

VISITING HEALTH CARE PROVIDERS: SPECIAL PRIVILEGES

The attached application contains those forms needed for special privileges at Upstate University Hospital. Medical Staff Services requires all information at least **two** weeks before arrival to allow enough time for credentialing and receipt of documentation.

The following items must be presented to Medical Staff Services (Fax: 315.464.8524 **or** e-mail: Medstaff@upstate.edu):

- Application (either Observer or Special privileges)**
- Proof of liability insurance coverage* (The physician will need to contact their malpractice insurance company to inform them of this visit and make sure that the physician is covered. In turn, the insurance company must provide the physician/us with a letter to that effect. If a physician comes in to proctor or perform a service and is paid for his/her services, he/she is considered an independent contractor and must provide his/her own malpractice coverage (or the clinical department may choose to supply malpractice insurance).
- Confidentiality statement, signed
- Non–employee orientation (review packet provided and sign attestation)
- Non-Employee Medical Clearance
- Documentation of Flu vaccination is required once the State Commissioner announces that the flu season has started, and throughout each flu season.

Only upon the completion of the above information, and approval by University Hospital Employee /Student Health of the Certificate of Health, may special privileges be granted.

Clinical Practice Experience (licensed physicians or health provider (not post-graduate trainees) coming to train or teach) – *no Epic access.*

Also requires:

- Letter from attending UH physician being proctored, co-signed by chief (specified time period, patient name(s), description of duties)

OR

Letter from supervising physician proctoring the incoming provider, co-signed by chief (includes description of duties)

- CV / resume - must include complete student contact information, social security number, and date of birth.
- Copy of license registration

Special Consulting Provider Status (To follow a specific patient and consult; does not include post-graduate trainees) – *no Epic access, may not be the attending physician of record*

**Health assessment, affiliation letter, and privileges shall be obtained from primary HEC-participating hospital in lieu of these items

Also requires:

- Letter from Chief at Upstate recommending special consulting provider status based on his or her personal knowledge of the applicant's experience, background, and competence

From all other hospitals:

Also requires:

- Copy of currently granted privileges and contact information for the Chief of Staff and/or Clinical Department Chair at the currently facility where privileges are maintained.
- Current CV / resume - must include complete student contact information, social security number, and date of birth.
- A letter from the Upstate University Hospital Chief of Service at the relevant campus recommending the granting of a special consulting provider status the applicant's experience, background, and competence as demonstrated by the documentation provided, and any communications with the current practice facility.

Non-Employed Procedural Team Members (NEPTM) (Health care providers, not including credentialed medical providers and post-graduate trainees, who are coming to the institution to assist a credentialed and privileged member of the Medical Staff in procedural patient care activities. Examples of non-employed procedural team members include, but are not limited to, scrub nurses, ophthalmologic technicians, dental assistants, and speech language pathologists.)

Also requires:

- Criminal Background Investigation release (will be provided on receipt of completed application)
- Letter from attending UH physician with description of duties and acknowledgment of responsibility for supervision of the provider, co-signed by Chief.
- CV / resume - must include complete contact information, social security number, and date of birth.
- Copy of license registration or certification, if applicable
- **At each reappointment** of the attending UH physician, a new letter, documentation of continued licensure or certification and malpractice, as well as Safety at Work, and Right to Know mandatory education are required of each NEPTM.

If you have any questions, please do not hesitate to contact Medical Staff Services at (315) 464 - 5733.

VISITING HEALTH PROVIDER (SPECIAL PRIVILEGES)

I. UPSTATE PROVIDER SUPERVISING OR BEING PROCTORED:

II. VISITING PROVIDER IDENTIFYING INFORMATION:

Last Name	Maiden Name	First Name	Middle Initial
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Office Address	City	State	Zip Code
----------------	------	-------	----------

Telephone	Fax
-----------	-----

Residence Address	City	State	Zip Code
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Telephone	E-mail
-----------	--------

Social Security Number	Date of Birth	Place of Birth	Citizenship
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Degree(s) earned	Emergency Contact (Name, Phone number & Email)
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III. HEALTH INFORMATION:

I hereby affirm that I am physically and mentally able to carry out the responsibilities of medical staff membership and exercise the privileges requested.

Yes _____ No _____

IV. PROFESSIONAL LIABILITY INSURANCE INFORMATION (Is this section applicable? ☐ No ☐ Yes)

Current Insurance Carrier	Expiration Date
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Agent (if any)	Policy Limits
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V. MISCELLANEOUS INFORMATION:

Are you now or have you EVER been subject to: (provide FULL details for positive answers on a separate sheet.) Please place a check mark on each line. Lines/arrows are not acceptable.

- | | YES | NO |
|---|-------|-------|
| 1. Previously successful or currently pending limitation, suspension, revocation, voluntary or involuntary surrender of license or registration to practice in any jurisdiction? | _____ | _____ |
| 2. Previously successful or currently pending limitation, suspension, revocation, voluntary or involuntary surrender of Drug Enforcement Administration (DEA) registration? | _____ | _____ |
| 3. Limitation, suspension, probation, revocation, denial, non-renewal, or involuntary surrender of employment, appointment, privileges or training at any hospital or health care related institution? | _____ | _____ |
| 4. Withdrawal of your application for appointment, reappointment, or clinical privileges or resignation from a medical staff <u>before</u> a potentially adverse decision was made by a hospital's or health care facility's governing board? | _____ | _____ |
| 5. Formal investigation, corrective action, or discipline by any hospital or health care related institution for any reason, including patient complaints? | _____ | _____ |
| 6. Any judgment, settlement, or findings of medical malpractice or any findings of professional misconduct in any jurisdiction. | _____ | _____ |
| 7. Suspension, sanction or other restriction in participation in any private, Federal or State insurance program (e.g. Medicare)? | _____ | _____ |
| 8. Current police or agency investigation, substantiated charges or convictions for sexual harassment, sexual abuse, child abuse, elder abuse, findings pertinent to violations of patient's rights, or other human rights violations? | _____ | _____ |
| 9. Criminal convictions, pending criminal proceedings, or arrests for felonies or misdemeanors? | _____ | _____ |
| 10. Malpractice premium "rating", surcharge, malpractice insurance cancellation, denial or non-renewal? | _____ | _____ |
| 11. Resignation, withdrawal or termination of your position with a professional association or health maintenance organization for reasons related to clinical, quality or patient care issues? | _____ | _____ |

Do you currently: (provide FULL details for positive answers on a separate sheet.)

- | | | |
|---|-------|-------|
| 12. Have pending professional malpractice claims or actions, medical conduct proceedings or licensing board actions in any jurisdiction? | _____ | _____ |
| 13. Have any physical or mental condition that impairs or could impair your ability to practice medicine? | _____ | _____ |
| 14. Habitually use drugs or alcohol, or have a dependence on drugs or alcohol (or have you ever had such habitual use of or dependence on drugs or alcohol) that impairs or could impair your ability to practice medicine? | _____ | _____ |

VI. AFFIRMATION OF INFORMATION

The undersigned hereby affirms under the penalties of perjury as follows: that he/she is the applicant named herein; that he/she has read the foregoing application and knows the contents thereof; that the same is complete, true and accurate to his/her own knowledge and belief. I have read The Upstate Pledge: A Code of Conduct and Mutual Respect. By submitting my application, I agree to adhere to acceptable conduct as outlined by the Upstate Pledge, and abide by all requirements of behavior and civility therein.

Signature _____ Date _____

Printed name: _____

INTERNAL USE ONLY

Observer Name _____

Received date: _____

Requested observation dates: _____ to _____

SUPERVISOR SIGNATURE

I, the below signing physician, acknowledge that I am responsible for supervising the observer listed on page 1. I understand that observers are not credentialed to provide any direct patient care.

Supervisor: _____
Printed Name Signature Date

UPSTATE MEDICAL UNIVERSITY CONFIDENTIALITY AGREEMENT

Printed Name: _____
Signature: _____

SUNY Employee ID#: _____
Date: _____

Employee: _____ Non-Employee: _____ Nursing Service: _____ MedBest _____ Student _____

IMPORTANT: Please read all sections. If you have any questions, please ask before signing.

1. Confidentiality of Patient Information

I understand and acknowledge that: (i) services provided to patients are private and confidential; (ii) to enable such services to be performed, patients provide personal information with the expectation that it will be kept confidential and used only by authorized persons as necessary; (iii) all information provided by patients or regarding services provided to patients, in whatever form such information may exist, including oral, written, printed, photographic and electronic formats (collectively, the "Confidential Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and (iv) in the course of my employment/affiliation with Upstate Medical University ("Upstate"), I may be given access to certain Confidential Information.

2. Disclosure, Use and Access

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in effect after such employment/affiliation terminates.

3. User Accounts, Passwords, and Electronic Signatures

I agree that: (i) any unique access codes provided to permit my access to electronic systems will not be shared with any other individual and shall be kept secure and confidential; (ii) all electronic transactions are logged and subject to periodic audit; (iii) violation of laws, policies or this agreement may result in termination of access and other sanctions; and (iv) I certify that affixing my electronic signature to sign and authenticate electronic documents and entries is my intentional method of authenticating information and has the same effect as my legal handwritten signature.

4. Return of Confidential Information

Upon the termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Upstate or my employer all copies of business, administrative, and patient confidential information that is individually identifiable in my possession or control (including all printed and electronic copies), unless retention is specifically required by law, regulation or for special issues as outlined in the Upstate University Hospital Administrative Confidentiality Policy.

5. Periodic Certification

I understand that I may be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify when requested.

6. Violations

I understand and acknowledge that: (i) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Upstate and my employer (if different from Upstate); and (ii) I am required to comply with laws and regulations and (iii) my failure to comply with this agreement in any respect could subject me to penalties by both Upstate as well as third parties. Penalties include but are not limited to disciplinary measures up to and including termination of employment or affiliation, and the imposition of civil or criminal penalties.

PRIVACY AND SECURITY

“What you need to know”

- ✓ Who is responsible for protecting the confidentiality of patient information
- ✓ How to protect patient information

1. UNDERSTANDING YOUR RESPONSIBILITY

- a. All individuals affiliated with Upstate Medical University in an employed or non-employed status have a responsibility to protect the privacy and security of all confidential patient information using appropriate safeguards to ensure the information is available when needed for patient care, but protected from inappropriate access, use, and disclosure.

2. PROTECTING PATIENT PRIVACY

- a. Ask patients permission to discuss patient information in front of, or with, the patient’s family, friends, or visitors.
- b. Limit discussions of confidential information in public areas such as, for example, the cafeteria, elevators, and hallways and use reasonable safeguards to minimize chance others can overhear.
- c. Use reasonable safeguards when discussing information with a patient in a semi-private area, such as pulling the curtain between beds, closing the door to the room, asking the other patient’s visitors to step out of the room, speaking to the patient at the bedside using a lowered voice volume, and taking the patient to a private area if possible.
- d. Always verify that anyone asking for patient information is entitled to receive it for a permitted use
- e. Papers containing patient information must be disposed of properly – SHRED it when no longer needed.
- f. Always verify the recipient’s fax numbers before sending paper fax correspondence and verify receipt by checking the transmittal report.
- g. DO NOT use personal electronic devices (i.e. cell phone, tablet, etc.) to take pictures of patients or their information.
- h. DO NOT post or discuss patient-related information on social networking sites even if the patient is the only person who may be able to identify him or herself based on the posted information.
- i. Remember to keep anything you see or hear private and do not share with individuals outside Upstate University Hospital!
- j. Report anything you see or hear that could be a violation of patient privacy to the Upstate University Hospital Privacy Office at:
Downtown Campus and Community Campus-
Cynthia Nappa, 315-464-6135 or nappac@upstate.edu

Name (Please Print): _____ **Date:** _____

Signature: _____

Downtown Campus
Employee/Student Health Office
175 Elizabeth Blackwell St.
Syracuse, NY 13210
315-464-4260 (telephone)
315-464-5471 (fax)
NEMC@upstate.edu

UPSTATE

MEDICAL UNIVERSITY

Non-Employee Medical Clearance (NEMC)

Community Campus
Employee Health Office
4900 Broad Road
Syracuse, NY 13215
315-492-5624 (telephone)
315-492-5117 (fax)
NEMC@upstate.edu

Incomplete/Illegible forms will not be processed.

Please allow up to 10 business days for processing.

Today's Date: _____
Last Name: _____ First Name: _____ DOB: _____
Phone Number: _____ Email: _____
Your School/Agency: _____ Upstate Contact: _____
Upstate Job Title or Description: _____ Start Date: _____ End Date: _____
Job Location (circle): ☐ Downtown ☐ Community Other: _____ Patient contact expected?: ☐ Yes ☐ No

Section I: In the PAST YEAR have you had or CURRENTLY have: (explain all YES responses, add pages as needed)

1. Any medical conditions? ☐ No ☐ Yes (LIST) _____
2. Recent surgery (within 90 days)? ☐ No ☐ Yes _____
3. Medications? ☐ No ☐ Yes (LIST) _____
4. Allergies? ☐ No ☐ Yes (LIST) _____
5. Accommodations/Limitations? ☐ No ☐ Yes (Explain) _____
6. Mental health condition? ☐ No ☐ Yes _____
7. Frequent use of alcohol or any use of illicit drugs? ☐ No ☐ Yes _____
8. Skin infection or open (non-healing) wounds? ☐ No ☐ Yes _____
9. Recent weight loss, cough, fever, loss of appetite and/or night sweats? ☐ No ☐ Yes _____
10. Lived or traveled outside of the U.S for more than 1 month? ☐ No ☐ Yes _____
11. Close contact with someone who has had active tuberculosis (TB)? ☐ No ☐ Yes _____

I certify that the above information is true and complete: _____ (signature) Date: _____

Section II: ALL APPLICANTS MUST COMPLETE AND SUBMIT SUPPORTING VACCINES RECORDS AND/OR LAB REPORTS

1. Required documentation of immunity to the below:
 - a. Rubeola (Measles): 2 doses of MMR vaccine or positive Rubeola antibody titer
 - b. Mumps: 2 doses of MMR vaccine or positive Mumps antibody titer
 - c. Rubella (German Measles): 1 dose of MMR vaccine or positive Rubella antibody titer
 - d. Varicella (Chicken Pox): 2 doses of Varicella vaccine or positive Varicella antibody titer
2. Documentation of the following vaccines (Strongly Recommended):
 - a. Covid-19 vaccine(s) per CDC guidance
 - b. Flu Vaccination: Flu Season Aug-May

Section III: Any Applicants who will be working inside a hospital and/or have direct patient care/contact need TB testing

(MUST provide additional documentation of one (1) of the following):

3. Tuberculosis Testing (must be within 12 months of start date): (*If positive, Chest X-ray report is also required)
Tuberculin Skin Test (TST) [Submit placement date, read date and interpretation]
or TB Blood test (such as QuantiFERON or T-spot): **MUST INCLUDE LAB REPORT**

Section IV: Physical Attestation Statement: TO BE COMPLETED BY HEALTH CARE PROVIDER (exam must be within 1 year of start date)

The person listed above underwent a physical examination on _____ (date) and was found to be free of communicable disease and is able to work without restrictions or limitations.

Provider Name (print): _____ Signature: _____ Date: _____

Provider medical license number/state: _____ Phone: _____

Provider Stamp/Address:

ESH Office Use Only:

Upstate Medical University

NON-EMPLOYEE ORIENTATION GUIDE

Completion Certificate

Upstate Medical University non-employees should review the Non-Employee Orientation Guide and complete this certificate on an annual basis.

Name: _____

Upstate Badge ID#: _____ *

**Please Note: If the non-employee is on campus 3-days or less, a badge ID # will NOT be issued; please then keep this form on file only.*

Department: _____

My signature here confirms that I have read and understand the Non-Employee Orientation guide and that I have no questions at this time:

Signature: _____

Date: _____

Enter in Self Serve Tracker with code: NONEMPORIENT

.....

The department hosting the non-employee should enter completion into Self Serve Tracker with code NONEMPORIENT and keep this form on file within the department.

If the department is NOT able to enter into Self Serve Tracker, please send a COPY or fax the completed form for entry to:

HR - Organizational Training and Development (OTD)

JH Rm. 417

Fax 464-4400

(*Forms MUST have an Upstate Badge ID# to be entered into Self Serve Tracker. Please only submit forms with an Upstate Badge ID# to OTD.)

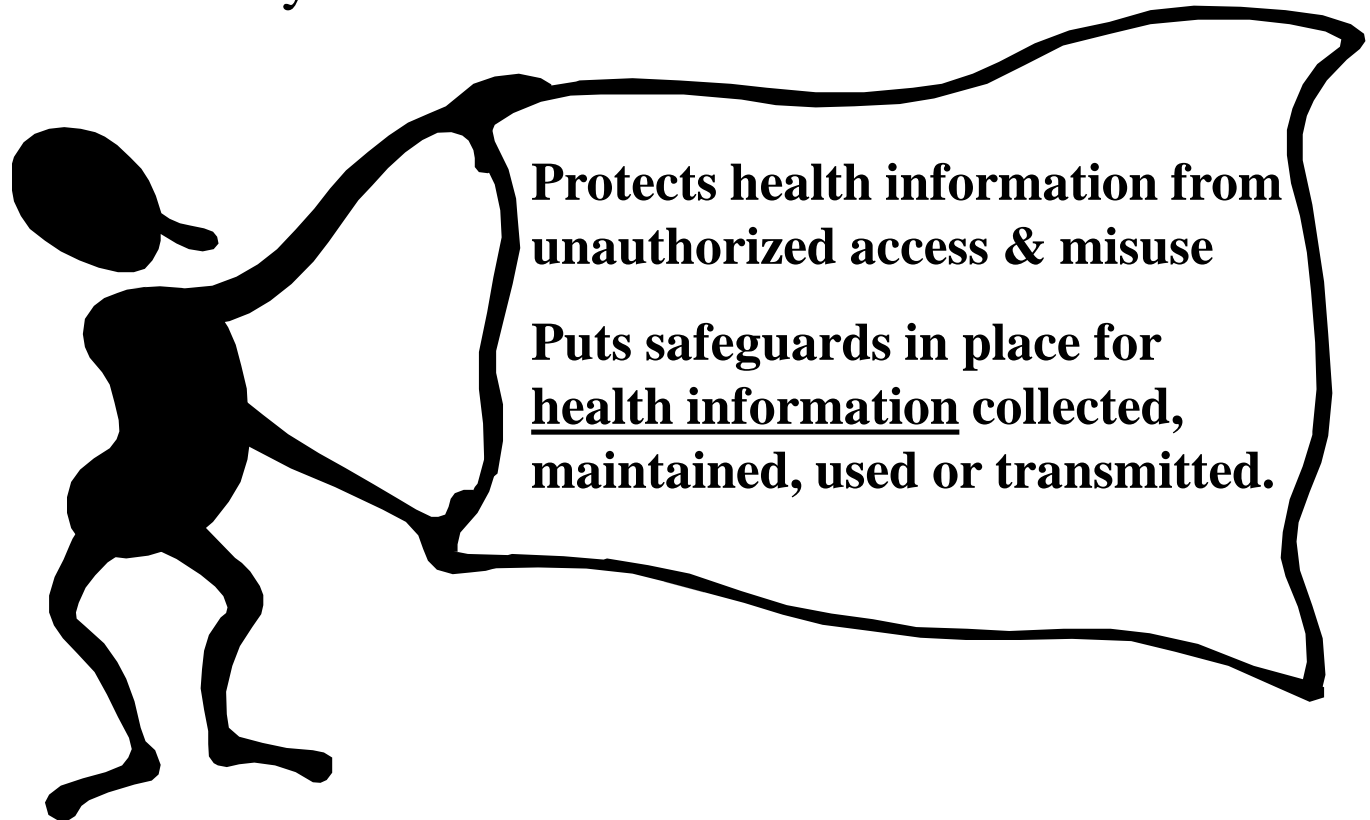


Protecting Patient Privacy & Information Security



WHAT IS HIPAA?

- **HIPAA** = The Health Insurance Portability and Accountability Act...A Federal Law Created in 1996



It is everyone's responsibility to secure and protect patient health information.

WHAT IS PROTECTED HEALTH INFORMATION?

All information about a patient is considered confidential, including information that:

- Is received, maintained or transmitted in ANY format
- Relates to the patient's past, present or future medical condition, treatment or payment for care
- Identifies the patient or could be used to identify the patient



PRIVACY SAFEGUARDS

- Shred all paper containing confidential health information or place in closed receptacles
- When faxing, verify the fax number before sending
- Close doors or privacy curtains and lower your voice when having discussions of confidential health information
- Do not leave medical records unattended or in open areas
- Keep confidential health information you hear or see to yourself
- **Before looking at patient information, ask yourself “Do I need to know this to do my job?” and if not, don’t look at anything or it is considered ‘snooping’!**

WHAT IS SNOOPING?

Inappropriate access to patient records by staff, regardless of title, for reasons such as curiosity, concern, spite or favor for relative, friend, co-worker or other employees who are patients.

Examples:

- You see a neighbor come in, and you just want to see why they are seeing a doctor.
- Something happens in the community (car accident, shooting, stabbing, etc.) and you see it on the news, so you look in the record to see what happened.
- Ex Factor – looking at ex-spouse, ex-boyfriend, ex-girlfriend, ex-colleague, etc.



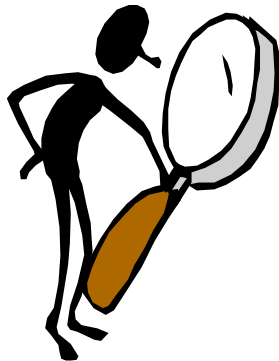
IS SNOOPING HARMLESS?

- It may seem harmless, but even if you don't share the information with anyone, it is still a privacy violation.
- Is it worth the risk?
 - Exposure of someone's private health information can:
 - ruin someone's livelihood.
 - affect their family relationships.
 - change the course of their life.



SNOOPING HAS CONSEQUENCES!

- Snooping will lead to a workforce member's termination of employment or affiliation regardless of:
 - title/position
 - motive or intent
 - length of employment
 - prior counseling or discipline
 - duration of access and/or what is viewed



Is it Worth the Risk??



ACCESS TO INFORMATION SYSTEMS

- Just because you are an authorized user DOES NOT mean you can look at any and all records.
- You should only be accessing records in which you are involved or going to be involved in some way with treatment, payment or operations.



SUNY WORKFORCE AS PATIENTS

- ALL employees' medical records are placed under a 'Break the Glass' shield so that anyone entering the record must denote a reason which is recorded.
- Inappropriate access, use and disclosure of an employee's patient information is not tolerated and will result in serious consequences to the offender.
- Employees seeking care at University Hospital who believe their patient information has been inappropriately accessed or shared should contact the SUNY Upstate Privacy Officer.
- The protected health information of employees seeking care as a patient cannot be disclosed to the employee's co-workers or supervisor without authorization of the employee.

SECURITY SAFEGUARDS

- Passwords selected must be strong passwords that are difficult to guess and must remain confidential
- It is important to not disable the anti-virus and/or anti-spyware software on Upstate computer system.
- Log-off or secure your computer when you walk away from it.
- Users should not transmit and/or store sensitive and/or confidential information on file sharing or text messaging applications
- Back up your files if your mobile device is stolen, to avoid losing all of the information. Make backups of any important information and store the backups in a separate location, preferably on Upstate systems.
- Be wary of downloadable software.

SOCIAL NETWORKING SITES

Confidential Health Information about a patient should **never** be posted on a social networking site such as Facebook, Twitter, Instagram, etc. for personal use even if the patient may be the only person who may be able to identify him or herself based on the description.

Access to confidential patient information of SUNY Upstate is permitted so care and treatment can be provided to the patient, **not** for personal use!



USING AUDIO-VISUAL RECORDINGS TO CAPTURE PATIENT INFORMATION

- Use of cell phone cameras or other personal recording devices by staff to record patients is not permitted
- Patients may be recorded for marketing, education, or research purposes with their consent
- Patient recordings made for care and treatment do not require patient consent
- Recordings for the patient's own use cannot be made by Upstate staff

Refer to University Hospital Administrative Policy P-46: Consent for Photography or Other Recordings for Marketing, Education, Research or Scientific Purposes

SECURITY AUDITS AND MONITORING

All systems at SUNY Upstate record all your activity. The information you view and access using your account leaves a digital trail of information – where you go and what you do.



SUNY Upstate audits and monitors access to ePHI systems on a regular basis, therefore only access information that you need to do your job.


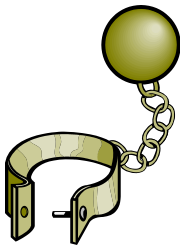
If you have inappropriately accessed information, you have breached our security policies and practices!

PERSONAL CONSEQUENCES FOR INAPPROPRIATE ACCESS

The penalties that can be levied against an individual for violating these rights can be severe, and include:

- Termination of employment at SUNY Upstate
- Charges of professional misconduct and loss of licensure by the NYS Education Department [NYS Education Law § 6530(23)]
- Criminal and civil monetary penalties imposed by the Department of Justice
- Criminal and civil monetary penalties imposed by the New York State Attorney General

INDIVIDUAL CIVIL MONETARY AND CRIMINAL PENALTIES UNDER HITECH FOR VIOLATING PATIENT PRIVACY

- Knowingly or wrongful uses or disclosures of PHI → fined up to \$50,000 and 1 year prison 
- Offense committed under false pretenses → fined up to \$100,000 and 5 years prison 
- Offense committed with intent to sell, transfer or use PHI for personal gain → \$500,000 and 10 years prison

WHO DO I CALL?

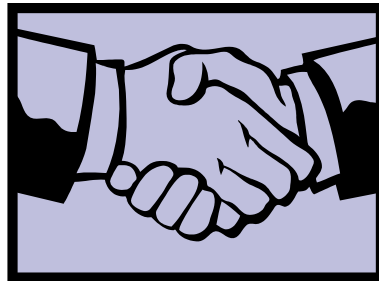
Each organization must have a Privacy and Security Official to ensure compliance with privacy and security policies. If you observe or suspect that the confidentiality or security of a patient's health information has been violated, you must report it to your supervisor, or the SUNY Upstate Privacy Official or the SUNY Upstate Security Official at:

- **E-mail:** nappac@upstate.edu (Privacy Official)
- **Phone:** 464-6135
- **E-mail:** oreillys@upstate.edu (Security Official)
- **Phone:** 464-4093
- **Hotline:** 464-6444 (for anonymous reports)



We cannot punish you for reporting suspected violations incidents, and in fact, it is considered your responsibility to make such a report!

The relationship between a patient and a healthcare provider is based on **trust**. The healthcare provider must trust the patient to give full and truthful information and the patient must trust the healthcare provider to **respect** the privacy of such information.




NEW EMPLOYEE ORIENTATION


INFECTION PREVENTION AND CONTROL



TOPICS

- Hand Hygiene
 - Standard Precautions
 - Transmission-Based Precautions
 - Personal Protective Equipment (PPE)
 - Multiple Drug Resistant Organisms (MDRO)
 - MRSA ESBL
 - VRE CRE
 - Blood borne Pathogens
 - Tuberculosis (Tb)
 - Exposures
- 

PURPOSE OF THE INFECTION PREVENTION AND CONTROL PROGRAM

- Improve patient safety via PREVENTION, IDENTIFICATION, and CONTROL of infections & communicable diseases
 - Prevent hospital acquired infections
 - Minimize occupational health risk to employees
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HAND HYGIENE: KEY TO PREVENTING INFECTION

WHAT

A general term that applies to either handwashing, antiseptic handwash/handrub, or surgical hand antisepsis

WHEN

Before and after entering patient environment; before using and after removing gloves

HOW

Rub hands vigorously for 15 seconds

WHICH

Soap and water or alcohol-based hand gel if hands are not visibly soiled

WHO

All healthcare providers, patients, family

EVERY PATIENT - EVERY TIME

STOP the bugs!

Clean hands = patient safety



Culture of a hand before
disinfection




Culture of a hand after
disinfection

WHAT CAN YOU DO

Always commit to Hand Hygiene

Gloves: Not a substitute for Hand Hygiene

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ELEMENTS OF RESPIRATORY HYGIENE/COUGH ETIQUETTE

- Education of staff, patients, and visitors
- Visual alerts/posted signs
- Source control measures
- Hand hygiene after contact with respiratory secretions
- Spatial separation
- Cover your cough
- Wear mask for close contact with Patient



PERSONAL PROTECTIVE EQUIPMENT (PPE)

WHAT

A variety of barriers and respirators used to protect from contact with infectious agents

WHY

To protect susceptible patients from inadvertent colonization and subsequent development of health care associated infections (HAI)

WHEN

As part of standard precautions and transmission-based precautions depending on anticipated exposure

WHO

All healthcare providers





ELIMINATION OF CONTACT PRECAUTIONS MRSA & VRE


As of February 1, 2018

- Adult inpatients that have tested positive for MRSA and/or VRE will no longer be required to be on contact precautions

Exceptions:

- All Pediatric patients
- Cystic Fibrosis patients regardless of age
- Uncontained secretions and excretions
- Uncontained wound drainage - All patients who have uncontained wound drainage defined as 2 or >2 dressing changes in an 8 hour shift must be placed on contact precautions until the draining has decreased or becomes contained by a wound vac.

STANDARD PRECAUTIONS

- Assumes blood and body fluid of ANY patient could be infectious
 - Includes Respiratory Hygiene/Cough Etiquette
 - Hand hygiene
 - *Every patient – every time*
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STANDARD PRECAUTIONS



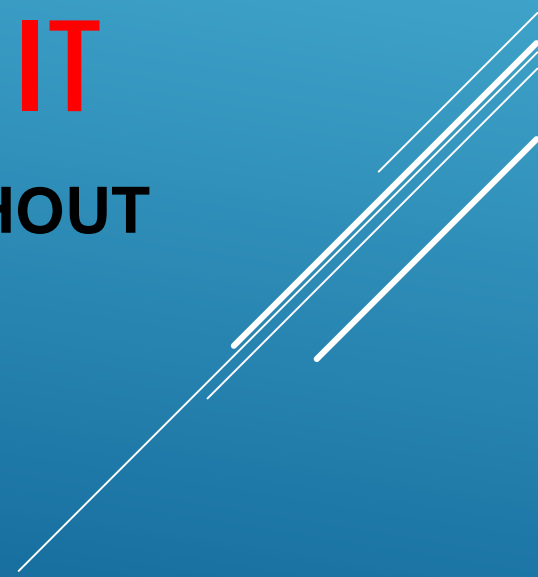
FOR EVERY PATIENT CONTACT...

EVERY TIME...


IF IT'S WET AND NOT YOURS...

DO NOT TOUCH IT


DO NOT LET IT TOUCH YOU WITHOUT
PPE



IT IS YOUR RESPONSIBILITY...

- To know where to locate PPE in your department
 - To don PPE when appropriate
 - To do hand hygiene as the final step after removing and disposing PPE
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TRANSMISSION-BASED PRECAUTIONS




CONTACT PRECAUTIONS

(in addition to Standard Precautions)


VISITORS, please report to nurses station before entering




Wash hands with anti-microbial soap or use hand sanitizer before and after touching the patient or potentially contaminated articles.



All Healthcare Workers: wear gloves to enter room. Remove gloves and wash hands before leaving the room or use hand sanitizer.




All Healthcare Workers: wear gown to enter room. Remove gown before leaving room.



Do not share patient care equipment.


TRANSMISSION: DIRECT PATIENT CONTACT OR BY CONTACT WITH ITEMS IN THE PATIENT'S ENVIRONMENT




CONTACT PRECAUTIONS PLUS

(in addition to Standard Precautions)


VISITORS, please report to nurses station before entering




Do not use waterless products. Wash hands with anti-microbial soap and water before and after touching the patient or potentially contaminated articles.




All Healthcare Workers: wear gloves to enter room. Remove gloves and wash hands before leaving the room.



All Healthcare Workers: wear gown to enter room. Remove gown before leaving room.




Do not share patient care equipment.



Follow enhanced cleaning procedure.


TRANSMISSION: DIRECT PATIENT CONTACT OR BY CONTACT WITH ITEMS IN THE PATIENT'S ENVIRONMENT




DROPLET PRECAUTIONS

(in addition to Standard Precautions)


VISITORS, please report to nurse before entering




Wash hands with anti-microbial soap or use hand sanitizer before and after touching the patient or potentially contaminated articles.




Patient and visitors must take measures to contain respiratory secretions, e.g., cover nose and mouth with tissue, dispose of tissues appropriately, frequent hand washing or hand sanitizer use.



Private Room.




Wear surgical or loop mask when entering the room.



Patients must wear ear loop mask if leaving room.


TRANSMISSION: LARGE PARTICLE DROPLETS




AIRBORNE PRECAUTIONS

(in addition to Standard Precautions)


VISITORS, please report to nurse before entering




Wash hands with anti-microbial soap or use hand sanitizer before and after touching the patient or potentially contaminated articles.




Patient and visitors must take measures to contain respiratory secretions, e.g., cover nose and mouth with tissue, dispose of tissues appropriately, frequent hand washing.



Private Room with door closed.




Wear an N95 or PPR (Positive Air Pressure Respirator) to enter room. Fit testing required to wear the N95.




Patients must wear surgical tie mask if leaving room.

TRANSMISSION: AIRBORNE DROPLET NUCLEI


CONTACT PRECAUTIONS

- For all ESBL and CRE patients
 - For all Pediatric patients
 - Cystic Fibrosis patients regardless of age
 - Patients with uncontained secretions and excretions
 - Patients who have uncontained wound drainage
 - PPE
 - Hand hygiene
 - Educate patient and family
- 
- A series of three parallel white diagonal lines in the bottom right corner of the slide, extending from the middle of the right edge towards the bottom left.


CONTACT PLUS PRECAUTIONS

- Use Contact Plus Precautions for confirmed or suspected cases of C. difficile, and unexplained/infectious diarrhea
 - Use **soap and water** to wash hands for 15 seconds after all patient care
 - Use bleach wipes for routine cleaning of patient equipment and high touch surfaces
- 
- A series of white diagonal lines of varying lengths and thicknesses, located in the bottom right corner of the slide.

DROPLET PRECAUTIONS

- For infections spread by large droplets generated by coughs, sneezes (e.g. *Neisseria meningitis*, pertussis, seasonal influenza)
 - Use surgical mask (not N-95)
 - Patient should wear a surgical mask outside of the patient room
 - Negative pressure room is not needed
 - Educate patient and family
- 

AIRBORNE PRECAUTIONS

- For infections spread by particles that remain suspended in the air (TB, measles, varicella, disseminated herpes zoster)
 - Negative pressure room
 - N-95 mask for personnel inside negative pressure room
 - Patient should wear surgical mask outside of the room
 - Educate patient and family
- 




MULTI-DRUG RESISTANT ORGANISMS (MDROS)

- Organisms that have developed resistance to antimicrobial drugs
- Growing threat to public health
- MRSA, VRE, ESBL, CRE

BLOODBORNE PATHOGENS (BBP)

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV)
 - ✓ Requires consent for testing!

Modes of BBP transmission

- Needle sticks and punctures
 - Splashes to the eyes or mucous membranes
 - Cuts or non-intact skin
- 

BBP EXPOSURE CONTROL PLAN

- Standard Precautions
- Hep B vaccine at no cost
- Hand Hygiene
- Safer Sharp devices
- Biohazardous labeling



IN CASE OF EXPOSURE...

- Wash area
- Notify supervisor immediately
- Fill out appropriate forms
- Recommend see a health care professional within 1-2 hours of exposure
- Monday through Friday, 7:30AM to 4PM contact your Employee/Student Health Office - Downtown: 315-464-4260; Community Campus: 315-492-5624
- All other times, weekends and holidays - report to your Emergency Department for evaluation and care.
- Refer to Management of Employee Exposure to communicable Diseases - Policy IC E-01


NO FOOD OR DRINKS AT THE NURSING STATION OR PATIENT CARE AREAS

- The OSHA Bloodborne Pathogen Standard prohibits food and drink in areas where contamination is likely.

“This regulation prohibits the consumption of food and drink in areas in which work involving exposure or potential exposure to blood or other potentially infectious material exists, or where the potential for contamination of work surfaces exists. The prohibition against eating and drinking in such work area is consistent with other OSHA standards and is good industrial hygiene practice”



TB SURVEILLANCE AND SCREENING

- TB screening: new hire **and** annually
 - Fit testing
 - Exposure Control and Follow-up
- 
- A series of three parallel white diagonal lines in the bottom right corner of the slide, pointing towards the top right.



INFECTION PREVENTION

It's everyone's business



CATBERT: EVIL DIRECTOR
OF HUMAN RESOURCES

FROM NOW ON, ALL
SICK DAYS MUST BE
SCHEDULED IN
ADVANCE.



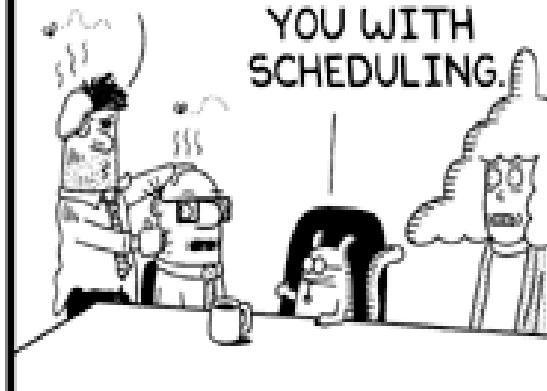
www.dilbert.com scottadams@aol.com

THAT'S RIDICULOUS.
HOW ARE WE SUPPOSED
TO KNOW WHEN WE'RE
GOING TO BE SICK?



10-25-07 © 2007 Scott Adams, Inc./Dist. by UFS, Inc.

TOMOR-
ROW. I HIRED A GUY
WHO NEVER
WASHES HIS
HANDS TO HELP
YOU WITH
SCHEDULING.



Infection Control Contact Information

Downtown Campus: 315-464-5258

Community Campus: 315-492-5907

Thank you

Several thin, white, parallel diagonal lines are located in the bottom right corner of the slide, extending from the right edge towards the center.



Hazard Communication

Hazard Communication and Global Harmonized System

- Hazard communication is also known as the right to know standard
- The purpose of the standard is to ensure that employers provide information to the employee on hazardous substances they may be working with or may be exposed to
- In 2016 OSHA implemented the Global Harmonized System or GHS

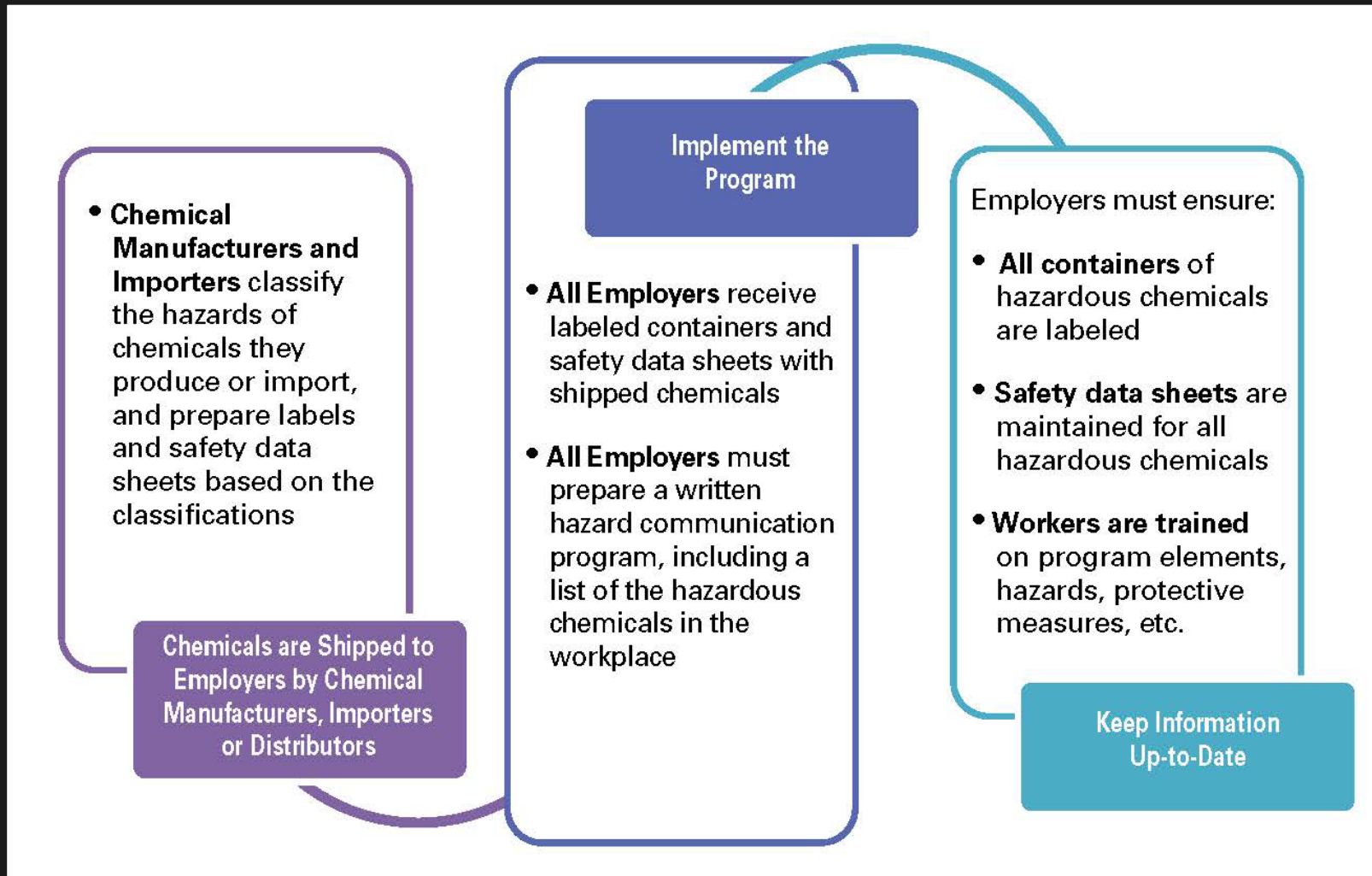
Hazard Communication and Global Harmonized System

- This system allows the end user to find the information they need faster and allows for easier understanding of the hazards for a substance

Seven major elements in the GHS-aligned Hazard Communication Standard



How hazard communication works:



Hazard Communication Program

- The main source of information comes from the Safety Data Sheet (SDS)
- These use to be called Material Safety Data Sheets
- The new SDS are divided into 16 sections and are now uniformed and easier to follow

Obtaining SDS's at Upstate Medical University

Option #1 intranet:

1. Go to Upstate Medical University iPage
2. Click on Policies/Forms link
3. Click on Safety Data Sheet link on the left side of the page. You will get a "Will open new window" message. Click "OK"
4. Dolphin SDS page will open
5. In upper right, in "Find" you can type the name of the chemical or product and hit Enter

- **Option #2**

- Call the Environmental Health Office at 464-5782

Hazard Communication Program

SDS 16-section format:

- Section 1: Identification
- Section 2: Hazard(s) identification
- Section 3: Composition/information on ingredients
- Section 4: First-aid measures
- Section 5: Fire-fighting measures
- Section 6: Accidental release measures
- Section 7: Handling and storage
- Section 8: Exposure control/personal protection

- Hazard Communication Program

Section 9: Physical and chemical properties

Section 10: Stability and reactivity

Section 11: Toxicological information


Section 12: Ecological information

Section 13: Disposal considerations

Section 14: Transport information

Section 15: Regulatory information

Section 16: Other information



Not regulated
by OSHA

Hazard Communication Program

NFPA: Flammability 3, Health 1, Reactivity 0, Specific Hazard

Example of New Format SDS

NFPA 704 Placard & Ratings Voluntarily Provided





GHS System and Labels Down in Section 2

SECTION 1. PRODUCT AND COMPANY IDENTIFICATION

Product name	:	Product XYZ			
Synonyms	:				
SDS Number	:	888100008809	Version	:	1.1
Product Use Description	:	Fuel			
Company	:				
		Chemtrec	:	(800) 424-9300	
		(Emergency Contact)			

SECTION 2. HAZARDS IDENTIFICATION

Classifications : Flammable Liquid – Category 1 or 2 depending on formulation.
Aspiration Hazard – Category 1
Carcinogenicity – Category 2
Specific Target Organ Toxicity (Repeated Exposure) – Category 2
Specific Target Organ Toxicity (Single Exposure) – Category 3
Skin Irritation – Category 2
Eye Irritation – Category 2B
Chronic Aquatic Toxicity – Category 2

Pictograms :    

Signal Word : **Danger**

Labels: Standardized Form and Language

- ➡ HMIS & NFPA Diamonds (older labeling systems that are still widely used).
- ➡ Symbol – pictogram
- ➡ Standard hazard statement
- ➡ Signal Word
 - Danger (more significant)
 - Warning

HMIS & NFPA Diamond

⇒ 0 means almost no hazard 4

⇒ means extreme danger



Name of Material	
<input type="checkbox"/>	HEALTH
<input type="checkbox"/>	FLAMMABILITY
<input type="checkbox"/>	REACTIVITY
<input type="checkbox"/>	PROTECTIVE EQUIPMENT

GHS Pictogram



Explosive



Flammables



Oxidizers



Carcinogen



Acute Toxicity



Corrosive



Irritant



Aquatic Toxicity



Gases Under Pressure

Health Hazard



- **Carcinogen**
- **Mutagenicity**
- **Reproductive Toxicity**
- **Respiratory Sensitizer**
- **Target Organ Toxicity**
- **Aspiration Toxicity**

- **Carcinogens** cause cancer.
- **Mutagens** cause harm to fetuses.
- **Reproductive toxins** cause problems in pregnancy and/or getting pregnant (men and women).
- **Respiratory Sensitizer** means you may have a heightened reaction on second exposure.
- **Target organ** is the organ that is most effected.
- **Aspiration toxic** means it irritates or harms when you inhale the liquid or solid.

Flame



- **Flammables**
- **Pyrophorics**
- **Self-Heating**
- **Emits Flammable Gas**
- **Self-Reactives**
- **Organic Peroxides**

- **Flammable** means vapors burn.
- **Pyrophorics** will ignite spontaneously when exposed to air.
- **Organic peroxides** can sometimes form explosive compounds by themselves.
- **Self igniters/heaters** get warm over time with access to air.

Exclamation Mark



- Irritant (skin and eye)
- Skin Sensitizer
- Acute Toxicity (harmful)
- Narcotic Effects
- Respiratory Tract Irritant
- Hazardous to Ozone Layer (Non-Mandatory)

- Irritants irritate.
- Sensitizers cause more severe second-exposure reactions.
- Acute – short term
- Chronic – long term

Gas Cylinder



- **Gases Under Pressure**

Gas under pressure can release pressure quickly – causing mechanical hazards and releasing large volumes of gas that can displace air (suffocation potential) or be toxic.



Corrosion



- **Skin Corrosion/
Burns**
- **Eye Damage**
- **Corrosive to Metals**

Exploding Bomb



- **Explosives**
- **Self-Reactives**
- **Organic Peroxides**

Flame Over Circle



- **Oxidizers**

Oxidizers can cause or contribute to fire in other materials.

Environment

(Non-Mandatory)



- **Aquatic Toxicity**

Skull and Crossbones



- **Acute Toxicity
(fatal or toxic)**

Signal Words

“Danger” or “Warning”

Used to emphasize hazard and
discriminate between levels of hazard.

New Hazards Added (No pictogram)

Hazard Category	Signal Word	Hazard Statement
Simple Asphyxiate	Warning	May displace oxygen and cause rapid suffocation.

Hazard Category	Signal Word	Hazard Statement
Flammable Liquid	Danger	Flammable Liquid and Vapor. Harmful if inhaled.

Standard Hazard Statement

- ➡ GHS label should include appropriate precautionary information.
- ➡ • The intent is to harmonize and update precautionary statements.

Sample Label

Product Identifier

CODE _____

Product Name _____

Supplier Identification

Company Name _____

Street Address _____

City _____

State _____

Postal _____

Code _____

Country _____

Emergency Phone Number _____

Precautionary Statements

Keep container tightly closed. Store in cool, well ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking.

Only use non-sparking tools.

Use explosion-proof electrical equipment.

Take precautionary measure against static discharge.

Ground and bond container and receiving equipment.

Do not breathe vapors.

Wear Protective gloves.

Do not eat, drink or smoke when using this product.

Wash hands thoroughly after handling.

Dispose of in accordance with local, regional, national, international regulations as specified.

In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.

First Aid

If exposed call Poison Center.

If on skin (on hair): Take off immediately any contaminated clothing.

Rinse skin with water.

Hazard Pictograms



Signal Word

Danger

Hazard Statement

Highly flammable liquid and vapor.

May cause liver and kidney damage.

Supplemental Information

Directions for use

Fill weight: _____ Lot Number: _____

Gross weight: _____ Fill Date: _____

Expiration Date: _____

Hazardous Drug Risk Acknowledgement

(You will be asked to complete this acknowledgement within the post test for this training module.)

Exposure to hazardous drugs can potentially happen anywhere in a Health Care setting. SUNY Upstate Medical University (“SUNY Upstate”) has put into place a variety of administrative, engineering and work practice controls to reduce the risk of exposure to hazardous drugs.

I understand and acknowledge the following:

- I may be exposed to hazardous drugs regardless of whether or not my work assignment is clinical or nonclinical.
- Working with or near hazardous drugs in health care settings may increase one’s risk of various illnesses and conditions including, but not limited to: **skin rashes, infertility, miscarriage, birth defects and various forms of cancer.**
- SUNY Upstate maintains up to date, detailed policies and procedures on the proper storage, handling, transport and disposal of hazardous drugs. As an employee, I have access to review these policies and procedures.
- I may be required, depending on my role and as determined by my supervisor, to review SUNY Upstate’s policies and procedures regarding the handling of hazardous drugs, to undergo specialized annual training and to demonstrate my competency to handle hazardous drugs prior to handling any hazardous drugs and at least every 12 months thereafter.
- I will contact Pharmacy or my direct supervisor if I have any questions or concerns regarding hazardous drugs at SUNY Upstate.
- My failure to follow established policies and procedures of SUNY Upstate may put me, my co-workers, patients and the community at risk of exposure to hazardous substances which may lead to various illnesses and conditions.

Who Should I Contact with Questions?

- If you have a question you should first contact your supervisor.
- If your question has not been answered or you would like additional information you can contact Upstate Medical University, Environmental Health and Safety (EHS) at 464-5782.