While a patient may have given you permission to leave messages on an answering machine, you should never leave a message asking the patient to return a call concerning their HIV test results.

Montefiore has a specific HIPAA authorization specifically for disclosure of sensitive information. The authorization must include language specifically permitting Montefiore to release the sensitive information. The form is available on the intranet and should be used for any sensitive disclosure.

**Tip:** The very fact that someone is a patient being treated for any of the sensitive categories is information that cannot be shared. Therefore, you may not confirm that someone is a patient on a psychiatric unit (inpatient or outpatient), or in the AIDS Center.

Also note that other information considered very sensitive includes information about sexually transmitted diseases, pregnancy and domestic violence. Use discretion in handling these categories, even though a specific authorization is not required for release of this information. Note also that New York law provides that certain sensitive information about minors is confidential and not to be released to a parent or anyone else without the minor’s authorization (refer to Montefiore’s Administrative Policy and Procedure #JH41.1).

**What About Communication with Family, Friends and Others?**

HIPAA allows us to share information with an involved spouse, family members, friends or other persons identified by a patient, for purposes of the patient’s care or payment for healthcare.

**Tip:** As a general rule, a provider should not discuss PHI with family members, friends and others involved with a patient unless the patient indicates either explicitly or implicitly that communication is appropriate.

If a patient has indicated a desire to restrict communication, the provider should confirm the identity of any third party and be sure he or she is one to whom communication has been authorized by the patient.

When a patient is unable to communicate his or her wishes about communication with others, the provider should make an effort to determine that the third party has a relationship to the patient that makes communication reasonable. Information can be shared with others in this situation when in the judgment of the provider it is in the best interest of the patient to do so. The above cautions should also apply to communication to others by telephone, fax and email.

Even when the patient is not present or it is impractical because of emergency circumstances or the patient’s incapacity for the provider to ask the patient about discussing his or her care or payment with a family member or other person, a provider may share this information with the person when, in exercising professional judgment, it determines that doing so would be in the best interest of the patient.

**Sometimes Patients Want Things Changed or Removed from Their Medical Record. Can We Do That?**

Under HIPAA, patients have the right to request that their medical record information be amended. However, information can’t be completely removed once it is
written in the medical record. Statements can be added by following the amendment process, but not removed. Individuals may request an amendment by completing a form and submitting it to HIM. Patients must include a reason to support the amendment request.

What Is a Request for Confidential Communication?
HIPAA provides patients the right to request communication of PHI by an alternative means or at an alternative location. For example, a patient may request that the results of a particular test be sent to a different address or called to a special telephone number. Montefiore must accommodate reasonable requests for communications through alternative means and/or at an alternative location. Requests must be in writing, and the patient must be given a written acknowledgment that the request for confidential communications has been accepted or denied.

What Is an Accounting of Disclosures?
HIPAA grants patients the right to receive a written accounting of both written and verbal disclosures of their PHI with certain exceptions. A “disclosure” refers to information that goes outside the organization. Montefiore’s Health Information Management Department provides the centralized repository to capture disclosures of PHI and report these to a patient when requested. This requirement does not include disclosures made in the course of treatment of the patient, or disclosures that have been made as the result of an authorization signed by the patient. However, in the course of caring for patients, providers are asked to complete a myriad of forms that disclose PHI to external agencies. Examples include public health agencies, law enforcement, judicial proceedings and other disclosures permitted by HIPAA.

Can Patients Restrict Disclosures to Their Health Plans?
Yes. If the patient has paid in full for a specific service or treatment, the patient may request that we not disclose any information about that service or treatment to the patient’s health plan. Patients also have the right to request that we restrict other uses or disclosures of their information, but we are not required to honor the request.

Can a Pharmaceutical or Medical Device Vendor Representative Observe Patient Care or Have Access to PHI?
No. It is not appropriate for a supply or equipment vendor representative (such as a pharmaceutical or medical device vendor) to be present during a patient’s appointment, treatment or surgery. Additionally, a vendor may not have access to patient charts or lists of patient names.

Information Security
It is important that you familiarize yourself with our HIPAA security policy and procedure, which can be found in the Administrative Policy and Procedure manual on the Montefiore intranet.

Password Tips
- Never share your password. Your account is assigned to you. You will be held responsible for the activities of the account.
- Never write down a password. Passwords that are written down can be easily stolen. If you MUST write down your password, never store it near your computer. Never store it in your office, with your laptop or under your keyboard.
- Change your password. The longer you have used your password, the more likely it is that someone else will manage to figure it out. Change passwords every 90 days. Place a reminder on your calendar or change it with the change of seasons.
- Never store your password in a program. Many email clients, web browsers and web services will offer to store your password for you so that you don’t need to type it in each time you want to use it. This is a bad idea. It is generally easy for people to recover your password from inside one of these programs if they have access to your computer (and sometimes even if they don’t). It is also possible for some computer viruses to recover your passwords from your computer and email them to random people or post them publicly on the Internet.
- Create complex but easy to remember passwords. The more complex a password, the more difficult it is to crack. A complex password (i.e., longer than eight characters with upper- and lower-case letters, numbers and symbols) is best.
Tip: If you do store any PHI on a portable device (including a home or office desktop computer), you are personally responsible for ensuring the privacy and security of this information.

What Is Encryption?
Encryption is a process that transforms information into a format that is unreadable to anyone who doesn’t have the key to decode it. Encryption safeguards PHI if it is lost or stolen. Encryption can protect PHI stored in a computer or database as well as PHI in transit, such as PHI sent in an email. Devices, including desktop and laptop computers, mobile phones and flash drives, must be encrypted before you use the devices to store or transmit PHI.

How Can I Email PHI?
If you send an email containing PHI from a Montefiore.org email address to another Montefiore.org address, the email is secure. If you send the email to any outside address, however, such as Yahoo, Verizon, AOL or Einstein, you must encrypt the email before sending it. For simple instructions on how to encrypt email, go to (intranet) “Email Encryption for Outgoing Mail.”

What About Portable Devices?
Do you use a smartphone, iPad or laptop/notebook computer? Do you store patient information in any form on this device? Do you have patient information on a home computer?

If you do store PHI on a portable device, you should take the following precautions

- Your name and contact information should be on the device.
- It must be password protected and encrypted.
- It must be in a secure location at all times if it is not in your personal possession—never leave it in your car.
- Delete PHI immediately when you are no longer using it.

Can I Access My Family Member’s, Friend’s or Co-worker’s PHI (e.g., Electronic, Written)?
No. Associates may not access, either through our information systems (e.g., CareCast, CEMR) or the patient’s medical record, the medical and/or demographic information of family members, friends or other individuals for personal or other non-work-related purposes, even if written or verbal patient authorization has been given. Access must be role-based—that is, all of your activity within our electronic medical records must be within the scope of your role at Montefiore.

What If My Child or Parent Is a Patient Here?
Associates who are legally authorized to receive PHI for a family member (e.g., parent for a minor, adult son/daughter for an elderly parent) should contact the provider or site, or submit a HIPAA Authorization to the Health Information Management (HIM) Department for the information. Contact the HIM Customer Service Unit at 718-920-4921. Associates may not use their employee status to obtain medical and/or demographic information for anyone else, including looking up someone’s phone number or address.

What If I Am Involved in the Treatment, Billing or Other Activity of a Person I Know?
In the rare circumstance when an associate’s job (e.g., billing, providing treatment) requires him or her to access and/or copy the medical information of a family member, co-worker or other personally known individual, then the associate should immediately report the situation to his or her supervisor, who will determine whether to assign a different associate to complete the task involving the specific patient. If this is not possible, you should proceed, with the understanding that all protected health information that you encounter in your role is private.

Audits and Monitoring
We routinely audit and monitor access to electronic PHI through our clinical information systems. Note that there is a digital “paper trail” available that shows every time you access any patient information electronically. As a user of any of Montefiore’s electronic medical records, you are responsible for any system access or activity that occurs under your login ID. If you work in an area with shared workstations, make sure that you always log off when you leave your workstation—otherwise, any activity in the electronic record under your user ID and password will be attributed to you. Walkthrough audits are periodically conducted in all patient care areas to monitor for compliance with our HIPAA policies and procedures.
What Should I Do If I Want to File a Patient Privacy Complaint, Want to Schedule Training or Have Questions?
You can file a complaint by contacting the Privacy Officer directly at 718-920-8239 or privacyofficer@montefiore.org, or call the Compliance Hotline at 800-662-8595. The Compliance Hotline is available 24 hours a day. You may also call Martha Senturion, Senior Privacy Manager, at 718-920-8239.

Investigations
Every report of improper use or disclosure of PHI is investigated. Investigation may include review of documents, audit of electronic access and interview of witnesses. You are required to make yourself available and cooperate in any investigation.

Penalties for Noncompliance
Violations of HIPAA (or related policies and procedures) can lead to immediate termination of your employment, medical staff membership or affiliation with Montefiore, and both civil and/or criminal prosecution.

FairWarning
Montefiore has implemented FairWarning™, a monitoring tool that detects improper access in our electronic health records, by associates, contractors and physicians. FairWarning continuously collects data from both our electronic patient records and our associate database and identifies improper access by associates and others at every location. Every time an associate, physician, vendor or other user looks at the electronic health records of a family member, co-worker, friend or neighbor, Montefiore’s Privacy Officer is notified. The Privacy Officer will investigate to determine whether the access was role-based—that is, whether the user’s access to the record was within the scope of the user’s role at Montefiore. If suspected improper access is detected by FairWarning, the user will be required to explain why the access was role-based. If, upon investigation, the access proves to be unauthorized, the user will be subject to disciplinary action, which can include counseling, verbal or written warning, suspension and/or termination.
Infection Prevention & Control (Patient Safety)

Belinda Ostrowsky, MD, MPH
Director
Antimicrobial Stewardship Program
718-920-5438
bostrows@montefiore.org

Audrey Adams
Director
Infection Prevention and Control
718-920-4562
aadams@montefiore.org

The Infection Prevention and Control Program’s goal is to prevent and control the spread of infections between patients, associates and visitors. The program strives to prevent morbidity and mortality associated with the unfortunate consequences of healthcare-associated infections. There are specific manuals for clinical and ancillary departments regarding Infection Prevention and Control. It is the responsibility of all associates to become familiar with the contents of their departmental manual. The Infection Prevention and Control Manual and the Ambulatory Infection Prevention and Control Manual are located on the intranet.

Standard Precautions

Standard Precautions—Protocols for minimizing the risk of exposure to infectious materials. These protocols are designed to prevent the transmission of disease.

Fundamental principles of standard precautions include but are not limited to:

- Respiratory hygiene/cough etiquette
- Practicing safe handling of needles and syringes (one needle, one syringe, one time)

Report to Occupational Health Services (OHS) prior to reporting to work if you have any symptoms of diarrhea, severe upper respiratory infections, elevated temperatures, infected skin lesions or any condition diagnosed by a private physician as being contagious. Parents of school-age children should report to OHS if such diseases as chicken pox, measles or other communicable childhood conditions are suspected in the home.

Hand Hygiene

Hand hygiene is the single most important practice in preventing the spread of infection.

Perform hand hygiene

- Before and after your work shift
- Before and after patient care
- After any procedure
- Before and after personal hygiene
- Before touching something clean
- After touching something contaminated or dirty
- After removing gloves
- Any time hands become soiled—including sneezing in opened hands, blowing noses, etc.

Hand hygiene is performed using soap and water or alcohol-based hand rub (when hands are not visibly soiled). General hand care protocol includes using compatible hand lotion in patient care areas, using gloves when appropriate and maintaining an appropriate nail length, no more than ¼ inch from the base of the finger.

How to wash your hands

1. Wet hands with running water.
2. Apply soap or hand-washing agent.
3. Vigorously rub hands together for 15 seconds, washing all surfaces of hands, fingers and wrists.
4. Rinse thoroughly with fingers pointing down.
5. Blot hands dry with paper towel.
6. Before discarding paper towel, use paper towel to turn off faucets.
7. Dispose of towel in proper waste receptacle.
How to use alcohol-based hand sanitizers

1. Apply small amount into palm of hand (thumbnail size).
2. Rub into all surfaces of hands until solution has evaporated or hands are dry.
   Note: DO NOT USE hand sanitizer if hands are visibly soiled; use soap and water.

Proper Use of Gloves for Aseptic Procedures (i.e., IV Insertion/Wound Dressing Changes, etc.)

- Don gloves at the bedside after performing hand hygiene
- Open all packages with clean hands prior to donning gloves

Proper Use of Gloves for Specimen Collection

- Don gloves at the bedside for blood drawing and during the collection of specimens
- Remove gloves immediately after the specimen collection container has been secured
- Perform hand hygiene after bagging specimen
- Do not wear gloves during the transport of bagged specimens

Environmental Hygiene

Tips for maintaining a clean environment:

- Do not eat or drink on patient care units
- Eat in designated areas only
- Clean up after procedures or after eating
- Discard all food and waste into trash
- Do not open unscreened windows
- Monitor and discourage the accumulation of food at the patient’s bedside
- Use purple-top germicidal wipes to clean designated items in patient care areas; ensure that the contact/wet time is two minutes

Transmission-Based Isolation Precautions

The differences in infectivity and in the mode of transmission of the various agents form the basis for the following different categories of isolation precautions:

- Contact Isolation
- Airborne Isolation
- Droplet Isolation

MDRO and Antibiotic Use

**Multidrug-Resistant Organisms (MDROs)**—Microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents (e.g., MRSA, VRE, CRE) According to the CDC, prevention of antimicrobial resistance depends on appropriate clinical practices that should be incorporated into all routine patient care.

These include:

- Optimal management of vascular and urinary catheters
- Prevention of lower respiratory tract infection in intubated patients
- Prevention of surgical site infections
Montefiore has policies and procedures for responding to the physical and emotional needs of victims of abuse, neglect, assault and domestic violence. All associates should be aware that New York State law requires healthcare workers to report suspicions of abuse, neglect and, in some instances, domestic violence. All healthcare workers are mandated to report suspicions of a patient being the victim of child abuse, maltreatment or elder abuse/neglect.

**Child Abuse**
Child abuse and neglect exist in epidemic proportions in this country. There are more than three million reports annually representing 1 percent of the child population. Child abuse can take the form of physical abuse, sexual abuse or neglect.

**Physical Abuse**—Any harmful action directed against a child regardless of intent that results in a non-accidental physical injury. Physical abuse is the most visible form of child maltreatment and results from actions such as punching, beating, kicking, biting or burning. Physical abuse may leave permanent injury, or it can result in death.

**Sexual Abuse**—Acts of sexual assault and sexual exploitation that may occur over a long period or as a single incident. Sexual abuse includes exposing or subjecting a child to sexual contact, activity or behavior. Exploitation for pornographic purposes, prostitution and exhibitionism are all included in the definition of sexual abuse.

**Neglect**—The failure to provide for a child’s needs to the extent that there is harm or risk of harm to the child’s health and safety. Neglect includes inadequate supervision, lack of nutrition, lack of shelter, lack of medical or dental care. It also includes failure to meet a child’s educational or emotional needs.

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**The Abandoned Infant Protection Act (AIPA)**
In July 2000, a law was passed in New York State that provided a safe alternative to abandonment of newborn infants when fearful, desperate, usually young parents are unable to care for the baby. The law does not require parents to leave any identifying information about themselves when the baby is presented for care. Hospitals, fire stations and police stations are considered “safe sites.” Safely leaving a newborn (up to 5 days of age, as stated in AIPA) creates an affirmative defense under the criminal law. In other words, the parent did abandon the baby but did so safely, thereby assuring the well-being of the child.

**Tip:** If a Montefiore associate is handed a baby under these circumstances, the baby should be immediately taken to the Emergency Department at the Children’s Hospital at Montefiore for evaluation and medical care. The mother, who has recently given birth, should be encouraged to stay for treatment as well. The situation should be reported to the State Child Abuse Hotline (see following page for phone number). Administration for Children’s Services will respond and take custody of the infant once he or she has been medically stabilized.

**Reporting Suspected Child Abuse, Neglect and Maltreatment**
Upon collaboration with the Interdisciplinary Treatment Team and upon escalation to the appropriate person (i.e., manager, administrator, charge nurse, chief resident, attending, etc.), it is the responsibility of the associate to document and call all instances of suspected child abuse, maltreatment and/or neglect into the New York State Central Register of Child Abuse and Maltreatment.

If a healthcare professional needs assistance, he or she should contact the staff of the Butler Child Advocacy Center for consultation. They are available 24 hours a day, seven days a week and can be reached through the page operator. The J. E. and Z. B. Butler Child Advocacy Center, a program of the Department of Pediatrics, provides forensic social work and medical evaluation and counseling services to children and families where abuse and neglect is suspected or identified.
Reporting suspected abuse is your responsibility. For detailed instructions, please refer to Administrative Policy and Procedure JA03.1: The Identification, Reporting and Management of Children Suspected to Be a Victim of Child Abuse and Maltreatment/Neglect.

**Domestic Violence**

*Domestic Violence*—Emotional, psychological, physical, sexual or economic abuse that one person in an intimate relationship uses to control the other.

It is Montefiore’s legal obligation to report to police the suspicion of assault or domestic violence, including gunshot wound or powder burn, other injury arising from discharge of a firearm, or if a victim is actually or apparently injured by knife, ice pick or other sharp instrument. In the absence of the above injuries, suspected sexual assault or domestic violence should not be reported to police unless patient consent is obtained.

**Elder Mistreatment**

*Elder Abuse*—A single or repeated act, or lack of appropriate actions, that causes harm, risk of harm, or distress to an individual 60 years or older and occurs within any relationship where there is an expectation of trust; or when the targeted act is directed toward an elder person by virtue of age or disabilities. (NYC Elder Abuse Center: [http://nyceac.com/about/definition/](http://nyceac.com/about/definition/))

Elder abuse can be intentional or unintentional and may include physical, psychological, emotional or sexual abuse, neglect, abandonment and financial exploitation. Elder neglect occurs when a caretaker does not fulfill a caretaking obligation.

**This can include:**

- Abandonment or isolation
- Denial of food, shelter, clothing and medical assistance
- Withholding of necessary medication or assistive devices, such as glasses or false teeth

### Whom to Call

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
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</thead>
<tbody>
<tr>
<td>Child Abuse Mandated Reporter Hotline</td>
<td>1-800-635-1522</td>
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<tr>
<td>Butler Child Advocacy Center</td>
<td>718-920-5321</td>
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<tr>
<td>3314 Steuben Avenue</td>
<td></td>
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<tr>
<td>Butler Center Mental Health Treatment Program</td>
<td>718-920-5833, 718-920-8282 (page operator)</td>
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<tr>
<td>3380 Reservoir Oval</td>
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<tr>
<td>Elder Abuse Hotline</td>
<td>212-442-3103</td>
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<tr>
<td>Domestic Violence Hotline</td>
<td>NYC—800-621-4673 (English/Spanish)</td>
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<tr>
<td>City Services—311</td>
<td>Outside of NYC—800-942-6906 (English)</td>
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<tr>
<td>Outside of NYC—800-942-6908 (Spanish)</td>
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<tr>
<td>Adult Protective Services</td>
<td>212-630-1853</td>
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<tr>
<td>NYC Department of Aging</td>
<td>311</td>
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<tr>
<td>Safe Horizons</td>
<td>212-577-7777</td>
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<tr>
<td>Red Cross Emergency Homeless Services</td>
<td>212-787-1000</td>
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**Patient Experience**

Everything that happens to a patient and his or her family at Montefiore creates the patient’s experience. Each and every interaction with staff makes an impression. The patient experience includes the physical environment, clinical care, emotional support and financial considerations. Patients prefer Montefiore because we provide an exceptional experience that promotes health and healing, where quality clinical outcomes are achieved with a high level of compassionate care and attention to personal needs, and where patients and their families are:

- Recognized, respected and valued as partners in the care process
- Listened to and educated
- Served by associates who always demonstrate Montefiore Standards of Behavior
- Provided with coordinated patient-centered services throughout the continuum of care
- Cared for in welcoming, safe and confidence-inspiring environments

**CMS Measures and Reimbursement for the Patient Experience**

[https://cahps.ahrq.gov/index.html](https://cahps.ahrq.gov/index.html)

Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with healthcare. A few of the CAHPS surveys are: Hospital CAHPS; Home Health CAHPS; Clinical Group CAHPS; Emergency Department CAHPS; Pediatric Hospital CAHPS; Ambulatory Surgery CAHPS. The results of the CAHPS surveys are part of the federal government’s Pay for Performance program. Montefiore’s results are compared with all other medical centers’ performance measures. Montefiore’s reimbursement depends on our patients’ experiences compared with all the others.

**Partial List of Patient Rights**

Each patient has the right to:

- Understand his or her rights to receive assistance, including interpreter services, from Montefiore in order to understand these rights
- Receive treatment without discrimination
- Be informed of the names and titles of healthcare providers
- Receive complete information regarding his or her diagnosis, treatment and prognosis
- Participate in all decisions about his or her diagnosis, treatment and prognosis
- Have a family member, friend or other individual be present for emotional support during the course of the stay, unless this infringes on others’ rights or safety, or is medically or therapeutically contraindicated
- Receive considerate and respectful care, including privacy while at Montefiore and confidentiality of all information and records regarding his or her care
- Review his or her medical chart without charge
- Lodge a complaint or grievance about any aspect of care. A complaint is something that can be fixed right away, but a grievance requires investigation and follow-up. Customer Service documents and manages patient and family grievances.

**Patient Responsibilities**

Each patient is responsible for:

- Providing accurate information relating to his or her condition and care
- Following his or her treatment plan
- Respecting the desire of roommates and others for privacy and quiet times
- Safekeeping of his or her valuables, including dentures, eyeglasses or contact lenses
- Being considerate of healthcare associates

**Patients’ Rights and Responsibilities**


All patients have rights and responsibilities. New York State law outlines a Patient Bill of Rights, and it is our responsibility to ensure that each patient understands his or her rights, has received a copy, and knows how to exercise those rights.
Interpreting Services Program

Interpreting services are available 24/7 for the deaf and hard of hearing or Limited English Proficient (LEP) patients and families receiving services anywhere in Montefiore.

**Tip:** Whenever possible, please call Customer Service in advance to schedule an appointment with a sign language interpreter or an in-person foreign language interpreter at 718-920-4943.

After hours, weekends and holidays, the intranet has instructions on how to obtain an interpreter, and the Associate Director of Nursing on duty can assist as well.

For Whom Do We Provide This Service?
- Deaf, blind, hard of hearing and deaf/blind
- LEP patients
- Family members and companions

Why Is It Important?
Language services are needed to ensure that all patients have equal access to quality care. In addition, federal and state law, Joint Commission standards and Montefiore policies protect persons with disabilities and mandate accommodations and interpreting services.

Hospital Policy Statement
If you recognize or have any reason to believe a patient, relative or companion of a patient is deaf or hard of hearing, you MUST offer the person appropriate auxiliary aids and/or services. Interpreters are available throughout Montefiore and affiliate sites and will be provided free of charge. The offer and response must be made through a sign language interpreter and must be documented in the patient’s chart.

Limited English Proficient Patients
Call 718-920-TALK (8255) from any Montefiore phone and an interpreter will be happy to assist you in more than 200 different languages. Call Customer Service to obtain your department’s access code.

Who Can Interpret?
- Only a qualified or certified medical interpreter may interpret
- Family members or friends may NOT interpret, unless it is an emergent situation
- Bilingual staff may NOT interpret

Arranging for Interpreting Services
You must inform the patient of the right to have an interpreter when making an appointment and upon arrival, and document the hospital’s offer of services and the patient’s response. Contact Customer Service at 718-920-4943. Follow after-hours procedures on the intranet or contact the Associate Director of Nursing.
CLAS Standards

Montefiore is a leading-edge health system with a deep commitment to providing one standard of excellent care to all. The health system’s mission is to advance the health of the communities we serve by providing culturally competent care. The CLAS Standards (culturally and linguistically appropriate services) issued by the U.S. Department of Health and Human Services, Office of Minority Health, are primarily directed toward healthcare organizations to encourage them to be more culturally and linguistically accessible. Montefiore is proud to be a forerunner in following these practices.

Standard 1
Healthcare organizations should ensure that patients/consumers receive effective, understandable and respectful care from all staff members that is provided in a manner compatible with their cultural health beliefs, practices and preferred language.

Standard 2
Healthcare organizations should implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3
Healthcare organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4
Healthcare organizations must offer and provide language assistance services, including bilingual staff and interpretation services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5
Healthcare organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6
Healthcare organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7
Healthcare organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8
Healthcare organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9
Healthcare organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments and outcomes-based evaluations.

Standard 10
Healthcare organizations should ensure that data on the individual patient's/consumer's race, ethnicity and spoken and written language are collected in health records, integrated into the organization's management information systems and periodically updated.

Standard 11
Healthcare organizations should maintain a current demographic, cultural and epidemiological profile of the community, as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12
Healthcare organizations should develop participatory, collaborative partnerships with communities and...
utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

**Standard 13**  
Healthcare organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing and resolving cross-cultural conflicts or complaints by patients/consumers.

**Standard 14**  
Healthcare organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.
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Acknowledgement of Receipt of Orientation Manual

I have received and read the Montefiore New Associate Orientation Manual, Student & Volunteer Edition. I understand if I am unclear of any of the material I will contact my faculty/supervisor. I understand that this manual does not constitute an employment agreement, does not promise employment for a specific period of time, and does not limit the Medical Center’s right to terminate my time at Montefiore.

_______________________________________________
Print Name

_______________________________________________
Signature and Date

_______________________________________________
School