

RULES AND REGULATIONS
of the
YALE-NEW HAVEN HOSPITAL, INC.
for the
MEDICAL STAFF

JANUARY 27, 1982

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YALE-NEW HAVEN HOSPITAL

Rules and Regulations for the Medical Staff

ACCEPTANCE OF PATIENTS

Rule No. 1 Acceptance of Patients and Function of Special Services

a. Acceptance of Patients

The Hospital shall accept for care patients suffering from all types of disease dependent only upon available facilities and personnel.

b. Special Services

The Hospital recognizes its commitment to special services such as organ transplantation and the trauma service; such special services shall function in accordance with requirements of relevant accrediting agencies.

STAFF PRIVILEGES

Rule No. 2 Patient Care Privileges

Only physicians, dentists and podiatrists who have been duly appointed to membership on the Medical Staff by the Board of Trustees, or those doctors¹ granted temporary privileges, and who are in good standing, are eligible to act as the attending physician for patients within the Hospital.

Rule No. 3 Limitations of Professional Privileges

All Members and Affiliates of the Medical Staff shall function within the scope of their approved delineated clinical privileges, with the understanding that it may not be safe or clinically appropriate to exercise all privileges in all Hospital sites or locations. Notwithstanding this general rule, in an emergency, a member or Affiliate of the Medical Staff may perform any medical or surgical procedure permitted by his or her respective training and experience and Connecticut license.

Requests for changes or additions to the current privilege delineation form(s) shall be made by or delivered to the Office of Physician Services. Modification of a delineation form must be reviewed by the relevant Chief, Section and Associate Chief if applicable, and the Chief of Staff. Requests to add a privilege or procedure that will be available in more than one

¹ The terms Doctor and Practitioner are used synonymously and refer to both physicians and dentists.

specialty will be reviewed by all the affected Chiefs. Modifications will be approved by the Credentials Committee, Medical Board and Medical Committee of the Board of Trustees. A member of the Medical Staff requesting an additional privilege must apply for that privilege and must be credentialed through the normal credentialing process.

Members of the Medical Staff appointed in the Department of Surgery may not practice elective gynecological surgery and members of the Medical Staff appointed in the Department of Obstetrics and Gynecology may not practice primary elective general surgery without the specific approval of the Medical Board.

All patients admitted for dental services shall be assigned to the Oral Surgical Section of the Department of Surgery. A history and physical examination pertinent to the admission must be performed and recorded by a physician or oral surgeon member of the Medical Staff, in addition to the dental history and examination recorded by the dentist. Continuing medical supervision of the patient shall remain the responsibility of the attending physician of record.

All patients admitted to the Hospital by a Podiatrist shall have a consulting physician who is a member of the Active Medical Staff. The consulting physician shall have responsibility for the admission history and physical and the preoperative history and physical if required, and shall follow the patient throughout the hospital admission, having responsibility for the treatment of existing medical conditions, along with responsibility for the diagnosis and treatment of conditions that arise during hospitalization. Ambulatory surgery patients under the care of the Podiatry service shall have a history and physical performed by a consulting physician prior to surgery.

Rule No. 4 Privileges of Affiliated Health Care Professionals

Individuals appointed to the Affiliated Health Care Professionals Staff shall participate in the management of patients under the supervision of a member of the Medical Staff. Specific activities of Affiliated Health Care Professionals shall be delineated by the Department Chief with the approval of the Chief of Staff.

Rule No. 5 Reporting Requirements

All members of the Medical Staff shall report immediately to the Chief of Staff the following: (a) loss (other than for routine non-renewal), suspension or any other action (including censure, reprimand and/or fine) taken regarding a professional license in Connecticut or any other state; (b) loss (other than for routine non-renewal), suspension or any other action taken with regard to state or federal authority to prescribe controlled substances; (c) loss (other than routine non-renewal), suspension or limitation (other than routine surrender of unused clinical privilege) of clinical privileges at another health care facility; (d) filing of a notice of exclusion/debarment from any federal health care program including Medicare or Medicaid, and (e) the filing of any criminal charge by state or federal authorities (other than a minor motor vehicle accident). These reporting requirements are in addition to the information that is collected at the time of initial credentialing and at recredentialing.

ADMISSION AND DISCHARGE OF PATIENTS

Rule No. 6 Admitting Principles

No patient shall be admitted to the Hospital unless a provisional diagnosis has been stated and the admitting office has cleared the patient. Admissions shall be assigned to patient divisions in accordance with Hospital policies.

Rule No. 7 Protection of Patients

Admitting Medical Staff shall give to appropriate Hospital personnel such information concerning their patients as may be required to enable the Hospital to protect the patient and other patients from possible sources of danger. Each member must have a coverage arrangement that assures continuity of care for the patient. This should be effected by means of an agreement with another appropriately credentialed member of the Medical Staff. Other coverage arrangements will require Departmental approval.

Rule No. 8 Patient-Doctor Assignment

A patient who does not request a specific doctor shall be assigned to an appropriate member of the Active Staff. Assignment from the Emergency Service shall be based on the relevant Emergency Room Panels if applicable

Rule No. 9 Discharges

Patients shall be discharged only on the order of the responsible physician, dentist, or podiatrist. If the discharge occurs at an unanticipated time, a house officer, nurse-practitioner or PA may obtain approval from the responsible member of the Medical Staff and complete the discharge order.

The responsible physician, dentist or podiatrist shall be obligated to communicate to a referring doctor all appropriate medical information, and shall provide the same information on approved forms to any institution or agency to which a patient is referred following discharge from the Hospital. In those instances in which a patient is to be transferred directly from the Hospital to another institution, the patient will not be permitted to leave the division until the transfer information, including a printed priority Discharge Summary has been completed.

Whenever possible and appropriate, a responsible physician should be identified who will provide follow-up care for each patient discharged from the Hospital. If that physician was not part of the resident or attending team caring for the patient during the Hospital stay, or is not a member of the Hospital Staff, the attending physician must ensure that the follow-up physician is contacted. This follow-up physician must be informed of the course of the

patient's hospitalization, the patient's discharge date, medications, and need for continuing care.

It is the responsibility of the attending physician, dentist or podiatrist to plan discharge in a timely fashion. The discharge date must be coordinated with the resident physicians, nursing staff, social workers and discharge planning staff. The nursing and discharge planning staff as well as the patient and patient's family, need to be informed of the anticipated discharge date as soon as possible. Patients and their families should be notified on the day prior to discharge of the scheduled discharge time so that transportation and support services can be arranged.

INPATIENT CARE

Rule No. 10 Patient-Doctor Relationship

Within 24 hours of a patient's admission or transfer to the inpatient service, the responsible attending of record shall personally examine the patient, establish a personal and identifiable relationship with the patient if such was not established prior to the admission or transfer, and record an appropriate history, physical examination, working diagnostic impression(s) and plan for treatment. The attending is responsible for continuing evaluation of the care of the patient and plans for treatment. The attending is responsible for ensuring communication to the patient of the treatment plan and realistic goals of care, as well as subsequent communication about significant variances from expected outcomes that occur during medical treatment or surgery.

Rule No. 11 Medical Students

Appropriately trained medical students are permitted to function within the facility. Medical students function in the Hospital for educational purposes only and are not to be used for clinical service needs. Medical students always function under supervision, but the supervision need not necessarily be in-person. The type and intensity of supervision required is determined by responsible Medical staff, including housestaff.

Medical students may participate with the patient care team, may perform a history and physical and write notes in the patient hospital record. Patient care orders may be written by medical students but remain in suspension until signed by an authorized prescriber. Medical students are not responsible for, among other things, obtaining informed consent for procedures or surgery or disclosing adverse events or unanticipated outcomes to patients or family. Medical students may not dictate operative reports or discharge summaries, nor may they write limitation of treatment orders or restraint orders.

Rule No. 12 House Staff

The attending physician is responsible for supervising the performance of, and the care rendered by, the house staff in accordance with Medical Staff and departmental policies. Types of supervision can include, but are not limited to, in person, electronic or telephonic

supervision, review of documentation, and submission and review of performance evaluations. In general, the supervising physician will determine the nature of the required supervision, based on the complexity of the patient care situation, the level of training and experience possessed by the resident, and departmental guidelines concerning graded resident responsibility and resident supervision.

Consistent with other Medical Staff Rules, the house staff may write all types of diagnostic and treatment orders for patients, including but not limited to, orders for restraints. However, orders to limit life-sustaining treatment may be written by house staff only with the approval of the attending physician. House staff may not write orders for oncology chemotherapy.

Rule No. 13 Consultations

Except in emergency, consultations with one or more qualified physicians are required in: (1) all cases of abortion involving minors where the consent of the patient has not been obtained, and all cases involving the mentally retarded or incapable; (2) elective sterilization procedures on all cases involving mentally retarded or incapable persons; (3) cases on all services in which, according to the judgment of the physicians, (a) the diagnosis is obscure, or (b) there is doubt as to the best therapeutic measures to be utilized.

It is the duty of the Chief of Departments and, in the major Departments, the Associate Chiefs, to see that members of the staff call consultants as needed. Such consultants should be qualified to give an opinion in their fields. Judgment as to the seriousness of the illness and the validity of diagnosis and treatment rests with the physician responsible for the care of the patient. When a consultant sees the patient, a written consultation note for the patient's record must be furnished.

The Consultation form shall be used or the consultant may enter "See Progress Notes" on the consultation form and write the consultation note in chronological sequence in the Progress Notes.

Consultants may enter recommended orders in suspension for activation by the responsible physician. However, except in case of emergency, no order written by a consultant will be honored unless approved by the responsible doctor. This does not apply to preoperative orders.

Rule No. 14 Informed Consent

Except in emergency situations, the responsible physician, dentist or podiatrist shall obtain proper informed consent as a prerequisite to any procedure or treatment for which it is appropriate, including transfusion and the use of blood products, and provide evidence of consent either by a form signed by the patient and doctor or a written statement signed by the doctor in the patient's hospital record. The extent of information to be supplied by the doctor to the patient shall include the specific procedure or treatment, or both, the reasonably

foreseeable risks, and reasonable alternatives for care or treatment. Consent must be obtained within ninety days prior to the procedure.

In all surgical procedures the doctor in whose name the permission for operation is obtained shall participate in person as a member of the operating team and shall be present during the critical portion(s) of the procedure. Such participation shall not be delegated without the informed consent of the patient or the patient's authorized representative.

Rule No. 15 Tissue Removed at Operation

Tissue, and all foreign bodies including implants, removed at operation shall be sent to the Hospital pathologist who shall make such examination as may be considered necessary to arrive at a pathological diagnosis. The pathologist shall sign the report. Pathology department policy may exempt certain tissues from submission; however, under no circumstances may the entire surgical specimen be delivered to any outside agency.

In all instances where a patient's medical, surgical, oncologic, invasive radiological, or therapeutic radiologic course is based on a histological or cytologic examination performed in another institution, the responsible physician is expected to make arrangement for a timely review of such specimens in the Hospital prior to the commencement of the therapy planned. If emergency therapy is indicated, pathologic review should be obtained as soon as feasible thereafter.

Rule No. 16 Treatment and Patient Care Orders

Within a reasonable time after appointment to the Medical Staff, all members of the Active and Courtesy staffs, all Affiliated Health Care Professionals and all House Staff and clinical fellows shall be trained in the use of the Hospital's computerized provider order entry (CPOE) system. All orders for inpatient care and treatment shall be placed in the CPOE or be in writing on designated order forms. Initial admission diagnostic and treatment orders may be written by the attending physician, dentist or podiatrist, or may be written by house staff, a PA, nurse practitioner or nurse-midwife as appropriate. Orders shall be written only with the approval or under the supervision of the doctor in charge of the patient. Once services are requested of a Hospital-contracted Department as defined in Article V, Section A(3), providers in that Department may write orders relevant to the services requested or may revise previously written orders in order to assure as much as possible that the providers requesting the services are provided with the diagnostic information or therapeutic outcome sought. Orders not written by the attending physician shall be regularly reviewed by the attending physician.

In an emergency, an order may be dictated by a physician, dentist or podiatrist to a registered nurse, dietitian, pharmacist, or respiratory therapist. Verbal orders for the initial application of non-behavioral restraints, medications, and nutrition must be signed within 24 hours by the prescriber or another physician directly responsible for the patient's care. Verbal orders for extending non-behavioral restraint beyond the initial 24-hour period must be signed by the next calendar day. Any verbal order for behavioral restraint should be authenticated in

the CPOE system at the time of face-to-face evaluation of the patient, but must be authenticated no later than the age-determined expiration time for that order. Any orders to limit life- sustaining treatment must be in writing and/or entered into the CPOE system and must be signed by the attending after the order is printed from the CPOE system. Any verbal orders exempt from mandatory authentication within 24 hours shall be signed at or prior to the discharge of the patient.

The Pharmacy Department is authorized to dispense generic equivalents of brand name drugs unless the doctor writing the order specifies NO EQUIVALENT verbally to the pharmacist. All orders will be considered invalid at the time a patient is admitted to or discharged from a recovery room or critical care area, or transferred from one service to another. Orders must be re-entered at such time. It is the Medical Staff's responsibility to review all orders at least weekly. All Schedule II controlled drugs shall be automatically discontinued after 72 hours. Other controlled drug orders expire after seven days.

Only a single individual diagnostic test may be ordered more than 24 hours in advance. Repetitive or standing orders for individual tests shall be discontinued automatically after 24 hours. Only patients on approved Human Investigation Committee protocols are exempt from this policy.

MEDICAL RECORDS

Rule No. 17 Medical Records – Preparation

The final obligation for completion of the medical record rests with the attending physician, dentist or podiatrist at the time of discharge. For all patients, the attending physician, dentist or podiatrist is obligated to:

- a. Write a note within 24 hours of admission or transfer indicating the history, physical examination, working diagnostic impression(s) and plan for treatment. For emergency admissions, such note shall justify the designation of emergency status.
- b. For all patients scheduled for surgery requiring anesthesia other than local anesthetic, including inpatients, ambulatory surgery and express admission patients, the attending physician, dentist or podiatrist (or a consulting physician) must provide a history and physical examination, appropriate laboratory data, and a working diagnostic impression, including preoperative diagnosis(es) and indication(s) for operation. This must be completed and recorded in the Hospital record within thirty days prior to initiation of the operation.
- c. At the time of transfer to the care of another attending physician indicate in a note the identity of the new responsible practitioner. In addition, a physician accepting transfer of a patient must change the attending of record designation in the CPOE system within 24 hours.

- d. Include a brief operative note in the medical record immediately after surgery. In addition, the responsible surgeon must dictate a complete operative note immediately after surgery, to be signed and filed in the medical record as soon as possible after surgery.
- e. Ensure that a daily progress note has been written by a member of the house staff, affiliated staff or other member of the Medical staff. The attending must write progress notes with a frequency that reflects appropriate attending involvement but at least every other day. When the patient is stable and disposition/placement is the only active issue, the attending must write a progress note at least once a week.
- f. Dictate or cause to be produced as soon as possible after discharge and sign or countersign upon receipt a Discharge Summary for each patient discharged from the Hospital except in instances of:
 - 1) Normal delivery of term pregnancy, with or without outlet forceps, providing that the antepartum and postpartum courses were completely uncomplicated.
 - 2) Normal newborn, including both those not requiring admission to the Newborn Special Care Unit and those admitted to the Newborn Special Care Unit for 48 hours or less for observation only.

For the above listed exceptions, complete and sign, or cause to be completed and countersign, an appropriate discharge note.

- g. Members of the House Staff shall obtain a clinical history, perform a physical examination, and record these and appropriate progress notes in the record. Individuals recording information in the permanent medical record shall identify themselves legibly by name and position.
- h. For patients with a primary discharge diagnosis of a neoplastic disease, physicians must indicate the clinical or pathological (if available) TNM staging (or equivalent) in the medical record on the designated AJCC staging form. This applies to both inpatients and ambulatory surgery patients.
- i. The text and signature(s) contained in all Hospital records shall be legible.

The Medical Record and Clinical Information Committee will monitor compliance with these requirements. Where an audit of records determines that documentation requirements are not being met, the Committee will notify the responsible Member of the Medical Staff of the deficiencies. If after two such notifications, an audit within the same calendar year reveals continuing non-compliance, the Medical Staff member will be notified that his or her Medical Staff privileges have been summarily suspended pursuant to Article 5, Section K of

the Bylaws. Restoration of clinical privileges may occur upon the presentation by the physician to the Chief of Staff or the Medical Board, as the case may be, of a satisfactory plan for appropriate and timely fulfillment of documentation responsibilities.

Rule No. 18 Medical Records – Completion

No medical record shall be filed until it is complete except on order of the Medical Record and Clinical Information Committee. Any physician, dentist or podiatrist having an unfinished record seven days after discharge shall be so notified by mail. If there are extenuating circumstances (defined as illness, unavailability of record when requested, absence from the City) the doctor or the doctor's office shall so notify the Record Department.

If there are none of these extenuating circumstances and the record has not been completed within 21 days of discharge a second letter will be sent to the responsible practitioner advising that his admitting privileges have been suspended. If there are incomplete records remaining after 28 days of discharge, the responsible practitioner will lose staff privileges, restoration to be automatic upon completion of all records. If the record has not been completed within 35 days of discharge, the practitioner's Medical Staff appointment and clinical privileges will terminate. Provisions for termination of Medical Staff appointment and clinical privileges also shall apply to practitioners whose admitting privileges have been suspended three times in a year defined as the period from July 1 to June 30. Restoration of membership and privileges can be accomplished only by reapplication in accordance with the provisions of ARTICLE V of the Bylaws of Yale-New Haven Hospital for the Medical Staff. Copies of letters to the practitioner will be sent to the appropriate departmental Chief or Associate Chief, the Admitting Office, and the Chairman of the Medical Record and Clinical Information Committee. One copy will also be placed in the permanent medical staff file for consideration when suitability for future staff reappointment of such physicians and dentists is reviewed. For those practitioners whose staff privileges have been suspended after the 28 day period, assignment of an alternate physician for care of the practitioner's inpatients will be in accordance with the provisions of ARTICLE V, SECTION K, Paragraph 7, of the Bylaws for the Medical Staff.

Restoration of admitting privileges can be accomplished only by completion of all available records assigned to the suspended physician, dentist or podiatrist. The Medical Record Department will notify the Admitting Office immediately by telephone if privileges have been restored. Written confirmation of this notice will be forwarded to the Admitting Office with copies to the Departmental Chief or Associate Chief, the Chief of Staff and the Chairman of the Medical Record and Clinical Information Committee.

The Medical Record and Clinical Information Committee will prepare and submit for each Medical Board meeting a list of practitioners whose privileges have been suspended and those who have been restored. The Medical Board will review the list and forward it to the Medical Committee of the Board of Trustees for its information.

The above rules apply to the records of all patients irrespective of service.

Rule No. 19 Medical Records – Removal

All Medical records are the property of the Hospital and except for those inactive records, which may be removed for off-site storage, shall be taken from the Medical Center only pursuant to proper court order or subpoena. In the event that a patient is readmitted, all existing previous records shall be made available for the use of the responsible practitioner. However, appropriate confidentiality requirements shall be observed.

GENERAL RULES AND REGULATIONS

Rule No. 20 Confidentiality

Pursuant to state and federal law, including HIPAA, and Hospital policy, all medical records and patient-specific information, records of peer review and morbidity and mortality review proceedings, risk management material including incident reports, medical staff credentialing records and files, minutes of Medical Staff and Hospital meetings, and other confidential Hospital and Medical Staff records, data, and information, are the property of the Hospital and may not be used for purposes other than patient care, peer review, risk management, approved research, education, and other proper Hospital and Medical Staff functions. Such records, materials, files, minutes, and other confidential information (referred to below collectively as “confidential materials”) may not be removed from the Hospital, duplicated, transmitted, or otherwise disclosed to parties outside of the Hospital without proper authorization in accordance with Hospital and Medical Staff policies or specific requirements of law.

Access to confidential materials by members of the Medical and other Staffs of the Hospital, Hospital employees, and others, is only permissible when the person seeking access is involved in the care of the patient or is engaged in peer review, risk management, Medical Staff credentialing, approved research, educational pursuit, or some other appropriate authorized activity. This requirement applies irrespective of the form in which confidential materials are maintained or stored and therefore applies equally to information stored in hard copy form or electronically stored.

Sharing of and/or misuse of passwords or access to CCSS or other electronic systems that contain patient and/or other confidential material is prohibited. If the Hospital becomes aware that an access code and/or password has been shared with another person, the authorized user will be required to immediately change passwords and will be given an oral and written warning. A second incident within a five year period shall result in an immediate suspension of all Medical Staff privileges for a period of twenty-five (25) days. A third incident within a ten year period of the date of the first warning shall result in termination from the Medical Staff. Any provider whose privileges are suspended or terminated pursuant to this paragraph shall have access to an Article VI Hearing. Medical staff privilege suspensions will be reported as required to the Connecticut licensing board(s) and/or the National Practitioner Data Bank.

In addition to the measures set forth in the above paragraph, any member of the Medical Staff who misuses, has improper access to, or alters, removes, or improperly uses confidential materials, is subject to appropriate disciplinary action or proceedings.

Rule No. 21 Peer Review Materials; Studies of Morbidity and Mortality; the Protection of Documents

In Connecticut, Peer Review is the procedure for evaluation by health care professionals of the quality and efficiency of services ordered or performed by other health care professionals, including practice analysis, inpatient hospital and extended care facility utilization review, medical audit, ambulatory care review and claims review. Both Peer Review and morbidity and mortality reviews are granted protections as long as the statutory criteria are met. Wherever possible, materials produced for or generated in these reviews should be clearly identified as peer review or M & M reviews, and circulation of these documents should be limited to that necessary to accomplish the necessary peer or morbidity and mortality reviews.

Rule No. 22 Protective Clothing – Operation Areas

All persons who enter the semi-restricted and restricted areas of the Surgical, Delivery or other appropriate operative or treatment areas shall wear approved, clean scrubs and cover head and facial hair. A surgical mask must be worn in restricted areas where open sterile items and equipment are in use. Additional protective attire shall be worn when exposure to blood or potentially infectious material is reasonably anticipated.

Rule No. 23 Autopsies

Every member of the Medical and House Staff is expected to request permission for autopsy unless the patient or family has previously declined permission.

Rule No. 24 Departmental Rules

Doctors should refer to departmental rules and regulations for specific items pertaining to their respective departments. Where departmental and Medical Staff Rules appear inconsistent, Medical Staff Rules will supercede departmental rules.

Rule No. 25 Human Investigation

Research involving human subjects shall be so conducted as to assure that the welfare, health and safety of the subjects are paramount. Prior approval must be obtained from the Human Investigation Committee and patient's responsible physician. Rights including the right of privacy, shall be preserved, and an informed consent shall be obtained from the patient or the patient's authorized representative.

Rule No. 26 Responsibilities for Infection Control/Standard Precautions and Transmission Based Precautions

Members of the Medical and affiliated staffs will comply with infection control policies, including but not limited to Hospital policy regarding natural and artificial fingernails. Standard precautions are to be used in the care of all patients that will or may include contact with blood or body fluids. The responsible physician, nurse and/or hospital epidemiologist or a designee is to determine the need for additional transmission based precautions. Orders for such precautions are to be entered into CCSS and a note will be placed in the patient's chart delineating the reasons for initiating precautions. The hospital epidemiologist has final authority in determining the initiation and/or discontinuation of transmission based precautions.

In addition to the above, the Infection Control Committee through its Chair or physician members, is authorized to institute any appropriate control measures or studies when there is a reasonable possibility of danger to one or more patients or personnel.

Rule No. 27 Revision Procedure

Rules and Regulations may be revised by a majority vote of those present and voting at a meeting of the Medical Board. Revisions recommended by the Medical Board and reviewed by the Medical Committee shall be effective upon approval by the Board of Trustees.