Volunteer Services
Orientation Manual

One Robert Wood Johnson Place
New Brunswick, NJ 08903
Main Hospital #: 732-828-3000
Volunteer Services Extension: 8507
Welcome to the Volunteer Services program at Robert Wood Johnson University Hospital! Your decision to contribute time and service at our hospital is greatly appreciated, and we will strive to provide you with a most rewarding volunteer experience.

This orientation is intended to familiarize you with the Hospital, our stance as one of only three Level One NJ trauma centers, our mission to provide patients with the very best care and service possible as well as introduce the fire plan, pertinent security points, infection control practices, HIPAA (patient confidentiality and privacy), emergency codes and various Hospital/department policies. I believe you will find the session to be informative and this packet to be a valuable reference tool.

_A few reminders:_

- All volunteers must sign in/out at the Front Desk. It is required that volunteers adhere to our dress code prohibiting shorts, tank tops, open-toe-shoes and jeans. You may be issued a volunteer smock to be returned to our office at the conclusion of service. A volunteer identification badge will be issued to you after you have been cleared via application, interview, provision of references and *immunization dates (*two Measles/German Measles immunization dates to be provided if under 18 years of age), negative TB testing results (or chest x-ray where applicable) and criminal background check (for applicants over 18 years of age).
- There is absolutely no patient care permitted by a volunteer!
- Volunteers may not feed patients, transport specimens or change soiled bed linens.
- Only after competency training may volunteers transport patients via wheelchair.
- Kindly wash hands (minimum 20 seconds) with warm water and antibacterial soap when you arrive at your assigned area and before leaving (as per instructions enclosed).

Volunteers may park in the Hospital’s main parking garage (down the street from the Emergency Room on Little Albany Street) and have their parking stub validated at the Front Desk. While at the Front Desk, please feel free to ask for a beverage voucher for use in our Dining Room, which is located on the 2nd floor in the North Building – just above the Front Desk.

Please know that it is our goal to not only recruit new volunteers, but also to retain your service! If, at any time, you wish to discuss your assigned position or talk about possible reassignment, kindly give our office a call at (732) 937-8507.

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General Hospital Information:

- Mr. Stephen Jones is the President and Chief Executive Officer (CEO) of Robert Wood Johnson University Hospital.

- The Mission Statement of the Hospital:
  - C = CARE
  - O = OUTREACH
  - R = RESEARCH
  - E = EDUCATION

- Patient Rights are displayed throughout the Hospital – in many visitor areas and in all patient treatment areas. For your reference, an explanation of these rights can be found on page 8 of the booklet titled “Leading with Integrity: Compliance Code of Conduct.”

- It is possible to summarize our discrimination, harassment, and sexual harassment policies in two words: ZERO TOLERANCE! Please report any such incident immediately to the Volunteer Services Manager for further appropriate handling (copy of policies are attached for your reference).

- RWJ is a “Smoke Free” campus. No smoking is permitted by patients, visitors, or staff within RWJUH. The entrances to the hospital are NOT designated smoking areas.

Volunteer Responsibilities:

- All volunteers are required to complete the application, interview, and orientation process before issuance of an identification badge and prior to commencement of services. Please note that all volunteers must be cleared via a criminal background check before commencing service. A release form will be given to you during your orientation.

- Hospital policy requires that volunteer files include documentation of annual tuberculosis (TB) testing. Initially, new volunteers will need to fulfill the two-step process unless documentation of the same can be provided. If you test positive for tuberculosis, a copy of a chest x-ray report, dated within one year, will be required in lieu of TB testing. Also, volunteers 18 years or older must present proof of immunity to measles and German measles (rubella and rubeola).

- Volunteers will be required to review and sign our “Commitment to Excellence,” “Code of Conduct” and “Statement of Confidentiality” to be maintained in your volunteer file.

- On each day of service, volunteers are invited to obtain a free beverage pass at the Main Front Desk for redemption for tea, coffee, or a fountain drink in the Hospital’s Main Dining Room.
• Volunteers are permitted to park, at no charge, in the Hospital’s main parking deck on Little Albany Street. Kindly present your ticket stub to the Front Desk attendant for validation (with proper volunteer ID).

• Volunteers may obtain their influenza vaccine at no charge in our Employee Health Department in the Fall of each year, commencing October. Hours of operation in Employee Health are from 8am-4pm; no appointment necessary.

• Please be advised that it is in violation of Hospital and department policy to accept a tip or gratuity offered in appreciation of your service. You must refuse the tip as tactfully as possible. If this is not accepted, the tip may be given as a donation to the Robert Wood Johnson University Hospital Auxiliary or the RWJ University Hospital Foundation Office at 732-745-7393.

• In the spring of each year, volunteers who have completed 100+ hours of service are celebrated at the Annual Volunteer Recognition Dinner.

• In accordance with the standards of the Joint Commission, a hospital accreditation agency, we are required to keep up to date records on all hospital employees and volunteers. An evaluation of your performance will be completed yearly by the Family-Centered Care Coordinator. The Coordinator will meet with you to discuss this evaluation and it will be kept on file in the Volunteer Services Department.

**Dress Code:**

• Volunteers are required to dress in a neat, clean, and professional manner. Our volunteer identification badge will be issued before commencement of services. THE ID BADGE MUST BE WORN AT ALL TIMES WHILE YOU ARE ON HOSPITAL PREMISES! Identification badges are to be returned to the Volunteer Services Office on the last day of service. Please know that **jeans, shorts, tank tops, and open-toed shoes are NOT permitted!!** Sneakers are an acceptable form of footwear.

**Attendance:**

• Without exception, ALL volunteers must sign in upon arrival and sign out before leaving at the Patient Information Desk in the Main Lobby. The database in Volunteer Services will reflect only those hours indicated on the sign-in sheets. Also, it is essential to maintain tight security on the Hospital premises and your documented attendance is in keeping with these measures.

• Due to certain holidays and other obligations, we understand there may be days you must be absent. Please notify the Volunteer Services Office at (732) 937-8507 as soon as possible so we can plan activities accordingly.
• Kindly refrain from reporting for service if you have a cold, open sores, or other infectious symptoms. Kindly call in your intended absence to the Volunteer Services Office at (732) 937-8507.

**Food/Drinks:**

• Volunteers should not provide ANY liquid or food to a patient without first checking with their nurse. FYI – an indication of “NPO” at a patient’s bedside mean the patient is to take nothing by mouth; however, in all instances, a nurse’s response should be sought before filling a patient’s water pitcher, accommodating a patient’s request to purchase a snack from the Gift Shop/Dining Room, or providing refreshment from the floor pantry. Many patients have dietary restrictions and strict adherence to their recommended diet is vital to their stable health.

• Volunteers may not feed patients, but may assist with cutting food, opening containers, etc. Gloves are to be worn during this task and hands washed after removal of gloves.

**Department Specific Training:**

• Volunteers who have successfully completed the interview, application, and orientation process and who have been cleared through a background check will be ready for work. Report to your unit supervisor for specific departmental training on your role as a volunteer on the unit.
Policy Title: **Safe Workplace Environment**  
Approved By Group/Committee: Human Resource Leadership  
Date Reviewed: 04/2010

**Policy:**

In keeping with its mission, Robert Wood Johnson University Hospital (RWJUH) is committed to providing a safe, healthy, and secure workplace and an environment free from physical violence, threats and intimidation.

The presence of weapons and the occurrence of violence in the workplace during working hours or otherwise are inconsistent with these objectives. Therefore, it is expected that all employees and all personals present at RWJUH will perform their jobs and behave at all times while on Hospital premises in a non-violent manner.

In addition, Robert Wood Johnson University Hospital holds that violence is a form of serious misconduct that undermines the integrity of the employment relationship. Physical violence, threats, or intimidation by an employee may result in disciplinary action, up to and including discharge, and/or other appropriate action, depending upon the behaviors exhibited and the parties involved.

**Scope:**

This policy applies to all individuals who are employed by any of the Robert Wood Johnson University Hospital (RWJUH) entities, as well as agency staff providing services to these institutions. This policy also applies to faculty and resident physicians of the University of Medicine and Dentistry and community physicians. Implementation of the policy is administered and coordinated by the Human Resources Division of RWJUH. Incidents involving individuals who are not employed by RWJUH entities will be reported to the institution in which they are affiliated as appropriate, and addressed internally by the department to which the student or individual is assigned with the assistance of other appropriate resources (e.g., incidents involving residents or faculty physicians will be reported to the appropriate department of the Robert Wood Johnson Medical School, and the Senior Vice President of Medical Affairs and Chief of Staff of RWJUH, and incidents involving community physicians will be reported to the Senior Vice President of Medical Affairs and Chief of Staff at RWJUH). Incidents involving volunteers will be handled by the Volunteer Department in conjunction with the department to which the volunteer is assigned with the assistance of other appropriate resources. Incidents involving patients and/or visitors will be referred to the Security and Risk Services Department and the department in which the incident occurred.
The Employee Assistance Program (EAP) provides consultation to RWJUH Departments, upon request, for the evaluation of any employee involved in a workplace violence incident.

The consultation will be initiated when the on-site manager or supervisor contacts EAP by telephone to request evaluation and assistance in the safe handling of a threatening employee. The team will work collaboratively with the on-site manager or supervisor to formulate a disposition that will help safeguard the employee-at-risk and all employees, visitors, patients present at the job site who are involved in an incident.

If a manager or staff member believed, based upon reasonable suspicion, that there is a threat to the personal safety of employees, visitors, or patients at the job site, he or she will immediately contact the Security office for assistance. If the manager or staff member believes that the risk of injury is imminent, he or she will immediately call the Operator at 2222.

No employee who reports an incident of violence or threatening conduct or who participates in an investigation of such an incident shall be subject to retaliation.

**Definitions:**

- **Workplace Violence**
  - Any physical assault, threatening behavior or verbal abuse. It includes but is not limited to:
    - Any verbal expression issued with the intent of creating fear or intimidation in another individual, or group of individuals, or verbal comments expressed in a loud, harsh or threatening tone of voice or in a joking manner. This shall also prohibit the use of RWJUH equipment, i.e. telephones, e-mail, routine mail, and etc., for the purpose of issuing threatening or harassing communications, and any intentional movement of the body, which may include gestures, pushing, stalking, or any unwanted physical intrusion on the space of another. Any intentional use of any object, including weapons such as knives, firearms, or clubs, metal knuckles, razors, which may inflict injury, harm, or another.

- **Worksite**
  - Includes all property owned or occupied by RWJUH (including RWJUH job sites) or in an RWJUH vehicle.

**General Process:**

In all cases of workplace violence, a globally consistent four-step process is followed:
1. **Contain** – Upon observing or experiencing a threatening event, call Security and intervene as safely as possible to contain the situation (e.g., ask shouting individuals to lower their voices and move to a less public area).

2. **Report** – Call the area supervisor and Security at 2222 for assistance in controlling and defusing the immediate interaction. As soon as possible after the event, assist in completing a Security incident report, obtaining written statements from staff who witnesses the incident, and notifying other appropriate parties (e.g. department head, resident, and/or attending physician) within 12 hours. If an RN is involved, offer to contact a union representative.

3. **Refer** – Refer participants in the incident as necessary to the Emergency Department or Employee Health immediately, or Employee Assistance, as appropriate. Consider contacting the Critical Incident Stress Management Team.

4. **Resolve and Communicate** – Investigate to establish a factual account of the incident. Hold a meeting with the managers responsible for the individuals and departments involved to determine an appropriate resolution. Communicate the outcome to those with a need to know, respecting the confidentiality of individuals involved in the incident.

This four-step process is modified to specifically address different types of incidents as described below.

**Employee-Employee Incident:**

1. **Contain:**

   Persons witnessing the incident should:

   a) Attempt to verbally diffuse the situation. For example,

   b) Inform the most immediate/available uninvolved supervisor of situation (e.g. Nursing Director, Supervisor, or Manager on Duty)

   c) Notify security (if situation warrants). In cases involving physical assault, Security to notify Police.

   d) Offer to obtain immediate medical care if necessary.

2. **Report:**

   Safe workplace incident report initiated by responding Supervisor, who also ensures that the following actions are accomplished:

   a) Notify Head Nurse/Department Head

   b) Notify Human Resources Department

   c) Security to interview involved parties and witnesses

   d) Police report completed if indicated.

3. **Refer:**

   Involved Employees to be referred for appropriate follow-up:
a) Employee Health or Emergency Department
b) Employee Assistance Program
c) Manager/Director

4. Resolve and Communicate:

Per general process.

**Employee-Physician Incident:**

1. Contain:

Per general process, and if necessary, the victim shall be released from his/her assignment, which will be covered by a colleague.

2. Report:

Per general process, and follow appropriate chain of command for reporting involving physicians. For residents, notify the Residency Director for the service and the Senior Vice President, Medical Affairs. If necessary, the Associate Dean for Academic Affairs can also be asked for assistance. For faculty attendings, notify the Section Chief and the Senior Vice President, Medical Affairs. Chain of command for the medical school is Section, Division, and Service Chief. For community physicians, notify the Senior Vice President, Medical Affairs.

3. Refer:

Per general process.

4. Resolve and Communicate:

Per general process, and involve progressive levels in the chain of command, as necessary. Medical Staff Bylaws Article VIII describes the process for corrective action for physicians, which is initiated through a letter to the Service Chief with a copy to the Senior Vice President of Medical Affairs and Chief of Staff. Consideration of future working relationships and assignments may be necessary.

**Employee-Patient/Visitor Incident:**

1. Contain:

Per general process and immediately diffuse the situation.

2. Report:
If behavior is threatening to anyone involved (i.e. staff member, another family member or visitor), report situation to immediate supervisor and Security. All cases of violence are to be immediately reported to the security supervisor.

3. **Refer**:

   Any visitor who sustains a potential injury should be seen in the Emergency Department, unless they refuse, which must be documented. Any employee who feels threatened is referred to the security supervisor on duty. Patients’ families and visitors can be referred to specific agencies if warranted and/or requested.

4. **Resolve and Communicate**:

   Per general process. Interventions may include transferring patient to another room, restriction of visitors (to be enforced by Security) or reassignment of patient to another staff member.

**Patient/Visitor-Patient/Visitor Incident**:

1. **Contain**:

   Per general process and consider transferring the affected patients to different rooms and/or units as quickly as possible.

2. **Report**:

   Per general process and notify the physicians of the affected patients. Evaluate the need for treatment for affected patients.

3. **Refer**:

   Visitors who sustain a potential injury should be seen in the ED, unless they refuse, which must be documented. Billing issues should be referred to the Risk Services Department.

4. **Resolve and Communicate**:

   Per general process. Interventions may include visitor restrictions, to be enforced by Nursing and Security. Nursing is responsible for alerting Security, and Security will enforce the restriction.

**Responsibilities**:

**Employee** - Immediately notify your supervisor of any threatening behavior related to your employment at RWJUH. This includes involving both employees and non-employees, whether on or off hospital premises. Additionally, you should notify your supervisor if a personal
situation exists that you believe could lead to violence or the threat of violence at your workplace.

Security Personnel – Advise the Security Supervisor of the incident and dispatch personnel as appropriate.

Department Management - Implement the four-step process outlines above in response to a violent incident. Take the necessary and appropriate disciplinary action against an employee for violation of Hospital policy after consultation with a representative of Human Resources. Attend meeting to review the investigation of the incident and assessment from the Employee Assistance Program.

Review periodically RWJUH’s policy regarding workplace violence with staff.

Train employees in their respective department on policy content. Acknowledge employees have received, read, and understood this policy.

Employee Health – Perform substance abuse testing, as indicated, and assess and treat minor illness/injury related to a violent incident during hours of operation.

Emergency Department - Evaluate and treat individuals who may have sustained serious injury related to a violent incident.

Employee Assistance Program - Provide mental health consultation to departments, upon request, for the evaluation of an employee at risk, or for an employee involved in a workplace violence incident.

Human Resource – Responsible for the fair and consistent administration of disciplinary policy when appropriate. Consult with and provide advice to management regarding the management and disposition of a workplace violence incident. Communicate the policy to new hires during the Hospital’s new employee orientation. Conduct thorough reference checks on applicants and employees, per policy where appropriate.

Risk and Security Services – Will complete required reports and provide consultation and assistance to Human Resources and management.
Safety & Security

• In the event of a NON-EMERGENT SECURITY ISSUE, please pick up any in-house telephone and dial 8899; examples: a visitor indicates that he has dropped his wallet, directions are needed, etc.

• Should you wish to have a security escort to your vehicle, you may call Security at ext. 8899.

Hospital Safety is Everyone’s Responsibility

1. All accidents should be reported even if there are no apparent injuries.

2. Do not learn by accident, ask questions.

3. Know what to do for emergency preparedness:
   - FIRE – CODE RED – R.A.C.E.
   - DISASTER – CODE TRIAGE –
   - SECURITY EMERGENCY – DIAL 2222

4. Know how to prevent accidents caused by falls: pick-up, use handrails, be alert to your surroundings.

5. Unsafe conditions must be watched for and reported.

6. Use the proper lifting techniques, use the team approach, two or more people should work together anytime a patient is to be moved or lifted. Be sure to use assistance when adjusting a patients in bed.

7. Electrical safety accomplished through the inspection of equipment prior to use. This is the include the cord; all electrical cords should be easily seen so that no one will trip over the cords if placed across the floor.

8. Always lock the wheel of the wheel chair before a patient gets into/out of the chair. The proper way to get a cart or wheelchair through a door is to step through the door first, then pull the transport through.
9. Do not try to repair equipment yourself; that is the responsibility of the maintenance department.

10. Use extreme caution when handling sharp objects such as knives, needles, etc. Proper disposal techniques are to be used at all times. Proper disposal receptacles are available throughout the facility.

11. Traffic along corridors always moves along the right side. One of the rules of hospital safety is to walk, do not run.

12. Accidents are caused by one person, and can be prevented.

13. Set a good safety example, at all times, do your part.

14. Eye protection will be provided for those who may be exposed to blood or body fluids. Protective eyewear is to be readily available while providing patient care.

15. Limit the use of two way radio communication, if possible, to outside the patient room.
1. YOU DISCOVER THE FIRE:
   R – REMOVE persons in immediate danger.
   A – ALARM. Sound the alarm by utilizing the nearest pull station, time permitting notify telephone operator by dialing 2222 give exact location and extent of fire.
   C – CONFINE the fire by closing the door to the room on fire.
   E – EXTINGUISH & EVACUATE. Extinguish if possible. DO NOT open door if it feels warm. Evacuate on instruction of fire department or security supervisor.

2. WHEN ALARM SOUNDS:
   • Listen for the overhead page to determine alarm location.
   • Operator will announce CODE RED and give location.
   • Designated departments respond to Code Red location.

All other employees:
   a. Close all stairwell doors and room doors/windows to protect patients from smoke and prevent drafts.
   b. Reassure your patients and any visitors.
   c. Ensure hallways are cleared, so that all carts and medical equipment are out of the hallway.
   d. Await further instructions.

3. THE PROPER PROCEDURE TO USE AN EXTINGUISHER:
   • Know that type of extinguisher in your work area. Know the location of two extinguishers in your assigned area.
   • P – PULL the pin from the extinguisher
     A – AIM at the base of the fire
     S – SQUEEZE the nozzle of the extinguisher
     S – SWEEP the extinguisher back and forth

4. EMPLOYEE FIRE SAFETY:
   a. DO NOT store flammable items or aerosol spray cans in personal lockers.
   b. Be sure to know the location of two FIRE ALARM PULL STATIONS.
   c. Report damaged electrical equipment immediately.
   d. Use caution when using the examination lights.
e. Eliminate clutter or the opportunity for spills to occur.

YOU SHOULD ALSO KNOW:

- All Tower, Acute, and Core Building elevators will go directly to the first floor and will operate only with a “fireman service” key held by the Security Department. Please exit the elevator and wait in the main lobby until CODE CLEAR is announced. DO NOT use elevators during a CODE RED.
- Smoke doors throughout the facility will close automatically when the alarm sounds.
- Report any doors that do not close completely or which close too fast or hard.
- “Code Clear” is the all-clear to resume normal operations.

IF IN DOUBT, PULL THE ALARM

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**Electrical Safety**

The following information is intended to advise employees on the necessary precautions to ensure electrical safety.

1. Never take anything for granted. The condition of equipment can change from day to day. Always inspect equipment for possible damage before plugging in, especially power cords and plugs.

2. Cheater or extension cords should never be used in the hospital except in the case of an emergency.

3. Red outlets are located throughout the facility. These outlets will continue to work in the event normal electrical power is interrupted.

4. Always move equipment with care. Attach cords and leads to equipment to avoid catching them on doors, elevators, getting caught under cart wheels and other equipment.

5. Keep fluids, chemicals, and heat away from equipment and cables.

6. Always plug in and unplug equipment by the plug. Never pull the plug out by yanking on the cord.

7. Always make sure equipment is turned off and the patient is discharged before plugging in or unplugging equipment.

8. Know the function of each control before turning equipment on or making patient connections. Know where the operator’s manual is for all your equipment in your area.

9. If smoke or a spark is observed coming from an electrical piece of equipment, call Security immediately. Try to note where the surge or spark came from, what conditions were and if anyone was injured.

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10. If a “tingling” sensation is ever felt by the user or patients, discontinue using the equipment and have it checked by Clinical Engineering. Label equipment with a service request tag.

11. Never use water on electrical equipment that is suspected of burning. Use caution when cleaning electrical equipment and always unplug equipment beforehand.

12. Whenever possible, avoid touching exposed metal or conductive surfaces while touching the patient.
Hazardous Materials (HazCom)

- The hazardous communication policy is a regulation that gives workers the right to know about health hazards in their workplace. Be assured that the Hospital is in strict compliance with Federal Hazardous Communication Standards. Material Safety Data Sheets (MSDS) on all chemicals used in the hospital are on file and available for review by any interested party through our Engineering Department.

We live in a world of chemicals – the food we eat, the clothes we wear, the containers we handle all have chemical components. Each year thousands of new chemicals are introduced into the workplace. These chemicals can be both beneficial and harmful. In accordance with Federal Hazard Communications Standard 29 CFR 1910.12001, the hospital has developed an education and training program about hazardous substances in the facility. This handout highlights some information you will learn in the HAZCOM program. We are asking you to become an active participant in your own health care by learning about Occupation Help and Chemical Hazards. Safety is as important on the job as it is at home. Remember, it is what you do for yourself that can make the greatest difference in your health. Not matter what your job is, here are some basic things you should know about chemical safety. Additionally, any employee who desires to review a copy of his or her company Medical Record should make a request through your respective supervisor.

CHEMICAL FORMS AND HOW THEY ENTER THE BODY

Chemicals, like other substances, come in three forms: solid, liquid, or gas. Chemicals used in the Hospital may come in any one of these forms. A chemical can pose a hazard when you breathe it, come into contact with it, or eat it. Chemicals can be taken up by the body through three main routes:

INHALATION – Inhalation is drawing in by breathing. Irritation can occur at the nose or mouth, in the lungs, or elsewhere in the body. Most chemicals the internal organs enter the body by being breathed in.

ABSORPTION – Absorption is the taking in of a chemical into the body through the skin. The skin has a protective coating that helps prevent injury or penetration by dangerous chemicals. Some chemicals can react with skin proteins and cause an allergy or pass through the skin and are absorbed into the bloodstream throughout the body.

INGESTION – Ingestion is the taking in of material by way of the digestive tract. This is probably the least common of the three routes occurring mainly when a substance is accidentally swallowed or when a person touches his/her mouth with...
contaminated hands, food or other objects.

ACUTE, CHRONIC AND TARGET ORGAN EFFECTS OF HAZARDOUS SUBSTANCES

Hazardous substances can effect the body in different ways. Sometimes a reaction or illness from exposure to an industrial hazard occurs immediately. This type of Acute reaction is easily recognizable and is usually resolved at the time of exposure. Chronic exposures are different. They come after repeatedly being exposed to a hazardous substance without proper handling procedures. The illness may not appear for many years as with cancer caused by asbestos. Symptoms may come on so gradually and non-distinct that they are ignored. It should also be noted that a substance that is harmful at a high dose may be essential at a lower dose. Some chemicals pose a danger to particular organs, such as liver or kidneys, while others may effect the nervous system or reproductive system. These Target Organ Effects results from contact with particular chemicals that pose a hazard to a specified body part or system.

PHYSICAL AND HEALTH HAZARDS

Chemical may have physical hazards such as explosiveness or flammability. Chemical that can explode or catch on fire must be handled very carefully because of the danger posed by their presence. Chemical health hazards can be grouped according to the effect that they may have on your body.

TOXIC
Toxic in a literal sense means poison. A toxic substance is one which can cause acute or chronic injury or disease to the human body. If a hazardous substance is highly toxic, it is a deadly poison. The amount of the material you are exposed to, the length of the exposure and your metabolic rate contribute to determining the toxic levels of hazardous substances in the body.

CARCINOGENIC
Capable of causing cancer. Cancer may result after repeated or intermittent exposure to a carcinogen over many years.

TERATOGENIC
Capable of causing birth defects if a significant exposure exists during the pregnancy.

CORROSIVE
Strong and caustic chemical that can burn the skin, eyes, lips and mucous membranes. The health hazards associated with corrosive substances are felt quickly.

SENSITIZER
A chemical that causes as substantial proportion of exposed people to develop an allergic reaction after repeated exposure. Usually this occurs after two or three weeks; it may take years. Once you are sensitized to a chemical, later exposures will cause an immediate reaction. Because everyone’s body system is different, you may develop such an allergic reaction while someone working next to...
Federal Hazardous Communication Standards require employers to establish a comprehensive Hazard Communication Program for employees. Hazardous substances in the hospital are identified with LABELS. A label is a sign, a picture or a symbol that alerts you to the dangers of a particular chemical. Each hazardous substance in use in the hospital is reported on the Workplace Survey by its common name, Chemical Abstracts Service (CAS) number. Material Safety Data Sheets (MSDS) on these substances contain information on their physical and chemical characteristics, health hazards, primary routes of entry into the body, exposure limits, proper handling procedures, emergency and first aid procedures, and who to contact in an emergency. At our hospital the Workplace survey and MSDS’s are located in the Federal Hazardous Communication standards file, in the Office of Risk Services, located on G1 of the Children’s hospital. Additional copies of Material Safety Data Sheets that are pertinent to a specific department are also maintained within that department.
Infection Prevention

In this age of advanced medical technology, handwashing continues to be the most effective method in the control of the spread of infections.

To highlight this point, handwashing has become the focus of several leading newspapers and journals.

The American Medical Association (AMA) recently approved a resolution stating that physicians “have a professional obligation to wash their hands with an antiseptic before and between each patient encounter in order to prevent direct contact nosocomial infection.”

The AMA also invited the Joint Commission to “assess handwashing efforts as part of its survey and inspection process.”

Numerous studies have been conducted on the rate of handwashing actually performed in hospitals. The results are discouraging and how that healthcare workers wash their hands, at best, 30% to 50% of the time.

Antibiotic resistance of bacteria is increasing and handwashing is taking on an even greater significance. Studies show that vancomycin-resistant *enterococci* (VRE) can grow on unwashed hands of medical personnel for over an hour. VRE has been isolated from gloved hands as well, indicating that failure to remove gloves between patients, between procedures on the same patients, has the potential to spread the organism.

In addition, VRE is known to survive on environmental surfaces with the following survival times:

- Counter tops: 5-7 days
- Bedrails/Patient call-bell buttons: 24 hours
- Telephone hand-pieces: 1 hour
- Diaphragmatic surface of stethoscopes: 30 minutes

An Infection Control Professional did a study on environmental contamination with methicillin-resistant *staphylococcus aureus* (MRSA) and discovered “multi-glove” boxes in rooms where patients who were culture positive for MRSA were contaminated, even after the index patients was discharged and a new patient was admitted to the room.

One recent published outbreak with a resistant gram negative in a hospital was traced to a nurse whom, before she arrived at work, failed to wash her hands after playing with her pet.
These events underscore the frequency and potential reservoirs for the contamination of the hands from environmental surfaces and outside sources.

** HAND WASHING MUST BE PRACTICED FREQUENTLY AND CORRECTLY! **

In the healthcare environment, there are two handwashing techniques to be followed:

1. GENERAL HANDWASHING PROCEDURES – Use of regular lotion soap.

   - Situations when washing with a hospital approved lotion soap is acceptable:
     - Coming on duty
     - Hands are visibly soiled
     - Before and after each patient contact
     - After removing gloves
     - After blowing or wiping nose
     - After use of the restroom
     - After touching face or hair
     - Before and after eating
     - After completion of duty
     - After petting animals
     - After touching trash

2. HAND ANTISEPSIS – Use of an antimicrobial handwashing agent.

   - Situations when washing with an antimicrobial soap is required:
     - Before performing an invasive procedure
     - Surgery
     - Placement of intravascular catheters
     - Placement of indwelling urinary catheters

   - When persistent antimicrobial activity on the hands is needed:
     - Assignment on an intensive care unit
     - Assignment on a unit with known antimicrobial-resistant microorganisms
     - Assignment on a unit managing patients who are at high risk for carriage of antimicrobial-resistant organisms (i.e. dialysis units, oncology units, etc)

   - When caring for a patient on isolation.

3. WATER-LESS HANDWASHING AGENT

   - Use of a water-less hand washing agent has shown to be an effective and convenient method of hand disinfection. However, it is necessary to wash with soap and water to remove the build-up of residue after every ten to twelve consecutive uses.

** APPROPRIATE HANDWASHING METHOD:**

1. Turn faucets on and adjust temperature and flow of water.

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2. Remove rings.
3. Wet hands and wrists under running water.
4. Apply handwashing agent and thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, covering all surfaces of the skin, thumbs, fingernails, between fingers, etc.
6. Keep hands away from sides and bottom of sink.
7. Rinse hands thoroughly under running water – keeping hands lower than the elbow.
8. Before turning water off; dry hands with a paper towel – blot dry, do not rub.
9. For hand-controlled faucets, use the paper towel to turn off faucets so that hands remain clean.

ADJUNCTS TO HAND CARE AND PROTECTION:

A. GLOVES:

1. Gloves are not to be used as a substitute for handwashing.
2. Disposable gloves are used once and are not washed for reuse.

B. CARE OF HANDS AND NAILS:

1. Nails should be short enough to allow thorough cleaning underneath them and not cause gloves to tear.
2. Hands and surrounding tissues should be free of inflammation.

C. USE OF HAND LOTIONS:

1. Hand lotions may be used to prevent skin dryness associated with frequent handwashing.
2. Lotions with a petroleum base should not be used as they may destroy the integrity of latex gloves and interfere with the antimicrobial activity of the hand washing product.
3. The lotion should be in small individual-use or pump dispensers to avoid the risk of contaminating the lotion.

D. SKIN ALLERGIES

1. Personnel with allergic reactions to the antiseptic agent available must be evaluated by Employee Health Services.
Hepatitis: Employee Fact Sheet

Viral Hepatitis: A virus that infects the liver. There are several types:

**Hepatitis A virus (HAV):** Hepatitis A can affect anyone. Person-to-person spread via fecal-oral route.
Common source outbreaks have been related to contaminated water, food contamination by infected food handlers. A number of outbreaks have been associated with injecting and non-injecting drug use. Prevention of transmission in the healthcare setting includes hand washing and universal precautions compliance. Pose exposure prophylaxis and a vaccine are available.

**Hepatitis B virus (HBV):** HBV is a serious disease that can result in a lifelong infection as “chronic active hepatitis” and includes cirrhosis, liver cancer, liver failure and death. This occurs in 0.1 to 20% of those who get infected. Rapid progression to death (fulminant hepatitis) occurs in 1% of the infections. Transmission occurs via exposure to contaminated body fluids (blood, blood products, saliva, CSF, peritoneal, pleural, pericardial, and synovial fluids, amniotic fluids, semen, vaginal secretions, and by other body fluids containing blood). The virus can survive for up to one week in dried blood. Exposure can also occur by sustaining a puncture wound from a contaminated needle or sharp instrument. Prevention of transmission in the healthcare setting includes hand washing and universal precautions compliance. Post exposure prophylaxis and a vaccine are available.

**Hepatitis C virus (HCV):** HCV is the most common blood borne viral infection in the USA. HCV is the causative agent for what was formerly known as non-A non-B hepatitis. Risk of “chronic active” hepatitis with HCV is 60-70%. Risk factors include those who inject drugs, even if it was only on one occasion many years ago. It was the most common infection associated with transfusions prior to the development of a screening process and is the most frequent indication for liver transplantation. Fifteen percent of the cases occurred through sexual exposure. Healthcare workers are at risk via punctures from contaminated needles or sharps. Prevention of transmission in the healthcare setting includes hand washing and compliance with universal precautions. There is no vaccine available as of this date. Post exposure prophylaxis need to be evaluated by employee health.

**Hepatitis D virus (delta virus):** This is the defective virus that needs HBV to exist. It is associated with increased risk for fulminate hepatitis. Transmission is similar to HBV. Prevention of transmission in the healthcare setting includes hand washing, universal precautions compliance and prevention of HBV infections through vaccination.
**Hepatitis E virus (HEV):** The clinical course is similar to HAV. There is no chronic form. Outbreaks are associated with contaminated food and water. In the USA and most industrialized nations, cases have been documented only among travelers returning from HEV endemic areas.

**Acquired Immunodeficiency Virus (AIDS) (HIV):** AIDS is a severe disease syndrome related to infection with human immunodeficiency virus first recognized in 1981. Within several weeks to several months following infection with HIV, many will experience an acute self-limiting mononucleosis-like illness lasting for a week or two. This can be followed by months or even years free of any clinical symptoms (latent period). Progression from the latent period to AIDS is manifested by opportunistic infections and some cancers. However, new treatment have greatly improved the survival rates.

Transmission occurs via:
- Parental exposure (sharing contaminated needles or accidental needle sticks)
- Receiving contaminated blood transfusions or blood products. A test to screen donated blood for HIV became available in July of 1985 and has significantly reduced this risk.
- Transplants of infected organs (prior to the availability of a test to screen donors).
- Unprotected sex with an infected person.

Transmission requires parental, broken skin, or mucous membrane contact with contaminated blood or body fluids.

Prevention includes education on the benefits of avoiding risk behaviors in the private setting. In healthcare, prevention includes hand washing and universal precautions compliance. There is no vaccine to date, but post exposure prophylaxis includes antiviral agents. Exposures must be evaluated for risk and infection. If post exposure prophylaxis is indicated, in order for it to reduce risk of acquiring HIV infection, it must be started within one to two hours following exposure and not more than six hours.
Latex Allergy: A Prevention Guide  (NIOSH Publication No. 98-113)

Latex gloves have proved effective in preventing transmission of many infectious diseases to health care workers. But for some workers, exposures to latex may result in allergic reactions. Reports of such reactions have increased in recent years--especially among health care workers.

What is latex?
In this pamphlet, the term "latex" refers to natural rubber latex, the product manufactured from a milky fluid derived from the rubber tree, *Hevea brasiliensis*. Several types of synthetic rubber are also referred to as "latex," but these do not release the proteins that cause allergic reactions.

What is latex allergy?
Latex allergy is a reaction to certain proteins in latex rubber. The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown. Increasing the exposure to latex proteins increases the risk of developing allergic symptoms. In sensitized persons, symptoms usually begin within minutes of exposure; but they can occur hours later and can be quite varied. Mild reactions to latex involve skin redness, rash, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, and asthma (difficult breathing, coughing spells, and wheezing). Rarely, shock may occur; however, a life-threatening reaction is seldom the first sign of latex allergy.

Who is at risk of developing a latex allergy?
Health care workers are at risk of developing latex allergy because they use latex gloves frequently. Workers with less glove use (such as housekeepers, hairdressers, and workers in industries that manufacture latex products) are also at risk.

Is skin contact the only type of latex exposure?
No. Latex proteins become fastened to the lubricant powder used in some gloves. When workers change gloves, the protein/powder particles become airborne and can be inhaled.

How is latex allergy treated?
Detecting symptoms early, reducing exposure to latex, and obtaining medical advice are important to prevent long-term health effects. Once a worker becomes allergic to latex, special precautions are needed to prevent exposures. Certain medications may reduce the allergy symptoms; but complete latex avoidance, though quite difficult, is the most effective approach.

Are there other types of reactions to latex besides latex allergy?
Yes. The most common reaction to latex products is irritant contact dermatitis--the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused
by irritation from wearing gloves and by exposure to the powders added to them. Irritant contact dermatitis is not a true allergy. **Allergic contact dermatitis** (sometimes called chemical sensitivity dermatitis) results from the chemicals added to latex during harvesting, processing, or manufacturing. These chemicals can cause a skin rash similar to that of poison ivy. Neither irritant contact dermatitis nor chemical sensitivity dermatitis is a true allergy.

**How can I protect myself from latex allergy?**

Take the following steps to protect yourself from latex exposure and allergy in the workplace:

1. Use nonlatex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, general maintenance, etc.).
2. Appropriate barrier protection is necessary when handling infectious materials. If you choose latex gloves, use powder-free gloves with reduced protein content.
   - Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy.
   - So-called hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis).
3. Use appropriate work practices to reduce the chance of reactions to latex.
   - When wearing latex gloves, do not use oil-based hand creams or lotions (which can cause glove deterioration).
   - After removing latex gloves, wash hands with a mild soap and dry thoroughly.
   - Practice good housekeeping: frequently clean areas and equipment contaminated with latex-containing dust.
4. Take advantage of all latex allergy education and training provided by your employer and become familiar with procedures for preventing latex allergy.
5. Learn to recognize the symptoms of latex allergy: skin rash; hives; flushing; itching; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.

**What if I think I have latex allergy?**

If you develop symptoms of latex allergy, avoid direct contact with latex gloves and other latex-containing products until you can see a physician experienced in treating latex allergy. If you have latex allergy, consult your physician regarding the following precautions:

- Avoid contact with latex gloves and products.
- Avoid areas where you might inhale the powder from latex gloves worn by other workers.
- Tell your employer and health care providers (physicians, nurses, dentists, etc.) that you have latex allergy.
- Wear a medical alert bracelet.

**ADDITIONAL INFORMATION**

- For additional information about latex allergy, or to request a copy of NIOSH Alert No. 97-135, *Preventing Allergic Reactions to Natural Rubber Latex in the Workplace*, call 1-800-35-NIOSH (1-800-356-4674). You may also visit the NIOSH Homepage on the World Wide Web at http://www.cdc.gov/niosh. To access latex allergy websites, select *Latex Allergy* through the following locations: http://www.anesth.com/lair/lair.htm or http://www.familyvillage.wisc.edu/lib_latx.htm NIOSH Homepage, or access the websites directly at
The following codes will be used to announce emergency conditions at Robert Wood Johnson University Hospital.

CODE RED = Fire or Smoke (Don’t forget to R.A.C.E. or P.A.S.S. as necessary)

CODE BLUE = Adult Cardiac Arrest (If you are near patient’s room, step aside and allow medical team to attend to the patient.)

CODE WHITE = Pediatric Cardiac Arrest (Follow guidelines given above)

CODE AMBER = Infant Abduction

CODE ORANGE = Hazardous Materials Incident

CODE TRIAGE = Multiple Casualty Disaster (Report to area supervisor for further directions. Please remain calm and be assured that Hospital staff members are well-trained in disaster preparedness).

CODE PURPLE = Visitor (Non-Patient) or Employee Medical Emergency

TRUAMA ALERT = Emergency Medical transport by air/ground

CODE CLEAR = All clear, resume normal operations
Guest Relations Guidelines

1. Treat Patients/Guests/Co-Workers with dignity, respect and courtesy.

   A. Greet each person in a cordial and courteous manner.
      1. Call him/her by name, if it is known (i.e. “Good Morning, Mr. Jones”).
      2. Do not use a patient’s first name unless he/she requests that you do so.
   B. Introduce yourself to the patients/guest.
      1. Identify your name and title/role
   C. Practice proper phone courtesy at all times.
      1. Use “good voice;” sound interested
      2. Identify yourself, your department, and offer to help.
      3. If you must put someone on “hold,” do so for a minimal amount of time. If a delay is anticipated, call the person back.

2. Respect each patient’s privacy.

   A. Always knock before entering a room.
   B. Keep discussions about patient’s conditions professional and limited to private areas. The elevators, and hallways are not appropriate places to discuss patients.
   C. When a patient/guest is distressed, offer him/her a more private area in which to wait and offer assistance.
   D. Provide privacy in an examining area in order that patients may disrobe privately and/or have a confidential conversation with members of the health care team.

3. Take the time to be helpful.

   A. Does someone look confused? Stop and try to help.
   B. When referring patients/guests to other than the immediate area, give careful directions or call someone to guide them.
   C. Respond to questions outside your area of knowledge by saying, “I don’t know the answer to that questions, but I’ll be happy to inquire and get back to you.”
   D. End all interactions with patients/guest with, “Is there anything else I can do for you now?”

4. Respond Quickly.

   A. Remember that to an ill or distressed person, a minute feels like an hour.
B. When dealing with a number of people at the same time, state, “I’ll be with you as soon as possible – Please excuse the delay. Thank you for waiting.”
C. If a long delay is anticipated, offer a reasonable explanation as to the cause. If need be, offer the individual an alternative rather than just to sit and wait.

5. *Always give clear, concise explanations as to what you are doing.*

A. Make sure your instructions are clear and accurate.
B. Tell patients/guests what you are going to do, and why.
C. Be careful not to “talk down.”

6. *Practice good listening skills.*

A. Allow individuals to speak without being interrupted.
B. Listen objectively in order to identify the patients/guests needs.
C. Make eye contact.
D. Limit distractions.

7. *Maintain an appropriate customer oriented environment.*

A. Limit noise.
B. Loud talking, reading papers or magazines, or eating/drinking and smoking are not appropriate in patient care/public areas.

8. *Look and act the part.*

A. Dress appropriately and professionally.
B. Wear identification badge at all times.
C. Staff disputes are not appropriate in patient care/public areas.
D. Personal problems and/or internal job difficulties are not to be discussed with patients/guests.


A. In a situation that might have hostile overtones, maintain self control.
B. Listen to all patient/guest complaints and gather accurate information.
C. Forward all gathered information to your immediate supervisor.
D. Do not get angry or defensive.
E. Do not try to offer excuses.
F. If necessary, offer an alternative to the patient/guest who has a complaint. Either give the person your supervisor’s name and phone number, or offer to have your supervisor call the person.
G. If a situation gets out of hand, walk away calmly, and call security.
**Patient Satisfaction:**

- Volunteers are considered as staff and, accordingly, are a vital part of our effort to provide our patients with “very good service.” Approximately 50% of our patients will receive a survey from a company called “Press Ganey” upon discharge from the Hospital; it is our goal to receive the highest score possible from our patients – all “fives.” The survey results rank our Hospital with others of our size and caliber. Whenever possible during communication with the patient or family, we ask that you communicate our wish to provide exemplary service and to have that great service indicated on their survey, if received. Kindly refer to “Guest Relations Guidelines” above for more information.

- An additional effort to continuously improve performance at the hospital is the occasional visit by a “Mystery Patient” who is contracted by the hospital to present as a patient and report on their findings. Department heads throughout the Hospital are later presented with reported observations pertinent to their area so that problem areas may be identified and successes celebrated. As always, your professionalism and commitment to a job well done is appreciated and just may be recognized by this patient.
AIDET ASSESSMENT

AIDET is a simple acronym that ensures the key components of effective communication are used. This method also allows us to “manage up” and be positive about our co-workers, other departments or physicians.

**Acknowledge:** Greet people with a smile and use their name.

“Good morning, Mrs. Jones. We’ve been expecting you…”

**Introduce:** Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people to where they need to go instead of pointing or giving directions.

“My name is Gary and I’ll be taking you to x-ray today.”

**Duration:** Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be.

“The radiologist had to attend to an emergency and is running 30 minutes late. He will be here as soon as possible. Are you able to wait?”

**Explanation:** Describe what you are doing, how procedures work, and who to contact if they need assistance.

“This test takes about 10 minutes. The first step is to…”

**Thank You:** Foster an attitude of gratitude. Thanks someone for their patronage, assistance or help.

“Thank you for choosing RWJ. Is there anything else I can do for you?”

**Match the following:**

A. THANK YOU ______ Being attentive and greeting the customer in a positive manner.
B. EXPLANATION ______ Giving your name, your role, and your skill set.
C. DURATION ______ Giving a reasonable time expectation.
D. INTRODUCE ______ Making sure the patient is knowledgeable and informed.
E. ACKNOWLEDGE ______ Showing appreciation to the patient for his/her cooperation.
F. MANAGING UP ______ Saying positive things about co-workers or other departments.
TRUE or FALSE:

___ Always stop whatever you are engaged in (unless emergency) to greet the customer personally.

___ Customers include patients, families, physicians, and co-workers.

___ Introducing yourself to the customer is a way to create a personal connection with the customer.

___ Always educate your customer about the length of time a particular test or request will take.

___ Make the effort to listen closely to the patient with your eyes and ears.

___ It is a good idea to clarify when the patient or family does not understand, get the main points across, and explain again (if necessary).

___ Always be attentive to the patient’s tone of voice and body language.

___ Communicate and interact with the patient as an important part of the health care team.

___ Never speak negatively of another department, co-worker, or physician.

___ When responding to a customer, always maintain eye contact, nod attentively, and encourage them to express their complete thoughts or requests.
“Culture of Kindness”

**Mission Statement:** Imagine an environment that is filled with kindness. By instilling kindness, we as a family at RWJUH can achieve unlimited possibilities. By fostering a work environment where leaders are accountable and committed to moving a culture of kindness from good to great.

- **COMMITMENT** is establishing ownership and dedication to personal, professional and organizational success with passion and purpose.
- **UNDERSTANDING** is the ability to acknowledge the strengths of others, appreciate their challenges and effectively recognize and support their needs.
- **LEARNING** is embracing innovation, challenges and experiences, which enhances personal and professional growth.
- **TRUST** is demonstrating honesty and accountability in all interactions to promote a positive environment.
- **UNITY** is a collaborative practice which creates a sense of togetherness that establishes a high level of teamwork.
- **RESPECT** is fostering an environment of integrity by treating others with dignity.
- **EMPATHY** is the sincere awareness of the needs of other people along with the desire and attempt to compassionately support them.

**NOTE:** will be adding the actual logo once I receive it from PR

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Rounding at RWJUH

Our Promise to Our Patients and Families:

To ensure the best possible care, patients on each unit are visited at two-hour intervals by the nursing staff between 10:00 am - 6:00 a.m. On every rounding visit, the nursing staff member will perform these tasks for the patient:

- Check the patient’s pain level.
- Offer help using the toilet.
- Help the patient get in a comfortable position.
- Check medication and provide medication if needed (RN visits only).
- Make sure that the patient’s essential needs (call light, phone, reading material, etc.) are within easy reach.
- Find out if the patient has any questions.
- Let the patient know at what time the next rounding visit will occur.

Our goal is to provide the best patient experience for each patient and family. If at any time a patient feels that his/her needs are not being met, please ask to speak with the nursing leadership.

Robert Wood Johnson University Hospital is committed to providing our patients with the highest quality of care and the most satisfying experience possible.

Every Two Hours Rounding Standards:

After knocking and entering the room, the nurse will let the patient know he/she is there for their regular round. Check the four P’s:

1. Pain. Evaluate the patient’s level of pain and address appropriately.
3. Position. Ask whether the patient is in a comfortable position or needs help repositioning.

On the Record of Rounds that is posted next to the patient’s bed, the nurse will record his/her name and the time of your visit.

On your Rounding Log, record any notes and the promised return time, as well as the goals for the next visit.
**Patient Bill of Rights**

*State of New Jersey*
Hospital Patients Rights

- As a patient in Robert Wood Johnson University Hospital, you have the following rights under NJAC 8:43 G-4

**Medical Care:**

To receive the care and health services that the hospital is required by law to provide.

To receive an understandable explanation from your physician of your complete medical condition, recommended treatment, expected results, risks involved, and reasonable medical alternatives. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin or guardian.

To give informed written consent prior to the start of specified, non-emergency medical procedures or treatments. Your physician should explain to you – in words you understand – specific details about the recommended procedure or treatment, any risks involved, time required for recovery, and any reasonable medical alternatives.

To refuse medication and treatment after possible consequences of the decision have been explained clearly to you, unless the situation is life-threatening or the procedure is required by law.

To be included in experimental research only if you give informed, written consent. You have the right to refuse to participate.

**Communication and Information:**

To be informed of the names and functions of all health care professionals providing you with personal care.

To receive, as soon as possible, the services of a translator or interpreter if you need one to help you communicate with the hospital’s health care personnel.

To be informed of the names and functions of any outside health care and education institutions involved in your treatment. You may refuse to allow their participation.
To receive, upon request, the hospital’s written policies and procedures regarding life-saving methods and the use or withdrawal of life support mechanisms.

To be advised in writing of the hospital’s rules regarding the conduct of patients and visitors.

To receive a summary of your patient rights that includes the name and phone number of the hospital staff member to whom you can ask questions or complain about possible violations of your rights.

**Medical Records:**

To have prompt access to the information in your medical record. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your records.

To obtain a copy of your medical record, at a reasonable fee, within 30 days after written request to the hospital.

**Cost of Hospital Care:**

To receive a copy of the hospital payment rates. If you request an itemized bill, the hospital must provide one, and explain any questions you may have. You have a right to appeal any charges.

To be informed by the hospital if part or all of your bill will not be covered by insurance. The hospital is required to help you obtain any public assistance and private health care benefits to which you may be entitled.

**Transfers:**

To be transferred to another facility only when you or your family has made the request, or in instances where the transferring hospital is unable to provide you with the care you need.

To receive an advance explanation from a physician of the reasons for your transfer and possible alternatives.

**Personal Needs:**

To be treated with courtesy, consideration, and respect for your dignity and individuality.

To have access to storage space in your room for private use. The hospital must also have a system to safeguard your personal property.

**Freedom from Abuse and Restraints:**

To have freedom from physical and mental abuse.
To have freedom from restraints, unless they are authorized by a physician for a limited period of time to protect the safety of you or others.

**Privacy and Confidentiality:**

To have physical privacy during medical treatment and personal hygiene functions, unless you need assistance.

To have confidential treatment of information about you. Information in your records will not be released to anyone outside the hospital without your approval, unless it is required by law.

**Discharge Planning:**

To receive information and assistance from your attending physician and other health care providers if you need to arrange for continuing health care after your discharge from the hospital.

To receive sufficient time before discharge to arrange for continuing health care needs.

To be informed by the hospital about any appeal process to which you are entitled by law if you disagree with the hospital’s discharge plans.

**Legal Rights:**

To treatment and medical services without discrimination based on age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay, or source of payment.

To exercise all your constitutional, civil, and legal rights.

**Privacy Duty Nursing:**

To contract directly with a New Jersey licensed registered professional nurse of the patient’s choosing for private professional nursing care during his or her hospitalization. A registered professional nurse so contracted shall adhere to hospital policies and procedures in regard to treatment protocols, and policies and procedures so long as there requirements are the same for private duty and regularly employed nurses. The hospital, upon request, shall provide the patient or designee with a list of local non-profit professional nurses associations registries that refer nurses for private professional nursing care.

**Questions and Complaints:**

To present questions or grievances to a designated hospital staff member (Patient Representative, Extension 8501) and to receive a response in a reasonable period of time. The hospital must provide you with the address and telephone number of the New Jersey Department of Health Agency that handles questions and complaints. You may directly contact the NJ Department of Health Complaint Hotline at 1-800-792-9770.
This list of patient rights is an abbreviated summary of the current New Jersey law and regulations governing the rights of hospital patients.

For more complete information, consult NJ Department of Health regulations at NJAC 8:43G-4 or Public Law 1989-Chapter 170, available through your hospital.

Bill of Rights for Children and Teens

In this hospital, you and your family have the right to:

- Respect and personal dignity
- Care that supports you and your family
- Information you can understand
- Quality health care
- Emotional support
- Care that respects your need to grow, play, and learn
- Make choices and decisions

Respect and personal dignity:
- You are important. We want to get to know you.
- We will tell you who we are, and we will call you by your name. We will take the time to listen to you.
- We will wear our I.D.’s at all times so you know who we are.
- We won’t talk about you in your room or outside your door unless you know what is happening.
- We will knock on your door before entering.
- We will respect your privacy.

Care that supports you and your family:
- You and your family are important. We will work together to make you as safe and comfortable as possible.
- All families are different. We want to learn about what’s important to you and your family.
- There will be a place for a member of your family to spend the night in the hospital with you or near you.

Information you can understand:
- We will explain things to you. We will talk to you in ways you can understand. You can ask about what is happening to you and why.
- Someone who speaks your language will help explain things to you.
- Someone from your family can be with you when people in the hospital are explaining things to you.
- We will help you to get more information if you would like it.

Quality health care:
• You will be taken care of by doctors, nurses, and other people who know about children and teenagers.
• You have the right to know all the people who take care of you in the hospital. You have a right to know who they are, what they do and why they are doing it.
• We will work together with you and your family to make your stay in the hospital as short and as comfortable as possible.

Emotional support:
• When you are in the hospital, you might feel scared, mad, lonely, or sad. It can help a lot to let people know how you feel. It is okay to cry or complain.
• You can have your family with you as much as possible. When this is not possible, the other people caring for you will explain why.
• We can help you meet children and families who have had experiences like yours.
• You can wear your own clothing most of the time and keep your special things with you.
• You can talk or play with people who know how to help when you have questions or problems.

Make choices and decisions:
• Your ideas and feelings about how you want to be cared for are important. You can tell us how we can help you feel more comfortable, and how you want to take part in your care.
• You can make choices whenever possible. Sometimes you can help decide when and where you get your treatments.

Bill of Rights for Families

In this hospital, you and your child have the right to:

• Respect and personal dignity
• Care the support you and your family
• Information you can understand
• Quality health care
• Emotional support
• Care the respects your child’s growth and development
• Make decisions about your child’s care

Respect and personal dignity:
• You and your child will be treated with courtesy and respect.
• We will introduce ourselves. We will explain our role in your child’s care.
• You can help us get to know your child. We can learn from you what is best for your family. We will take the time to listen.
• The things you tell us in confidence will be kept private.
• We will talk and write respectfully about your child and family.
• We will knock on your door before entering.
Care that supports you as a family:
- You and your family are welcome in the hospital because you are the most important people to your child.
- We will provide a place for at least one family member to spend the night near your child.
- If you choose, you can stay with your child during most medical treatments.

Information you can understand:
- You have the right to complete information from people helping you care for your child.
- You can ask what is happening to your child and why. Everything will be explained to you honestly, in ways you can understand.
- You have the right to ask questions about anything that is unclear to you.
- You can ask to have someone from your family or another support person with you when people in the hospital are explaining things to you.
- Someone who speaks your language will help explain things to you.
- You have the right to know about your child’s condition and treatment plan. You have the right to see your child’s medical records during the hospital stay by asking your attending physician.
- You have the right to detailed information about your child’s hospital bill.
- You have the right to ask about the policies, procedures, and routines of the hospital.
- You have the right to know the hospital’s process for taking care of your concerns or complaints.

Quality health care:
- There are many people who take care of your child in the hospital. You have the right to know who they are, what they do, and why they are doing it.
- You can expect to have your child cared for by doctors, nurses, and other who know how to care for infants, children, and teenagers.
- We will be sensitive to the environment in which your child is receiving care and strive to reduce unnecessary stressors.
- You are an important member of you child’s health care team, and you know your child best.
- The information you have and your perspective are important, therefore, please share you ideas with us.
- Before your child leaves the hospital, we will teach you about the care your child will need. We will tell you about people and places in your community that can help you.

Emotional support:
- When your child is in the hospital, you might feel afraid, angry, guilty, sad, lonely, or tired. You can talk with health professional about your feelings, questions, problems, or concerns. They will listen to you and respect your feelings.
- We can help you meet other families who have had experiences like yours.

Care that respects your child’s growth and development:
• We will consider your child’s interests and needs, not just those related to the medical condition.
• Your child will be cared for by people who understand the needs and concerns of children and teenagers.
• We will try to keep your child’s schedule and activities as normal as possible. This includes sleep, quiet times, play time, school, and the comfort of family and friends.

Make decisions about your child’s care:
• You have the right to any information you need to make decisions about your child’s care.
• We will explain all treatment options so that you can understand the risks and know what the choices are for your child’s care.
• You have the right to know if your child’s treatment is experimental or educational. You can refuse this treatment, and the hospital staff will still take good care of your child.
• You can ask for a second opinion from another doctor. You can ask for a specialist to see your child.
• You can ask to change hospitals.

Family Responsibilities

In this hospital, you have the responsibility to:
• Respect and consider the rights of others
• Provide information
• Provide appropriate care to your child
• Provide information for billing

Respect and consider the rights of others:
• Your family must respect the rights of other children, families, and hospital personnel.

Provide information:
• You have important information about your child’s health. You should share information about symptoms, treatments, medicines, and other illnesses.
• It is important for you to tell us how you want to take part in your child’s care.
• We hold what you share in confidence as long as it does not jeopardize your child’s care.
• You need to tell us if you don’t understand something about your child’s care.
• If you are not satisfied with your child’s care, please let us know.

Provide appropriate care to your child:
• You and the other members of the health care team work together to plan your child’s care.
• You are responsible for doing the things you agree to do in this plan of care. If you cannot follow the plan, please tell us.

Provide information for billing: You should help to make sure that your child’s hospital bill is paid as promptly as possible.
Policy Title: **Compliance Code of Conduct**
Approved By Group/Committee: Compliance Committee
Date Revised/Reviewed: 07/2009

**PURPOSE:**
To outline the mechanism and timeframes for dissemination of the Code of Conduct and related materials and ensure that all employees, medical staff members, Board members, contractors, vendors, volunteers, and others who serve on behalf of, conduct business with, or represent Robert Wood Johnson University Hospital understand commitment to and consequence of not adhering to ethical business and health care practices.

**DEFINITIONS:**

**Covered Persons**
The definition of Covered Persons will be:

- All owners, officers, Board members, and employees of the Facility;
- All contractors, agents, and other persons; and
- All physicians with staff privileges at the Facility

**Code of Conduct**
The Code of Conduct sets forth Robert Wood Johnson University Hospital’s standards for ethical conduct and provides guidance for decision-making in the conduct of its business practices.

The Code of Conduct establishes Robert Wood Johnson University Hospital’s:

1. Commitment to full compliance with all Federal health care program and State program requirements, including is commitment to prepare and submit accurate claims consistent with such requirements.

2. Requirement that Covered Persons, when applicable, shall be expected to comply with all Federal health program and State program requirements and with the facility’s own policies and procedures.

3. Requirement that Covered Persons, when applicable, shall be expected to report to the Compliance Officer or other appropriate individual designated by the facility suspected violations of any Federal health care program and/or state program requirements or of the facility’s own policies and procedures.
4. The possible consequences to both Robert Wood Johnson University Hospital, Covered Persons and when applicable, of the failure to comply with Federal health care program and/or State program requirements and/or the Robert Wood Johnson University Hospital Code of Conduct, and the failure to report such noncompliance; and

5. The right of all individuals to use the Compliance HelpLine and Robert Wood Johnson University Hospital’s commitment to non-retaliation; and to maintain, as appropriate, confidentiality and anonymity with respect to disclosures made through the HelpLine.

POLICY:

1. Adherence to the Code of Conduct shall be a condition of employment or doing business within Robert Wood Johnson University Hospital.
   • Employees that fail to meet the standards of conduct explained in the Code of Conduct will be subject to discipline, up to and including termination.
   • This includes disciplinary action for retaliation against an employee who reports a violation of the Code or who cooperates in an investigation or a legal proceeding involving a suspected violation.
   • See also, Robert Wood Johnson University Hospital Administrative Policies and Procedures, “Progressive Discipline” and “Termination of Employment.”

2. Promotion of an adherence to the Code of Conduct shall be an element in evaluating the performance of all employees. All employees shall be expected to:
   • Demonstrate knowledge of and follow all policy and regulations applicable to their job.
   • Support a non-retaliatory environment through actions, words and demeanor.
   • Encourage ethical decision-making with others.
   • Openly raise compliance issues and concerns in the work setting.

3. Employees in a managerial position are expected to have knowledge of and demonstrate competence in the following:
   • Implementation of the Code of Conduct and other Compliance Training ensuring all subordinates complete the annual Code of Conduct training and additional specialized training, as required.
   • The Requirements of Compliance Auditing and Monitoring Activities by identifying and reporting compliance issues as they arise; utilizing principles of compliance auditing and monitoring and actively develop and execute monitoring work plans with the Compliance Department; and executing timely corrective action plans.
   • Responsiveness to HelpLine Calls by providing timely and complete responses, when requested by the Compliance Department.
   • Promotion of the Code of Conduct, Facility Audit Work Plan by taking an active role in key planning meetings; clearly communicating initiatives to staff and direct reports; managing the department consistent with requirements, stated values and objectives of the Code of Conduct, audit work plan and compliance initiatives.
• *Meets all Policy, Regulatory and Governmental Payor Program Requirements, Applicable to the Manager's Department* by designing and implementing processes which meet conditions of payment and conditions of participation in Federal health care programs and/or State programs, and identifies and addresses governmental payment issues at the departmental level.

**PROCEDURE:**

1. The Code of Conduct and related materials shall be distributed to new covered individuals at the mandatory New Employee Orientation and to all new Board members, within 30 days of appointment. Employees and Board members shall be required to sign the Code of Conduct Acknowledgement page certifying they have received the Code of Conduct, have reviewed its contents and shall abide by the Code of Conduct.

2. The Medical Administration department shall distribute the Code of Conduct to physicians with staff privileges. Best efforts shall be made to obtain the Code of Conduct Acknowledgement from the Medical Staff.

3. The signed Code of Conduct Acknowledgement page shall be retained in each individual’s file (e.g., personnel file, credentialing file) or in a centralized location.

4. Employees of Robert Wood Johnson University Hospital will receive compliance training on an annual basis at which time the Code of Conduct will be reviewed.

5. Employees who fail to complete annual compliance training will be suspended without pay until such time as he or she receives the training.

6. The Code of Conduct shall be updated and revised from time-to-time as determined by the Compliance Department (e.g., to address new regulatory guidance or Corporate policies, or to better promote the Compliance Program and adherence to the Code of Conduct).

7. Upon revision, the Code of Conduct shall be distributed to all Covered Persons when applicable, within a reasonable timeframe.

**DOCUMENTATION:**

Code of Conduct Acknowledgement Form

**REFERENCES:**

http://www.oig.hhs.gov/fraud/complianceguidance.html#1
Policy: Conscientious Employee Protection Act

To provide enforcement of the rights and privileges of the Act to all employees.

Procedure:

The Conscientious Employee Protection Act provides that:

The Hospital shall not take any retaliatory action again an employee because the employee does any of the following:

a) Discloses, or threatens to disclose to a supervisor or to a public body an activity, policy, or practice of the employer that the employee reasonably believes is in violation of a law, or rule or regulation promulgated pursuant to law;

b) Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation or law, or a rule or regulation promulgated pursuant to law by the employer; or

c) Objects to, or refuses to participate in any activity, policy, or practice which the employee reasonably believes:
   1. is in violation of a law, or a rule or regulation promulgated pursuant to law;
   2. is fraudulent or criminal, or
   3. is incompatible with a clear mandate of public policy concerning the public health, safety or welfare.

In order to be protected under the Conscientious Employee Protection Act, employees are obligated to notify the employer’s designated representative of the alleged unlawful activity, policy or practice which the employee reasonably believes is a violation of law, rule or regulation and to afford the employer a reasonable opportunity to correct the alleged unlawful activity, policy or practice before seeking to disclose the alleged violation to any public body.

The notice required from employees under the Conscientious Employee Protection Act must be in writing and submitted to the Vice President, Human Resources, who has been designated by the Hospital for receipt of written notices under this Act. Any employee written notices provided under this Act shall be answered within five (5) working days from receipt of the notice. Pursuant to this Act, the Hospital has posted a notice on the official bulletin board advising employees of the protection afforded by this Act.
Robert Wood Johnson University Hospital
Diversity Committee

Mission Statement:

The Diversity Committee of Robert Wood Johnson University Hospital is dedicated to a collection of ideals that comprise the acronym PRIDE

P- Promoting an environment of respect and acceptance of all cultures
R- Recognizing and respecting the diversity of the employee population as well as the community the hospital serves
I- Implementing change through workshops and programs
D- Disseminating information on diversity-related issues
E- Educating and empowering employees

10 Ways to Respecting and Appreciate Our Common Heritage

1- Develop an understanding of cultures other than your own
2- Notice people’s similarities, not their differences
3- Respect the opinions and rights of everyone
4- Understand how stereotypes can be harmful
5- Treat others the way you would like to be treated
6- Try to put yourself in another’s shoes to understand his or her viewpoint
7- Don’t put others down because of their differences
8- Include everyone in your activities
9- Remember everyone is special and has unique qualities
10- Make a difference by keeping an open mind and heart

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Cultural Competency

A complex combination of knowledge, attitudes, and skills. Sensitivity to issues related to culture, race, gender, sexual orientation, social class, and economic situation, among other factors (Meleis, Isenberg, Koerner & Stern, 1995). Cultural Competency is an ongoing process.

Resources at RWJUH

The RWJUH Diversity Committee- Check the meeting calendars for schedule of meetings.
Email-diversity@rwjuh.edu

Diversity Hotline- (732)937-3483. Call for comments or questions related to diversity issues.

Cultural Diversity Resource at RWJUH-Diversity information and related seminars offered free of charge to RWJUH employees.

POLICY

It is the policy of Robert Wood Johnson University Hospital (“Hospital”) to provide employees with a workplace free from discrimination and unlawful harassment. The Hospital will not permit harassment of or discrimination against its employees, volunteers, or members of the medical staff on the basis of race, age, national origin, sexual orientation or preference, pregnancy, age, religion, physical or mental handicap/disability (with or without reasonable accommodation), or other classification protected by law. To this end, the Hospital has established a reporting procedure to enable those who believe they are being discriminated against or harassed, to seek assistance and to enable the Hospital to take immediate corrective action against any such misconduct. Employees found to have discriminated against or harassed another employee, volunteer, or member of the medical staff in violation of this policy will be subject to disciplinary action up to and including discharge. Non-employees found to have harassed or discriminated against an employee, volunteer, or member of the medical staff shall be asked to cease such conduct and/or be asked to leave Hospital premises and/or have their relationship terminated by the Hospital.

GENERAL PROVISIONS

A. Definition
Harassment is defined as conduct of a sexual nature or based on the sex, age, race, national origin, disability, religion, sexual orientation or other classification protected by law, for which submission is made a term and condition of employment or which has the purpose or effect of unreasonable interfering with an individual’s work performance, or which otherwise creates an intimidating hostile or offensive working environment.

Harassment may take different forms and may depend on how pervasive, repeated and extreme the conduct is, including but not limited to visual displays. It may also depend on whether the conduct is welcome or unwelcome by the recipient of the conduct. Silence or even participation may not mean that the conduct is welcome, but may only reflect an employee’s deferring to supervisory authority. **What is important is how the words or actions are perceived, not what is intended.**

One common form of sexual harassment is the demand for sexual favors. Other forms of harassment may include, depending on the circumstances:

a) **Verbal:** Sexual innuendoes, suggestive comments, jokes about sex, sexual advances or propositions, repeated unwelcoming sexual flirtations, graphic verbal commentaries about an
individual’s body, sexually degrading or provocative words used to describe an individual and threats.

b) **Non-verbal**: Suggestive objects or pictures, graphic written commentaries, suggestive or insulting sound or epithets, leering, whistling and obscene gestures.

c) **Physical**: Unwanted physical contact, including touching, pinching, pushing, assaulting, brushing the body, and participating in sexual activity or jokes.

Similarly, harassment can also include but are not limited to jokes, pictures, and writings, with content relating to race, religion, disability, sexual orientation, national origin.

Whatever form it takes, the Hospital will not permit employees to harass or discriminate against others with whom they have business interactions including, but not limited to other employees, volunteers, or medical staff members, or permit any Hospital visitor to harass its employees. This is true, not only in the workplace, but during business trips and business-related social events. All employees, volunteers and medical staff members must comply with this policy and take appropriate measures to ensure that such conduct does not occur.

**B. Reporting Procedures**

1. **Reporting**: Any individual who feels that he or she is a victim of illegal harassment or discrimination should immediately report the matter to his or her supervisor/manager or the Senior Vice President, Human Resources so that steps can be taken to stop the activity. The employee is not required to report the harassment to the individual the employee believes has conducted the harassing or discriminatory behavior. Any employee subjected to such behavior is within his/her rights to tell the offender that the actions are unwelcome, unwanted and offensive but is not required to do so. No retaliatory measures will be taken against any employee who brings the occurrence of harassment or discrimination to the Hospital’s attention. Supervisors who become aware of harassment or discrimination must immediately report it to the Senior Vice President, Human Resources.

2. **Investigation**: Once a complaint has been made, the Senior Vice President, Human Resources will conduct an investigation. The investigation will, to the maximum extent possible, remain confidential, on a strict need-to-know basis. However, investigation of such complaints generally require disclosure to the accused individual, and may require disclosure to witnesses or other appropriate people in order to gather pertinent facts. The employee with a complaint as well as the alleged harasser will be informed of the outcome of the investigation.

3. **Corrective Action**: Upon completion of the investigation, the Hospital will take whatever action, if any, it believes appropriate under the circumstances to prevent the occurrence of such conduct in the future, including but not limited to, training, reassignment, demotion, or disciplinary action up to an including termination of employment or other action against non-employees.

References:
Title 42 The Public Health and Welfare
Chapter 126, Section 12132
Policy Title: **EMTALA**
Approved By Group/Committee: Provision of Care Committee
Date Revised/Reviewed: 07/2009

- A fact to know and tell, if asked by a Joint Commission surveyor or Mystery Patient: The abbreviation EMTALA stands for the Emergency Medical Treatment and Leave Act – in summary, this act requires that patients must be brought to a stable condition if presenting in the Emergency Department; this is regardless of their ability to pay the bill.

**Transfer of Patient to Another Facility:**

If a patient’s medical condition cannot be stabilized without medical care beyond the capability of the facility and staff, or if a patient refuses to receive medical care at RWJUH and requests a transfer to another facility, that patient must be transferred to another facility. The physician shall document the patient is being transferred against medical advice in the progress notes and complete with the patient or responsible person on behalf of the patient, the “Leaving the Hospital Against Medical Advice” form.

The patient, or person acting on the patient’s behalf, must be informed of RWJUH’s obligation to treat and admit all patients requiring emergency care under EMTALA as well as the risks and benefits of a transfer. The patient must sign a consent to the transfer that outlines the risk and benefits. If the patient or person acting on the patient’s behalf refuses to sign the consent or refuses the transfer, the patient’s medical record must contain documentation that the proposed transfer was refused along with a statement of the risks and benefits of the transfer/refusal. (Note: this form is to be used for all hospital transfers, whether governed by EMTALA or not).

Physician responsibilities when transferring a patient to another facility
- Document an order for transfer in the patient record.
- Arrange for receiving attending and facility to accept transference of care. Social service or nursing will assist in transportation arrangements and coordination of transfer activities.
- Write the transfer orders including the appropriate mode of transportation equipment required and qualified personnel necessary for the transfer.
- Explain the risks/benefits of the transfer and obtain consent from the patient or designee.
- Complete the Physician Assessment and Certification, transfer consent and release of information for any unstable patient.

Volunteer Orientation
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Robert Wood Johnson University Hospital is committed to protecting the privacy of its patients. As per Federal HIPAA (Health Insurance Portability and Accountability Act of 1996) guidelines as set forth in the attached policy, ALL patient information is considered to be confidential. An intentional breach of confidentiality/privacy could result in legal action, including criminal liability for the offending volunteer. Patient information that you may hear/read is strictly confidential and should not be repeated. All volunteers are required to sign a Confidentiality Agreement which is then maintained in their permanent file.

You will be provided with enough information to allow you to work safely with a patient or family. Volunteers are not permitted to ask patients what is wrong with them. It is possible that a child/parent may share this information with you. If this happens, let the child/parent guide the conversation. Never ask questions or provide advice. All information shared MUST be kept confidential and may not be shared or discussed.

OVERVIEW OF HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 & STATEMENT OF CONFIDENTIALITY POLICY

Robert Wood Johnson University Hospital (“RWJUH”) is committed to protecting the privacy and security of its patients. The Department of Health and Human Services (“HHS”) issued regulations entitled “Standards for Privacy of Individually Identifiable Health Information,” (are hereby referred to as the “Privacy Rule”) and “Security Standards for Protection of Electronic Protected Health Information” (are hereby referred to as the “Security Rule”). The Privacy Rule set forth in detail the duties of health care entities with respect to patient privacy under the Health Insurance Portability and Accounting Act of 1996 (“HIPAA”). The Security Rule establishes national standards to protect individuals’ electronic personal health information that is created, received, used, or maintained by a health care entity. It is the intent of RWJUH to comply in all respects with the Privacy Rule and Security Rule.

The Privacy Rule and Security Rule is not the only law governing RWJUH with respect to patient privacy. It is the policy of RWJUH to comply with all New Jersey laws governing patient privacy & security, to the extent those laws are not preempted by the Privacy Rule & Security Rule. If an RWJUH employee has a question as to whether a New Jersey law is preempted by the Privacy Rule, he or she should contact RWJUH Privacy Officer or Security Officer.
RWJUH has adopted this HIPAA Compliance Program, consisting of Policies and Procedures, to ensure compliance with the Privacy Rule, Security Rule, and all relevant New Jersey laws governing privacy & security, to the extent such New Jersey laws are not preempted by the Privacy Rule & Security Rule. As may be needed, RWJUH will implement Policies and Procedures, and may modify Policies and Procedures, to adhere to patient privacy rules and compliance with the Privacy Rule & Security Rule.

The HIPAA Compliance Program, and other information pertaining to RWJUH protection of patient privacy & security, is at all times subject to inspection by the Secretary of HHS for the purpose of monitoring RWJUH compliance with the Privacy Rule & Security Rule. All such requests for inspection should be directed to the RWJUH Privacy Officer.

A RWJUH employee’s failure to follow the following HIPAA Policies and Procedures not only could lead to civil and criminal liability for the offending employee and RWJUH, but also may result in the termination of the employee’s employment. Personnel will comply with the standards contained in the HIPAA Compliance Program and related Policies and Procedures, immediately report any potential violation of the Program to the Privacy Officer or Security Officer and assist RWJUH personnel and authorized outside personnel in investigating any allegations of violations.

**Potential Sanctions for Violations of the Privacy Rule:**

1. **Potential Penalties That May Be Imposed on Employees by RWJUH**

   Depending on the severity of the violation, as evaluated by an employee’s supervisor and with appropriate input by RWJUH’s Human Resources Department, sanction against an employee can range from a warning to immediate termination of employment and possible reporting to Federal and State administrative agencies.

2. **Civil Sanctions:**

   a. **Civil violation tier category includes the following:**

<table>
<thead>
<tr>
<th>Violation Category</th>
<th>Each Violation</th>
<th>All such violations of an identical provision in a calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Did not know</td>
<td>$100-$50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(b) Reasonable Cause</td>
<td>$1,000-$50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(c)(i) Willful Neglect Corrected</td>
<td>$10,000-$50,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>(c)(ii) Willful Neglect Not Corrected</td>
<td>$50,000</td>
<td>$1,500,000</td>
</tr>
</tbody>
</table>

   b. **The New Jersey Department of Health and Senior Services may impose a penalty**
not to exceed $2,500 for each day that a health care provider is in violation of any of its rules or regulations.

c. The New Jersey HIV/AIDS statutes permit the aggrieved subject of the HIV/AIDS related information to commence a civil action for actual damages, equitable relief and reasonable attorney fees and court costs. Punitive damages may be awarded when the violation evidences wantonly reckless or intentionally malicious conduct by the violator.

d. Additionally, a health professional’s respective licensing board may impose additional penalties, including the revocation of such professional’s license to practice the profession in New Jersey and/or (for physicians, for example) a civil penalty of not more than $100,000 for the first violation and $20,000 for the second and each subsequent violation.

3. Criminal Sanctions:
   a. HHS may make a criminal referral to the Department of Justice for any person who knowingly violates a standard with fines up to $50,000 and/or imprisonment for up to one year.
   b. Fines of up to $100,000 and/or imprisonment for up to five years may be imposed for any person who violates the standards under false pretenses.
   c. Fine up to $250,000 and/or imprisonment of up to 10 years may be imposed for any person who violates any standard with the intent to sell, transfer, or use protected health information for commercial advantage.
   d. New Jersey genetic information statues provide that a violator shall be a disorderly person, punishable by a fine of $1,000 and/or a prison term of 6 months. A willful violation of the genetic information statutes is punishable by a fine of $5,000 and/or a prison term of 1 year. The aggrieved subject of the genetic information may recover for all actual damages, including damages for economic, bodily or emotional harm, which is proximately caused by the disclosure.

4. Confidentiality Statement: As an acknowledgement of the confidentiality of patient information and business sensitive information, and the consequences of improper release, disclosure or dissemination, all employees, volunteers and medical staff members will be required to sign the Robert Wood Johnson University Hospital Confidentiality STATE at the time of employment, services or appointment. (see attached).

References:
CFR 160.402, 160.404, 164.528, 164.314, 164.316
IM. 02.01.01

Attached Form: form_2723.htm
Our hospital is accredited by the Joint Commission. Its mission is to improve the quality of care provided to the public. This is done by establishing standards and then surveying agencies for compliance. Robert Wood Johnson University Hospital is surveyed every three years. Please be certain to review the content of this fact sheet in the event you are stopped by a surveyor and asked a question regarding fire safety, security, etc.

What is The Joint Commission?

- The Joint Commission is an independent, not-for-profit organization that evaluates and accredits nearly 15,000 health care organizations in the U.S.
- The Joint Commission changed its name from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to The Joint Commission.

Why is The Joint Commission visit so important?

- Joint Commission accreditation is recognized throughout the country as a measure of hospital safety and quality.
- Joint Commission accreditation enables us to participate in Medicare and Medicaid reimbursement for the care we give to patients.
- Most important, compliance with The Joint Commission and other quality and safety standards is the right thing to do for patients.

What every employee should know about the Joint Commission survey:

- The survey is unannounced. The surveyors use the tracer methodology, and follow patients through their hospital stay to assess compliance with Joint Commission standards. The surveyors will visit the departments the patient visited, including support departments that provide services and supplies.
- The surveyors talk with staff that interact directly or indirectly with patients, as well as any staff they see throughout the hospital.
- There may be multiple visits to a unit/department each day and throughout the four or five days of the survey.
- Following a survey the hospital is provided with any Recommendations for Improvement (RFIs) in areas where we are not in compliance with a standard. Our goal is to have no RFIs!

Helpful Survey Preparation Tips:

1. Ask to see a surveyor’s identification if you are unsure about who he or she is.
2. Patient care comes first. If you need to leave a surveyor to check on a patient, be polite and offer to meet the surveyor again as soon as possible.
3. Be flexible. You may be interviewed once, multiple times or not at all. Regardless, be ready.
4. Be polite when answering questions. Offer truthful answers and stick to the three-second rule (see below).
5. Answer questions with a “yes” or “no”, when appropriate. Don’t offer specifics unless asked. Refer to co-workers by name, not title.
6. Use open body language. Stand facing the surveyor in a comfortable, confident manner. Do not cross your arms. Make appropriate eye contact. Be aware of the tone of your voice and any nervous habits.
7. Surveyors may observe you – sometimes without warning. Focus on providing quality patient care and following proper procedures and you will have nothing to worry about.
8. Relax! Surveys are your opportunity to shine and show off the exceptional job you do every day. Appear confident and sure of your answers.

Here are tips to help you answer surveyor questions effectively (even if you do not know the answer):

- Ask the surveyor to repeat or clarify a question.
- Use the buddy system: ask a co-worker to help answering a question or offer to help someone stumped by a question. Know your resources (e.g., policies, bulletin boards) and know to ask if you need help answering a question.
- If you don’t know the answer, be able to show the surveyor where you could find it (e.g., a policy).

What is one topic that the surveyors will always ask about?

- The NATIONAL PATIENT SAFETY GOALS! Our knowledge of the National Patient Safety Goals will be assessed and scored early in the survey. Be prepared to tell the surveyor what you do to ensure patient safety. Regardless of whether you are or are not a direct patient care provider, it is important that you are aware of the National Patient Safety Goals and can speak about the goals that apply to you. There is an on-line intranet mandatory test on National Patient Safety Goals for all employees to read and take.

The Joint Commission National Patient Safety Goals (NPSG):

**Goal 1** – Improve the accuracy of patient identification. Use of Two Patient Identifiers
- Patient name and birth date are the two identifiers used for patient care and treatment.
- Patient name and medical record number are used by room service dining aides, and patient transport staff.
- 3 patient identifiers, patient full name, DOB and MR# are used for multiple births, similar last names, and when picking up blood products.
- Containers for blood and other specimens must be labeled in the presence of the patient.
- Before starting a transfusion, match blood to the order, match the patient to the blood, using two persons to verify the process. One person in the two-person verification
process must be the qualified person who will administer the transfusion. The second person must be qualified to participate in the process.

**Goal 2** – Improve the effectiveness of communication among caregivers. Timely Reporting of Critical Tests and Critical Results
- At RWJUH all critical tests and values/results must be reported promptly once they are available (within 30 minutes) to the responsible licensed caregiver caring for the patient.

**Goal 3** – Improve the safety of using medications.
- **Labeling Medications.**
  - In perioperative and other procedural settings both on and off the sterile field, labeling occurs when any medication or solution is transferred from the original packaging to another container.
  - Labeling must occur as soon as the medication or solution is prepared, unless it is immediately administered.
- **Reducing Harm from Anticoagulation Therapy**
  - RWJUH uses the Adult Heparin Algorithm and Adult Warfarin Guidelines. Adult Enoxaparin Guidelines will be implemented in 2011. Heparin as a high-risk medication.
  - Before starting a patient on Warfarin, assess the patient’s baseline coagulation status, and use a current INR to adjust the patient’s therapy.
  - Provide patient/family education regarding compliance with the medication schedule, follow up monitoring, drug-food interactions, and the potential for adverse reactions.

**Goal 7** – Reduce the risk of health care–associated infections.
- **Comply with Hand Hygiene Guidelines**
  - Hand Hygiene is THE most important action healthcare workers can perform to prevent the transmission of microorganisms.
  - When alcohol-based hand rub is available, it should be used as the first choice for hand hygiene of non-soiled hands. Alcohol-based hand wash is available on all units.
  - Hand hygiene audits are performed and results are reported at the Infection Prevention Committee meeting.
  - Daily rounds are conducted by Infection Preventionists to ensure patients are placed on appropriate isolation precautions.
- **Preventing Multidrug-Resistant Organism Infections**
  - Periodic risk assessment and surveillance for multidrug-resistant organism acquisition and transmission, performed by Infection Prevention.
  - Measure and monitor multidrug-resistant organism infection rates and compliance with evidence-based guidelines or best practices.
- **Preventing Central Line–Associated Blood Stream Infections**
  - Utilize a Central Line checklist, Full body barrier precautions, Chlorhexidine scrub (adults only),
For adult patients, avoid use of femoral vein unless other sites unavailable
Disinfect catheter hubs and injection ports before accessing the ports
Routine evaluation of line necessity, and removal of nonessential catheters

- Preventing Surgical Site Infections
  - Select surgical site infection measures using best practices or evidence-based guidelines. Monitor compliance with best practices or evidence-based guidelines.
  - Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to evidence-based best practices. (Surgical Care Improvement Project - SCIP)
  - When hair removal is necessary, use clippers or depilatories

Goal 8 – Accurately and completely reconcile medications across the continuum of care.

- Comparing Current and Newly Ordered Medications
  - At the time the patient enters the hospital or is admitted, a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented.
  - The medications ordered for the patient while under the care of the hospital are compared to those on the list created at the time of entry to the hospital or admission.
  - Any discrepancies are reconciled and documented while the patient is under the care of the hospital.

- Communicating Medications to the Next Provider
  - At the time of transfer, the transferring hospital informs the next provider of service how to obtain clarification on the list of reconciled medications.

- Providing a Reconciled Medication List to the Patient
  - When the patient leaves the hospital’s care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.

- Settings in which Medications Are Minimally Used
  - The hospital obtains and documents an accurate list of the patient’s current medications and known allergies in order to safely prescribe any setting-specific medications (for example, intravenous contrast media, local anesthesia, antibiotics) and to assess for potential allergic or adverse drug reactions.

Goal 15 – The organization identifies safety risks inherent in its patient population.

- Identifying Individuals at Risk for Suicide
  - If you believe a patient is at risk, the patient’s physician and Social Services and the Nursing Management/Supervisor should be alerted; the need for a psychiatric consult should be determined.
  - 1:1 monitoring is mandatory for all patients who are determined to be suicidal/homicidal
  - Address the patient’s immediate safety needs and most appropriate setting for treatment.
  - When a patient at risk for suicide leaves the care of the hospital, provide suicide prevention information to the patient and his or her family.

Volunteer Orientation
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• Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

• Conducting a Pre-Procedure Verification Process
  o The hospital has a pre-procedure process to verify correct procedure, correct patient, and correct site
  o The items that must be available for the procedure are available, such as documentation, test results, blood products, implants, and special equipment
  o Marking the Procedure Site
  o The procedure site is marked before the procedure is performed and, if possible, with the patient involved.

• Performing a Time-Out
  o During the time-out, the team members agree, at a minimum, on the following:
    o Correct patient identity
    o The correct site
    o The procedure to be done
Robert Wood Johnson University Hospital  
Volunteer Services Department  
Confirmation of Volunteer Orientation

I have attended the RWJ Volunteer Services Orientation and I am aware of the following Department policies and procedures (please initial each area as it is discussed):

<table>
<thead>
<tr>
<th>General Hospital Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>________ Introduction to Hospital &amp; CEO</td>
<td>________ Latex Allergy</td>
</tr>
<tr>
<td>________ Hospital Mission Statement</td>
<td>________ Emergency Codes</td>
</tr>
<tr>
<td>________ Patient’s Bill of Rights</td>
<td></td>
</tr>
<tr>
<td>________ Discrimination/Sexual Harassment</td>
<td></td>
</tr>
<tr>
<td>________ Smoking prohibited on premises!</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Guest Relations:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>________ Discrimination/Sexual Harassment</td>
<td>________ Guest Relations Guidelines</td>
</tr>
<tr>
<td>________ Smoking prohibited on premises!</td>
<td>________ AIDET</td>
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<tr>
<td>________ “Culture of Kindness”</td>
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</tbody>
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<thead>
<tr>
<th>Volunteer Service Information:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>________ Volunteer Responsibilities</td>
<td>________ Patient Rounding at RWJUH</td>
</tr>
<tr>
<td>________ Annual TB Testing</td>
<td>________ HIPAA/Confidentiality</td>
</tr>
<tr>
<td>________ Gratuity Policy</td>
<td>________ Joint Commission</td>
</tr>
<tr>
<td>________ Department Specific Training</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Policies &amp; Other Information:</th>
<th></th>
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<tbody>
<tr>
<td>________ Compliance Code of Conduct</td>
<td>________ Conscientious Employee Act</td>
</tr>
<tr>
<td>________ Cultural Diversity</td>
<td>________ EMTALA</td>
</tr>
<tr>
<td>________ HIPAA</td>
<td>________ The Joint Commission</td>
</tr>
<tr>
<td>________ Volunteer Manual Received</td>
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<table>
<thead>
<tr>
<th>Safe Workplace Environment:</th>
<th></th>
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<tbody>
<tr>
<td>________ Safe Workplace Environment Policy</td>
<td></td>
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<tr>
<td>________ Safety &amp; Security</td>
<td></td>
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<tr>
<td>________ Patient Transport (Wheelchair)</td>
<td></td>
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<tr>
<td>________ Fire &amp; Electrical Safety</td>
<td></td>
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<tr>
<td>________ Hazardous Materials (HazCom)</td>
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<tr>
<td>________ Infection Prevention</td>
<td></td>
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<tr>
<td>________ Hepatitis</td>
<td></td>
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</tbody>
</table>

**Volunteer’s Name:** ____________________________________________

(PLEASE PRINT)

**Volunteer’s Signature:** _______________________________________

**Date:** ____________________________________
Compliance Code of Conduct

Acknowledgement & Questions

Name: __________________________________________

1. I acknowledge that I have read the Robert Wood Johnson University Hospital Compliance Code of Conduct Handbook and agree to abide by its content. I have also viewed the Code of Conduct Training presentation in its entirety.

☐ Yes  ☐ No

2. The Code of Conduct does which of the following?

☐ The Code of Conduct helps us make decisions in the workplace and contains practical information and resources to utilize if confronted with a potential compliance issue.

☐ The Code of Conduct will address every potential issue or situation that may arise.

3. The Code of Conduct is designed to help us differentiate right from wrong in the workplace.

☐ True  ☐ False

4. If something you are told or see just doesn’t “sit right,” it is your responsibility to voice your concern through your Supervisor, Manager, Department Head, Vice President, Human Resources, Compliance Officer, or the Compliance HelpLine.

☐ Yes  ☐ No

5. As a new hire, Robert Wood Johnson University Hospital conducts a criminal background check and screens government-maintained database to determine whether the person is eligible to participate in Federal health care programs.

☐ True  ☐ False

6. Any person who believes that they have been discriminated against or seriously harassed should report such concerns to the following, EXCEPT:

☐ Supervisor  ☐ Human Resources
☐ Management  ☐ Co-Worker
☐ Compliance HelpLine

7. Federal Health Care Programs (“FCHPs”) are important to many of the patients we serve because they are the largest source of reimbursement to Robert Wood Johnson University Hospital.

☐ True  ☐ False
8. A Conflict of Interest occurs if an outside interest, activity, or relationship with a third party appears to influence your ability to exercise objectively or meet your job responsibilities for Robert Wood Johnson University Hospital.

☐ True ☐ False

9. You are allowed to disclose another employee’s salary, performance information, patient related information, address, and telephone number if asked by a third party.

☐ True ☐ False

10. Should you end your employment with Robert Wood Johnson University Hospital, you may take sensitive, confidential or protected information.

☐ True ☐ False

11. Robert Wood Johnson University Hospital is committed to managing its business affairs in a financially responsible manner through all of the following, EXCEPT:

☐ Transparency ☐ Reliability
☐ Inaccuracy ☐ Accountability

12. The Robert Wood Johnson University Hospital Board of Directors has oversight responsibility of the Hospital’s Compliance efforts by making reasonable inquiry of management about the Hospital’s Compliance Program.

☐ True ☐ False

13. As an employee of Robert Wood Johnson University Hospital, you must never:

• Destroy or alter any document or record in anticipation of or response to a request for the document or record by the government or outside agency or court.
• Lie or make false or misleading statements to any investigator.
• Attempt to dissuade any other person to provide factual information to an investigator.

☐ True ☐ False
PATIENT TRANSPORT SERVICES/UNIT VOLUNTEER PROGRAM
WHEELCHAIR COMPETENCY REVIEW

Volunteer’s Name: ___________________________ Date: ___________________

1. Always introduce self to patient. __________
2. Check patient’s ID name band prior to transporting. __________
3. Use caution when rounding corners. __________
4. Ensure brakes are set before patient gets in or gets out of chair. __________
5. Patient should not (whenever possible) hold personal belongings during transport. __________
6. Know the operation of a wheelchair:
   a. Use of brakes
   b. Backing into and out of doors/elevators
   c. Providing comfort to the patient
7. Patient should always be transported in forward position. Avoid operating the wheelchair in the backwards position whenever possible. __________
8. Make sure elevator doors are open and leveled before entering and exiting with the wheelchair. Turn wheelchair around facing forward before exiting elevator. __________
9. Report any wheelchair malfunction to dispatch at ext. 8950 __________

Volunteer’s Signature: ____________________________________________
Reviewer’s Signature: ____________________________________________
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

Our Commitment

We pledge to extend to our patients, visitors, physicians, and colleagues the highest level
of professionalism and clinical excellence.

Make each situation/interaction a friendly experience.
Demonstrate your commitment to produce positive outcomes.
Anticipate the needs of others.
Ask what else you can do…offer alternatives.
Strive to maintain a safe Hospital environment for everyone.
Take every opportunity to make a difference.

We embrace diversity and respect each person’s individual values.
Treat others as you would like to be treated.
Take every opportunity to promote a person’s autonomy and self-determination.
Understand that privacy is a personal concern that must be respected always.
Maintain confidentiality in all interactions.
Value each individual, including patients, as a member of the Healthcare team.

We view each encounter as another opportunity to show that there is a friendly,
compassionate, and personal side to health care.

Remember a smile makes a difference.
Identify who you are and your role.
Respond to situations promptly.
Make other feel comfortable.
Communicate in a manner that fosters understanding.
Be friendly and courteous.
Add the personal touch.
Create a special moment.

We want others to expect the most from us because we demand only the best from ourselves.

Celebrate achievement.
Recognize the efforts of others.
Encourage individual goals and growth…be supportive.
Make a commitment to have positive/quality employee relations.
Be self-motivating…motivate others.
Be a positive influence.
Work together for success.

People who care…Caring for People

Print Name _________________________________________________________

Signature _________________________________________________________
It is our Mission to provide our customers with the highest level of Quality Patient Care. You have expressed an interest in becoming part of our Hospital Team, and it is important that you understand that qualifications alone are not enough to meet our standards. You must be the type of person who cares about other people and you must be friendly, polite, and accommodating. The “Code of Conduct” outlined below is our list of employee expectations. Please be sure to read each section thoroughly and put your initials next to each expectation to indicate your commitment to abide by the prescribed behaviors. Only if you can agree to this Code will we begin the employment process.

**CODE OF CONDUCT**

1. Treat patients/gusts/co-workers with dignity, respect and courtesy:  
   a) *Greet all customers in a friendly and helpful manner.*  
      - Address all patients and family members as Mr., Mrs., or Miss, unless otherwise requested.  
      - Introduce yourself, smile and be polite when assisting customers.  
      - Always use “Please, Thank You, or How May I Help You” when engaging in conversation.  
   b) *Use proper telephone etiquette.*  
      - Respond to calls quickly.  
      - Communicate clearly and effectively with internal and external customers.  
      - Identify yourself by Name, Department and Role when offering assistance.  
      - If you must place a caller on “hold,” do so for a minimal amount of time. If a delay is anticipated, get the appropriate information and call the person back.

2. Respect each patient’s privacy  
   - Always know before entering a room.  
   - Limit excess noise in patient areas.  
   - Maintain confidentiality – Never discuss patient matters and refrain from identifying patients by name in public areas.  
   - Respect diverse cultural and religious backgrounds of patients, visitors, and staff.

3. Anticipate customer needs and act promptly and effectively.  
   - Listen and explore customer concerns.
• Don’t fail to provide assistance – Customer service is everyone’s job!
• If you are unable to answer a question, find someone who can.
• Follow through with commitments.
• Resolve complaints in a satisfactory manner.

4. Maintain a safe and secure environment for our patients.
   • Be Alert – always report spills, hazardous situations or anything you think may be unusual in a hospital setting to your supervisor or security.
   • Remind customers that the Hospital is a smoke free facility.
   • Follow safety procedures when providing patient care.

5. Make a good first impression.
   • Dress in a manner which reflects your important role in the healthcare environment.
   • If you are required to wear a uniform, be sure it is always clean and neat.
   • Keep attire, including accessories, simple, safe, and professional.
   • Always wear your Hospital ID badge – People need to know who you are!

6. Be committed to your role at the Hospital.
   • Report to work as scheduled.
   • Be a team player.
   • Be dedicated to customer relations and performance improvement.
   • Remain positive and enthusiastic at all times.
   • Go the “extra mile” to ensure that our customers experience positive outcomes.
   • Treat customers the way you would like to be treated.

I have read and agree to uphold the standards of conduct outlines above and act as a “Service Ambassador” for RWJUH. If selected, I understand that my failure to comply with these expectations may result in the termination of my employment.

Name (Please Print) ___________________________     Date ___________________________

Signature ___________________________     Witness ___________________________
CONFIDENTIALITY STATEMENT

I understand that in the course of the performance of my duties at Robert Wood Johnson University Hospital, I may have access to the medical information and/or records of patients of the Hospital and be aware of other information of a private nature.

I recognize that by law such information is confidential and may not be disclosed to any person except as permitted under the rules and regulations of the Hospital. Accordingly, I recognize that intentional or voluntary disclosure of such confidential information may result in my discharge from the Hospital without notice. I also understand that, in addition to my discharge, unauthorized disclosure may result in legal action from sources outside the Hospital.

PRINT NAME

SIGNATURE

MANAGER

DATE