Objectives

To Describe:

- Preventative measures utilized in daily work practices to disrupt the transmission of infection

- Controls in place that are used to prevent exposure to blood and other potentially infectious material (OPIM) including blood-borne pathogens

- Your responsibility for maintaining personal health and safety
What is Infection Control and Prevention?

- Hospital Infection Control programs are mandated by State Legislation
- It is a program consisting of policies and procedures that are designed to provide a safe, sanitary and comfortable environment
- To prevent the development and transmission of infectious diseases and infections
- Helps reduce the risk of spreading infections in healthcare setting
Infection Prevention is Everyone’s Business
Chain of Infection

- **Organism**
- **Reservoir**
- **Person at Risk**
- **Entry method**
- **Exit Method**
- **Method of Spread**
- **Bacteria**
  - Fungi
  - Virus
- **Food/Water**
  - Humans
  - Animals
  - Equipment
- **Coughing/Sneezing**
  - Contaminated Hands
  - Faeces/Urine
  - Blood/Vomit

Breaking the Chain of Infection

- Hands
- Surfaces
- Air
Occupational Safety and Health Administration (OSHA) Standard

Blood Borne Pathogen Exposure Control Plan:

- Hospitals must be in compliance with OSHA Blood Borne Pathogen Standard 29 CRF Part 1910. 1030 which requires healthcare institutions to protect their employees from all occupational exposure to blood borne pathogens.

- NYU Winthrop’s policy is to eliminate or minimize where possible employee exposure to potentially infectious materials

- Provide appropriate treatment and counseling should an employee be exposed to Blood Borne pathogens
Risk of Bloodborne Pathogen Transmission

- **HBV**
  - 30% risk of acquiring from a needlestick without prophylaxis

- **HCV**
  - 3% risk of acquiring from a needlestick

- **HIV**
  - 0.3% risk of acquiring from a needlestick
Reducing Risk – Hepatitis B

**Vaccination**
- Provides immunity in 90% of recipients
- Offered to all employees without immunity

**Avoid Exposure**
- Use appropriate personal protective equipment
- Implement safe work practices

**Post-Exposure Prophylaxis**
- In patients who are not immune, offer HBV immune globulin and vaccine
- Post-exposure offers about 75% protection from infection
Reducing Risk – Hepatitis C

**Vaccination**
- NONE

**Avoid Exposure**
- Use appropriate personal protective equipment
- Implement safe work practices

**Post-Exposure Prophylaxis**
- No effective post-exposure prophylaxis
- Treatment of acute HCV infection can prevent chronic infection
Reducing Risk - HIV

**Vaccination**

- **NONE**

**Avoid Exposure**

- Use appropriate personal protective equipment
- Implement safe work practices

**Post-Exposure Prophylaxis**

- Administer antiretroviral agents to prevent infection
- Reduces risk of transmission up to 80%
- More effective when taken as soon as possible after exposure
What to do if there is an Exposure

- Stop and keep calm
- Percutaneous injury
  - Wash the area with soap and water
- Mucous membranes
  - Flush mucous membranes with water only
- Report to your supervisor who will help fill out an incident report
- **Report to EHS or Emergency Room IMMEDIATELY**
- The source patient should have lab tests sent for HBV, HCV, HIV
Specific Controls

- Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas/patient care where there is a potential for occupational exposure.

- Food and drink are not kept where there may be contaminated with or where blood or other potentially infectious materials are or may be present.
Standard Precautions
(CDC Guidelines on Isolation Precautions Rev. 2007)

- Used for **EVERY** patient **EVERY** time
- Assumes **ALL** patients can have an organism that could spread to others
- Protects patients **AND** healthcare workers
Safe Injection Practices

ONE NEEDLE, ONE SYRINGE, ONLY ONE TIME.

Safe Injection Practices Coalition
www.ONEandONLYcampaign.org

The One and Only Campaign is a public health campaign aimed at raising awareness among the general public and healthcare providers about safe injection practices.
Three Things Every Provider Needs to Know About Injection Safety

1. Needles and syringes are single use devices. They should not be used for more than one patient or reused to draw up additional medication.

2. Do not administer medications from a single-dose vial or IV bag to multiple patients.

3. Limit the use of multi-dose vials and dedicate them to a single patient whenever possible.
Engineering Controls

- Sharps containers
- Specimen bags
- Regulated medical waste containers
- Safety syringes/needles
- Needleless connectors on IV tubing
- Mechanical pipettes
Hand Hygiene: 2 Approaches

Alcohol Based Hand Sanitizer

- Apply alcohol based hand sanitizer to hands
- Rub with friction all over hands, between fingers, backs of hands, up to wrists until hands are dry (usually takes about 15 seconds).

Washing with Soap and Water

- Wet hands with warm water
- Apply soap and rub with friction all over hands, covering all surfaces, for at least 15 seconds
- Rinse hands thoroughly with water
- Dry hands with paper towel(s). Use the paper towel to turn off the faucet.
**W.H.O.**

*5 Moments for Hand Hygiene*

1. **Before touching a patient**

2. **Before a procedure**

3. **After a procedure or body fluid exposure risk**

4. **After touching a patient**

5. **After touching a patient’s surroundings**

**As you exit**
Respiratory Etiquette

- Encourage respiratory hygiene and cough etiquette:
  - When coughing or sneezing, cover mouth and nose with a tissue, or cough or sneeze into your upper sleeve

- Dispose of the tissue promptly
  - Perform hand hygiene

- If you are ill, please do not come to work
Vaccines: Influenza

- NYS requires all healthcare workers to be vaccinated OR wear a mask in any area where patients may be, for the duration of influenza season
- People are infectious 24 hours before symptoms begin
- Present risk to patients, staff, and visitors
- NYUWH offers the Influenza vaccine to all employees
Multi-Drug Resistant Organisms

- MDRO’s are defined as microorganisms predominantly bacteria, that are resistant to one or more classes of antimicrobial agents or to first-line therapies (e.g., Candida auris, MRSA, VRE, ESBL, CRE producing organisms.)

- Antibiotic stewardship programs

- **Antimicrobial resistance implications would also include:**
  - Unusual or usual agents with unusual patterns of resistance within a facility
  
  - Difficult to treat because of resistance to multiple classes of antimicrobial agents, (e.g., Stenotrophomonas maltophilia, Pseudomonas aeruginosa or Acinetobacter spp.). CRE are defined as carbapenem-resistant organisms are also difficult to treat (e.g., Klebsiella species and Escherichia coli that are resistant to the class of Carbapenem).

- A newly discovered or reemerging pathogen, strategies described for MDRO’s may be applied for control of epidemiologically important organisms other than MDRO’s.
Multi-Drug Resistant Organisms

- Risk factors for colonization and infection include: severity of illness, previous exposure to antimicrobials, invasive procedures, repeated exposure to healthcare settings, previous colonization with MDRO and advanced age.

- Contact precautions is the most common type of transmission-based precautions used to manage patients with MDROs.

- Patient room placement should be done in consultation with Infection Control personnel.

- Strict adherence to hand hygiene practices must be followed.

- Staff are to wear gowns and gloves when providing direct patient care, visitors are encouraged to wear PPE.
Healthcare-Associated Infections (HAIs)

Prevention of HAIs:
- Catheter Associated Urinary Tract Infections (CAUTI)
- Central Line Associated bloodstream Infections (CLABSI)
- Surgical Site Infection (SSI)
- Ventilator-Associated Events (VAE)
Personal Protective Equipment (PPE)

**Gloves**
Contact with blood, body fluids, secretion, excretions, wound dressings, and non-intact skin or undiagnosed rashes

**Gown**
If your uniform may get soiled or splashed

**Mask & Eye Protection**
Sprays, splashes
Transmission-Based Precautions

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

STOP

AIRBORNE PRECAUTIONS
(In addition to Standard Precautions)

STOP

EVERYONE ENTERING THE ROOM MUST:

Clean hands when entering and leaving room.

N-95

Prior to entering room:
- Wear a fitted N-95 mask.
- Family members/visitors should wear a surgical mask.

Remove after exiting room and dispose in garbage outside of room.

Negative pressure room required.
Keep door closed.

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

STOP

AIRBORNE AND CONTACT PRECAUTIONS
(In addition to Standard Precautions)

STOP

EVERYONE ENTERING THE ROOM MUST:

Clean hands when entering and leaving room.

N-95

Prior to entering room:
- Wear a fitted N-95 mask, gown and gloves.
- Family members/visitors should wear a surgical mask.

Remove after exiting room and dispose in garbage outside of room.

- Negative pressure room required.
- Keep door closed.

- Use patient dedicated or disposable equipment.
- Clean and disinfect shared equipment.
Transmission-Based Precautions

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

DROPLET PRECAUTIONS
(In addition to Standard Precautions)

EVERYONE ENTERING THE ROOM MUST:

STOP

Clean hands when entering and leaving room.

STOP

Wear mask prior to entering room and remove prior to leaving room.

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

CONTACT AND DROPLET PRECAUTIONS
(In addition to Standard Precautions)

EVERYONE ENTERING THE ROOM MUST:

STOP

Clean hands when entering and leaving room.

STOP

Wear mask, gown and gloves prior to entering room and remove prior to leaving room.

STOP

Use patient dedicated or disposable equipment.
Clean and disinfect shared equipment.
Transmission-Based Precautions

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

CONTACT PRECAUTIONS (In addition to Standard Precautions)

EVERYONE ENTERING THE ROOM MUST:

- Clean hands when entering and leaving room.
- Wear gown and gloves prior to entering room and remove prior to leaving room.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

STOP

FOR THE SAFETY OF OUR PATIENTS, FAMILIES AND STAFF

CONTACT PRECAUTIONS WITH BLEACH (In addition to Standard Precautions)

EVERYONE ENTERING THE ROOM MUST:

- Clean hands with soap and water when entering and leaving room. (DO NOT USE SANITIZER)
- Wear gown and gloves prior to entering room and remove prior to leaving room.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment with bleach.

STOP
Medical Devices and Equipment

- Separate clean and dirty items and store in separate rooms
- Disposable/single use items are not reused
- Reusable items:
  - Follow manufacturer recommended method of reprocessing and use the recommended cleaning agent
  - Transport dirty instruments in covered containers
  - Use PPE while cleaning/handling contaminated items
  - **Non-critical items** that come in contact with intact skin (stethoscope, IV pumps etc) need to be cleaned when going from patient to patient
  - **Semi-critical items** that comes in contact with intact mucous membranes (scopes, intra-vaginal probes etc) need high level disinfection
  - **Critical items** – that are used for invasive procedures (surgical instruments, needles etc) need to be sterilized
- Monitor and document the re-processing methods
- Transport and store supplies safely in covered containers to prevent contamination
## Infection Prevention Policy Manual

### Policy Manager: MCN Healthcare

*Icon on all network computers*

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Infection Control and Prevention is everyone’s responsibility

- To provide a clean and safe environment for staff, co-workers, patients, families and visitors
- Be prepared mentally before you engage in any physical task
- Be committed to adhere to moral and ethical principle
- Refer to the policies and procedures in your department along with infection prevention and control policies
- Ask your clinical supervisor
- Proceed with integrity

Infection Prevention & Control Department
516-663-2717
Overview

- HIPAA-The Health Insurance Portability and Accountability Act of 1996:
  - Rule that protects from unauthorized disclosure of any Protected Health Information – PHI

- American Recovery and Reinvestment Act of 2009 (ARRA)
  - Contains additional requirements relating to privacy and security and includes HITECH, which focuses on promoting electronic communication in healthcare, such as Electronic Medical Records
Under HIPAA, patients have the following rights:

- To request that the Hospital limit its use and disclosure of their PHI;
- To receive communications by alternative means (e.g., e-mail or fax), or sent to alternative locations (where reasonable);
- To access their PHI;
- To request amendments to their PHI; and
- To receive an accounting of certain disclosures of PHI
- To receive a notice of the privacy practices of the Hospital

Note: This is not an all inclusive list of Rights
Protected Health Information (PHI)

- Any information relating to a person’s health or ability to pay that is created by the Hospital and may identify the individual

- Examples of where PHI may be found:
  - Sign-in sheet, Patient ID band, patient bill, conversation about a patient amongst co-workers
General Privacy Rule

- You may not USE or DISCLOSE PHI except as permitted by the privacy regulations
Permitted Disclosures for the Hospital’s Use

The Hospital may use and disclose PHI without obtaining a HIPAA-compliant authorization form for the Hospital’s:

- **Treatment**
- **Payment**
- **Health Care Operations**
Treatment

- The provision, coordination and/or management of health care and related services including consultations and referrals

- Examples:
  - Consultations between healthcare providers
  - Referral of patients
Payment

- The activities undertaken by a provider to obtain reimbursement for services provided

Example:

- The Admitting Office is permitted to contact an insurance company to determine insurance coverage
Health Care Operations

- The Hospital’s routine activities such as quality assurance, case management, credentialing, accreditation, education of staff, business planning and customer service

- Example:
  - Training of staff, residents and interns
Authorizations

- An “authorization” is required by the Privacy Rule for uses and disclosures of PHI not otherwise allowed by the Rule.
- Detailed document that gives covered entities permission to use PHI for specified purposes or to disclose protected health information to a third party specified by the individual.
Minimum Necessary

- You must limit the patient information that you use or disclose to the minimum necessary to accomplish your job responsibilities.

**Example:**

- You should only be accessing the medical records of patients you are treating or accounts that you are assigned to work on and only those portions that are pertinent to your job.
Standards for Accessing PHI

- You **MAY NOT** access the medical information of family members, friends, or other individuals, including yourself, for personal or other non-work related purposes, even if the individual gives you permission.

- Employee activity is logged and audited for appropriateness.
Discussing Patient Information with Family and Friends

- The HIPAA Privacy Rule permits covered entities to share information that is **directly relevant** to the involvement of the individual(s) in the patient’s care or payment for health care.

- If the patient is present and has the capacity to make health care decisions, the covered entity may discuss this information with the individual(s) if the patient **agrees or, when given the opportunity, does not object.**
What about sensitive information?

**Examples:**
- HIV;
- SUBSTANCE ABUSE;
- MENTAL HEALTH;
- GENETIC INFORMATION; OR
- ANY OTHER INFORMATION THAT MAY BE SENSITIVE OR EMBARRASSING IN NATURE.

**General Rule:** Unless an exemption exists, *DO NOT* disclose sensitive information without specific written authorization from the patient.
General Rule: A provider may not disclose any HIV-related information about any protected individual.

Exceptions:
- HIV Release Form;
- Medical Treatment;
- Insurers Processing Payment;
- HIV/AIDS Case Reporting;
- Occupational Exposure;
- Parents & Legal Guardians (very limited); and
- Judge-Issued Court Order.
Protect Your Work Area

- Always use HIPAA-compliant secure shredding bins (not regular trash!)
- Do not leave unattended PHI on your computer screen or work station
  - Sign off when you are finished using the computer
- Avoid having PHI in public view
- Do not share passwords
- Always use a fax cover sheet
- Wait until you are alone with a patient to discuss sensitive matters
Breach: An impermissible acquisition, access, use or disclosure of protected health information which compromises the security or privacy of the PHI.

Report all incidents to Privacy Officer.

Notification: Under HITECH, the Hospital must notify individuals of a breach of their PHI.
Sanctions for Violations

Range from HIPAA Training to Termination based on 4 levels of Violation Categories and accounting for past conduct/repeat violations:

1. Accidental or inadvertent (counseling)
   - Ex. Disclosure of PHI to wrong person
2. Failure to comply with Hospital Policy (written warning)
   - Ex. E-mailing PHI outside of Winthrop e-mail addresses
3. Deliberate/purposeful violation without harmful intent (final written warning or suspension)
   - Ex. Inappropriately accessing medical records
4. Deliberate/purposeful violation with harmful intent, acting recklessly (termination)
   - Ex. Criminal acts, identity theft
Corporate Compliance
What Is Corporate Compliance?

- Informs all NYU Winthrop employees what is expected of them *ethically* and *legally*.

- Provides a *reporting structure* in case an employee believes there is an ethical or legal issue that needs addressing.
Compliance Program Elements

- Compliance Officer – Terry Lillis

- Written standards of conduct and policies & procedures, Code of Conduct

- The Code of Conduct is available to all employees by one of the following avenues:
  - NYU Winthrop’s Intranet
  - Orientation Program Booklet
Compliance Program Elements

- Employee Education
- Monitoring & Auditing of Risk Area
- Process to report/investigate complaints or concerns
  - In person
  - Anonymous Hotline 516-663-9533
  - Compliance Report Form
    - NYU Winthrop Intranet
Important Healthcare Laws

- False Claims Act
- Anti-Kickback Statute
- Emergency Medical Treatment and Labor Act (EMTALA)
False Claims Act

- The Act punishes the submission of *False or Fraudulent Claims* to the federal and state government of federally and state financed programs.

- Includes *Medicare* and *Medicaid* programs
False Claims Act

- The Act establishes liability for any person who **knowingly** presents or causes to be presented a false or fraudulent claim to the U.S. government for payment.
False Claims Act

- **Examples:**
  - Billing for services, procedures, and/or supplies that were not provided
  - Misrepresentation of what was provided; when it was provided; the condition or diagnosis; the charges involved; and/or the identity of the provider recipient
  - Providing unnecessary services or ordering unnecessary tests
Your Rights Under the Act

- If an employee feels his/her concerns were not appropriately addressed by NYU Winthrop, he/she has the right to raise the concern with the Federal Government under the False Claims Act.
Anti-Kickback Statute

- Criminal statute which provides penalties for individuals or entities that **knowingly** and willfully offer, pay, solicit or receive remuneration in order to induce business.

- Remuneration includes but is not limited to:
  - Kickbacks
  - Bribes And Rebates
    - Made directly or indirectly
    - Overtly or covertly
    - In cash or in kind
Examples of Anti-Kickback Violations

- **Cash for patients:** giving cash in exchange for the referral of patients covered by a Federal Health Care program.

- **Waivers of co-pays and deductibles:** The routine waiver of Medicare Part B co-payments and deductibles violates the Anti-Kickback Statute.

- **Medical Director agreements:** Compensation paid for referrals covered by a Federal health care program.
Emergency Medical Treatment and Labor Act (EMTALA)

- Federal law prevents hospitals from rejecting patients, refusing to treat them, or transferring them to other hospitals because of their inability to pay.

- Anyone presenting to the ED or hospital property requesting treatment for an emergency medical condition (EMC) is entitled to a medical screening examination (MSE) by a qualified practitioner (MD, PA, NP).

- Triage is not considered a MSE.
Result of the medical screening exam (MSE)

- If an emergency medical condition exists, treatment must be provided until the emergency medical condition is **resolved** or **stabilized**.

- If the hospital does not have the capability to treat the emergency medical condition, an "**appropriate** transfer of the patient to another hospital must be done in accordance with the EMTALA provisions:
  - Medical risks of transfer are outweighed by the benefits reflected on a signed consent to transfer form
  - Process is certified in writing by a physician
  - Receiving hospital agrees to accept the transfer and has the facilities to provide the necessary treatment
  - Patient is accompanied by copy of medical records
  - Use of qualified personnel and equipment during transfer
NYU Winthrop Hospital’s Conflict of Interest Policy:

- “All Covered Personnel” should deal with vendors, suppliers, consultants and other third parties seeking to do or currently engaged in business with NYU Winthrop without any appearance of favor or preference based on personal considerations.”

- Ex: Case Manager whose husband owns a DME Company
Non-Retaliation Policy

- No employee shall be disciplined for raising in good faith a concern or problem to be addressed by management.

- Any act of retaliation against an employee who in good faith reports a violation of law, regulations, standards, or hospital policy is not permitted.
Acceptance of Gifts (Gratuities, Loans or other Favors)

- Gifts of nominal value ($100.00 or less) that are tokens of appreciation are permitted.

- Gifts of any value are prohibited under circumstances that could be inferred to induce the employee to act in an official capacity for their own benefit, and not solely for the benefit of the Hospital.

- Cash may not be accepted under any circumstances; however, individuals wishing to make a donation to the hospital should be referred to the Development Office at 516-663-3398.
  - i.e. general donations, or those interested in honoring an employee under the Grateful Patients and Families Program.
Compliance Reporting Structure

- HIPAA Privacy:
  - Terry Lillis, Privacy Officer at 516-663-2003
  - Raquel Malave, Privacy Manager at 516-663-1064

- Compliance Concerns:
  - Corporate Compliance Main Office at 516-663-8584; or
  - Complete Compliance Form on Intranet

- Anonymous Hotline for All Compliance Concerns:
  - 516-663-9533
Compliance

Begins with you!
Upon completion of this material, you will:

- Understand the basics of the Hospital Incident Command System (HICS) and emergency/evacuation planning, and how the plans work at NYU Winthrop.

- Be aware of what you are responsible for in an emergency event or situation

- Know where to go and whom to contact for additional information, including information for personal and family emergency preparedness
Healthcare organizations can be affected by many different types of problems or emergencies. These may include events such as a fire, or events affecting the community and/or our ability to deliver care, such as a flood or public transportation strike.

Our HHA plans for emergencies by conducting a *Hazard Vulnerability Analysis* each year. This analysis helps us identify:

- What hazards could affect us
- What are the chances of those hazards occurring
- What the impact would be if they did occur
- How prepared we are to respond to them

This helps us to prioritize our planning and training.
What Exactly Is An Emergency?

A natural, technological, or human-caused event that:

- Disrupts the organization’s ability to provide service
- Disrupts care and treatment
- Results in sudden, significantly changed or increased demands for our services

Severe emergencies are sometimes referred to as “disasters.”
What is our Emergency Management Program?

- Our program, as required by the Joint Commission Emergency Management Standards, includes all of the activities we take to plan, prepare for, and respond to emergencies.

- Our overall Emergency Management Program consists of a cycle with four phases:
  1. **Mitigation**, steps taken to lessen the impact of an emergent event
  2. **PREPAREDNESS**, steps taken to be ready for an emergency (drills or training)
  3. **Response**, actions we take when an emergency occurs
  4. **Recovery**, actions taken after the emergency is over to help us restore the hospital to normal operation
How Do We Manage Emergencies?

- We manage our response to emergencies and unusual events using a process called the *Hospital Incident Command System, or HICS*

- This allows us to use the same system as that which is used by the rest of the community (including the Fire and Police Departments) during a major emergency
Our plan has four levels of activation, based on how much the emergency has affected us

- **Level 1**, or Alert event is when we are preparing for something that has not affected us yet. An example is when the forecast is for a weather emergency tomorrow.

- **Level 2**, or Minor Impact event is an actual situation having a minor impact on clinical or business operations. Most normal activities continue without interruption.

- **Level 3**, or Moderate Impact event is an actual situation having a moderate impact on clinical or business operations. Some normal activities continue, while activities in other areas may be more affected.

- **Level 4**, or Major Impact event is an actual situation having a major impact on the HHA or hospital. Most activities and functions are directed to dealing with the crisis, and many normal activities are affected, modified, or deferred.
Who is In Charge in an Emergency?

- The person in charge of and responsible for the entire organization’s response is called the **Incident Commander (IC)**

- Leadership and control of an emergency takes place in the **Hospital Emergency Operations Center (HEOC)**
What Types Of Emergency Plans Do We Have?

The *All-Hazards Comprehensive Emergency Management Plan* (CEMP)-describes how our hospital functions in any type of emergency, regardless of cause, impact, or areas affected.
Event-specific Plans

There are several sub-plans, called Critical Event Annexes, which give us specific information about those emergencies which are our highest priorities.

Some examples include:

- The *Evacuation Annex*, which describes how patients are evacuated in the event of a major event.
- The *Multiple Casualty Patient Influx Annex*, which describes how we will manage a sudden patient surge.
Department or Site Emergency Operations Plan-DEOP/SEOP

- Applies the hospital-wide **CEMP** to each individual department.

- Provides immediate instructions for use when Code HICS is announced.
How to find and use your **Department Emergency Operations Plan (DEOP)**; or **Site Emergency Operations Plan (SEOP)**.

These plans detail:

- **What your role is in an emergency**
- How to use any special equipment that your job requires
- How to communicate with or handle requests for information from others
## Emergency Code Cards

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CODE HICS</td>
<td>(Specify Level 1, 2, 3, 4) Emergency Management Plan Activation</td>
</tr>
<tr>
<td>CODE MCI</td>
<td>Mass Casualty Incident (Influx of Patients)</td>
</tr>
<tr>
<td>CODE RED</td>
<td>Confirmed Fire or Smoke Condition</td>
</tr>
<tr>
<td>CODE AMBER</td>
<td>Infant/Child Abduction or Missing</td>
</tr>
<tr>
<td>CODE GREY</td>
<td>Security Response Required for Emergency Situation and/or Behavioral Emergency</td>
</tr>
<tr>
<td>CODE M</td>
<td>Behavior of patient is potentially dangerous to self and/or others</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>Hazardous Materials Incident/Large Chemical Spill</td>
</tr>
<tr>
<td>CODE YELLOW</td>
<td>Bomb/Bomb Threat</td>
</tr>
<tr>
<td>CODE BROWN</td>
<td>Utilities Failure/Emergency (significant impact to patient safety)</td>
</tr>
<tr>
<td>CODE SILVER</td>
<td>Threat of Weapon/Hostage Situation</td>
</tr>
<tr>
<td>CODE PURPLE</td>
<td>Patient Elopement</td>
</tr>
<tr>
<td>CODE CLEAR</td>
<td>All Clear/Resume Normal Operations</td>
</tr>
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</table>
How We Communicate?

If we lose normal telephone service, we may communicate using alternate means, including:

- Portable radios
- Emergency backup telephone system
- **WINTHROP ALERT (EMERGENCY NOTIFICATION SYSTEM)**
  
  AN EMERGENCY NOTIFICATION SYSTEM THAT ALLOWS EMERGENCY MESSAGES TO BE SENT TO YOUR WORK AND PERSONAL EMAIL AND PHONES. CONTACT INFORMATION MUST BE KEPT CURRENT IN YOUR EMPLOYEE ADP PROFILE.

- Overhead announcements
- Runners and written messages
What is the Labor Pool?

- In some emergencies, we may assemble a group of staff to assist with emergency activities, such as patient care.
- The **Labor Pool** is a designated location where medical, nursing, and non-medical personnel and volunteers are sent during an emergency to wait for an assignment.
- The **Medical Staff Pool** is a designated location where physicians are sent during an emergency to await assignment.
- It is very important that staff members follow directions in an emergency, and do not go off or act on their own.
- If you are needed in the Labor Pool, you will be directed to go there by a supervisor. Otherwise, stay at your assigned work location.
What if I’m Off-Duty?

- If you are off-duty and you hear about an emergency at the hospital or in the community:
  - Make arrangements to come to work if requested
  - If not requested, or unable to make contact, report as scheduled for your next regular shift
  - If you are unable to come to work as scheduled, contact your supervisor for instructions
EVACUATION
Types of Evacuation

- **Emergent**-life-threatening-move now! (similar to *Rescue* in *RACE*)
- **Urgent/Planned**-have some time (hours to days)
- **Horizontal**-move to same floor to an area of safety
- **Vertical**-move to different floor depending on location of emergency
Med-Sled Device
Sled Brigade Process

- Working with the Evacuation Team Leader and Patient Care Leader; patients will be prepared for evacuation.

- All available Med Sleds will be brought to location (stored in Hospital Emergency Operations Center).

- Patient is removed from room as safely and quickly as possible, placed and secured onto a Med Sled, and taken to stairwell (as directed by Fire Safety Response Team (FSRT) member).
### What Do I Say When People Ask Me For Information?

**To:** Fellow employees  

- Information You May Provide:  
  - Pass on FACTS  
  - Do NOT spread rumors or unverified information  
  - Refer them to their supervisors  

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**To:** Patients and families  

- Information You May Provide:  
  - Ensure their safety and well-being  
  - Be truthful and reassuring  
  - Refer them to your supervisor  

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**To:** Media and the general public  

- Information You May Provide:  
  - Refer them to the Public Information Officer (PIO) or the Press Office
What Emergency Preparedness Training Will We Receive?

- Emergency Preparedness training is provided to all employees when hired
- Emergency Management training is included as part of your mandatory training cycle each year
- Each year, at least two emergency drills, called “exercises,” are held
We have planned various ways to assist staff in an emergency, including:

- Providing sleeping accommodations if travel is impractical
- Assisting with family communication if you cannot stay in touch
- Providing critical incident stress counseling services as needed

The best plans are always those YOU make for yourself and your family BEFORE an emergency happens.
How Do I Get Ready?

- Review available materials to help you prepare your home and family for emergencies


- Arrange for your family, dependents, pets, and home to be cared for in case you are called to duty (or are unable to go home) during an emergency

- *Remember*, our hospital can only help our patients if *you*, our staff, are here!
THANK YOU FOR YOUR ATTENTION

Please complete the:

Healthcare Emergency Management Plan Test 2018
Security Operates 24/7

- All staff including LIP's and volunteers must wear their hospital photo ID badges at all times (the use of name plates or name badges is not an acceptable substitute).
- ID badges must be worn above the waist with photo facing forward when at work.
- Do not lend your ID badge to others.
- Keep doors locked as required.
- Contact Security at 516-663-2520.
- Security Emergencies x5151.
- ID Cards may be obtained at the Security office during normal business hours or Main Lobby Desk off hours.
Security operates 24/7

- Leave security doors locked and closed
- Take your ID, lab coat or uniforms with you when you leave the hospital campus.
- Secure your area if left unattended. Make sure windows, doors, closet and cabinets are locked when leaving.
- Protect your personal property by securing wallets and pocketbooks. If you have a locker, make sure the lock is closed.
- Report to security any person or situation that makes you feel uncomfortable
Security

- Security will escort anyone, anytime to their vehicle, jump-start car batteries, etc. If you require access to a locked area, you must present your ID.

- Report all security incidents such as:
  - Lost items
  - Thefts
  - Suspicious persons
  - Unusual occurrences

**SMOKING POLICY:**
Smoking is prohibited everywhere on the Hospital campus
Parking Enforcement

- All employee vehicles utilizing hospital parking **MUST** be registered with the license plate number through the Security Department.

- All staff **MUST** park in the lot that has been assigned to them by the Security Department.

- All staff **MUST** present their ID badge at the gate to the parking lot you are assigned to (swipe or show to attendant).

- All vehicles **MUST** have the appropriate parking sticker/Placard adhered to the rear view mirror. Failure to do so will result in a loss of parking privileges until such time that the vehicle is compliant.
Parking Enforcement

- Staff with handicap parking privileges MUST register their placard with the Security Department. Timely renewal of the placards is the employee’s responsibility. Placards MUST be displayed while utilizing a handicap space. Violators will be subject to loss of parking privileges and tow at the owner’s expense.

- Vehicles MUST be parked in marked stalls ONLY. Any staff that parks on turns, in cross-hatched areas or blocks stairwell doors will be subject to loss of parking privileges, disciplinary action and tow at the owner’s expense.

- Staff observed by Security taking tickets to enter the Visitor Garage, speeding and/or aggressive driving on hospital property or tampering with any parking gate will be subject to loss of parking privileges and disciplinary action.
Parking Enforcement

The Security Department is available 24/7 to escort staff to their vehicle. To request an escort, call the Security Desk in the main lobby at 516-663-2520.

NYU Winthrop’s Employee Parking Garage is located at 284 Old Country Road, Mineola, NY 11501

Off-Site Parking is available via Shuttle Service 6:00 AM-8:30 PM Monday-Friday (Sears: 1111 Franklin Avenue, Garden City, NY 11530) Shuttle Hotline 516-240-RIDE
Workplace Violence

- NYU Winthrop Hospital is concerned and committed to our employees’ safety and health
- We have zero tolerance for violence in the workplace
- Workplace violence is defined as any violent behavior or threat of violence
  - Examples include hitting, punching, poking, throwing objects, verbal altercations where a threat is made to a person or person’s family or property.
Indicators of potentially violent behavior:

- Increased use of alcohol and/or illegal drugs. Depression/Withdrawal.
- Unexplained increase in absenteeism. Increased severe mood swings
- Noticeably unstable, emotional responses. Talk of incidents of violence.
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes.
IF YOU SEE SOMETHING SAY SOMETHING

- Respond to escalating behavior
- Acknowledge the complaint and provide reassurance
- Do not match the threats. Use low vocal tones.
- Speak slowly and in a clear and reassuring voice.
- Try to re-direct the persons focus away from the issue causing aggression.
- Alert the physician and your manager or supervisor of the situation
- Contact security – provide the location and a description
IF YOU SEE SOMETHING SAY SOMETHING

- If anyone presents at the Hospital with a weapon, always contact Security.
  - Dial 516-663-2222 on campus
  - Dial 911 off campus

- If you are involved in an Active Shooter situation, try to remain calm and:
  - Contact Security as soon as possible and provide Security with specifics
  - Warn others to take steps for personal safety & safety of patients & visitors
  - If you are responsible for patients, afford them protection as best you can
  - Go to a room that can be locked or barricaded. Turn off lights, radios or devices that emit sound. Silence cell phones. Keep yourself out of sight and take adequate cover/protection.
  - Counter as a last resort – distract shooters ability to shoot accurately. Move towards the exit while making noise and throw objects in the shooters direction.
Code Amber

- To provide an appropriate response if an infant/child is abducted from the Hospital and ensure that hospital personnel and outside agencies are notified appropriately in order to locate and reunite both child and family as quickly as possible.
WHAT TO DO IF AN INFANT/CHILD IS REPORTED MISSING

Nursing

- In the event that an abduction is observed/suspected or an infant/child is unaccounted for, the following procedure will be followed:
  
  - Staff member suspecting an Infant/Pediatric abduction immediately notifies Nurse Manager/Designee; census check, Security Notification and immediate search of the unit is initiated.

  - The entire unit will be closed and no unauthorized personnel will be allowed to enter or exit. All staff, patients and visitors will be required to remain on unit until Code Amber is over.
Unit Staff should proceed to exit doors/stairwells, close them and monitor. Staff members should maintain assigned posts until the “all clear” notice has been issued.

Only authorized hospital employees with proper identification badges or law enforcement personnel with identification shall enter or exit the area until an ALL CLEAR CODE AMBER message is announced.

If an abduction was observed, Observer will provide Security with a description of the person seen taking the infant/child and the direction in which they were last seen.
Code Amber

- Staff will initiate CODE AMBER by dialing 516-663-2222 to request an overhead page for a Code Amber response to the designated location, identifying floor, specific area and age/sex of child.

- Telephone Operators when notified by the Nursing/Security Department, will make the following announcement:

  “Attention, Attention, There is a Code AMBER on (Give the Location), Boy/Girl, Age. This is/is not a drill.”

  “Attention, Attention, The Code AMBER on (Give the location) has ended”. 
Code Amber

- Staff should scan visitors/patients to ensure that abductor has not remained on unit.

- A joint search between Security and assigned staff should include the patient unit, public restrooms, waiting rooms and corridors in the area, with attention given to suspicious items (i.e. clothing, bags, blankets, etc.). All interior stairwells should be searched.

- Staff members should maintain assigned posts until the “all clear” notice has been issued.
Other Areas of the Hospital

- Upon hearing “Code Amber” all Departments/Units, will follow their Code Amber protocols. Designated Departments, under the direction of Security may be utilized to observe the public areas, including corridors, stairwells, exits, bathrooms, etc.

- If a suspicious individual is seen, staff will immediately notify Security of the description of the individual and the direction they are headed. If possible, the employee should follow the person. If the person gets into a car the license number should be taken.
Code Amber

- Any suspicious persons
- Any suspicious bundles or bags that could conceal abducted infant
- Any escorted children being held (hands or carried) who appear upset/disturbed or angry.
- All entrances/exits will be monitored utilizing CCTV or Staff
- An Emergency Communications Post may be established in the Chief Operating Officer’s Conference Room
Alarms & Devices

- RED ALARMS
  - Cut band
  - Band off
  - No signal
  - Exit alarm
    (indicates band near door)

- Yellow Tag Infants

- White Tag Pediatric Patients
2018 Emergency Codes

Code GREY ★
- Used to announce a Security Incident- **staff can call 2222**
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Security and Affected Department
- Staff Actions-follow instructions of Security Officer and Department Supervisor

Code M
- Used to notify when behavior of patient is determined to be potentially dangerous to self or others- **staff can call 2222**
- Applies to Code M team
- Announced via overhead page, emergency notification system
- Response by Code M
- Staff Actions-none required, unless a member of Code M
Code **RED** ★

- Used to announce a confirmed fire/smoke condition- **staff can call 2222**
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Fire Safety Response Team, Fire Department
- Staff Actions-follow instructions of Fire Safety Response Team, and/or Fire Department

Code **Yellow** ★

- Used to announce a bomb/bomb threat- **staff can call 2222**
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Security, Engineering
- Staff Actions-follow instructions of Office of Emergency Management, Security, Engineering, Law Enforcement
2018 Emergency Codes

**Code BROWN ★**

- Used to announce a significant Utility System Failure/Disruption that significantly and negatively impacts patient care or safety
- Applies to all staff at affected location
- Announced via emergency notification system as required
- Response by Office of Emergency Management, Engineering, Security
- Staff Actions-follow instructions of Office of Emergency Management, Security, Engineering

**Code PURPLE ★**

- Used to notify missing in-patient (elopement)
- Applies to all staff at affected location
- Announced via overhead page, emergency notification system
- Response by Security and members of Affected Department
- Staff Actions-as directed by Department manager, Security
Security Contact Information

MAIN NUMBERS:

Security Desk Main Lobby 516-663-2520

- ALL EMERGENCY CODES REQUIRING OVERHEAD ANNOUNCEMENT (OUTLINED ON BADGE BUDDY) CALL HOSPITAL PAGE OPERATOR 2222

- FOR IMMEDIATE EMERGENCY SECURITY NOTIFICATION x5151
  - (EXAMPLE: SUSPICIOUS PERSON/PACKAGE ON UNIT/ESCALATING SITUATION REQUIRING SECURITY PRESENCE OTHER THAN A CODE GREY/M)

DIRECTOR OF SECURITY:
Mark Warren, MJWarren@NYUWinthrop.org, 516-663-4489