

# Montefiore | School of Nursing

## ***STUDENT HANDBOOK***

***2014***

*Montefiore School of Nursing  
53 Valentine Street  
Mount Vernon, New York 10550  
(914) 361-6221  
Fax: (914) 665-7047*

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**Montefiore School of Nursing  
Academic Calendar - 2013-2014**

<b>Fall 2013</b>	<b>School of Nursing</b>	<b>Mercy College</b>
Aug 24	Clinical starts for Sat students	
Aug 26	Classes begin	
Aug 31-Sept 2 No classes Labor day		Sept 4 Classes begin
Oct 9 No day classes (Faculty Conf)		
Nov 8	Mid-term grade notification	Nov 18 Last day to Withdraw with "W"
Nov 15	Last day to withdraw with a "W"	Nov 27-Dec 1 Thanksgiving break
Nov 28-30 Thanksgiving break		
Dec 9	Final exam week begins	Dec 19 Session ends
<b>Spring 2014</b>	<b>Montefiore School of Nursing</b>	<b>Spring 2014</b>
		<b>Mercy College</b>
Jan 14	Pinning & Graduation Ceremony 4-7 pm (snow date Jan.15)	
Jan 25	Clinical begins for Sat students	Jan 22 Classes begin
Jan 27	Classes begin	
Feb 17 No classes President's Day		Feb 17 No Classes
March 24-30 Spring break		March 11 No days classes, Eve starts 4pm March 24-30 Spring break
April 11	Mid-term grade notification	April 11 last day to withdraw with W
April 18	Last day to withdraw with a "W"	
May 19	Final exam week begins	May 13 Spring term ends
June 4	Pinning & Graduation Ceremony 4 -7 pm	

**FACULTY & STAFF ROSTER**

**STUDENT SERVICES**

<b>POSITION</b>	<b>NAME</b>	<b>ROOM</b>	<b>NUMBER</b>
Coordinator	Sandra Farrior	Lobby	(914) 361-6472
Student Services Asst./Bursar	Mauricia Albert-Dalley	Lobby	6537
Financial Aid Consultants	Kenaly Complement		

**ACADEMIC AFFAIRS**

<b>POSITION</b>	<b>NAME</b>	<b>ROOM</b>	<b>NUMBER</b>
Interim Dean	Pamela Dupuis	416	(914) 361-6220
Assistant Dean/Faculty	Patricia Sutton	410	6315
Faculty	Eulalee Cassell	405	6306
Faculty	Mary Kelly	415	6817
Faculty	Alba Padin	404	6304
Faculty	Joan Parkes	406	6308
Adjunct Faculty - Lab	Berly Wright	409	6303
Adjunct Faculty - Lab	Sheen Zacharia	409	6303
Academic Affairs Assistant	Liz Chimento	401	6311

## **ACCOMMODATIONS and FACILITIES**

### **ADMINISTRATIVE HOURS**

Academic offices are located on the 4<sup>th</sup> floor of the school and are generally open from 8:30 am to 4:30 pm. You may reach an Administrative Assistant at (914)361- 6311 or 6537. Student services are available 8:00 am –5:00 pm, M-T-W-F, and 8:00 am - 8:00 pm on Thursday. If you need to speak to the Dean or Asst. Dean, it is best to make an appointment to assure availability. Summer hours may vary. You may contact the Financial Aid Liaison at x6537.

**Access** – Only students registered for classes in the Montefiore School of Nursing are allowed to be on the premises; no guests or children. Generally, rooms are available for study Monday 8:00 am -8:00 pm, Tuesday & Wednesday 8:00 am - 10:00 pm, Thursdays 8:00 am - 10:00 pm and Friday 8:00 am - 5:00 pm. Students must exit by 10 p. when stated.. Other hours as posted. Failure to comply may result in suspension or termination. The Montefiore School of Nursing assumes **no** responsibility for individuals on premise without authorization.

### **ALLSCRIPTS TRAINING**

All students will be trained at the SON to use the electronic medical record system. After you are trained, you will receive a user-id and temporary password to log onto Allscripts in clinical units. You must **remember and retain** your password to prevent the need to have it reset. The SON does not have access to your p/w. You will only have read access to patient information. **DO NOT SHARE YOUR USER-ID.**

### **AUDIO-VISUAL SERVICES**

The audio-visual center is located on the 4<sup>th</sup> floor of the school. The collection includes computer programs, videos & DVDs. The material is planned to augment classroom instruction, enhance learning, and provide assistance with independent study.

Students are given hands-on orientation upon admission to the program. Instructors are also available to assist with accessing materials. Please report any problems or difficulties with equipment and media to the main office.

### **AUDITORIUM**

Belsky Auditorium is located on the main floor of the school and is accessed through the doors near the elevator. Special events and general assemblies are held there. Students may schedule school related activities in the auditorium by requests to Dean's office.

### **CANCELLATION OF CLASSES**

Cancellation of Montefiore School of Nursing nursing classes and clinical experiences due to extraordinary weather conditions will be determined by the school. If classes are in session and the student is not able to attend class, the attendance policy still remains in effect. The student will be responsible to make-up all missed clinical and lab hours. Make your decision based on your safety. Announcements are made and updated on the school's inclement weather line (914) 361-6221 option #6. Announcements are also posted on the MOODLE. It is also likely it will be announced on Radio WFAS 103.9 FM; CHANNEL 12 NEWS – Westchester; WHUD 100.7 FM/www.whud.com (you can register your cell phone to receive a text message regarding school closings-visit their website)

Cancellation of Mercy College classes will be announced by Mercy College.

The decision whether to attend if classes are in session during inclement weather rests solely with the student.

### **CLASSROOMS**

Most classes are conducted in classrooms located on the first or third floor of the school. Eating, drinking (except water), gum chewing in the classrooms, labs, and library are prohibited.

## **EATING FACILITIES**

Cafeteria is on the 2<sup>nd</sup> floor of the school. Hours are Monday-Friday, 6:30 am - 3:30 pm. Access to vending machines on the second floor of the school in the cafeteria are available seven days a week, 24 hours a day. A microwave is also provided for your use in the cafeteria. In the Student Lounge on the 5<sup>th</sup> floor, there is a student-only microwave, coffee maker, and small refrigerator. All food, condiments, plastic containers, etc., left in the refrigerator will be discarded every Friday afternoon. All users must leave the room clean & neat.

## **FACULTY HOURS**

Faculty offices are located on the fourth floor of the school. Four office hours a week are posted for each faculty member. Appointments are honored.

## **FACULTY MAILBOXES**

Materials are to be given to an administrative staff member for deposit in faculty mailboxes.

## **HEALTH COUNSELING AND GUIDANCE**

This is a partial list of community agencies that students might find useful. Students assume full responsibility for any fees. Contact each agency directly for information. Confidentiality is maintained at all times.

<b>AIDS HOTLINE WESTCHESTER</b>	<i>40 Saw Mill River Road Hawthorne, New York, 10532 (800) 992-1442</i>
<b>COMMITTEE ON SUBSTANCE ABUSE</b> <i>(Nurses' Association of Westchester County)</i>	<i>P.O. Box 2720 Peekskill, NY (914) 286-7509</i>
<b>THE COUNSELING CENTER</b>	<i>180 Pondfield Road Bronxville, New York (914) 793-3388</i>
<b>MOUNT VERNON NEIGHBORHOOD HEALTH CENTER</b>	<i>107 West 4<sup>th</sup> Street Mount Vernon, New York 10550 (914) 699-7200</i>
<b>PLANNED PARENTHOOD OF MOUNT VERNON</b>	<i>6 Gramatan Avenue Mount Vernon, New York (914) 668-7927</i>
<b>FAMILY SERVICES OF WESTCHESTER</b>	<i>1 Gateway Plaza Port Chester, NY 10573 (914) 937-2320</i>
<b>WESTCHESTER JEWISH COMMUNITY SERVICES</b>	<i>435 Mundy Lane Mount Vernon, New York (914) 761-0600</i>
<b>MY SISTERS PLACE</b>	<i>Crisis Hotline (800) 298-7233 (SAFE) 487 South Broadway, Yonkers, NY 10705 (914) 358-0333</i>
<b>HOPE'S DOOR</b>	<i>Crisis Line: 972-422-7233 (SAFE)</i>
<b>WESTCHESTER COUNTY SERVICES</b>	<i><a href="http://www.westchestergov.com">www.westchestergov.com</a></i>

## **NURSING SKILLS LABORATORY**

Throughout the two years, students practice skills under the guidance of an instructor as part of their course work. In addition, students may be sent to the lab by a clinical instructor to practice a specific skill. Students are encouraged to use the lab to practice independently. The lab is for independent study **AND** by appointment for instruction, see posted hours. PLEASE do not hesitate to set up an appointment. Your instructor and faculty advisor are also available to assist you during their posted office hours. All students are expected to bring their lab packs to lab each week. Fundamental lab is on 1<sup>st</sup> floor, Med-Surg I & II lab on 3<sup>rd</sup> floor, and MCH lab on 1<sup>st</sup> floor.

## **LIBRARY/RESOURCE CENTER**

*The Medical-Nursing Library, (914) 361-6219, is located on the third floor of the school. The librarian is based at Montefiore New Rochelle Hospital 9:00 AM to 5:00 PM and can be reached at (914) 365-3566. Students can access materials kept on the Reserve shelf, please go to room 401 for access. A coin operated copy machine is available. The students have full access to Montefiore New Rochelle Hospital's library and resources located in Iselin Hall..*

*Students have access to the Mercy College library when enrolled.*

*The Mount Vernon Public Library is located on Second Avenue between First and Second Streets. Students must show school ID and proof of address when applying for card accessing privileges. Residents of Westchester County who have current local cards may already have borrowing privileges.*

*Montefiore's library at the Bronx location has an extensive collection of electronic journals for nursing and nursing education. In addition, there are over 70 electronic books covering a wide range of nursing specialty disciplines as well as a comprehensive print collection. We also provide access to the following databases:*

*Ø Cumulative Index to Nursing and Allied Health Literature (CINAHL) a bibliographic database which includes more than 600 full-text journals.*

*Ø Medline (PubMed or Ovid)*

*Ø UpToDate*

*Ø MD Consult*

*Ø Evidence Based Practice Toolkit which provides link to a several EBP resources.*

## **COMPUTER LAB**

*A computer lab is located on the third floor of the school, in the Resource Center. Students have access to the computers during normal operating school hours. Eating, drinking, use of cell phones and talking which is disturbing to others is prohibited. Students will read the "Acceptable Use of Information Technology Policy, Access Control Policy, Password Security Policy and the Patient Confidentiality Agreement" (in appendix). These policies are also required for Allscripts. A generic user-id & password will be given to you during class for computer lab access.*

*The Library and the School of Nursing computers have internet access. Students may only be online for research pertaining to School of Nursing matters. No one is permitted to use internet for personal matters, including accessing personal email. Students are not to download any programs from computers. Anyone found in violation of these or any laws and/or copyright regulations are subject to severe penalties, not limited to possible termination from the program.*

## **PARKING IN MOUNT VERNON**

*There is limited street parking in the area and this should be taken into consideration when attending class or clinical. Alternate side of the street parking and meter expirations are **STRICTLY ENFORCED**. Parking meters in Mt. Vernon are in effect until 8:00 pm. **Suspended alternate side of the street parking for NYC does not include Mount Vernon.** Tickets are ½ price if paid by the next day. During inclement weather, call the Department of Public Works at (914) 665-2382 for information on suspension of alternate side of the street parking regulations.*

*Students can park in the visitor's lot across the street from the main entrance of the hospital for a fee. A vending machine for parking lot tokens is available in the Montefiore Mt. Vernon Hospital's lobby. A municipal lot is located two blocks from the school. Monthly permits can be obtained by calling the Parking Bureau at (914) 665-2323.*

*Clinical site parking is the responsibility of the student, information will be provided to class.*

## **RECORDS**

The school adheres to the regulations of the Family Rights and Privacy Act of 1974, which requires the right of access by students to educational records. Although information is not released without student consent, an exception to this occurs when an agency providing financial aid requests a report on student academic progress. Students need to give three days notice to review records. Records are not allowed out of the Dean's office.

The permanent record of the student contains:

- The academic transcript
- Transcripts from previously attended colleges and/or high school

## **REFERENCES**

Students are encouraged to request instructor references as they know their clinical performance best. The student/graduate **MUST** sign a waiver or write a letter requesting the release of references to faculty. Processing may take 10 days. Submit waiver and request for references to Academic Affairs Office.

## **RESTROOMS**

Restrooms for men and women are located on the second and third floors of the school. Additional restrooms are located on the fourth and fifth floors.

## **STUDY AREAS**

Students may use the following areas for study: classrooms (3<sup>rd</sup> floor); study rooms (5<sup>th</sup> floors); the library (3<sup>rd</sup> floor) or 2<sup>nd</sup> floor cafeteria – Do not use the library for group study. **PLEASE RESPECT THE RIGHTS OF OTHERS AND MAINTAIN CLEANLINESS OF THESE AREAS OR THE PRIVILEGE TO USE THESE AREAS WILL BE RECINDED.** Many students choose to study at the school for quiet and to escape family pressures. Please respect their RIGHT to do so. **CHILDREN ARE NOT ALLOWED IN STUDY AREAS. FOOD OR DRINK RESTRICTED.** Students must maintain cleanliness of the area.

## **TELEPHONES/COMMUNICATION DEVICES**

House phones are available on the first, fourth and fifth floors of the school for security purposes. Cell phones and pagers or other communication devices must be off and use is not permitted during class, lab or clinical. (No texting permitted.)

## **TRANSCRIPTS**

Students receive grade reports directly from the college they attend. Upon graduation, students receive one copy of their transcript. Official transcripts are only released to a school or employer upon written request and authorization. A fee is charged. Official transcripts are not released if a graduate or former student has outstanding financial or other obligations to Montefiore School of Nursing, Montefiore New Rochelle Hospital or college they attended.

## **TRANSPORTATION**

A taxi phone is available in the lobby of the Hospital.

Amtrak (800) 872-7245 or [www.amtrak.com](http://www.amtrak.com)

MTA - NYC Subways, Buses, Trains (718) 330-1234 or [www.mta.info](http://www.mta.info)  
Toll Free Info Number - 511

Westchester Bee-Line Buses (914) 813-7777 or [www.beelinebus.com](http://www.beelinebus.com)

Taxi  
Reliable & Plaza Taxi 18 North 3<sup>rd</sup> Avenue, Mount Vernon, New York, (914) 664-5678  
Reliable Taxi 1 Park Avenue, Mount Vernon, New York (914) 664-1555

## **VOICE MAIL**

All employees of the school have Voice Mail. Messages should be left at each person's extension. Please do not leave messages with Academic Affairs Assistant unless it is an emergency. Refer to roster listing extensions and room numbers. If voice mail messages are not returned by next work day, notify AAA, as there may be a problem with the phone system.



## **SCHOOL ACTIVITIES**

### **CLASS/SCHOOL ACTIVITIES**

*No one but another nursing student or nurse knows what you go through in nursing school. No family member or friend will understand the demands placed upon you unless, they too, have walked in your shoes. You need each other's support to help you succeed in the calmest possible way. For the next two years, you should be each other's best friend, colleague, and confidant. Your classmates will be your extended family. Your best memories of school should come from the closeness and sharing you give to one another. When you graduate you will be bonded as alumni...an exclusive club.*

*We encourage you to join together for some moments of fun and relaxation. Plan little parties for yourselves to share your joys, not just occurring in the school, but in your "other" life. Rooms are available for you to use to "get together". Sometimes all you need to do is just have a class luncheon where you can be yourselves. PS...alcoholic beverages are not permitted on school or hospital premises.*

*Some activities are Cultural Dinner, College Night, Nurse Recognition and Walk-a-thon Fund Raisers.*

### **CLASS ORGANIZATIONS AND OFFICERS**

*Each class elects officers (President, VP, Treasurer and Secretary), and establishes its' own activities in keeping with the belief that students should have self-governance and an open forum for resolving problems. A faculty member is appointed to assist the class each semester. Class officers must be in good academic standing, and be capable of accepting the responsibility of office. The class president becomes a member of the Student Council and Grievance Committee. Elections are held during Nursing 1 & Nursing 3.*

### **GRADUATION & PINNING**

*The graduation fee entitles students to the school pin, cap, lamp, cap and gown, and guest invitations.*

*Commencement and the awarding of diplomas takes place following each semester. Students demonstrating volunteerism, and achievement in academic and/or clinical performance maybe eligible for special awards. Students are recognized for achieving a cumulative grade point average of 3.5 or higher. Student attends ceremony after s/he completes the entire program.*

### **NATIONAL STUDENT NURSES' ASSOCIATION (NSNA)**

*NSNA is an organization of nursing students for nursing students. Its goal is to establish a firm foundation and communication network for nursing students. Membership is optional for students.*

### **RECRUITMENT**

*Student involvement in organized recruitment activities is a definite asset. Students have the opportunity to share their knowledge and experience, and portray a positive image of nursing.*

### **SCHOOL COMMITTEES**

*Students are encouraged to enhance personal and professional growth by attending meetings of school committees.*

*Students are welcome at all meetings of the Curriculum Committee as student input into curriculum development is welcome.*

*Agenda is provided to Student Government Representatives one week prior to meeting for student input in the event students are unable to attend.*

*Students are also invited to attend select Faculty Meetings to discuss academic policies.*

*The schedule for Curriculum Meetings will be posted on a semester basis. Notices of Faculty Meetings to discuss academic policies will be posted on a need basis.*

### **STUDENT COUNCIL**

The Student Council is the committee within the school designed to serve as a liaison between the faculty and student body. The Council meets three times per semester and as needed to provide a forum for:

- Interacting and communicating;
- Maintaining a safe, student-focused environment;
- Reviewing and making recommendations for updating the Student Handbook;
- Monitoring nonacademic student policies and making recommendations to the Faculty Organization;
- Providing for the hearing of non-academic related student grievances.

The Student Council consists of:

Two faculty members (one of which serves as Chair) & Student Services Coordinator  
President, Vice President, Secretary and Treasurer of each class

Each class representative will cast one vote. Other students may attend meetings that do not involve grievance issues.

## **ASSIGNMENTS**

Male and female student assignments are made in the clinical area without regard to sex in accordance with Title IX, Education Amendment of 1972, prohibiting sex discrimination in education. Assignments are based on individual needs and the discretion of the instructor. Clients have a right to know that the person assigned to their care is a student and client objections to such care will be respected and honored.

## **DRESS**

Appropriate attire must be worn in class and labs. No scrubs or other health care attire may be worn to class. Shorts must be knee length or longer, no plunging necklines or bare abdomen are permitted in class or public areas of the hospital including the cafeteria. Undergarments are not to be visible. No tank tops, no low-rise jeans. Students must wear I.D. badges above the waist while on SON/Montefiore Hospital's premises. Clinical agency policy re: tattoos will be followed. SON cannot guarantee clinical experience if student can not comply with such policies.

## **STUDENT NURSE ATTIRE ON CLINICAL UNITS**

The following guidelines for attire will be **STRICTLY ENFORCED**. The student uniform is worn at all clinical sites except for mental health clinical rotations.

All parts of the uniform should be clean, neat, and laundered after each use.

No shirts/blouses are to be visible when worn under the uniform, they must be white.

All white shoes/leather sneakers must be polished and have clean laces.

Clogs and sandals are prohibited in the clinical area.

Lab coats, jackets or sweaters are not worn during clinical experiences. The **WHITE Snap Front Warm Up Jacket** with embroidering is permitted. No fragrances can be worn. Jewelry may only consist of a smooth band and 1 pair of small studded earrings. Hair should be neatly arranged, secured off the face, be free of ornaments, and above the collar.

Nails must be manicured, kept short and have no polish. Artificial nails or wraps are not permitted.

Required accessories include a watch with a second hand, black pens, stethoscope, writing paper and penlight. If a student requires eyeglasses for reading, they must bring them to class/clinical.

The clinical dress code holds for public functions. **Students may be asked to leave the clinical area if they are inappropriately attired. This will count as a clinical absence.**

Professional business attire is required for mental health and alternate clinical experiences:

No jeans, no tight clothing, subdued colors, no bare midriffs or plunging necklines, skirts knee length, flat shoes, no sneakers, no jewelry around the neck.

**REMEMBER – WE ARE GUESTS IN THE CLINICAL AREA.** The following guidelines should be observed in the clinical area:

- *Courtesy in speech and manner*
- *No offensive or disorderly acts; no taking of photographs permitted*
- *No gum, mints, snacks or drinks*
- *Safeguarding the client's right to privacy and confidentiality*
- *No cell phones or pagers are to be used in audible mode on clinical units. No personal use of cell phones are permitted in the clinical area. Certain areas of health care facilities prevent any cell phone use. No texting.*
- *Smart devices may be used for accessing academic information only.*
- *Observance of all HIPAA policies*

**BEHAVIOR** - A student will be dismissed from clinical if they do not abide by the behavior rules or dress code standards. SON cannot guarantee a clinical experience if a student is barred from a clinical site.

### **PULL-OUTS**

Evening students will be required to attend 2 -3 clinical activities for pull-out rotation during weekday hours.

It is the students' responsibility to attend pull-outs as assigned, students may not switch without faculty approval. Students not permitted to enter late; event will be considered absent time. Failure to complete the required hours for the pullout experience without faculty approval to do so may result in clinical failure. This includes arriving at the site late and/or leaving the site early.

### **CODE OF ETHICS**

The school adopts the ethical principles of the American Nurses' Association. Students are expected to adhere to the principles in practice and conduct.

1. *The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes or the nature of health problems.*
2. *The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.*
3. *The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.*
4. *The nurse assumes responsibility and accountability for individual nursing judgments and actions.*
5. *The nurse maintains competence in nursing.*
6. *The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.*
7. *The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.*
8. *The nurse participates in the profession's efforts to implement and improve standards of nursing.*
9. *The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.*
10. *The nurse participates in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.*
11. *The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.*

### **DOCUMENTATION**

All hand written documents must be legible. Students unable to achieve satisfactory penmanship after three opportunities for remediation will be dismissed. Written assignments are to be submitted typed.

## **EVALUATIONS**

*Students are evaluated in accordance with course procedures. Refer to each course management policy section for the evaluation process.*

*During evaluations, students meet with the clinical instructor and have the opportunity to discuss clinical progress. Signing evaluations merely indicates that the student has read the evaluation. It does not imply total agreement. It is therefore, imperative that you write comments when you are in disagreement. Written comments by students are encouraged to promote growth through self-evaluation and to provide an explanation in the event of disagreement. This is not the time to evaluate the faculty member. During the clinical experience students may receive a Guidance or Counseling record if the clinical objectives are not met and the student did not perform the objective satisfactorily. The student's signature indicates that they have been in receipt of the Guidance/Counseling record and have the opportunity to comment on the record.*

*At the end of each nursing course, the final evaluation becomes part of the student's permanent record. The student signs this summary at the end of each course. This records states whether the clinical component was passed or failed, attendance and lateness.*

## **IDENTIFICATION (ID)**

*The hospital identification badge is required to be worn at all times when in the school, hospital, or on affiliations. Students can be dismissed from the clinical area if the required ID is not worn. This is in keeping with NYS Department of Health requirements and will count as a clinical absence. Upon completion of affiliation, ID's must be submitted. Montefiore School of Nursing ID's must be submitted upon completion of program and/or termination.*

## **LIABILITY**

*The school does not require students to carry their own liability insurance. The hospital insures students who practice under the direction of a nursing instructor. **No student may provide nursing services to a client without the presence of an instructor on the unit. Administration of medication without instructor present is not permitted. All adults are legally responsible for their own actions.***

## **PARTICULATE MASKS**

*Students may be assigned to care for a client requiring this mask. Students will be fit tested annually prior to beginning their clinical experience.*

# PERSONAL SAFETY

## BULLYING

The Montefiore School of Nursing is committed to protecting its' students, employees, and applicants for admission from bullying, harassment, or discrimination for any reason and or any type. The school believes that all students and employees are entitled to a safe, equitable, and harassment-free school experience. Bullying, harassment, or discrimination will not be tolerated and shall be just cause for disciplinary action. This policy shall be interpreted and applied consistently with all applicable state and federal laws. Conduct that constitutes bullying, harassment, or discrimination, as defined herein is prohibited.

### I. Definitions

A. **"Bullying"** means systematically and chronically inflicting physical hurt or psychological distress on one or more students or employees. It is further defined as unwanted purposeful written, verbal, nonverbal, or physical behavior, including but not limited to any threatening, insulting, or dehumanizing gesture, by an employee or student, that has the potential to create an intimidating, hostile, or offensive educational environment or cause long term damage; cause discomfort or humiliation; or unreasonably interfere with the individual's school performance or participation, is carried out repeatedly and is often characterized by an imbalance of power.

Bullying may involve, but is not limited to:

1. unwanted teasing
2. threatening
3. intimidating
4. stalking
5. cyberstalking
6. cyberbullying
7. physical violence
8. theft
9. sexual, religious, or racial harassment
10. public humiliation

B. **"Cyberbullying"** is defined as the willful and repeated harassment and intimidation of a person through the use of digital technologies, including, but not limited to, email, blogs, texting on cell phones, social websites (e.g., MySpace, Facebook, Twitter, etc.), chat rooms, "sexting", instant messaging.

### II. Reporting

Complaints of bullying should be reported immediately to the Assistant Dean, Coordinator of Student Services, or the Dean.

### III. Disciplinary Action and Due Process.

Violations of this policy by students are subject to disciplinary action in accordance with School policy as outlined in the Behavior/Code of Conduct section of the Student Handbook. Those accused of such violation will receive due process as outlined in the Behavioral Grievance Policy found in the Student Handbook.

Violations by faculty or staff of the Montefiore School of Nursing will be subject to disciplinary action and due process as outlined in Faculty Handbook or Policy of the Montefiore New Rochelle Hospital.

## CODES

Students are oriented to codes for each affiliation.

When a fire alarm sounds, it may be either a drill or the real thing. The paging system for the hospital is not heard in the school; therefore, all fire alarms should be considered the real thing unless otherwise notified.

When school is in session regardless of location, must vacate when the first set of bells ring 5 times.

### **"IF IT RINGS 5 – GET OUT ALIVE"**

Depending on location, the procedure to follow in case of fire or smoke in the school or hospital buildings is:

- remain as calm as possible;
- remove anyone in immediate danger;
- sound the fire alarm at once by pulling the handle all the way down and letting go;
- notify the operator by dialing "O" giving the exact location of fire or smoke;
- close all room and hallway windows and doors;
- do not use elevators;
- do not use telephones except to call the operator; and
- do not return to the building until you are instructed to do so.

Participate intelligently in periodic fire drills. In the event of a fire remember the word 'ARCE'.

<b>"A"</b>	<b>"R"</b>	<b>"C"</b>	<b>"E"</b>
<b>ALARM</b>	<b>RESCUE</b>	<b>CONTAIN</b>	<b>EXTINGUISH</b>

To properly use fire equipment:

- hold the unit upright
- aim at the fuel source
- use a sweeping motion, extending at least 6 inches on each side of the edge of flames
- maintain a proper distance to avoid being splashed by burning liquids
- keep the extinguisher flowing to prevent re-ignition

**Fire only Exit doors should not be used except in the event of an emergency. Be advised that these doors are under surveillance and improper use will be reviewed for disciplinary action.**

**In event of emergency: To exit the SON from the Lobby without a swipe - Pull fire alarm - this will release front door locks and it will also summon the fire department.**

### **INCIDENT REPORTING**

**All incidents must be reported on the same day of the occurrence.** The person witnessing or experiencing the incident is responsible for filing the report. Please complete with instructor's guidance.

All students suffering from injuries, including minor ones, must be directed to the **Employee Health Office/Emergency Dept.** The instructor or another classmate may accompany the student to the Health Office.

In case of a serious injury go directly to the **Emergency Dept. or call 911** for ambulance assistance and notify Hospital Security.

### **REGISTRATION FOR MASS NOTIFICATION SYSTEM**

The school is required to have a mass notification systems for emergencies. You are automatically registered for mass notification when you completed the student contact information form. You must keep the Student Services Office informed of any changes to your contact information.

### **REPORTING CRIMES AND EMERGENCIES**

Students, faculty, and staff are encouraged to report all suspicious activities and/or persons observed on campus to Hospital Security.

Call 911 and Hospital Security immediately for emergency and criminal incidents. Calls should be made promptly to improve the ability of Hospital Security or Police to prevent potential crimes, to apprehend suspects, and/or to investigate situations. Upon receipt of a call, a Security Officer will respond immediately to the site of the emergency. Every incident is investigated and a report is filed. Report these incidents to the Hospital Security Department.

### **SAFETY OFFICER**

Students alert faculty to concerns & questions about environmental safety issues. Contact the Safety Manager, Emilio Cintron, at Montefiore Medical Center (718) 920-7600, if you have any concerns or questions about environmental safety on or near campus.

### **SAFETY PRECAUTIONS**

A successful campus safety program needs the cooperation, involvement, and support of students, staff, and faculty. Exercise these simple, common sense precautions:

- travel and park in lighted areas; travel in pairs if possible; be aware of your surroundings;
- report any suspicious person or activity; report all incidents no matter how minor; report losses immediately;
- lock your vehicle and store valuables out of view;
- never loan keys to anyone as they are easily lost, stolen, or duplicated; and
- mark or engrave your belongings; do not leave belongings/valuables unattended.

### **Safety Tips:**

Most important – **BE AWARE.** When walking, be aware of what is going on around you. Walk assertively. If you look like you know where you are going and what is happening around you, you are less likely to become a target for this type crime.

Use the buddy system. Do not study alone in classrooms during non-business hours. If studying after hours is necessary, make sure that you have a study partner.

*Carry a cell phone, even if it is for emergencies only. You can get a pre-paid phone. It will be the cheapest insurance you ever buy.*

*Trust your instincts. If something “feels wrong” (with a person, building, situation, etc.) something probably is wrong. Even if you don’t know why you are uncomfortable, change your plans, move away from the person, get out of the area – whatever is necessary to make the feeling go away.*

*If you feel like you are being followed, stay in well lighted areas and go into a building where there are other people such as a store or restaurant. If these are not available, join a group of people and ask them to walk with you until it is safe.*

*Report Suspicious Activity. If you see a person who is acting suspiciously or some type of activity that doesn’t look right, or you feel like you are being followed, call security, dial “0” for operator, or the police immediately and report it.*

*Additional Crime Information is located in the Appendix.*

## **SECURITY**

*It is of utmost importance that students adhere to the following policies:*

- *The Montefiore SON - hospital ID must be worn at all times when in the hospital or on the school campus;*
- *Use your swipe card to allow **ONLY** yourself into the school building – access is provided through electronic sensors mounted to the outside of the building and exit through sensors on the inside;*
- ***NEVER** prop the door open;*
- *Students are expected to vacate the premises by 8:00 pm on Monday & Thursday, 10:00 pm on Tuesday and Wednesday, and 5:00 pm on Friday.*
- *Report any unusual person or incident to hospital security at Ext. 6007 or to the operator “O”;*
- *The hospital ID doubles as your college identification and must be worn when at Mercy College or affiliating agencies.*
- *Only the Main Entrances/Exits should be used to enter and exit the building. Fire or Emergency Exits should **NOT** be used as a means of exiting the building.*

### **Orders of Protection**

- *Those who have orders of protection must meet with Security Dept. prior to next class session and follow their protocol, which may include providing a photograph of the individual(s). Faculty & Staff will be alerted as appropriate.*

## **SOCIAL NETWORKS**

*Faculty are not to be linked to enrolled students social networks; nor are students to be invited to communicate with faculty social networks. Anyone involved in placing a posting on a social network that casts a negative light on the SON program, administration, faculty or staff may be terminated from the nursing program.*

## **TERMS OF ACCEPTANCE**

*When students acknowledge receipt of acceptance and enter SON, they enter into a contractual arrangement with the school. The School Catalog and the Student Handbook are meant to provide direction for faculty and students as to rights and responsibilities toward one another. Here is specific information to give further clarification on those rights and responsibilities.*

### **ACADEMIC ADVISEMENT**

*Students are assigned a faculty member who will be their advisor for the two years in the school. The advisor is someone the student can go to when the need arises and who will assist in planning the program, clarify areas of concern, and give guidance on academic issues. Students should meet with their advisors at least once a semester. Advisors are assigned and posted on MOODLE.*

### **ACADEMIC CODE OF CONDUCT**

*Students are expected to conduct themselves with honesty. Behavior that indicates suspicion of, or attempt to, cheat on tests or plagiarize assignments, alter a grade or any other unethical behavior in class or clinical will be grounds for dismissal.*

### **ACADEMIC HONESTY**

*As a condition of enrollment, students are expected to adhere to a policy of integrity, which involves not giving or receiving aid on examinations, and if a witness to such a violation, shall notify the instructor involved in the course. A break in exam integrity may result in invalidation of all grades.*

### **ACADEMIC SUPPORT**

*Prior to admission to the program, the TEAS Test is administered to help determine specific needs of students so that early intervention can occur to maximize success. The student may bring a copy of the test results to their advisor, who will assist the student in identifying their learning needs.*

*Instructors provide remediation for test-taking strategies, note taking, study skills, and assistance with clinical skills and understanding of theoretical content. Students are automatically referred for assistance by the faculty if identified as being in jeopardy at the midpoint. The student will receive notification of the referral and it is the student's responsibility to make an appointment for remediation. Students may independently seek this assistance and are encouraged to do so at the first indication of problems.*

*Standardized testing will be utilized throughout the program. Your semester fee will cover all testing costs and specific remediation diagnosed upon your individual test results will be provided. In addition, in the senior semester you will have a diagnostic exam that will help you to prepare for NCLEX RN.*

*Access: [www.atitesting.com](http://www.atitesting.com)*

*A student may be referred to the writing center at Mercy College for assistance with grammar and writing skills.*

### **BEHAVIOR/CODE OF CONDUCT**

*Students are expected to abide by governmental laws and school/hospital policies. Neither exclusively nor inclusively binding, the intent of these guidelines is to provide the student with information relevant to their actions.*

*Disruptive behavior regarding speech or action which is disrespectful, offensive, and/or threatening; interferes with the learning activities of other students; impedes the delivery of school services; and/or has a negative impact on the learning environment. Disruptive behavior includes physically, verbally or psychologically harassing, threatening, or acting abusively toward the Dean, faculty, staff member, another student or patients.*

*The behavior may stem from a conflict with the instructor, staff or another student, from the course itself, or personal problems that may be causing inappropriate behavior. For example, the student deliberately distracts other students from the task at hand, talks loudly out of turn during lecture, monopolizes the discussion, makes disrespectful comments (written or verbal) to the instructor or to another student, comes late and is disruptive settling in, hinders cooperation, harasses or intimidates an employee or another student.*



The following actions are specifically **PROHIBITED** and will lead to disciplinary actions that may include warning probation, restitution, suspension, or expulsion. The following categories and specific situations of impermissible behavior are subject to disciplinary sanctions because they conflict with the fundamental purposes and specific interests of the school.

While these impermissible behaviors are stated as clearly as possible, it should be recognized that any determination as to whether a given act constitutes a violation of the school's special interests will necessarily involve the school applying some degree of judgment to the facts and circumstances as they are presented.

- Any offensive or disorderly act which interferes with the rights of any member of the school community, including sexual harassment, bullying, physical threat and/or;
- Obstruction of teaching, research, administration, and disciplinary procedures or any conduct which disrupts the holding of classes or any other normal functioning of the school;
- Willful or careless destruction, defacement, theft or tampering with school property or the property of others, or threatening the destruction of property;
- Removal of books, media, or other materials from the school facilities without following prescribed procedure;
- Willful falsification of information on school or hospital records or willfully providing false information for purposes of obtaining services or furnishing false information or academic credentials with the intent to deceive or mislead;
- Possession or use of illegal drugs, chemicals, alcohol or weapons;
- Giving false alarm of fire, tampering with fire alarm devices, failure to adhere to evacuation procedures or setting any fire;
- Aiding or abetting another person in the violation of a school regulation;
- Inappropriate/unsafe clinical behavior
- Use of physical means or abusive language to resolve conflicts;
- Willful violation of established health, safety, and infection control procedures;
- Smoking in the school or hospital;
- Failure to comply with directions of school or hospital officials, including hours of operation;
- Being contemptuous or disorderly at any school hearing or meeting; and
- Use of disruptive electronic devices such as beepers, cellular phones, etc., in class or clinical areas.

Off-campus behavior must comply with applicable federal and state laws. Off-campus behavior shall not be subject to the school's disciplinary procedures unless such behavior indicates that the student represents a danger to the health or safety of members of the school community or the clients it serves.

## **BEHAVIORAL SANCTIONS**

*One or more of the following sanctions may be imposed by Assistant Dean/Dean – whenever a student is found to have violated any of the rules of the Code of Conduct.*

- Warning** - *Written or verbal notice to the student that continuation or repetition of specified conduct may be cause for further disciplinary action. If a student is found guilty of further violating this code, the student will usually be subject to more severe disciplinary action.*
- Probation** - *A written notice placing the student on disciplinary probation for a specified period of time. The terms of the probation will be decided in each case. If a student while on disciplinary probation, is found to have committed further violations of the code, the student will usually be subject to more severe disciplinary action.*
- Restitution** - *Reimbursement for damage to or misappropriation of property, which may take the form of direct financial compensation, of service, or other forms of indirect compensation. Any student who does not make restitution as required, will be deemed to have a financial obligation and will be subject to the provisions of the school's policy regarding delinquent financial accounts.*
- Temporary Suspension** - *In an emergency, the Dean, or Instructor, are authorized to alter or suspend the rights of a student to be present on campus or to attend classes for an interim period. An emergency will include such situations as when it is believed that the student poses a danger of inflicting bodily harm on self or others, or of inflicting serious emotional distress on others, or creating a substantial disruption of normal campus activities, including classroom instruction.*
- Suspension** - *Exclusion from classes and from other privileges or activities, or from the campus itself for a specified period of time.*
- Expulsion** - *Termination of student status for an indefinite period.*

## **DISCRIMINATION**

*The school is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, color, sex, ancestry or national origin, religion, age, marital status, sexual orientation, or disability. Students who believe that they have been discriminated against are encouraged to contact the Dean in accordance with Title IX regulations.*

## **DRUG AND ALCOHOL USE**

*The use of illegal drugs and alcohol is strictly prohibited in the school or affiliating agencies. Students suspected of using substances will be referred to the Occupational Health Office or Emergency Department for intervention and follow-up. Non-compliance with a drug or alcohol rehab program, or obvious impairment, will lead to progressive disciplinary action.*

## **SUBSTANCE ABUSE**

### **Assumptions:**

- *Substance abuse compromises student learning and patient safety.*
- *Substance abusers often need help identifying their problem.*
- *Addiction is a treatable illness.*
- *Students with substance abuse problems should have an opportunity for treatment and re-entry into their program of study in a controlled environment.*

**Questionable Behaviors:**

*Physiological*

- *slurred or rapid speech*
- *trembling hands*
- *persistent rhinorrhea*
- *altered pupil dilation*
- *flushed face*
- *red eyes*
- *odor of alcohol*
- *unsteady gait*
- *declining health*

*Behavioral*

- *irritability and mood swings*
- *isolation or avoidance of group work*
- *pattern of absenteeism and tardiness*
- *decreased clinical and academic productivity*
- *fluctuating clinical and academic performance*
- *change in dress or appearance*
- *inappropriate responses*
- *elaborate excuses for behavior*
- *decreased alertness/falling asleep in class*
- *dishonesty*

**The above criteria may be used in determining action.**

*Procedure*

- *student privacy and an opportunity to explain the behavior will be provided*
- *the faculty member may request an immediate urine drug/alcohol screen at the main campus hospital or an affiliating agency*
- *if substance abuse is suspected, the student will not be allowed to drive home and a family member or associate will be required to escort the student home*
- *the faculty member, student and Dean will meet to review the incident(s)*
- *the student will be referred to Occupational Health Services for follow-up*
- *if the student follows the prescribed treatment, follow-up and monitoring, she/he may return to the program of study without academic consequences*
- *an appeal process is available through the grievance procedure*

**BEHAVIORAL GRIEVANCE POLICY**

**PURPOSE:** *In order to facilitate the protection of student rights and privileges, the following systematic procedure has been established. Any student having a grievance will follow this procedure.*

**DEFINITIONS:**

- **Academic:** *Any issue that concerns the student's academic performance such as grades on a test or clinical component which result in or affect a grade will not be subject to this grievance procedure.*
- **Non-Academic:** *Any injustice or unfair treatment that a student feels has been incurred which is not related to his/her academic performance or evaluation.*
- **Grievant:** *The student filing a grievance under this procedure.*
- **Respondent:** *The person or hospital defending against the grievance.*
- **Grievance Committee:** *The Grievance Committee is responsible for hearing and determining the validity of a grievance advanced to Step II. The Grievance Committee shall be composed of two faculty members, in addition to the Chair of the Student Council and two class presidents. If a member of the Committee is involved or has a conflict of interest, an alternate will be appointed by the Dean.*

**GRIEVANCE PROCEDURE:** *The student who believes that he/she has a grievance will go through the following steps:*

- **STEP I:** *Within 10 school days after the alleged incident, the student will confer with the faculty member or advisor who is responsible, stating the evidence and reason for questioning the incident. The faculty person or advisor will review the matter and discuss the reasons for the incident in question with the student.*
- **STEP II:** *If these discussions are not adequate to resolve the matter to the student's satisfaction, within 10 school days he/she may then submit a written signed grievance stating: 1) the nature of the grievance, 2) the person(s) or policy in which it is directed, 3) documentation of the efforts made to resolve the issues, and 4) the reasons for the student's continuing dissatisfaction to the Chair of the Student Council. The Chair will then call upon the Grievance Committee to review and determine the validity of the grievance.*

**GRIEVANCE COMMITTEE PROCEDURE:**

1. *Upon receipt of the Step II request, the Chair of the Student Council shall determine whether the grievance is of a nature to warrant a hearing. If it is determined that a hearing is warranted, the Grievance Committee shall make reasonable efforts to meet within seven (7) days of receipt of the Step II request. The Grievant shall be notified in writing of the date and time of the conference. Failure of the Grievant to appear at the conference shall result in the grievance being withdrawn and dismissed.*
2. *Participation in the conference is limited to the Committee members, the Grievant, the Respondent, one advisor for the Grievant, and one advisor for each Respondent. However, the advisor(s) must be another student, employee, or friend, and not legal counsel. Advisors are permitted to speak only to the person(s) they are advising and not actively participate as a spokesperson or vocal advocate.*
3. *The Chair of the Student Council shall convene and conduct the conference. The Grievant shall have the burden of establishing the validity of the grievance.*
4. *The Grievance Committee shall receive evidence through testimony and written documentation. Signed written statements may, when necessary, be submitted by individuals and witnesses if unable to attend.*
5. *The Grievant may make statements relevant to the grievance and/or present evidence.*
6. *Witnesses are called individually in the order designated by the Grievant and then in the order designated by the Respondent. The Grievance Committee may direct questions to the Grievant or Respondent and each party may direct questions to the other party and their witnesses.*
7. *Summary statements may be made by the parties.*
8. *The Grievance Committee will deliberate in closed session to reach a decision. The decision of the Grievance Committee will be by closed ballot. A majority vote is necessary to reach a decision and the Chair will vote only in the event of a tie. The Grievant will be notified in writing of the Grievance Committee's decision.*

**APPEAL PROCEDURE:** *An appeal of the Grievance Committee's decision can be made to the Dean within seven (7) days of the date of the Grievance Committee's decision. The appeal must be in writing and specify the grounds for the appeal. No additional substantive information may be submitted by any party. The Dean will review the record of the proceedings and may consult with the Committee members for clarification. The appeal decision will be sent to the Grievant within seven (7) days of receipt of the appeal request. The decision of the Dean shall be final.*

*The New York State Education Department will assist in the resolution of student complaints about academic quality, refunds, and proper application of published Montefiore SON policies. The State Education Department (S.E.D.) will not take action until all grievance procedures at the School of Nursing have been followed. Additionally, S.E.D. will not interview when the complaint concerns a grade or an examination request. **The New York State Education Department, Education Building, Albany, New York 12234.***

*Complaints about discrimination against enrolled students on the part of the institution or faculty should be filed with the **U.S. Office of Civil Rights, 26 Federal Plaza, New York, New York, 10278.***

**HEALTH RECORDS**

*A student's health record is maintained in the Occupational Health Office. The school may release a copy of the Immunization and Titer Report required for clinical rotation clearance. Students are required to keep copies of all documents.*

**HEALTH SERVICES**

*The primary concern of the school is the health and welfare of the students. It shows this concern by offering students an environment conducive to health and safety, and an integration of health information throughout the curriculum.*

**The primary responsibility for health lies with the individual.** While enrolled, students should retain their personal primary care providers and health insurance. The school and the hospital cooperatively provide assistance in meeting problems of episodic illness or injury while students are on the premises. When the Occupational Health Office is not open, or when emergency care is needed, students are to report to the Emergency Department. Use of ED cost is the responsibility of the student.

*The Occupational Health Office:*

- Provides health counseling and referrals as necessary;
- Authorizes students' return to class/clinical after prolonged illnesses;
- Provides periodic health services (immunization, PPD, etc.) in order to meet legal and hospital requirements;
- Provides emergency care for accidents or sudden illness occurring on the premises;

*Student responsibilities:*

- Provide the school and hospital with information and documentation for the cumulative health record if under the care of a primary care provider for any serious problem that has necessitated significant absence;
- Receive authorization to return to class/clinical after serious or prolonged illness requiring medical care, and submit a clearance form to the instructor;
- Assume responsibility for own health and that of unborn child, as appropriate
- Report accidents or injuries in the hospital or school immediately on the correct form the day the accident occurred;
- Submit the necessary pre-entrance health assessment and initial drug screen;
- Meet the ongoing requirements for a yearly health assessment upgrade and immunizations.

**Clinical agencies may request proof that the student is free of illegal substances and may deny clinical experience to any student testing positive. Students must have a blood sample screened for the presence of illegal substances; this will be required with the health assessment needed for health clearance and will be the student's financial responsibility. Student Services will provide details to direct the student in obtaining the drug screen.**

## **LICENSURE**

*In order to be legally employed as a graduate of a program leading to RN licensure in New York State, a permit to practice is required during the interim between graduation and the issuance of a license.*

*The graduate is eligible to file an application to take the National Council Licensing Examination (NCLEX-RN) the individual need not wait until the graduation ceremony but must have met all program requirements.. Upon successful completion of the NCLEX-RN, the graduate will receive a license to practice as a Registered Professional Nurse.*

*Graduates who successfully complete the program are eligible to take NCLEX-PN, if they wish.*

*A record of a felony conviction may disallow licensure. Students are cautioned that graduation from the school does not assure licensure. The Office of Professional Discipline (OPD) will review each felony conviction on the grounds of remorse, retribution, and rehabilitation. The decision to grant licensure lies with the OPD and occurs after candidate passes NCLEX-RN. (Refer to Felony Conviction policy in the School Catalog).*

## **SMOKING**

*The School of Nursing cares about the health of the students and employees of the school. Smoking is, without exception, prohibited in any school or hospital building, or within 50 feet of the school or hospital. Violation of this policy may lead to dismissal.*

## **STATUS CHANGE**

*It is imperative that students inform the school office in writing of any changes in name, address, telephone number and email address. Please provide us with any changes in the name and telephone number of the person to be notified in case of an emergency. Complete form in Student Services Office.*

## **WEAPONS**

*The possession or use of lethal weapons on school or hospital premises is strictly prohibited. Students found in violation of this policy are subject to criminal prosecution and disciplinary action.*

**THE SCHOOL RESERVES THE RIGHT TO CHANGE ANY POLICIES WITHOUT PRIOR NOTICE.**

## **STUDENTS' BILL OF RIGHTS**

*Every right has concomitant responsibilities. When you hear someone say, "It's my right!" it should be followed with – and "my responsibilities are." Everyone needs to be very clear that there are two sides to the "I deserve" or "I demand" coin. The following guide contains the essential elements of the Students' Bill of Rights adopted by the National Student Nurses' Association. It is not repeated here in its totality.*

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### **RIGHT**

*The student should be encouraged to develop critical judgment and an independent search for truth.*

*Students should use responsibility when they exercise their freedom to learn.*

*Each institution has a duty to develop policies and procedures which safeguard the students.*

*Under no circumstances should a student be barred from admission to a particular institution on the basis of race, creed, sex, or marital status.*

*Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion.*

*Students should have protection through orderly procedures against prejudiced or capricious academic evaluations.*

*Information about student views, beliefs, and political associations should be considered confidential.*

*The student should have the right to have a responsible voice in the determination of the curriculum.*

*Institutions should have a policy on the information which should be a part of a student's permanent educational record and the conditions of disclosure.*

### **STUDENT RESPONSIBILITY**

*Students should be motivated, accept responsibility for their own actions, and weigh all sides before forming a final opinion in their search for the truth.*

*Students are responsible for fulfilling assignments appropriately. They should seek assistance for academic concerns; increase their learning potential through independent study; resist the attitude of minimal achievement; and explore new and innovative learning experiences.*

*Students should respect the rights of peers and faculty at all times. This includes appropriate behavior on the school and hospital premises.*

*Students may differ with views presented, however, they are responsible for learning the content of the course for which they are enrolled.*

*Students should ask questions and voice their opinions of clinical and classroom evaluations. Students are responsible for maintaining standards of academic performance established for each course in which they are enrolled and for learning and utilizing appropriate resources to reach goals.*

*Students should use discretion and express only those thoughts they wish to share.*

*Students should actively participate at curriculum revision meetings and in course and faculty evaluations.*

*Students should be familiar with the school policy on records.*

### **FACULTY RESPONSIBILITY**

*Faculty should guide students to make critical judgments through increasing independence and decision-making skills and encourage students to share their opinions.*

*Faculty should be reasonable when making assignments; check the availability of resources; encourage students to ask questions; be available for student conferences; and provide reasonable supervision in the clinical area.*

*Faculty are accountable for creating an environment conducive to learning.*

*Faculty should be knowledgeable of the laws and continually uphold the school's nondiscrimination policy.*

*Faculty should encourage students to express opinions and present learning material that stimulates a student's desire to learn. Faculty should present all sides of the issue, not personal bias.*

*Faculty should conduct periodic conferences to assess student progress and use established guidelines to evaluate objectively.*

*Faculty should treat information about students acquired during the course of work as confidential.*

*Faculty should be open to suggestions offered by students in relation to courses. Opportunities for student input should be arranged at convenient times.*

*Faculty policies should be clear when determining what is retained in the student's file.*

## **RIGHT**

*Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.*

*Students should be allowed to invite and hear any person of their own choosing, thereby taking on the responsibility of furthering their education.*

*The student body should have clearly defined means to participate in the formulation and application of Institutional policy affecting academic and student affairs.*

*The Institution has an obligation to clarify those standards of behavior which it considers essential to community life.*

*Disciplinary action should be instituted for violations of standards established in advance through such means as a student handbook.*

*As citizens and members of an academic community, students are subject to the obligations which they accrue by virtue of this membership, and should enjoy the freedom of citizenship.*

*Students have the right to belong or refuse to belong to any organization of their choice.*

*Adequate safety precautions should be provided by schools.*

*The dress code should be established by students in conjunction with the faculty so professional standards are maintained.*

*Grading systems should be reviewed periodically with students for clarification.*

## **STUDENT RESPONSIBILITY**

*Classes are organized with their own officers and are represented on the Student Council. It is the students' responsibility to use these organizations wisely.*

*Students should communicate requests for guest speakers that they believe will enhance their education. A forum for presenting both sides of the issue should be established.*

*Student representation should communicate the students' viewpoint by active participation.*

*Students are responsible for adhering to behavioral standards as stated in the School Catalog and Student Handbook. Personal relationships with faculty & staff are prohibited.*

*Students should utilize the Student Handbook and School Catalog, become aware of their rights and responsibilities, and should be knowledgeable of the Grievance Policy. Students should seek guidance from the appropriate persons in attempting to resolve academic and personal problems.*

*Students should be guided by the laws of the academic community and demonstrate responsible citizenship by voicing meaningful, informed opinions. Students should contribute to the well-being of the public through community involvement, by upholding the principles and values of their school, and by participating in class organizations.*

*Students have freedom of choice in joining organizations and realize they give up their rights when they do not participate.*

*Commuter students should store all belongings in secured lockers, and use caution at all times.*

*Students should adhere to the dress code stated in the Student Handbook.*

*Students should refer to the course syllabi and the School Catalog for an explanation of the grading system. Students should feel at liberty to request further clarification.*

## **FACULTY RESPONSIBILITY**

*Faculty should be open to discussion, express interest in student activities and respect students' views and rights.*

*Faculty should be responsive to students' suggestions and should support student sponsored activities.*

*Faculty should encourage the active involvement of student representatives at committee meetings.*

*Faculty should implement these standards of behavior. Faculty & staff will not engage in personal relationship with a student.*

*Faculty should offer students guidance in assisting students to resolve their problems. Grievance procedures should be available.*

*Faculty should guide students' goals and keep abreast of current events and developments, especially in health care.*

*Faculty should encourage student participation in organizations that contribute to their professional and personal development.*

*Faculty should be responsive to students' suggestions to maximize security.*

*Faculty should emphasize to students that they represent the school and the hospital.*

*Faculty advisors should be able to explain the grading system.*

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**Bias Crimes Information**

Generally, a person commits a hate crime when he or she commits a specified offense and is motivated in whole or in part by bias on the part of the offender toward the race, color, national origin, gender, religion, sexual orientation, age (sixty or older), or disability of the victim.

Penalties for bias related crimes range from monetary fines up to a minimum of twenty years in prison, depending on the nature of a specific offense. Specific information regarding hate crime offenses and related penalties may be obtained from article 485 of the New York State Penal Law.

Whenever a member of the college community becomes a victim of a bias related crime, that member shall notify the Montefiore Mount Vernon Hospital Security Department as soon as possible. The Security Department will respond, ascertain information for a report, and make the following notifications as appropriate:

- Local police and Other notifications where warranted.

All reports of bias crimes will be investigated and perpetrators will be subject to administrative discipline consistent with Montefiore Mount Vernon Hospital/School of Nursing policies and procedures as well as criminal prosecution as allowed by law.

The Security Department utilizes the following methods to advise students, faculty and staff about security measures on campus:

- Postings on Student Bulletin Boards on the 3<sup>rd</sup> floor at the School of Nursing
- Memos as appropriate to the Dean

**Sexual Crimes Information**

Montefiore School of Nursing is committed to creating a community free from violence. Sexual assault, harassment, dating/domestic violence and stalking as defined by State and Federal law will not be tolerated at School of Nursing supported events or activities, on or off campus. The School of Nursing will take action, as needed, to discourage, prevent, correct and if necessary, discipline behavior that violates this standard of conduct. Such discipline will depend on the nature of the offense and may range from a disciplinary warning up to and including expulsion from the school. More detailed information related to disciplinary process and sanctions may be found in the Student Handbook.

Additionally, such offenses may constitute crimes according to Federal and New York State Law and would be subject to criminal prosecution.

Confidentiality is fundamental to all aspects of cases dealing with sexual assault. The names of sexual assault victims shall not be revealed by persons responsible for implementing and enforcing the provisions of this policy, except with the consent of the victim.

**General Definition of Terms**

Sexual Assault is defined as any sexual contact/ intrusion/ penetration that is absent or without consent by all parties. Examples include, but are not limited to: a) touching breasts or another's genitals without their consent (through clothing or skin to skin contact), b) having sexual contact/ intrusion/ penetration with someone who is incapacitated (one who is incapable of making a rational decision; e.g. from alcohol/drug usage), c) continuing sexual activity after either party has made clear, either verbally or by conduct, that they do not wish to have physical contact.

Dating/Domestic Violence is the intentional use of abusive tactics and physical force in order to obtain and maintain power and control over an intimate partner.

Stalking is defined in general terms as engaging in a course of conduct or repeatedly committing acts towards another person, including following another person without proper authority with either: intent to place the person in reasonable fear of bodily injury, or intent to cause substantial emotional distress to the person.

### **Applicable Laws & Penalties**

*New York State laws applicable to sexual assault are found in Article 130 of the New York State Penal Code. The laws provide the legal definitions of sex offenses. One significant element of every sex offense is the lack of consent.*

*Forcing or coercing someone to have sexual intercourse or engage in other sexual behavior is against the law.*

*Specifically, in New York State, if a woman has sexual intercourse because she is fearful for her life or her safety, or if she is unable to consent, the behavior of the perpetrator is considered rape. The perpetrator does not need to use a weapon or beat her to make her fearful for her safety. She is considered unable to consent if she is incapacitated or is physically helpless due to drug or alcohol consumption, is mentally incompetent, is asleep, or is less than 17 years of age. If a female has intercourse under these circumstances, it is rape. Forcing or coercing a man or a woman to engage in any sexual experience other than sexual intercourse under the circumstances mentioned above is considered sexual abuse. In part, the law defines various offenses and applicable penalties as follows:*

*Sexual Misconduct, a class A misdemeanor, up to 1 year imprisonment*

*Rape in the Third Degree, a class E felony, up to 3 years imprisonment*

*Rape in the Second Degree, a class D felony, up to 19 years imprisonment*

*Rape in the First Degree, a class B felony, up to 25 years imprisonment*

*Sodomy in the Third Degree, a class E felony, up to 3 years imprisonment*

*Sodomy in the Second Degree, a class D felony, up to 10 years imprisonment*

*Sodomy in the First Degree, a class B felony, up to 25 years imprisonment*

*Sexual Abuse in the Second Degree, a class A misdemeanor, up to 1 year imprisonment*

*Sexual Abuse in the First Degree, a class D felony, up to 10 years imprisonment*

*Stalking in the Fourth Degree, a class B misdemeanor, up to 6 months imprisonment and a fine.*

*Stalking in the Third Degree, a class A misdemeanor.*

*Stalking in the Second Degree, a class E Felony.*

*Stalking in the First Degree, a class D Felony.*

### **Sexual Assault**

*Allegations of sexual assault or rape should be reported to the Police by dialing 911 or Hospital/School Security at extension 6314. A member of security and/or faculty will meet with you confidentially and will pursue formal disciplinary action only with your consent. Both the accused and the accuser are entitled to the same opportunities to have others present during such proceedings, and both the accused and accuser are informed of the outcome of such proceedings.*

*Victims of a sex offense will also be informed of their option to notify either Security or the Police, and will be assisted by security personnel in notifying the police if desired.*

### **If You Have Been Sexually Assaulted**

- *Go to a safe place. Call someone you trust for support. Sexual Assault Crisis Line Counselors are available 24 hours a day. To be automatically connected with 24-hour rape hotline, please call (914) 345-9111.*
- *Help preserve evidence. Don't change anything about the scene where the assault occurred. Don't wash any part of your body, comb your hair or change clothes.*
- *Get medical attention as soon as possible. A medical examination is important to detect injury and for possible protection against a sexually transmitted disease or pregnancy.*
- *Think about reporting the assault to the police. Telling the police does not mean that you have to prosecute (go to trial).*
- *If you do want to prosecute, it is essential to have a rape exam at a hospital emergency room soon after the assault. To increase your options later, this exam is recommended, even if you are unsure about prosecution.*

- *Following a sexual assault, you may feel shock, embarrassment, shame, guilt, disbelief, anger, anxiety or nothing at all. These are all normal reactions to a violent crime.*
- *Remember, IT IS NOT YOUR FAULT.*
- *Sometimes months or even years after an assault, survivors re-experience feelings they had immediately following the attack. Counseling or support groups may help at these times.*
- *You may be eligible for compensation of medical costs or losses incurred as a result of a sexual assault. In order to receive assistance, contact Victims Assistance Services at (914) 345-3113.*
- *Decisions made after a sexual assault are difficult; there are no right answers, only what is right for you. Get the support you deserve.*

### **Victims Rights**

1. *Victims have the right to choose counseling and medical treatment and to prosecute and report their case through the court system. They have the right to refuse all these options without reproach from any school personnel.*
2. *Victims have the right to be treated with dignity and seriousness by school personnel.*
3. *Victims of crimes against an individual have the right to be reasonably free from intimidation and harm.*
4. *School personnel are encouraged to inform all victims that:*
  - *Victims are not responsible for crimes committed against them*
  - *Victims are not negligent and do not assume the risk of crime*
  - *Victims should always report their crime, despite the possibility of adverse publicity for the university*
  - *Victims will be made aware of appropriate student services, including counseling*
  - *Victims are entitled to the same support opportunities available to the accused in a school disciplinary proceeding*
  - *The victim has the right to information regarding the status of his/her case*

### **Substance Abuse and Sexual Assault**

*Some Basic Facts on the criminal use of sedating substances to facilitate sexual assault:*

*For centuries alcohol has been used to facilitate sexual assault. Today it remains the substance most frequently associated with date rape, and the most accessible sedating substance. Other sedating drugs are increasingly being misused to commit sexual assault by spiking victims' beverages. These are referred to by a number of street names of which you should be aware. These include Liquid Ecstasy, Liquid X, Grievous Bodily Harm and Easy Lay for GHB, and Special K for ketamine. Common street names for Rohypnol include Roofies, Roachies, La Rocha and the forget pill.*

*The physical effects of alcohol and sedating drugs are very similar and include impaired judgment and motor coordination, disinhibition, dizziness, confusion and extreme drowsiness. If enough alcohol or sedating substances are consumed, an individual may fall unconscious or may not remember the details of what occurred. Depending on the substance and the presence of alcohol and other drugs in the person's system, more dangerous and sometimes life-threatening side effects may occur.*

*How to reduce the risk of being drugged and sexually assaulted:*

- *Do not leave beverages unattended.*
- *Do not take any beverages, including alcohol, from someone you do not know well and trust.*
- *At a bar or club, accept drinks only from the bartender or server.*
- *At parties, do not accept open-container drinks from anyone.*

- *Be alert to the behavior of friends and ask them to watch out for you. Anyone extremely intoxicated after consuming only a small amount of alcohol may be in danger.*
- *Limit alcohol consumption so you are better able to assess your surroundings and eat substantive food before drinking to help curb its sedating effects.*
- *When drinking in social settings, make arrangements with a friend so that you can leave together.*

*Most importantly, remember that whether you follow these tips or not, if someone sexually assaults you, it is not your fault. You are never to blame for someone else's actions.*

### **Precautions**

*Even the best self-defense program cannot completely prevent sexual assault.*

*Be aware that everyone is a potential victim of sexual assault. The most vulnerable target is a woman alone. It is a myth that assault is provoked by a woman's dress or mannerisms. Opportunity and vulnerability are the key factors. Over 80 percent of all sexual assaults are committed by an acquaintance of the victim, but almost half of these victims tell no one about the attack. Many attacks begin with casual conversation. If your gut-level response to a stranger or friend is uneasiness, try and get out of the situation as quickly as possible, even if it means being rude or making a scene. The keys to prevention are awareness, trusting your intuition, and assertive behavior. Take the time to think ahead what you might do in the event of an attack.*

*The following tips are designed to increase your awareness of personal safety and to encourage you to think ahead about how you would react if assaulted:*

- *Be alert to your surroundings*
  - *Know your route and stay in well-lighted areas.*
  - *Walk confidently. Walk with other people whenever possible.*
  - *Consider carrying a whistle on your key chain and use it if you find yourself in danger.*
  - *Know the locations of public and blue light telephones, and keep change handy.*
  - *If you are walking alone, don't use headphones; they distract you and prevent you from being alert.*
- *If you travel by car*
  - *Always keep your car locked, while you are riding and when it is parked.*
  - *When returning to your car, do so with your keys in your hand.*
  - *Check the back seat before you get in.*
  - *After you get in, re-lock the car immediately and keep the windows up.*
  - *Do not stop to assist stalled drivers. Drive on and call the police. Do not accept assistance if your car is stalled. Tell anyone who offers help to call the police.*
  - *Do not pick up hitchhikers.*
- *If you travel by bus*
  - *Go to the bus stop with other people whenever possible, particularly at night.*
  - *Don't accept rides from strangers.*
- *If you feel you are being followed*
  - *Walk to the nearest occupied or well-lighted building, not to your car or a bus stop. If on campus, contact security for assistance; if off-campus, call the police. Note the appearance of the person or persons; note the license plate number of the car. Your personal safety should come before the security of belongings, such as books, bags, etc. When in doubt, leave them behind.*
- *If you feel threatened*
  - *Shout "Leave me alone." Others may hear you and/or the potential criminal may be frightened away.*
  - *Trust your instincts. If you feel in danger, you probably are; don't be embarrassed to seek assistance.*
- *At home, keep the doors and windows locked. Ask repair, service or delivery persons for identification or have them wait outside while you call to verify their employment.*

- *Learn to defend yourself.*
- *Teach children about the potential for sexual assault and what to do if they are ever approached inappropriately. Children should be told that they are never responsible for sexual assault and to tell a trusted adult if an assault should ever occur.*
- *Report all incidents to Security if on campus, to the police if off campus.*

### **Sexual Harassment**

*Sexual harassment includes any unwanted verbal or physical sexual advances, requests for sexual favors, sexually explicit derogatory remarks, and sexually discriminating remarks which are offensive or objectionable to the person at whom they are directed or which cause a person discomfort or humiliation.*

*Sexual harassment can be as subtle as a look or as blatant as rape. Women are most often, though not solely, its victims.*

*Verbal harassment may include “humor” or “jokes” about women, sex, or sexual orientation, or remarks connecting a person’s sex with intellectual or academic abilities. Whether verbal or physical, sexual harassment is an act of aggression. It is a violation of both federal (Section 703 of the Civil Rights Act of 1964 and Title IX Education Amendments of 1972) and New York State Human Rights law.*

*Verbal harassment may include: sexual innuendos and comments and sexual remarks about clothing, body, or sexual activities; suggestive or insulting sounds; sexual propositions, invitations or other pressure for sex (“My office hours are limited. Why don’t you come by my house, or we can have dinner, and get to know each other better in privacy.”); implied or overt threats (“It’s simple; if you want to pass the course, you have to be nice to me and sex is the nicest thing I can think of. It’s up to you.”)*

*Physical harassment may include: patting, pinching or other inappropriate touching or feeling; brushing against the body; attempted or actual kissing or fondling; coerced sexual intercourse.*

*Other kinds of sexual harassment may include: leering or ogling (for example, an advisor who meets with a student and stares at her breasts); obscene gestures. If you feel you are being sexually harassed at The Montefiore School of Nursing, you may request help from several sources:*

- **School Personnel**  
*Allegations of sexual harassment should be reported to the School’s Dean extension 6220 or your faculty advisor.*

### **Community Resources**

*Information regarding community resources and counseling sources are available in the Student Services Coordinator’s Office on 1<sup>st</sup> floor or from your faculty advisor. An abridged list is published in your student handbook.*

### **How To Report A Crime**

*All criminal incidents and emergencies should be reported to the Security Office located in the Mount Vernon Hospital, extension 6007. If necessary, the Mount Vernon Police will be informed of the incident. The Mount Vernon Police can be contacted directly by dialing 911 from any telephone.*

*Security will record, classify, and log all reports received. Individuals reporting incidents will be informed of their rights and given an opportunity to file a police report for insurance or criminal purposes. All reported incidents are reviewed on an on going basis to determine patterns and required corrective action. Third party reports will not be accepted by a police officer. Only persons who are involved directly in such incidents should report them.*

*In the event of a major emergency or anything that poses a threat to students, employees, or others, an alert will be prepared by posting notifications on all appropriate bulletin boards.*

**Montefiore Crime Statistic Information:** *Information related to crime statistics at the Montefiore School of Nursing can be obtained from the Safety and Security Officer at the Montefiore Mount Vernon Hospital, see Student Catalogue for specific details. The information can also be viewed at the United States Department of Education website: [www.ope.ed.gov/security](http://www.ope.ed.gov/security).*

Montefiore School of Nursing  
Clinical Standards – Nursing 1 - **SAMPLE**

1. Meets Standards Related to Professionalism and Role Development
  - a. Recognizes limitations and seeks appropriate assistance
  - b. Communicates nursing plan of care to other health care workers
  - c. Evaluates effectiveness of nursing actions
  
2. Meets Standards Related to Nursing Process and Physiologic Integrity
  - a. Identifies client problems according to NANDA Terminology
  - b. Separates nursing goals from client goals
  - c. Adheres to the plan of care
  - d. Determines client's response to procedures
  - e. Recognizes principles of physical and social sciences in identifying client needs
  - f. Identifies client teaching needs
  - g. Formulates short-term realistic teaching goals
  - h. Performs procedures correctly
  - i. Implements individualized teaching plans
  - j. Documents teaching and learning
  - k. Identifies ethical/legal responsibilities related to client care
  - l. Communicates ethical/legal conflicts with instructor
  - m. Reports client care problems
  - n. Shares information at pre/post conference
  
3. Meets Standards Related to Communication
  - a. Recognizes barriers to communication
  - b. Anticipates barriers to verbal and non-verbal communication
  
4. Meets Standards Related to Psychosocial Integrity
  - a. Identifies client safety/comfort measures
  - b. Identifies the emotional and physical needs and responses of the client
  
5. Maintains Timely/Safe Medication Administration Practices
  - a. Checks the physician order sheet and medication administration record for medication orders
  - b. Questions discrepancies in medication records
  - c. Checks for medication allergies on chart and client's armband
  - d. Demonstrates knowledge of medications
  - e. Accurately calculates medication doses
  - f. Accurately calculates IV flow rates
  - g. Assesses the 6 "R's" prior to medication administration
  - h. Checks appropriate lab results related to medication administration
  - i. Evaluates assessment data prior to medication administration
  - j. Checks all medications with faculty prior to administering
  - k. Uses proper technique when preparing and administering medications
  - l. Gives all medications in the allotted time period. (30 mins prior to and 30 mins after scheduled time = 1 hour window)

6. Performs Assigned Skills in a Safe/Competent/Timely Manner
  - a. Practices and reviews procedures and treatments prior to clinical
  - b. Determines basic care needs and safely performs all procedures without being reminded
  - c. Follows standard precautions with all procedures and treatments
  - d. Follows hospital policies with all procedures and treatments
  - e. Displays confidence and composure when carrying out procedures and treatments
  - f. Prepares client/family prior to procedures and treatments
  - g. Shows respect for privacy needs
  - h. Involves family in care of client
  
7. Maintains Safe Environment
  - a. Keeps bed in low position and call light within client's reach when not working with the client
  - b. Avoids activities that could potentially put self or others at risk for injury and uses correct protective actions for clients, peers, self
  - c. Leaves client's room neat and clean
  - d. Continually checks client safety and comfort needs throughout the shift
  
8. Maintains Professional Appearance/Behavior
  - a. Follows as policies of the nursing program regarding clinical conduct
  - b. Follows dress code, presenting with professional attire and behavior
  - c. Reports to the clinical site on time; when absent calls the agency/faculty prior to the scheduled start time
  - d. Takes the initiative for arranging make-up of missed clinical work with instructor
  - e. Submits written work that is neat, organized, complete and on time
  - f. Accepts constructive criticism without making excuses for behaviors
  - g. Assumes responsibility for own actions; knows limitations and when to seek guidance
  - h. Objectively assesses self-performance
  - i. Identifies own strengths and weaknesses
  - j. Sets own goals and objectives; strives to maintain them
  - k. Maintains confidentiality related to client information (HIPAA)
  - l. Follows ANA Code of Ethics for Nurses and standards of care at all times
  - m. Exhibits caring behavior in all client/family and staff interactions
  - n. Reports incidences immediately, despite reflection on self
  - o. Returns from break/lunch at scheduled time
  
9. Meets Weekly Clinical Outcomes  
(See weekly clinical outcomes)

**CLINICAL STANDARDS – CLINICAL EVALUATION TOOL  
CRITERIA FOR DETERMINING STUDENT PERFORMANCE  
AT MID & FINAL EVALUATION**

The student must achieve the following number of performance behaviors (listed on the Clinical Evaluation Standards as “a,b,c,etc”) in each section (listed on the Clinical Evaluation Standards as numbers 1-8) to attain a satisfactory grade for clinical.

**Section 1: Meets Course Standards Related To Professionalism and Role Development**

N1	3 out of 3 = S / 2 out of 3 = NI / 0-1 out of 3 = U
N2	4-6 out of 6 = S / 3 out of 6 = NI / 0-2 out of 6 = U
N3	5-6 out of 6 = S / 4 out of 6 = NI / 0-3 out of 6 = U
N4	7-10 out of 10 = S / 6 out of 10 = NI / 0-5 out of 10 = U

**Section 2: Meets Course Standards Related To Nursing Process and Physiologic Integrity**

N1	10-14 out of 14 = S / 8-9 out of 14 = NI / 0-7 out of 14 = U
N2	6-10 out of 10 = S / 5 out of 10 = NI / 0-4 out of 10 = U
N3	10-14 out of 14 = S / 6-9 out of 14 = NI / 0-5 out of 14 = U
N4	5-7 out of 7 = S / 3-4 out of 7 = NI / 0-2 out of 7 = U

**Section 3: Meets Course Standards Related To Communication**

N1	2 out of 2 = S / 1 out of 2 = NI / 0 out of 2 = U
N2	3 out of 3 = S / 2 out of 3 = NI / 0-1 out of 3 (or b not met) = U (must include b) (must include b)
N3	5 out of 5 = S / 4 out of 5 = NI / 0-3 out of 5 = U
N4	3-5 out of 5 = S / 2 out of 5 = NI / 0-1 out of 5 = U

**Section 4: Meets Course Standards Related To Psychosocial Integrity**

N1	2 out of 2 = S / 1 out of 2 = NI / 0 out of 2 = U
N2	2 out of 2 = S / 1 out of 2 = NI / 0 out of 2 = U
N3	5 out of 5 = S / 4 out of 5 = NI / 0-3 out of 5 = U
N4	3-4 out of 4 = S / 2 out of 4 = NI / 0-1 out of 4 = U

**Section 5: Maintains Timely/Safe Medication Administration Practices**

N1	10-12 out of 12 = S / 6-9 out of 12 = NI / 0-5 out of 12 = U
N2	12 out of 12 = S / 9-11 out of 12 = NI / 0-8 out of 12 = U
N3	12 out of 12 = S / 9-11 out of 12 = NI / 0-8 out of 12 = U
N4	12 out of 12 = S / 9-11 out of 12 = NI / 0-8 out of 12 = U

**Section 6: Performs Assigned Skills in a Safe/Competent/Timely Manner**

N1	8 out of 8 = S / 6-7 out of 8 = NI / 0-5 out of 8 = U
N2	8 out of 8 = S / 6-7 out of 8 = NI / 0-5 out of 8 = U
N3	8 out of 8 = S / 6-7 out of 8 = NI / 0-5 out of 8 = U
N4	8 out of 8 = S / 6-7 out of 8 = NI / 0-5 out of 8 = U



**Section 7: Maintains Safe Environment**

N1	4 out of 4 = S	/	3 out of 4 = NI	/	0-2 out of 4 = U
N2	4 out of 4 = S	/	3 out of 4 = NI	/	0-2 out of 4 = U
N3	4 out of 4 = S	/	3 out of 4 = NI	/	0-2 out of 4 = U
N4	4 out of 4 = S	/	3 out of 4 = NI	/	0-2 out of 4 = U

**Section 8: Professional Appearance/Behavior**

N1	15 out of 15 = S	/	13-14 out of 15 = NI	/	0-12 out of 15 = U
N2	15 out of 15 = S	/	13-14 out of 15 = NI	/	0-12 out of 15 = U
N3	15 out of 15 = S	/	13-14 out of 15 = NI	/	0-12 out of 15 = U
N4	15 out of 15 = S	/	13-14 out of 15 = NI	/	0-12 out of 15 = U

**Section 9: Meets Weekly Clinical Course Objectives**

The student must meet weekly course objectives as assigned by the end of the course to successfully pass the clinical rotation. All needs improvements/unsatisfactory weekly course objectives must be successfully completed before week 15.

Please Note: Students who are absent for the week will receive an unsatisfactory in the weekly course objective. The student must demonstrate satisfactory completion of a skill in the lab prior to the assignment as a weekly course objective.

Department: Information Technology	
Subject: Acceptable Use of Information Technology	
Date Issued: 1.07.2008	Date(s) Reviewed: 2009, 2010, 2011,2012
Supersedes:	
Approval:	

## Acceptable Use of Information Technology Policy

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## **Acceptable Use of Information Technology Policy**

### ***Policy Statement***

This policy outlines acceptable and unacceptable use of all Montefiore Health System IT Resources and Communication Systems. All employees are required to read and understand and adhere to this Policy.

### ***Scope***

The scope of this policy is applicable to all MONTEFIORE HEALTH SYSTEM Workforce members.

### ***Policies and Guidance***

#### **Acceptable Use**

1. Users should be aware that the actions, history and data they create on IT Resources and communication systems remain the property of MONTEFIORE HEALTH SYSTEM and can be retained, disclosed and reviewed at any time.
2. All MONTEFIORE HEALTH SYSTEM Workforce members are held responsible for exercising good judgment regarding the reasonableness of personal use of IT Resources and communication systems.
3. MONTEFIORE HEALTH SYSTEM reserves the right to monitor and audit networks, systems, information and emails, on a periodic basis.
4. All PCs, laptops and workstations must be secured with a power-up password and password-protected Screen Saver / desktop lockout according to current MONTEFIORE HEALTH SYSTEM IT Policy.
5. Opinions, or statements expressed through the use of MONTEFIORE HEALTH SYSTEM owned resources are not necessarily the opinion of the MONTEFIORE HEALTH SYSTEM organization or its management.
6. Only authorized users are permitted to connect to and use IT Resources. All exceptions must be noted by the office of the Director of IT.
7. Unsupported software or other downloads should not be downloaded or executed for personal use on any workstation unless directed or approved by the IT department.
8. Any virus or suspected compromise of any computing device or data by virus, worm or other problem, is to be reported to the MONTEFIORE HEALTH SYSTEM IT department immediately.

#### **Unacceptable Use**

1. Sharing login IDs and passwords with others is unacceptable. During an audit, individuals are accountable for all activity under their user accounts.
2. Disrupting, attempting to gain or gaining unauthorized access to MONTEFIORE HEALTH SYSTEM' IT Resources or Communication Systems is not allowed.

Confidential

Privileged and  
01/07/2008

3. Storing, or transmitting materials containing EPHI in an unapproved, non-compliant or unsafe manner is prohibited.
4. Downloading, storing, or transmitting materials, movies, music or other files that infringe on any copyright, trademark, licensing agreement, or other proprietary right is prohibited.
5. Using IT Resources for other than incidental personal matters or conducting business for another company/organization that is not part of a MONTEFIORE HEALTH SYSTEM Workforce member assigned job responsibility.
6. Data classified as confidential or protected is not to be provided to parties outside of the MONTEFIORE HEALTH SYSTEM organization unless to perform a job duty as approved by Management.
7. No media statement, advertisement, or any similar public representation about MONTEFIORE HEALTH SYSTEM may be issued unless pre-approved by the Department of Community Relations.
8. Sending spam, hoax, harassing, frivolous, or excessive messages is prohibited.

## ***Privacy***

All MONTEFIORE HEALTH SYSTEM Resources are the property of MONTEFIORE HEALTH SYSTEM and may be audited, monitored or disclosed. Users have no reasonable expectation of privacy arising from their use of MONTEFIORE HEALTH SYSTEM resources or networks.

## ***Violations***

Failure to comply with the responsibilities set out by the *Acceptable Use of Information Technology Policy* may be grounds for disciplinary action according to the *HR Sanction and Termination Policy* and any available legal remedies. Department Heads will work with the Human Resources and Legal Department and other groups to administer disciplinary action in response to violations of MONTEFIORE HEALTH SYSTEM Policies.

## ***Reporting Suspected Violations & Hotline Services***

Any suspected violations or issues related to compliance with Policy should be reported, and failure to report may result in disciplinary action. Employees should follow the normal "chain of command" is possible, reporting suspected violations to their Supervisor or Department Head. If for any reason the employee does not want to contact his or her Supervisor/Department Head, the employee should call the appropriate Compliance Hotline listed below.

Sound Shore Medical Center & Helen and Michael Schaffer Extended Care Center Compliance Hotline:  
1-800-882-7256  
Mount Vernon Hospital Compliance Hotline:  
1-877-898-6073

## ***Disclaimer***

Though MONTEFIORE HEALTH SYSTEM will take precautions to protect its IT Resources and MONTEFIORE HEALTH SYSTEM Workforce accessing these resources, MONTEFIORE HEALTH SYSTEM cannot always protect individuals against the existence or receipt of material that may be malicious or offensive. Individuals using the IT Resources and communications are warned that they may come across or be recipients of material they find offensive. MONTEFIORE HEALTH SYSTEM accepts no responsibility or liability for data corruption or damage to unapproved, non-compliant or third-party systems that utilize or access MONTEFIORE HEALTH SYSTEM IT Resources or other property.

## ***Definitions***

1. **Communication Systems:** All phone, voicemail, fax, email, data network or any other forms of electronic communication owned by MONTEFIORE HEALTH SYSTEM, or on the property of MONTEFIORE HEALTH SYSTEM.
2. **EPHI:** (Electronic Protected Health Information) Individually identifiable health information that is stored or transmitted by electronic media.
3. **MONTEFIORE HEALTH SYSTEM Workforce:** MONTEFIORE HEALTH SYSTEM full time/part time/temporary employees, and vendors, including but not limited to students, doctors and nurses who use, access or disclose Confidential or Protected Health information in any manner.
4. **IT Resources:** These include but are not limited to:
5. *Hardware:* CPUs, keyboard, terminals, workstations, personal computers, cell phones, PDAs, *Software:* source programs, object programs, utilities, diagnostic programs, operating systems, *Data:* during execution, stored on-line, archived off-line, backups, audit logs, databases, *People:* users, people needed to run or using systems.
6. **Protected Health Information (PHI):** Individually identifiable health information transmitted or maintained in any form.
7. **MONTEFIORE HEALTH SYSTEM Management:** Includes but is not limited to: Supervisors, Department Heads, Managers, and Vice Presidents.

Department:	
Information Technology	
Subject:	
Password Security Policy	
Date Issued:	Date(s) Reviewed:
1.07.2008	2009, 2010, 2011, 2012
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## Password Security Policy

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## Password Security Policy

### Policy Statement

Establish a standard that requires Montefiore Health System Workforce members to create and use strong passwords.

### Scope

The scope of this policy includes all MONTEFIORE HEALTH SYSTEM Workforce members who are accountable for their assigned job responsibility accounts (or any form of access that supports or requires a password) on any system that resides at MONTEFIORE HEALTH SYSTEM, or who has access to the MONTEFIORE HEALTH SYSTEM network.

### Policies and Procedures

#### Standards

1. All system level (e.g., root, enable, 2000 admin, application administration accounts, etc.) and user level (e.g., email, web, desktop computer, etc.) passwords should be changed every 120 days.
2. All user accounts will possess the following characteristics, if technically feasible:

Password History	6 remembered
Maximum Password Age	120 days
Minimum Password Age	1 day (or minimum setting permitted by system/app)
Password Length	8 characters
Password Type	Alphanumeric
Store passwords using reversible encryption	Disabled
Account Lockout	After 5 attempts
3. User accounts that have system-level privileges granted through group memberships or programs such as "sudo" on UNIX based systems are required to have a unique password from all other accounts held by that user.
4. Passwords must not be inserted into email messages, embedded in code or other forms of electronic communication unless encrypted.
5. Passwords are not allowed to be written down, stored on-line, posted next to the computer or written down in an open work environment.
  - a. Passwords must not have the following characteristics:
  - b. Only a word found in a dictionary (English or foreign)
  - c. Names of family, pets, friends, co-workers, fantasy characters, etc.
  - d. Computer terms and names, commands, sites, companies, hardware, software
  - e. The words "MONTEFIORE HEALTH SYSTEM", "the city your office is from", "the city you are from" or any derivation
  - f. Birthdays and other personal information such as addresses and phone numbers
  - g. Word or number patterns like aaabbb, qwerty, zyxwvuts, 123321, etc.
  - h. Any of the above spelled backwards or otherwise similarly transformed
  - i. Any of the above preceded or followed by a digit (e.g., secret1, 1secret)
  - j. Do not use the same password for MONTEFIORE HEALTH SYSTEM accounts as for other non-MONTEFIORE HEALTH SYSTEM access (e.g., personal ISP account, option trading, benefits, etc.).
  - k. For System Administrators, where SNMP (Simple Network Management Protocol) is used, the community strings must be defined as something other than the standard defaults such as 'public,' "private" and "system" and must be different from the passwords used to log in interactively.

- l. Do not share MONTEFIORE HEALTH SYSTEM passwords with anyone, including co-workers, administrative assistants or secretaries. All passwords are to be treated as sensitive, confidential MONTEFIORE HEALTH SYSTEM information.
- m. If a user or another MONTEFIORE HEALTH SYSTEM user account or password is suspected to have been compromised, report the incident to MONTEFIORE HEALTH SYSTEM
- n. Help Desk and change the compromised passwords immediately.
- o. Password cracking or guessing may be performed on a periodic or random basis by a MONTEFIORE HEALTH SYSTEM authorized administrator or delegate. If a password is guessed or cracked during one of these scans, the user will be required to change it immediately.
- p. An expiration warning will prompt MONTEFIORE HEALTH SYSTEM users on a periodic basis to change their passwords.
- q. Under no circumstances shall passwords be shared for system support teams unless designated and authorized by group membership from the office of the IT Security Coordinator.

### Guidelines

1. Try to create passwords that can be easily remembered. One way to do this is to create a password based on a song title, affirmation, or other phrase. For example, the phrase might be: 'This May Be One Way To Remember' and the password could be: 'TmB1w2R!' or 'Tmb1W>r~' or some other variation. NOTE: Do not use any of these password examples.
2. The following guidance should be used to construct strong passwords:
  - a. Password should contain multiple letter classes: uppercase letter, lowercase letter, numerical character, or special character.
  - b. Have at least one digit and punctuation character as well as letters (e.g., 0-9, !@#\$\$%^&\*()\_+|~ =\`{}[]:;'<>?,./)
  - c. Any language, slang, dialect, jargon, etc. are not permitted
  - d. Personal information, names of family, etc. are not permitted
  - e. Do not reveal a password over the phone to ANYONE
  - f. Do not reveal a password in an email message
  - g. Do not reveal a password to your designated Department Head.
  - h. Do not talk about a password in front of others
  - i. Do not hint at the format of a password (e.g., 'my family name')
  - j. Do not reveal a password on questionnaires or security forms
  - k. Do not share a password with family members
  - l. Do not reveal a password to co-workers
  - m. Do not use the "Remember Password" feature of applications (e.g., Eudora, Outlook, Netscape Messenger, Internet Explorer, Mozilla, etc.)
  - n. Do not write down passwords in a notebook or Post-It pads, etc., which can be accessed by others.

### Violations

Failure to comply with the responsibilities set out by the MONTEFIORE HEALTH SYSTEM Policies and Procedures may be grounds for disciplinary action up to and including termination of employment or relationship and any available legal remedies. Department Heads will work with the Human Resources and Legal Department to handle disciplinary procedures resulting from workforce member violations of MONTEFIORE HEALTH SYSTEM Policies and Procedures.

## Notification

In case of an event that affects resources covered by this policy, the Director of IT or the IT Security Manager will provide prompt notification to the Corporate Security Officer or the IT Governance Committee of MONTEFIORE HEALTH SYSTEM.

## Reporting Suspected Violations & Hotline Services

Any suspected violations or issues related to compliance with Policy should be reported, and failure to report may result in disciplinary action. Employees should follow the normal "chain of command" if possible, reporting suspected violations to their Supervisor or Department Head. If for any reason the employee does not want to contact His or Her Supervisor/Department Head, the employee should call the appropriate Compliance Hotline listed below.

Sound Shore Medical Center & Helen and Michael Schaffer Extended Care Center Compliance Hotline: 1-800-882-7256  
Mount Vernon Hospital Compliance Hotline: 1-877-898-6073

## Definitions

1. MONTEFIORE HEALTH SYSTEM Workforce: MONTEFIORE HEALTH SYSTEM full time/part time/temporary employees, vendors, independent contractors/consultants, or contractors/consultants, including but not limited to students, doctors and nurses who use, access or disclose company Confidential Information in any manner.
2. IT Resources: These include but are not limited to:  
  
Hardware: CPUs, keyboard, terminals, workstations, personal computers, cell phones, PDAs, removable storage devices, printers, disk drives, communication lines, terminal servers, routers. Software: source programs, object programs, utilities, diagnostic programs, operating systems, communication programs.  
  
Data: during execution, stored on-line, archived off-line, backups, audit logs, databases, in transit over communication media.  
  
People: users, people needed to run or using systems.  
  
Documentation: on programs, hardware, systems, local administrative procedures. Supplies: paper, forms, ribbons, magnetic media.
3. Public Network: A Public Network may be defined as any network external to the private network of MONTEFIORE HEALTH SYSTEM and consists of publicly routable IP addresses.
4. External Network: A network external to MONTEFIORE HEALTH SYSTEM private network. (e.g. customer network).
5. Private Network: The "private network" is the network used in the daily business of MONTEFIORE HEALTH SYSTEM. This includes: any network connected to the corporate backbone, either directly or indirectly, which lacks an intervening firewall device, or any network whose impairment would result in direct loss of functionality to MONTEFIORE HEALTH SYSTEM Workforce members or impact their ability to do work.
6. DMZ Network: An intermediary network that lies between the public and private networks, which is protected by firewalls.
7. Protected Health Information (PHI): Individually identifiable health information transmitted or maintained in any form.
8. EPHI: (Electronic Protected Health Information) Individually identifiable health information that is stored or transmitted by electronic media.

Department: Information Technology	
Subject: Access Control Policy	
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## **ACCESS CONTROL POLICY**

## **ACCESS CONTROL POLICY**

Information is a major asset of Montefiore Health System. MONTEFIORE HEALTH SYSTEM controls access to electronic protected health information (EPHI) of patients through the use of access controls. Only persons with a business need to know will be granted access to EPHI. The level of access will be dependent upon job title and job responsibilities, based on the minimum necessary to perform a particular job function. All staff and physicians have a duty and responsibility to MONTEFIORE HEALTH SYSTEM, its patients/clients and to fellow colleagues to protect this asset from unauthorized use, disclosure, access, modification and destruction. Authenticated access is used to:

- Restrict access to critical systems/business processes, EPHI and other highly sensitive data
- Control / remove access to networks
- Grant access to the functions of critical network devices

Users who log onto MONTEFIORE HEALTH SYSTEM electronic information systems that contain EPHI are uniquely identified and authenticated.

## **PROCEDURE**

### **1) General Access**

- i) Access to the electronic information system is determined based on need to access: application; system (i.e., server, storage and database platform); network; and physical structure.
- ii) Access to electronic information is based on “least privilege”, where each authorized person is granted the most restrictive set of privileges needed for the performance of assigned/authorized tasks.
- iii) Access to the electronic information system is based on job title and determined by department heads. Access is reviewed periodically by IT and Department Heads to assure appropriateness.
- iv) The Access Control list is determined in consultation with Department Heads and maintained by the HIS Department.
- v) Staff who access computer systems must keep their password(s) secret and never disclose it/them to colleagues.
- vi) Workstation use is determined by Department Heads to ensure that functions to be performed at each particular station are appropriate to the surroundings in order to protect PHI, based on the sensitivity of the information accessed from that site.

- vii) Only authorized users may access workstations that may display or contain EPHI.
- viii) Under no circumstances can staff sell or otherwise disclose MONTEFIORE HEALTH SYSTEM information for personal profit or gain.
- ix) Information on computer screens is protected from casual viewing by use of a password.
- x) Wherever possible, sensitive data must be cleared from desks and computer screens blanked when workstations are unmanned.
- xi) Each employee must ensure that the person receiving information is authorized to receive it. Where there are doubts checks should be made to ascertain the identity of the recipient prior to disclosure.
- xii) Administrator privilege is only granted when a non-privileged account cannot accomplish an assigned task.
- xiii) Any electronic files containing sensitive data must be password protected using the facilities built into the local software.
- xiv) Vendor supplied passwords should be replaced immediately.
- xv) Prior to use on any workstation, all media should be scanned for viruses.
- xvi) Employees shall receive education on security and privacy upon hire, once annually and as needed.

## **2) Physical Security Controls**

- i) Business critical systems are physically located within an access controlled environment that is conducive to the proper functioning of the system whenever possible.
- ii) If systems cannot be placed in a totally access controlled environment, employees must employ alternative means to provide physical safeguards for workstations, including but not limited to:
  - (a) Log off workstation
  - (b) Use protective monitor hoods or screens
  - (c) Turn the monitor so it cannot be view by unauthorized individuals.

- iii) Visitors to locked secure areas are supervised or cleared by the CIO or designee. Access is granted only for specific, authorized purposes.
- iv) All visitors must wear appropriate identification; employees are encouraged to challenge all unescorted strangers and anyone not wearing identification.
- v) Material containing confidential or EPHI is properly secured when not in use, and outside of working hours, i.e. in a locked area
- vi) Computing devices used for network access that contain confidential information are protected by key locks, passwords or other controls when not in use.
- vii) MONTEFIORE HEALTH SYSTEM IT resources may not be moved or relocated from MONTEFIORE HEALTH SYSTEM premises without prior approval from management.

### **3) Electronic Access/Adding Users – Employees & Physicians**

- i) Only persons with a business need to know the information will be granted access to EPHI
- ii) A user will have access only to the data he or she needs to perform a particular job function, using the minimum necessary to perform the particular job function.
- iii) Department Heads must submit the “Information Technology Request Form” located on SoundNet:
  - Facility (SSMC, SECC, MVH or MSON)
  - Employee Name (Printed)
  - Date of Request
  - Department Name
  - New User Location
  - New User Title/Position
  - New User Telephone / Extension
  - Type of Login ID Requested: HBO (clinical); SMS (Financial); Internet; Email
  - Manager’s/ Supervisor’s Name
  - Manager’s/ Supervisor’s Signature
  - Date of Manger’s/Supervisor’s signature
- iv) The “Information Technology Request Form” must be sent via interoffice mail or hand delivered to the SSMC IT Department, Attention Infrastructure Manager. The form MUST have Original or Facsimile signature of attestation.
- v) Access Authorizations are:
  - Documented on the Information Technology Request Form
  - Maintained on file in the IT Department
  - Approved by the CIO or designee, and appropriate Department Head

#### **4) Electronic Access / Adding Users - Non-Employee**

- i) Release of confidential and EPHI to non-MONTEFIORE HEALTH SYSTEM entities must be appropriately authorized. Refer to MONTEFIORE HEALTH SYSTEM Code of Conduct and HIPAA Administrative Policy & Procedure Manuals.
- ii) Non-employees may have access to email and clinical and financial systems with the approval from the appropriate Vice President. Access to clinical and financial systems will only be granted by written request and justification which has been approved by the SVP of Operations. Access request form must be submitted to the CIO or IT Security Officer for procurement.
- iii) Email accounts and system access user id's and passwords assigned to non-employees are deleted immediately once the user's relationship with MONTEFIORE HEALTH SYSTEM has ended. IT Security officer or designee will inactivate the account.

#### **5) Media Disposal**

- i) Portable media (diskettes, tapes, CD ROMS's, etc) should be rendered unusable prior to disposal, and should be disposed of in a lock bin. If they are to be reused, users should ensure that all Protected Health Data has been removed.
- ii) All computing devices are sanitized of all residual information prior to being discontinued, reused, or sent for repair.
- iii) Any questions, contact the Information Technology Department.

#### **6) Reporting & Logs**

- i) Employees must report any breaches of security or security incidents to their line supervisor and/or the HIPAA Security Officer immediately.
- ii) System logs can be generated and may be available for review for the following events:
- iii) Unsuccessful session logons
- iv) Failed attempts to access privileged resources, privileged use and other critical transactions, etc

#### **7) Access Termination Procedure**

- i) Email or other documented correspondence to IT Department prior to employee leaving giving employee name, job title, department name, and date access is to be terminated.
- ii) Staff who leave MONTEFIORE HEALTH SYSTEM must ensure that all equipment and information is returned to their line supervisor prior to leaving.



## **8) System Operation Controls**

- i) Access to network probes and other diagnostic mechanisms which are capable of monitoring (sniffing) network traffic is restricted to authorized individuals for express operational purposes.
- ii) Security, system, and application patches or fixes are evaluated, tested, and implemented as applicable, in as timely a manner as possible.

## **9) Violations**

- i) Failure to comply with the responsibilities set out by the MONTEFIORE HEALTH SYSTEM Policies and Procedures may be grounds for disciplinary action up to and including termination of employment or relationship and any available legal remedies.

## DEFINITIONS

### PHI and ePHI

ePHI stands for Electronic Protected Health Information. It is any protected health information (PHI) which is created, stored, transmitted, or received electronically. Protected Health Information (PHI) under HIPAA means any information that identifies an individual and relates to at least one of the following:

- The individual's past, present or future physical or mental health.
- The provision of health care to the individual.
- The past, present or future payment for health care.

Information is deemed to identify an individual if it includes either the individual's name or any other information that could enable someone to determine the individual's identity. Data are "individually identifiable" if they include any of the 18 types of identifiers, listed below, for an individual or for the individual's employer or family member, or if the provider or researcher is aware that the information could be used, either alone or in combination with other information, to identify an individual:

- Name
- Address (all geographic subdivisions smaller than state, including street address, city, county, ZIP code)
- All elements (except years) of dates related to an individual (including birth date, admission date, discharge date, date of death and exact age if over 89)
- Telephone numbers
- FAX number
- E-mail address
- Social Security number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate/license number
- Any vehicle or other device serial number
- Device identifiers or serial numbers
- Web URL
- Internet Protocol (IP) address numbers
- Finger or voice prints
- Photographic images
- Any other characteristic that could uniquely identify the individual.

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## Workstation Policy

## **INFORMATION SERVICES SECURITY POLICIES AND PROCEDURES GENERAL STATEMENT OF PURPOSE**

The Workstation Use Policy is a reflection of Montefiore Health System's commitment to maximize the security of electronic protected health information (EPHI) by delineating the proper usages for each workstation, specifying which workstations are authorized to access EPHI, and restricting all other workstations from gaining access to EPHI. "EPHI" means electronic protected health information that Montefiore Health System creates, receives, maintains or transmits.

Montefiore Health System takes reasonable steps to maximize the security of its EPHI by implementing safeguards to confirm that workstations are used only for authorized purposes. Montefiore Health System specifies which workstations are authorized to access EPHI and restricts all other workstations from gaining access to EPHI. Montefiore Health System defines the proper functions to be performed at workstations, the manner in which they are performed, and the physical surroundings of workstations that can access EPHI. Workstations that can access EPHI are located in physically secure areas and display screens are positioned or protected in order to prevent unauthorized viewing of EPHI. Montefiore Health System takes reasonable steps to confirm that workstations accessing EPHI remotely from outside Montefiore Health System facilities are protected with security controls equivalent to on-site workstations.

### **REGULATORY INFORMATION**

**CATEGORY:** Physical Safeguards  
**TYPE:** Standard  
**REFERENCE:** 45 CFR 164.310(b)

### **POLICY: WORKSTATION USE**

- A. Montefiore Health System defines the authorized purposes of each workstation or class of workstations, based upon the authorized purposes, such as to support the clinical, administrative and other functions of Montefiore Health System. Other functions include:
1. General network access
  2. Internet/Intranet access
  3. Email
  4. Access to specific applications
- All other uses are not authorized.
- B. Montefiore Health System takes reasonable steps to ensure that workforce members understand which purposes and functions are authorized on their workstations, and do not use workstations for unauthorized purposes or to perform unauthorized functions.
- C. Workforce members are encouraged to report any unauthorized activity at a workstation, to their Supervisor or the Corporate Security Officer. The Supervisor shall report the unauthorized activity to the Corporate Security Officer.
- D. Montefiore Health System takes reasonable steps to ensure workforce members do not perform the following activities, as they are considered examples of unauthorized uses of workstations.
1. Violating any of Montefiore Health System's security policies and procedures.
  2. Violating the privacy rights of Montefiore Health System's patients.
  3. Installation or distribution of 'pirated' or other inappropriately licensed software.
  4. Intentional introduction of malicious software onto a workstation or network.
  5. Procuring or transmitting material that is in violation of Montefiore Health System's harassment or hostile workplace policies.
  6. Making offers of products, items or services that are fraudulent.
  7. Intentionally causing a security incident. (e.g., accessing electronic data that a workforce member is not authorized to access or logging into an account that the workforce member is not authorized to access)
  8. Performing network monitoring that will intercept data not intended for the workforce member.

9. Attempting to avoid the user authentication or security of Montefiore Health System workstations or accounts.
- E. Montefiore Health System controls access to its workstations by requiring a username and a password or an access device.
- F. Montefiore Health System takes reasonable steps to ensure that access to its workstations are authenticated via a process that includes:
1. Unique user IDs that enable users to be identified and tracked. Group ID's shall not be used to create, transmit or maintain EPHI.
  2. Immediate removal of workstation access privileges for workforce members when employment or contracted services have ended in accordance with Montefiore Health System's *Workforce Security Policy* and *Termination Procedures*.
  3. Verification that no redundant user IDs are issued.
- G. Password-based access control systems on Montefiore Health System's workstations mask, suppress or obscure passwords so that unauthorized persons are not able to view them.
- H. Montefiore Health System workforce members are instructed not to share passwords with others. If workforce members suspect misuse of user IDs or passwords, they are required to promptly report that misuse to their Supervisor or to the IT Security Officer. The Supervisor shall report the misuse to the IT Security Officer.
- I. Montefiore Health System creates and issues initial passwords to new workforce members with the stipulation that it is valid only for the first login. At the initial login, the user will be prompted to create a new password.
- J. Montefiore Health System takes reasonable steps to ensure that workstations accessing EPHI are physically located in such a manner as to minimize the risk of access by unauthorized individuals. This is more specifically addressed in Montefiore Health System's *Workstation Security Policy*.
- K. Montefiore Health System takes reasonable steps to ensure that workstations accessing EPHI are located in physically secure areas and that display screens are positioned or protected to prevent unauthorized viewing of EPHI.
- L. Montefiore Health System takes reasonable steps to ensure that workstations removed from Montefiore Health System facilities are protected with security controls equivalent to on-site workstations.
- M. Montefiore Health System implements additional precautions for portable workstations (e.g., laptops, PDAs, portable medical equipment that stores EPHI). The following guidelines are followed for such workstations:
1. EPHI may not be stored on a portable workstation unless it is protected (e.g., using encryption). Montefiore Health System's IT Security Officer must approve the encryption protection method used and validate that it has been implemented properly. EPHI will not be removed from SSHS without approved encryption.
  2. Workforce members are instructed to ensure that portable workstations are carried as carry-on baggage when workforce members use public transportation.
  3. Workforce members are instructed to take Montefiore Health System portable devices with them at all times, even when not making patient visits, during the course of a work day. Under no circumstances are Montefiore Health System portable devices to be left unattended, even if concealed.
  4. Workforce members are instructed to take reasonable steps to ensure the safety of Montefiore Health System portable devices when stored in their homes.
  5. Montefiore Health System's *Acceptable Use Policy* states the specifics surrounding protecting its portable workstations from unauthorized access, theft and destruction.
- N. All network users can be provided with a network folder in which they may store critical business files. Data that is not business-related should not be stored on these drives. Information Services reserves the right to delete any non-business related data from network drives without prior notice to the user.
- O. Montefiore Health System data is restricted to use on Montefiore Health System computing equipment only. Under no circumstances unless a valid Business Associates Agreement (BAA) is on file, should Montefiore Health System data

be stored on a non-Montefiore Health System device.

P. PORTABLE MEDIA

1. Montefiore Health System expressly prohibits storage of EPHI on portable drives such as “flash drives” or “thumb drives” that are not secure. Secure drives are available from the Information Services Department upon request.

Q. Network login credentials are passed through to the Montefiore Health System internet access control system. No separate login to the internet is required.

R. Only Montefiore Health System managed devices are permitted to be connected to Montefiore Health System network with the exception of the wireless SS Guest network. All partnered devices connected as part of a signed valid BAA must provide administrative access to Montefiore Health System Information Technology or utilize a VPN connection. All partnered devices must run current Anti-Virus and maintain up-to-date patch security.

**POLICY AUTHORITY/ENFORCEMENT**

Montefiore Health System's Security Officer has general responsibility for implementation of this policy. Members of our Montefiore Health System staff, medical staff and affiliated clinical staff who violate this policy will be subject to disciplinary action in accordance with Montefiore Health System *Security Sanction Procedure*, up to and including termination of employment or contract with Montefiore Health System.

Anyone who knows or has reason to believe that another person has violated this policy should report the matter promptly to his or her supervisor or Montefiore Health System's Security Officer. The Supervisor shall report the violation to the Corporate Security Officer. All reported matters will be investigated, and, where appropriate, steps will be taken to remedy the situation. Where possible, Montefiore Health System will make reasonable efforts to handle the reported matter confidentially. Any attempt to retaliate against a person for reporting a violation of this policy will itself be considered a violation of this policy.

**REVIEW OF POLICY**

In the event that a significant regulatory change occurs, the policy will be reviewed and updated as needed. The policy will be reviewed annually to determine its effectiveness in complying with the HIPAA Security Regulations.

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## Remote Access Policy

## **REMOTE ACCESS POLICY**

### **1.0 Purpose**

The purpose of this policy is to define standards for connecting to Montefiore Health System's network from any host. These standards are designed to minimize the potential exposure to Montefiore Health System from damages which may result from unauthorized use of Montefiore Health System resources. Damages include unauthorized access or use of patient information/data, breaches of patient privacy and confidentiality, the loss of sensitive or company confidential data, intellectual property, damage to public image, damage to critical Montefiore Health System internal systems.

### **2.0 Scope**

This policy applies to all Montefiore Health System physicians, professional and non-professional staff, volunteers, employees, contractors, vendors and agents. This policy applies to remote access connections used to do work on behalf of Montefiore Health System.

Remote access implementations that are covered by this policy include, but are not limited to, dial-in/Cable modems, frame relay, ISDN, DSL, VPN, SSH, SSL, Site-to-Site Tunnel, etc.

### **3.0 Policy**

#### **3.1 General**

1. It is the responsibility of Montefiore Health System physicians, professional and non-professional staff, volunteers', employees, contractors, vendors and agents with remote access privileges to Montefiore Health System's corporate network to ensure that their remote access connection is given the same consideration as the user's on-site connection to Montefiore Health System.
2. General access to the Internet by physicians, professional and non-professional staff, volunteers, employees, contractors, agents, visitors, patients and their guests on Non-Montefiore Owned devices is permitted through the "Guest" (SSGUEST) Network. By accepting the "Guest Access" disclaimer the individual is responsible to ensure that he or she not violate any Montefiore Health System policies, do not perform illegal activities, and do not use the access for outside business interests
3. The following policies detail the protection of information when accessing the corporate network via remote access methods, and acceptable use of Montefiore Health System's network:
  - a. Acceptable Use of Information Technology Policy
  - b. Password Security Policy
  - c. Access Control Policy
  - d. Indemnification Policy

#### **1.2 Requirements**



1. Secure remote access must be strictly controlled. Control will be enforced via one-time password authentication or public/private keys with strong pass-phrases. For information on creating a strong pass-phrase see the Password Policy.
2. At no time should any Montefiore Health System physician, professional and non-professional staff, volunteers, employee, contractor, vendor, or agent provide their login or email password to anyone.
3. Montefiore Health System physicians, professional and non-professional staff, volunteers, employees, contractors and agents with remote access privileges must ensure that their Montefiore Health System-owned or personal computer or workstation, which is remotely connected to Montefiore Health System's corporate network, is not connected to any other network at the same time, with the exception of personal networks that are under the complete control of the user.
4. Montefiore Health System physicians, professional and non-professional staff, volunteers employees contractors and agents with remote access privileges to Montefiore Health System's corporate network must not use non-Montefiore Health System email accounts (i.e., Hotmail, Yahoo, AOL), or other external resources to conduct Montefiore Health System business, thereby ensuring that official business is never confused with personal business.
5. Montefiore Health System is not responsible for Non-Montefiore owned or personal equipment including support of that equipment.
6. Non-standard hardware configurations must be approved by Remote Access Services, and Montefiore Health System Information Security Officer must approve security configurations for access to hardware.
7. All hosts that are connected to Montefiore Health System internal networks via remote access technologies must use the most up-to-date anti-virus software, this includes personal computers, tablets, cell phones and similar equipment. Third party connections must comply with requirements as stated in the Workstation Policy.
8. Personal equipment that is used to connect to Montefiore Health System-owned equipment for remote access and must be approved before usage.
9. Organizations or individuals who wish to implement non-standard Remote Access solutions to the Montefiore Health System production network must obtain prior approval from Montefiore Health System's Chief Information Officer and Information Technology Security Officer.
10. A current Business Associates Agreement must be in place prior to accessing the Montefiore Health Systems Network when appropriate.

#### **4.0 Enforcement**

Any physician, professional and non-professional staff, volunteer employee or contract representative found to have violated this policy may be subject to disciplinary action, up to and including termination of employment or contractual agreement

#### **5.0. Indemnification**

Any Practice that has been granted remote access to Montefiore Health System's Network To the extent permitted by law, shall indemnify and hold harmless Montefiore Health System against any and all liability, loss, cost, damage or claim which it may sustain, be subject to, or caused to incur, arising from or as a result of any violation of the terms of this Agreement by any partner, employee or agent of the Practice.