

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

TABLE OF CONTENTS

Section 1: Infection Control / Infection

[COVID-19](#)

[General Infection Control](#)

[Operating Room Surgical Attire Requirements](#)

[Safe Injection Practices](#)

[Sepsis](#)

Section 2: Patient Rights & Care

[Advance Directives / DNR / MOLST](#)

[Behavioral Health Training](#)

[EMTALA](#)

[Ethics Consult](#)

[HIV Clinical Care](#)

[Human Trafficking](#)

[Patient Bill of Rights](#)

[Patient Positioning](#)

[Procedure Verification / Consent](#)

[Restraint Standard for Inpatient Psychiatric and Non-Psychiatric Units](#)

[Substance Use Disorder \(SUD\)](#)

[Suicide Precautions for Non-Psychiatric Units](#)

Section 3: Expectations for Behavior

[Child Abuse](#)

[Code of Professional Behavior](#)

[Domestic Violence](#)

[Gender Identity Awareness](#)

[Patient Experience / Satisfaction](#)

[Physical and / or Mental Impairment; Substance Use, Screening, and Intervention](#)

[Sensitive Treatment of Patients with Obesity](#)

[Sexual Harassment](#)

[Workplace Violence](#)

Section 4: Safety

[Accessing Policies and Forms on MCN](#)

[Emergency Codes](#)

[Employee / Student Health Office](#)

[Identification of Patient Risk](#)

[General Fire Safety](#)

[Medication Administration](#)

[OR Fire Safety](#)

[Resuscitation Program Overview](#)

[Right to Know GHS](#)

Section 5: Security, Compliance, Privacy and Documentation

[Clinical Documentation Improvement \(CDI\)](#)

[ID Badge](#)

[Institutional Compliance](#)

[Privacy & Security of Patient Information](#)

[Safety Alert System](#)

Section 6: Medical Students

[Working with Medical Students](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 1: INFECTION CONTROL

COVID-19

[\(Back to Table of Contents\)](#)

Every Medical Staff member should consult the internal COVID-19 webpage (<https://upstate.ellucid.com/manuals/binder/477>) to keep up with the latest policies and procedures.

General Infection Control

[\(Back to Table of Contents\)](#)

Hand Hygiene is defined by World Health Organization, the CDC and facility policy:

- Upon entering and leaving the patient's environment (applies to all areas such as patient rooms, treatment areas and procedural areas)
- Before patient contact (and between contact with different sites on the same patient)
- Before Aseptic Task (performing any invasive procedure/prior to putting on sterile gloves)
- After Body Fluid Exposure Risk
- After patient contact (after removing gloves)
- After contact with patient surroundings

Handwash: requires 15-20 seconds of friction under running water/Required for all care of patients with C. difficile on Contact Precautions PLUS

Use Alcohol Gel/Foam: When hands are not visibly soiled/ Appropriate for same conditions listed above with exception of C. difficile patients.

'SwipeSense' Electronic Hand Hygiene Monitoring System (EHHMS):

- Individual assigned badges must remain with employee ID at all times/properly secured to ID badge.
- Badges are considered medical equipment. Lost, stolen, or damaged EHHMS badges must be reported to your department and an occurrence is filed by infection prevention. See Policy I-03 Event/Occurrence & Injury Reports
- An alcohol prep pad can be used to clean badge if becomes soiled.
- Swipe Sense Tips:
 - "Address" the soap/sanitizer dispenser head on
 - Watch for the green light at the base of the dispenser-the green light indicates "credit" for the washing
 - Wear your badge at shoulder height for the best result
 - If you wear swipesense in your pocket do not put near any device with an antenna (cell phone)
 - Upstate policy you must wash when crossing "in to" and "out of" every patient room
 - Exit one room immediately enter the next room your "wash out" counts for the "wash in" in the next room
 - Swipe sense provides "credit" for a patient room entry when you remain in the room for longer than 1 minute
 - Credit when hands are washed within 60 seconds of entering or exiting a room
 - Don't hover in the doorway and at least one foot away from the door
 - Hand sanitizer on carts does not count toward swipe sense tracking
 - Know your data, you might be surprised!
- For additional information: [I-03 Event/Occurrence & Injury Reports, Patients & Visitors](#)

OSHA Blood Borne Pathogen Standard, considers the blood and body fluids of all patients potentially infectious without regard to their medical diagnosis (sharps safety; engineering controls; safety device use)

Evidence Based Prevention Strategies for:

- Prevention of Central Line Associated Bloodstream Infections (CLABSI) includes insertion and maintenance bundles; Catheter Associated Urinary Tract Infections (CAUTI) includes criteria for insertion; daily need assessment; Surgical Site Infections (SSI) - includes pre-op antibiotic management, patient temperature control - Monthly infection rates reported by Infection Prevention Office
- Management of patients with multidrug resistant organisms (MRSA, VRE, CRE, C. difficile and others) includes isolation categories, readmit electronic alert codes, high touch surface cleaning, UV light disinfection

Reporting Communicable Disease Exposures: Contact Employee Health or the Administrative Supervisor.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Reporting blood & body fluid exposures: Contact Employee Health (DT: until 3:30 PM, CC: until 2 PM) or the Emergency Department for evaluation and care.

Tuberculosis: an airborne disease-spread person-to-person by inhaling small particle sized bacteria that can remain in the air

- People at Risk for TB: Elderly, Prison inmates, People with a chronic illness – e.g. diabetes, People whose immune systems are lowered by certain medications/chemotherapy or diseases like HIV/AIDS, Alcoholics, people with poor nutrition, IV drug users, People from countries with a high rate of TB, Homeless
- TB Control Measures: Policies to ensure rapid identification, isolation, diagnosis, and treatment of those likely to have TB; Effective work practices such as wearing respiratory protection properly; Medical clearance and mask fit testing required via Employee Health Office; Education, training, and counseling health care workers (HCW) about TB; Screening HCW for TB infection and disease
- Tuberculosis Surveillance: All are screened for symptoms of active pulmonary tuberculosis (TB) at pre-employment and when completing an annual health assessment questionnaire (AHAQ). TB testing is required pre-employment for all who have direct or indirect patient contact. Policy ADM T-02 defines the levels of patient contact, screening questions to identify increased risk for TB, and outlines the annual risk assessment performed by the Infection Prevention Department based on CDC guidelines to define the facility's level of TB risk. An individual's need for testing will be based on the defined hospital risk and the individual's level of patient contact.

Additional Information:

[IC D-01, Hand Hygiene](#)

[T-02, Tuberculosis Screening & Exposure Follow Up](#)

[OSHA Regulation](#)

[WHO pamphlet: Infection Prevention and Control](#)

[SwipeSense Presentation](#)

Operating Room Surgical Attire Requirements

[\(Back to Table of Contents\)](#)

Required in all areas beyond the yellow line

- Semi-restricted (i.e. Hallways, Substeriles and storage areas)
- Restricted (i.e. operating rooms & sterile processing)

Masks

- Masks are single use items and are not to be saved by hanging them around neck or tucking them into pocket for future use. Masks should be removed carefully by handling only the ties and should be discarded immediately after removal.

All Head and facial hair must be covered

- Disposable head covers (bouffant or skull caps) is the accepted attire for preventing hair from falling into the wound or sterile/clean work areas. Non-disposable (personal) skull caps are unauthorized unless it is completely covered by a bouffant cap. Head cover is to confine all hair to minimize the microbial dispersal.
- Beards/facial hair must be covered at all times.

Attire/scrubs

- Facility provided, clean, and freshly laundered in a healthcare accredited laundry facility, or disposable surgical attire is to be donned daily in a designated dressing area before entry into the semi-restricted and restricted areas.
- Undergarments that are visible/exceed scrub attire length are not acceptable.
- Facility provided attire is not to be worn into or out of the institution.

Jewelry and Eye protection

- Jewelry (e.g. earrings, necklaces, bracelets, rings, watches, and facial piercings) that cannot be contained or confined/covered within the scrub attire should not be worn in the restricted areas when providing patient care. Scrubbed personnel must remove jewelry (e.g. rings, bracelets, watches) from hands and arms when scrubbed at the operative field. Please refer to Surgical Hand Antisepsis policy CM S-28.
- All personnel in the restricted areas must wear eye protection: glasses with solid side shields, goggles, or face shields whenever splashes, spray, spatter, or droplets of blood, body fluids, or other potentially infectious materials may be generated and eye contamination can be reasonably anticipated.

***Hospital surgical attire is not to be worn to work or taken home.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Additional information:

[CM S-31, Peri-Operative / Procedural Attire](#)

[CM S-28, Surgical Hand Antisepsis policy](#)

Safe Injection Practices

[\(Back to Table of Contents\)](#)

The CDC and the New York State Health Department have defined Safe Injection Practice as described below in response to: a) national outbreaks of Hepatitis B virus and Hepatitis C Virus and b) investigation of post-myelography bacterial meningitis cases that concluded face masks were not worn by clinicians during the procedure and droplet transmission of oral pharyngeal flora was likely. All licensed personnel must comply with these standards. This applies to: use of needles, cannula that replace needles, and intravenous delivery systems.

- One needle, one syringe, one time. No reuse of needles or syringes for more than one patient/no reuse to draw up additional medication
- Limit use of multi-dose vials and dedicate them to a single patient whenever possible
- Do not administer medications from a single dose vial or IV bag to multiple patients
- Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e.: myelograms, lumbar punctures, spinal or epidural anesthesia).

Additional Information:

[CDC Injection Safety](#)

Sepsis

[\(Back to Table of Contents\)](#)

Sepsis: Known or suspected infection with two or more SIRS criteria present. If Sepsis present, evaluate for possible organ dysfunction (Lactate > 2, CMP to evaluate CR and Total Bilirubin, or hypotension). Absent dysregulated state (absence of SIRS Criteria or Organ Dysfunction), there is no sepsis only local infection.

Severe Sepsis: Known or Suspected infection with the presence of organ dysfunction.

Septic Shock: Known or Suspected infection with lactate levels > 4, hypotension continuing after fluid resuscitation, or the need for pressors.

If a dysregulated state is present and **due to the infection (or suspected to be due to infection)**; link these two phenomena in your documentation to support the diagnosis and severity of sepsis, or "rule out" if not related. Order set use is recommended in meeting compliance with regulatory metrics reported on ALL cases of Severe Sepsis and Septic Shock. Individual and departmental feedback on adherence to regulatory guidelines is routinely provided.

Please review the Sepsis Presentation: <https://upstate.voicethread.com/share/18116303/>

Additional Information:

[CM S-32 Sepsis Recognition and Management](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 2: PATIENT RIGHTS AND CARE

Advance Directives/DNR/MOLST

[\(Back to Table of Contents\)](#)

Competent adults and emancipated minors have the right to provide instructions about future treatment should they lose the capacity to make health care decisions. Such instructions may be in the form of a Health Care Proxy (HCP), Living Will or other written form or verbal instructions regarding health care. Patients (or their Authorized Decision Makers) have varying preferences about the kinds of treatment desired as the end of life approaches. Upstate Hospital is committed to honoring these preferences, within the bounds of medically appropriate treatment and in light of applicable laws. Patients have broad rights to refuse medical treatment, including life-sustaining treatment. If patients are incapacitated, the Authorized Decision Maker has the ethical and legal right to make decisions on the patient's behalf. The standards for such decisions are, in order of preference:

- 1) the patient's prior wishes;
- 2) inferred from the patient's values and beliefs (substituted judgment);
- 3) The patient's best interests.

Refusal of medical treatment will be documented, as appropriate, by progress notes detailing the plan of care and completion of appropriate forms (including Do Not Resuscitate (DNR) order or Medical Orders for Life Sustaining Treatment (MOLST) forms) as described in Upstate's policies.

Upstate honors previously executed Medical Orders for Life-Sustaining Treatment (MOLST) Department of Health (DOH) form 5003 and the Non-Hospital Order Not to Resuscitate DOH form 3474. These forms must be converted to Upstate DNR / DNI forms and (corresponding EPIC orders) will be used to document inpatient DNR/DNI orders. Only an attending physician (not a resident) or an Advanced Practice Provider (NP or PA) can sign a DNR or MOLST form. All patients approaching the end of life will be offered the optimal relief of pain and other symptoms, and assistance with decisions regarding forgoing life sustaining treatments. The Palliative Care Team responds to requests by patients, families, or clinicians to assist in the provision of pain relief, symptom management, and comfort and assistance with clarifying goals of care. Upstate Hospital affords all patients, including those with developmental disabilities, full and equal rights and equal protection as provided for in applicable laws.

DNR/MOLST for persons with an intellectual and/or Developmental Disability (I/DD) – only an attending physician (not an Advanced Practice Provider or resident) can complete a DNR and/or MOLST for a patient with I/DD who lack capacity and do not have an HCP as long as the patient meets the legal requirements based upon the MOLST legal checklist and 1750b process, regardless of the patient's age or residential setting.

The protocol for determining the appropriate decision-maker of a non-developmentally disabled patient if incapacitated and has no health care proxy is located under the FHCDA (Family Health Care Decisions Act) law, Policy C-07 and CM E-17.

Additional information:

[FHCDA \(Family Health Care Decisions Act\) Law](#)
[NY Bar Association](#)
[CM A-25 Advance Directive Management of](#)
[C-07 Informed Consent / Refusal](#)
[CM E-17 End of Life, including DNR and MOLST](#)
[PROC CM E-17A eMOLST Procedure](#)

Behavioral Health Training

[\(Back to Table of Contents\)](#)

New York State's most recent health data report (<http://www.health.data.ny.gov/>) finds drug abuse and depression diagnoses exceeds those of diabetes, hypertension and asthma as the leading cause of inpatient and emergency department utilization for Medicaid Enrollee's in the Central New York Region. Upstate has recently issued training materials for all hospital staff to increase awareness of patients with behavioral health issues and how to ensure they are connected to appropriate resources.

Additional information:

[Behavioral Health PowerPoint](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

EMTALA

(Emergency Medical Treatment and Active Labor Act as mandated in 1986)

([Back to Table of Contents](#))

Upstate University Hospital will comply with all applicable standards of care and State and federal laws, rules, and regulations governing the provision of emergency services and transfer of patients between medical facilities. One of such laws is the Emergency Medical Treatment and Active Labor Act of 1986 (EMTALA), also known as the "Anti-Dumping Act".

EMTALA is a federal law that generally requires hospital to provide emergency care to patients who come to the hospital regardless of ability to pay.

EMTALA requirements generally apply to persons who (a) come to the Emergency Department or to hospital property (the hospital campus and area within 250 yards of the hospital's main buildings), and (b) make a request for examination or treatment, such request is made on the person's behalf, or a prudent layperson observer would conclude from the person's appearance or behavior that there is a need for examination and treatment.

Fundamental requirements of EMTALA include:

- Provide an appropriate **medical screening exam** within the capability of the hospital. The purpose of the exam is to determine whether an **emergency medical condition** exists.
- If it is determined that an emergency medical condition exists, then either provide **stabilizing treatment or an appropriate transfer***.

* An **appropriate transfer** means the transferring hospital:

- provides treatment within its capability to minimize risk of harm;
 - contacts the receiving facility which agrees to accept the transfer;
 - sends relevant records available at time of transfer and sends additional records (such as test results not yet available) as soon as practicable after the transfer;
 - provides name of on-call physician who failed/refused to respond to provide stabilizing treatment, (if any); and
 - effects the transfer with qualified personnel with proper equipment, including life support measures.
- A person with an **un-stabilized emergency medical condition** may not be transferred UNLESS:
 - The person or his/her decisionmaker requests transfer in writing after being informed of hospital's EMTALA obligations and the risks of the transfer, OR

A physician certifies that based on the information available at the time of transfer, that the medical benefits of treatment at the other facility outweigh the risks of the transfer; AND

 - The transfer is appropriate (as outlined above).
 - A **hospital with specialized capabilities**—including specialized equipment or personnel (including mental health, NICU, burn unit, trauma)—must accept transfer of a person requiring such capabilities if the hospital has capacity.

Penalties for violations of EMTALA include termination of Medicare provider agreements, exclusion from Medicare and Medicaid, civil monetary penalties of approximately \$113,000 per violation (2021 adjusted maximum penalty), and private lawsuits seeking damages for personal injuries allegedly caused by violation.

Additional information:

[CM E-15 Emergency Medical Code Team Response](#)

[E-13 EMTALA](#)

[T-11. Inter-facility Transfer and Cross-Campus Transport of Patients](#)

[MSB R-09, Rule and Regulations – On call Coverage and Consultation Responsibilities](#)

[MSB R-10, Rules and Regulations – Medical Screening Exams](#)

Ethics Consult

([Back to Table of Contents](#))

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

New York State requires a formal review mechanism for some medical decisions at the end of life. When disagreements about medical decisions at the end of life persist, providers may call for an ethics consult to seek to resolve the disagreement.

[Additional information](#)
[E-18 Ethics Review Teams](#)

[HIV Clinical Care](#)

[\(Back to Table of Contents\)](#)

HIV testing requirements

- HIV testing should be approached as a part of routine care.
- New York State mandates that all persons between the ages of 13 and up receiving hospital, emergency department, or primary care outpatient services be offered HIV testing at least once in their lifetime, and the offer should be documented in the medical record.
- More frequent testing (at least once a year) should be offered for individuals with new or non-monogamous sexual partners or potential blood exposures.

Verbal consent for HIV testing

- Prior to testing, patients or their surrogates (if patients cannot consent) should be informed verbally that an HIV test will be done. If patient verbally accepts the offer of testing, their acceptance does not need to be documented; if they decline it should be documented.
- Patients should have access to the NYS Dept. of Health “7 points of HIV Education” in an information packet, posting, or through verbal review in the setting in which they are testing. At Upstate, this information is typically provided in the consent for treatment documents in an inpatient or outpatient setting.

HIV test results

- The “Combo Screen” or HIV 1/2 Ag/Ab test is the first test in an algorithm of 3 tests. A positive Combo screen may or may not be a true positive. It will automatically reflex to confirmatory tests which take between 2 days - 1 week to result.

Disclosure of HIV test results

- HIV test results should be delivered in a privately (not in a shared hospital space) and to the patient only, unless they are a young child
- All people with HIV should be encouraged to disclose their status to their partners, but only attending physicians and communicable disease investigators can make disclosures to partners when the infected patient has repeatedly declined to do so, under specific circumstances. This process can be discussed with Inclusive Health Services if need be.

Rapid linkage to care for patients diagnosed with HIV

- Patients who test positive for HIV (with at least 2 tests in the algorithm positive) should be referred immediately to specialty HIV care with a goal of starting HIV medications within 3 days of diagnosis.
- Disclosure of positive results should ideally occur in person. Disclosures over the phone are allowed if in-person disclosure is not realistic, or if it is thought that the risk/benefit ratio of a phone disclosure is favorable. Results (positive and negative) will go automatically into the electronic medical record.
- Pediatric Infectious Disease should see newly diagnosed patients up through age 25.
- Patients 26 and older should be referred to Inclusive Health Services. Inclusive Health will see newly diagnosed patients within 3 days of diagnosis, and intakes for new patients should be called to pager 315-223-0225.
- All newly diagnosed patients who are inpatient should be seen by the pediatric or adult infectious disease consult services prior to discharge.

Key points to remember about HIV

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

- Most people with HIV live long and healthy lives with treatment
- People with HIV who are taking antiretroviral medications and have been virologically suppressed for at least 6 months do not transmit HIV to others through sex.
- PrEP (taken by people at risk for HIV before an exposure) and PEP (taken by people who have had an unexpected exposure to HIV through needles, sex, or other exchange of body fluids) are both highly effective means of preventing HIV. PrEP and PEP medications are very safe and have low rates of side effects.
- Staff with needlestick exposures to HIV should still call employee health during business hours or report to the ED during non-business hours and start prophylaxis as soon as possible; it can always be stopped if it is later determined to be unnecessary. People who have had a non-occupational exposure to HIV and wonder if they may need PEP can call the NYS PEP hotline at 844-PEP4NOW (844-737-4669).

Please feel free to reach out to Inclusive Health Services at 315-464-5533 for any HIV testing related questions not covered here.

Additional Information:

[H-03 HIV Related testing and Mandatory Reporting for Inpatients and Outpatients](#)

Human Trafficking

[\(Back to Table of Contents\)](#)

The assessment and screening related to all Upstate University Hospital inpatients and outpatients includes screening related to Human Trafficking in accordance with Public Health Law 2805-Y. Medical Providers and nursing will assess patients 12 years old and above for red flag indicators. If concerns exist the attending will be notified and a social work consult will be requested.

Additional Information:

[CM H-31 Identification and Treatment of Victims of Human trafficking](#)

[V-11 Victims of Violence, Abuse, or Neglect](#)

[P-46 Patient Consent for Photography or Other Visual or Audio Recordings by Upstate Staff](#)

Patient Bill of Rights

[\(Back to Table of Contents\)](#)

Upon inpatient registration, including those patients in "Outpatient Observation" status, patients and / or patient representatives are offered a copy of the Upstate University Hospital's Patient Handbook, which includes the Patient and Parent Rights and Responsibilities. This Handbook is also offered upon Emergency Department registration. Additionally, at least annually, this Handbook will be offered to outpatient/ambulatory patients. For Telemedicine visits, this handbook will be sent via email or texted. This Handbook also include the process by which to raise and resolve complaints and/or grievances, including the right to contact the New York State Department of Health. A copy of Upstate University Hospital's Patient Handbook can be found at: <http://www.upstate.edu/marketing/pdf/patient-rights.pdf>. Medicare patients shall also be offered a copy of the Centers for Medicare & Medicaid Services (CMS) "Important Message from Medicare" notification upon admission and in MyChart for active MyChart users.

Additional information:

[B-01 Patient & Parent Rights and Responsibilities](#)

[Public Health Law \(PHL\) 2803 \(1\) \(g\)](#)

[10NYCRR, 405.7](#)

Patient Positioning

[\(Back to Table of Contents\)](#)

Intraoperative positioning policies and procedures were updated in May of 2021 to be more closely aligned with AORN intraoperative positioning guidelines and improve patient safety. A corresponding educational PowerPoint has also been developed.

Please review each policy/procedure as well as the educational PowerPoint.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Safe and appropriate positioning require teamwork. The perioperative team should actively participate in safely positioning the patient under the direction of and in collaboration with the surgeon and anesthesia provider. All patients will be positioned intraoperatively for optimum exposure of the surgical site(s) with the following safety measures in mind:

- Airway management, ventilation, and monitoring access for the anesthesia care provider.
- Physiologic safety of patient
 - Maintaining proper body alignment
 - Padding pressure areas
- Maintenance of patient dignity by controlling unnecessary exposure.
- Specific patient needs should be communicated to the perioperative team before initiating transferring or positioning the patient. Consideration must be given to the patient's overall health status.
- Prior to draping, the patient's positioning should be tested for sliding, limb impingement, respiratory and circulatory problems.
- Perioperative team members should implement measures to reduce the risk of nerve and eye injuries.
- After positioning the patient (before surgical skin prep) the perioperative team should assess the patient's body alignment, tissue perfusion, and skin integrity.
- Repositioning interventions and repositioning intervals should be based on the individual patient and the specific situation and established by the perioperative team before the beginning of the procedure, if possible. See position-specific procedures for recommended repositioning / leveling intervals.

Types of positioning:

- Lateral
- Lithotomy
- Prone
- Supine
- Trendelenburg / Reverse Trendelenburg
- Sitting or Semi-sitting (Beach Chair / Fowler / Semi-Fowler) Position

Additional Information:

[The Basics of Positioning Patients in Surgery](#)

[OPER P-04 Intraoperative Patient Positioning](#)

[PROC OPER P-04A Lateral Positioning](#)

[PROC OPER P-04B Lithotomy Positioning](#)

[PROC OPER P-04C Prone Positioning](#)

[PROC OPER P-04D Supine Positioning](#)

[PROC OPER P-04E Trendelenburg / Reverse Trendelenburg Positioning](#)

[PROC OPER P-04F Sitting or Semi-sitting \(Beach Chair/Fowler/Semi-Fowler\) Position](#)

[Procedure Verification/Consent](#)

[\(Back to Table of Contents\)](#)

The process for procedure verification and consent applies to ALL clinical settings when patients are exposed to more than minimal risk, including: special procedure units, endoscopy units, catheterization laboratories, interventional radiology suites, intensive care units, labor and delivery areas, emergency departments, bedside procedures, CT scans, and all clinical units.

Additional Information:

[S-19 Procedure Verification for Surgical and Invasive Procedures](#)

[C-07 Informed Consent / Refusal](#)

[Restraint Standards for Inpatient Psychiatric and Non-Psychiatric Units](#)

[\(Back to Table of Contents\)](#)

Restraint: Any manual method, physical or mechanical device, material, apparatus or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition.

Types of Restraints:

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

1. **Manual Restraint:** Involuntary holding or pinning of an individual to restrict movement of the head, arms or body. Manual restraints include, but are not limited to, physical restraints required to facilitate the safe administration of court ordered or emergency medications administered over a patient's objection, physical take downs, or other physical interventions that are designed to involuntarily hold or pin the individual to restrict movement.
 - i. **Medical Immobilization is NOT considered a form of restraint.** Medical immobilization is defined as the use of a device to restrict movement associated with, or during, a medical, dental, surgical, or diagnostic procedure.
 - ii. **Adaptive support and Assistive Devices are NOT considered a form of restraint** unless the intent of their use is to restrict the patient's movement and/or deny the patient normal access to their body.
2. **Restraint Alternative/Preventive Measures:** Any intervention or device that eliminates the need to use a restraint. Some examples are lap belts that can be released by the patient, moving the patient closer to the nursing station, or utilizing a family member or sitter to stay with the patient, diversional activities, interventions, calming techniques, and re-orientation.

Who can order restraints: This varies by area, please read the reference policies and review the PowerPoint for complete information.

Duration of restraint use: Please see the reference policies and review the PowerPoint for complete information.

Additional information:

[Restraints: Provider Education](#)

[PSY R-06, Restraint and Seclusion Standards for Inpatient Psychiatric Unit](#)

[CM R-13, Restraint Standards for Non-Psychiatric Patient Care Units](#)

Substance Use Disorder (SUD)

[\(Back to Table of Contents\)](#)

Patients shall be screened for Substance Use Disorder (SUD), and where applicable, offered access to treatment, including Medication-Assisted Treatment (MAT), as well as a referral for treatment and educational materials for SUD. Social Work will be consulted for further evaluation and assistance.

Please place Addiction Consult via EMR and page on Amion as early in the admission or encounter as possible.

Tobacco use disorder: NRT for nicotine withdrawal and/or Varenicline and bupropion PO.

Alcohol use disorder: Please review the alcohol withdrawal procedure (see link below).

Opioid use disorder: *Please see voice thread below for additional education

- **Buprenorphine is an opioid agonist/antagonist;** verify if a current home medication and the dose on the Prescription Monitoring Program (PMP). Use caution if there's been an interruption in administration and if opioid agonists have been administered. Call for Addiction Consult.
- **Methadone is an opioid agonist;** for OUD, call the prescribing clinic ASAP to verify dose and continue medication in solution form (not tablet). Call for Addiction Consult. For pain management, verify on ISTOP.
- **Naltrexone or extended release naltrexone injection is an opioid antagonist.** Please obtain Acute Pain Consult and/or Addiction Consult for assistance as indicated.

Naloxone is an opioid antagonist used to reverse an opioid overdose. Please prescribe on discharge for high risk individuals. High risk populations include:

- Opioid use of >50 morphine milligram equivalents (MME)/day and/or with concurrent benzodiazepine use
- History of unintentional opioid overdose with or without naloxone administration
- Recent illicit opioid use/Intravenous Drug Use (IVDU)

Remember to always check the PMP for past 1-year controlled substance prescriptions. Place Addiction and/or Pain Consult for assistance.

Patients should be provided with information regarding the availability of substance use disorder treatment during each encounter. This can be done with social work assistance for screening and referral, and via OASAS handout (see link) that's available in the After-Visit Summary.

Utilize the Opioid Withdrawal order set and view the education on Opioid Withdrawal Management and Medications to treat Opioid Use Disorder. Please reach out to Theresa Baxter, FNP at (315) 464-9273 with questions or discussion.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Education to treat opioid use disorder and withdrawal, and how to use buprenorphine: <https://upstate.voicethread.com/share/17619754/>

Medical providers with a DEA license to prescribe controlled substances no longer have to complete additional education prior to prescribing buprenorphine, however providers must still file their intent to prescribe it. This will permit licensed medical providers to prescribe buprenorphine to up to 30 patients at a time.

Buprenorphine is a unique medication used to treat OUD and isn't without risks; consider each patient you're treating individually and utilize a mentor when you're new to prescribing. Patient consent and education must be conducted.

The following link will guide you through the process to apply for the waiver of intent to prescribe. <https://cabridge.org/general/new-hhs-practice-guidelines/>

For prescribing information please review policy CM O-14: [Opioid Safety and Management Policy](#)

Please call the Addiction team for additional assistance and view the PowerPoint for useful information. Additional resources: PCSS, CA Bridge, and ASAM.

Additional information:

[CM A-27: Substance Use Screening, Intervention, and Assessment](#)

[PROC CM A-22C: Adult Alcohol Withdrawal Procedure](#)

[OASAS Handout](#)

[Suicide Precautions for Non-Psychiatric Units](#)

[\(Back to Table of Contents\)](#)

A patient who exhibits, or verbalizes suicidal thoughts/ideation will be evaluated by the Psychiatric Consultation Service to determine the need for placing the patient on Suicide Precautions to ensure patient safety.

Additional Information:

[Policy CM S-09 Suicide Precautions](#)

[Suicide Precautions PowerPoint](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 3: EXPECTATIONS FOR BEHAVIOR

Child Abuse

[\(Back to Table of Contents\)](#)

Personnel of University Hospital are required to make a report on behalf of children less than 18 years of age who are, or are suspected of being, abused, maltreated, or neglected when such children are encountered in the ordinary course of work in the hospital or affiliated services. All suspected cases of child abuse and maltreatment must be reported to the New York State Central Register (1-800-635-1522) as soon as the concern arises. You are required to make a report on behalf of an individual with special needs to the New York State Vulnerable Persons Central Register (855-373-2122). Failure to report such incidents can result in civil and criminal penalties to the hospital and/or individual health team members. Hospital personnel encountering suspected child abuse and maltreatment should contact Social Work and the CARE Program or if unavailable, the nursing supervisor, immediately.

Additional Information:

[C-06 Medical Management of Suspected Abused or neglected Child, Including Physician Taking Protective Custody](#) (For purposes of this policy, the applicable definitions of child sexual abuse are those used in the NYS Penal Law in Articles 130 and 263 and Section 260.10 and "child" is defined as an individual under the age of 17.)

Code of Professional Behavior

[\(Back to Table of Contents\)](#)

In order to promote and support the mission and values of SUNY Upstate Medical University, all credentialed medical providers are expected to maintain the highest level of professional behavior, ethics, integrity and honesty, regardless of position or status. All credentialed medical providers shall conduct themselves in a professional and cooperative manner, and shall not engage in disruptive behavior directed at or in the proximity of patients, patient's families, staff and peers. This is based on the premise that disruptive behavior has a negative impact on the quality of patient care, as safety thrives in an environment that values and promotes cooperation and respect for others.

Additional Information:

[MSB X-03 Addendum C: Code of Professional Behavior](#)

Domestic Violence

[\(Back to Table of Contents\)](#)

Domestic violence is behavior that cannot be tolerated. Upstate actively provides information and support to employees who are victims of such abuse.

The following individuals/offices are designated as available to support those in need of assistance concerning domestic violence:

- Employee Assistance Program, (315) 464-5760
- Human Resources Benefits Leave Office, (315) 464-4943
- University Police Department, (315) 464-4000

Additional information:

[UW V-01 Domestic Violence and the Workplace Policy](#)

[UW V-02 Workplace Violence Prevention Policy Statement](#)

[UW V-03 Workplace Violence Prevention Program](#)

[Domestic Violence Training for NYS Hospitals](#)

Gender Identity Awareness

[\(Back to Table of Contents\)](#)

Transgender and gender non-conforming individuals have unique needs when interacting with the health care system. First and foremost, many transgender people experience stigma and discrimination in their day to day lives, and particularly when seeking health care. The words used to describe themselves and others are very important. Using the incorrect words can often undermine peoples' dignity and reinforce exclusion. When in doubt, asking a person how they self-identify is generally the most respectful approach. Some definitions to know:

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

- **Sex** is defined as male, female or unknown. Biological, or natal, sex is based on attributes that characterize biologic maleness or femaleness based on anatomy. A patient's current sex as shown on legal documents such as birth certificate, license, or insurance card is used for demographic collection.
- **Gender Identity** is defined as how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different than the sex assigned at birth.
- **Gender expression** is how a person behaves, dresses, and speaks to communicate gender.
- A **"preferred name"** when available should be used when addressing and referring to transgender patients.

For the identity of Transgender patients or patients in transition, Registration will enter their legal name and legal sex in the appropriate fields in the EMR, enter their preferred name in the preferred name field and update the Gender Identity field.

Additional information:
[I-02, Patient Identification](#)

Patient Experience and Patient Satisfaction

[\(Back to Table of Contents\)](#)

We measure Patient Experience using Patient Satisfaction, although they are not one and the same. Our Patient Satisfaction data and hot comments tell us a story of how our patients feel while they are at Upstate University Hospital. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) was designed for consumers to assess healthcare organizations so they could make informed decisions about where to go for their care. It is the first national, standardized, publicly reported survey of patients' perceptions of hospital care.

This survey asks three questions about the patients' perceptions of their interactions with their doctors. The questions are:

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
2. During this hospital stay, how often did doctors, listen carefully to you?
3. During this hospital stay, how often did doctors explain things in a way you could understand?

The manner in which a physician communicates information to a patient is as important as the information being communicated. When doctors communicate well, patients are more likely to follow their inpatient care plan, medication schedules, and discharge plan. They are also more likely to modify their behavior if they understand what they are being told about their health problems and treatment options. Communication is essential at all phases of the encounter; below is what this looks like in action. Pair this with a healthy dose of empathy and this will lead to engaged physician/patient relationships. Empathy/Listening=Trust, Trust=Compliance, Compliance=Better Outcomes

| Purpose | Eye Level | Ask | Courtesy (and RESPECT!) | Explain (to understand) |
|--|---|---|---|---|
| <ul style="list-style-type: none"> • Knock on the door when entering. • Introduce yourself with purpose. • Explain your roll and how you fit in with the healthcare system. | <ul style="list-style-type: none"> • Squat next to the patient. • Use a chair or ask permission to sit on the patient's bed. • Keep the discussion at eye level as much as possible. | <ul style="list-style-type: none"> • Ask permission before examining the patient. • Ask the patient if they have any questions. | <ul style="list-style-type: none"> • Treat the patient as if they were your own family. • Listen to them carefully. • Involve them in their care plan. • Respect their time by letting them know about test times, duration, and how long discharge might take. | <ul style="list-style-type: none"> • Speak simple language • Summarize patient information in clear, plain language using the teach back method. • Ask the patient to repeat back in their own words what they heard you say |

Additional information:
[HCAHPS: Patient Satisfaction Best Practices](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Physical and/or Mental Impairment Substance Use, Screening, and Intervention

[\(Back to Table of Contents\)](#)

New York State prohibits on-the-job use of, or impairment from, alcohol and controlled substances. An employee may be required to undergo medical testing if a supervisor has a reasonable suspicion that he or she is unable to perform job duties due to a disability which may be caused by the use of alcohol. Violations of the State policy on alcohol and substance abuse in the workplace may be the subject of disciplinary action pursuant to Section 75 of the Civil Service Law or the Disciplinary Articles of collectively negotiated agreements

Prior to granting of medical privileges, the NYS Department of Health requires a physical examination and recorded medical history of sufficient scope to ensure that the individual is free from a health impairment which may pose potential risk to patients or interfere with the performance of duties. Reassessment of health status will be conducted at least annually or more frequently if necessary to ensure that staff are free from health impairments which pose potential risk to patients or personnel or which may interfere with performance of duties. An impaired provider is one who is unable to practice his/her profession with reasonable skill and safety because of physical or mental illness, including deterioration through the aging process, loss of motor skill, or inappropriate or habitual use and/or abuse of drugs or other substances, including alcohol.

University Hospital strongly encourages referral or self-referral to the NY State Committee on Physician's Health or other programs or services, for assistance relating to impairment so that staff may achieve and maintain health and safely return to clinical practice with a plan for monitoring. Concerns regarding a credentialed provider who may be suffering from an impairment may also be referred to the University Hospital Medical Director, Medical Staff Services offices, any officer of the Medical Staff, the Chief of Service/Division/Section or Hospital Administration and shall be handled as a referral for corrective action under MS Bylaws Article XV.

The Director of Employee Student Health, or his or her designee, must be notified of medical absences that exceeds 4 weeks, or absences of any duration resulting from substance abuse or mental health treatment. Specific information as to the nature of the medical condition must be provided. The credentialed provider or the Chief of Service/Division/Section must complete the Medical Staff Notification of Illness or Injury form. The Director of Employee Student Health, or his or her designee, shall conduct an assessment of potential impact on clinical duties as provided for in the health reassessment provision above.

Additional Information:

[CM A-27 Substance Use Disorder Screening, Intervention and Assessment](#)
[OMS P-03 Credentialed Provider Health Clearance](#)

Sensitive Treatment of Patients with Obesity

[\(Back to Table of Contents\)](#)

Communication must be unbiased and caring:

- Strategies to provide care that is unbiased and caring:
 - Recognize that being overweight is a product of many factors
 - Examine and understand your own bias for providing care to a patient who suffers from the disease of morbid obesity
 - When talking with an obese person, make direct eye contact, and employ good listening skills
 - Ask the patient how you can best assist them
 - Do not provide unsolicited advice to lose weight
 - Avoid idle conversations that are unprofessional and are often overheard by patients, such as:
 1. "They can lose weight if they want to."
 2. "How am I supposed to move that patient? It will take all of the staff!"
 3. "They need to provide us with motorized equipment if we have to push this patient around."
 4. "We will have to make this a private room, no other patient will fit in the room with the fat people equipment."

Use effective communication. Certain communication strategies can encourage a patient's motivation to engage in healthy lifestyle behaviors without being judgmental or biased. One particularly effective approach is *motivational interviewing*, which aims to enhance self-efficacy and personal control for behavior change. This approach uses an interactive, empathic listening style to increase motivation and confidence by specifically emphasizing the discrepancy between personal goals and current health behaviors.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

The types of questions typically used for this approach are open-ended, nonjudgmental questions, such as:

1. *How ready do you feel to change your eating patterns and/or lifestyle behaviors?*
2. *How is your current weight affecting your life right now?*
3. *What kinds of things have you done in the past to change your eating?*
4. *What strategies have worked for you in the past?*
5. *On a scale from 1-10, how ready are you to make changes in your eating patterns?*

Additional information:

Bariatric Program Coordinator: Jacquelyn Turner | Phone: (315) 492-5036 | Fax: (315) 492-5973 | E-mail: turnejac@upstate.edu.

Sexual Harassment

[\(Back to Table of Contents\)](#)

Sexual harassment is a form of harassment that can occur regardless of gender identity or sexual orientation, and is defined as unwelcome sexual advances, requests for sexual favors, and other unwelcome verbal, non-verbal or physical conduct of a sexual nature, or because of sex, gender, pregnancy, sexual orientation, gender identity, gender expression, or transgender. Any form of workplace violence or sexual harassment is strictly prohibited. Upstate personnel who observe or experience any form of discrimination, harassment, or violence should report the incident to your supervisor, the Human Resources department, the Office of Diversity, Equity and Inclusion, or the Institutional Compliance Office.

Additional Information:

<https://www.ny.gov/combating-sexual-harassment-workplace/employers#>

[UW E-01 Non-Discrimination and Equal Opportunity Policy](#)

[HCP C-12 Fair Treatment of Personnel](#)

[UW H-01, Harassment Prevention Policy](#)

Workplace Violence

[\(Back to Table of Contents\)](#)

Workplace violence is defined as violent acts, including physical assaults and threats of assaults, directed toward persons at work, on duty, or on Upstate premises.

Resources Available to Report Workplace Violence:

- Employee/Labor Relations @ 315-464-5872
- Employee Assistance Program @ 315-464-5760
- Office of Institutional Equity @ 315-464-5234
- University Police @ Downtown: 315-464-4000 or Community: 315-492-5511

Additional Information:

[UW V-02 Workplace Violence Prevention Policy Statement](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 4: SAFETY

Accessing Policies and Forms on MCN

[\(Back to Table of Contents\)](#)

Click on Policies & Forms from the iPage, click MCN Policy Management System, search for the document using Advanced Search or Browse Manuals. You are automatically a guest user if you've logged into the Upstate system using your Novell login and password. You may search using the bar at the top of the screen, or by clicking 'Browse manuals'. Medical Staff Bylaws are listed as a separate manual. Hospital and other policies are also separate manuals, as are forms. Click on the desired manual to see a listing of policies within the manual. Click on the policy to open it. You can always see where the policy is located by looking at the path – for example: manuals/department specific policies/medical staff services – this indicates you are in the Medical Staff Services manual within the Department Specific Policies manual.

Emergency Codes – All Locations

[\(Back to Table of Contents\)](#)

| | |
|-----------------------------|--|
| Code Red - Fire | Code Orange - Hazmat/Decon |
| Code Clear - All Clear | Code White - Pediatric Medical Emergency |
| Code Yellow - Bomb Threat | Code Silver - Person with weapon |
| Code Amber - Missing Child | Code Blue - Adult Medical Emergency |
| Code Black - Severe Weather | Code Grey - Missing Adult Patient |

Employee/Student Health Office

[\(Back to Table of Contents\)](#)

1. Check your Outlook emails regularly and respond to any messages sent from ESH (please DO NOT IGNORE these messages)
 - Reminders re: Annual Health Assessments (due on an annual basis to be in compliance with regulations)
 - Outreach re: potential communicable disease exposures (including, but not limited to, such diseases as tuberculosis, influenza, Covid-19, etc.)

2. Access the Employee / Student health portal (<https://eshportal.upstate.edu/>), also currently under “quick links” on Upstate’s Employee Health website (<http://www.upstate.edu/health/>)

(Please note: Must have an active Outlook email account to be able to access this health portal)

- Communicate directly with ESH staff
- Respond directly to important messages sent by Employee Health
- Schedule appointments for annual health assessment (AHA), immunization visits – at either campus
- Answer AHA questions
- Access immunization / titer records, AHA compliance status
- Upload information, such as flu or Covid vaccine, directly to your Employee Health record
- Complete surveys related to health and satisfaction.

Hours of Operations (with the exception of blood / body fluid exposure, which is outlined in the General Infection Control section):

Downtown Campus, M-F 7:30 am-5 pm

Community Campus, M-F 7 am – 3:30 pm

Identification of Patient Risk

[\(Back to Table of Contents\)](#)

Upstate University Hospital recognizes correct patient identification as a patient safety priority. Any patient that, during the Nursing Assessment, demonstrates one of the following risks will have a colored band placed on the same extremity as the patient identification band.

| Color of Band | Risk Identified |
|---------------|-----------------|
|---------------|-----------------|

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

| | |
|--------|---------------------------|
| Yellow | Fall Risk |
| Pink | Limb Alert, No blood draw |
| Purple | DNR |

Additional information:

[I-02, Patient Identification](#)

General Fire Safety

[\(Back to Table of Contents\)](#)

Remember RACE (Rescue, Activate alarm, Contain fire, Evacuate area)

Additional information:

[F-01 Fire Safety Procedures](#)

Medication Administration

[\(Back to Table of Contents\)](#)

1. Medications may only be administered to University Hospital patients.
2. IV push medication and Chemotherapy may not be delegated to the LPN or CRTT by any other professional.
3. Medications must be prepared, administered, and charted by the same person. If the medication is not prepared by the licensed professional who will be administering the drug, they must take steps to assure that the drug they are administering is accurate per the medical provider's order.
Exception: Medications prepared by Pharmacy or Anesthesiology.
4. The Pharmacy Department and Pharmacy and Therapeutics committee have formulated specific policies regarding the administration of anticoagulants, steroids, antibiotics, investigational drugs, and controlled drugs, see Formulary on policy website. Policies concerning controlled substances adhere to those written by the State and Federal Narcotic Laws.

Patients Own Medications: Orders to use patient's own meds will be clearly specified in the medical provider's order. The medical provider must indicate the drug, dose, indication if PRN, and schedule in the medical provider's orders and specify "Patient may take own..."

Medication orders must include: The name of the drug, dose, route, start date or time, frequency, and if pm, the reason for administering medication. Please review the policy below for specifics regarding Medication Administration.

Additional information:

[CM M-03 Medication Administration / Dispensing-General](#)

[PROC PHM I-09A, Intrathecal Procedure](#)

[CM V-17, Vinca Alkaloid Administration](#)

[PROC CM V-17A, Vinca Alkaloid Administration Procedure](#)

[CM C-17, Chemotherapy Immunotherapy & Biotherapy Prescribing and Administration](#)

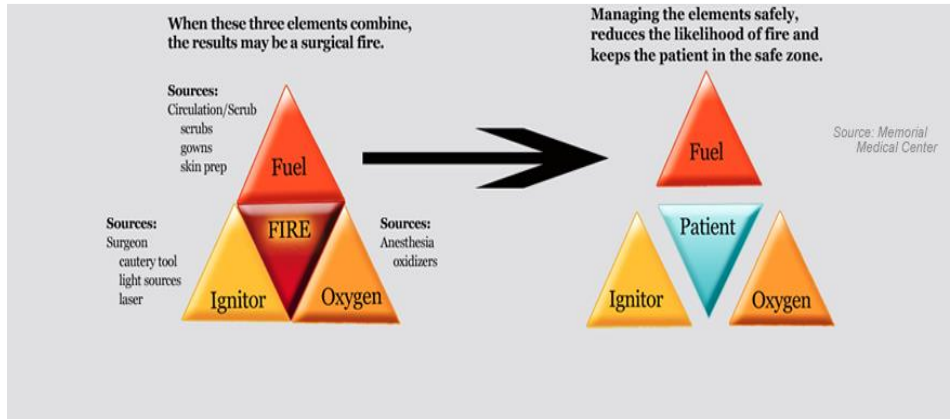
[PROC CM C-17A, Chemotherapy/Biotherapy Verification and Administration](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

OR Fire Safety

[\(Back to Table of Contents\)](#)



Fire Triad (see above):

Oxidizer: Oxygen & nitrous oxide. Oxidizer enriched atmosphere exists within a closed or semi-closed breathing system, including patient's airway. Masks, nasal cannulas can promote the pooling of oxygen or mixture of oxygen and nitrous oxide.

Ignition Source: Electrocautery, Lasers, drills, burrs, argon beams, fiberoptic lights to name a few.

Fuel Source: Sponges, drapes, gauze, alcohol containing solutions (prep solutions), chlorhexidine, volatile compounds such as ether or acetone, oxygen masks, nasal cannula, patient's hair, flexible endoscopes, gowns, and clothing worn by surgical team members can be a fuel source.

Procedures with high risk for fires:

- Oropharyngeal Surgery: Tonsillectomy and Adenotonsillectomy
- Facial Surgery: Removal of lesions on head, face, or neck
- Endoscopic Laser Surgery: Removal of laryngeal papilloma
- Cutaneous/ Transcutaneous Surgery
- Tracheostomy and Burr Hole Surgery

Important Tips to prevent fires:

- Anesthesiologists and surgeons should participate as part of the entire OR team to assess the risks associated with each patient.
- Have at least one bottle of saline or water on the anesthesia cart in case of fire, several is better.
- Ensure that the correct ET tube is used for the procedure, e.g.: laser tube vs standard tube. For laser surgery, ET tubes should be filled with saline rather than air
- Inspect electrical cords and plugs for integrity and remove from service if broken
- Check biomedical inspection stickers on equipment for a current inspection date and remove from service if not current
- Turn off O₂ at the end of each procedure
- Keep oxygen percentage as low as possible
- If > 30% concentration is required, intubate or use laryngeal mask
- Use moist towels around the surgical site when using a laser
- During throat surgery, use moist sponges as packing in the throat
- Use water-based ointment and not oil-based ointment in facial hair and other hair near the surgical site
- "Chloraprep" and "Duraprep" are alcohol based; both require a drying time of a minimum of 3 minutes on hairless skin. Always avoid wetting the hair; drying time increases to a minimum drying time of least 1 hour.

Responding to fires:

- Each team member should immediately respond without waiting for others to react.
- Surgical team should remove all drapes from patient. Use sterile water or saline to put out any fires associated with patient.
- Extinguish the ET tube fire and remove the ET tube.
- Stop the flow of airway gases: Oxygen and Nitrous oxide 1st.
- Once the patient is safe and no longer in danger, the room must remain as is. Nothing can be cleaned or removed.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

All evidence must be preserved. Evidence is needed to complete fire investigations by the Fire Marshal for state reporting, Syracuse Fire Department incident reporting, criminal and/or legal investigations as well as internal assessments of equipment and/or failures. Forensics may need to take pictures.

Additional information:

[O-07 Operating Room / Procedure Area / Anesthesia Fire Safety](#)
[Oper U-02 Outpatient Surgery Center Fire Policy](#)
[APFS Operating Room Fire Safety Video](#)
[Fire in the OR PowerPoint](#)

Resuscitation Program Overview

[\(Back to Table of Contents\)](#)

UUH will provide emergency medical response / treatment to patients and non-patients in UH buildings, and on hospital property

CODE TEAMS: DOWNTOWN CAMPUS

Code Blue or Code White Team will respond to medical emergencies for patients/non-patients in: • Hospital Proper, including pediatric outpatient Hemodialysis 5th floor • Cancer Center • Tunnel connecting UH and Crouse Hospital • Gamma Knife • Emergency Department for admitted/boarded patients • Immediately outside of hospital and Cancer Center, including: • Front Traffic Circle • ED Parking Lot of Golisano Children's Hospital Circle • Bridge to Parking Garage East • Sidewalk on South Side of Adams Street from corner of Almond Street to Irving Avenue EXCLUSIONS: Emergency Department (ED)1 for non-admitted ED patients

CODE TEAMS: COMMUNITY CAMPUS

Code Blue or Code White or Code Pink Team is activated for patients/non-patients in Hospital Proper, including Peds After Hours and Traffic Circle, and for ED admitted/boarded patients

Upstate's Code Blue Model:

- Team Leader: PGY-3 Med Resident (stands at end of bed in front of Zoll)
- Zoll Nurse: SWAT RN (stands at foot of bed in front of Zoll)
- CPR Compressors: Staff with BLS (lined up on same side) and/or LUCAS Mechanical CPR Device if applicable
- Cart Nurse: RN with ACLS OR Pharmacist with ACLS
- Med Nurse: RN with BLS
- Airway Provider: RT OR Anesthesia (stands at head of bed)
- IV Nurse: RN with BLS. If access issues, IO deployment by SWAT RN
- Primary Team: Mobile to go through differentials, provide interventions, talk with family, give suggestions to Team Leader

Resuscitation Team Leaders:

- Ellen Anderson BSN, RN, CNML Resuscitation Program Manager
- Matthew Grover BSN, RN, CCRN Resuscitation Program Coordinator
- Carlos Lopez, MD Anesthesiology Resuscitation Medical Director

Additional information:

[CM E-15, Emergency Medical Response Teams: Code Blue/Code White/Code C/Code Pink/EMS](#)

Right to Know GHS

(Globally harmonized System of classification and labeling of chemicals in a uniform way)

[\(Back to Table of Contents\)](#)

You have the right to know about hazards to which you may be exposed in the workplace. The GHS is a classification system that standardizes labeling of chemicals and the risks associated with them. This enables an employee to find information about the hazards of chemicals so they can protect themselves from the effects of overexposure. There is an Icon (Upstate Hazardous Medication List) on the IPAGE located under Clinical Launch Pad that lists Medications that are considered hazardous. Hazardous Drugs will also be identified in the

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

Medication Record so that proper precautions can be taken while preparing, administering and disposing of the drug. Hazardous Drug signage will be placed on the door or outside of the room of a patient who is receiving hazardous drugs and it should remain in place for a minimum of 72 hours after administration. Refer to the policy for drug precaution guidelines.



Hazardous Drug ICON on the IPAGE

Additional information:

[CM H-26, Handling and Precautions for Hazardous Drugs](#)

[EHS H-03 Hazard Communication/Right to Know Program](#)

[OSHA Hazard Communication Standard](#)

[NYS Right-to-Know Law](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 5: SECURITY, COMPLIANCE, & PRIVACY

Clinical Documentation Improvement (CDI)

[\(Back to Table of Contents\)](#)

Upstate has a CDI team, made up of nurses with varied clinical backgrounds, to act as a bridge between you, the provider (concurrently) and the Inpatient Coder (retrospectively). We review the documentation in inpatient records while the patient is in the hospital and place queries in EPIC to clarify documentation real-time. We work collaboratively with Coding to reconcile ICD-10 code assignment and ensure accuracy and completeness of each account. We offer a Tip of the Month each month with a tip sheet that is disbursed via email as well as the monthly CMO newsletter to reference for documentation tips. Please respond to all CDI queries in EPIC in a timely fashion and never hesitate to contact one of our CDI specialists with any questions at cdi@upstate.edu

Additional Information:

[CDI Website – Tip Sheets](#)

ID Badge

[\(Back to Table of Contents\)](#)

All Upstate Medical University personnel working or doing business must wear an identification badge at all times when working throughout Upstate University Hospital, including owned or leased areas. **Replacement ID badges can be obtained for a fee at the payroll department at Upstate Hospital or in Human Resources at Upstate Community Hospital.**

Additional information:

[I-08, Identification Badges](#)

Institutional Compliance

[\(Back to Table of Contents\)](#)

Compliance means “doing the right thing,” both legally and ethically, by following all local, State and Federal laws, regulations, policies, contracts and professional standards that govern our daily business activities.

The Institutional Compliance program is intended to promote adherence to applicable rules and regulations and prevention of fraud, waste and abuse through education, monitoring, and corrective action that supports the mission, philosophy and values of Upstate Medical University. All persons associated with Upstate Medical University have an obligation to report, without fear of retaliation, known or suspected: **Fraud, Abuse, Waste, improper, illegal or unethical activities.**

Basically: No Lying, No Cheating, No Stealing

Federal fraud and abuse laws that apply to physicians include the following:

- False Claims Act (FCA) The FCA imposes civil liability on any person who knowingly submits a false or fraudulent claim to the Federal Government. No proof of specific intent to defraud is required to violate the civil FCA.
- Anti-Kickback Statute (AKS) The AKS makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program if a safe-harbor exception is not met. Remuneration includes anything of value, such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.
- Physician Self-Referral Law (Stark Law) The Stark Law prohibits a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, unless an exception applies.

Physician Documentation:

- Physicians must maintain complete and accurate medical record documentation supporting the diagnosis and procedures submitted for payment.
- Please exercise caution when using “copy paste” features and edit as appropriate to reflect service provided that day.
- Avoid documenting information in your notes available elsewhere in the medical record.

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

- Consider updated CPT E&M documentation guidelines for outpatient services and upcoming changes in 2023 for inpatient services, new guidelines allow for selection of your E&M level of service based on time or medical decision-making necessitating only a medically appropriate history and physical exam be documented.

Accurate Coding and Billing: Please avoid the following practices to help ensure accurate coding and billing:

- Billing for services that you did not actually render
- Billing for services that were not medically necessary
- Billing for services performed by residents when teaching physician guidelines are not met. Teaching physicians/attendings must personally see and evaluate the patient or be physically present during the critical and key portion of the service and personally document their participation in the service, indicating agreement or disagreement with resident's documentation.
- Billing for services of such low quality that they are virtually worthless

Confidential hotline: (315) 464-6444, Compliance@Upstate.edu

For questions, contact Deb Gregoire, Institutional Compliance Office Faculty Practice Plan, at baxterd@upstate.edu or Loretta Harris Stickane, Chief Ethics & Compliance Officer, at HarrisLo@upstate.edu

Additional information:

[Medicare Fraud & Abuse: Prevent, Detect, Report](#)

[Faculty Practice Plan Compliance Policies and Procedures](#)

[Privacy and Security of Patient Information](#)

[\(Back to Table of Contents\)](#)

- Your access to patient information is granted in order to permit you to render care and treatment to your patients. If you are not a member of the care and treatment team for a specific patient, you should not access the patient's information.
- A healthcare proxy is entitled to patient information for healthcare decision-making only if the patient is incapacitated and can't make his or her own decisions.
- When someone inquires about the patient verify that the **patient** has given permission to talk with the individual.
- Limit discussing patients in hallways and other open areas, by lowering your voice volume, moving away from other patients and visitors and using minimum patient identifiers.
- When having discussions with patients or families minimize the chance of others overhearing by closing the door, and lowering your voice volume, and ask visitors to step out of the room.
- Information pertaining to patients must never be posted on a social networking site even if the patient is the only one who can identify him or herself.
- Use of personal cell phone cameras or other personal recording devices to record patients is not permitted, unless the recording is for care and treatment and a SUNY Upstate approved application is installed that inserts the recording directly into the electronic medical record.
- The patient's identity must always be verified before giving the patient paper documents containing his/her protected health information.
- Case studies containing patient information may not be disclosed externally unless the information has been de-identified or the patient has given authorization
- Follow these general guidelines for protecting portable devices, such as iOS devices, Android, and laptops. and securing electronic patient information:
 - Password-protect your device
 - Keep your mobile devices with you at all times
 - Back up your files to protect your information if your computer or mobile device is stolen to avoid losing all the information. Make backups of any important information and store the backups in a separate location, preferably on the Upstate network.
 - Be aware of your surroundings - If you do use your laptop or mobile device in a public area, pay attention to people around you. Make sure that no one can see you type your passwords or see any sensitive information on your screen;
 - Protect your access by NOT SHARING YOUR ACCOUNT AND/OR PASSWORD with others. Passwords are the most common form of authentication at Upstate and are often the only barrier for access to our

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

- sensitive and/or confidential information. Passwords selected must be strong passwords that are difficult to guess and must remain confidential.
- Log-off or secure your computer when you walk away from it. Even if you only step away from the computer for a few minutes, it's enough time for someone else to use your logon and access information.
 - Employees must not transmit and/or store confidential health information in consumer grade texting (SMS) software. As a result, you may be disclosing patient information to unauthorized individuals outside of Upstate.
 - Any patient information copied and/or stored on CD/DVDs, USB Flash Drives, Smartphones, or other portable devices must be secured using encryption or password protection to secure device contents in the event of loss or theft.
 - Clinical areas should not engage in email and/or text messaging communication with patients due to risks related to privacy and security. Each clinical area choosing to communicate with patients electronically must use Epic MyChart for all patient correspondence. The one exception to this policy is for texting appointment reminders to patients. Patient consent (opt-in) to receive text messages must be obtained and patients must provide an authorized contact number where text messages will be sent. Text message reminders should only include the following information: Patient's first name, Date of the Appointment, Time of the Appointment, Location of the Appointment (Building only), and a return phone number for the patient to call back for more specific appointment information, or to change or cancel.
 - Employees should only use approved Upstate cloud services to store sensitive and/or confidential information. If you use an unapproved service (e.g. Dropbox, Google storage, Amazon), you may be giving unauthorized individual's access that may breach the security of this information.
 - If electronic information must be taken outside of Upstate, you should be aware that on-site security precautions are no longer present at off-site locations. (e.g. when traveling or at home)
 - Phishing refers to an e-mail sent to trick someone into clicking on a web link or opening a file attachment. The end goal of phishing is to steal valuable information, such as usernames and passwords, install unauthorized software on systems, or even take sensitive patient or personal information from our systems. If you receive any unrecognized or suspicious email, report it immediately to the IMT Help Desk and/or Information Security Officer.
 - Ransomware is malicious software that cyber "hackers" use to lock your computer files for ransom, demanding payment from you to get your files back. There is a variety of ways ransomware can get onto a person's computer. These techniques usually are a result of responding to a phishing email message or software vulnerabilities on unpatched computer systems. If you receive a ransomware message on your computer, report it immediately to the IMT Help Desk.
 - NEVER disable or remove the virus detection software.
 - Report all cyber-security incidents to the Upstate Information Security Office.

Additional Information:

[UW C-01, Confidentiality](#)

[Safety Alert System](#)

[\(Back to Table of Contents\)](#)

Adverse events and near misses are to be reported using the DATIX Safety Alert system. This is a privileged confidential, electronic tool to report and collect events that involve or pose potential for harm solely for the purpose of quality assurance and patient safety. Access to event reports are not provided to patients, their representatives or third parties

Additional Information:

[P-55 Event Reporting Privilege Confidentiality](#)

Medical Staff Mandatory Education

Please read all sections. Policy and other links are provided if more information is desired

SECTION 6: MEDICAL STUDENTS

Working with Medical Students

[\(Back to Table of Contents\)](#)

The College of Medicine (COM) is responsible for preparing everyone who works with and teaches medical students for their responsibilities. To assist with this, the Graduation Competencies and Educational Program Objectives have been aligned with the ACGME objectives for residents, in order to better prepare medical students for their future role in residency. In addition, to be sure that the learning environment for medical students is conducive to the ongoing development of appropriate professional behaviors, faculty and staff treat all individuals with respect.

Additional information:

[COM Graduation Competencies and Educational Program Objectives](#)

[COM: Policy on Professionalism](#)

[COM: Policy and Procedures on Learning Environment & Mistreatment](#)

[COM: Conflict of Interest / Roles Policy](#)

[COM: Supervision of Medical Students in Clinical Practice](#)

[Equal Opportunity, Non-Discrimination, Sexual Harassment and Title IX](#)

[UW H-01, Harassment Prevention](#)

[Clerkship Absence and Time Off](#)