

## SUPPLIER ACCESS POLICY

### POLICY PURPOSE

- To provide direction to supplier representatives and to maintain a professional business relationship with sales representatives through compliance with NYUHC requirements.
- To assure proper identification of all suppliers visiting NYUHC
- To improve the security of NYUHC patients, staff and property
- To minimize interruption of patient care and optimize staff productivity

### POLICY STATEMENT

It is the policy of NYUHC to provide quality patient care while maintaining the patients' privacy, safety and confidentiality. While it is important that supplier's representatives have access to clinical and administrative staff and, under certain circumstances, to patients, this must be accomplished in a controlled manner. Supplier's access assures our ability to stay abreast of new medical devices, technology, and equipment and/or medications and to gain their product and service support as requested.

Suppliers will be required to acknowledge this Policy as verification of policy comprehension and compliance. Any violations of this policy should be reported directly to Security or Supply Chain Management.

This policy is applicable to all buildings used by NYUHC for inpatient or outpatient care, staff, administrative, and support offices. Note that many shared facilities have building access standards set by the landlord. Suppliers are expected to abide by those standards as well.

### ID BADGE QUALIFICATION AND ISSUANCE CONCEPT

Suppliers with a bona fide need to be issued ID badges, as validated by a requesting department and confirmed by Supply Chain Management will be issued an ID badge for a stated period of time not to exceed the present calendar year. It will be necessary for the suppliers to re-qualify for and have reissued an ID badge each calendar year.

Criteria for badge issuance are as follows: supplier is essential to patient care, equipment service or maintenance, or is deemed an essential on-site or account representative.

### GENERAL PROCEDURES

1. Departmental visitation approval is nominated by a Department by filling out the NYUHC SUPPLIER'S SECURITY ACCESS INFORMATION FORM (Exhibit A). It should be endorsed by the requesting Department Head with the reason for issuance indicated and directed to Supply Chain Management for review and concurrence. NOTE: Those suppliers requiring visitation for the day only shall proceed directly to Security after Departmental approval.

2. Once the request is concurred with by Supply Chain Management, suppliers will be directed to Security (Tisch Hospital Room AHG-100) where a supplier's ID badge good for a stated period of time not to exceed the present calendar year will be issued.  
**Suppliers are asked to gain departmental approval and apply for a badge prior to any visitation becoming critical.**  
**This badge does not grant the supplier privilege to show up in the Hospital unannounced; they are welcome here at our request or by granted appointment.**
3. When properly identified with the appropriate badge:
  - The supplier's representative may have the privilege of visiting physicians, or other medical support staff, clinicians, or support staff via appointment.
  - The supplier technician shall perform repair or adjustments to equipment as scheduled or as required.
  - It is the policy of NYUHC to restrict admission to surgical procedures to those parties necessary for the benefit of the patient or physician. Those sales and/or service representatives who are required to be present during cases or procedures are expressly forbidden to enter any sterile or decontamination area without their preparedness to do so fully evaluated by clinical staff. All clinical protocols and procedures must be followed. A separate attestation is required for all suppliers' representatives who enter into patient interventional suites (see Healthcare Industry Representatives below).  
**At all times patient/supplier contact shall be limited to that essential for patient care.**
4. All suppliers' representatives are required at all times to wear in plain sight their NYUHC issued identification badge and provide it for inspection as requested at any time. The badge should be worn between the waist and shoulders. Proper supplier's identification including their company ID, business cards with current address, telephone number and all pertinent company information must be carried at all times and produced upon request.  
**At no time will suppliers be granted access to any NYUHC premises without a valid identification badge.**
5. Security as well as every NYUHC employee is authorized to request suppliers to leave the premises should suppliers not comply with NYUHC policy.
6. NYUHC reserves the right to limit the number of representatives that any company has on NYUHC premises. A supplier with a properly authorized ID cannot bring in other non-validated coworkers.
7. NYUHC reserves the right to deny access to suppliers for any reason as well as to inspect any packages in the supplier's possession.
8. Suppliers are expected to leave NYUHC immediately upon concluding the business function for which they visited NYUHC.

9. Suppliers are to follow all NYUHC policies and procedures and not arrive at or move about NYUHC in OR attire.
10. All badges expire on February 28<sup>th</sup> of the year following issuance. It is the supplier's responsibility to re-qualify for a new badge prior to expiration by interacting with a requesting department.
11. A \$10.00 replacement fee will be charged by Security for any lost badge.

### **Healthcare Industry Representatives HEALTH AND COMPETENCY ATTESTATIONS**

1. All Healthcare Industry Representatives (HIR) (individuals) who are called upon to enter in a patient interventional suite or the Operating Room for any and all purposes including but not limited to instructing and training, adjusting, activating, deactivating, interacting with a patient or supporting clinical staff in any manner must follow applicable procedures and are required to fill out HIR Health and Competency Attestations Amendment.

### **IN-SERVICES**

1. Suppliers support in-servicing by making presentations supporting education usually associated with new product introduction or technology upgrades.
2. In-services are coordinated through the Nursing Education office or the Chief of Service.
3. All in-services must be performed by qualified individuals.
4. All in-services must be monitored by an NYUHC employee. Any concerns or issues related to the content of the presentation shall be reported directly to the Department Head or Nursing Education.

### **STOREROOMS**

1. No Supplier Representative is permitted to enter any supplies or equipment storage area for any reason except by specific invitation by the responsible manager. This includes but is not limited to Central Sterile, General and Stat Stores, Receiving, the Main OR, and all Departmental Storage areas.

### **CONSIGNMENT**

1. When necessary to consign product, the supplier's representative shall schedule an appointment with the area receiving the consigned goods prior to entering NYUHC premises.
2. Upon arrival and prior to departure, Supplier Representative shall coordinate with the designated NYUHC liaison.

### **PHARMACY**

1. Upon invitation, all Pharmaceutical suppliers' representatives must sign in at the Pharmacy prior to visiting.
2. Pharmaceutical Suppliers Representatives are not permitted in patient care areas.
3. No ID badges will be issued to Pharmaceutical suppliers' representatives.

### **CONSTRUCTION AND SERVICE TECHNICIANS**

1. All workers responsible for any construction to NYUHC premises or service of equipment on premises shall adhere to Building Services, Environmental Services, Facilities, Clinical Engineering or the supported department's procedures after filling out the proper Security form and acquiring a badge. This badge may be a day or annual or shorter duration badge, depending on the anticipated duration of the work.

### **PARKING**

1. All suppliers' representatives are expected to use only such areas designated for general visitor parking or parking available to the public, all at their own expense.

### **COMPLIANCE/VIOLATIONS**

1. Security or Supply Chain management shall thoroughly investigate any reported violations of this policy.
2. Suppliers who fail to comply with NYUHC requirements are subject to losing their business privileges at NYUHC. NYUHC reserves the right to restrict any representative and the company they represent from NYUHC property.
3. Any supplier personnel restriction for non compliance shall in no way affect that supplier's responsibility to provide support of our mission.

EXHIBIT A

**NYUHC SUPPLIER'S SECURITY ACCESS INFORMATION FORM**

**THE FOLLOWING TO BE COMPLETED BY DEPARTMENT SPONSORING ACCESS**

Indicate reason for issuance (check all applicable)

- Supplier Representative essential to patient care
- Supplier Representative essential for equipment service and maintenance
- Supplier Representative is the account rep with whom we regularly deal and need to provide access to facilities to support NYUHC
- Supplier's on-site personnel as arranged through a support arrangement
- Other (Explanation required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |
|--|
| <ul style="list-style-type: none"><li><input type="radio"/> Indicate if Supplier will enter into patient interventional suites and require compliance with Healthcare Industry Representative Health and Competency Attestation (indicate all applicable)</li><li><input type="radio"/> Medical Screening</li><li><input type="radio"/> Sterile Field Awareness</li><li><input type="radio"/> Competency Attestation</li></ul> |
|--|

Approved by:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Department

Tel Ext. \_\_\_\_\_ Date \_\_\_\_\_

Signature  
\_\_\_\_\_

**THE FOLLOWING TO BE COMPLETED BY SUPPLIER**

Company Name: \_\_\_\_\_

Supplier Representative, Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Primary Business Justification for NYUHC Access \_\_\_\_\_

Area (s) of NYUHC Requiring Access \_\_\_\_\_

- I understand and agree to abide by the NYUHC SUPPLIER ACCESS POLICY and any department policies and procedures.
- I verify the above information to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THE FOLLOWING TO BE COMPLETED BY HIR**

- Proper screening received
- Sterile Field Awareness
- Competency Attestation
- Documentation Lacking/Other \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

**THE FOLLOWING TO BE COMPLETED BY SCM**

- All appropriate documentation/information received
- Supplier approved
- Supplier not approved \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

**THE FOLLOWING TO BE COMPLETED BY SECURITY**

- Proper ID presented
- Badge issued

\_\_\_\_\_  
Signature/Date