Corporate Orientation Packet for Students and Instructors
SECTION 1
GENERAL CORPORATE ORIENTATION

Welcome to CaroMont Health! We are pleased to have you in our facility. The information included in this orientation packet overviews general policies and guidelines that are necessary for safe work practice at our organization.

MISSION, VISION, AND VALUES

The key characteristics of CaroMont Health are embodied in the organization’s values. These values help to ensure that the vision and mission of the organization not only guide the organization, but become the culture of each and every day.

<table>
<thead>
<tr>
<th>Vision</th>
<th>Values</th>
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<tr>
<td>We are a nationally recognized leader and valued partner in promoting individual health and vibrant communities.</td>
<td>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.</td>
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<tr>
<td>Mission</td>
<td>Quality Patient Care</td>
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<tr>
<td>To provide exceptional health care to the communities we serve.</td>
<td>We strive to be a leader in providing quality patient care in a safe and family centered environment.</td>
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<td>Respect for the Individual</td>
<td>Customer Service and Patient Satisfaction</td>
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<td>We respect each person’s dignity, right to privacy, and diverse beliefs. We treat others as we would like to be treated.</td>
<td>We are committed to the highest level in both endeavors.</td>
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<td>Integrity</td>
<td>Fiscal Responsibility</td>
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<td>We will be guided by what is right.</td>
<td>We know that the sound use of all resources is fundamental to our success.</td>
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<td>Open and Responsible Communication</td>
<td>Teamwork</td>
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<td>We emphasize listening, responsiveness and mutual understanding.</td>
<td>We are participative and work cooperatively. The well being of our patients is dependent on the contributions of all.</td>
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<tr>
<td>Pride of Ownership</td>
<td>Innovation</td>
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<td>We believe each person is empowered for action as needed and must assume personal responsibility and accountability.</td>
<td>We encourage new ideas, an openness to change, and creativity.</td>
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We’re in LOVE with LIFE
PILLARS OF EXCELLENCE

The six Pillars of Excellence represent our organization’s strategic priorities.

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**

Parking for students and instructors is available at CaroMont Regional Medical Center (CRMC) in the Visitor Parking Deck on Level P2.

**Directions to Level P2:**
From Court Drive, take Entrance A. Use the rear entrance to the Visitor Parking Deck to reach Level P2.

**Directions from Level P2 to the Hospital:**
Take the elevator to Basement (B). When you exit the elevator, the Visitor Information Desk is located on your left (if you need directions). The walkway to the Main Lobby of the hospital is located to the right.
ID BADGES

All college/university students and instructors 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 healthy food choices are available, including meats, vegetables, soups, deli-type items, fruits, salads, sandwiches, and hot and cold beverages. You will also find signals on food labels that help you identify your healthiest food choices. Each food item has a green, yellow or red indicator on the label. A green signal indicates the healthiest choice, a yellow signal a less healthy choice, and a red signal the least health choice.

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 who are wearing their CaroMont Health name tags will receive a 15% discount on all items.

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.

SHINE ON!

It is the expectation of CaroMont Health that all individuals acting on behalf of the organization (employees, contract employees, physicians, volunteers, and students) provide exceptional service to our customers. This is what it means to Shine On! Your customer may be an internal customer (i.e., CaroMont Health employee, physician, student or volunteer) or an external customer (i.e., patient, family member, or visitor).
Benefits of providing exceptional customer service include:

- Makes the day more fun and satisfying
- Feel good about yourself
- Customer is easier to work with
- Good reputation in the community
- Contributes to the success of CaroMont Health
- It’s the right thing to do

The acronym “SHINE” describes the specific behaviors that make up exceptional customer service:

**Show You Care**

- **Greeting:** Each customer interaction should include a smile, eye contact, introducing yourself and what you do with a warm, positive tone of voice. Consistency is the key - treat every interaction as if it was the first and only.
- **Verbal vs. Non-Verbal Behavior:** When communicating, 7% of your message is sent through your words, 38% is sent through tone of voice, and 55% is sent through body language. Over the phone and call bell, 14% of your message is sent through your words and 86% is sent through tone of voice. Therefore, it’s very important that your verbal and non-verbal behaviors match up so your customer isn’t getting a mixed message.
- **Valuing the Customer:** We want to show customers that we value them. This starts in our head by recognizing that they are sole reason we are here, and then treating them with the appropriate respect. This includes calling customers by their given name (avoiding nicknames such as “honey”, “sweetie”, etc.) or “sir”/“ma’am”, and saying “please”, “thank you”, etc.

**Help Others**

- **Service Recovery:** When dealing with a dissatisfied customer, the first step is to actively listen to understand what the customer wants/needs. This includes making eye contact, avoiding distractions, using confirming statements (e.g., “I see”, “uh huh”, head nodding, etc.), asking questions to clarify meaning, and reflecting back or paraphrasing what you think you heard. The next step is to offer a blameless apology - simply saying that you are sorry that the customer is unhappy or has had a bad experience. The final step is problem solving - when doing this, your primary goal is to stay positive. Don’t waste time telling the customer what you can’t do; focus on what you CAN do!
- **Ask Before You Leave:** Invite requests by asking if there is anything else the customer may need before leaving him/her. For patients, this includes every time you leave the room. This lets the customer know that you are able and willing to help, and avoids any unmet expectations.
- **Visitors:** Make eye contact, smile and say “hello” when you pass a visitor in the hall. Hold the elevator when you see a visitor coming and talking to him/her while in the elevator. If a visitor looks lost, offer assistance and walk him/her to the destination rather than simply giving verbal directions.

**Include the Patient & Family**

- **Show Respect:** Extend respect beyond the patient. Introduce yourself to everyone in the patient’s room, learn who they are, and address them by proper names as well.
- **Engage:** Include everyone - patient, family and visitors - in discussions and decisions as appropriate. Ask customers for feedback regarding the services being provided and act upon that information. Give options when available - this offers the customer a sense of control.
- **Keep Informed:** Let customers know what is going to happen before it happens, and what to expect afterward. When doing this verbally, be sure to use language that is meaningful - avoid jargon and acronyms. Let the customer know why you are doing something. For example, when checking a patient’s bracelet, let him/her know you are doing it for his/her safety. When pulling a curtain closed, let the patient know you are doing this for his/her privacy. Use whiteboards to keep patients, family and visitors informed about contact information of staff, upcoming procedures/tests, etc. Keep internal customers informed of progress and delays of service.
Notice the Details

- **Comfort Cues:** If a patient appears cold, offer a blanket or offer to close the door to warm up the room. If he/she seems uncomfortable, offer a pillow. If a visitor has been waiting awhile, offer a refreshment. Be proactive and look for opportunities - don’t wait until you are asked!

- **Physical Environment:** Keep noise levels, including your own voice, to a minimum in public and patient care areas; encourage others around you to do so as well. Find out what the patient needs to manage the noise that can’t be helped, whether it be closing the door or offering earplugs. It is everyone’s responsibility to keep our hospital neat and clean. When you see trash on the floor, don’t just walk by. Take a moment to pick it up and throw it away.

Exceptional Service

- **Care Tokens:** Care tokens are small items (e.g., flower in a bud vase, a beanie baby, a balloon, etc.) available in our gift shop, at no personal cost to you, that you can offer to the patient, family member, or visitor as one more way to say “I’m sorry” when they have had an unsatisfactory experience. Check with your manager on how this is handled in your department.

- **Shine On! Postcards:** These cards are available in the departments for employee-to-employee recognition. Use them to recognize a coworker for going above and beyond for a patient, family member, visitor, or maybe even you as their internal customer.

- **Shine On! Service Champion:** If you know of a situation in which an employee, physician or volunteer went above and beyond their normal job duties for a customer, nominate that employee for the Shine On! Service Champion award. Information about how to do this is available on CHIP (intranet). Nominations will be voted upon by the Employee Advisory Committee. If selected, individuals will receive a Shine On! T-shirt and badge clip. This person will also have his/her picture professionally made and displayed, along with his/her story, all over the hospital to serve as an example and inspiration for others of what it means to Shine On!

**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 or instructor in our facility, you will come in 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 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

CaroMont Regional Medical Center 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 CaroMont Regional Medical Center, 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 used for staff in The Birthplace, Nursery, and Pediatrics.

CRMC 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.

**HAZARDOUS MATERIALS**

Some of the products used at CaroMont Health 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 or affiliate 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 or affiliate 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, 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 or affiliate’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 area 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 CaroMont Health.

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**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. CaroMont Regional Medical Center has implemented several initiatives to address the goals and recommendations.

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**2013 National Patient Safety Goals**

**Improve the accuracy of patient identification**

<table>
<thead>
<tr>
<th>Goal 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, and services.</td>
</tr>
<tr>
<td>NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification.</td>
</tr>
</tbody>
</table>

**Improve the effectiveness of communication among caregivers**

<table>
<thead>
<tr>
<th>Goal 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.02.03.01: Report critical results of tests and diagnostic procedures on a timely basis.</td>
</tr>
</tbody>
</table>

**Improve the safety of using medications**

<table>
<thead>
<tr>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings. <strong>Note:</strong> Medication containers include syringes, medicine cups, and basins.</td>
</tr>
<tr>
<td>NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. <strong>Note:</strong> This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient’s laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient’s laboratory values for coagulation will remain within, or close to, normal values.</td>
</tr>
<tr>
<td>NPSG.03.06.01: Maintain and communicate accurate patient medication information.</td>
</tr>
</tbody>
</table>
Reduce the risk of healthcare-associated infections

Goal 7

**NPSG.07.01.01:** Comply with the hand cleaning guidelines from the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO).

**NPSG.07.03.01:** Implement evidenced-based practices to prevent health care associated infections due to multidrug-resistant organisms in acute care hospitals. *Note: 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 Multidrug-resistant gram-negative bacteria.*

**NPSG.07.04.01:** Implement evidence-based practices to prevent central line associated bloodstream infections. *Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.*

**NPSG.07.05.01:** Implement evidence-based practices for preventing surgical site infections.

**NPSG.07.06.01:** Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI). *Note: This NPSG is not applicable to pediatric populations. Research resulting evidence-based practices was conducted with adults, and there is no consensus that these practices apply to children.*

The hospital identifies safety risks inherent in its patient population

Goal 15

**NPSG.15.01.01:** Identify patients at risk for suicide. *Note: This requirement applies only to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals.*

2013 Universal Protocols

**Conduct a preprocedure verification process**

**UP.01.01.01**

1. Implement a preprocedure process to verify the correct procedure, for the correct patient at the correct site. *Note: The patient is involved in the verification process when possible.*

2. Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following:
   a. Relevant documentation – History and physical, signed procedure consent form, nursing assessment, and pre-anesthesia assessment.
   b. Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed.
   c. Any required blood products, implants, devices and/or special equipment for the procedure.

3. Match the items that are to be available in the procedure area to the patient.

**Mark the procedure site**

**UP.01.02.01**

1. Identify those procedures that require marking of the incision or insertion site. At a minimum, sites are marked when there is more than one possible location for the procedure and when performing the procedure in a different location would negatively affect quality or safety. *Note: For spinal procedures, in addition to preoperative skin marking of the general spinal region, special intraoperative imaging techniques may be used for locating and marking the exact vertebral level.*

2. Mark the procedure site before the procedure is performed and, if possible, with the patient involved.

3. The procedure site is marked by a licensed independent practitioner (LIP) who is ultimately accountable for the procedure and will be present when the procedure is performed.

4. The method of marking the site and the type of mark is unambiguous and is used consistently throughout the hospital. *Note: The mark is made at or near the procedure site and is sufficiently permanent to be visible after skin preparation and draping. Adhesive markers are not the sole means of marking the site.*

5. A written, alternative process is in place for patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (for example, mucosal surfaces or perineum). *Note: Examples of other situations that involve alternative processes include:*
   a. Minimal access procedures treating a laterized internal organ, whether percutaneous or through a natural orifice.
b. Interventional procedure cases for which the catheter/instrument insertion site is not predetermined (for example, cardiac catheterization, pacemaker insertion)
c. Teeth
d. Premature infants, for whom the mark may cause a permanent tattoo.

**A time-out is performed before the procedure**

UP.01.03.01

1. Conduct the time-out immediately before starting the invasive procedure or making the incision.
2. The time-out has the following characteristics:
   a. It is standardized as defined by the hospital.
   b. It is initiated by a designated member of the team.
   c. It involves the immediate members of the procedure team including the individual performing the procedure, the anesthesia providers, the circulating nurse, the OR tech and other active participants who will be participating in the procedure from the beginning.
3. When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated.
4. During the time-out, the team members agree, at a minimum, on the following:
   a. Correct patient identity
   b. The correct site
   c. The procedure to be done
5. Document the completion of the time-out.

**Unapproved Abbreviations**

To improve effectiveness of communication among caregivers, CaroMont Health standardizes the abbreviations, acronyms, and symbols used throughout the organization in the medical record. *Stedman’s Abbreviations, Acronyms, and Symbols (Third Edition)* is the organization wide list of approved abbreviations.

Unapproved (“Do Not Use”) abbreviations are listed below and should not be used in orders, other handwritten or free-text documentation, or on pre-printed forms.

<table>
<thead>
<tr>
<th>DO NOT USE</th>
<th>POTENTIAL PROBLEM</th>
<th>USE INSTEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>Can mean morphine sulfate or magnesium sulfate</td>
<td>Write “morphine sulfate”</td>
</tr>
<tr>
<td>MSO4 and MgSO4</td>
<td>Confused for one another</td>
<td>Write “magnesium sulfate”</td>
</tr>
<tr>
<td>µg (micrograms)</td>
<td>Mistaken for mg (milligrams) resulting in one thousand-fold overdose</td>
<td>Write “mcg” or “micrograms”</td>
</tr>
<tr>
<td>TIW or tiw (weekly)</td>
<td>Mistaken as “three times a day”</td>
<td>Write “three times a week”</td>
</tr>
<tr>
<td>Q.D., QD, q.d. qd (daily)</td>
<td>Mistaken for each other</td>
<td>Write “daily”</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d., qod (every other day)</td>
<td>Period after the Q mistaken for “i” and the “O” mistaken for “I”</td>
<td>Write “every other day”</td>
</tr>
<tr>
<td>Qn (nightly)</td>
<td>Misinterpreted as “qh” (every hour)</td>
<td>Write “every night”</td>
</tr>
<tr>
<td>hs or qhs (at bedtime)</td>
<td>Misread as every hour</td>
<td>Write “at bedtime”</td>
</tr>
<tr>
<td>Q6PM, etc.</td>
<td>Misread as every 6 hours every evening at 6 pm</td>
<td>Write “every evening at 6 pm”</td>
</tr>
<tr>
<td>IU (International Unit)</td>
<td>Mistaken for IV (intravenous) or the number 10 (ten)</td>
<td>Write “International Unit”</td>
</tr>
<tr>
<td>U, u (unit)</td>
<td>Mistaken for “0” (zero), the number “4” (four) or “cc”</td>
<td>Write “unit”</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
<td>Decimal point is missed</td>
<td>Write X mg</td>
</tr>
</tbody>
</table>

*Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being...
Lack of leading zero (.X mg)  
Decimal point is missed  
Write 0.X mg

Sub q  
The “q” has been mistaken for “every” (e.g., one heparin dose ordered “sub q 2 hours before surgery” misunderstood as every 2 hours before surgery).  
Write “subcut.” or “subcutaneous”

**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 CRMC, you may report your concern to The Joint Commission at (630)792-5636 or 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

CRMC 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)

How to Activate:
- Remove anyone from danger.
- Pull the nearest fire alarm. (The alarms are located near exits.)
- Dial 911, and give the switchboard operator your name, location of the fire, 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.
- Get an extinguisher.

How to Respond:
- Follow the department emergency plan procedures.
- Close doors and windows, 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.”
- Members of the fire emergency response team report to the paged location with fire extinguishers.
- Stand by for the “All clear” to be paged.

Drills:
- Fire drills are conducted 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.
- Respond in the appropriate manner for the fire emergency described.
- All steps of the fire procedure should be followed, including pulling the alarm and calling the switchboard operator.
- The only exceptions to the procedure are that patients should not be moved and extinguishers should not be discharged during a drill.

CODE BLUE  (Medical Emergency)

How to Activate:
- 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.

How to Respond:
- Follow the department emergency plan procedures until the Code Blue Team arrives.
- Code Blue Team members respond. The team includes unit/department personnel, an Emergency Department physician, a Hospitalist, Emergency Department RN, nurse anesthetist, respiratory therapist, EKG technician, the Nursing Shift Manager, etc.
- Assist the Code Blue Team as needed.

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

How to Activate:
- Dial 911 and give the switchboard operator your name, location, and “*Pediatric Code Blue*”.

**CODE GREY**  (Immediate Security Assistance)

How to Activate:
- Dial 911, and give the switchboard operator your name, location, and “*Code Grey*”.
- Two audible tones will sound and the switchboard operator will page “*Code Grey*” and the location three times.

How to Respond:
- Follow the department emergency plan procedures until trained staff arrives.
- Security officers, Psychiatry staff, Shift Managers and trained Respiratory Therapy staff will respond.
- If the incident escalates into a potentially violent situation, the hospital’s Violence Response Plan will be activated.

**CODE PINK**  (Infant Abduction)

How to Activate:
- Dial 911, give the switchboard operator your name, location, and “*Code Pink*”.
- Notify Security (2801) and give them a description of the missing infant or child.
- Seal the area of the suspected abduction.
- Begin a search for the missing infant according to the department’s infant abduction response plan.
- The switchboard operator will page “*Code Pink, Amber Alert, Age ___*” and the location three times.

How to Respond:
- Follow the department emergency plan procedures.

Drills:
- Code Pink drills are held periodically. During a drill, the announcement will include “*drill*”.
- Follow the department emergency plan procedures.

**CODE SILVER**  (Hostage Situation)

How to Respond:
- The switchboard operator will page “*Code Silver*” three times.
- Follow your department emergency plan procedures.

**CODE BLACK**  (Utilities Failure)

How to Respond:
- The switchboard operator will page “*Code Black*” three times 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.
- Follow the department emergency plan procedures.

**CODE TRIAGE**  (Mass Casualty)

How to Respond:
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*).

Follow your department emergency plan procedures.

**Drills:**
- Mass casualty drills are held twice a year.
- The switchboard operator will page “**Code Triage-Drill**” and the estimated number of victims three times.
- Follow the department emergency plan procedures.

**CODE YELLOW** (Bomb Threat)

How to Activate:
- If you receive a bomb threat call, 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, and notify him/her that you have received a bomb threat call. Give the operator any information that you received from the caller, including the exact time of the call.

How to Respond:
- Two audible tones will sound and the switchboard will page “**Code Yellow**” three times.
- Follow your department plan procedures.

**CODE ORANGE** (Hazardous Materials: Nuclear, Biological, or Chemical Event)

How to Respond:
- The switchboard operator will page “**Code Orange**” three times.
- Follow your department emergency plan procedures.

**HAZARDOUS WEATHER** (Hurricanes, Tornadoes, etc.)

How to Respond:
- Weather situations will be paged over the public address system as notification is received from the National Weather Service.
- Follow your department emergency plan procedures.

**CODE PURPLE** (ED Holding Patients)

How to Respond:
- Code Purple is activated when there is overcrowding in the Emergency Department due to a lack of available inpatient beds.
- The switchboard operator will page “**Code Purple**” three times.
- Follow the department emergency plan procedures.

**WORKPLACE VIOLENCE**

**Workplace violence** is defined as violent acts that are directed toward persons at work or on duty.

Examples of violence include the following:
- **Threats** – expressions of intent to cause harm to someone. These include verbal threats, threatening body language and written threats.
- **Physical assaults** - include attacks ranging from slapping and beating someone to rape, homicide and the use of weapons.
- **Muggings** - aggravated assaults usually conducted by surprise and with intent to rob.
Anyone who works in a hospital or health care facility may become a victim of violence. Employees who have the most direct contact with patients are at higher risk. Violence may occur anywhere in the hospital or healthcare setting, but it is most frequent in psychiatric units, emergency rooms, waiting rooms and geriatric units.

Violent behavior may be motivated by feelings of vulnerability, powerlessness, frustration and lack of control by the patient, family or visitor. You are more at risk of encountering violence in these situations:

- working directly with volatile people, especially if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- working when understaffed, especially at meal times and visiting hours
- transporting patients
- long waits for service
- overcrowded, uncomfortable waiting rooms
- working alone
- unrestricted movement of the public
- poorly lit corridors, rooms, parking lots and other areas

You should be on the alert for signals that may be associated with impending violence. These include:

- verbally expressed anger and frustration
- body language such as threatening gestures
- signs of drug or alcohol abuse
- presence of a weapon

You can use these basic strategies to protect yourself against workplace violence:

- Be alert to signals and situations associated with increased risk for violence.
- Evaluate each situation for potential violence when you enter a room or begin to interact with a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting - don't let the potentially violent person stand between you and the door.
- Alert your supervisor to any concerns about safety or security.
- If you can't defuse the situation quickly, remove yourself from the situation and call for help.
- Report any violent incidents to your manager.

According to CaroMont Health’s Violence Response Plan, it is the responsibility of individual staff to be cautious when confronted with a behavioral situation or potentially violent situation and to put their own safety first. All measures to prevent or avoid conflict must be employed, and if in doubt, staff should seek to withdraw from potentially threatening situations until appropriate assistance and support is available. You should contact Safety and Security if you need assistance at any time. It important that you report all incidents related to workplace violence! To report an incident, fill out an occurrence report using the Quantros Safety Reporting System.

As an organization, we want to do everything that we can to provide a safe work environment for all staff. In order to have an effective workplace violence prevention program, we all must work together! It is important that employees, students and instructor be aware of the risks for violence, know what they can do to protect themselves, and understand the importance of reporting any concerns that they have about their safety at work to their manager or the Security Department.
INFECTION PREVENTION

**Infections**
The goal of infection control in hospital settings is to prevent the spread of infection. Infections are transmitted by three kinds of microorganisms: 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 Is Important!**
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.

Studies show that hand hygiene contributes to a reduction in healthcare-associated infections, so it is important that healthcare personnel practice effective hand hygiene. 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)**
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.

**Hand Rub – How To Do It Correctly**
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.

**Handwashing – How To Do It Correctly**
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.

**Proper Glove Use**

*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.

**Additional Guidelines for Hand Hygiene**

- **Hand lotions** are important to prevent skin dryness and irritation, but 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.

**Isolation Guidelines**

The CRMC 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.

**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.

- **HCV** is the virus that causes hepatitis C. It can also cause severe damage to your liver. The signs and symptoms of HCV are similar to HBV. Right now there is no vaccine to help prevent HCV.

Bloodborne pathogens need to get inside of your body to cause infection. They can enter your body if you come into direct contact with the blood or body fluids of someone who is infected. They can enter your body through the mucous membranes of your mouth, eyes, or nose, needle stick injuries, puncture wounds, cuts, scrapes to your skin, rashes, or dermatitis. Whether or not you become infected from a bloodborne pathogen depends on several factors: the number and strength of the germs, your resistance to the disease, and the germ having an entrance into your body (through a cut, puncture wound, chapped or broken skin, etc.).

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 the 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 CRMC 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 CRMC, you will be given contacted by the Infection Control Department for follow up.

### 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 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.

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**DOMESTIC VIOLENCE**

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**DOMESTIC VIOLENCE**

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Domestic violence includes behaviors used by one person in a relationship to control the other. Anyone can be a victim, regardless of age, sex, race, culture, religion, education, employment or marital status. Although both men and women can be abused, most victims are women. Domestic violence is often unreported. Many people think that it’s a private matter and victims are embarrassed or afraid that they will be hurt if they report it. The victim may feel he/she is to blame for the abuse.

Physical indicators that may be clues that someone is a victim of abuse include: bruises, welts, cuts, puncture wounds, pain or tenderness on touching, soiled clothing, absence of hair or bleeding scalp, burns, dehydration or malnourishment not related to an illness, and signs of confinement.

The victim’s behavior may also be a sign of abuse: being nervous, fearful, helpless, withdrawn, or hesitant to talk openly, or giving conflicting accounts of an incident. A person who is an abuser may also be aggressive to people other than the victim. Be alert for these indicators: pacing, trembling hands and/or voice, agitation, rise in the tone of the voice, or increase in breathing pattern.

Employees, students, and instructors should notify the appropriate designated staff person of any suspicion of abuse immediately. If the victim is a patient, notify the Case Management Department or the patient’s nurse. If the victim is an employee, notify a manager.

The Case Management Department is responsible for reporting any suspected abuse to the appropriate local and state agencies. The Case Management Department also maintains current information on public and private community agencies that assist abuse victims. Hospital staff will provide this information to any patients who request it.

SECTION 2
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.
1. Students are expected to follow the Code of Conduct at CaroMont Health.
   a. True
   b. False

2. For patients who are deaf or do not speak English, you must always use an interpreter or the language line to:
   a. Obtain medical information, medical histories.
   b. Obtain a medical consent.
   c. Explain treatment.
   d. All of the above

3. You are expected to follow all safety policies and procedures for performing your job tasks in a safe manner.
   a. True
   b. False

4. If you have an accident or injury during your assignment at CaroMont Health, report it immediately to your instructor and the supervisor of your assigned department/unit/practice.
   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)

   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. Gloves, gowns, waterproof aprons, and face shields are examples of:
   a. Work practice controls.
   b. Engineering controls.
   c. PPE.

11. Which of the following is an example of workplace violence?
   a. Physical assaults including slapping, beating, rape, homicide or use of weapons
   b. Verbal threats, threatening body language and written threats
   c. Muggings
   d. All of the above

12. Identify what you can do to protect yourself from workplace violence.
   a. Be alert to signals and situations associated with increased risk for violence.
   b. Evaluate each situation for potential violence when you enter a room or begin to interact with a patient or visitor.
   c. Don’t isolate yourself with a potentially violent person.
   d. Always keep an open path for exiting and don’t let a potentially violent person stand between you and the door.
   e. All of the above

13. 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.

14. Who is responsible for protecting patient’s privacy?
   a. Doctors and nurses
   b. Senior management
   c. Everyone

15. 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.

16. Which of the following is considered protected health information?
   a. An individual’s name and address
   b. An individual’s social security number
   c. An individual’s date of birth
   d. All of the above

17. The 2013 National Patient Safety Goals and Recommendations focus on:
   a. Improving the safety of using medications.
   b. Reducing the risk of healthcare associated infections.
   c. Improving the accuracy of patient identification.
   d. All of the above

18. A sentinel event is:
   a. An unanticipated occurrence.
   b. An unexpected occurrence involving death or serious physical or psychological injury.
   c. A blame-free culture to promote incident reporting.
19. It is your responsibility to report any incident that you discover so that a report can be entered into the Quantros Safety Reporting System.
   a. True
   b. False

20. What could cause an employee or student to be impaired?
   a. Taking prescription medicine
   b. A medical condition
   c. Using alcohol or illegal drugs
   d. Any of the above

21. What should you do if you suspect that a nurse might be impaired?
   a. Report it to the supervisor of your assigned department/unit.
   b. Keep it to yourself unless you have positive proof.

22. Which of these indicators may be clues that someone is a victim of abuse?
   a. Bruises, welts, cuts, puncture wounds, burns, pain or tenderness on touching, soiled clothing, absence of hair or bleeding scalp, dehydration or malnourishment, signs of confinement
   b. Nervousness, fearfulness, acting withdrawn or helpless, being hesitant to talk openly, giving conflicting accounts of an incident
   c. None of the above
   d. All of the above

23. What should you do if you suspect that a patient has been abused?
   a. Notify the Case Management Department or the patient’s nurse.
   b. Ignore the signs of abuse unless the patient asks you for help.
   c. Either of the above.

Answer Key

1. a   6. b   11. d   16. d   21. a
2. d   7. a   12. e   17. d   22. d
3. a   8. c   13. c   18. b   23. a
4. a   9. c   14. c   19. a
5. c   10. c   15. b   20. d
Code of Conduct
To all CaroMont Health Employees:

The mission of CaroMont Health is to provide exceptional health care to the communities we serve. We have a responsibility to these communities to operate with the highest principles and standards as we strive to ensure a compassionate and ethical approach to health care delivery.

This Code of Conduct provides a clear statement of CaroMont Health’s purpose and values. In conjunction with the CaroMont Health Mission, Vision and Values statements, this Code of Conduct was developed to help employees apply legal and ethical practices to their everyday work. All patient encounters, contacts with suppliers and business decisions must be grounded in compliance with applicable laws and the highest standards of honesty and fairness.

As employees of CaroMont Health, we must always be aware of how our individual actions affect the integrity and credibility of the hospital or business units in which we work, the system as a whole, and the overall health care industry. To that end, we encourage you to work with your fellow employees and use this Code of Conduct throughout your tenure at CaroMont Health.

Thank you for taking the time to review this important manual.

Sincerely,

Randall L. Kelley, President and CEO

H. Spurgeon Mackie, Jr., Chairman, CaroMont Health Board of Directors

M. Vincent Quinn, Chairman, Corporate Responsibility Committee
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I. Guideposts

This Code of Conduct is designed to help employees in the CaroMont Health system make ethical decisions. However, no single document can address every issue. You may face a situation where the right course of action is unclear. In those situations, you should use your own good judgment, this Code of Conduct, and other CaroMont Health policies as guides. If you are still unsure, ask yourself these four questions about each possible course of action:

1. Is it inconsistent with our organization’s values and policies?
2. Is it illegal or unethical?
3. Would the organization (or you personally) be compromised or embarrassed if it became public knowledge?
4. Is it unfair or inappropriate?

If you are still unsure about what to do, or if you are unclear about anything in this Code of Conduct, please talk to your supervisor. You may also contact CaroMont Health’s Corporate Responsibility Officer or make an anonymous report on the toll-free Corporate Responsibility Hotline by calling 1-877-785-0001. You can also make a report via the CaroMont Health Intranet (CHIP).

Employees of CaroMont Health are expected to fully comply with this Code of Conduct and to exhibit the highest professional ethics to maintain the reputation of CaroMont Health. You should understand that any violation of this Code of Conduct is a serious matter and could lead to disciplinary action, up to and including termination.
II. CaroMont Health Vision, Mission and Values

Vision

We are a nationally recognized leader and valued partner in promoting individual health and vibrant communities.

Mission

To provide exceptional health care 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 wellbeing of our patients is dependent on the contributions of all.
• Innovation - We encourage new ideas, an openness to change, and creativity.
III. Treatment of People

A. Patient Care

1. Patient Rights

Our mission at CaroMont Health is to provide exceptional health care to the communities we serve. Patients have the right to be treated with courtesy and respect and to receive appropriate medical care.

We strive to assure patient satisfaction in all aspects of care. As appropriate, each patient or patient representative should be provided with a clear explanation of care including: diagnosis, treatment plan, right to refuse or accept care, advance directive options, organ donation and procurement information, and an explanation of the risks and benefits associated with available treatment options. If a patient has an ethical dilemma (e.g., end of life issues, risks and benefits of different treatment options), he or she should be advised of the availability of ethical consultation services.

We are committed to treating patients in a manner that preserves his or her dignity, autonomy, self-esteem, rights, and involvement in their own care. All patients have a right to privacy and safety.

CaroMont Health's employees should never access or disclose confidential information in a manner that violates the privacy rights of our patients. No CaroMont Health employee, affiliated physician, or other healthcare partner has a right to access, use or disclose any patient information other than as necessary to perform his or her job.

Q&A Patient Rights

Question: I saw my wife's ex-husband in the hallway at the hospital. I believe he is being treated here. Can I look up his medical record to determine why he is here?

Answer: No. This is a violation of our policy and privacy laws. All medical information is private and must be held in the strictest confidence. You may only access the medical records of patients as necessary to perform your job.

2. Patient Confidentiality

At CaroMont Health, we collect information about a patient’s medical condition, history, medication, and family illnesses in order to provide the best possible care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. The Health Insurance Portability and Accountability Act, as amended by the HITECH Act (HIPAA), protects the privacy and confidentiality of patient information. The CaroMont Health Notice
of Privacy Practices explains our legal duties under HIPAA and each patient’s privacy rights. We make a commitment to our patients that we will use and disclose their personal health information only as described in the Notice of Privacy Practices, and that we will seek their written authorization for any other use or disclosure, unless otherwise required by law.

**Q&A Patient Confidentiality**

**Question:** While typing a note for one of the doctors at the hospital, I noticed that my neighbor is scheduled for surgery. I mentioned this to my husband, and he said something to my neighbor. Now my neighbor is angry with me. Have I done anything wrong?

**Answer:** Yes. You must not reveal any medical information about any individual to any person who is not authorized to receive such information. Third parties, like your family members and friends, will likely never be authorized to receive such information, unless they are participating in the direct care of the patient.

### 3. Emergency Treatment

At CaroMont Health, we adhere to the requirements of the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing emergency medical treatment to all patients regardless of their ability to pay. Everyone who presents to the emergency department and requests medical treatment will be given a medical screening exam. Anyone with an emergency medical condition will be treated based on medical need or stabilized and transferred, consistent with EMTALA requirements. In an emergency situation, financial and demographic information will be obtained only after the immediate medical needs of the patient are met. A patient who has not been stabilized will only be transferred to another facility if either (1) the patient or the patient’s legal health care representative, after being informed of the risks, requests the transfer in writing, or (2) a determination is made by a physician that the benefits of treatment at another facility outweigh the risks of transfer. In either case, the receiving facility must be able to provide appropriate care and have agreed to accept the patient prior to the transfer.

### B. Open Communication

CaroMont Health employees are expected to deal with patients, outside vendors, other business contacts, and coworkers with honesty, courtesy and the utmost professionalism.

CaroMont Health values the contributions of every employee and believes that the free exchange of information promotes performance, teamwork and innovation. We communicate openly, frequently and honestly, listening to each other regardless of level or position. The open exchange of opinions and expressions of concern among employees and supervisors is always encouraged.

Keep in mind, disagreements are bound to arise in the workplace. Constructive conflict
can lead to healthy learning and understanding between employees and need not result in disruptive arguments. Under no circumstances should disagreements lead to unprofessional or disrespectful conduct. Being rude or abusive to a patient, visitor, coworker, manager, supervisor, subordinate or to others is never acceptable and may result in disciplinary action.

C. Employment Practices

1. Equal Employment Opportunity

At CaroMont Health, we treat each other with respect and dignity, valuing individual and cultural differences. CaroMont Health is committed to equal employment opportunity without regard to race, color, religion, national origin, gender, sexual orientation, age, disability, marital status, or veteran status. We comply with applicable human rights and equal employment legislation. Just as CaroMont Health does not allow discrimination in hiring practices, we do not tolerate discrimination on the job. Nondiscrimination policies apply to all employment practices including, but not limited to, hiring, recruiting, compensation, benefits, disciplinary actions, educational assistance, promotions and terminations.

2. Sanctions Check

Human Resources will perform a check of potential employees to ensure they do not appear on the Department of Health and Human Services’ Office of Inspector General’s List of Excluded Individuals/Entities or the General Services Administration’s Excluded Persons List System. CaroMont Health will not knowingly employ any individual who appears on these lists. Corporate Responsibility will review current employees against these lists on an annual basis or as otherwise required by the law.

3. Harassment

Everyone has the right to work in an environment free from harassment, intimidation, or hostility. CaroMont Health will not tolerate workplace harassment including degrading or humiliating jokes, slurs, intimidation, or other harassing conduct.

Q&A Harassment

**Question:** I heard one of my coworkers making racist and sexist remarks. Although these remarks were not directed toward me, I find them offensive, and I know they must be offensive to some of my coworkers. What should I do?

**Answer:** Immediately report the incident to your supervisor. If your supervisor made the remarks, immediately report the incident to the Human Resources Department. You also have the right to ask your coworker to stop making such remarks if you find them offensive. If the problem still persists, notify the Human Resources Department.
4. Sexual Harassment

Any form of sexual harassment is strictly prohibited. This prohibition includes, but is not limited to, unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover, verbal or physical conduct of a sexual nature that interferes with an employee’s work performance or creates an intimidating, hostile, or offensive work environment has no place at CaroMont Health.

You should familiarize yourself with CaroMont Health’s harassment policy, which is available on the CaroMont Health Intranet (CHIP). If you have any questions, or if you believe that you have been subjected to any form of harassment or discrimination, you should immediately inform your supervisor and/or Human Resources. Employees will not be subject to any form of retaliation for filing what they believe to be a legitimate complaint.

Q&A Sexual Harassment

Question: My supervisor makes remarks filled with sexual innuendo clearly directed at me. What can I do?
Answer: You should ask your supervisor to stop his/her remarks. If he/she does not, then you should immediately contact Human Resources. Even if the behavior is not physically threatening, the verbal sexual innuendo may create a hostile work environment.
IV. Workplace Health and Safety

A. Employee Concerns

1. Workplace Safety

CaroMont Health is committed to making the work environment safe and healthy for its employees, patients and others. Accordingly, CaroMont Health prohibits dangerous activities including threatening or violent behavior, or even the suggestion of such behavior; possession of firearms, explosives or other weapons on company property or while conducting company business; and willful destruction of company property or the property of others. If you have a workplace safety concern, talk to your supervisor or contact Safety and Security at 704-834-2801.

2. Workplace Health

CaroMont Health complies with all government regulations, policies and guidelines, and develops and enforces company policies that promote the protection of workplace health.

3. Substance Abuse

To protect the interests of our employees and patients, CaroMont Health is committed to an alcohol and drug free work environment. All employees must report to work free of the influence of alcohol, illegal drugs, and controlled substances (narcotics). Reporting to work under the influence of any substance, or using, possessing, distributing, or selling illegal drugs while on CaroMont Health work time or property, may result in immediate termination. CaroMont Health employees can be subject to substance abuse testing in accordance with federal, state and local laws and regulations. CaroMont Health’s Employee Assistance Program is available to all employees who request assistance with a substance abuse problem.

Q&A Substance Abuse
Question: I believe I saw one of my coworkers using drugs in the workplace. What should I do?
Answer: You should immediately report the suspected incident to your supervisor or to Human Resources.
B. Environmental Concerns

1. Laws and Regulations

It is the policy of CaroMont Health to comply with all environmental laws and regulations as they relate to our operations. We operate our facilities with all necessary permits, approvals and controls. At CaroMont Health, we strive to manage and conduct our business in a manner that respects the environment and preserves natural resources.

2. Hazardous Materials

We will diligently use the proper procedures with respect to the handling and disposal of hazardous waste, including medical waste. Hazardous materials in the workplace are to be properly marked and stored in designated locations only. In accordance with applicable laws, employees should be informed about the nature of the chemical hazards to which they may be exposed.

3. Cooperating with Agencies

CaroMont Health will report environmental issues to relevant agencies within the time limits imposed by the agencies. Furthermore, we will work cooperatively with the appropriate authorities to remedy any environmental contamination or improper disposal.
V. Confidential Information

A. Privacy

1. Employee Information

CaroMont Health recognizes that privacy is important to each of us. Therefore, CaroMont Health retains only those employee records required for business, legal or contractual reasons. Access to, disclosure of, and knowledge of those records is limited to people who need the information for legitimate business or legal purposes.

If you have access to personal information about coworkers, you should take precautions to ensure such information is not misused or disclosed improperly. In addition, observe all applicable laws and CaroMont Health policies regarding employee information, including those that limit disclosure of personnel data.

Q&A Employee Information

Question: I work in the Human Resources department and I have access to employee’s address, date of birth and other personnel data for my job. An employee requests a coworker’s home address to mail a get-well card. Can I provide this information?

Answer: No. You cannot provide this information without prior permission from the employee.

2. Proprietary Information

Information about our organization’s strategies and operations is a valuable asset that must be held in strict confidence. Protection of this proprietary information plays a vital role in CaroMont Health’s continued growth. Proprietary information should not be disclosed to others, except as required by law, or when permitted by company policy. When there is a legitimate business need to disclose proprietary information outside CaroMont Health, a nondisclosure agreement may be needed. In such situations, employees should contact the Legal Services Department.

Proprietary information includes, but is not limited to, personnel data maintained by the organization; employee lists including employee home addresses, telephone numbers, or other personal contact information; patient lists, records and clinical information; CaroMont Health research and development, such as inventions, patent applications, and research; pricing and cost data; information pertaining to acquisitions, divestitures, affiliations, and mergers; financial data; strategic plans; and marketing strategies.

It is essential to maintain the confidentiality of, and not improperly publish, disclose, or use, any private or proprietary information acquired, learned, developed, or created during your tenure with CaroMont Health. Always store such proprietary information in a safe place and
follow security procedures for the computer systems you use.

In addition, use common sense to help prevent accidental disclosure of proprietary information. Remember that you can be overheard in public places such as elevators, hallways, cafeterias, and restaurants, and when using cell phones.

In addition, do not discuss CaroMont Health proprietary information with family or friends, as they may not understand its significance or its confidential nature. You could be subject to disciplinary action for the intentional or inadvertent disclosure of such information to a family member, friend or acquaintance or for their subsequent disclosure of such information to others.

Q&A Proprietary Information
Question: Do I have to protect proprietary information after I leave CaroMont Health?
Answer: Yes. You are prohibited from using or disclosing CaroMont Health proprietary information even after you leave the organization.

3. Computer Use and Security

HIPAA requires that we “ensure the confidentiality, integrity, and availability of all electronic protected health information (EPHI)” that we “create, receive, maintain or transmit.” Because of HIPAA requirements, and the overall importance of maintaining the integrity of all data, CaroMont Health has stringent policies regarding computer security.

For example, a security violation occurs if you logon using someone else’s ID. Additionally, you are prohibited from allowing your ID and password to be used by anyone else. Any attempt to circumvent the security system to perform functions or access data for which you have not been granted access is a security violation. Employees involved in security violations may be subject to disciplinary action, up to and including termination.

If you have Internet access at work, it is important to remember that the Internet is to be used for business purposes only. CaroMont Health monitors Internet use. Inappropriate or illegal use of the Internet may lead to disciplinary action, up to and including termination.

For more information regarding computer use and security, please contact the CaroMont Health Chief Information Security Officer.

Q&A Computer Security
Question: I am out of town and need confidential information from my office computer. I call the office and ask my assistant to get the information for me. To do so, I must tell him my computer security password. Have I violated CaroMont Health’s policies?
Answer: Yes. You may forward e-mails to your assistant or other designee to be read while you are away, but it is a violation of the Code of Conduct to disclose computer passwords.
Computer passwords should be considered highly confidential and should never be disclosed to anyone because data that is protected by passwords may become vulnerable to damage, theft or improper disclosure if passwords are inappropriately shared. If an emergency arises and someone needs access to files on your personal network drive, contact the Information Services Help Desk for assistance.

Remember: You are responsible for protecting your password

B. Copyrights

Copyright laws protect the original expression in, among other things, written materials, computer software, works of art, and music, and prohibit their unauthorized duplication, distribution, display or performance. We should not reproduce, distribute or alter copyrighted materials from books, trade journals, computer software, or magazines without permission of the copyright owner or its authorized agent, or as otherwise allowed by law.

Remember that computer software must be used only in accordance with appropriate licensing. Using unlicensed software could constitute copyright infringement.

Q&A Copyrights

Question: My department does not have enough money for everyone to have a copy of a specialized program on every computer. So I just copied the program from someone else’s computer and put it on mine. What’s wrong with that?

Answer: This may be a violation of federal copyright laws. Check with Information Systems to determine whether a cost-effective site license is available for this program.
VI. Business Conduct

A. Conflict of Interest

As employees of CaroMont Health, we owe a duty of loyalty to our employer. A conflict of interest may occur if outside activities or personal interests influence, or appear to influence, our ability to make objective decisions or otherwise perform our work responsibilities. Employees should not accept gifts, payments, entertainment, or anything of value provided in connection with their employment that exceed nominal value unless reported and approved by appropriate levels of management. Cash gifts of any amount are strictly prohibited. Gifts of nominal value, such as meals and entertainment are not prohibited, but should comply with the following policies: Gifts, Gratuities and Entertainment; and Non-Monetary Compensation and Medical Staff Incidental Benefits. Some examples of conflicts of interest include, but are not limited to:

- Owning or having a financial interest in an outside organization that does business with CaroMont Health, unless the business arrangement has been entered into in accordance with the CaroMont Health contracting and conflict of interest policies. (This prohibition does not apply to ownership of stock held by an employee in a public corporation, where the value of the employee’s stock does not exceed three percent of the value of the company.)
- Conducting business for personal gain with a vendor, supplier, contractor, or agency that does business with CaroMont Health, or with any officer or employee of such an organization, outside of the vendor’s usual business practices.
- Influencing, either directly or indirectly, CaroMont Health’s dealings with any supplier with whom you have a personal or financial relationship.
- Representing CaroMont Health in a transaction in which you and/or your immediate family member(s) have a substantial personal or financial interest. Immediate family members include grandparents, parents, siblings, spouses, children, grandchildren, “steps” and in-laws.
- Disclosing or using CaroMont Health’s private or patient information for your and/or your family’s personal gain or advantage.
- Competing with CaroMont Health directly or indirectly, in the purchase, sale, or ownership of property or property rights, or in business investment opportunities.
- Using CaroMont Health’s name, information, property, time and/or other resources to perform outside activities such as a second job, or to volunteer for community activities not specifically sponsored or approved by CaroMont Health.

Q&A Conflict of Interest

Question: As a department head, I have been working with a CaroMont Health vendor for several years. This vendor recently offered to do some landscaping work for me at a substantial discount. Can I let him re-landscape my yard?

Answer: Yes, but not at a discount. A substantial discount implies that the vendor was
giving you a special service with the expectation that you would provide continued or additional CaroMont Health business to this vendor.

B. Contracting

It is the responsibility of those contracting on behalf of CaroMont Health to secure contracts that will be in the best interest of the organization. We strive to build good working relationships with our suppliers because they help us achieve the highest standards of quality. Moreover, we manage our contractor and supplier relationships in a fair, ethical and reasonable manner, consistent with all applicable laws and good business practices. Only persons authorized by the Board may enter into agreements on behalf of CaroMont Health and its subsidiaries.

1. Vendor Selection

At CaroMont Health, we employ high ethical standards in vendor selection, negotiation, contract awards, and the administration of all contracting services. Contracting decisions are based on the supplier’s ability to meet CaroMont Health’s needs and not on personal relationships, friendships, or self-interests. Contracts are awarded in a fair and impartial manner with no discrimination toward or against any bidders.

Q&A Vendor Selection

Question: My department is hosting a conference off campus to include a continental breakfast and lunch. My daughter owns a catering company. May I hire her service, if the prices are comparable to other caterers?

Answer: Possibly. You would need to work with the Purchasing Department to coordinate vendor selection. The selection process would be based on several factors, including price, quality, services offered (selection), guarantees, and reliability. However, be sensitive that there may be times when the appearance of a conflict may preclude contracting with a relative.

2. Sanctions Check

It is the policy of CaroMont Health to require compliance from all its vendors, suppliers and contractors. Designated employees at CaroMont Health will perform a check of potential contractors to ensure they do not appear on the Department of Health and Human Services’ Office of Inspector General’s List of Excluded Individuals/Entities or on the General Services Administration’s Excluded Parties List System (https://www.epls.gov/). CaroMont Health will not contract with any vendors who appear on this list. Corporate Responsibility will review current contractors against this list on an annual basis or more frequently as required by law.

3. Confidential Information

CaroMont Health employees should not communicate to a third party confidential information
given to us by a supplier unless authorized in writing to do so by the supplier. You should not disclose contract pricing and information to outside parties. Contracts involving potential sharing of confidential information should include a contractual commitment from contractors that neither they nor their employees will disclose such information without the consent of CaroMont Health.

C. Political Contributions and Activities

CaroMont Health supports employee participation in the political process. However, CaroMont Health is prohibited from participating in political activities. CaroMont Health’s funds or resources are not to be used to contribute to or support candidates or their political campaigns, or for gifts or payments to any political parties or any of their affiliated organizations.

It is important to separate personal and corporate political activities in order to comply with the appropriate rules and regulations relating to lobbying or attempting to influence government officials. You may not use your position at CaroMont Health or use CaroMont Health equipment or supplies to support a personal philosophy or belief without approval of senior management. Of course, employees may participate in the political process on their own time and at their own expense. Employees cannot seek to be reimbursed by CaroMont Health for any personal political contributions.

At times, CaroMont Health may ask employees to advocate on its behalf by writing letters that present our position on specific health care issues to various government agencies and elected officials. It is your choice whether to participate in these efforts. Additionally, some CaroMont Health employees interface with government officials on a regular basis. If you are involved in these communications on behalf of CaroMont Health, be certain that you are familiar with applicable regulatory constraints and observe them.

Q&A Political Contributions and Activities

Question: I work for the committee to re-elect a local political candidate. Can I distribute campaign brochures to other CaroMont Health employees at work?
Answer: No. You may not distribute campaign material on CaroMont Health property or otherwise campaign for a candidate while on duty. However, you are free to distribute these materials after hours in non-work areas and off campus.

D. Antitrust

Antitrust laws are designed to benefit consumers by promoting competition. These laws primarily prohibit activities that reduce or eliminate competition. Our competitors are other healthcare systems and facilities in markets where we operate. Antitrust laws could be violated by discussing with a competitor certain aspects of CaroMont Health’s business such as how our prices are set, current wage rates, strategic and marketing plans, or the terms of key contracts.
An agreement with a competitor that establishes pricing levels for services is unlawful. Discussions about pricing arrangements should be viewed as highly sensitive and should be reviewed by CaroMont Health’s Legal Department. Additionally, the antitrust laws are violated when two competitors agree not to compete against each other with respect to a geographical area or particular services or when they agree to boycott certain vendors or service providers. Discussions with competitors about services and strategic planning may raise concerns under the antitrust laws and require the close scrutiny of CaroMont Health’s Legal Department.

Q&A Antitrust

**Question:** I have been asked to represent the hospital at a local hospital association meeting. Are there specific subjects that I should not discuss with representatives from other hospitals?

**Answer:** Yes. Do not participate in any discussion with competitors about pricing, profit margins, costs, bids, market share, distribution practices, terms or conditions of key contracts, or other competitive information. In general, avoid discussing sensitive topics with competitors or suppliers, unless you are proceeding with the advice of CaroMont Health’s Legal Department.

E. Marketing and Advertising

Patients trust CaroMont Health because they are aware of our excellent reputation and they know we stand behind our commitment to provide exceptional health care to the communities we serve. The way we market and advertise our services is an important element in maintaining that trust. Advertising can help establish a person’s positive impression of CaroMont Health. It can give patients confidence in the health care service we provide. To maintain our patients’ hard-won trust, our advertisements and other communications must always accurately and fairly describe our services. Anything less would be a disservice to our patients and could damage CaroMont Health’s good name.

F. Accuracy of Records

Every CaroMont Health employee is responsible for the integrity and accuracy of our documents and records. All records, whether medical, operational, or financial, should be maintained in accordance with applicable laws and policy. No one should alter or falsify information contained in any CaroMont Health record or document. In addition, employees must be accurate in completing or providing information for records such as time reports, leave of absence records, expense reports, or other employment-related documents.
G. Record Retention

Medical and business documents and records must be retained in accordance with the law and CaroMont Health’s Document Retention and Destruction policy. Medical and business documents include paper documents, such as letters and memoranda; computer-based information, such as e-mail or computer files on disk or tape; diagnostic imaging films and digital images; and any other medium that contains information about CaroMont Health or its business activities. At CaroMont Health, we should not tamper with or alter records or remove or destroy them before the time period specified in the CaroMont Health Document Retention and Destruction policy.

Q&A Record Retention

Question: I am aware that an outside auditor is on the way to look over some of our financial records. My supervisor asked me to immediately destroy several boxes of records. What should I do?

Answer: Once you are notified an auditor is coming to view certain records, do not destroy any records requested for review by the auditor. CaroMont Health has a formal Document Retention and Destruction policy that should be followed. The policy includes appropriate times to destroy records. Just as records should be retained for a specific amount of time, records should also be destroyed on schedule. If your supervisor advises you to destroy the documents, you should immediately contact the Corporate Responsibility Office or the Legal Department for advice and assistance.
VII. Use of CaroMont Health Resources

A. Electronic Media

All communications systems, electronic mail, intranet, Internet access, telephone, pagers and voice mail that are the property of CaroMont Health are to be used for business purposes only. Employees may not use internal communication channels or access the Internet at work to post, store, transmit, download, distribute or view any material that is threatening, maliciously false, obscene or sexually harassing. Additionally, these channels of communication may not be used to send chain letters or personal broadcast messages, nor are they to be used to conduct job searches or open misaddressed mail. CaroMont Health monitors Internet use, and inappropriate use of the Internet may be grounds for dismissal.

Q&A Electronic Media

Question: I own a small business and I also work at CaroMont Health. Can I use CaroMont Health telephones and e-mail to conduct my business?

Answer: No. Employees may not borrow or use any CaroMont Health property for their personal business or other personal activities.

B. Intellectual Property

At CaroMont Health, we encourage individual creativity that will lead to scientific discoveries, new methods, processes or products that will benefit the patients we serve. Intellectual property includes, but is not limited to, any invention, discovery, improvement, idea, computer software, scientific or technological development, or other form of expression of an idea (whether patentable, copyrightable, or subject to other forms of protection). All intellectual property created by employees of CaroMont Health in the course of their employment is the property of CaroMont Health.

C. Research

We follow high ethical standards at CaroMont Health in all research conducted by our physicians and professional staff. A complete set of policies related to clinical research and human subjects protection are found in the Administrative Policy Manual on the CaroMont Health Intranet (CHIP). We do not tolerate research misconduct. Research misconduct includes, but is not limited to, fabricating or falsifying results, or copying results from other studies without actually performing the research.

All patients asked to participate in research projects should be given a full explanation of alternative services that might prove beneficial to them. They also should be fully informed of potential risks and expected benefits from participating in the research. The patients should be given a full explanation of the procedures to be followed, especially those that are experimental in nature. Refusal by patients to participate in research studies will not
compromise their access to health care services provided by CaroMont Health.

All employees applying for, or performing, research of any type are responsible for maintaining the highest ethical standards in any written or oral communication regarding their research projects, as well as following appropriate research regulations and guidelines. As in all accounting and financial record keeping, our policy is to submit only truthful, legitimate, and appropriate costs related to each research grant or proposal.

Q&A Research

Question: What are examples of scientific misconduct?
Answer: Plagiarism, fabrication of research data or results, and falsification of research data or results.
VIII. Health Care Regulatory Laws

CaroMont Health expects its employees and contractors to refrain from conduct that may violate health care regulatory laws. These laws prohibit:

- The submission of false, fraudulent or misleading claims to any government entity or third-party payor, including:
  - claims for services not rendered,
  - claims that characterize the service differently than the service actually rendered, or
  - claims that do not otherwise comply with applicable program or contractual requirements;
- Direct, indirect or disguised payments in exchange for the referral of patients; and
- Making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.

This section applies to all employees, management, contractors and agents of CaroMont Health. This section and the information contained in it shall be distributed to all current and new employees and to all current and future contractors of CaroMont Health. Information is included concerning tools federal and state agencies use to fight fraud, waste and abuse in the administration of federal and state health programs at CaroMont Health. Specifically, it will address the following:

- A summary of the Federal False Claims Act
- A summary of the Federal Anti-Kickback Statute
- A summary of the Federal “Stark” Law
- A summary of the North Carolina False Claims Act
- A summary of the North Carolina Prohibition on Self Referrals

A. Federal False Claims Act

The federal False Claims Act, 31 U.S.C. §§ 3729-3733, applies to persons or entities that knowingly and willfully submit, cause to be submitted, or conspire to submit a false or fraudulent claim, or that use a false record or statement in support of a claim for payment to a federally-funded program. The phrase “knowingly and willfully” means that the person or entity had actual knowledge of the falsity of the claim, or acted with deliberate ignorance or reckless disregard of the truth or falsity of the claim. Persons or entities that violate the FCA generally can be:

- Fined three times the amount of damages suffered by the government; and
- Assessed civil penalties of $5,000 or more for each claim made.
Additionally, criminal penalties (including fines and imprisonment) may be assessed for false claims and statements.

Below are a few examples of false claims:

• A claim is made for a service that was not rendered.
• A claim is made as a result of a violation of another law (e.g., as the result of the payment of a kickback for the referral of the business).
• A false statement of certification is made by a health care provider that it has complied with certain regulations or statutes.

The federal False Claims Act provides that any person with actual knowledge of false claims or statements submitted to the federal government may bring a False Claims Act action in the government’s name against the person or entity that submitted the false claim. This is known as the False Claims Act’s “qui tam” or whistleblower provision. Depending on the outcome of the case, a whistleblower may be entitled to a portion of the judgment or settlement. The federal False Claims Act provides protection to whistleblowers that are retaliated against by an employer for investigating, filing or participating in a False Claims Act lawsuit.

B. Federal Anti Kickback Statute

The Medicare and Medicaid Patient and Program Protection Act of 1987, 42 U.S.C. § 1320a-7b(b), as amended (the "Anti Kickback Statute") prohibits:

• The knowing and willful offer or receipt of any remuneration (defined broadly to mean anything of value) in exchange for a referral or which is intended to induce a referral for the furnishing or arranging of any item or service for which payment may be made under a federal health care program, including the Medicare and Medicaid programs; and

• The offer or receipt of remuneration in exchange for or which is intended to induce the purchase, lease, order or arranging for or recommending the purchase, lease or order of any good, facility, service or item for which payment may be made under a federal health care program, including Medicare and Medicaid.

A violation of the Anti-Kickback Statute is a felony crime punishable by up to five years imprisonment and a fine of $25,000. It may also result in significant civil penalties, including civil monetary penalties and possible exclusion from participation in federal health care programs.

C. The Stark Law

The Stark Law, 42 U.S.C. § 1395nn, prohibits a physician who has a financial relationship with an entity from referring patients to that entity to receive a designated health service for
which payment may be made under Medicare or Medicaid. The prohibition also applies if a physician’s immediate family member has a financial relationship with an entity. A financial relationship can exist by virtue of ownership, investment or compensation arrangement with an entity. The law is triggered by the mere fact that a financial relationship and a referral for designated health services exist. The physician’s intent when he or she makes a referral is irrelevant.

The following services constitute Designated Health Services:

- Clinical laboratory services
- Physical therapy services
- Occupational therapy services
- Radiology services
- Radiation therapy services and supplies
- Durable medical equipment and supplies
- Parenteral and enteral nutrients, equipment and supplies
- Prosthetics, orthotics, and prosthetic devices and supplies
- Home health services
- Outpatient prescription drugs
- Inpatient and outpatient hospital services

A physician has a financial relationship with an entity if he or she (or an immediate family member) has an ownership or investment interest in that entity or a compensation arrangement with the entity.

A physician makes a referral when he or she makes a request for an item or service covered by Medicare or Medicaid. It includes situations in which a physician requests a consultation with another physician and covers any test or procedure that the other physician orders, performs, or supervises. A physician also makes a referral for services when he or she requests or establishes a plan of care that includes a designated health service be provided to a patient.

A violation of the Stark Law may result in significant civil penalties, including civil monetary penalties and possible exclusion from participation in federal health care programs.

D. North Carolina False Claims Acts

The following acts form the basis for a violation of the North Carolina Medical Assistance Provider False Claims Act (“North Carolina FCA”):

- Knowingly presents, or causes to be presented, to the Medical Assistance Program a false or fraudulent claim for payment or approval; or
- Knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Medical Assistance Program.
Any person who violates the North Carolina FCA may be liable for a civil penalty of not less than $5,000 and not more than $10,000 plus three times the amount of damages which the State Medical Assistance Program sustained. A provider violating the Act may also be liable for the cost of the civil action brought to recover any penalty or damages, interest, and the costs of the investigation.

All authority to bring an action under the North Carolina FCA resides with the state Attorney General. The North Carolina FCA does not provide for an action by a private plaintiff. The Act provides relief to any employee who has been discharged, demoted, suspended, threatened, harassed, or otherwise discriminated against because of his or her objection to a false claims violation or involvement in a false claims action.

E. North Carolina Prohibition on Self-Referrals

North Carolina’s prohibition on self-referrals prohibits a health care provider (including physicians and optometrists) from making a referral of any patient to any entity in which the provider (or certain family members of the provider) is an “investor.” A health care provider or entity may not submit an invoice or claim for payment for most health care services furnished pursuant to a prohibited referral. The definition of “referral” includes certain exceptions for providers making referrals within or between physician practices.

Violations of North Carolina’s prohibition against self-referrals constitute grounds for disciplinary action to be taken by the applicable licensing board. Additionally, the health care provider may be subject to a civil penalty of up to $20,000 for each bill or claim presented that the provider knows or should know is prohibited. The statute also provides for civil penalties of not more than $75,000 for each circumvention arrangement or scheme (e.g., cross-referral arrangement) that a health care provider or other entity enters into and knows or should know is intended to induce referrals or patients for services in violation of this statute.

F. Claims Submission

At CaroMont Health, we are committed to ensuring that all claims to government and private insurance payers are accurate and truthful. All claims should conform to all pertinent federal, state and local laws and regulations. Claims should be submitted only for services that were actually provided and properly documented. CaroMont Health prohibits any employee or agent of CaroMont Health from knowingly presenting, or causing to be presented, claims for payment or approval that are false, fictitious, or fraudulent. No false or misleading entries shall be made or submitted on any bills or claim forms, and no employee should participate in any arrangement that results in such prohibited acts. Making a false statement in a medical record or any document that is used to support billing of medical services could also be considered criminal fraud.
Q&A Claims Submission

Question: My supervisor has asked me to change the date on a progress note so that we can submit a bill. Am I allowed to do that?
Answer: No. Once the document has been completed, it may not be altered. If the date in the progress note was incorrect, an addendum may be made to the note, but the note should not be changed and the addendum must be dated with the date on which it is written.

G. Examples of Fraud & Abuse

Although it is not an exhaustive list, CaroMont Health and its employees will specifically refrain from engaging in the following billing practices:

- Billing for services or supplies not rendered
- Billing for services that are not documented
- Billing for services that are not “medically necessary”
- Double billing (billing twice for the same service)
- Upcoding (changing a procedure code to one that is reimbursed at a higher rate)
- Misrepresenting a diagnosis in order to obtain payment
- Accepting, offering or paying a kickback for patient referrals
- Brand-name billing for generic drugs
- Falsifying any type of record: payroll or time records, medical records, scientific research records, etc.
- Billing for the use or administration of pharmaceuticals, devices or supplies that are not approved by the US Food & Drug Administration (if such approval is required)
- Billing for or using pharmaceuticals, devices or supplies that are purchased from vendors that are not approved by CaroMont Health
- Billing for pharmaceuticals that are received from manufacturers at no cost to CaroMont Health (i.e., drug samples).

Q&A Examples of Fraud and Abuse

Question: I would like to extend a courtesy to some of my patients. May I tell the patient that I will accept “what insurance pays” as full payment for my charge?
Answer: No. Waiver of the deductible or coinsurance for a Medicare patient, except when based on financial need, may violate federal law. Moreover, our contracts with many third-party payers requires CaroMont Health to collect any applicable co-pay or deductible.

Please be aware that CaroMont Health takes compliance with the FCA and all other applicable laws very seriously. CaroMont Health has policies and procedures for detecting and preventing fraud, waste, and abuse. These policies require prompt reporting of any problem to the Corporate Responsibility Officer or to the Corporate Responsibility Hotline at 1-877-785-0001 to allow for early detection of any problem, to ensure continued compliance with the law and
to reduce exposure to penalties. These policies provide for specific standards of conduct and allow for prompt investigation of any alleged misconduct or mistake, appropriate correction of the problem, mitigation of the damage, and sanctions for the violator, if appropriate.

Refer to the latest version of CaroMont Health’s corporate responsibility/compliance policies, which are located on the CaroMont Health Intranet (CHIP), for more information relating to detecting and preventing fraud, waste, and abuse.
IX. CaroMont Health Corporate Responsibility Program & How to Report a Concern

A. Corporate Responsibility Program

CaroMont Health is committed to operating each of its facilities in accordance with all applicable laws and regulations. To that end, each employee should maintain a high level of integrity and honesty in business conduct and avoid any conduct that could reflect adversely on the integrity of CaroMont Health. Each employee will perform all duties on behalf of CaroMont Health in a manner that the employee reasonably believes to be legal, ethical and in the best interests of CaroMont Health.

The CaroMont Health Board of Directors delegates oversight of the Corporate Responsibility program to the Corporate Responsibility Committee. The Corporate Responsibility Officer and Executive Compliance Committee are responsible for the day-to-day direction and implementation of CaroMont Health’s Corporate Responsibility Program. This includes developing and maintaining compliance materials and resources, providing compliance related training, alerts and updates, and overseeing on-going compliance reviews and audits, as needed.

B. How to Report

Every CaroMont Health employee has an affirmative obligation to report any situation that you believe to be a violation of law, a violation of CaroMont Health policy or unethical, involving another employee or someone acting on behalf of CaroMont Health. Any potential issue should be reported to your supervisor, through the normal chain of command or to the Corporate Responsibility Department. You can also make an anonymous report on the toll-free Corporate Responsibility Hotline by calling 1-877-785-0001. You can also make a report via the CaroMont Health Intranet (CHIP).

C. Employee Discipline

Employees may be disciplined for violations of this Code of Conduct or CaroMont Health policies. Disciplinary measures may also be taken against those who intentionally make a false accusation against an employee. Violations of this Code of Conduct or CaroMont Health policies, may lead to disciplinary action, up to and including termination. Additionally, violations of law may be reported to law enforcement and the violator may be subject to criminal investigation and prosecution, as mandated by law.

D. Non-Retaliation

It is the express policy of CaroMont Health that retaliation will not be tolerated, in any form, by management or non-management staff against an employee who reports in good faith a
compliance concern, an actual or potential violation of this Code of Conduct, or any CaroMont Health policy. Similarly, retaliation against an employee for cooperating in a compliance, legal or human resources investigation is also prohibited. Employees who engage in such retaliation may be subject to disciplinary action, up to and including dismissal.

Q&A Non-retaliation

**Question:** If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?

**Answer:** As long as you honestly have a concern, our policy prohibits your being reprimanded or disciplined for reporting your concern. As a CaroMont Health employee, you have a responsibility to report suspected problems. In fact, employees may be subject to discipline if they witness or are aware of a violation but do not report it. The only time employees may be disciplined for reporting misconduct is if they knowingly and intentionally report something that they know or suspect is not true or is misleading.

E. Attestation

CaroMont Health requires all employees to sign an Attestation confirming they have received this Code of Conduct and understand that it summarizes the mandatory policies of CaroMont Health. New employees will be required to sign an Attestation as a condition of employment. Adherence to and support of CaroMont Health’s Code of Conduct, and participation in related activities and training, will be considered in decisions regarding hiring, promotion, and compensation for all candidates and employees.