



**Student  
Orientation  
Packet  
GMH Version**

# SECTION 1

## GENERAL HOSPITAL ORIENTATION

Welcome to Gaston Memorial Hospital! We are pleased to have you in our facility. The information included in this orientation packet will overview general policies and guidelines that are necessary for safe work practice at Gaston Memorial Hospital.

### MISSION, VISION, AND VALUES

#### VISION

To be the healthcare provider of choice in the region, offering state of the art care, education and support programs to foster wellness, cure illness, and improve health.

#### MISSION

To provide exceptional healthcare to the communities we serve.

#### VALUES

We hold the following values for CaroMont Health. Each is important and their order reflects no particular hierarchy. As we honor these values daily, our commitment to our Mission is unwavering.

**Quality Patient Care** - We strive to be a leader in providing quality patient care in a safe and family centered environment.

**Respect for the Individual** - We respect each person's dignity, right to privacy, and diverse beliefs. We treat others as we would like to be treated.

**Integrity** - We will be guided by what is right.

**Open and Responsible Communication** - We emphasize listening, responsiveness and mutual understanding.

**Pride of Ownership** - We believe each person is empowered for action as needed and must assume personal responsibility and accountability.

**Customer Service and Patient Satisfaction** - We are committed to the highest level in both endeavors.

**Fiscal Responsibility** - We know that the sound use of all resources is fundamental to our success.

**Teamwork** - We are participative and work cooperatively. The well being of our patients is dependent on the contributions of all.

**Innovation** - We encourage new ideas, an openness to change, and creativity.

# DRESS AND UNIFORM POLICY

All employees and students are expected to meet the minimum dress and appearance guidelines for CaroMont Health.

## **STANDARDS:**

### **ALL EMPLOYEES**

1. When in the organization for general business or class and wearing the organization name badge, employee's appearance should meet the organization guidelines.
2. Clothing style, fit, color coordination, and cleanliness are essential to provide a safe, pleasant, healthful, and professional environment.
3. Stockings/Socks - Men are to wear socks. Women who wear skirts/dresses are to wear hose, but may wear dress socks with slacks.
4. Makeup, cologne, perfumes - Makeup is worn to enhance natural features and complexion. Daytime and office makeup is to be applied lightly and should complement one's natural color and skin tone. Unusual colors and heavy makeup are not permitted. Fragrances such as perfume, colognes, and after shaves are not permitted for any employee within CaroMont Health.
5. Name badges – Name badges are to be worn at all times, and only stickers approved by management are to be added. The name and photograph are to be visible. The badge should be displayed at waist level or above unless patient or other safety considerations do not permit it.
6. Personal Hygiene - Clean, neat, and well-groomed hair adds to overall appearance. Extreme unnatural hair color (ex. green, pink, etc.) and/or hairstyles are unacceptable. Beards, sideburns, and mustaches are to be neatly trimmed and project a professional image. Nail color and length should be appropriate and not interfere with the performance of employee's job. Regular bathing, shampooing, oral care, and the use of deodorant products to prevent odor are required. All staff must secure long hair away from face.
7. Chewing Gum - Chewing gum is not allowed.

### **ALL DIRECT CARE PROVIDERS**

1. **Artificial fingernails or extenders may not be worn while working.**
2. **Natural nail tips must be kept at, or less than, ¼ inch long.**
3. Fingernails should be trimmed, clean, and neat and should not interfere with work.

### **NON-UNIFORMED EMPLOYEES**

1. Suits and Dresses - Matching or coordinated separates and dresses convey a highly professional image. Skirts and dresses should be professional of moderate length and suitable for job duties. Male department directors and managers are requested to wear a shirt and tie except in situations where considerations of safety or work activities would necessitate removal of the tie. Male managers are encouraged to wear a coat for appropriate occasions. Female department directors and managers are to wear suits (slacks/skirts suits) or business style dresses/skirts/slacks and blouses.
2. Blouses or shirts, sweaters, skirts, slacks – Blouses/shirts and skirts/slacks are to be color-coordinated and opaque with proper undergarments. The color of undergarments should not be visible. Clothes are to be well fitted, but not tight. Slacks length should be to the ankle/top of shoes. Men who work in office or public contacts areas are requested to wear a shirt and tie, except in situations where considerations of safety or work activities necessitate removal of the tie.
3. Accessories
  - a. Shoes - Shoes are to be worn to complement the clothing and to provide comfort, support, and safety. Shoes are to be polished and in good repair. Shoes designated for sportswear do not complement a professional image and are not permitted. The type of shoe worn by the employee will be determined by the type of work the employee is required to do.
  - b. Jewelry, scarves, and neckties - Jewelry, scarves, and neckties can frequently add to the appearance of clothing. They are to be worn in moderation. Safety is to be considered in their use when employees operate equipment, machinery, or work in patient care areas. **No facial jewelry other than modest earrings is allowed.**

4. Lab coats - Departments may require that lab coats be worn over street clothes. Lab coats must be clean, neat, and free from wrinkles or stains when the employee arrives at work. Employees requested to come in for emergency situations may wear lab coats over more casual attire than is normally accepted.

### **UNIFORMED EMPLOYEES**

1. Dress Uniforms and uniforms with skirts - Dress uniforms and skirts should be professional, of modest length and suitable for job duties. They are to be opaque, and the color of undergarments should not be visible. Uniforms must be clean, neat, and free from wrinkles or stains when the employee arrives at work. Colors are to conform with the department dress code.
2. Separates - Blouses, shirts, and tunic tops are to be loose fitting, neat and clean. They are to be opaque or appear to be opaque with proper undergarments. Colors are to conform with the department dress code. Uniform slacks length should be to the ankle/top of shoes.
3. Sweaters - Sweaters shall be clean and neat and a solid color, white/navy blue/black being recommended.
4. Accessories
  - a. Shoes/Socks - Shoes must be polished and in good repair. The type of shoe worn by the employee will be determined by the type of work the employee is required to do. No open toes or heels are permitted. For most uniforms solid white, clean sport or duty shoes are to be worn. Solid white dress socks may be worn with uniform dress slacks. Men may wear dark socks and shoes with dark colored uniforms. Footie-type solid white socks are acceptable worn with uniform skirts or dresses, if worn with hose. They are not acceptable without hose.
  - b. Jewelry and scarves - Rings are permitted as defined by department policy. Other jewelry, scarves, etc as appropriate and defined by the policy may be permitted. Safety should be considered by those employees wishing to wear jewelry who operate equipment or work in patient care areas. No facial jewelry other than modest earrings is allowed.
5. Scrub suits - Scrubs are not permitted unless specifically approved for department or unit use. Employees who wear hospital scrubs or uniforms may dress casually when they come to work. Cleanliness, neatness, and modesty are guidelines for street clothes in these situations. Employees are to put on scrubs after coming to work and take them off before going home.

### **UNACCEPTABLE APPEARANCE**

1. Transparent, see-through, low-cut, or revealing clothing.
2. Tight-fitting apparel.
3. Denim/corduroy jeans of any description or color, including designer jeans, jean skirts/suits.
4. Reporting for work in stained, spotted, unclean or wrinkled clothing.
5. Casual T-shirts, body suits, sweatshirts, warm-up jackets, and other casual or sport attire.
6. Sundresses must be worn with a blouse or jacket.
7. Moccasins, shower or beach clogs, casual sandals, and other inappropriate casual shoes.
8. Shorts of any type are inappropriate for business wear.
9. Stretch pants, with or without stirrups.
10. Chewing gum is not allowed.
11. Fragrances, such as perfume, colognes, and after shaves are not permitted for any employee.

## PARKING

Students are required to park in the Employee Parking Lot (Entrance D) at the rear of the hospital in the designated area for students located directly behind Courtland Terrace. Students are not permitted to park in the Visitor Parking Deck.

Entrance to the Employee Parking Lot is restricted by badge access. If you have a GMH ID badge, pull up close to the electronic reader located at the entrance to the parking lot and swipe the ID badge across the reader. When the gate arm raises, drive your car through. If you are a student who does not have a GMH ID badge, pull up to the electronic reader and then push the intercom button. Tell the Security Officer that you are a student and ask him/her to open the gate. Do not try to follow someone else in; the gate is timed and will come down on your car before you can pull through.

When you get ready to leave the hospital, pull up to the gate and wait for it to automatically open to let you exit the parking lot. If the gate doesn't go up, you need to pull forward a little to make sure that you activate the ground loop that raises the gate.

## ID BADGES

All college/university students are required to wear a **CaroMont Health ID badge** at all times during their clinical rotations at our facility. In addition, they are also required to wear their college/university ID badge at all times.

Badges need to be worn above the waist. Both the college/university badge and CaroMont ID badge must be visible. We prefer that students wear the two badges on separate clips/holders. However, if it is necessary to wear them on the same clip, it is important that the CaroMont badge be displayed on top.

## MEALS/BREAK FACILITIES

### The Terrace

The Terrace is the hospital's meal facility for employees, visitors, and students. It is located on the second floor and offers indoor seating for 300 people and two outdoor areas just off the main dining room. A wide variety of food choices are available, including hamburgers, hot dogs, French fries, sandwiches, deli-type items, pizza, salads, soups, meats, vegetables, desserts, ice cream, and hot and cold beverages.

### Hours of Operation

The Terrace is open around the clock except between:

5:00-6:00 a.m.  
10:30-11:00 a.m.  
4:30-5:00 p.m.

### Serving Hours

Breakfast	7:00 - 9:00 a.m.
Lunch	11:00 a.m. - 1:30 p.m.
Dinner	5:00 - 7:00 p.m.
Midnight Buffet	12:00 a.m. - 1:30 p.m.

*Students wearing their name tags receive a **15% discount** on all items.* Takeout orders are available.

# USE OF TOBACCO SUBSTANCES

CaroMont Health is a smoke-free campus. The use of tobacco substances is not permitted within the hospital or on any parts of the campus.

## CUSTOMER SERVICE STANDARDS

### **Sense of Ownership**

Every employee must feel a sense of ownership toward his or her job. Take pride in what you do. Make sure you know and understand the responsibilities of your job. Keep your work area clean and safe. Try to do the job right the first time. Focus on the customer's needs. Do not say "it's not my job" or "it's not my patient". If you can't meet a request, then find someone who can.

### **Attitude**

Our customers' most basic expectation is to be treated with courtesy. We are committed to providing the highest quality service and meeting our customer's needs with care and courtesy. Welcome your customers in a friendly manner, smiling warmly and introducing yourself. Treat everyone as if he/she is the most important person in our facility. Apologize for problems and inconveniences. Thank customers for choosing our facility.

### **Appearance**

Our attire, manner, and expression will convey our concern for and willingness to serve our customers. Your dress should always be professional, tasteful, tidy, and discreet. Greet customers with a warm and friendly smile. Wear your ID badge at all times. Pick up litter and dispose of it properly. When you spot a spill, make sure that it gets cleaned up, especially if it could cause someone to slip and fall. Return equipment to its proper place. Take pride in our facility and do your part to maintain an uncluttered and litter-free work place.

### **Communication**

The goal of communication is understanding. We must be committed to listen attentively to our customers in order to fully understand their needs. Close attention should be given to both verbal and non-verbal messages. Our communication with customers should be delivered with courtesy, clarity, and care. We must avoid confusing customers and speak in terms they can easily understand. Greet every customer with a warm and friendly smile. Introduce yourself promptly by name and title. Address patients by "Mr., Mrs., Ms., etc." Use "please" and "thank you" in all conversations when appropriate. Do not curse or use foul language. Do not socialize with co-workers in or around patients or patient areas. Listen to your customers' concerns in ways that show them you care. Answer all telephone calls within three rings. Answer all calls by identifying your department and yourself, asking, "How may I help you?" or the equivalent. Treat medical staff with respect; greet them pleasantly and address them by name. Respond to customer requests promptly. Anticipate customer needs and work proactively to satisfy them. Collaborate with others to effectively and efficiently meet customer expectations and improve quality of care. Use appropriate language that is easily understood when giving patients information about health, special diets, tests, procedures, medications, etc. Avoid using technical or professional jargon. Address any special communication needs that customers have (i.e. translators for non-English speaking customers, interpreters, amplification devices, etc.). Observe customers and visitors; if someone appears to need directions, offer to help.

### **Confidentiality and Privacy**

We will ensure our customers' right to confidentiality, privacy and modesty by creating and maintaining a secure and trusting environment. When entrusted with a customer's affairs, we will treat all information as confidential. Discussion of these matters will be restricted to situations where the information is necessary to meet the customer's health needs. Information about patients is strictly confidential. Do everything that

you can to ensure that it is not compromised. Never discuss information about patients and their care in public areas such as elevators, lobbies, waiting rooms and the cafeteria. Do not discuss hospital business in public areas. Keep patient records confidential. Only Shift Managers and Public Relations staff are authorized to release information about patients. That information is generally limited to the patient's name, age and condition. Interview customers in private. Always knock before entering a patient's room. Provide the proper size gowns for patients and provide a robe or second gown when a patient is walking or sitting in a wheelchair. Provide sheets or blankets when a patient is being transported. Close curtains or doors during examinations, procedures, or when otherwise needed.

### **Customer Waiting**

At CaroMont Health we recognize that our customers' time is very valuable. We strive to provide our customers with prompt service, always keeping them informed of delays and making them comfortable while they wait. Educate families about the process so they will have a reasonable idea of how long procedures will take. Provide a comfortable atmosphere for customers while they wait. If it becomes apparent that a scheduled procedure or exam will be delayed, inform the customer prior to the appointment. Apologize if there is a delay. Offer an explanation of why the delay has occurred and inform the patient of the anticipated service delivery time. Always thank customers for waiting and apologize for delays. Explain delays to customers without blaming other people or departments.

### **Call Lights**

We will answer call lights in a way that demonstrates the care, courtesy and respect our customers deserve. Do not leave the nursing station unattended during day and evening shifts. Any hospital employee can staff the desk to answer call lights and telephones. At the nursing station, answer all call lights by the fifth ring. Address the patient by name and ask, "May I help you?" Respond to a patient's call or request within three minutes.

### **Commitment to Co-workers**

Our co-workers are our teammates. They deserve our respect. Just as we rely on our fellow employees to get our jobs done, they rely upon us. Each of us has obligations to our co-workers. Treat one another with courtesy and respect. Rudeness is never appropriate. Treat every co-worker as a professional. Show consideration. Be tolerant of fellow employees.

### **Elevator Etiquette**

Elevator etiquette can create a favorable impression for our patients, visitors, and co-workers. Good elevator manners contribute to patient satisfaction and smooth transportation. Patient transport is always a priority. Allow patients and families to use elevators first before considering your own needs. Staff should use stairs or public elevators unless transporting patients or equipment. Use the elevator as an opportunity to make a favorable impression; smile at and speak to fellow passengers. When you are transporting patients in wheelchairs, always face them towards the elevator door. When exiting the elevator with a patient in a wheelchair or on a stretcher, always make sure the way is clear before pushing the patient into the hallway. When a patient on a stretcher is being transported by elevator, do not allow the patient to be surrounded by other visitors or employees. Politely ask the others to wait for another elevator. Once on an elevator, make room for others and hold the door or "door open" button for them. If you are escorting someone, hold the elevator door and allow that person to enter first. When leaving the elevator, exit and hold the door if possible.

### **Safety Awareness**

Providing a safe and comfortable environment for our customers is an integral part of achieving excellent customer service. Safety is the responsibility of all CaroMont Health employees to ensure an accident-free environment. Always "think safe, act safe, be safe, and stay safe." Report all accidents and incidents promptly and completely. If you see a safety hazard, correct if possible; report it, if not. Do not take unnecessary chances. Know the policies/procedures relating to safety issues. If in doubt, ASK.

# PATIENT'S BILL OF RIGHTS

It is important that we treat all patients with dignity and respect their rights as patients:

1. The patient has the right to be treated with consideration and respect.
2. The patient has the right to obtain from their physician complete current information concerning their diagnosis, treatment and prognosis in terms they can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in their behalf.
3. The patient has the right to receive, from their physician, information necessary to enable them to make a decision as to whether to consent to a procedure or treatment. Except in emergencies such information should include, but not necessarily be limited to, the specific procedure and/or treatment, the medically significant risks involved and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exists, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for performing the procedures and/or treatment.
4. The patient has the right to information regarding pain management.
5. The patient has the right to refuse treatment, to the extent permitted by law, and to be informed of the possible medical consequences of his or her action.
6. The patient has the right to every consideration of their privacy concerning their own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in his or her care must have the permission of the patient to be present.
7. The patient has the right to expect that all communications and records pertaining to their care should be treated as confidential, except as required by law to be reported.
8. The patient has the right to expect that within its capacity, a hospital must make a reasonable response to the request of a patient for services in an emergency. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after they have received complete information and explanation concerning the need for the alternatives to such transfer. The institution to which the patient is to be transferred and the physician to be responsible for the case must first have accepted the patient for transfer.
9. The patient has the right to obtain information as to any relationship of their hospital to other health care and educational institutions insofar as their care is concerned.
10. The patient has the right to be advised if their physician proposes to engage in or perform experimentation or research affecting their care or treatment. The patient has the right to refuse to participate in such research projects.
11. The patient has the right to participate in decisions regarding their care.
12. The patient has the right to expect reasonable continuity of care for the illness or injury for which they are hospitalized. For the services provided in the hospital, they have the right to know in advance what appointment times and physicians are available. The patient has the right to expect that the hospital will provide a mechanism whereby they are informed by the physician or a delegate of the physician of the patient's continuing health care requirements for the present illness or injury following discharge.
13. The patient has the right to examine and receive an explanation of their bill regardless of source of payment.
14. The patient has the right to know what hospital rules and regulations apply to their conduct as a patient.
15. The patient has the right to present concerns or conflicts pertaining to their care to the patient Representative or management staff without fear of compromise to the patient's care or access to care. The concerns will be reviewed and resolved on an individual basis. Senior Management Staff are responsible for facilitating resolution.
16. Neonatal, child, adolescent, and geriatric patients have the additional right to expect that the hospital has a mechanism in place to review and evaluate special needs and wishes of their respective group. These include:

- a. Providing for appropriate activities of daily living for a child or adolescent or geriatric patient separated for a significant period of time from normal living experiences.
  - b. Provision within the social environment for activities including educational services appropriate to the age and development of the patient.
  - c. Provision within the social environment for peer and group interaction appropriate to the age and development of the patient.
  - d. Furniture and equipment appropriate to the age, size, and developmental needs of the patient will be provided.
  - e. Coordination and facilitation of family involvement throughout the course of treatment and continuing care after discharge.
  - f. Appropriate definitions, delineation, and specification of the rights of a patient, their family, and guardian, or other legal representatives in the consent for initial admission, hospitalization, ongoing treatment, and discharge planning. In general this will follow legal directive as to responsible parties, unless there is indication that the care being received by the patient is not appropriate nor in the patient's best interest. If there is a conflict between parties, this will be reviewed and resolved on an individual basis with the Senior Management Staff being the responsible party for facilitating resolution.
17. Information about protective services can be obtained through the Care Management Department.
  18. The patient has the right to obtain consultation with another physician.
  19. The patient has the right to receive medical and surgical services without discrimination based on race, color, sex, sexual preferences, national origin or source of payment.
  20. The patient has the right to access, when possible, to an interpreter if the patient does not speak English.
  21. The patient has the right to not be awakened by hospital staff unless medically necessary.
  22. The patient has the right to be free from needless duplication of medical and nursing procedures.
  23. The patient has the right to medical and nursing treatment that avoids unnecessary physical and mental discomfort.
  24. The patient has the right to be free from restraints and seclusion unless medically necessary.
  25. The patient has the right to have a family member or representative and his or her own physician notified promptly of admission to the hospital.
  26. The patient has the right to make advance directives.
  27. The patient has the right to be free from abuse or harassment.
  28. The patient has the right to easy access to their medical record within a reasonable time.
  29. The patient has the right to receive care in a safe environment.
  30. The patient has the right to actively participate in his or her plan or care.
  31. The patient has the right to receive full information and counseling on the availability of known financial resources for his or her health care.

## **CULTURAL DIVERSITY**

As a student in our facility, you will come into contact with patients from very diverse cultures and backgrounds. You should recognize that patients' behavior is influenced by their culture. You may find it uncomfortable to deal with cultural differences. Lack of knowledge, prejudice, and stereotypes can create barriers when you interact with people from different cultures. It is important to identify any personal biases or prejudice that you might have. Awareness is the first step in learning to manage the biases that might affect your decisions or interactions with others.

When you interact with patients and families, it is important that you understand and respect their beliefs, values, and customs, even if they are different from your own.

Here are some guidelines that you can follow to provide culturally competent care.

- Respect other people's religious and spiritual beliefs.
- If a patient is wearing a religious item, ask before removing it.

- Try to be aware of, and sensitive to, a patient's special practices of prayer. If possible, provide privacy for these practices.
- Be aware of any religious practices that are important at the birth of infants and at death and try to accommodate those practices.
- Try to understand other people's values since they will influence their behavior.
- Try to be non-judgmental in your attitude and approach to patients and their families.
- Develop a tolerant, accepting attitude about views and customs that are different from your own.
- Try to be aware of patients' views about certain treatments (such as receiving blood, having surgery, etc.).
- Try to ask about any food practices that may be related to patients' cultural beliefs.
- Don't stereotype people. There are always individual differences within any cultural group.
- Don't judge a patient's level of pain based on their expressiveness. Some cultures express pain openly, others are more stoic.
- Don't expect that all patients will make their own decisions. In some cultures, important decisions may be made by the family, male family members only, etc.
- Don't confuse traditional healthcare practices such as coining or cupping with abuse.

The Spiritual Care Department at CaroMont Health has developed a Religious Diversity Manual that provides information for employees on different religions and cultures. This manual is available on each nursing unit or can be accessed through CaroMont Health's intranet. You can use this manual to learn more about the specific beliefs and practices of different religious and cultural groups.

It is important to communicate effectively with all patients, even the ones with special language needs. When you have deaf patients, or patients who do not speak English, you must always use an interpreter or the language line to obtain medical information, a medical history, or medical consents from a patient who is deaf or does not speak English. You must also use an interpreter or the language line for explaining treatments to these patients. Never use a patient's family member or friend to interpret unless you are asking very basic information – name, address, if they would like a blanket, etc. Never, under any circumstances, use a child to interpret anything! Title VI of the Mental Health, Developmental Disabilities and Substance Abuse Act of 1985 specifically prohibits the use of children to interpret.

## HIPAA – PRIVACY REGULATIONS

HIPAA is the ***Health Insurance Portability and Accountability Act of 1996***. It is a federal law enacted to improve the efficiency and effectiveness of the health care system through implementation of national health care standards. HIPAA's objectives are to guarantee health insurance coverage, reduce fraud and abuse, provide administrative simplification, and protect patient information.

Keeping health information private and secure is a top priority for all health care organizations. It doesn't matter what department or job role you work in, keeping patient information confidential and secure is **everyone's** responsibility. All health care workers must comply with the HIPAA regulations that govern how to keep patient information private. All information that identifies an individual is considered confidential. It is referred to as **protected health information (PHI)**. PHI includes an individual's name, address, phone and fax numbers, e-mail address, date of birth, and social security number. It also includes information in an individual's medical record or billing record, names of relatives, and photographs. PHI may be in written, electronic, or oral form. Private information that you see, hear, or say must be kept confidential and can only be used or disclosed for specific purposes related to an individual's treatment, related to payment for services that a patient received, or related to health care operations of CaroMont Health.

**Private or Not?** If you learn information through your job, then it is considered private. If you see, hear, or read information through your job, it is considered confidential and you must use it only as it relates to your job. **Do not use your access to PHI to look up information about patients unless you are**

**actually assigned to care for them – even if they are family members or friends. This also includes your own PHI. If you want copies of your own patient information, you must go to Medical Records and sign an authorization form.**

To protect patient's privacy, make sure that any conversations that you have about patients take place in areas where you can't be overheard – not in elevators, the cafeteria, waiting areas or other public areas. Prevent unauthorized use of your computer passwords. Don't post them on monitors, keyboards or bulletin boards. Log off the computer before walking away. Don't share passwords. When in doubt about disclosing patient information, stop and think about the request. Ask for help from a supervisor if needed. After a patient has been discharged, refer any requests for patient information to the Medical Records Department.

HIPAA Privacy regulations require that each covered entity (hospitals, etc.) may maintain a directory of individuals in its facility. The release of the patient's location in this directory can be done without the patient's authorization when someone specifically **asks about the patient by name** unless the patient has chosen to "opt-out" or not be included in the directory. In order to comply with the regulation, we have implemented the **HIPAA Patient Directory** as the source of information that can be released about a patient. It contains information about **patients who have chosen to be included in the directory**. You may disclose this information for directory purposes to members of the clergy or to other persons who ask for the individual by name. Patients who have chosen to "opt-out" will not appear in the directory. In that event, no information can be released to anyone inquiring about the patient; this includes clergy.

## **SAFETY**

GMH strives to provide a safe and injury-free environment for patients, employees, visitors, and other users of our facility. Students and employees share in the responsibility for helping maintain a safe work environment. By following standard procedures and by reporting unsafe situations as soon as you see them, we can reduce the pain and suffering and the cost resulting from accidents.

All affiliates of CaroMont Health are covered by the Federal Occupational Safety and Health Act of 1970. That act is designed to assure safe working conditions. This law requires us to maintain a safe work environment, which is possible only when everyone is safety conscious and reports hazards as soon as they see them.

As a student, you have several responsibilities in promoting safety: **Know** the safety procedures developed by the department for performing your job duties in a safe manner, **follow** the safety policies **every time** you perform a procedure or task, and **be observant** for potential safety hazards and **report** them promptly for repair.

If you are injured during your clinical experience at GMH, report **immediately** to your instructor or the person in charge of your assigned area. An Employee Occurrence Report will be completed by the person in charge of the area where the injury occurred. During regular hours, students will be sent to Employee Health Services for an evaluation and routine first aid. After regular hours, they will be referred to the Nursing Shift Manager for screening and routine first aid. If further evaluation or treatment is indicated, Employee Health will recommend that you go to the Emergency Department. Treatment charges will be billed according to your individual college's/university's protocol.

If the injury is a blood exposure, the source patient will be assessed for bloodborne pathogens (HIV, Hepatitis B and C, and syphilis) according to current CaroMont Health protocol. CaroMont Health will absorb the cost of the source patient's testing. Any other medical follow-up will be at the expense of the student or individual college or school. A letter describing the injury and a summary of the source

patient's test results will be mailed to the student. The original Employee Occurrence Report and the source patient's lab reports will be kept in Employee Health Services.

A number of measures are taken to provide a secure environment for patients, employees, and students. Security officers patrol all parking lots and entrances. They will provide an escort to and from your car when needed. Closed circuit cameras are used for surveillance of all parking lots, entrances, and security sensitive areas. Coded door locks are used to restrict access to security sensitive areas (Birthplace, Nursery, Pediatrics, Pharmacy, and Emergency Department). Color-coded ID badges are also used for staff in The Birthplace, Nursery, and Pediatrics.

GMH operates a utilities management program to ensure the operational reliability of the utilities and major systems that maintain and support a safe and comfortable patient care environment (water, sewer, electricity, fire alarm, ventilation, computers etc.) Facility Services conducts routine tests and inspections to monitor and assure the reliability of each utility system, provides preventive maintenance on equipment, and handles repairs as quickly as possible. An emergency power system provides electricity to designated areas during power failures. A “**Systems Failures and Basic Staff Response**” card is located in each hospital department. The card identifies who to contact to report a failure and lists the telephone numbers to be used for reporting each type of failure. It also identifies what to expect and explains staff responsibilities during the failure.

## BACK SAFETY

Follow these guidelines for lifting and moving patients and equipment.

1. **Size up your load.**
  - How much does it weigh and how far do you need to move it?
  - Guidelines for assistance: 1 person for every 50 lbs of weight.
2. **Plan ahead.**
  - Are there any environmental hazards?
  - Do you have the appropriate assistance needed?
  - Does your helper and/or the patient know what the lifting plan is.
3. **Get close to the object.**
  - Do you need to move the object or patient closer to your body before lifting?
4. **Maintain a good base of support.**
  - Are your feet positioned shoulder-width apart?
  - Are your feet positioned side-by-side or one foot in front of the other?
  - Are you wearing non-slip shoes?
5. **Tighten your abdominal muscles.**
  - Are your stomach muscles tightened *before* you lift?
  - Do you keep your stomach muscles tight *during* the entire lift?
6. **Bend your knees.**
  - Are your knees bent?
  - Are your leg muscles doing the work and *not* your back?
7. **Keep your back straight.**
  - Are you maintaining the three natural curves?
  - Can you help your back by placing your hand on a table for support?
8. **Grasp the object securely.**
  - Do you have a strong hold on the object or patient so it/he/she won't fall?
  - Do not try to stop a falling object or patient. Slide the patient down your body, protecting his/her head.
9. **Hold the object close to your body.**
  - Are you keeping the object/person close to your body through the entire lift?
  - Is your body close to the chair or bed before you lower the object or person?

10. **Do not twist.**

- Do you turn your whole body and move your feet to keep your back straight?

## HAZARDOUS MATERIALS

Some of the products used at Gaston Memorial Hospital are considered to be hazardous chemicals. **Hazardous chemicals** are elements, chemical compounds, or mixtures of elements and/or compounds which are health hazards or physical hazards. **Health hazards** may be acute or chronic and have any degree of effect. These include carcinogens, toxins, sensitizers, and irritants to the lungs, skin, eyes, and mucous membranes. **Physical hazards** may be combustible, explosive, flammable, reactive to changes in temperature, etc. These include compressed gases, etc. Examples of hazardous chemicals used in our facility include chemotherapy drugs, chemical reagents, disinfectants, solvents, paints, and cleaning agents.

It is essential that you receive proper information and training on hazardous chemicals **before** you work with them. This is a right guaranteed to every worker under state and federal laws. Each department has a copy of the **Hazardous Chemical Communication Plan**. The plan describes how we manage the training and education for our staff.

There are three ways to identify hazardous chemicals in a department.

1. **Chemical List**

Each department maintains a **chemical list** of all the hazardous chemicals being used or stored in the department. This list is kept in a location that is easily accessible to everyone. If you have any difficulty finding the list in a department, check with the manager or supervisor for the area. You have the right to know if any of the products you work with are considered to be hazardous.

2. **Labels**

All containers of hazardous chemicals must have **labels** with the name of the product, the manufacturer's name and address, and general hazard warnings. For your safety, **never** use any product that you cannot identify.

3. **Material Safety Data Sheet (MSDS)**

A **Material Safety Data Sheet (MSDS)** is on file for each product included on the department's chemical list. The MSDS provides detailed information about how to work safely with the product (i.e. name and description of the chemical, health hazard data, hazardous ingredients, emergency procedure, fire and explosion data, spill or leak procedures, reactivity data, physical data, special protection information, etc.). You should be familiar with this information **before** working with the product. You will receive training on how to work safely with any hazardous chemicals used in your department. If you have any questions, please ask your instructor or the person in charge of the unit/department that you are assigned to.

CaroMont has a **Hazardous Waste Plan** that outlines how we will handle and dispose of hazardous materials. Make sure that you follow the proper procedure for handling any hazardous waste. The **Hazardous Spill Plan** describes how hazardous spills and leaks will be managed at GMH.

## PATIENT SAFETY

The Joint Commission adopted a set of national patient safety goals and recommendations for hospitals to help improve patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus on solutions to these problems. Gaston Memorial Hospital has implemented several initiatives to address the goals and recommendations. Listed below is a summary of the National Patient Safety Goals and Requirements for 2009.

**Goal 1: Improve the accuracy of patient identification.**

- ◆ Use at least two patient identifiers (neither to be the patient's room number) when providing care, treatment or services.
- ◆ Eliminate transfusion errors related to patient misidentification.
  - Before initiating a blood or blood component transfusion, the patient is objectively matched to the blood or blood component during a two person bedside or chair-side verification process. At least two unique identifiers are used in the process, and it is conducted after the blood or blood component that matches the order has been issued or dispensed.
  - When using a two-person bedside or chair-side verification process, one individual conducting the identification verification must be the qualified transfusionist who will administer the blood or blood component to the patient.
  - When using a two-person bedside or chair-side verification process, the second individual conducting the identification verification must be qualified to participate in the process.

**Goal 2: Improve the effectiveness of communication among caregivers.**

- ◆ For verbal or telephone orders or for telephone reporting of critical test results, the individual giving the order or test result verifies the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- ◆ There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- ◆ The organization measures, assesses, and, if needed, takes action to improve the timeliness of reporting, and the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.
- ◆ The organization implements a standardized approach to hand-off communications, including an opportunity to ask and respond to questions.

**Goal 3: Improve the safety of using medications.**

- ◆ The organization identifies and, at a minimum, annually reviews a list of look-alike medications used by the organization and takes action to prevent errors involving the interchange of these medications.
- ◆ Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- ◆ Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

**Goal 7: Reduce the risk of health care-associated infections.**

- ◆ Comply with current World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- ◆ Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function related to a health care associated infection.
- ◆ Implement evidence-based practices to prevent health care associated infections due to multiple drug-resistant organisms in acute care hospitals. (Note 1: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (CDI), vancomycin-resistant *Enterococci* (VRE), and multiple drug-resistant gram negative bacteria).
- ◆ Implement best practices or evidence-based guidelines to prevent central line-associated bloodstream infections. (Note 2: This requirement covers short and long term central venous catheters and PICC lines).
- ◆ Implement best practices for preventing surgical site infections.

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

- ◆ A process exists for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- ◆ When a patient is referred to or transferred from one organization to another, the complete and

reconciled list of medications is communicated to the next provider of service and the communication is documented. Alternatively, when a patient leaves the organization's care directly to his or her home, the complete and reconciled list of medications is provided to the patient's known primary care provider, or the original referring provider, or a known next provider of service. (Note: When the next provider of service is unknown or when no known formal relationship is planned with a next provider, giving the patient, and family as needed, the list of reconciled medications is sufficient.)

- ◆ When a patient leaves the organization's care, a complete and reconciled list of the patient's medications is provided directly to the patient, and the patient's family as needed, and the list is explained to the patient and/or family.
- ◆ In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed. (Note: This requirement does not apply to organizations that do not administer medications. However, it is important for health care organizations to know what types of medications their patients are taking because these medications could affect the care, treatment, and services provided).

**Goal 9: Reduce the risk of patient harm resulting from falls.**

- ◆ The organization implements a fall reduction program that includes an evaluation of the effectiveness of the program.

**Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy.**

- ◆ The patients and family are educated on available reporting methods for concerns related to care, treatment, services and patient safety issues.
- ◆ The hospital provides the patient with information regarding infection control measures for hand hygiene practices, respiratory hygiene practices and contact precautions according to the patient's condition. The information is discussed with the patient and his or her family members on the day the patient enters the hospital or as soon as possible. The patient's understanding of this information is evaluated and documented.
- ◆ For surgical patients, the hospital describes the measures that will be taken to prevent adverse events in surgery. Examples include, but are not limited to, patient identification practices, prevention of surgical infections, and marking of the procedure sites. The patient's understanding is evaluated and documented.
- ◆ The organization encourages patients and their families to report concerns about safety.

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

- ◆ The organization identifies patients at risk for suicide. (Applies to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.)

**Goal 16: Improve recognition and response to changes in a patient's condition.**

- ◆ The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.
- ◆ Based on the hospital's criteria, staff seeks additional assistance when they have concerns about a patient's condition.
- ◆ The hospital encourages the patient and family to seek assistance when the patient's condition worsens.

**Universal Protocols**

- ◆ Conduct a pre-procedure verification process.
- ◆ Mark the procedure site.
- ◆ A time-out is performed immediately prior to starting procedures.

## Unapproved Abbreviations

<b>DON'T USE</b>	<b>USE INSTEAD</b>
U, u, or IU	unit
q.d. or QD or QOD	daily or every day or every other day
qn	nightly
Q 6PM	6PM nightly
sub q	subcut or subcutaneous
hs or qhs	nightly or every night
no zero before decimal dose (.5mg)	use zero before decimal (0.5 mg)
zero after decimal (5.0mg)	do not use terminal zeros for whole numbers
MSO4 or MS	Morphine Sulfate
MgSO4	Magnesium Sulfate
µg	mcg
TIW or tiw	three times a week

## Reporting Safety Concerns

You should report any safety or quality of care concerns that you have about a patient's care to your supervisor or manager or the Patient Safety Department for resolution. Anonymous reporting is available by completing an Incident Report (on CHIP) or calling the Patient Safety Hotline at SAFE (7233).

If your concern about safety or quality of care provided in the hospital is not adequately addressed by GMH, you may report your concern to The Joint Commission at **(630)792-5636** or [complaint@jcaho.org](mailto:complaint@jcaho.org). CaroMont Health will **not** take disciplinary action because you report a concern to the Joint Commission. If your concern about safety or quality of care provided in an affiliate is not adequately addressed by CaroMont Health, you may report your concern to the Vice President over the affiliate.

## **INCIDENT REPORTING**

Incident reporting is essential to inform department managers, senior management, legal counsel and/or insurance liability carriers of any incident which could result in a claim or litigation. It also helps to identify any trends or specific variances which should be entered into the quality improvement, peer review, or safety process.

Incidents fall into several categories: medication errors/adverse reactions, falls, blood transfusion reactions, patient/staff injuries, needle stick injuries, hospital acquired infections, etc. It is your responsibility to report any incident that you discover. An incident report will be entered into the Quantros Incident Reporting System, which is an on-line system for reporting incidents. CaroMont Health has adopted **non-punitive incident reporting**. The purpose of non-punitive reporting is to promote a non-punitive culture or stopping any process that may cause, or be perceived to cause, harm to a patient until the issue is resolved. It also promotes reporting of patient safety issues and creates a blame-free culture.

Some incidents may become sentinel events. A **sentinel event** is an unexpected occurrence that involves death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. You are expected to report any unanticipated negative outcomes. Always follow the Incident Reporting Policy and the Sentinel Events Policy to ensure that patients, and when appropriate, their legal representative and/or family are properly informed about any unanticipated negative outcomes of their care. This also establishes a scope of responsibility for practitioners and staff. All licensed independent practitioners (attending physicians) or their designees, are obligated to inform patients about unanticipated negative outcomes of care, as soon as possible.

# EMERGENCY CODES

GMH uses the Hospital Incident Command System (HICS) for managing emergencies. It offers several features that make it effective: a responsibility-oriented chain of command, Job Action Sheets that prioritize duties, a flexible organizational chart that allows a flexible response to specific emergencies, and a common language that helps hospital staff communicate with EMS, fire, and police personnel. The hospital uses emergency page codes over the public address system to alert staff to emergency situations.

As a student, your role in any of these emergencies is primarily to support the efforts of our staff. You need to be familiar with each code name, the type of emergency it signifies, and the basic procedure to follow. When working in patient areas, be sure that you remain calm in all situations. Reassure patients, family members, and visitors and give them directions on what they need to do.

## **CODE RED (Fire/Fire Drill)**

During an actual fire, follow these steps:

- Move anyone from the immediate fire area.
- Pull the nearest fire alarm. The alarms are located near exits.
- Dial 911, and give the switchboard operator your name, location, and **“Code Red”**.  
Two audible tones will sound and the operator will then page **“Code Red”** and the location three times over the public address system. Members of the Fire Emergency Response Team will respond by coming to the location.
- Find the nearest extinguisher and fight the fire.

When a Code Red is activated, you should remain calm and do the following:

- Report to your department for instruction from your manager or supervisor. Members of the Fire Emergency Response Team go to the scene of the fire instead of going back to their department.
- Close all doors, including doors to patient rooms, food cart elevators, etc.
- Reassure patients. Let them know that everything is under control.
- Move equipment out of hallways and stairways.
- Tell visitors to stay in patient rooms or waiting areas until they hear **“All Clear.”**
- Stand by for the **“All clear”** to be paged.

Fire drills are held every month to make sure that employees are familiar with the fire plan and to test all of the fire equipment. The drills are initiated by the Safety Committee. The Safety Committee chairman selects an employee, introduces himself, and describes a hypothetical fire emergency. The employee responds in the appropriate manner for the fire emergency described, including pulling the alarm and calling the switchboard operator. The only exceptions to the procedure are that you should not move patients or discharge extinguishers during a drill.

## **CODE BLUE (Medical Emergency)**

When someone has a cardiac arrest, you must alert members of the Cardiac Arrest Team so they can provide emergency care for this person. To report a Code Blue, dial 911 and give the switchboard operator your name, location, and **“Code Blue”**. Two audible tones will sound and then the switchboard operator will page **“Code Blue”** and the location three times over the public address system. The Cardiac Arrest Team members respond. The team includes unit/department personnel, an Emergency Department physician, a Hospitalist, Emergency Department RN, nurse anesthetist, respiratory therapist, EKG technician, and the Nursing Shift Manager. Staff bring emergency equipment, and basic life support is started.

## **PEDIATRIC CODE BLUE (Medical Emergency Involving a Pediatric Patient)**

To activate a Pediatric Code Blue, dial 911 and give the switchboard operator your name, location, and **“Pediatric Code Blue”**.

### **CODE GREY (Immediate Security Assistance)**

Code Grey is initiated when a patient or visitor incident requires immediate assistance from security officers and other trained staff. To report a Code Grey, dial 911, and give the switchboard operator your name, location, and **“Code Grey”**. Two audible tones will sound and then the switchboard operator will page **“Code Grey”** and the location three times. Security officers, Psychiatry staff, and other specially trained staff will respond to the area when they hear the page. If the incident escalates into a potentially violent situation, the hospital’s Violence Response Plan will be activated.

### **CODE PINK (Infant Abduction)**

When an infant cannot be located and abduction is suspected, follow these steps:

- Seal the unit/department where the suspected abduction occurred and begin a search for the missing infant according to the department’s infant abduction response plan.
- Dial 911, give the switchboard operator your name, location, and **“Code Pink”**.
- Notify Security (2801) and give them a description of the infant, as well as a description of the person (if known) who is suspected of abducting the infant.
- Notify the unit manager or designee.
- All individuals attempting to leave the building with an infant or article large enough to conceal an infant will be stopped, detained, and questioned. The Control Center will be notified immediately when someone is detained. The individual will not be released until it is determined that the abducted infant is not in his/her possession.
- Departments will follow their departmental plans to respond to Code Pink.

Code Pink Drills are held periodically. The switchboard operator will activate the Code Pink Drill by paging **“Code Pink Drill”** three times over the public address system. You should respond by following the same basic procedure for Code Pink. During a drill, you should stop and question individuals, but do not detain them. **“All Clear”** is paged to end the drill.

### **CODE SILVER (Hostage Situation)**

If a hostage situation should ever occur at our hospital, the switchboard operator will page **“Code Silver”** to notify staff. This page indicates that there is a hostage at risk, and employees should approach the situation with caution.

### **CODE BLACK (Utilities Failure)**

In situations where there is any loss of infrastructure capabilities, the hospital will activate a Code Black. The switchboard operator will page **“Code Black”** to notify hospital staff that one of the standard utilities or major systems is not working. This includes water, sewer, heat, ventilation, information systems, paging systems, other communication networks, etc.

### **CODE TRIAGE (Mass Casualty)**

The hospital’s mass casualty plan is activated when employees must prepare quickly to care for a large number of patients. In a mass casualty, the hospital must be able to provide emergency care for the victims involved.

To alert staff that the mass casualty plan has been activated, two audible tones will sound and the switchboard operator will page **“Code Triage”** and the estimated number of victims three times (ex. *Code Triage-50, Code Triage-50, Code Triage-50*). The hospital mass casualty plan is specific for each department and identifies what the duties are during for each department during a Code Triage. Each department’s mass casualty plan will outline what employees’ responsibilities are during a Code Triage. In the event that the hospital is alerted to the possibility that we may need to activate the mass casualty plan, the switchboard operator will page **“Code Triage-Standby”**. Mass casualty drills are held twice a year. The switchboard operator will announce a drill by paging **“Code Triage”**, the estimated number of

victims, and **“Drill”** three times over the public address system. Staff follow the same basic procedures to respond to the drill.

When Code Triage or Code Triage Standby is over, the switchboard operator will page **“Code Triage-All Clear”** three times to notify staff that they may return to their normal duties.

### **CODE YELLOW (Bomb Threat)**

When a bomb threat is made against the hospital, it must be handled with great care. If you receive a bomb threat call, you should remain calm and try to get the following information: the time that the call came in, the sex, age, and race of the caller, the caller’s tone of voice and voice characteristics, any background noises, and exactly what the caller said.

After the call is over, report it immediately to the switchboard operator by dialing 0. Give the switchboard operator your name, location, **“Code Yellow”**. Give the operator all of the information that you received from the caller, including the exact time of the call.

Two audible tones will sound and the switchboard will page **“Code Yellow”** three times to activate a comprehensive, housewide search. The switchboard operator will notify the Gastonia Police Department and the Administrator-on-Call or Nursing Shift Manager will determine what measures need to be taken by staff. Check your department plan for specific details and duties.

An **“All Clear”** will be paged when the Code Yellow is over.

### **CODE ORANGE (Universal Hazardous Materials Response)**

A Code Orange is a nuclear, biological, or chemical event that is so great or severe that it results in exposure, injuries and/or property damage that cannot be managed through routine hospital procedures or resources. This type of hazardous material event may develop suddenly and unexpectedly or it can develop slowly. In either type of event, an immediate, coordinated, and effective response is necessary so that we can provide medical care and decontamination to victims while still ensuring the safety of our staff and other patients.

When the hospital receives notification that we may be receiving contaminated patients, a Code Orange is activated. The switchboard operator will page **“Code Orange”**. The facility is immediately locked down, staff in the Emergency Department put on protective equipment and get the decontamination showers ready. A response team goes to the staging area and is briefed on the specifics of the situation. Depending on the number of expected victims, a Code Triage may also be activated. When the type of exposure is identified, the switchboard operator will page **“Code Orange”** followed by **“Level N, Level B, or Level C”**. The level alerts hospital staff to the type of event that has occurred and the appropriate response that is needed. Level N indicates nuclear exposure, Level B indicates biological exposure, and Level C indicates chemical exposure.

### **HAZARDOUS WEATHER**

In severe weather situations such as tornadoes, hurricanes, and windstorms, it is important for the hospital to protect life and property and continue providing medical treatment as possible. The hospital’s hazardous weather plan helps ensure that these activities take place. Weather situations will be paged over the public address system as notification is received from the National Weather Service.

### **CODE PURPLE**

Code Purple is activated when there is overcrowding within the Emergency Department due to a lack of available inpatient beds. The purpose of the Code Purple is to mobilize hospital staff and resources to facilitate moving the patients being held in the Emergency Department in a timely manner and to provide safe and effective care for patients.

The switchboard operator will page “**Code Purple Watch**” when the Emergency Department is at maximum capacity of four ED pending/admitted patients with no inpatient beds available for at least two hours. A “**Code Purple**” is paged when the Emergency Department is at maximum capacity with 8 ED pending/admitted patients with no available inpatient beds anticipated for at least two hours. Administrative Policy 427 on “Critical Census Alert – Code Purple” outlines all of the procedures that are followed during this code.

## DE-ESCALATING NEGATIVE BEHAVIORS

Managing angry, threatening and/or aggressive behavior is an important skill that all health care workers need to master. **De-escalation** is the process of bringing angry or aggressive behaviors under control. This can prevent situations from turning into Code Grey emergencies.

### Signs that a person’s behavior may be escalating:

- ◆ Physical appearance: face becomes flushed (turns red), clenches and unclenches fists, bites lips or lips tremble.
- ◆ Body messages: invades personal space, has exaggerated arm/head movement.
- ◆ Verbalization: talks loudly, curses, teases in a threatening way.
- ◆ Property Abuse: slams doors, turns over chairs.

When a person starts to get out of hand, raises his/her voice in tone and loudness and/or talks rapidly, it is time for you to use de-escalation. This will help the person to bring his/her behavior under control.

The way you act can make a difference.

- ◆ Speak softly so he/she has to be quiet to hear you.
- ◆ Breathe deeply.
- ◆ Speak slower and in a lower tone.
- ◆ Maintain a neutral facial expression.
- ◆ Watch your body language.
- ◆ Think positive.
- ◆ Use “I” sentences. “I think \_\_\_\_\_.” “I feel \_\_\_\_\_.”
- ◆ Restate what the person explains and ask “Is this correct?”
- ◆ Avoid these words: never, always, cannot, unless, do not, better not. These words invite conflict.
- ◆ Acknowledge the position of the person. “Thank you for your patient.” “I’m sorry you had to wait.”

## INFECTION CONTROL

### Infections

The goal of infection control in hospital settings is to prevent the spread of infection. Infections are transmitted by three kinds of microorganisms (germs): bacteria, viruses, and fungi. They enter the body through the mucous membranes, respiratory tract, and breaks in the skin. They can be transmitted by direct contact, by contact with contaminated surfaces or equipment, through the air, through contaminated food and water, and through contaminated blood and body fluids.

### Hand Hygiene

Infections are a serious problem in healthcare facilities. Every year, an estimated 2 million patients get a hospital-related infection and 90,000 patients die from their infection. Many infections are transmitted on the hands of healthcare workers. When hand hygiene is done appropriately, it can reduce approximately 85% of organism transmission. It is a part of Standard Precautions and can reduce the transmission of healthcare-associated infections to patient and to staff.

To practice proper hand hygiene, you should **always wash your hands at these times:**

- whenever your hands are visibly dirty or contaminated
- before having contact with patients
- before putting on gloves
- before inserting or manipulating any invasive device
- after having contact with a patient's skin, bodily fluids or excretions, non-intact skin, or wound dressings
- after having contact with contaminated items
- after having contact with inanimate objects near a patient
- after removing gloves

Bacteria can survive for **DAYS** on patient care equipment and other surfaces. Surfaces in the patient care environment are often contaminated - including bed rails, IV pumps, and even computer keyboards. **So it's important to practice hand hygiene after you leave the room, even if you only touched patient care equipment or other surfaces!**

**Alcohol-based hand rubs (foam or gel)** kill more effectively and more quickly than hand washing with soap and water. They are less damaging to skin than soap and water, resulting in less dryness and irritation. They require less time than hand washing with soap and water. Bottles and dispensers can be placed at the point of care so they are more accessible. An alcohol-based hand rub is the preferred method for hand hygiene in all situations, except when your hands are visibly dirty or contaminated, or after caring for a patient with *C. difficile*.

To practice hand hygiene correctly with a **HAND RUB** (foam or gel):

1. Apply to palm of one hand.
2. Rub hands together, covering all surfaces, focusing in particular on the fingertips and fingernails, until dry. Use enough rub to require at least 15 seconds to dry.

To practice hand hygiene correctly with **HANDWASHING**:

1. Wet hands with water.
2. Apply soap.
3. Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
4. Rinse under running water and dry with disposable towel.
5. Use the towel to turn off the faucet.

To **use gloves correctly**, follow these guidelines:

- Put on new gloves before contact with non-intact skin or mucous membranes.
- Wear gloves during contact with bodily fluids or contaminated items.
- Remove gloves after caring for a patient; do not wear the same gloves for more than one patient.
- Do not reuse or wash gloves.
- Don't forget hand hygiene after removing gloves – gloves are **not** a replacement for hand hygiene.

**Hand lotions** are important to prevent skin dryness and irritation. You should use **only hospital-approved** hand lotions. Other lotions may make hand hygiene less effective, cause glove breakdown, or become contaminated with bacteria if dispensers are refilled.

Keep your natural fingernails short to about ¼ inch. Do not wear artificial nails when having direct contact with patients.

**Always practice HAND HYGIENE!** If you don't clean your hands because you think it causes skin irritation and dryness, consider using alcohol-based hand rubs more often, as they are less damaging to skin than soap. If sink location/accessibility is a problem, alcohol-based rubs are more accessible than sinks. You can even carry a bottle in your pocket so it's always available. If alcohol rubs or soap

dispensers are frequently empty, call ext. 4796 to have empty sanitizer dispensers refilled. If alcohol-based rub bottles are inconveniently placed, let your manager know so that one can be installed in a more convenient location. Keep your natural fingernails short to about ¼ inch. Do not wear artificial nails if you have direct contact with patients.

### **Bloodborne Pathogens Standard**

Bloodborne pathogens are viruses carried in blood and body fluids. Two of the most serious bloodborne pathogens are HIV and HBV.

**HIV** is the virus responsible for AIDS. It attacks the immune system and leaves your body unable to fight off infection. Symptoms include fever, loss of appetite, weight loss, chronic fatigue, and skin rashes. It has a 100% mortality rate. Currently there is no vaccine for the prevention of HIV infection. The virus is fragile, so HIV is not transmitted through casual contact. A healthcare worker who is exposed to HIV has a 0.3% risk of contracting the virus.

**HBV** is the virus responsible for Hepatitis B. Hepatitis B is a flu-like illness that can lead to serious liver damage. The virus is very hardy and can live up to 14 days outside of the body. It has a 1% mortality rate. There is a vaccine available for HBV that is 85-97% effective in preventing HBV infection. A healthcare worker exposed to HBV has a 30% risk of contracting the virus.

The **OSHA Bloodborne Pathogens Standard** was enacted to reduce occupational exposure to HBV, HIV, and other bloodborne pathogens that employees may encounter in the workplace. It requires employers to have exposure control plans for their facilities and train their employees on how to reduce their risk of exposure to bloodborne pathogens. The **Exposure Control Plan** for CaroMont Health specifies how we will protect our employees from the health hazards associated with bloodborne pathogens and provide appropriate treatment and counseling should an exposure occur. Copies of this plan are found in each department's green Environment of Care manual.

Our hospital will institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens. All students and contract workers are expected to use the controls and follow the guidelines outlined in each department's Exposure Control Plan.

Control measures for preventing exposure to bloodborne pathogens fall into several categories.

#### **Work practice controls**

- covering cuts and scrapes
- handling sharps carefully
- never recapping needles
- minimizing splashing
- keeping food and drinks away from work areas

#### **Engineering controls**

- needle-less IV systems
- red biohazard bags and labels to designate that the contents are contaminated with blood or other potentially infectious materials
- sharps disposal boxes
- sterilization of equipment

#### **Personal Protective Equipment (PPE)**

- gloves
- gowns
- waterproof aprons
- masks
- face shields

#### **Housekeeping controls**

- never reaching into trash containers
- wiping up spills with proper disinfectant
- placing contaminated waste in red biohazard bags
-

## **Hepatitis B Vaccine**

- vaccine is a safe and effective way of protecting yourself
- 85-97% effective
- series of three injections that must be completed over a six-month period

Employees and students are expected to use the personal protective equipment specified for each procedure or work activity in the department's Exposure Control Plan. If personal protective equipment is **required**, it must be used **every** time you perform the procedure or activity. It must be appropriate for the task you are doing. The type of personal protective equipment you wear for a given task should be based on the kind of exposure that you anticipate. Items are stocked in the locations where you may come into contact with bloodborne pathogens. If you have any difficulty finding the item(s) you need, ask the department manager or supervisor for assistance.

All employees and students are expected to use **standard precautions** when they reasonably anticipate exposure to blood, mucous membranes, non-intact skin, or any body fluids except sweat. This means that you treat everyone, regardless of their age, as if they were known to be infected with HIV, HBV, or other bloodborne pathogens. Let your supervisor know if you have any questions about the type of control measures or personal protective equipment that you should use for any procedure.

## **Tuberculosis**

Tuberculosis (TB) is an infectious disease caused by a bacteria (M. Tuberculosis). It is carried in airborne particles that are released in the air when people with active TB sneeze, cough, speak, or sing. These particles travel through the air system and are inhaled by others.

Tuberculosis falls into two categories. **TB infection** (latent TB) means that a person carries M. Tuberculosis, but has no symptoms and cannot infect others. A person with **TB disease** (active TB) carries the bacteria, has symptoms of the disease, and can infect other people unless he/she is taking TB medicine as directed by a physician. Symptoms of active TB include a cough that lasts for more than two weeks, bloody sputum, weight loss, loss of appetite, fever, and night sweats. TB is diagnosed by using several diagnostic measures: health history and physical examination, Tuberculin skin test, chest x-ray, sputum smear and culture, and bronchoscopy.

People at risk for contracting TB are medically underserved populations, homeless people, prison inmates, alcoholics, IV drug users, elderly people, foreign-born people (from Asia, Africa, the Caribbean, and Latin America), anyone who has come into contact with active TB, and people with HIV, cancer, and other diseases that weaken the body's immune system. There is a potential for occupational exposure to TB in health care facilities. However, if guidelines are followed and proper precautions are taken, your risk of exposure as a health care worker is minimal.

**The key to preventing the transmission of TB is early detection, isolation, and treatment.** The GMH TB Control Program is based on the use of: administrative measures to reduce the risk of exposure (includes policies and procedures for early detection), isolation, diagnostic evaluation, and treatment, engineering controls (negative pressure rooms, etc.), and personal respiratory protective equipment (particulate respirator or N-95).

If you are exposed to TB during your clinical experience at GMH, you will be given contacted by the Infection Control Department for followup.

## **Isolation Guidelines**

The GMH Isolation Policy is based on the latest CDC recommendations for isolation in hospitals.

**Standard precautions** are used for all patients. Transmission-based precautions are added if additional precautions are needed. There are three basic types of transmission-based precautions: airborne, droplet, and contact.

### **Airborne precautions**

- Used to prevent diseases that are spread by infectious dust particles or small particle droplets that remain suspended in air.
- Requires special air handling and ventilation.
- Tuberculosis, chicken pox, and measles are examples of airborne diseases.
- A green “**airborne precautions**” sign is placed on the door of the patient’s room if he/she is suspected of having a non-Tuberculosis airborne illness.
- When a green sign is placed on the door, wear a surgical mask when entering the patient’s room unless you are immune to the disease that they have.
- A red, octagonal “**airborne precautions**” sign is posted on the door (instead of the green card) when a patient is suspected of having Tuberculosis.
- Additional precautions are added with the red door sign.
- When a red sign is placed on the door, wear a particulate respirator when you enter the patient’s room.
- Place the patient in a negative pressure room.

### **Droplet precautions**

- Used to prevent diseases spread by infectious large-particle droplets that can be created by certain medical procedures, or by coughing, talking, or sneezing.
- Examples of diseases spread by droplets are pertussis and mumps.
- A blue “**droplet precautions**” sign is posted on the door of the patient’s room.
- Wear a surgical mask if you come within three feet of the patient and wash your hands after touching the patient or any infective material, before you leave the room.

### **Contact precautions**

- Used to prevent infectious diseases spread by contact with intact skin or contaminated surfaces or objects.
- Examples of diseases spread by contact are lice, scabies, conjunctivitis, and Methicillin resistant staph aureus (MRSA).
- A yellow “**contact precautions**” sign is placed on the patient’s door.
- Wear gloves when you enter the patient’s room and wash your hands before you leave the room.
- Wear a gown for substantial contact with the patient or environmental surfaces when you think that it is likely your clothes may get soiled.

### **Strict Contact Precautions**

- Used to prevent a type of infection spread by a resistant organism called Vancomycin enterococci (**VRE**).
- Requires stricter precautions to be used.
- A goldenrod-colored “**strict contact precautions**” card is placed on the door.
- Wear a gown while in the patient’s room.
- Remove and discard all gowns and gloves **before** leaving the patient’s room.
- Wash your hand and disinfect all equipment **before** leaving the room.
- Wash your hands again **after** exiting the patient’s room.
- These stricter measures are necessary to prevent the spread of VRE.

## **LATEX ALLERGY**

Latex allergy is a condition that occurs when a person becomes sensitive to the latex protein and develops a reaction to natural rubber products. Symptoms can range from minor skin reactions to serious problems such as a drop in blood pressure and shock.

**Skin reactions** are the most common symptoms. They include dryness, crusting, peeling, chapping, cracking, rash, hives, or itching. **Symptoms** can occur from touching products made with latex, being touched by someone after he/she has touched a product made with latex, inhalation, or direct injection of material through IV ports.

People at risk for developing an allergy to latex include any individuals who has a frequent exposure to latex, (includes health care workers, dentists and people with a history of multiple surgeries or bladder problems), anyone who has other allergies or asthma, anyone requiring frequent bladder catheterization, anyone with certain food allergies such as bananas, kiwis, avocados, chestnuts, or other tropical fruits, and females. Seventy-five (75) percent of the people with latex allergy are females.

### **Latex Allergy Policy**

CaroMont Health has a Latex Allergy Policy that focuses on three goals.

1. **Identification:** Patients with known or suspected latex allergy are identified during the admission process and employees are identified during their pre-employment and annual health screenings.
2. **Protection:** Patients identified with known or suspected latex allergy wear purple arm bands. Purple stickers are placed on their charts, and purple **“No Latex – No Rubber Products”** signs are posted on their beds and at the entrances to their rooms. Measures are taken to minimize these patients’ exposure to latex products. Employees, students or contract workers with known or suspected latex allergy should wear latex free gloves (vinyl or nitrile). If they experience any symptoms, they should report them to Employee Health.
3. **Education:** Patients and employees who are allergic to latex are given a latex allergy education packet.

## **FITNESS FOR DUTY**

CaroMont Health’s has administrative and personnel policies on **Fitness for Duty** that are designed to keep patients and staff safe by ensuring that all employees and other caregivers are capable of performing their jobs safely and efficiently without any kind of impairment. Impairment is the inability to competently perform your job duties or function properly. This includes being under the influence of any drug (legal or illegal), alcohol, illness, or other conditions. It’s important to understand that impairment does not just come from being under the influence of alcohol or illegal drugs. Many people take legal drugs (over-the-counter drugs or prescription drugs) that can cause side effects such as drowsiness, disorientation, slowed reactions, lack of coordination, etc. You can also be impaired due to a medical condition (ex. dizziness from an inner ear infection).

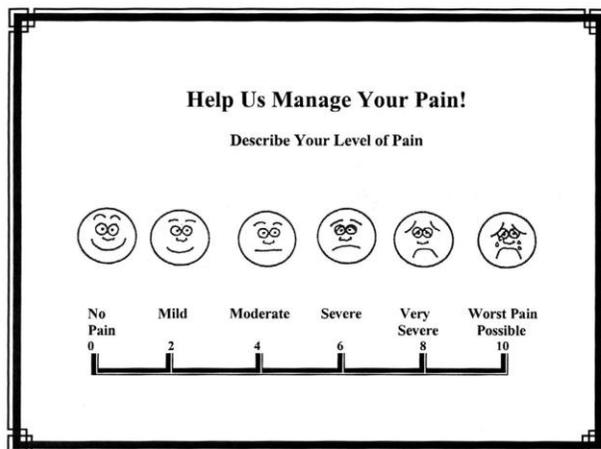
**Regardless of the cause, it is never acceptable to come to work in an impaired condition.** If you come to our facility and can’t do your job, you need to tell your instructor and the supervisor of your assigned department/unit and go to Employee Health immediately. You also have a responsibility to report any behavior that you see that concerns you so that it can be addressed and resolved immediately – whether it be on the part of employees, students, Medical staff, or other providers.

There are a number of warning signs that can indicate potential physical or mental impairment - reduced coordination and reflex actions, dilated or constricted pupils, bloodshot, watery eyes, poor balance, odor of alcohol on his/her breath, slowed reactions, sleepy or stuporous condition, disoriented behavior, etc. If you have reason to suspect that an employee, another student, a member of the Medical Staff, or any other provider may be impaired, notify the assistant manager or director for the department you are assigned to **immediately**.

## **PAIN MANAGEMENT**

Admitting pain is not a sign of weakness. Pain is not a punishment for past wrong doings. Pain is manageable and the side effects of medication are manageable. Very few people become addicted to pain medication. **Signs of Pain** include verbalizing “I’m in pain”, grimacing, and moaning.

Gaston Memorial Hospital has a pain policy that incorporates standards and regulations to assure patients receive proper pain management. We provide pain education for all staff. Pain management information is located throughout the hospital. Patients are taught how to report pain using the pain scale.



## SECTION 2 STANDARDS OF CONDUCT

The Standards of conduct, approved by the Board of Directors, is included to provide standards by which CaroMont Health employees conduct themselves. It includes our values and general guiding principles. It does not include or replace personnel policies and does not serve as any type of employment contract. No one set of standards or rules can substitute for the good judgment, common sense and personal integrity required in our daily work place.

These Standards of Conduct are to be observed by all CaroMont Health employees. No one, regardless of position, may allow personal preferences, inconvenience or business pressures to compromise adherence to CaroMont Health's Standards of Conduct.

Violating the Standards of Conduct is a serious matter, and may lead to disciplinary action up to and including termination.

If you have questions, please ask your manager, refer to the Corporate Compliance Policy Manual or CHIP or call the Corporate Compliance Officer at 704-834-2209.

### **Values**

We hold the following values for CaroMont Health. Each is important and their order reflects no particular hierarchy. As we honor these values daily, our commitment to our Mission is unwavering.

#### **Quality Patient Care**

We strive to be a leader in providing quality patient care in a safe and family centered environment.

#### **Respect for the Individual**

We respect each person's dignity, right to privacy, and diverse beliefs. We treat others as we would like to be treated.

**Integrity**

We will be guided by what is right.

**Open and Responsible Communication**

We emphasize listening, responsiveness and mutual understanding.

**Pride of Ownership**

We believe each person is empowered for action as needed and must assume personal responsibility and accountability.

**Customer Service and Patient Satisfaction**

We are committed to the highest level in both endeavors.

**Fiscal Responsibility**

We know that the sound use of all resources is fundamental to our success.

**Teamwork**

We are participative and work cooperatively. The well being of our patients is dependent on the contributions of all.

**Innovation**

We encourage new ideas, an openness to change, and creativity.

**Patient Care**

One of our values is quality patient care. We strive to be a leader in this endeavor.

We treat patients on basis of need rather than ability to pay.

We treat patients with dignity and respect their rights, including privacy and right to refuse treatment.

We endeavor to involve patients and their families in their treatment decisions.

We abide by all applicable laws and regulations, including professional licenses for care giving, in providing care for patients. Our patient care environment is safe and secure.

**Patient Rights/Advanced Directives**

CaroMont Health honors appropriately completed patient directives that are presented to us.

We encourage patients to learn about advanced directives (living wills and health care power of attorney documents). We provide free copies and encourage patients and families to discuss and complete them prior to hospitalization.

Issues relating to disagreement between patients' advance directives and physicians' wishes are referred to the Ethics Committee.

The hospital has a detailed policy on the right to a natural death which deals with issues of patients without advanced directives and the withholding or withdrawal of extraordinary means of life support.

Competent patients have a right to privacy, informed consent for tests and procedures, denial of tests/procedures and to be involved in their care decisions.

CaroMont Health complies with all applicable laws regarding patient testing for HIV/AIDS, organ and tissue donation, blood alcohol or drug testing, suspected abuse and other patient care related matters.

Questions from law enforcement personnel regarding patient information are referred to risk management, senior management or the patient care shift manager.

### **Ethics**

CaroMont Health has an Ethics Committee to deal with difficult treatment decisions, conflicts between caregivers and family, and situations involving a lack of consensus of care from caregivers. Employees may contact the Ethics Committee by calling the chaplain's office during the day or the patient care shift manager in the evening or at night.

All patient care research is authorized by the Institutional Review Board.

Individual employees may request to be excused from participation in aspects of patient care or treatment that present a conflict with their cultural values, personal ethics or religious beliefs. Reference can be found in Personnel Policy #106-1.

### **Admissions, Discharges, Transfers and Referrals**

All admissions, discharges and transfers are based on medical needs with appropriate documentation and without regard to ability to pay. We comply with "patient dumping" regulations as defined in the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Referrals are made and accepted on the basis of physicians' orders. We do not pay for referrals or make payments on behalf of anyone for referrals. We do not pay patients. We do not waive insurance co-payments unless authorized by administration or risk management.

### **Denial of Care**

After an appropriate medical screening examination, CaroMont Health does not deny emergency care to anyone who needs it. The hospital reserves the right to deny non-emergency care to anyone without appropriate payment arrangements.

Provision of medically necessary services is not to be based on ability to pay or payment coverage, once an episode of care has been initiated in an inpatient admission.

Physicians employed by CaroMont Health can discharge a patient from their practices, as long as normally accepted professional conduct is followed to avoid abandonment issues.

Each patient or family member must assume personal responsibility for all appropriate discharge and follow up care from any inpatient or outpatient care experience at any CaroMont Health facility.

### **Billing and Financial Transactions**

We maintain a high standard of accuracy, timeliness and thoroughness in all of our financial records and reporting practices.

Our billing practices comply with all federal and state laws, regulations, guidelines, and policies.

We ensure both accurate billing and submission of claims only for services that are actually rendered, appropriately documented, and medically necessary.

We file cost reports which accurately reflect costs incurred in providing services.

We submit timely and accurate financial and tax reports, as required, complying with federal, state and local laws.

We maintain current reimbursement and billing manuals.

We provide full access and cooperation to CaroMont auditors.

We do not falsify or otherwise improperly alter financial records.

We continuously monitor our financial records and reporting practices, and take corrective action when necessary.

### **Basic Business Principles**

We market and advertise our services and products fairly, truthfully and in a non-deceptive manner. We do not engage in activities to reduce competition nor divulge competitive or proprietary information to competitors.

No one should make false or misleading statements to patients or persons or entities doing business with CaroMont Health about our products or services.

Employees are responsible for ensuring they do not violate copyright or licensing agreements and are required to report any observed violations. This includes the inappropriate transmission or reproduction of video, audio, printed matter or computer software programs.

CaroMont Health and its employees should refrain from engaging in any activity which may jeopardize the tax exempt status or the organization, including organizational lobbying and political campaign contributions.

CaroMont Health operates its business in a manner that respects the environment and conserves natural resources.

CaroMont Health conducts its businesses so as not to engage in any activity or scheme intended to defraud anyone.

Employees cannot use "insider" information for any business activity conducted by or on behalf of CaroMont Health. All business should be conducted in an open, professional manner, both in appearance and fact.

CaroMont Health does not seek to gain advantage through improper use of payments, gifts or inducements. Offering, giving, soliciting or receiving any form of bribe is also prohibited.

Gifts, entertainment and normal business courtesies can be provided as long as the activity has legitimate business purpose, is reasonable and is in good judgment.

Travel reimbursement and expense reports are to be accurate, reasonable and consistent with job responsibilities.

Employees should not gain a personal, financial or business advantage from information, services or knowledge learned during the course of their normal job responsibilities for CaroMont Health.

Employees should not use any assets of CaroMont Health for personal use or illegal activities.

### **Medical Records**

Medical records are the property of CaroMont Health, but patients have rights to their records as outlined in state law and hospital guidelines.

No documentation in a record should be altered, deleted, or added in an attempt to conceal any factual occurrence.

Medical record coding for billing purposes should use the most current national documentation guidelines (the American Hospital Association's Coding Clinic) as designed by the four cooperating agencies (American Hospital Association, American Health Information Management Association, Centers for Medicare and Medicaid Services and the National Center for Health Statistics).

Only authorized persons may have access to or make documentations in patient medical records, including electronic access.

Medical Record information is confidential and should not be disclosed inappropriately. This pertains to both paper and electronic records.

In areas where records are kept, the security of records and access guidelines are defined and monitored. No records should be copied, distributed or given to others, or kept for personal use without authorization.

### **Drugs and Supplies**

We make every effort to ensure there are good controls of drugs and supplies, and specifically for designated "controlled substances". This involves purchase, storage, dispensing, and disposal based on all federal or state guidelines.

No employee should tamper with or attempt to circumvent the internal controls set up for medication and supplies for any personal or business gain.

CaroMont Health does not allow use, sale, dispensing, or solicitation of illegal drugs and narcotics on its campus.

Tobacco products are not available for sale on any CaroMont Health property.

Food and Drug Administration certification and other guidelines are to be followed for all medications prescribed and distributed to patients.

Violations are reported to responsible professional bodies or regulatory agencies.

### **Gifts, Tips, and Sale of Items**

We do not authorize or receive compensation for hours not worked or services not performed.

No employee may personally solicit gifts or tips from any patient or family member of any patient.

We will avoid selling merchandise or requesting donations from fellow employees or patients at any CaroMont Health facility for any purpose, unless approved by administration.

Employees may participate in non-profit/community fund raising projects if these conditions are met: manager approval, maintained in own work area out of view of patients/family, and in a non-pressured manner. Manager discretion and good judgment determine approval.

Selling merchandise/services for personal gain is prohibited in the work environment. The Pulse Printout may be used for any such sales purposes, if their publishing criteria are met.

We avoid soliciting, offering, accepting or providing any consideration that might be construed as conflicting with CaroMont Health's business interests, including meals, gifts, transportation or entertainment.

Employees may accept gifts of nominal value (less than \$25.00 value) from patients and family members. Acceptance of cash, including tips, in any amount is prohibited.

Individuals may occasionally accept offers of entertainment or meals of nominal value from vendors or business contacts who have established business relationships with CaroMont Health, as long as they are reasonable and in good judgment. To the extent possible, gifts should be shared within the department or work group. Excessive gifts, meals, or expensive entertainment cannot be accepted. No soliciting can ever take place. If there is any question regarding the acceptance of such gifts, employees are to contact the immediate supervisor.

No attendance at events, workshops, or seminars involving overnight travel at vendor expense is permitted without notification and approval of immediate supervisor.

All fees/commissions or honorariums received for services provided or prepared for during normal working time will be paid directly to CaroMont Health or returned to the giver. This includes preparatory work done on CaroMont Health paid time but delivered at other times. All exceptions need immediate supervisor authorization and disclosure.

It is acceptable for vendors to sponsor CME or other seminars at CaroMont Health as long as solicitation does not occur or any sales are pending.

### **Charity/Other Write-Offs**

The hospital has a Board approved charity policy to provide a mechanism for patients who do not have the ability to pay for their healthcare services to receive these services at no cost or reduced cost.

Patients who have the financial ability to pay for their healthcare services are billed and receive collection efforts according to policy.

Administrative write-offs are provided to patients when circumstances warrant and are handled according to policy.

Rules of self approval and conflict of interest apply to all write-offs processed.

CaroMont Health does not waive the Medicare deductible or coinsurance for participants as inducement to receive services.

### **Specialty Areas**

CaroMont Health has several specialty areas including outpatient lab, hospice, physician practices, home health, long term care, emergency department, outpatient facilities, behavioral medicine services, and an ambulatory surgery facility that have special regulatory and licensing needs. Each entity develops, publishes and educates their staff on appropriate handling of issues related to their specialty services.

All CaroMont Health entities endeavor to be in compliance with rules and regulations related to licensure, and potential fraud and abuse actions. All CaroMont Health entities abide by the CaroMont Health Corporate Compliance Plan.

### **Medical Staff/Allied Health Staff**

Only members of Gaston Memorial Hospital medical staff or allied health staff may practice within Gaston Memorial Hospital and within their defined privileges.

Gaston Memorial Hospital fully complies with reporting requirements for National Practitioners Data Bank (NPDB) and other agencies.

Current licensure, Drug Enforcement Agency (DEA), etc. are verified every two years during reappointment.

Medical staff members and their office staff managers are educated on compliance issues and are expected to act appropriately when performing duties within CaroMont Health.

CaroMont Health endeavors to keep informed of practitioners who are expelled or suspended from federal programs or have other disciplinary restrictions placed on them, and to take appropriate action.

Medical staff members are educated on clinical issues such as coding and medical documentation requirements for correct coding and justification for medical necessity of services.

### **Conflict of Interest**

If a conflict of interest exists or even appears to exist, the matter should be disclosed with the most immediate supervisor.

We avoid using position to profit personally or to assist others in profiting at the expense of the organization.

Ownership (other than general stock less than 5% of total) or employment in an outside entity that does business with CaroMont Health is avoided.

“Insider” dealing is to be avoided. (Do not use non-public information for personal gain and do not pass along knowledge to anyone who has no need to know.)

Conducting business, not on behalf of CaroMont Health with a vendor, supplier or contractor should be avoided.

No one should perform work or render services to competitors of CaroMont Health without permission.

Everyone should disclose membership in outside boards of business entities.

No one can directly be involved in hiring or directly supervising a family member.

No gift or contribution to CaroMont Health can be given under the condition of actual or potential business relationship.

We do not endorse any vendor’s product or service on behalf of CaroMont Health without express written administrative permission.

When serving in an outside capacity, employees should abstain from all discussion and action involving CaroMont Health; and conflict of interest should be declared.

Always seek to disclose and then resolve any actual or potential conflict of interest prior to taking action.

Board members, key officers and managers are required to complete a conflict of interest and disclosure form annually. In addition, personal changes in status should be communicated as they arise in the course of the business year if there could be a conflict.

For more definitive guidance, review the Administrative policy (#143) on conflict of interest, see your immediate supervisor or call the Corporate Compliance Officer.

### **Human Resources**

We review and abide by the CaroMont Health personnel policies.

We encourage fellow employees to develop their skills and potential, to continue learning and growing intellectually and to continuously try to improve their performance.

We treat each other as we would like to be treated, regardless of position, station or relationship.

We support CaroMont Health's equal employment opportunity initiatives and prohibit discrimination on any basis as protected by law.

We strive to create a professional atmosphere through our words and actions. Our work environment is to be physically safe and secure, free of any type of harassment.

Employee input and involvement in decision making is encouraged.

We make efforts to ensure that employees are recognized appropriately and that our compensation programs are fair, competitive and legally appropriate.

We comply with all applicable laws including wage and hour, Employment Retirement Income Security Act (ERISA), workers compensation, Family Medical Leave Act (FMLA), Occupational Safety and Health Act (OSHA), etc.

Managers and supervisors hold regular meetings (suggested monthly) or use other media to communicate with their staff. Likewise, managers and supervisors have the responsibility to create work environments where ethical issues can be raised and openly discussed.

There is no retaliation against any employee who brings a corporate compliance concern forward. Opportunities are available to be educated on these issues and for questions to be asked.

### **Confidentiality**

We respect the patient's right to privacy in direct care activities and regarding information about his/her medical condition. Photography or video imaging requires written consent.

Any employee with access to privileged patient information should keep this information in strict confidence at all times, discussing it only in the line of duty and with appropriate personnel.

Staff are required to sign a confidentiality agreement upon employment, as well as, annually. Staff who release or discuss confidential matters of any kind to unauthorized staff or non-employees are subject to the disciplinary process up to and including immediate termination. Releasing psychiatric patient information is criminally punishable.

Staff with electronic access to patient records should maintain the secrecy of passwords or access codes, using them as an equivalent of the signature; and accountable for all work documented under this code.

Access to electronic records or paper patient records is acceptable only in job related duties.

Staff should notify Information Systems when there are changes in name, job classification or qualifications and if they believe someone has gained access to unassigned passwords.

### **Cooperation with Inspecting/Regulatory Bodies**

All employees are encouraged to respond directly to questions by surveyors, inspectors, and other regulators.

No inappropriate altering of records, results or other falsification should ever be done with intent to conceal error, wrongdoing or required disclosures.

Representatives from regulatory or law enforcement agencies must provide appropriate identification.

Patient and peer review confidentiality must be maintained in dealing with regulatory or accrediting bodies as well as law enforcement agencies.

CaroMont Health reports appropriately to all licensing, professional, regulatory and inspecting agencies. It is our intent to comply with all federal, state and local requirements.

### **Safety**

CaroMont Health adheres to the guidelines and criteria from external licensing or regulatory agencies, including safety, staff education, reporting and monitoring. This includes provision of education for new employees and ongoing training (at corporate and department levels), reporting patient incidents and employee accidents.

Employees are expected to report immediately to their supervisors any job related injury or communicable disease, according to policy.

Employees should conduct themselves in a safe, business-appropriate manner, abide by the organizational policies and procedures and appropriately report unsafe work practices or equipment. Safe work practices are a condition of employment and continued unsafe practices will be grounds for disciplinary action, up to and including termination.

Managers have the responsibility to assure a safe environment, including staff compliance to safety regulations.

### **Other**

Everyone at CaroMont Health should be committed both to doing a good job as well as doing the right thing. Unfortunately in the ever changing and complex world of health care regulations, an honest effort may not be enough. We make mistakes. We will be routinely surveyed, audited or even investigated by governmental agencies. A policy (#158) has been developed which outlines how we cooperate, protect our rights, verify credentials of investigator, determine legitimacy of investigation and provide proper documentation.

Questions can be directed to the Corporate Compliance Office at 704-834-2209.

### **Hotline 1-877-785-0001**

CaroMont Health maintains a hotline for corporate compliance issues at 877-785-0001 that can be accessed 24 hours a day. Calls can be made anonymously. The complaint procedures are available to patients, employees or community members who may be concerned about compliance issues.

Open communication is encouraged and we have a policy prohibiting retaliation against individuals bringing forth concerns.

## **SECTION 3 EMPLOYEE HANDBOOK INFORMATION**

The following excerpt from the CaroMont Health Employee Handbook provides information on some of our personnel policies and workplace guidelines.

### **CONDUCT GUIDELINES**

As healthcare providers with the well-being of patients and their families at stake, CaroMont Health insists on a high level of conduct by all of its employees. Progressive disciplinary action is provided for violation of conduct guidelines.

The Personnel Policy Manual provides details of these guidelines and progressive disciplinary action. The seriousness of each violation is weighed in determining disciplinary action, and the Company reserves the right to use any and all disciplinary measures, up to and including discharge, for any instance of employee misconduct.

### **CONFIDENTIAL INFORMATION**

Patients have a right to strict confidentiality of information concerning their care. This right creates a responsibility for every employee to protect information about our patients.

Patient information should be shared only by employees as they provide care. No information should be shared with anyone not directly involved in caring for a specific patient. Every employee is required to sign a Confidentiality Statement as a condition of employment.

Any inquiries you receive from the news media concerning patients or Caromont Health activities should be referred to the Public Relations Department. Photography must be approved in advance by the Public Relations Director or by senior management.

### **EQUAL EMPLOYMENT OPPORTUNITY**

CaroMont Health is committed to Equal Employment Opportunity. We extend equal employment, training, promotions and compensation regardless of sex, age, race, color, marital status, religious beliefs, national origin or disability.

An employee who experiences an incident they believe involves discrimination should contact their supervisor or Human Resources immediately. Each reported situation is investigated fully and corrective action taken as needed. Please see the Company's Anti-Harassment Policy in this handbook.

### **FITNESS FOR DUTY**

The use or possession of alcohol or illegal drugs by employee while on duty is strictly prohibited. Employees are also prohibited from being under the influence of alcohol or drugs at work.

All job offers are subject to the prospective employee passing a drug and alcohol screening. A drug and alcohol screen may be required of any employee involved in an accident or patient care incident or who appears to be under the influence. Employees using a prescribed controlled substance should report this treatment to their department director and the employee health nurse.

Violation of the drug and alcohol policy, including refusal to cooperate with drug screenings, may result in discharge. Conviction for the sale of illegal drugs while off duty can also result in discharge.

Whenever possible, CaroMont Health will assist employees in overcoming drug or alcohol problems through approved programs.

### **HARASSMENT**

In general, harassment is defined as inappropriate, unwelcome or offensive conduct based upon a legally protected characteristic or condition where:

- Submission to such conduct is considered a condition of employment; or
- Submission to, or rejection of such conduct is used as a basis for employment decisions;
- or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or working conditions by creating an intimidating, hostile, humiliating, or offensive work environment.

While in some cases individuals may make comments, jokes or personal advances without intending harm, such actions can be unwanted, offensive, threatening and perceived as harassment. Stopping

harassment and discrimination in its many forms requires an increased awareness by everyone of the impact that such actions may have on others.

Sexual harassment includes harassment of women by men, of men by women, and same-sex gender-based harassment.

All forms of harassment are strictly prohibited. The CaroMont Health is committed to providing a work environment that is free from all forms of unlawful harassment. CaroMont Health strictly prohibits unlawful harassment of any kind, including harassment on the basis of sex, race, color, religion, gender, age, mental or physical disability, legally protected medical condition, national origin, marital status, veteran status, or any other legally protected characteristic or condition. This policy covers all forms of harassment by, among and/or between employees, patients and guests.

Any employee who encounters, witnesses, or becomes aware of conduct which he/she believes is inconsistent with this policy, must immediately file a report with his/her immediate supervisor, director, Human Resources Department or senior management. CaroMont Health will thoroughly and promptly investigate all complaints of harassment. Investigations into complaints of harassment will be kept confidential to the extent possible. CaroMont Health prohibits any form of retaliation against anyone for making a good faith complaint under this policy or for assisting in a complaint investigation.

### **PERSONAL APPEARANCE**

Employees are expected to project a professional image in their dress and appearance. Often patients, family members and visitors evaluate our ability to provide professional care based on our appearance. All employees are expected to show good judgment which includes being well-groomed and neat while at work. All clothing should be clean, correctly sized and in good repair.

Dress considered unacceptable includes transparent, low-cut, tight-fitting apparel, denim, corduroy, t-shirts, shorts or sweat shirts. Use of chewing gum or perfumes & colognes is prohibited. Footwear for clinical areas should be appropriate for the work area. Safety should be a primary consideration when selecting footwear.

Individual departments may have their own dress codes. Check with your supervisor concerning your area. The dress code policy can be found in the Personnel Policy Manual.

### **VIOLENCE IN THE WORKPLACE**

CaroMont Health conducts criminal checks on all newly hired employees and does not condone any violence in the workplace. If you observe any violent act, report it immediately to your director, the Safety and Security Department or the Human Resources Department.



**Gaston Memorial Hospital  
STUDENT ORIENTATION QUIZ**

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1. Students are expected to follow the Standards of Conduct while at Gaston Memorial Hospital.
  - a. True
  - b. False
2. It is okay to accept a small gift of money from a patient, as long as you don't ask for it.
  - a. True
  - b. False
3. What is your role in our hospital's safety program?
  - a. Know the safety procedures for performing your job in a safe manner.
  - b. Follow the safety policies every time you perform a procedure or task.
  - c. Be observant for potential safety hazards and report them promptly for repair.
  - d. All of the above.
4. If you have an accident or injury during your assignment at GMH, report it immediately to your instructor and supervisor.
  - a. True
  - b. False
5. What is your best source of information about how to work safely with a hazardous chemical?
  - a. Product label
  - b. Chemical list
  - c. Material Safety Data Sheet (MSDS)
6. What number do you dial to report a Code Red, Code Blue, Code Grey, or Code Pink?
  - a. 0
  - b. 911
7. What will tell you if there are any hazardous chemicals being used or stored in a department?
  - a. Chemical list
  - b. MSDS
  - c. Hazard Communication Plan
8. Code Red is paged to notify staff of a \_\_\_\_\_.
  - a. Hazardous materials incident
  - b. Mass casualty
  - c. Fire or fire drill
9. "*Standard precautions*" means:
  - a. Treating the blood and body fluids of anyone age 18-65 as if they were known to be infected with HIV, Hepatitis B, or other bloodborne pathogens.
  - b. Taking necessary precautions to prevent contact with the blood or body fluids of anyone known to be infected with HIV or Hepatitis B.
  - c. Treating the blood, mucous membranes, non-intact skin, and all body fluids except sweat of anyone as if they were known to be infected with HIV, HBV, or other bloodborne pathogens.

10. Keeping food and drinks away from work areas is an example of a(n):
  - a. Work practice control.
  - b. Housekeeping control.
11. Wiping up spills with a proper disinfectant is an example of a(n):
  - a. Work practice control.
  - b. PPE.
  - c. Housekeeping control.
  - d. Engineering control.
12. Gloves, gowns, waterproof aprons, and face shields are examples of:
  - a. Work practice controls.
  - b. Engineering controls.
  - c. Housekeeping controls.
  - d. PPE.
13. When a patient is placed on “*contact precautions*,” you should:
  - a. Wear gloves when you enter the room.
  - b. Wear a gown if you think you will have substantial contact that might soil your clothing.
  - c. Both of the above.
14. Patients with a known or suspected latex allergy are identified with pink armbands, stickers, and “*no latex-no rubber products signs*”.
  - a. True
  - b. False
15. Signs that a person’s behavior may be escalating include:
  - a. Cursing.
  - b. Red face.
  - c. Throwing chairs.
  - d. All of the above.
16. When attempting to de-escalate behavior:
  - a. Raise your voice to get the person’s attention.
  - b. Take hold of the person’s arm to make sure they pay attention.
  - c. Breathe deeply.
17. Why is it important that all hospital staff learn about pain?
  - a. Because all people have pain.
  - b. Everyone must learn how to manage pain.
  - c. Every patient has the right to have his/her report of pain taken seriously and to be treated with dignity and respect by all members of the health care team.
18. Who is responsible for protecting patient’s privacy?
  - a. Doctors and nurses
  - b. Senior management
  - c. Everyone
19. You can help protect patients’ privacy by:
  - a. Keeping your voice down when having conversations about patients in public areas.
  - b. Never accessing information about a patient unless you’re a member of the treatment team.
  - c. Making sure you only share your password with your co-workers.

20. Which of the following is considered protected health information?
- An individual's name and address
  - An individual's social security number
  - An individual's date of birth
  - All of the above
21. The 2009 National Patient Safety Goals and Recommendations focus on:
- Encouraging patients' active involvement in their own care.
  - Reducing the risk of healthcare associated infections.
  - Recognizing and responding to changes in a patient's condition.
  - All of the above.
22. A sentinel event is:
- An unanticipated occurrence.
  - An unexpected occurrence involving death or serious physical or psychological injury.
  - A blame-free culture to promote incident reporting.
23. It is your responsibility to report any incident that you discover so that an Incident Report Form can be completed.
- True
  - False
24. What could cause an employee or student to be impaired?
- Taking prescription medicine
  - A medical condition
  - Using alcohol or illegal drugs
  - Any of the above
25. What should you do if you suspect that an employee might be impaired?
- Report it to the supervisor of your assigned department/unit.
  - Keep it to yourself unless you have positive proof.

**Answer Key**

- a
- b
- d
- a
- c
- b
- a
- c
- c
- a
- c
- d
- c
- b (the armbands, stickers, and signs are purple)
- d
- c
- c
- c
- b
- d
- d
- b
- a
- d
- a

Name: \_\_\_\_\_  
(Print)

School \_\_\_\_\_

## COMPLETION STATEMENT

The following content areas were covered in the Student Orientation Packet:

- **General information** ...parking, meals, mission and values, customer service standards, patient rights, pain management, cultural diversity, harassment, workplace violence, and fitness for duty.
- **Corporate compliance** ...standards of conduct, HIPAA, and responsibilities of students in corporate compliance.
- **Emergency Codes** ...emergency procedures and responsibilities for responding to emergency codes.
- **Safety Management** ...awareness of hazards, accident and incident reporting, role of students in safety, hazard communication, de-escalation of negative behavior, security, utilities management.
- **Patient Safety** ...National Patient Safety Goals, and incident reporting.
- **Infection control** ...transmission and prevention of infection (including TB, HBV, HIV), hand hygiene, bloodborne pathogens standard and corporate exposure control.

*I have reviewed all of the information in the Student Orientation Packet and understand the policies and procedures outlined. I agree to follow these policies and procedures to the best of my abilities during my assignment at Gaston Memorial Hospital.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Completion Date



### Corporate Compliance Standards of Conduct (Student Document)

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I have completed Corporate Compliance orientation as it relates to my role.

I have had the opportunity to discuss and ask questions about the standards and related policies.

I understand that each student is responsible for knowing and abiding by the principles and standards of Corporate Compliance.

I understand that failure to follow the policies of CaroMont Health Compliance Program (including the duty to report misconduct) is considered to be a violation of the CaroMont Health policy and may be grounds for separation from CaroMont Health.

I understand my responsibility to follow these guidelines and agree to follow these standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **CONFIDENTIALITY AGREEMENT**

It is the policy of CaroMont Health to protect patients' rights to privacy and the confidential nature of health information, including computerized data. In order to assure the confidential status of computerized patient information the employee or care provider agrees to the following.

**I understand that in the performance of my duties as an employee, care giver, student, or contract worker of CaroMont Health, I must hold all patient information in the strictest confidence both while at work and away. I further understand that any violation of the confidentiality or release of patient information policy will result in corrective action up to and including my immediate separation/termination from CaroMont Health. In addition, North Carolina Mental Health Laws make violation of confidentiality of psychiatric patient information criminally punishable.**

Specifically, regarding computerized information or electronic access the following applies:

- I understand that it is my responsibility to maintain the secrecy of my password/access code to prevent unauthorized use by others.
- I understand that my password/access code is equivalent to my legal signature, and I will be accountable for all work done under this code. Upon completion of my work on the computer, I will log out of the computer to prevent unauthorized use of my access code.
- I understand that all patient health information stored in the computer is confidential and must be treated with the same medical-legal care as the data in the patient chart.
- I will not attempt to learn another person's password/access code.
- I will not access CaroMont Health patient information except as required to fulfill my own job responsibilities.
- If I have reason to believe that someone may have learned and/or used my password/access code I will immediately contact Information Systems to have my code changed and a new code issued.
- I will notify Information Systems of changes in my name, job class or qualifications.
- I understand I am responsible for any patient information that I print from the computer and will treat it with the same medical-legal care as the data in the patient chart.

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**I certify that I have read and understand the above requirements and that I will abide by them.**

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**Name (Please PRINT)**

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**Signature**

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**Date**