University of Illinois

HOSPITAL CORE ORIENTATION

Welcome to the University of Illinois Hospital and Health Sciences System!

The University of Illinois Hospital and Health Sciences System (UI Health) is dedicated to providing world-class care and service in an accessible, compassionate, and healing environment. We each play a critical role in helping to succeed in our mission while putting our patients first.

We have embarked on an exciting journey to enhance the way we interact with and serve our patients and their families, our providers, and our employees. Throughout delivery of the "UI Health Experience," we are striving to become:

- ***The best place to receive exceptional care and service*** — providing a new standard of service by employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient, by treating them with the utmost care, compassion and respect.
- ***The best place to work as an employer of choice*** — attracting and retaining highly skilled and passionate employees who are focused on providing world class health care and building a culture of teamwork, recognition, celebration and professional and personal growth.
- ***The best place to deliver healthcare as a provider of choice*** — creating an environment in which providers enjoy positive, collaborative relationships with nurses and other caregivers and who strive to change the way care is delivered.

It is a pleasure to welcome you as a new employee of UI Health.

Signed,

Your UI Health Leadership Team

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Introduction and Orientation Objectives

The *University of Illinois Hospital* is committed to provide a comprehensive, job specific orientation for every staff person working within the Hospital - including employees, students and agency staff. The purpose in developing the *'Hospital Core Orientation Manual'* (for paid and non-paid students and Agency staff) is to familiarize you, the student and/or Agency staff, with the Hospital's core organizational values, policies and procedures and regulatory compliance practices and to ensure that you have all of the tools to successfully and safely carry out your responsibilities within the Hospital. The information found in this manual complies with the orientation requirements as outlined in the Hospital Policy and Procedure (HR 1.03) and all other applicable policies and procedures at the University of Illinois Hospital as of June 19, 2013. The Hospital responds to changing regulatory requirements and operational needs as necessary. For this reason, the information published in this manual is subject to change. If you have any questions pertaining to this orientation material, please follow-up with your supervisor/preceptor. In the event your supervisor/preceptor is unable to answer questions to your satisfaction, your supervisor will direct you to the appropriate individual and/or department.

The information presented in this manual is consistent with the information presented to new employees at our Hospital Core Orientation. All of the topics outlined in the manual are posted with additional detail on the Human Resources website:
http://intranet.uimcc.uic.edu/HumanResources/SitePages/Onboarding_Orientation.aspx

Please carefully review all of the information found in the manual. If you have any questions, please feel free to contact me or my staff for assistance.

For additional information or assistance regarding any component of your University of Illinois Hospital Core Orientation, please contact:

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teresao@uic.edu
(312)355-1382
Director, Organizational Development

Cathy Lovely, MBA   **Yehuda Isenberg, MBA**
lovelycm@uic.edu   *yisenber@uic.edu*
312-355-1551   312-996-6979
Sr. Training & Development Specialist   Training & Development Specialist

The University of Illinois Hospital and Health Sciences System (UI HEALTH)

The University of Illinois has been moving medicine forward for the benefit of the people of Illinois and beyond since 1859. As a major step in focusing our resources, our unified health enterprise is referred to as: The University of Illinois Hospital & Health Sciences System.

What was once known as the University of Illinois Medical Center is now part of a system that brings together the University of Illinois vast health sciences resources into one powerful organization. Our hospital, ambulatory clinics, seven health sciences colleges, and research scientists are under one banner. By sharing one vision, we can better provide the benefits of our research, the knowledge of our faculty physicians and the advantage of advanced technology to every patient who walks through our doors.

Overview:
- 495 licensed bed hospital
- 558 board certified physicians on staff
- Seven health science colleges that contribute to the development, and training, of all healthcare professionals in Illinois
- UI Health faculty researchers are among the most funded by the National Institute of Health in the Chicagoland area
- Largest living intestinal donor transplant program
- One-in-six Illinois doctors is a graduate of the College of Medicine and UI Health doctors practice in almost every county in Illinois
- The College of Medicine annually trains approximately 2,500 medical students and residents
- The College of Pharmacy, one of only three state-supported pharmacy schools, is nationally ranked in NIH funding and has an outstanding clinical focus through its division of pharmacy practice
- The College of Dentistry is one of three dental schools in the state
- The first World Health Organization Collaborating Centre of Nursing and Midwifery Development in the US is here at the University of Illinois

Our Mission, Vision and Values

Mission
The mission of the University of Illinois Hospital & Health Sciences System is to leverage its unique combination of clinical care, health sciences education and biomedical research in providing high quality, cost effective healthcare for the people of the State of Illinois and delivering personalized health in pursuit of the elimination of racial and ethnic health disparities.

Vision
We will be true to our commitment to the people of Illinois to provide compassionate, high quality health care and be an acclaimed leader in advancing the art and science of medicine.

Values

Integrity - We respect the dignity and worth of everyone by maintaining the highest degree of ethical and moral conduct.

Innovation - We welcome change because it provides the opportunity for students to learn, faculty to conduct research, and staff to improve our organization and the communities we serve.

Service Excellence - We are courteous and responsive to the needs of our patients and customers and strive to exceed their expectations.

Safety - We earn the public's trust by fostering an environment dedicated to the safety of our patients, staff, and guests.

Accountability - We are responsible for achieving organizational results by maximizing our human, financial, and material resources

Hospital Safe/Healthy Workplace Culture

The University of Illinois Hospital Leadership promotes optimum behavior by creating an atmosphere where interdisciplinary team collaboration can occur. We support a harmonious environment where all patients and employees treat each other with respect, dignity and honesty. We believe that:

- the manner in which we treat each other contributes to effective communication and maintenance of a professional, safe and effective work environment;
- our interactions can directly impact patient perceptions of our institution, engagement in their care and willingness to choose us as their preferred care provider;
- inappropriate communication can create situations whose errors are more like to occur;
- all individuals have the right to be treated with respect, courtesy and dignity;
- verbal communication shall be respectful in tone and content at all times and promote high standards of professionalism. All work-related communication with patients, visitors, customers, clients and co-workers shall be restricted to the common language of English.
- all practitioners and employees are expected to refrain from disruptive, abusive or otherwise inappropriate behavior towards, patients, employees, visitors and other practitioners.

The University of Illinois Hospital strives to maintain a work environment free from intimidating demeaning, abusive or disruptive behavior. 'Disruptive Behavior' is defined as conduct that intimidates others working in the organization to the extent that quality and safety are compromised. Disruptive/unacceptable behavior undermines a healthy work environment that supports patient safety and teamwork. This behavior interferes with effective communication among all members of the healthcare team and negatively impacts performance and favorable outcomes.

A Hospital 'Professional Code of Conduct' has been developed (see MCMPP LD 4.13 below) and every Hospital staff is expected to read/review the policy on an annual basis. Any recipient of disruptive behavior should report the behavior/incident in the MIDAS occurrence system (available through the Hospital's Intranet Website) or the compliance hotline (866-665-4296). All reports will remain confidential. A report will be sent to the responsible supervisor in the chain of command for follow up in a similar fashion to a patient occurrence report. The Risk and Safety Department will monitor disruptive behavior events through the MIDAS system for tracking and trending purposes.

NO.: **LD 4.13**
APPROVAL DATE: November 20, 2013
EFFECTIVE DATE: November 20, 2013

SUBJECT: Code of Conduct

OBJECTIVE

To promote optimum behavior within the UI Hospital by creating an atmosphere where interdisciplinary team collaboration occurs. The Code of Conduct pertains to all employees. For purposes of this Code of Conduct, "employees" are defined as the entire UI Hospital workforce, which includes medical staff, staff, students, and volunteers, regardless of their employment status.

POLICY

Treating each other in an appropriate manner contributes to effective communication and maintenance of a safe, professional, and effective work environment. Our interactions directly impact patient perceptions of the institution, our engagement in their care, and their willingness to choose us as their preferred care provider. Inappropriate communication creates situations where errors are more likely to occur. All individuals have the right to be treated with respect, courtesy, and dignity. All practitioners and employees are expected to refrain from disruptive, abusive, or otherwise inappropriate behavior towards patients, employees, visitors, and other practitioners. UI Hospital strives to maintain a work environment free from intimidating, demeaning, abusive, or disruptive behavior. These behaviors undermine a healthy work environment that supports patient safety and teamwork. This policy will describe acceptable, disruptive, and inappropriate behavior and the actions to be taken when behavior does not meet our standard.

This process does not replace management or supervisory actions to intervene, coach, counsel, or discipline.ll incidents will be reported via this process, regardless of whether other actions of a disciplinary nature have been taken or are anticipated.

In order to facilitate safe and appropriate care for patients and clarity of understanding among all employees and members of the healthcare team, all work-related communication with patients, visitors, customers, clients, and co-workers shall be restricted to the common language of English. The exception will be cases in which it is necessary to communicate with patients, visitors, customers, or clients for whom communication/translation in a language other than English is appropriate. Verbal communications shall be respectful in tone and content at all times and promote high standards of professionalism.

Leadership promotes a harmonious environment where all patients and employees treat each other with respect, dignity, and honesty. Effective communication can be promoted via rounding, team training, team huddles, debriefings, simulation, and role modeling.

Reporting will be done in a non-punitive environment so that behaviors can be addressed and improved. Retaliation against any person making a report in good faith or making a disclosure of information as it relates to disruptive behavior is prohibited.

DEFINITIONS

Culture of Safety—Communication characterized as open and respectful among all members of the healthcare team in order to provide safe patient care. It is a culture that supports organizational commitment continually seeking to improve safety.

Acceptable behavior—Behavior that creates and fosters a positive, collaborative, supportive, safe environment among all employees. It promotes integrity, trustworthiness, and respect, which are the core principles of treating others with civility and decency. Acceptable behavior supports the mission of UI Hospital and requires open, respectful, and non-punitive communication throughout the organization.

Unacceptable/Disruptive Behavior—Behavior that interferes with effective communication among all members of the healthcare team and negatively impacts performance and favorable outcomes. Such behavior is not supportive of a culture of safety. Unacceptable/disruptive behavior may compromise safe, quality patient care, either directly or indirectly, as it affects the ability of individuals to perform within an emotionally safe and supportive environment.

As this behavior can take many forms, it is impossible to provide an exhaustive list of examples. All persons performing duties within UI Hospital are expected to support the Code of Conduct by reporting unacceptable or disruptive behavior through their chain of command.

Examples of unacceptable/disruptive behaviors include, but are not limited to:

- Abusive behavior of any kind, including both verbal and nonverbal, such as profanity, intimidation, or personal attacks leveled at others.

- Threats of violence, assault/battery, intentionally damaging property, inappropriate touching or gestures, or throwing objects, instruments, or equipment.

- Any activity that constitutes sexual harassment or sexual assault.

- Communication addressed to its recipient in such a way as to intimidate, undermine confidence, or belittle. Malicious gossiping is one example of this type of communication.

- Foul or offensive language.

- Inappropriate non-verbal communication, such as eye-rolling, body language, sighing, negative mood, etc.

- Intentional violations of hospital/university policies and procedures that support patient safety in the organization.

- Deliberate avoidance or refusal to perform assignments, functions, and/or duties and responsibilities that are a part of one's job expectation. For example, obstruction of or intentional delay in the care of a patient, unwarranted by the clinical circumstances.

- Inappropriate comments or illustrations made in patient medical records or other official documents, reflecting disparaging remarks about the quality of care in the medical center or attacking other practitioners, staff, or policies.

PROCEDURE

Managing Unacceptable/Disruptive Behavior

Behaviors that fall within the definition of "workplace violence" [see policies EC 3.13 and EC 3.14] will be managed via the Workplace Violence Policy algorithm. This will include the referral of all potential criminal activities to University of Illinois at Chicago police and the Office of Access and Equity. The investigation of non-criminal behaviors that involve potential sexual harassment or concerns of a sexual nature will be overseen by the Office of Access and Equity consistent with UIC campus policy.

Otherwise,

I. Any patient, visitor, or employee who observes or is the recipient of unacceptable or disruptive behavior as defined in this policy should report the incident(s) or behavior(s). The report should be documented via the MIDAS occurrence reporting system, or the compliance hotline. All reports will be treated confidentially.

II. The report will be forwarded to the responsible supervisor within the chain of command for follow-up in a similar fashion to any patient occurrence. The supervisor will confirm the validity of the report, and take appropriate actions as needed with the individual. All investigations and discussions shall remain confidential among the involved parties and shared on an as-needed basis. The Risk and Safety Department shall aggregate the data through the MIDAS system and prepare reports for hospital leadership and senior medical staff for their deliberation and actions as needed. This information will be shared regularly with the Executive Leadership Committee.

III. Communication with the Executive Leadership Committee will be facilitated by the Compliance Office, including distribution and review of reports and trends, and development of recommendations in response to findings.

IV. Actions taken against substantiated unacceptable/disruptive behavior will vary based on the level of severity and will be performed within the context of systems already established within the University, such as medical staff discipline and fair hearing procedures through the Departments of Human Resources. Flagrant violations of the Code of Conduct will be responded to immediately by the immediate supervisor. For the Medical Staff, corrective action will follow the processes as defined in the Medical Staff Bylaws.

V. The following departments may be asked to consult on an as-needed basis:

   A. Office of Access and Equity, Dispute Resolution Services including mediation services
   B. University Health Service

    C. Employee Assistance Services
    D. Human Resources
    E. University of Illinois at Chicago Police Department

VI. Every person working at UI Hospital is expected to sign the Code of Conduct policy similar to the patient confidentiality or ethics act certification. This will be completed annually via the learning management system (LMS), or current staff/physicians training and for new hires during New Employee Orientation.

References

University of Illinois Hospital and Clinics
Hospital Management Policy and Procedure Manual
HR.1.05 Personal Appearance and Conduct IM 4.17
HIPAA Sanctions
LD.1.03 University of Illinois Medical Center Code of Ethics LD 1.06
Occurrence and Sentinel Event Reporting
LD 1.13 Resolution of Issues Relating to Patient Care Standards
LD 4.01 Standards of Conduct for Visits by Business Representatives, Vendors, and Contractors RI 1.01
Patient Complaints and Grievances
EC 3.13 Violence Response and Prevention
EC 3.14 Preventing and Reporting Violence in the Workplace

University of Illinois Policies and Procedures, University of
Illinois Good Ethical Practice Handbook
University Code of Conduct at www.ethics.uillinois.edu/policies/code.cfm HRPP
102 Nondiscrimination Statement
HRPP 101 Prohibiting Sexual Harassment Policy & Procedure

Policy Owner—William Chamberlin, MD, Chief Compliance Officer

Safety on Campus

The mission of the University of Illinois Police Department is to promote and maintain public security and order. Some of our objectives are:

- To protect and safeguard people
- To protect the university property from criminal activity
- To foster on the part of the public a feeling of security and well being
- To promote and preserve civil order

Services:

- Escort Service Red Car – provides transportation to university employees, students, visitors and other authorized individuals between university facilities and points of public transportation or resident facilities within a designated area. This service is available 11:00pm – 7:00am every day
- Student Patrol – offers a walking escort between university buildings and campus.
- StarTel Emergency kiosks – instant alarm that connects you to the alarm center
- Subscribe your cell phone to receive text message alerts. An immediate SMS text alert will be sent in case of a serious crime in progress, a weather emergency, or other urgent
- situation. Log in to **http://sms.accc.uic.edu** from any computer to subscribe your phone.
- Watch your UIC email account for Urgent and Official email messages.

UIC Police
On Campus 5-5555
Off Campus 312-355-555

Regulatory Compliance

The ***University of Illinois Hospital*** is mandated to abide by regulatory compliance standards set forth by internal as well as external regulatory agencies – The Joint Commission, federal government/HIPAA, etc. The compliance requirements and standards that the ***Hospital*** must comply with are described in the following pages.

The Joint Commission evaluates and accredits more than 15,000 health care organizations and programs in the US. Joint Commission accreditation is recognized nationwide as a symbol of quality that reflects an organization's commitment to continually meeting certain performance standards. One of the Joint Commission's standards requires that the Organization 'provides initial orientation' to all staff in order to promote safe and effective job performance. The Joint Commission further defines staff as 'all people who provide care, treatment and services in the organization, including those receiving pay (e.g., permanent, temporary and part-time personnel as well as contract employees), volunteers and health profession students.' Therefore, you must be knowledgeable of and adhere to the ***Hospital*** polices as outlined in this orientation.

The Joint Commission and/or other external regulatory agencies may conduct unannounced site visits at any time. All staff (including student employees, volunteers and agency staff) must continuously be prepared for a site visit – announced or unannounced. Preparation includes:

- Completion of all required orientation processes: including health screening, completion of Core Orientation competencies, and obtaining and displaying a Hospital ID badge.
- Review of your personnel file(s) on a periodic basis to ensure that documentation and information is current.
- Knowledge of information/potential questions that an external surveyor may pose.

Hospital Mandatory Regulatory Compliance Training
Learning Management System (LMS)
(Paid Students)

Every new Paid Student must receive orientation on the key elements of Infection Control, Patient Safety, Fire Safety, & Emergency Management prior to staff provision of care, treatment, and services.

These regulatory compliance courses are taken to maintain compliance with The Joint Commission Standards, Hospital Policy and Procedures, OSHA and other Federal Regulations. Additionally, Paid Students must complete these regulatory compliance courses on an annual basis.

Paid Students will receive e-mail notification of the Regulatory Compliance training along with instructions on LMS login and helpdesk procedures. The hospital LMS can be accessed via a Quick Link on the hospital homepage or by going directly to http://uic.ehealthcareit.us. **Upon receiving the e-mail notification, please login to complete the courses as soon as possible.**

For additional information or assistance regarding accessing the Hospital Learning Management System, please contact:

Learning Management HelpDesk
Hours: 8 AM – 4:00 PM (M-F)
Phone: (312) 996-8393
Email:UIHMS@uic.edu

University of Illinois Hospital Code of Ethics **(LD 1.03)**

The Hospital has established this code of ethics in recognition of the institution's responsibility to our patients, staff, volunteers, physicians, and the community we serve. It is the responsibility of every member of the Hospital community to act in a manner that is consistent with this organizational statement and its supporting policies, including policies listed in the Handbook for Good Ethical Practice for Faculty and Staff at the University of Illinois.

(http://www.ethics .uillinois.edu.)

Our performance is guided by the institution's values in support of the Hospital's mission. The values are:

+   Integrity

+   Innovation

+   Service Excellence

+   Safety

+   Accountability

The Hospital will constantly strive to adhere to these principles in all aspects of service we offer . Our values relate specifically to ethics in Patient Care, Professional Conduct and Clinical Decision Making, Confidentiality, External Relations, and Billing Practices.

Patient Care

We recognize the dignity and worth of everyone with whom we interact, especially our patients and families. We will involve patients and family members in decisions regarding the care that we deliver to the extent that such is practical and possible. We will also seek to inform all patients about the therapeutic alternatives and the risks associated with the care they are seeking . We will insure that patients are not negatively affected when an individual is excused from participating in care, treatment, or services by continuing care with our team of professionals. Contracted providers of health care services must meet the quality and ethical standards of this organization. Should a patient require or request services not available or inconsistent with the organization's mission, transfer to a facility prepared to fulfill this need will be offered per policy CC 2.01 Continuum of Care: Admission/Transfer/Discharge.

Professional Conduct and Clinical Decision Making

We will protect the integrity of clinical decision making, regardless of how the Hospital compensates or shares financial risk with its leaders, managers, clinical staff, and licensed independent practitioners. The Hospital follows the University of Illinois policy and process on "Conflict of Commitment and Interest", as well as the University "Code of Conduct", both available at http://www.ethics.uillinois .edu/policies_and_legislation/.This policy provides for remedies to manage conflicts constructively and for sanctions when the policy is violated. Resource tools for department leaders are available on the website.

Confidentiality

We recognize our obligation to promote confidentiality. As such, patient information will not beshared in an unauthorized manner and sensitive information concerning patient, personnel and management issues will be maintained in the strictest of confidences (per policy IM 4.02 Notice of Privacy Practices). This information will be shared only with those individuals authorized to review and act on such information.

External Relations

We will fairly and accurately represent ourselves and our capabilities to the public. We will create vehicles of communication that are responsive and sensitive to our community. Marketing efforts will not mislead the public or misrepresent the facilities to the type of quality of services available.

Billing Practices

We shall distribute accurate , comprehendible and timely bills to patients and payers for those services provided by the Hospital. We will be courteous and responsive to all inquiries or conflicts regarding patient billing issues.

This code of ethics supports the organization's overall commitment to carry out its values in all of its interactions with patients, staff, volunteers, and physicians and all other recipients of the Hospital.

False Claims Act

In 1986, Congress rejuvenated a Civil War-era law – *False Claims Act* – adding amendments to strengthen it and creating incentives for private citizens with evidence of fraud to commit their time and resources to supplement the government's efforts. As a result, a powerful public-private partnership for uncovering fraud against the government was put into play. A 'false claim' is a claim that cheats the government. It can be charging for tests and procedures never performed, performing unnecessary medical procedures in order to get increased reimbursement, double-billing for tests, billing Medicaid or Medicare for procedures that should have been charged to a research grant, doctoring time records, winning a contract through kickbacks and bribes, forging a physician's signature to gain government reimbursement, and many other acts of omission and commission.

In 2005, President Bush signed the Deficit Reduction Act of 2005. This act requires that, by January 1, 2007, Medicaid providers shall:

(A) Establish **written policies** *for all employees of the entity and of any contractor or agent of the entity,* **that provide detailed information about the False Claims Act***, administrative remedies for false claims and statements, any State laws pertaining to civil or criminal penalties for false claims and statements,* **and whistleblower protections** *under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs.*
(B) Include as part of such written policies, **detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse***; and*
(C) "Include in any **employee handbook** *for the entity,* **a specific discussion of the laws** *described in subparagraph (A), the rights of employees to be protected as whistleblowers and the entity's policies and procedures for detecting and preventing fraud, waste, and abuse."*
Steps already have been taken to meet all of these requirements. *The Hospital Compliance Program and its policies are described at the Hospital Compliance web site. University Policies can be found by visiting Ethics Office Policies -*

http://intranet.uimcc.uic.edu/Complianceprogram/SitePages/Ethics%20Office%20Outline.aspx

 A **"Whistleblower"** is one who reveals wrongdoing within an organization to the public or to those in positions of authority.   However, an employee first must *reasonably believe* that a violation of law, gross mismanagement, gross waste of funds, abuse of authority, or substantial and specific danger to public safety or health has occurred.

Patients, visitors and employees are encouraged to communicate problems, complaints, and concerns about suspected unlawful practices. The Hospital **Guest Service Department** handles patients and family complaints. Additionally, the **University's confidential Hot Line** may be used. For employees, the first individuals that should be contacted are **the employee's own supervisor or the supervisor of the service involved.**   If employees are uncomfortable talking to these individuals, they should use the confidential Hot Line or contact more senior managers or administrators.

Federal, State and local whistleblowing statutes protect an employee who has initiated an investigation of an employer's activities or who has otherwise cooperated with a regulatory agency in carrying out an inquiry or the enforcement of regulations from discharge or discrimination. In addition, the University has explicit policies that protect the whistleblower that, in good faith, brings forward suspicions of unlawful activity.

HIPAA PRIVACY/SECURITY

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) was designed to prevent inappropriate use and disclosure of an individual's health information and to require organizations which use health information to protect that information and the systems which store, transmit, and process it.

Under HIPAA, the patient's health information is restricted to individuals who have a need to know, a reason to know or permission for access to such data/information. The Hospital has identified individuals responsible for the monitoring and administration of security and privacy of all protected health information (PHI) - Privacy Officer (312-355-5650) and Security Officer (312-355-4583).

Access to PHI is role defined. Certain categories of employees have unlimited access (i.e., Nurses, Physicians, Pharmacy Staff and Therapists). Remember – unlimited access is not equivalent to authorized access. You must always have a need to know, a reason to know or permission to access patient data/information.

Access to PHI is based on:

- Need to Know (Clinical)
- Reason to Know (Administrative)
- Permission to Know - written authorization to access patient information is obtained from the patient, designated family member or patient representative

Privacy/Confidentiality Best Practices:

- Remain mindful of the presence of others when discussing patient care.
- Do not disclose patient information to visitors without the patient's authorization.
- If visitor is not authorized to obtain patient information, keep information as general as possible.
- Ensure that patient data is password protected – all communication including phone, in person and written.
- Ensure printed patient information is secure when being transported. Carry documentation face down or in a manner that ensures that patient data is not visible

HIPAA Sanctions:

Employees and students found to have violated HIPAA will be disciplined in accordance with the **Hospital's** policies. The type of sanction imposed will depend on the intent of the individual as well as the severity of the violation – IM 4.17 HIPAA Sanctions Policy. Sanctions, including civil/criminal prosecution and/or monetary fines, may be imposed to the individual and/or the **Hospital** for violation of patient confidentially/privacy. Sanctions may include:

- Monetary compensation to the Individual for any damages arising as a result of a breach of confidentiality.
- Disciplinary Action up to and including termination or any other penalties as necessary.

Reporting Privacy/Security Breaches

Notify the Privacy Office or your Department Security Contact (DSC) of a suspected HIPAA violation and provide:

- Date and time of suspected violation
- Detailed description of suspected violation

Addendum B: UIH Confidentiality Agreement Employee/Volunteer/Student

For additional information or assistance regarding Health Information Management at the University of Illinois Hospital, please contact:

Margaret Pajak
Privacy Officer
Health Information Management (M/C 772)
833 S. Wood Street, B52
Chicago, Il 60612-7209
Phone: (312)996-2271
Fax: (312/413-8014
E-Mail: pajak@uic.edu

UIC Office for Access and Equity

The Office for Access and Equity (OAE) represents the University campus to federal and state agencies as well as to the higher education community on issues related to affirmative action, equal opportunity, harassment and diversity. They collaborate in the development of the campus' Affirmative Action Plan, and assist in the recruitment and retention of women, men and women of color, persons with disabilities and other under-represented groups.

In addition, the OAE staff offer training in sexual harassment awareness, AA/OAE, the Americans with Disabilities Act and other related topics as needed. They also provide technical advice to faculty, students, staff and administrators on diversity issues as well as problems regarding discrimination and harassment; counsel faculty, staff, and students who believe they may have been subjected to harassment or discrimination; conduct investigations and complaints of unlawful discrimination in admission, employment, and access as well as treatment in UIC-sponsored programs and activities.

Sexual Harassment Defined

Sexual Harassment includes any <u>unwanted</u> sexual gesture, physical contact or statement that is offensive, humiliating, or that interferes with a required job, academic, and/or career opportunity at the University.

Understanding Sexual Harassment

(1) *Quid pro quo*

- "This for That" – request for sexual favors in exchange for job benefits or opportunities*;* looks at whether there is a tangible job action
- Only a supervisor or manager can commit quid pro quo harassment.

(2) *Hostile environment*

- Atmosphere that interferes with an individual's work and/or academic performance or creates an intimidating hostile or offensive academic or work environment.

Behaviors that contribute to a hostile environment include:
- Unfulfilled threats to impose a sexual quid pro quo
- Discussing sexual activities
- Telling off-color jokes
- Unnecessary touching
- Commenting on physical attributes
- Displaying sexually suggestive pictures
- Using demeaning or inappropriate terms, such as "babe"

  UIC's sexual harassment policy prohibits unwelcome sexual conduct in the classroom, office and other work locations. This policy applies off premises as well as long as the individual(s) is engaged in University related business or University sponsored events

Age Discrimination in Employment Act (ADEA)
Federal law (ADEA), state law and UIC policy all prohibit discrimination based on age. ADEA applies to individuals 40 years and older.

Americans with Disabilities Act (ADA)
Prohibits discrimination against qualified individuals because of their disabilities or handicap
- In employment
- Participation in academic programs

- Receiving services offered to the public
- Denying access to building or services

Duty to provide a reasonable accommodation to an otherwise qualified individual:
Any change in the work environment or in the way things are customarily done, which is not **unduly burdensome** that enables an individual with a disability to enjoy equal employment opportunities.

Protected Categories: Other Laws and Policies
UIC's Non-Discrimination policy includes several other categories:
- Religion
- Marital Status
- Veterans' Status
- Disabled Veterans'
- Sexual Orientation

OAE has the responsibility to investigate and advise on internal complaints of discrimination and harassment; grievances (may include allegations of discrimination); and informal disputes (supervisor's right/responsibility to intervene in co-worker disputes).

Addendum C: UIC Non-Discrimination Statement
Addendum D: Statement of Commitment to Persons with Disabilities
UIC Reasonable Accommodation Policy
UIC Sexual Harassment Policy

For additional information or assistance with the equal opportunity, affirmative action and harassment policies and procedures of the University of Illinois, please contact:

Office for Access and Equity
(M/C 602)
809 South Marshfield Avenue
Chicago, IL 60612-7207
Phone: (312) 996-8670

Quality Improvement

Quality is a never ending cycle of continuous improvement!

The *University of Illinois Hospital* has an organization-wide Quality Plan which is based on the five Hospital goals – employer of choice; provider of choice; operational efficiency; organizational compliance; and national recognition. Executive Leadership oversees the implementation of the Quality Plan and continuously evaluates organization-wide progress. Every area has a Quality Plan that includes quality indicators related to the five Hospital goals.

The *PDSA (Plan-Do-Study-Act)* model is used to identify quality indicators and measure processes. The specific components of the PDSA model include:
P = Plan what you want to improve.
D = Do a test to see how well your idea works.
S = Study the results of your test and then act accordingly. What does the data tell you to do?
A = Act to roll out improvements, or adapt your plan and try again, or abandon the plan and develop a new one.
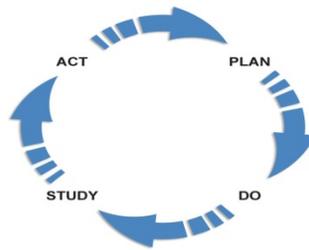
Evaluate the results of each plan you test, implement positive changes and start the cycle over again to continuously improve. Ask your preceptor what quality indicators have been established for your area and how you can improve quality. Additional information is also available on the Quality website - http://intranet.uimcc.uic.edu/Quality/SitePages/Home.aspxl

For additional information and assistance regarding the implementation of Quality at the University of Illinois Hospital, please contact:

Nancy Harvey-Kodish
Director – Quality Improvement
833 S Wood St Room B52
Phone: (312)413-9667
E-mail: nharvey@uic.edu

Patient Safety & Risk Management

Modern healthcare, by nature, is a high-risk, error-prone activity. According to the Institute of Medicine 48,000 – 98,000 patients die each year as a result of medical errors. Patient Safety is a core **University of Illinois Hospital** value. It is the intent of the Risk Management program to enhance the safety of patients, visitors and employees; and minimize the financial loss to the Hospital through risk detection, evaluation and prevention. The Risk Management Department's 'scope of service' encompasses:
- Safety (development of safe systems);
- Risk assessment (proactive assessment in the origination of risk and safety issues);
- Occurrence investigation and reporting (conduct Root Cause Analysis/RCA and investigations of intensive events).

The Joint Commission National Patient Safety Goals

- Verify patient identification prior to treatment, procedure, lab and specimen collection and the administration of a blood product using the following process
  - Check the ID bracelet for name and DOB or ask patient to verbalize
  - Name and DOB should be matched to the same patient identifiers appearing in the medication or treatment order, or specimen container
  - Label containers used for blood and other specimens in presence of the patient.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
- Develop, reconcile and communicate an accurate medication list across the continuum of care.
- Reduce the risk of patient harm resulting from falls.
- Encourage patient involvement in care.
- Identify safety risks inherent in patient population.
- Improve recognition and response to changes in a patient's condition.

What do I report to Risk Management?

Staff can report any situation that could or did result in harm to a patient, employee or visitor of the Hospital.

For additional information and assistance regarding the implementation of Risk Management at the University of Illinois Hospital, please contact:

Sara Easterling	*996-4436*
Rena Hui	*996-2474*
Jennifer Syslo	*996-0488*
Patient Safety Hotline:	*3-4RSK (3-4775)*

Infection Control

Standard Precautions are implemented in the care of all patients (hospitalized and ambulatory clinic) to protect health care workers from infectious microorganisms.

- In order to practice Standard Precautions, personnel protective equipment (PPE) is available for you to wear. PPE must be worn if contact with blood and body fluids is anticipated. PPE includes gowns, gloves, and masks with eye protection and are located on all nursing units. You, as a student doing a clinical rotation, may need to wear PPE. So, determine the location of PPE supplies.
- The most important part of Standard Precautions that you will be practicing is hand hygiene. It is important that you practice hand washing or using the alcohol hand rub **before** and **after** contact with a patient or the patient's environment and after glove removal.
- There is no eating or drinking allowed in any patient care areas**.**

Isolation Precautions

- Transmission Based Precautions: used in addition to Standard Precautions to prevent transmission of infectious microorganisms spread by airborne, droplet or contact routes.
  - o Contact Precautions: microorganisms are spread by contact with dry skin or environmental surfaces (linen, equipment, bed rails, etc).
    - Isolation requires the patient to be placed in a private room. The health care worker is required to wear gloves upon entering the room. A gown should be worn if clothing will touch the patient or environment. Both gown and gloves should be removed prior to leaving the patient's room.
    - Hand hygiene must be performed after removing protective clothing & before leaving the patient's room or upon leaving the room, using the hand alcohol rub (located on the wall outside patient rooms).
    - The health care worker should leave all personal items (pens, papers, stethoscope, etc.) outside the room.
  - o Airborne Precautions: microorganisms are spread by inhalation of small droplet nuclei.
    - Isolation requires the patient to be places in a private negative pressure room with the door closed.
    - The health care worker must wear an N-95 respirator. Note: the health care worker must have medical clearance by University Health Service (UHS) and be fit-tested for the N-95 respirator.
  - o Droplet Precautions: microorganisms are spread by large droplets propelled a short distance (usually 3-5 feet) through the air via coughs, sneezes, while suctioning, etc. The droplets must reach the conjunctiva, nasal mucosa or mouth of the susceptible host.
    - Isolation requires the patient to be places in a private room or at least 5 feet from any roommate.
    - The health care worker must wear a mask with fluid shield if within 5 feet of the patient. A gown is required if respiratory secretions will contaminate clothing.

Exposure to a Patient's Blood or Body Fluid

While working with a patient, you could get exposed to that patient's blood and body fluids. If this happens, go into the patient's bathroom and wash the site that the exposure occurred at. If the exposure was to mucous membranes, flush with water. Next, find out the name of the patient whose fluids you came in contact with. Report this exposure to your instructor or preceptor.
Remember: You must go to University Health Services or the Emergency Room for further follow-up and treatment (as indicated) and to complete an occurrence report.

Your Health

- You must be immune to measles, mumps, rubella and varicella (chicken pox) to do your clinical rotation at the Hospital. You should provide documentation of this immunity to your instructor or proctor.
- The best rule of thumb is, if you are sick, have a fever or diarrhea, do not come to work with patients at the Hospital until you are feeling well.
- If you develop any communicable diseases such as pertussis, do not come to work with patients at the Hospital until you have been cleared from University Health Services.

Addendum E: Infection Control Basics – Personal Protective Equipment
Addendum F: Infection Control Basics – Bloodborne Pathogen Standard
Addendum G: Tuberculosis Control: How To Protect Yourself and Others

For additional information or assistance regarding Infection Control issues at the University of Illinois, please contact:

Leanne O'Connell   996-8953
Susan Lee   355-2518, pager 5193

Emergency Preparedness/Fire Safety

Reporting An Injury – Report all on the job injuries
- Get medical help
- Fill out the "Supervisor's First Report of Injury" within 24 hours.

Needle Safety - Report ALL needle sticks
- Never recap a needle
- Once a needle is uncapped, dispose of it in the needle box even if it's not used

Back Injury Prevention - Don't lift an object if:
- It's too heavy
- It's too big
  Get help if you need it.

Watch Your Step - Falls happen:
- When we don't clean up.
- When we don't look where we are going.

If you see a spill, call 6-3688 and report it.

Electrical Safety
- Do not use extension cords. Outlet strips can be used.
- Red Outlets are for patient care use only.

Hazardous Chemicals
- Obtain MSDS (Material Safety Data Sheets) from your supervisor.
- Wear appropriate personal protective equipment.

UIC Smoking Policy
- Smoking is not allowed in any building on the UIC campus.
- Smoking is not allowed in the path of travel in and out of buildings.

Fire Safety

R	Rescue anyone in danger "Code Red" Don't endanger yourself
A	Activate the alarm
C	Close all doors
E	Evacuate to a safe location

If you must fight a fire:

P	Pull the pin
A	Aim the nozzle: At the base of the fire
S	Squeeze the handle
S	Sweep back and forth

What does the fire alarm sound like?

- Tones – In the hospital & EEI
- Horns – In OCC and all other buildings

Fire Drills- Know your evacuation route
Listen to the alarm
- Determine the location
- Fill out an observer's form

Disaster Preparedness
All personnel working for the Hospital may be called upon for assistance during an activation of the Emergency Management Plan (EMP). Some events that could cause activation of the EMP may necessitate the evacuation of patients, staff and visitors. During these incidents, it is very important that personnel who are called upon for assistance are familiar with the EMP and the tasks they may need to perform to safely evacuate patients, visitors, staff, medical equipment, medical supplies and medical records.   Additional references include:

- ***University of Illinois Hospital*** Disaster Manual available in every department and online at http://www.hospital.uic.edu
- Unit specific Internal Disaster Plan available on each respective unit

Emergency Codes
- **Code Red – Fire**
    - Listen for location and respond appropriately
- **Code Helper – Evacuation**
    - 1 person from each unit
- **Code Pink – Infant Abduction**
    - Observe hallways
- **Code Cerner – Computer**
    - Manual entry and logging of patient care
- **Code Silver – Armed Intruder**
- **Code Decon – ER Emergency**
    - Decon Team report to the ER

Key Phone Numbers
6-3688 - Environmental Services	Building related problems
5-5555 - UIC Police & Chicago Fire Dept.	Anytime there is danger
6-SAFE	Environmental Health & Safety Office

For additional information or assistance regarding safety or environmental control issues at the University of Illinois Hospital, please contact:

Keith Hronek
Hospital Safety Officer
Phone: (312)413-3705
Cell: (312)520-4251
E-mail: khronek@uic.edu
Fax: (312)413-3700

Guest Services

At the ***University of Illinois Hospital*** we do our best to ensure our customer's comfort and confidence by making our hospital a friendly, helpful and tranquil place. Guest Services, whose primary objective is to enhance the patient/visitor experience, encourages a hospitality approach to everything we do.

Guest Services provides:
- Patient representatives to assist with patient needs
- Processes to conduct investigations of patient complaints and grievances
- Staff to notarize documents
- Special parking fares for family members of patients
- Locked boxes to deposit patient belongings
- Customer services programs for patients

Hospital's Information Desk   7:00am-9pm M-F
               8:00am-9pm Sat-Sun

Volunteer Services   9:00am-5:00pm M-F

Patient Representatives   8:00am-8:00pm 7 days a week

Language Assistance Services 24 hours-7 days a week

For additional information or assistance regarding Guest Services, please contact:
Lorraine Saintus
Director, Service / Operations Excellence
Phone: (312) 996-3610
E-mail: saintus@uic.edu

Addendum A: Non-Discrimination Statement

The commitment of the University of Illinois to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms.

The University of Illinois will not engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University programs and activities.

University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this statement. Members of the public should direct their inquiries or complaints to the appropriate equal opportunity office.

For the Chicago campus, Caryn A. Bills, Director of Access and Equity (Title IX, ADA and 504 Coordinator), 717 Marshfield Building, M/C 602, 809 South Marshfield Avenue, Chicago, Illinois 60612-7297, (312) 996-8670, cabw@uic.edu.

Addendum B: Statement of Commitment to Persons with Disabilities

Guided by the belief that people with disabilities are assets to the university, UIC is committed to full inclusion and participation of people with disabilities in all aspects of university life. We seek to provide an academic, social and physical environment that makes disabled people integral to the diversity of perspectives that is vital to an academic community.

UIC supports the principles of universally accessible design, alternative communication formats, and the expression of disability community and pride. At all levels of the university, UIC promotes equal opportunity, fair treatment, and the elimination of barriers for qualified individuals with disabilities.

Implementation

An advisory committee will develop an implementation plan in accordance with the Statement of Commitment to Persons with Disabilities. The committee will monitor progress towards these goals and will seek advice from disability groups on campus. The Office for Access and Equity will report progress and accomplishments on an annual basis and the report will be made public on the campus Web site under Disability Resources.

Addendum C: Infection Control - Personal Protective Equipment

What is Personal Protective equipment?

Personal protective equipment (PPE) is equipment you wear to protect you from exposure to potentially hazardous materials. The Bloodborne Pathogens Standard refers to PPE as equipment that protects your skin, mucous membranes and personal clothing from contamination with blood, body fluids, secretions or excretions. Examples of PPE include: gloves, fluid-resistant gowns, masks, impervious aprons, lab coats, protective eyewear, mouthpieces, resuscitation bags or other ventilation devices.

Gloves

When to wear gloves

Gloves should be worn when your hands may come in contact with blood, body fluids, secretions, excretions, mucous membranes or non intact skin. Gloves should not be worn in non patient care areas (i.e. public corridors).

Single-use gloves

In general, non latex gloves can be used for most patient care and laboratory activities. These gloves are designed as single-use items, are available in various sizes and should be discarded after use. If gloves tear or puncture during use, remove them as soon as possible, wash hands, and put on a new pair of gloves.

Reusable gloves

Utility or work gloves may be available for heavier tasks, such as hauling waste, housekeeping, or working with chemicals. These gloves may be reused but should be cleaned and disinfected after each use, and stored in a sanitary fashion. If cracks or other breaks in integrity develop in these gloves, they should be discarded. Carefully remove reusable gloves in a manner so that your hands do not touch the contaminated surfaces of the glove. Wash hands after the gloves are cleaned and disinfected. Store gloves in select area(s) as per department policy.

Glove allergies

UIMC supplies latex-free gloves for employee use. If you have allergies or special requirements, contact you supervisor to discuss what options are available.

Skin lesions and gloves

Skin lesions such as cuts or scrapes on your hand should be covered with a dressing or bandage before gloves are applied.

Removal of Gloves

Gloves should be removed from your hands in a way that decreases the likelihood of your skin or mucous membranes being exposed to blood, body fluids, secretions or excretions. For single-use gloves, first point your hands downward, away from your face, and then grasp the outside of the cuff with the opposite gloved hand. Remove that glove slowly by turning it inside out. Gather the removed glove into the palm of the gloved hand. Then slip the ungloved finger underneath the cuff on your other hand, and roll that glove inside out over the other glove. Discard the used gloves into the appropriate waste receptacle and wash hands.

Handwashing/Hand Antisepsis

After gloves have been removed, use an alcohol based hand rub product, or hands should be washed with soap and water. **The use of gloves does not replace the need for appropriate hand hygiene.** Gloves do not completely protect your hands from becoming contaminated either during use or during removal.

Fluid-Resistant Gowns and Aprons

When to wear protective apparel

Protective apparel should be worn when there is a reasonably anticipated possibility that blood, body fluids, secretions or excretions may splatter onto your personal clothing. If splattering is likely, then a fluid-resistant gown or lab coat, barrier gown, or plastic apron should be worn, depending on the task or circumstances.

Barrier Gowns/Impervious gowns

Barrier gowns or impervious gowns/aprons should be worn anytime there is a reasonable likelihood that splattering of blood, body fluids, secretions or excretions may occur. This is particularly true in circumstances when exposure to large amounts of blood is anticipated (i.e., trauma situations, labor and delivery, surgery). They should be worn, so that the gowns tie in the back. After use, they should be removed in a manner that does not contaminate your clothing or skin. The gowns are disposable. Gowns should be placed into the appropriate receptacle after use. If blood, body fluids, secretions, or excretions penetrate the gowns, or if torn, the garments must be removed /contained as soon as possible. Exposed skin surfaces should be either washed with soap and water or cleansed with an antiseptic towelette.

Masks and protective eyewear

When it can be reasonably anticipated that blood, body fluids, secretions or excretions will splash or splatter into your eyes, nose or mouth (mucous membranes); protective eyewear and a mask must be worn. Goggles or safety glasses with solid side-shields paired with a mask are one choice. Alternatively, you could wear a face shield or full-face visor. Personal prescription eyeglasses, without solid-side shields, do not provide adequate eye protection. Safety glasses or goggles should not be worn without a mask. Reusable protective eyewear and visors should be appropriately disinfected after use.

Resuscitation devices

Unprotected mouth-to-mouth resuscitation should never be performed. A mouth shield or a mechanical device should be utilized.

Removal of PPE

PPE should be removed when you complete the task for which you garbed. PPE must be removed when you leave the area in which exposure was anticipated. PPE should not be worn in public areas such as hallways

Questions?

Refer to the Exposure Control Plan in your Infection Control Manual which is accessible at http://www.hospital.uic.edu **under UI Hospital tab, "Infection Control and Isolation" Questions not addressed in this document can by answered by any Infection Control Practitioner at x6-0082 or x5-2518**.

University of Illinois Hospital
Infection Control Program
1855 W Taylor Street, M/C 770
Chicago, Illinois 60612
Phone (312) 996-0082
Fax (312) 996-1438

<u>Addendum D</u>: Infection Control – Bloodborne Pathogen Standard

What is the bloodborne pathogen standard?
The Bloodborne Pathogen Standard (29 CFR 1910.1030) was published in 1991 by the Occupational Safety and Health Administration (OSHA) to protect employees from acquiring bloodborne diseases while at work.

To whom does the standard apply?
This Standard applies to anyone who has reasonably anticipated exposure to bloodborne pathogens as a result of performing his/her job duties.

What is the exposure control plan?
The exposure control plan is UIMC's plan for implementing the Bloodborne Pathogen Standard. It is located in the Infection Control Manual available on the hospital intranet and contains information on the following topics:

1. **Standard precautions**
2. **Engineering controls**
3. **Work practice controls**
4. **Personal protective equipment.**
5. **Hepatitis B vaccine**
6. **Housekeeping**
7. **Labeling of biohazard material**
8. **Post-exposure follow-up**
9. **Education and training**

What is a bloodborne pathogen?
A bloodborne pathogen (BBP) is an infectious agent that can be present in human blood and other body fluids that is able to cause disease in humans. Some examples are: Hepatitis B virus (HBV), Human Immunodeficiency virus (HIV) and Hepatitis C Virus (HCV).

Where are bloodborne pathogens found?
The following fluids may contain bloodborne pathogens:
1. Blood and blood products
2. Semen and vaginal secretions
3. Cerebrospinal fluid
4. Synovial fluid
5. Peritoneal fluid
6. Pericardial fluid
7. Amniotic fluid
8. Saliva (in dental procedures)
9. Any unfixed human tissue or organ,
10. Any body fluid visibly contaminated with blood.

The following excretions usually do **not** contain bloodborne pathogens:
1. Feces
2. Urine
3. Sputum
4. Sweat

How do I decrease my risk of acquiring bloodborne diseases at work?

1. *Follow Standard Precautions*
   Standard precautions (formerly Universal Precautions) means you assume that all blood, body fluids, secretions, excretions, mucous membranes and non-intact skin are potentially infectious, regardless if you know the patient has a disease or not.

2. *Use Engineering Controls*
   Engineering controls are physical or mechanical systems that UIMCC provides to eliminate hazards at their source. Examples include: self-sheathing needles, sharps disposal containers, biosafety cabinets and autoclaves.

3. *Apply Work Practice Controls*
   Work practice controls are the way you do your job to decrease your risk of being exposed. Some examples include, handwashing, not recapping needles and not eating or drinking in patient care or areas where equipment and specimens are handled.

4. ***Use Personal Protective Equipment (PPE)***
   PPE is equipment that protects your skin, mucous membranes and personal clothing from contamination with potentially infectious material and includes the following: gloves, masks, gowns, aprons, lab coats, protective eyewear, face shields, mouthpieces, resuscitation bags or other ventilation devices. You should wear the appropriate PPE for the task. For example, if splattering of blood or body fluid is anticipated, you should wear gloves, a fluid-resistant gown, and a mask with protective eyewear, or face shield. If PPE becomes torn or otherwise compromised during use, remove it as soon as possible and wash the affected site.

5. ***Obtain the Hepatitis B Vaccine***
   The Hepatitis B vaccine is available free of charge at University Health Services (UHS). It comes in a series of three injections at 0, 1 and 6 months. Approximately 90 percent of people, who obtain the vaccine series, develop immunity to the Hepatitis B Virus. The primary side effect of the Hepatitis B vaccine is soreness at the injection site. You should obtain the vaccine if you may be exposed to BBP during your regular job activities. If you refuse to obtain the vaccine, you must sign the Hepatitis B Declination Form. You may, however, at a later date, change your mind and obtain the vaccine.

6. ***Perform Good Housekeeping***
   Clean and disinfect all surfaces and equipment that have contact with blood or body fluids. Use tongs, two-pieces of cardboard or a brush and dust pan to pick up broken glass. **Never use your hands**. Items that are grossly soiled with blood or other body fluids are potentially infectious for BBP and should be placed into red bags. "Grossly" soiled means the body fluid can be released either in liquid or dried form from the object that is being discarded. Sharps and glass should be discarded into puncture-resistant sharps disposal container.

7. ***Label Biohazard Materials and Locations***
   Containers that contain biohazard material should be appropriately labeled with the international biohazard sign:

   or the color red (e.g., red bags). Areas that handle biohazard material, such as laboratories, should have a biohazard label at the entrance to the laboratory. Any equipment that is contaminated with BBP and is being sent to an outside agency for servicing, should be labeled "Contaminated" or with a biohazard label.

8. *Follow post-exposure protocol*
   When your skin or mucous membrane is exposed to blood or other fluids that may contain BBP, you must act STAT:
   - **S**- **Scrub**. If you stick your finger, scrub the site. If you splash blood into your eye, wash your eye with running water.
   - **T**- **Tell** your supervisor that you have been exposed. This is an emergency and you will need to leave your work area to seek treatment after patient care is transferred to a colleague.
   - **A- Ask** your supervisor or the patient's physician to have the patient's blood drawn, if the source-patient of the exposure is known.
   - **T**- **Treatment**. Seek follow-up care and treatment at UHS. If UHS is closed, go to the Emergency Department.

9. *Educate yourself on the Standard*   Complete annual required mandatory education. Learn the engineering and work practice controls in your area. If you have questions about a certain work practice or engineering control, ask your supervisor for additional information or training.

QUESTIONS?

Refer to your Exposure Control Plan available in hard copy in your department or accessible at: http://www.hospital.uic.edu **under UI Hospital tab, "Infection Control and Isolation" or phone   x6-0082 or x5-2518.**

University of Illinois Hospital
Infection Control Program
1855 W Taylor Street, M/C 770
Chicago, Illinois 60612
Phone: (312) 996-0082
Fax (312) 996-1438

Addendum E: Infection Control - Tuberculosis – How to Protect Yourself & Others

What is TB?
Tuberculosis (TB) is an infection caused by the bacterium *Mycobacterium tuberculosis* (MTB)

How is TB spread?
TB is spread through the air when persons with active respiratory (lungs, throat) TB disease coughs, sneezes, speaks or sings. Infection occurs when a nearby susceptible host inhales MTB, and the bacteria reach the tiny air sacs (alveoli) of the lungs and begin to grow. Infection can occur at any body site (e.g., kidneys, bone, brain) but usually occurs in the lungs. TB in other parts of the body is not infectious.

How does infection differ from disease?
People infected with TB, who are not sick, have latent TB infection (LTBI) and can't spread TB to others. MTB is in the body, inactive and the immune system has contained it. The person may have a positive TB skin (PPD) test or a positive blood assay for MTB (BAMT). People with LTBI can develop active TB disease without proper treatment. If the person does develop active disease they may then be infectious.

Who is at increased risk of infection?
- Homeless
- Substance abusers (IV drugs, alcoholics)
- People with weakened immune systems (diabetes mellitus, cancer, elderly, etc.)
- Persons living in institutional settings (correctional facilities, shelters, nursing homes, etc.)
- Persons from countries where active TB disease is common (Asia, Africa, the Caribbean, Latin America, Middle East and Eastern Europe)

Who is at highest risk of developing active TB?

Individuals with a weakened immune system (children <4 years of age, the elderly) because the bacteria can't be contained by the immune system and begin to grow. Certain medical conditions (e.g., diabetes, cancer, kidney disease, HIV, etc.) and treatments (Corticosteroids, organ transplant, Crohn's disease medicines, etc.) can weaken the immune system**.**

How do I identify persons with active TB?
Symptoms of TB depend on the site of infection. Active respiratory TB is the most infectious form and can include the following symptoms:
- Prolonged (≥ 3 weeks), productive cough
- Hemoptysis (coughing up blood)
- Chest pain
- Weakness or fatigue
- Unexplained weight loss
- Fever
- Chills
- Night sweats

Patients with any or all of the **symptoms** should be suspected of having active TB disease and should receive further medical evaluation.

What TB screening tests are available?
- The TB skin test: injection of fluid called tuberculin or PPD (purified protein derivative) into the skin, in the lower part of the arm. The test is read in 2-3 days by looking for a reaction (induration).
- Quantiferon-TB® Gold (QFT-G): measures the immune system reaction to TB proteins mixed with blood. This is a blood assay for MTB (BAMT) type of test and the methodology used at UIMC.

A positive reaction for either test does not indicate active TB disease and further testing will need to be performed.

Diagnosis of active TB disease is made based on the medical history, symptoms, screening test results, chest x-ray (CXR) results, and sputum culture and/or smear results.

A CXR is used to detect chest abnormalities that may suggest or rule out pulmonary TB. Typical CXR findings include an infiltrate or cavity (an area with millions of bacteria) in the upper lobe or superior segment of the lower lobe. The CXR of an HIV infected person with TB may be atypical – it may even appear clear.

Positive smears do not confirm a diagnosis of TB, but indicate the presence of Mycobacterium species (the MTB family). Growth of MTB in culture is the only definitive diagnostic test. Respiratory specimens should be collected in the early morning, on 3 consecutive days. To obtain a good specimen, patients should be instructed to breathe and cough deeply. The smear results are available within 24 hours.

Patients with symptoms, a cavitary lesion on CXR, positive smear results, and MTB **growing in culture** are highly infectious because they are spreading large amounts of bacteria into the air with each cough. The more MTB there is in the lungs, the higher the amount of bacteria seen on a specimen smear. People with negative smear results may not be as infectious. The number of MTB present in sputum at any given time can be different so a patient should have at least three negative sputum specimens before TB infectivity can be ruled out. MTB is a slow growing organism that can take 2-6 weeks to grow.

Once I identify someone as having TB, how do I stop it from spreading?

Prompt identification, airborne isolation and treatment of persons with active TB disease are the best way to control the spread.

When TB is <u>suspected</u>, a patient should be placed in an Airborne Isolation room, a.k.a. negative pressure room. These pressurized rooms prevent the spread of MTB (hanging in the air) from floating into hallways and rooms. Regular private rooms can be turned into negative pressure rooms by using portable high efficiency particulate air (HEPA) filters, which clean the air.

In waiting areas, persons with a cough should be screened for TB. The TB screening tool provides questions to assist healthcare workers in assessing patients for TB. In the outpatient setting, a surgical mask should be placed on the patient and the patient should be placed in a private examination room with negative air pressure or a HEPA unit, as soon as possible.

In the inpatient setting, a patient with <u>suspected</u> TB should be placed in **Airborne Isolation**. Both doors of the isolation room must be kept closed. If there are no negative pressure rooms available, the patient may be placed in a private room with a **portable HEPA filter** (available from Respiratory Services). Patients with <u>confirmed</u> TB must be placed in a negative pressure room. Airborne Isolation requires that all healthcare personnel entering the room wear a fit-tested **N95 respirator**. Employees unable to wear an N95 respirator must use a powered air-purifying respirator (**PAPR**). Patients must wear a surgical mask if required to leave the room. All **cough- inducing or aerosol producing procedures** (sputum induction, bronchoscopy, etc.) performed on suspect or confirmed TB patient(s) must be done in a negative pressure room.

Patients should be started on appropriate anti-TB treatment. Whenever possible, a four-drug therapy should be initiated. Patients should be instructed on the importance of complying with treatment. If it is suspected that a patient will not comply with therapy once discharged, **directly observed therapy** (DOT) should be considered. Contact the Infection Control Department or the clinician may contact the Chicago Department of Public Health for information related to DOT.

What do I do if I am exposed to TB?
Persons who have had prolonged, unprotected exposure to TB (i.e., person(s) who have shared the same airspace with another who has active TB disease where neither person was wearing a mask) should contact the Infection Control Department & University Health Service (UHS). A TB Screen test will be performed at the time of exposure (baseline) and another test 8-12 weeks later (after exposure). All UICMC employees who are TB Screen test negative must repeat the test at least annually. Some employees who work in high-risk areas will be required to have a TB Screen test every 6 months. Employees who are newly identified as TB Screen test positive will be given a medical evaluation that includes a

CXR to evaluate the presence of active disease and may be offered prophylactic anti-TB therapy. Persons who are TB Screen test positive should monitor themselves for symptoms of active TB disease and complete a TB signs & symptoms questionnaire from UHS semi-annually.

What if I have further questions about TB?
Additional information about controlling the spread of TB can be found in the "Tuberculosis Prevention and Exposure Control Plan" located in section 8 of the Infection Control and Isolation Procedures Manual accessible online at **http://www.hospital.uic.edu** under UI Hospital tab, "Infection Control and Isolation"

Questions?
Questions that are not answered within this plan can be addressed to any of the Infection Control Practitioners in the Infection Control Department at the following numbers:
 X6-8953 or X5-2518

Summary of Methods to Control known or suspected active TB disease

- **Identify** symptomatic patients.
- **Isolate** symptomatic.
- Wear N95 **respirators** when entering the room of any patient.
- **Treat** patients with appropriate anti-TB drug therapy.
- Comply with routine and post-exposure **TB Screen tests.**

<u>Addendum F</u>: Hospital / UIC Campus Resources

Hospital Website
hospital.uillinois.edu/
History of the Hospital, Mission, Vision and Values, and Organizational Chart
Intranet *http://.employee.hospital.uic.edu*

NESSIE
https://nessie.uihr.uillinois.edu/cf/index.cfm
Access information regarding benefits, compensation and change personal information. Employee Discounts (cell phone, autos etc.)

UIC Human Resources
www.uic.edu/depts/hr
Benefits, Training and Testing

University Health Services
www.uic.edu/depts/uhs/
Pre-employment screenings, Fit for Work and Wellness checks

UIC Children's Center
www.vcsa.uic.edu/MainSite/departments/children_center/home/
Provides full-day early childhood care for preschool children to faculty, students, and staff

UIC PHONEBOOK
www.uic.edu/searchUIC.html

University Heath Science's Library
www.uic.edu/depts/lib/lhsc/
Access to research materials, periodicals and inter-library loans

Fitness Center
http://screc.ops.uic.edu/rec/sports_fitness_center.htm
Group fitness, Instructional programs and Personal Trainers

Learning Management System
http://uic.ehealthcareit.us
Computer based Training and Learning

Computer Lab
www.uic.edu/depts/accc/home/
Public computer lab access

Area Restaurants
www.uic.edu/depts/cjus/chicago/uic_eats.html

Payroll (OBFS)
www.obfs.uillinois.edu/obfshome.cfm

Transportation / Shuttle / Red Car
http://fmweb.fm.uic.edu/Trans/default.aspx

Holiday Schedule
www.uic.edu/depts/hr/quicklinks/holidayschedule.html

Credit Union 1
www.creditunion1.org

UIC Libraries
www.uic.edu/depts/lib/

Access and Equity Office
www.uic.edu/depts/oae/

Parking Office (West Campus)
828 South Wolcott Ave Room 217 Phone: (312) 413-5850

UIC Student Union   www.uic.edu/depts/chcc/ciu.html
Bookstore • Union Station • MicroStation • Art Lounge • ATM • Barbershop • Campus Programs-west side office
CIU Administration Offices • Dining Services • Graduate Student Council • Information Center-vending refunds, lost & found • Photo I.D. • Sport & Fitness Center • Union Station-convenience store

University of Illinois at Chicago *www.uic.edu*

Addendum G: UNIVERSITY OF ILLINOIS STATEMENT OF A DRUG-FREE WORKPLACE

1. The University of Illinois is committed to maintaining a drug-free workplace in compliance with applicable state and federal laws. The unlawful possession, use, distribution, dispensation, sale or manufacture of controlled substances is prohibited on University premises. Violation of this policy may result in the imposition of employment discipline as defined for specific employee categories by existing University policies, statues, rules, regulation, employment contracts, and labor agreements. Any employee convicted of a drug offense involving the workplace shall be subject to employee discipline or required completing satisfactorily a drug rehabilitation program as a condition of continued employment.

2. The illegal use of controlled substances can seriously injure the health of employees, adversely impair the performance of their responsibilities and endanger the safety and well-being of fellow employees, students and members of the general public. Therefore, the University encourages employees who have a problem with the illegal use of controlled substances to seek professional advice and treatment. A list of sources for drug counseling, rehabilitation and assistance programs may be obtained from the Human Resources Department, University Health Service, or the Employee Assistance Service. Employees may obtain this information anonymously either through self-referral or at the direction of their supervisor. Employees who are engaged in work under a federal contract may be required to submit to test for illegal use of controlled substances as provided by the law or regulations of the contracting agency.

3. As a condition of employment, employees are asked to abide by this statement. In addition, those employees working on a federal contract or grant must notify their supervisor if they are convicted of a criminal drug offense occurring in the workplace within five days of the conviction. The University will notify the granting or contracting federal agency within 10 days of receiving notice of a conviction of any employee working on a federal contract or grant when said conviction involves a drug offense occurring in the workplace. A copy of this statement shall be given to all employees assigned to a federal con tact or grant.

4. This statement and its requirements are promulgated in accordance with the requirements of the **Drug- Free Workplace Act of 1988** and shall be interpreted and applied in accordance with this law and the rules and regulations promulgated pursuant thereto.

Addendum H: University of Illinois Hospital Confidentiality Agreement Employee/Volunteer/Student

As an employee/volunteer/student at University of Illinois, you may have access to "Confidential Information". The purpose of this agreement is to help you understand your obligations regarding confidential information.

Confidential information is protected by Federal and State laws, regulations, including HIPAA, the Joint Commission on Accreditation of Healthcare Organizations standards, and strict University policies. The intent of these laws, regulations, standards and policies is to insure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed.

As an employee/volunteer/student, you are required to conduct yourself in strict conformance with applicable laws, standards, regulations and University polices governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these rules. Anyone who violates any of these rules will be subject to discipline, which might include, but is not limited to, termination of employment or expulsion from the University. In addition, violation of these rules may lead to civil and criminal penalties under HIPAA and potentially other legal action.

As an employee/volunteer/student, you may have access to confidential information, which includes, but is not limited to, information relating to:

- Medical record information (includes all patient data, conversations, admitting information, demographic information and patient financial information).
- Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
- Employee information (i.e., social security number, employment records, and disciplinary actions).
- University information (i.e., financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, and communications).
- Computer programs, client and vendor proprietary information, source code, and proprietary technology.

Employees, who have access to electronic medical record in accordance with their job responsibilities may access, view and print their own medical record for the duration of their employment or for the duration of the period that they retain the position that provided them access to electronic medical record. For copies of information not in electronic medical record, employees are required to contact the HIM Department. The Director of HIM is not responsible for actions taken on information printed and released by Hospital employees.

NOTE:

Employees with this level of access are not permitted to access the medical records of their children, spouses, relatives or friends. Such access is considered a breach of patient privacy and is subject to disciplinary action. Employees who do not have access to electronic medical record must contact the HIM Department to request copies of their medical records.

In the event that you do have access to confidential information, you hereby agree as follows:

- You will only use confidential information/data as needed/necessary to perform your duties as an employee/volunteer/student affiliated with the University.
- You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information/data except as properly authorized within the scope of your professional activities affiliated with the University.
- You will not misuse confidential information/data or be careless with it.
- You will safeguard and will not disclose your computer password or any other authorization that allows you to access confidential information/data. The University reserves the right to monitor access to the network, including your account, if deemed appropriate.
- You accept responsibility for all activities undertaken using your assigned access code and/or any other authorizations.
- You will report activities by any individual or entity that you suspect may compromise the confidentiality of information. The University will make all attempts possible to keep good faith reports confidential. However, absolute confidentiality cannot be guaranteed.
- You understand that your obligations under this Agreement will continue after your affiliation with the University terminates.
- You understand that any of your access privileges to confidential information/data are subject to periodic review, revision, and, if necessary, modification and/or termination.
- You understand that you have no right or ownership interest in any confidential information/data.
- The University may at any time revoke your access code, or any other authorization that allows you to access confidential information/data.
- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard confidential information/data or your password or any other authorization that allows you to access confidential information/data.
- The University may take disciplinary action against you up to and including termination or expulsion from the University in the event you violate this Confidentiality Agreement. In addition, the University may initiate legal action including but not limited to civil litigation or criminal prosecution.
- You understand the University reserves the right to monitor and record all network and application activity including e-mail, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

DCFS

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I,_____, understand that when I am employed as a
         (Employee Name)

_____, I will become a mandated reporter under the (Type
        of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant/Employee

_____
Date

CANTS 22
Rev. 10/2011

Acknowledgement of Orientation Completion

I acknowledge that I have reviewed and understand the content outlined in this Hospital Core Orientation Manual.

	Introduction & Orientation Objectives
	Welcome to the Hospital / Facts and Figures
	Hospital Center Mission, Vision and Values
	Hospital Table of Organization
	Code of Conduct
	Workplace Safety
	Introduction to Regulatory Compliance/Training
	Code of Ethics
	False Claims Act
	HIPAA Privacy/Security
	UIC Office for Access and Equity
	Quality Improvement
	Patient Safety / Risk Management
	Infection Control
	Emergency Preparedness/Fire Safety
	Guest Services
	Addendum G: UIC Statement of a Drug-free Workplace
	Addendum H: Confidentiality Agreement

_____   _____
Student/Agency Staff Signature   Date

_____
Student/Agency Staff Name Printed

_____   _____
Supervisor's Signature   Date

Clinical unit: _____ Dates of clinical rotation: _____to _____Cc: File Copy