St. David's HealthCare

Non-Employed Staff Orientation

The term employee is used throughout to refer to employed and non-employed staff. It does not imply an employment relationship.

Non-employed staff orientation overview

Healthy Work Environment
At St. David's HealthCare, our success depends on our people. As such, we are committed to maintaining a healthy work environment for all employees, and we have accepted the responsibility of open and honest communication. You have management's commitment to guiding principles around culture, leadership, voice, compensation and rewards, and staffing. Furthermore, we have an open-door policy, which enables any employee access to anyone in management, from the first-line supervisor to the CEO.

We feel strongly the long-term interests of all our employees are best served by maintaining our current healthy work environment. No employee should have to give up his/her individual voice or deal with management through a third party union representative. Most importantly, employees should make an informed decision prior to signing any union authorization card or petition. The existence of a third party would undoubtedly change the relationship we currently have of dealing directly with one another. We should not compromise the environment we have worked so hard to create.

Elimination of Substance Abuse in the Workplace
St. David's HealthCare cares for the safety of its patients, visitors, and staff. Employees whose work performance, concentration, effectiveness, perception, and/or judgment could be impaired by drugs, pose potential risks to themselves, patients, visitors, and fellow workers.   Given these concerns for public safety, St. David's HealthCare strictly prohibits the possession, sale, transfer, manufacture, or use of drugs or drug paraphernalia while on duty or while on our premises or work sites, in any system-owned vehicle, or at any St. David's HealthCare function. In addition, St. David's HealthCare expressly prohibits any employee from being at work while impaired.

A drug is defined as any substance capable of altering the mood, perception, pain level, or judgment of the individual consuming it (including alcoholic beverages, prescription drugs, illegal inhalants, controlled substances, and illegal drugs). Prescription drugs may be excluded when taken according to doctors' orders, and if it is determined that they do not impair the employee's ability to perform his/her job duties.

In order to ensure a safe, efficient and drug-free workplace, the St. David's HealthCare policy will be strictly enforced at all times. Being at work under the influence of drugs constitutes a violation of hospital policy and may be considered cause for immediate dismissal. Evidence of possession, sale, transfer, or manufacture of drugs or drug paraphernalia constitutes a violation of policy and may be considered cause for search and appropriate disciplinary action, including dismissal, based on results or failure to submit to search procedures.

Smoking/Tobacco
St. David's HealthCare is committed to a healthy, comfortable and productive work environment for our employees. As a part of a model program to promote healthy behaviors and discourage participation in unhealthy behaviors, the use of tobacco is prohibited at all St. David's HealthCare facilities, grounds, vehicles and employee work spaces. This policy applies to all employees, physicians, clients, Non-employed staff and visitors.

Confidentiality
Information concerning patients and/or facility's operations is strictly confidential and must not be discussed with unauthorized persons either inside or outside of St. David's HealthCare.

Authorized individuals are limited to employees whose caring for a patient are under their immediate care, the patient's physician or members of the patient's immediate family, or persons involved in St. David's HealthCare operations with a business "need to know."

Employment related information concerning employees is strictly confidential and must not be discussed with unauthorized persons either inside or outside St. David's HealthCare. Authorized individuals are limited to those with a business "need to know." At no time should confidential information be discussed during the course of casual conversation (i.e., lunch or break), nor should it be discussed in a fashion that does not support efforts to render quality patient care or services. Any unauthorized use or disclosure of confidential information may result in appropriate disciplinary action.

False Claims, Under the Texas False Claims Act, are any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds or a claim for payment under the Medicaid program for a product or service that was rendered by an unlicensed provider or that has not been approved by a healthcare practitioner, is liable for significant penalties and fines. There is also the Whistle Blower Provision which prevents employers from retaliating against employees who report their employer's false claims.

Dress Code
The nature of patient services requires all employees to convey a professional image through proper dress, personal appearance, cleanliness, and neatness whether in the workstation or at a St. David's HealthCare function such as orientation, training meetings, department meetings, etc. Each department has developed an appearance and dress code policy appropriate to the work area, please review the policy. Employees in certain job classifications must wear appropriate St. David's HealthCare approved uniforms and accessories in the interest of patient care and safety.

Picture I.D. Badges
I.D. badges will be issued after completing the non-employed staff orientation packet. The picture I.D. badge must be displayed above the waist so that it is easily seen by patients,

visitors, or co-workers and worn at all times while on duty for security purposes. Non-employed staff may be subject to disciplinary action for not wearing badges appropriately as the same rules apply to non-employed staff as apply to regular employees. An employee found wearing a badge assigned to another employee may be subject to disciplinary action. An employee using an I.D. badge assigned to another employee or badging (clocking) in for time not actually worked will be subject to immediate discharge. Employee I.D. badges are the property of St. David's HealthCare.   Any purposeful damage or defacing of an Employee I.D. badge is subject to disciplinary action. Seeking replacements for lost or stolen badges is the employee's responsibility. Consult with your director to determine the repayment process to replace your badge. The Security Department staff (or Human Resources staff, depending on the facility) will supply new badges.

Solicitation
To avoid disruption of healthcare operations or disturbance of patients, the following rules apply to solicitation and distribution of literature on St. David's HealthCare property.
• Employees may not solicit during working time for any purpose.
• Employees may not solicit at any time for any purpose in patient care areas.
• Employees may not distribute literature during work time for any purpose.
• Employees may not distribute literature at any time for any purpose in working areas. Working areas are all areas within St. David's HealthCare facilities, except cafeterias, employee lounges, lobbies, and parking areas.

Working time does not include break period and meal times, or other periods during the workday when employees are not engaged in performing their work tasks. Working time includes the working time of both the employee doing the soliciting or distributing and the employee to whom the soliciting or distributing is directed.

Personal Telephone Calls & Visitors
St. David's HealthCare telephones are to be used to serve the interests of our patients and visitors and in the course of normal business operations. On occasion, personal calls may be necessary. Employees are asked to limit them to emergencies or essential personal business as directed by their immediate supervisor. Phone calls should be made during meal and/or break periods and kept as brief as possible. Long distance phone calls must be collect or billed to a calling card or the caller's home phone number. Employees using the long distance service for personal use may be subject to disciplinary action. When answering the telephone, employees should identify the department and themselves by name. Impressions of St. David's HealthCare are formed by the way employees respond over the telephone, therefore, courtesy and politeness are necessary at all times.

Visits to an employee by friends or relatives are discouraged while the employee is on duty and should be limited to the employee's scheduled meal or break periods. Visits should not disrupt workflow or patient care. The conduct of visitors will be considered the responsibility of the employee. In receiving visitors, employees must ensure that patient confidentiality and the protection of private health information are maintained.

Use of Personal Electronic Devices (pagers, cell phones, etc.)
Personal business should be conducted during meal and/or break periods and should never be conducted in direct patient care areas. Cell phones or cameras should never be used to

photograph patients or patient care areas as this is a violation of policy that may result in discipline up to and including termination.

Break and Meal Periods
All employees who work a minimum of 5 hours per day will be scheduled for an uninterrupted 30 minute unpaid meal break. Employees who work a minimum of 8 hours per day may be given two 15 minute paid breaks, depending on the department's workload. All meal breaks and rest periods will be permitted if the department workload allows. In the event a non-exempt employee is unable to leave the work area for a meal break due to the department's workload, the supervisor must be notified. The supervisor must arrange for the employee to have a meal break or pay the employee for the 30 minutes worked. The time allotted for breaks may not be added to meal break time and may not be accumulated and used together, used to leave early, used to come in late, or used for any other purpose.

Gifts and Tips
The Code of Conduct states; "you may accept gifts with a total value of $75.00 or less in any one year from any individual or organization who has a business relationship with us, including physicians. Perishable or consumable gifts given to a department or group are not subject to any specific limitation. You may accept gift certificates, but you may never accept cash or financial instruments (e.g., checks, stocks). Under no circumstances may you solicit a gift".

Harassment
The Code of Conduct states; "each colleague has the right to work in an environment free of harassment and disruptive behavior. We will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of others of those who work with us will not be tolerated. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not permitted and is considered unacceptable in our workplace. Any form of sexual harassment is strictly prohibited. This prohibition includes 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 individual's work performance or creates an intimidating, hostile, or offensive work environment has no place." Report any harassment to your supervisor or Human Resources if the harassment involves your supervisor.

Registered, Licensed and Certified Personnel
It is the personal responsibility of each employee to maintain current registrations, licensures, and/or certifications required for his/her position, including the payment of any fees associated with obtaining or maintaining the registration, licensure, and/or certification. Employees must be able to provide proof of such credentials to the appropriate department director. Failure to do so will result in disciplinary action up to and including termination.

Diversity
St. David's HealthCare seeks to create an environment that is creative, successful and resilient, reflecting the diversity of the community we serve. As our society becomes more diverse, it is important to become a more culturally competent organization in order to best meet the needs of our staff, patients, leaders, board members and the community at large. Diversity includes, but is not limited to: Age, Race, Disability, Education, Ethnicity/National origin, Family status, Gender, Sexual orientation, Generation, Language, Life experiences, Lifestyle, Physical characteristics, Religion, geographic background, and Organization function and level.
Why is it important to focus on diversity? To ensure that each person in our organization feels welcomed, respected, supported and valued as a team member.   The Joint Commission requires us to give population specific care and be able to adjust our care based on the

individual's culture, age, religion, etc. Additionally, studies show that teams or organizations with greater diversity tend to have available a richer set of ideas, perspectives, definitions and approaches to issues.

St David's HEALTHCARE

Mission
Vision
Values
Strategic Goals
Patient Experience
Code of Conduct

Mission, Vision, Values and Strategic Goals

Mission:
To provide exceptional care to every patient every day with a spirit of warmth, friendliness and personal pride.

Vision:
To be the finest healthcare and service organization in the world.

Values:
ICARE and the associated values commitments, adopted by SDH as core values, drive both our business and individual code of conduct. These values are central to what we believe and how we operate as an organization.

INTEGRITY
Be Honest and Do What You Say
I am trusted by my patients and coworkers.
I can be counted on to do the right thing.
My actions are consistent with my words.
I make decisions based on what is best for the health and welfare of the people around me.
I demonstrate behavior consistent with our mission and code of conduct.

COMPASSION
Be Sympathetic to the Needs of Others
I show warmth, friendliness and personal pride in all of my interactions.
I maintain eye contact, a pleasant expression and calm demeanor even in difficult situations.
I anticipate the needs of others instead of waiting to be asked.
I offer help to visitors in need of directions and escort them when possible.
I respond to customer requests and concerns in a timely manner.
I keep my customers informed of progress and delays.

ACCOUNTABILITY
Take Ownership for How Actions Impact Outcomes
I arrive on time, ready to focus on assigned duties.
I present a clean and professional image.
I keep the work area and surrounding environment clean, safe and quiet.
I introduce myself to others and wear my badge at all times.
I explain procedures and sequence of events to customers in clear and understandable terms.
I follow up to ensure satisfaction and address additional questions or concerns.
I take ownership of issues and act to achieve positive outcomes.
I ensure issues are raised to the appropriate level of the organization.

RESPECT
Value Others and Embrace Diversity
I treat everyone with dignity, valuing each person individually.
I give my full attention, listen carefully and ask clarifying questions to understand others' perspectives.
I receive and provide constructive feedback in a positive manner.

EXCELLENCE

Take Personal Pride in Exceeding Expectations
I maintain high level competencies and the credentials required for my job.
I have and project confidence in my skills.
I seek new and better ways to improve my performance.
I take initiative to improve service and care.
I value and use teamwork to provide excellent customer service at all times.

Strategic Goals:
Exceptional Care, Customer Loyalty, Financial Strength

Patent Experience
One of St. David's HealthCare's three strategic goals is Customer Loyalty. Extraordinary customer service is essential to achieving that goal and our success in this area is based on providing service in ways that consistently reflect our ICARE values.

Consistency and excellence are delivered through a comprehensive array of strategic actions:
- Hourly Rounding on Patients.
- Using Key Words at Key Times to help patients understand the rationale of our everyday actions.
- Using AIDET – the Five Fundamentals of Service Excellence
- Bedside Report

Hourly Rounding
As part of our commitment to exceptional patient care, we round on our patients every hour during the day and every two hours after 10 pm, except in areas with higher levels of care such as intermediate or critical care. You will be expected to participate in the rounding process on your patients. Please follow the key rounding behaviors when doing so.

1. Introduce yourself using **AIDET** (see below), explain rounding: "We want you to be very satisfied with your stay, so we will be rounding on you every hour to make sure you have everything you need."

2. Perform whatever scheduled task you went in the room to do.

3. Ask the patient if they have any **Pain** (do they need a medication?). Do they need help with **Elimination**? (take them to the bathroom, empty the commode chair, etc.). **Position** (do they need help to reposition?).

4. **Comfort needs** and **Environment**: Is their water pitcher full? Can they reach their call light, urinal, commode, glasses, trash, and bedside table? Do they need clean linens?

5. Before leaving the room, **always say** "*Is there anything else I can do for you? I have the time.*"

6. Let them know you (or the primary nurse) will be back to round again in about an hour.

7. Document the round on the log.

Key Words At Key Times (KWAKT)
In our interactions with patients, visitors, physicians and one another we can use certain phrases which communicate clearly, consistently and positively so people will understand why we're doing what we're doing. Key words can:

- Reduce anxiety and fear
- Improve the lasting perception of care
- Increase comfort level of the staff in communicating with patients
- Assure a consistent level of service is being maintained
- Engage the patient in their care
- Increase compliance with treatment plan

Some key words are used throughout the facilities, such as "Is there anything else I can do for you, I have the time."   Others are created within departments and communicate specific messages appropriate to that department's customer needs.

AIDET
Another communication tool which ensures excellent customer service is the use of the Five Fundamentals of Service Excellence, also known as **AIDET**. The effective use of this process helps our patients fully understand who their caregivers are the nature of the procedures and the time involved.

A- Acknowledge the Patient. You want to acknowledge them by their last name if possible. Even if you are busy on the phone or helping another customer, a friendly look and a smile will let the person know you have seen them and will help them momentarily.

I- Introduce. Introduce yourself, your skill set, your professional certification, and your training. "Hello Mr. Clark. My name is Jackie and I'm a radiologic technologist. I will be taking your X-ray today. I have been a radiologic technologist for 10 years. In fact, I've done this procedure hundreds of times. I also have certification from the American Registry of Radiologic Technologists."

D -Duration. Describe the test, procedure or process. How long it is going to take, what are the steps, how long they'll have to wait for results.

E -Explanation. Explain the tests, the level of discomfort involved, what happens next. For example, explain that you are going to be looking at their wristband and why.

T -Thank you. Thank them for choosing St. David's HealthCare

Bedside Report
Another part of our commitment to excellent patient care is bedside reporting. Bedside Reporting is standardized change of shift communication, which involves, off-going nurses, oncoming nurses, other healthcare providers (physicians) and patients at the patient's bedside. This also includes updating the communication board (white-board) in the patient's room. You may be asked to be a part of bedside reporting.

Why Do We Do It?

1. Patient's perspective is valued as being most important.

2. Patients will see – and hear- from the team of professionals providing their care.

3. Patients will be reassured that everyone is getting all the necessary information.

4. Patients will feel more informed about their care by decreasing anxiety and increasing compliance.

5. Patients will know their nurse each shift.

6. Reduction in "alone" time during shift change.

7. Improves sharing of information between care team by utilizing a standardized method of communicating.

8. Improves understanding of patient condition. Accountability is increased since each nurse knows his or her patients' condition at the end of the shift.

9. Allows "hands on" approach to show the on-coming nurse how to operate special equipment, etc.

10. Gives staff an orderly room and patient at the beginning of the shift.

11. Keeps reporting succinct to items related to patient condition.

12. Overcomes differing communication styles.

Code of Conduct (the Code)

Purpose of our Code of Conduct

Our Code of Conduct provides guidance and assists us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated physicians, third-party payers, non-employed staff, vendors, consultants, and one another.

The Code is a critical component of our overall Ethics and Compliance Program. We have developed the Code to ensure we meet our ethical standards and comply with applicable laws and regulations.

The Code is intended to be comprehensive and easily understood. In some instances, the Code deals fully with the subject covered. In many cases, however, the subject requires additional guidance for those directly involved with the particular area to have sufficient direction. To provide additional guidance, we have developed a comprehensive set of compliance policies and procedures which may be accessed from our policies on our intranet, as well as the external web site at www.hcahealthcare.com. Those policies expand upon or supplement many of the principles articulated in this Code of Conduct.

The standards set forth in the Code apply to all of our employees and non-employed staff, and are mandatory and must be followed.

Key Content Points
The Code of Conduct and this training are key components of our Ethics and Compliance Program being successful. This training will walk new employees through nearly every section of the Code.

At the end of this self-study training, you will be able to:
- Identify the major components of the Code of Conduct.
- Demonstrate a general understanding of the requirements of the Code of Conduct.
- Identify several examples of the Code of Conduct guiding decisions and actions in specific situations they might encounter.
- Identify appropriate actions to take when a violation of the Code of Conduct is suspected.
- Identify appropriate resources to get answers to Code of Conduct related questions.

The training addresses the following key points:
- The purpose of our Code of Conduct is to provide guidance to all HCA colleagues and assist us in carrying out our daily activities within appropriate ethical and legal standards.
- By knowing, living and helping to enforce the Code, we can foster and maintain healthy conduct for ourselves and our organization.
- We must be able to recognize and respond appropriately to situations that challenge our ability to abide by the Code.

Key Concepts and Definitions
The training is built on and refers to the following key concepts:

- The Code of Conduct: The Code of Conduct provides guidance to all HCA colleagues and assists them in carrying out their daily activities within appropriate ethical and legal standards.

- Personal responsibility: Each person must take individual responsibility to "live" (demonstrate and uphold) the mission, values and Code of Conduct every day in every interaction with others at his/her facility.

The Environment of Care

<u>**Safety**</u>
Our facilities make every effort to provide safe working conditions for all employees and non-employed staff. Our facilities observe the safety laws of the governmental bodies within their jurisdiction. Safety is everyone's responsibility. Therefore, everyone is requested to do everything reasonable and necessary to keep our facilities safe places to work. Safety rules as they apply to specific work areas will be explained by the department director. Each employee and non-employed staff is responsible for becoming familiar with and observing safety protocols at all times, are expected to report immediately to the supervisor any unsafe conditions observed and are encouraged to make suggestions for a safer environment.

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"Safety is everyone's responsibility"

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<u>**Everyone should**</u>-
- Report issues to:
    - Supervisor
    - Director
    - Housekeeping; as appropriate
    - Plant Operations/Engineering; as appropriate
        - Give clear information
        - Report location
- If you feel you are in danger, call security
- Find out where your security office is in your facility
- Find out where afterhours access is located
- Always wear your badge properly
- Know your role in the overall safety plan
- Know where your PPE is and how to use it
- Know location of spill kit supplies and proper procedure to clean them up
- Know who to contact
- Report all incidents and spills
- Everyone should discuss RACE with their supervisor
    - Rescue
    - Alarm
    - Contain
    - Extinguish and/or evacuate
- Know where flashlights are located
- If you notice anything unusual, call security to report.
    - Spills
    - Lights out
    - Obstructed exits, fire doors, fire extinguishers and hose cabinets
    - Cluttered corridors
- Find where key manuals are and read them annually.
    - Safety Manual
    - Regulatory Info/HAZSOFT
    - Disaster Planning
    - Infection Control
    - Policies and Procedures

Right to Know: (You have a right to know about the hazardous materials present in your work environment)
• About chemicals in the workplace
• Where SDS sheets and HAZSOFT data is and how to use them
• How to label containers properly
• Know your role in an emergency and where to get information
• Know your backup communication plan
• Know where to obtain supplies and equipment
• Know the Codes

Safety Data Sheets (SDS)/HAZSOFT

- Know the location of the SDS.
- A Hazard/SDS Communication manual (HAZSOFT) is available online. Refer to this for information specific to each unit on hazardous chemical and what to do in the case of a spill or leak. Ask your supervisor for assistance if necessary.
- "Right To Know" Law - You have a right to know about chemicals in the workplace, how to access the SDS sheets, how to use them, and how to label containers properly.
- DO NOT PUT CHEMICALS INTO DRAIN UNLESS THIS IS THE PROPER DISPOSAL METHOD.

Security Services
The safety and security of patients, visitors, and staff is of major importance to St. David's HealthCare. Security service is provided on a 24 hour a day basis. Specific services provided by Security at each facility can be obtained by contacting the department.

Safety, Hazardous Materials, and Waste Emergency Preparedness
Each position has specific responsibilities related to Emergency Preparedness. Your Supervisor will review your role in Emergency Preparedness. Policies and procedures for Emergency Preparedness are located in each department.

In the event of an emergency, dial the following:

Heart Hospital of Austin   **"77777"**

St. David's Georgetown Medical Center   **"333"**

St. David's Medical Center   **"4-4121" or "4-4222"**

St. David's North Austin Medical Center   **"2222"**

St. David's Round Rock Medical Center   **"3"**

St. David's South Austin Medical Center   **"6-7555"**

Fire Safety/Evacuation Plan
- Know the exit(s) in your department
- Know the fire extinguisher(s) location and how to properly use them

There are fire extinguishers located throughout the hospital. Please ask your Supervisor to show you the nearest extinguisher and emergency exit. All fire exits are clearly marked. Evacuation routes are posted on each unit.

Notification of a disaster condition (internal or external) will be announced over the public address system using the following code names:

Code White	External Disaster
Code Black	Bomb Threat
Code Green	Evacuate Building
Code Orange	Hazardous material incident
Code Red	Fire
Code Grey	Weather alert
Code Adam	Infant abduction
Code Purple	Workplace violence
Code Yellow	Person down
Dr. Stork	Unattended birth
Dr. Leo	Cardiac arrest
Code Pink	Pedi/neonate arrest
Code Silver	Active shooter
Rapid Response Team	Rapid Response Team
Code Exit **NAMC and SDGH only**	High "flight" risk patient

ST. DAVID'S HEALTHCARE - DISASTER ACTION GUIDE

RED _Fire_	ORANGE _Hazardous Materials_	GRAY _Tornado_	WHITE _Disaster_	GREEN _Evacuation_
Know where the closest Fire Extinguishers/Pull stations are located - Rescue if possible - Activate alarm pull station (This activates Fire Doors and auto calls Alarm Company to Notify Fire Department) - Call Security with location of fire - Close doors and windows - Identify fire doors and exits - Evacuate if necessary (Horizontal First—see Code Green) - If fire is in an adjacent department or above or below, respond with available staff with fire extinguisher - Remain alert for further instruction for additional evacuations or "ALL CLEAR" **R.A.C.E.** - **R**escue, **A**larm, **C**ontain/**C**onfine, **E**xtinguish **P.A.S.S.** - **P**ull pin, **A**im, **S**queeze, **S**weep the base of the fire	**INTERNAL** - Clear the area / close doors - Stop the leak / spill if it can be done safely - Obtain SDS information from Haz Soft - Secure the area - Call Security - Response team activated - If there are victims, call ED - Notify Director or Supervisor - Await further instructions **EXTERNAL** - Direct patients to outside of ED –by ambulance bay— NO entry to facility - Possible lockdown of facility - Patients triaged and decontaminated - Remain alert for further instruction or "ALL CLEAR"	**WATCH** - Directors / Supervisors alert all staff - Check for supplies (flashlights, blankets, etc.) - Close blinds and drapes - Ensure critical equipment is plugged into red plugs - Remain alert and listen for further instruction **WARNING** - Close all doors - Move away from windows as much as possible - Move patients to inner hallway - Evacuate if necessary (See Code Green Card) - Remain alert for further instruction or "ALL CLEAR"	- Report back to your department - PBX will page directors with instructions - Assess staffing needs - Hand carry staffing form to HR - Assess bed availability & other resources (blood, food, water, etc) - Refer to staffing chart and assume your assigned role - Remain alert for further instruction or "ALL CLEAR"	**Evacuations will be announced by overhead page or in person by Incident Command Personnel Exception: If your unit is on fire, do not wait for an evacuation order** **HORIZONTAL EVACUATION**– **unless told otherwise, the first order of the evacuation process will be to an adjacent fire compartment** - Move patients closest to affected area first - Supervisor completes quick head count of staff and patients - Take Medical records and medical supplies if possible **VERTICAL EVACUATION** - Supervisor completes quick head count of staff - All available staff report to nearest clinical area to assist - Evacuate to designated staging area, ambulatory patients go first - Take medical records and medical supplies if possible **IN BOTH SITUATIONS TAKE HEAD COUNT AND CALL INCIDENT COMMAND CENTER TO REPORT**

BLACK *Bomb*	PURPLE *Threatening Person*	YELLOW *Person Down*	CODE ADAM *Abducted Infant*	DR. LEO *Cardiac Arrest*
• Get all info you can from caller • Try to keep caller on line while someone else calls Security • Refrain from alarming patients and visitors • DO NOT use cell phones or radios • Search areas for anything suspicious, if found DO NOT TOUCH – call Security with exact location of object • If object found, evacuate area • When area has been searched and cleared, call Security • Remain alert for further instruction or "ALL CLEAR"	• Call Security • DO NOT attempt to challenge or disarm individual • Remain calm and maintain eye contact and talk to individual • NEVER attempt to physically restrain or remove by yourself • When response team arrives relay information • Remain alert for further instruction or "ALL CLEAR"	• Call Security with exact location of person down • Remain with the person until response team arrives • Help obtain lifting equipment and slings if needed • Assist as needed • Remain alert for further instructions • Contact Risk Management or PCS if after hours • Obtain witness names if possible • Employee finding the person down will enter event report • If person requests to go the ED, staff will transport via appropriate mean (i.e. wheelchair/stretcher) • If medical assistance is needed on scene, contact the operator at 0 The ED will send available staff. • **If cardiac arrest, call Code Leo**	• Go to closest exit and prevent anyone from leaving until help arrives • Report suspicious people to security • If you see a person with an infant that looks suspicious, STOP THEM if possible but do not try to physically restrain the person • If you cannot stop them, follow at a safe distance and call for help • Get a good description of the person and if car involved, het make, model, color and license plate number • Remain alert for further instruction or "ALL CLEAR"	• Call the Code based on your Facility (Dr. Leo/ Code Blue) • Call Security • Bring the Crash Cart to the site • If properly trained, begin CPR (check patient for consciousness etc.) • Each facility has a designated Code Team • If not assigned to Code Team, clear the area and manage traffic • Have patient's chart available

| SILVER
Active Shooter |
| --- |
| • If not in the involved area, DO NOT RESPOND TO THE AREA
• If in the involved area, assess the situation, i.e.; location and number of persons involved either as hostages or hostage takers and report to Security as soon as safe to do so
• Quickly determine most reasonable way to protect life.
• Stay out of the active shooter 's view
• If accessible escape path, clear area as rapidly as possible
• Help others escape if possible
• Do not attempt to remove wounded people until safe to do so
• Prevent others from entering areas of danger
• Keep hands visible as you exit the building and follow directions of police officers
• If escape is not possible, hide from the perpetrator
• Trained Code Team will respond to help control situation and help with evacuations |

HICS

Hospital Incident Command System (Pronounced "HIX")
- Organized response to emergency incident
- Activated by Administrator or House Supervisor
- Activate HICS to extent needed to meet incident needs
- Ask your Supervisor to review your department-specific role with you

Your Responsibility:
- Use your best judgment and remember your clinical responsibilities and safety procedures
- Your role in a fire and evacuation routes
- Know the policy on oxygen cutoff
- Do not block fire doors or exits
- Know your emergency numbers
- To use equipment within its limitations and report all unsafe or non-functioning equipment
- Report elevators if not working and check with your hospital for procedures when stuck in an elevator
- Report equipment if there is obvious physical damage, frayed cords, sparking or smoking, etc.
- Know your telephone backup system in case of emergencies (secondary, radios, cellular)
- Know where your emergency outlets are located in your area & what is on emergency power

St. David's HealthCare

Health Insurance Portability and Accountability Act
(HIPAA) and HITECH Act
Health Information Management

Information Security

- **What is HIPAA?**
  - ➢ Health Insurance Portability and Accountability Act of 1996
  - ➢ Federal Law – compliance is mandatory
  - ➢ Establishes federal regulations regarding the PRIVACY and SECURITY of patient information
  - ➢ HIPAA compliance is EVERYONE's responsibility
  - ➢ HIPAA is more than confidentiality...
- **HIPAA PRIVACY Rule**
  - ➢ Addresses the use and disclosure of Personal Health Information, or PHI
  - ➢ Sets the standard for the rules of patient confidentiality and the "need to know"
- **HIPAA SECURITY Rule**
  - ➢ Designed to ensure the integrity, confidentiality, and availability of electronic patient information, or ePHI
- **HIPPA Terminology**
  - ➢ FPO: Facility Privacy Official
  - ➢ FISO: Facility Information Security Official
  - ➢ PHI: Protected Health Information
  - ➢ ePHI: PHI that is transmitted, stored, or processed electronically
  - ➢ TPO: treatment, payment, healthcare operations

- **What is HITECH?**

  - ➢ The Health Information Technology for Economic and Clinical Health Act (HITECH Act) legislation created to stimulate the adoption of electronic health records (EHR) of 2009.

What is PHI?

Any information that might reasonably be used to identify an individual. Examples include:
- ➢ Name
- ➢ Address including street, city, county, zip code and equivalent geocodes
- ➢ Names of relatives
- ➢ Name of employers
- ➢ Birth date
- ➢ Telephone numbers
- ➢ Fax Numbers
- ➢ Electronic e-mail addresses
- ➢ Social Security Number
- ➢ Medical record number
- ➢ Health plan beneficiary number
- ➢ Account number
- ➢ Certificate/license number
- ➢ Any vehicle or other device serial number
- ➢ Web Universal Resource Locator (URL)
- ➢ Internet Protocol (IP) address number
- ➢ Finger or voice prints
- ➢ Photographic images
- ➢ Any other unique identifying number, characteristic, or code

Patient Rights
  - ➢ Right to access (view or copy) their medical record
  - ➢ Right to amend information in the medical record (additions only, no deletions allowed)
  - ➢ Right to request privacy restrictions
  - ➢ Right to an accounting of disclosures of PHI other than for TPO

The HIM Department administers each of these rights. Refer all requests to this Department.

Remember
- Exercising the Right to Access requires a signed Release of Information (ROI) to be on file in HIM.
- Accessing your own, a family member's, or a friend or co-worker's medical record in Meditech/CPCS is not allowed and is a violation of company policy.

Additional Patient Rights
- Right to request confidential communications through the use of an alternate address or phone number.
- Right to opt out of the hospital directory.
- Right to receive notice of privacy practices regarding use and disclosure of PHI. This is provided to patients upon admission.

How HIPAA Affects You
- Documents
  - ➢ Use coversheets on all external faxes
  - ➢ Secure and monitor patient charts
  - ➢ Dispose of PHI in shred cabinets/bins (including patient labels)
  - ➢ PHI on containers must be "Sharpied" out (e.g. items from pharmacy)
- Verbal Communications
  - ➢ Be discerning with conversations in the presence of others
  - ➢ Refer to your facility policies regarding use of passcodes for telephone disclosures
  - ➢ Always verify the identity of requestors
  - ➢ Allow patient the opportunity to object to PHI disclosures
  - ➢ Caregivers must ask visitors/family to leave the room
  - ➢ Patient may object to request for visitors/family to leave
- System Security
  - ➢ Keep computer screens out of view
  - ➢ **LOG OFF** or suspend your session to protect against unauthorized use of your password and unauthorized disclosures
  - ➢ Use password protected screensavers where appropriate
  - ➢ Create strong passwords and safeguard them
  - ➢ Never disable virus protection
  - ➢ Only use software approved by your Information Services (IS) Department
  - ➢ Never download from the Internet without IS approval
  - ➢ Do not email encrypted ePHI outside of the company without IS approval
  - ➢ Read the Information Security Guide and put it into practice

Know Your Facilities Policies and Procedures, including:
  - ➢ Disclosing PHI to patients, family, and friends
  - ➢ Verification of requestors
  - ➢ Sharing PHI with other treatment providers

- ➢ Disclosing PHI under Public Good exception
- ➢ External faxing guidelines
- ➢ Electronic communications, email, and Internet use

Disclosure of PHI Under Public Good Exception
The Public Good Exception permits certain disclosures in certain circumstances. Examples include:
- Certain law enforcement purposes
- Reporting abuse or neglect
- Oversight agencies
- To avert serious threat to health or safety

External Faxing Guidelines
- Limit when possible
- Verify fax number
- Utilize preset numbers when applicable
- Locate fax machines in secure locations
- ALWAYS use cover sheet with confidentiality statement for transmittals
- Avoid faxing highly sensitive information
- Do not put PHI on cover sheet

Sanctions for HIPAA Violations
- Human Resources disciplinary action
- Civil fines imposed upon the organization and the individuals involved
- Potential for criminal penalties

Common Exposures
- Discussions of patient information in public places such as elevators, hallways, and cafeterias
- Patient charts left on counters
- PHI in regular trash
- Misdirected faxes and emails
- Walking away from a computer without logging out or suspending the session

Reportable Events
- Real and potential security breaches and unauthorized disclosures of PHI must be reported to HCA within three days of discovery
- Notify HIM or IS of a suspected violation immediately

Examples of Reportable Events
- Inadvertent or intentional wrongful disclosures
- More than minimum necessary information disclosed
- Failure to distribute Privacy Notice
- Failure to comply with various rights in a timely manner (max. 60 days)
- Failure to use reasonable safeguards (e.g. PHI in trash, PHI not secure)
- Failure to comply with facility policies and procedures

Remember
- Always use the "Need to Know" rule
- Dispose of PHI properly
- Never share computer passwords
- Treat all information as if it were about you or your family
- Know your FISO and your FPO
- Know where to find your facility's HIPAA policies
- Immediately report suspected HIPAA violations to your supervisor, FPO, FISO, or ECO

Our systems are routinely reviewed through the use of conformance and monitoring audit reports. If a violation is believed to have occurred, the following information is gathered/assessed:
- whether or not a violation has occurred
- number of patients or persons affected,
- severity of the violation,
- degree of harm to patient, persons and/or facility,
- degree of which confidentiality, integrity, and/or availability of systems or data was impacted
- degree of which the action placed the facility or the company's systems or network at risk
- whether the inappropriate disclosure was purposeful or negligent
- previous work and violations history
- to what degree was the facility able to verify the specifics of a situation through audit trails, interviews, or other facts.

The FPO/FISO will complete the investigation and work with the employee's Manager and Human Resources to determine the level of disciplinary action, up to and including termination based upon the category of the violation.

Minimum Recommended Privacy and/or Information Security Violation Level Grid

Level /Definition of Violation	Example of Violation	Recommended Action

Level I
 	
Negligent/Accidental and/or due to lack of proper education
	• Improper disposal of PHI.
	• Failing to sign off a given computer terminal when not using it.
	• Accessing own record in any clinical systems application.
	• Improper protection of medical records or other PHI:
	    ○ Leaving records on counters or where otherwise accessible by unauthorized individuals.
	    ○ Leaving any documents that contain PHI in inappropriate areas.
	• Not properly verifying individuals by phone, in person or in writing.
	• Leaving detailed PHI on an answering machine.
	• Not accounting for disclosures outside of treatment, payment or
		• Retraining and re-evaluation.
		• Oral warning with discussion of policy, procedures and requirements.

	health care operations within the correct system or manual process.
	• Failure to verify a patient's Directory Opt out status
	• Failure to properly safeguard PHI or systems storing PHI
	  ◦ Careless handling of usernames and passwords.
	  ◦ Connecting the Company network to another external network without boundary protection.
	  ◦ Exposure of company information systems to malicious code.
	• Emailing PHI outside the HCA network without encryption and password protection.
	• Failure to allow a patient to object to PHI disclosure to family/friends involved in his/her care.
	• Not utilizing the passcode system (where applicable) to verify the requestor's right to receive PHI over the phone.
	• Compromising physical security measures.	

Level II Purposeful break in the terms of the Confidentiality & Security Agreement, violation of privacy policy or an unacceptable number of previous violations, including failure to respond to related coaching.	• Accessing or using PHI without having a legitimate need to perform your job related duties. • Using another user's ID/Password. • Allowing another employee to utilize your password to access system applications. • Not forwarding appropriate information or requests to facility privacy officer (FPO) for processing • Failure to secure PHI and/or other confidential information • Compromising physical security measures • Misuse of company information systems to view inappropriate material	• Retraining and re-evaluation. • Written warning with discussion of policy, procedures and requirements • Possible termination
Level III Purposeful break in the terms of the Confidentiality & Security Agreement, violation of privacy policy, verbal disclosure of patient information regarding treatment and status with potential for patient harm, or an unacceptable number of previous violations.	• Disclosure of PHI to an unauthorized individual or company. • Theft/Sale of PHI to any source. • Any uses or disclosures that could invoke harm to a patient. • Misuse of confidential company information or company systems • Deliberately compromising electronic information security measures	• Termination. • Termination of vendor contract. • Possible referral to law enforcement agencies for investigation and criminal prosecution.

Please review our Confidentiality Policy

IP.GEN.003 - Confidentiality Statements

DEPARTMENT: Information Protection	**POLICY DESCRIPTION:** Confidentiality Statements
PAGE: 1 of 2	**REPLACES POLICY DATED:** 8/1/15
EFFECTIVE DATE: January 1, 2016	**REFERENCE NUMBER:** IP.GEN.003
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities and Lines of Business including, but not limited to, hospitals, ambulatory surgery centers, imaging and oncology centers, physician practices, shared services centers, corporate departments, Groups, Divisions and Markets.

PURPOSE: All individuals with access to Company information are responsible for the protection of such information. A confidentiality statement on applicable internal documents helps protect Sensitive Business Information (as defined below). This policy indicates when a confidentiality statement is required and how it should be utilized.

POLICY: The Company recognizes the importance of protecting the confidentiality of Company information. Individuals with access to Company information must take reasonable and appropriate steps to protect Sensitive Business Information (defined below) by including a confidentiality statement on internal documents that contain such information.

DEFINITIONS

Internal documents : Documents used for reporting, communicating, and presenting information within the company and not intended for external dissemination. May include, but is not limited to, documents, spreadsheets, presentations, and system-generated reports.

Sensitive Business Information : Company information that Senior Leadership, Executive Management, and/or other members of the workforce create, interpret, present, and/or report on in order to make strategic business decisions or conduct Company business (*e.g.,* Company Financial Information, budget data, operational data). It does not include routine email between workforce members.

PROCEDURE:

1. The following confidentiality statement must be placed on all internal documents (*e.g.,* reports, presentations) containing Company Sensitive Business Information:

CONFIDENTIAL – Contains proprietary information. Not intended for external distribution.

2. The required confidentiality statement must be one of the following:

a. a watermark that runs diagonally across each page of the document, or

b. at the bottom of each page of the document in a font size that is clearly noticeable.

3. Individual documents will be expected to carry the confidentiality statement as soon as possible, but no later than the effective date of this policy. For system-generated reports, best efforts must be undertaken to implement this policy by the effective date. If that is not possible, implementation should occur as soon as system changes have been made and an action plan should be developed reflecting the planned changes.

4. For hospitals and other facilities that have one, the Facility Ethics and Compliance Committee (FECC), under the direction of the Ethics and Compliance Officer, is responsible for ensuring compliance with this policy. For entities that don't have an FECC, the Chief Executive Officer, Administrator or Practice Manager shall designate an individual to oversee implementation.

St David's HealthCare

Patient Rights
Spiritual Care
Ethics

Patient Rights

Patients have rights and the responsibility to take an active role in their health care.

Patient Rights

Respectful Care
- To be informed
- To receive information clearly
- To privacy
- To have information kept confidential
- To be treated without discrimination
- To give informed Consent before treatment.
- To know the options
- To know the risks and benefits
- To know possible outcomes
- To know possible side effects
- To know costs
- To get complete information
- To know who is providing care
- To give consent for research

Informed Consent
- To Know the Options and Consequences of Choices
- To Know Risks and Benefits
- To Know Possible Outcomes
- To Know Possible Side Effects
- To Know Costs
- To Get Complete Information
- To Know Who Is Providing Care By Name
- To Give Consent Before Treatment
- To Give Consent For Research

Accept and Refuse Care
- Second Opinion
- Pain Relief Options (5th Vital Sign)
  - pulse
  - blood pressure
  - temperature
  - respiration's
  - pain evaluation

Other
- To See Medical Records
- To Participate in Discharge Planning
- To Have a Patient Advocate/Representative
- To Transfer to Appropriate Treatment
- To Understand Patient Charges
- To Appeal To Medicare

Spiritual Care

Chaplains	Chaplains are available on call, 24/7, for patient care needs.
Goal	To address spiritual needs, to help people through their times of ills, supporting them through crisis, and assisting patients and families at the time of death.
Focus	Focus on patients' and families' needs and concerns, but are also available to staff as they deal with personal and professional issues.
Spiritual Needs	Respect the individual/personal beliefs of patients and support them as they draw on their beliefs and values.
Chapels	Chapels/Quiet space is available for patients, families, and staff.

Ethics Committee

Referrals	Anyone may make a referral to the Ethics Committee, patient, family, physician, nurse, therapist, etc.
When to refer	Disagreements among family, between patient and physician, family and physician; questions about what is appropriate and inappropriate treatment, futile care, to continue/discontinue treatment.
Immediate Consults	Ethics consultations can happen within hours. The committee makes a recommendation to the parties involved regarding what is ethically obligatory or non-obligatory. It is a consultation not a mandate.
Requests	Chaplains are the people to contact to request an Ethics Committee Meeting or an Ethics Consult.

Resuscitation Categories

Every patient is categorized by cardiopulmonary resuscitation (CPR) status. This tells the staff what to do if the patient stops breathing or has cardiac arrest. The appropriate category is determined through discussion with the patient, family and physician.

There are three categories:

1. **Total Support (Category 1)**: Everything necessary will be done to sustain the patient including CPR, artificial breathing techniques, medicines and electrical shocks to the heart.

2. **Allow Natural Death (A.N.D.-1)**: Medicines will be used only to sustain the patient. This excludes CPR, artificial breathing techniques and electrical shocks to the heart.

3. **Allow Natural Death (A.N.D.-C)**: Treatment will be provided to alleviate suffering and pain and to maximize the comfort and dignity of the patient.

Advance Directives
- Organ Donor Card
- Declaration of Mental Health Treatment
- Out-of-Hospital Do-Not-Resuscitate Order
- Medical Power of Attorney
- Directive to Physicians and Family or Surrogates

Advance Directives are statements of a person's decision regarding healthcare choices made in advance of a time when he/she may lose capacity to make a healthcare decision. The Department of Spiritual Care provides information and assistance to patients and families regarding Advance Directives. In some St. David's HealthCare facilities, Spiritual Care receives automatic, Meditech generated, referrals whenever a patient or family member has been identified by the admitting nurse to need/want further information on Advance Directives. Check with the facility that you are working in to understand how this consultation is generated.

There are 5 different types of Advance Directives that patients may execute:
- Organ and Tissue Donor Card – a written statement, signed by the donor or legally authorized representative, authorizing the donation of organs and/or tissues after death.
- Declaration of Mental Health Treatment – a written directive specifying preferences or instruction regarding mental health treatment.
- Out-of-Hospital Do-Not-Resuscitate Order – a written form directing healthcare professionals in out-of-hospital settings not to initiate or continue certain medical interventions.
- Medical Power of Attorney – a written directive designating a person or persons to make healthcare decisions if the patient becomes unable to make his/her own decisions.
- Directive to Physicians and Family or Surrogates – a written directive specifying choices for life-sustaining treatment in the event of a terminal or irreversible condition. (Also known as a Living Will).

These documents are available in the Department of Pastoral Care. The Medical Power of Attorney and Directive to Physicians & Family are also available in Spanish.

Advance Directives DO NOT indicate Code Status.
- Inpatients - Physicians orders indicate code status
- Outpatients - OHDNR indicates code status
    - Out-of-hospital settings – any setting where out-patients are treated, or any setting outside of a licensed acute care hospital/skilled sub-acute setting, in which health care professionals are called for assistance. Examples: home care, hospice, long term care, hospital emergency departments, and hospital out-patient departments.
    - Requires physician signatures to be effective.
    - No longer a requirement that patient's condition is terminal or irreversible.
    - Must be executed on Texas Department of Health (TDH) form.
    - No permanent ID (necklace, bracelet) is required.
    - May now honor a copy of order.

Advance Directives are NOT required by law and patients cannot be coerced into completing Advanced Directives.

Advance Directives may be revoked by the patient at any time by:
- Oral or written notification by the patient to the agent or health care provider.
- Execution of a subsequent Advance Directive.
- Destroying the Advance Directive
- The patient signing and dating a written revocation.
- The patient orally states his/her intent to revoke
- Unless stated otherwise, the appointment of a spouse as MPOA dissolves on divorce

Advance Directives must be executed by a competent individual. The person must have the capacity to make healthcare decisions at the time of completing Advance Directives.

Advance Directives must be witnessed by 2 adult individuals. (An attorney or notary public is not necessary. There is no charge for Advance Directives.)

Witness 1
- May not be a person designated to make treatment decision of the patient
- May not be related to patient by blood or marriage
- May not be entitled to any part of the estate
- May not be the attending physician or an employee of the attending physician
- If an employee of a health care facility in which the patient is being cared for, may not be involved in providing direct patient care
- May not be an officer, director, partner or business office employee of the health care facility or any parent organization of the health care facility

Witness 2
- May have a relationship to the patient

Advance Directives are included in the pamphlet Critical Choices and Advance Directives provided by Admissions.

Use of Restraints

General Information
Application and use of restraints continues to be a controversial topic. One view is that restraints inappropriately restrict an individual's freedom, and their use is often unnecessary. Further, patients trying to escape from restraints injure themselves and some have even choked to death. On the other hand, some research studies indicate more patients may fall without restraints, increasing the likelihood of injury. How does this conflicting information affect you? You need to be aware this is a sensitive topic, with both sides having valid points. None of us would want our loved one "tied up" without a VERY good reason. Nor would we want them left for hours without being checked on, fed, fluids given, or taken to the bathroom. That same ethical standard applies to our patients. As a health care worker, we have duties and responsibilities to care for and protect patients. We must also meet Federal and State accrediting and regulatory regulations.

When is Restraint Use Justified?
Restraints may be used in response to emergent, dangerous behavior, as an adjunct to planned care or as a component of an approved protocol. Restraint use is limited to those situations with adequate, appropriate clinical justification while balancing patient safety, rights, dignity and well being. Restraints may only be used upon a physician's order and /or with an approved protocol.

Patient Care Considerations
Patients in restraints MUST have the following interventions done frequently:
- Have food, fluids and assistance with both, if needed
- Have regular toileting and assistance, if needed
- Have circulation and skin condition assessed to remove or loosen restraints, as necessary
- Must be frequently assessed for the continued need for use of the restraint
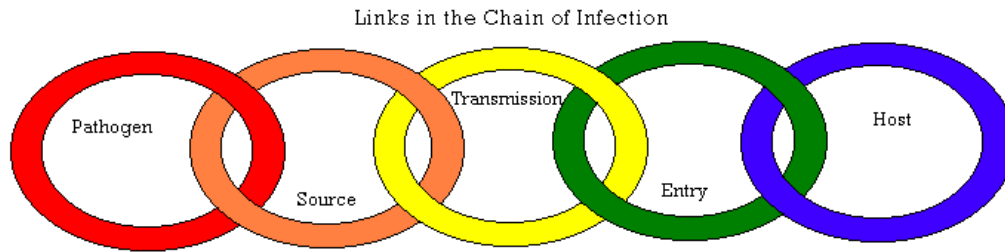- Must be provided with some form of physical activity to the restrained extremity/body part

St David's HealthCare

Infection Control

Infection Control

Goal of the Infection Control Program
To prevent the occurrence and/or the transmission of infections in the health care environment

Chain of Transmission

Links in the Chain of Infection

The Chain of Transmission/Infection helps us understand how infections are transmitted. For an infection to be passed on each link in the chain must be present. Breaking the chain at any point will prevent an infection. As health care providers, we have several opportunities to "break the chain."

Chain of Infection Definitions
Pathogen: Any causative agent or germ causing a disease.
Examples: bacteria, virus, protozoan, fungus, rickettsia, parasites.

Source: Where the pathogen lives before it infects.
Examples: food, water, animal, insect, soil, human.

Transmission: How the pathogen gets from the source into a healthy human.
May be through Direct Contact Transmission or Indirect Contact Transmission.

Examples of Direct Contact Include: kissing, sexual contact, skin-to-skin or close personal contact.
Examples of Indirect Contact Include: sneezing (airborne - Tuberculosis), coughing, eating or drinking contaminated food or water, touching contaminated equipment, linens, or dressings, insect or animal bites (vectors).

Entry: Where the pathogen enters the body. Which body opening?
Examples: eyes, mouth, nose, breaks in skin, genitourinary openings, placenta.

Host: Who is most likely to get a particular disease.
Examples: someone with a compromised immune system (Diabetic, COPD or Cancer patient), someone who has not been vaccinated, someone who has not yet been exposed, living in a particular country, state or environment, someone whose behavior puts them at risk for a disease.   Factors influencing susceptibility include age, gender, ethnicity, occupation, nutritional status, current medications, genetics, and socioeconomic status.

How to Break the Chain of Transmission

Follow Standard Precautions

What are Standard Precautions?	The actions taken while working with <u>**all**</u> patients, <u>**all**</u> <u>of the time</u>, to stop the transmission of germs from patient to patient, patient to health care worker, and health care worker to patient.
Why should we use Standard Precautions?	Anyone's blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin can carry germs that are harmful to others, whether or not the person appears sick. Since it is impossible to tell by looking at someone if he/she is infected or colonized, to be safe we must take Standard Precautions with **everyone**.

Which Standard Precautions should we take with all patients?	✋ **Hand Hygiene** includes the use of alcohol-based hand sanitizer (apply golf ball size alcohol-based hand sanitizer to hands and rub foam to cover all hand and finger surfaces until dry) **or**
	
	 ✋ **Hand washing** for fifteen seconds, vigorously, before and after each patient contact and any time contamination occurs. Always wash your hands after removing gloves.
	
	 🧍 **Personal Protective Equipment (PPE):**
	
	    🧍 **Gloves** whenever contact with blood, body fluids, secretions, excretions, mucous membranes and non-intact skin is likely, including drawing blood and starting IVs; remove them before touching non-contaminated items;
	
	    🧍 **Gowns** if splashing of blood or other body fluids is likely; remove gown promptly without contaminating your clothing;
	
	    🧍 **Masks, face shields, and goggles** when potential splashes or sprays of blood or other body fluids are likely or coughing patients regardless of the isolation status; remove touching only the straps;
	
	 ✂ **Sharps** are disposed of immediately after use in a sharps container. Used needles are never recapped. Protected sharps devices are available for use.
	
	 🧺 **Soiled Linens** are not shaken, but gathered and bagged, keeping the outside of the bag clean. The laundry handles all soiled linen as though contaminated; no special technique is needed for isolation linens.
	
	 🍽 **Dirty Dishes** are placed back in the food cart after all patients have been served. Food Service handles all dishes as if contaminated, so no special technique is used for isolation dishes.
	
	 🗑 **Trash** containing blood, body fluids, secretions, excretions, or tissues in amounts that would release material when compressed, is discarded in a red biohazard waste container. Bloody liquid waste in containers is sealed and placed in the red biohazard container with adequate absorbent. Other trash, including isolation

	trash, is discarded as regular waste.
	✸ **Spills** of blood and other body fluids are cleaned up after protecting yourself from contact with them. If broken glass or other sharps are part of the spill, remove with forceps or a broom and dustpan and discard in a sharps container. Wipe up the spill with paper towels and discard in a biohazard container. Disinfect the spill area with spray disinfectant.
Who provides PPE?	The employer must supply workers with equipment that provides an effective barrier against exposure to potentially infective materials.
Who decides when to use PPE?	The health care worker is responsible for assessing the situation and donning all necessary personal protective equipment and following hospital policy when use of PPE is required. Do not enter a room if there is a sign on the door and you are unsure of which protective equipment is necessary—**Ask the nurse.**

Practice Good Hand Hygiene
Hand hygiene is the most important way to keep from getting sick or spreading infections. It is such a simple procedure that we often take it for granted. When you work in the healthcare industry, however, you must take hand hygiene and hand washing more seriously, and ensure you do a proper and thorough job of it. If not, disease-causing pathogens such as cold viruses, multiple-drug resistant organisms, hepatitis A, meningitis, and infectious diarrhea can spread from your hands to you, your co-workers, and your patients.

Get in the habit of always practicing good hand hygiene:
• Upon arrival to work from home,
• Immediately after removing gloves or other protective equipment,
• After any hand contact with blood or potentially infectious fluids, secretions, excretions, and contaminated items,
• Between patient visits (or during patient visits if necessary to prevent cross-contamination of body areas),
• Before and after each patient contact,
• Moving from contaminated body site to a clean body site during patient care,
• After leaving Isolation room,
• After touching contaminated equipment,
• After you use the bathroom,
• Before and after you eat,
• Wiping or blowing nose, coughing/sneezing, rubbing eyes, including manipulating contact lens, and
• Before leaving work for home.

Follow your facility's guidelines for proper hand washing techniques. In general, the procedure is to wet your wrists and hands, apply soap, lather, vigorously rub for 15 seconds, rinse thoroughly, dry with a paper towel and turn off faucet with a clean and dry paper towel. You may use alcohol based hand sanitizer (ALCARE) foam if hands are not visibly soiled. ALCARE may not be used if patient has spore-forming disease, such as C. Difficile or anthrax.

And remember, **HAND HYGIENE IS THE MOST IMPORTANT PROCEDURE TO PREVENT THE SPREAD OF INFECTIONS!**

Hand Hygiene Guidelines Fact Sheet
Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates.

CDC released guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional hand washing with soap and water, CDC is recommending the use of alcohol-based hand rubs, which contain emollients to keep the hands soft, by health care personnel for patient care because they address some of the obstacles that health care professionals face when taking care of patients.
Artificial nails are not be permitted and natural nails should not exceed ¼ inch in length for staff with direct patient contact or by employees who handles patient equipment, supplies or food.

Long and/or artificial fingernails that extend past fingertips may tear gloves causing patient injury during moving or positioning of patients. The underside of the fingernail can harbor various types of microorganisms. Furthermore, the fingertips of artificial nails have been found to harbor higher numbers of gram-negative organisms than fingertips of natural nails, thereby increasing the risk of infection. Fungal growth also occurs frequently under the artificial nail.

When health care personnel's hands are visibly soiled or have come in contact with blood or body fluids or secretions regardless of glove use, they should wash with soap and water.
The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70-80%, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.

When using an alcohol-based hand rub, apply about 50-cent size of product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.

Smooth intact skin harbors fewer organisms than cracked, rough skin. Frequent hand hygiene and washing may compromise the condition of the skin.

- St. David's HealthCare provides hand lotion that is compatible with our soap, alcohol-based hand sanitizers, surgical hand antisepsis, surgical hand sanitizers, low-protein powder less gloves, powder less vinyl gloves, and Nitrile gloves.
- Lotion is available in each unit/department.
- Employees are encouraged to apply the lotion 3 times per shift.
- Lotions purchased "over the counter" may be used in non patient care areas.
- Lotion purchased "over the counter" in very large containers is discouraged as it may become contaminated with gram-negative organisms.

Follow Isolation Precautions
Standard Precautions serve as the backbone of good Infection Control. Because Standard Precautions cannot protect the staff, patients, or visitors from the transmission of all communicable diseases, the Centers for Disease Control has recommended the adoption of Transmission Based Precautions. There are three types of transmission based isolation precautions
1. Airborne: Minimum PPE to enter room -- N-95 Particulate Respirator Mask (duck bill). Examples: M. Tuberculosis, Chicken pox, Small pox, SARS. CONCERNS: Patient leaving room for procedures wear should regular surgical masks
2. Contact: Minimum PPE to enter room – Follow facility policy. Examples: MRSA, VRE, C. Difficile, Scabies, Wounds not contained by dressings or multiple draining wounds. CONCERNS: Patients leaving room must have clean clothes/clean patient gown and immediate Hand hygiene done as they leave the room, Patient and visitors in isolation room may not go to kitchenettes/public areas

3.   Droplet: Minimum PPE to enter room--regular mask and gloves. EXAMPLES: Flu, bacterial meningitis. CONCERNS: Patient leaving room for procedures should wear regular surgical masks

Everyone must comply with these isolation precautions. Signs are put on the door to indicate if someone is in isolation. If you do not understand what you need to wear when entering an isolation room, you should ask the nurse caring for the patient.
The protective equipment must be donned before entering the room. It should be removed in order of the most soiled to the least soiled before leaving the room. . Dispose of PPE in the room before leaving. Hands should be washed before leaving the room. Exception: N-95 masks are removed in the hall after immediately closing patient door.

Please report any known or suspected exposures to your supervisor and Employee/Occupational Health.

Be Vaccinated
You are required to take the flu vaccination or wear a mask during the flu season.

If your work requires possible exposure to blood borne pathogens, carefully consider the hepatitis B vaccination series. It is offered through Employee Health Services**.**

Know your chickenpox status.

- Chicken pox can be deadly to an immunosuppressed individual or a young adult. It is spread primarily by way of the respiratory tract on air currents.
- Employees, who have never had the disease or the vaccination, should never enter the room of a patient who has chickenpox or disseminated Herpes zoster (Shingles).

Know How Tuberculosis (TB) is Transmitted
Tuberculosis (TB) is an infectious disease that usually attacks the lungs, but can attack almost any part of the body.

TB is spread from person to person through the air. When people with TB cough, laugh, sneeze, sing, or even talk, the germs that cause TB may be spread into the air. If another person breathes in these germs there is a chance that they will become infected with tuberculosis, with it settling in the lungs first. However, those who have contracted the disease have typically had long-term exposure to someone else with TB, such as a friend, co-worker, or family member.

High Risk Groups
- People with HIV infection (the AIDS virus)
- People in close contact with those with infectious TB.
- People with medical conditions that weaken the body's natural ability to protect itself from disease.
- Foreign-born people from countries with high TB rates.
- Some racial or ethnic minorities.
- People who work in or are residents of long-term care facilities, like nursing homes, jails, prisons.
  - People who are underfed, homeless, alcoholics, and IV drug users.
  - A cough lasting more than 2-3 weeks
  - Weight loss
  - Night sweats or fever
  - Non-cardiac chest pain
  - Hemoptysis (coughing up blood)

Staff Protection

The best method for employees with direct contact with active TB patients is to use a NIOSH-certified respirator mask (N95 respirator). You must be fit tested to wear this mask. WARNING: A standard "surgical mask" is not a respirator and may not offer you the needed protection against inhaling TB germs. Also, be aware of warning signs posted outside of AIRBORNE isolation rooms. These are specially designed rooms for patients who have infectious diseases such as active TB. DO NOT ENTER these rooms unless you are trained and equipped. These negative pressure rooms have air blowing into the room and NOT from inside the room to the hall. If you feel air blowing on your face when you enter the room, call Plant Ops immediately.

TB skin tests are given to employees upon hire, post exposure and then per facilities as needed. Be sure to get your skin test (PPD) when notified by employee health.

Preventing Allergic Reactions to Natural Rubber Latex in the Workplace
- WARNING! Workers exposed to latex gloves and other products containing natural rubber latex may develop allergic reactions such as skin rashes; hives; nasal, eye or sinus symptoms; asthma; and (rarely) shock.
- Workers with ongoing exposure to natural rubber latex* should take the following steps to protect themselves: (food preparation, routine housekeeping, maintenance, etc.)
- Appropriate barrier protection is necessary when handling infectious materials.**
- If you choose latex gloves, use powder-free gloves with reduced protein content.***
- When wearing latex gloves, do not use oil-based hand creams or lotions unless they have been shown to reduce latex related problems.
- Learn to recognize the symptoms of latex allergy: skin rashes; hives; flushing; itching; nasal, eye, or sinus symptoms, asthma; and shock.
- Avoid contact with latex gloves and products.
- Avoid areas where you might inhale the powder from the latex gloves worn by others. Tell your employers, physicians, nurses, and Employee Health Nurse and dentists that you have latex allergy.
- Wear a medical alert bracelet.

Take advantage of all latex allergy education and training provided by your employer.

*In this warding sheet, the term "latex" refers to natural rubber latex and includes products made from dry natural rubber. Natural rubber latex is the product manufactured from a milky fluid derived mainly from the rubber tree, Hevea brasiliensis.

**Center for Disease Control and Prevention (1987). Recommendations for prevention of HIV transmission in healthcare settings MMI4/R 36(52).

***The goal of this recommendation is to reduce exposure to allergy-causing proteins (antigens). Until well accepted standardized tests are available, total protein serves as a useful indicator of the exposure of concern.

DHHS (NIOSH) Publication No. 97-135; June 1997.

Occupational Safety and Health Administration (OSHA) Blood borne Pathogen Standard
- OSHA's Blood borne Pathogen Standard requires all staff members to use "Standard Precautions" to prevent exposure to body substances, such as blood, that may be infectious. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious or infected with blood borne pathogens.
- Germs found in blood include hepatitis B, hepatitis C, and HIV.
- These pathogens are primarily transmitted in the health care setting by needle stick injuries from contaminated sharps.
- However, exposure can occur in other ways. The definition of an exposure incident is eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material

that results from the performance of an employee's duties (e.g.: cut or stick with needle or sharp; splash to the eyes, nose or mouth; touch blood when skin is open or chapped.)

- When an exposure incident occurs, the first thing to do is clean the area (however, do not attempt to bleed a needle stick). Next report the incident immediately to your supervisor and be seen in the emergency room or Occupational Health office for evaluation. Post exposure protocols include testing of the exposed and the source person, and may include medication that is most effective if started very soon after the exposure.
- Biohazard material is defined as items dripping with blood or secretions, or containing caked blood or secretions that could be released during handling; contaminated sharps; and pathologically and microbiological wastes containing blood or other infectious material.
- A red impervious biohazard bag is used for disposing of biohazard material. They are destroyed according to OSHA regulations.
- Linen is disposed of in regular laundry bags, NOT biohazard bags.
- Isolation trash is disposed of in the regular trash, NOT biohazard bags
- The following procedure is followed for cleaning a blood spill:
    1) Don appropriate protective attire (e.g., gloves, gowns, eye protection)
    2) Pick up any broken glass/sharps with a dust pin and brush or tongs and dispose of in sharps container
    3) Clean the spill and then disinfect the area

- Sharps injuries may be prevented by:
    1) Never recapping needles,
    2) Disposing sharps immediately into sharps disposal containers,
    3) Not filling the sharps containers over three-fourths full, and
    4) Using available safety devices, such as protected IV catheters and needleless systems.

Isolation Facts
- Nurses begin isolation as soon as they determine it is necessary. Isolation may be initiated empirically (for symptoms of contagion) or for a known contagious disease.
- A doctor's order is not needed to begin isolation, but the doctor must be notified within the shift. Obtain additional information regarding patients' symptoms to determine the need for isolation.
- The purpose of isolation is protection of other patients and staff; therefore even if the doctor orders "no isolation," hospital policy that can be found on the policy site. Request assistance from the facility based Infection Control Practitioner, accessed through the operator.
- Use Contact Precautions for patients with C. difficile, MRSA VRE, scabies and lice, localized shingles, undiagnosed rashes and diarrhea (including patients pending CDT test results), uncontained drainage, and other infections transmitted by physical contact with contamination. Chronic patients at risk for MRSA are cultured and isolated pending culture results. In Contact Precautions, everything in the isolation room is considered contaminated, except the hand washing supplies. Remove gown and was hands inside the room; use paper towel to open door.
- Use Droplet Precautions for patients with meningitis until they causative organism is known. In Droplet Precautions, the six-foot area around the patient's head is considered contaminated. Wear mask when in the six-foot zone. As always PPE for standard Precautions apply.
- Use Airborne Precautions for patients with TB, chickenpox, generalized shingles and measles. A negative air room is required. Enter only through the anteroom door. Airborne precautions signs are kept on the unit; place an isolation sign on the door immediately. For TB, only the air is considered contaminated, so only TB respirator masks are needed. For chickenpox and shingles, Contact Precautions is used in conjunction with Airborne Precautions.. TB respirator masks are stocked in each department.
- To obtain isolation supplies see facility specific process in obtaining. Equipment brought into the isolation room must be either (A) protected from contamination while in the room, or (B) disinfected before removing them from the room, or ((only those items brought into the room as sterile), or (D) disposable. Disinfecting wipes are available for items prior to removal from the isolation room. Linen is handled the same as for other patients, as linen used by all patients is considered contaminated. Double bagging may be done to assure that the outside of a bag is clean.

- Dishes are returned the food cart after all trays have been served. Food service should follow hand hygiene as directed by department. Food Service handles cart interiors and dishes as contaminated.
- Trash is placed in regular trash bags. Red biohazard waste bags are used only for items soiled with blood, body fluids, secretions and excretions that could separate during handling or be released under pressure, or might be esthetically unpleasant or frightening to a lay person.
- When culturing to determine if isolation can be discontinued, the patient must be off antibiotics for 48 hours for an accurate culture. Cultures done while on antibiotics often result in a false negative; the patient may still be contagious.

St. David's HEALTHCARE

Risk Management
Quality
Patient Safety
Regulatory Compliance

Risk Management, Quality, Patient Safety & Regulatory Compliance

Risk Management

The Director of Risk Management (Risk Manager) oversees a program designed as an integrated and coordinated program for controlling losses related to professional liability, employee injury, property damage, and general liability. The Risk Management Program is the responsibility of all employees and Medical Staff members in cooperation with and direction from the Risk Management Department. It is the policy of our institutions to reduce, modify, eliminate, and control conditions and practices that may cause harm to individuals or result in loss to individuals or the organization.

Occurrence/ Incident/ Event Reporting:

All incidents or unusual occurrences are reported using the event report screens in the RM module of Meditech. Investigation is performed by the department head or manager, and the reports are forwarded directly to Risk Management. (No copies of event reports may be made, and no mention of the report should be in the medical record.) Follow-up and investigation are conducted as needed with appropriate resolution and feedback sent to the Risk Manager. While the event report remains the primary vehicle for communicating incidents and unusual occurrences, other reporting methods, such as telephone calls, are acceptable for situations requiring immediate attention and action. Potential Sentinel Events (serious incidents with significant harm) are promptly referred to the Risk Manager.

Claims Management:

The Risk Manager serves as a resource to staff on issues related to professional liability and other risks.

- Notifies carriers of actual or potential claims.
- Coordinates claims investigations with defense counsel.
- Coordinates the organization's response to discovery requests and interrogatories.
- Assists attorneys in the preparation of employees to be deposed and attends depositions and trials.

Insurance:

The Risk Manager coordinates the facility's insurance for professional liability, general liability, and property coverage.

Note that non-employed personnel are not covered by the facility's insurance.

Bioethics:

- Provides risk management consultation for specific ethical dilemmas.
- Some Risk Managers also serve as Ethics and Compliance Officers.

Risk Management, Patient Safety, and Quality Management Leaders:

<u>Heart Hospital of Austin</u>

Missi Johnson, VP of Operations	407-7497
Mary Markovich, Director of Quality & Risk Management	407-7511

<u>St. David's Georgetown Medical Center</u>

Jennifer Jackson, Director of Risk Management	942-4792
Sheila Sodergren, Director of Quality Management	942-4175

<u>St. David's Medical Center</u>

Julie Perez, Chief Financial Officer and Ethics & Compliance Office	544-5030
Cynthia Duggins, AVP/ Risk Management and Co-ECO	544-4281
Lindsey Wrinkle, Contract Manager and Co-ECO	544-5111

<u>St. David's North Austin Medical Center</u>

Eileen Dunne, Director Risk Management & Co-ECO	901-2515
Adonica Benesh, Director Quality & Regulatory Compliance	901-2516

<u>St. David's Round Rock Medical Center</u>

Pam Voss, Director, Risk Management	341-5286
Edica Berry, Quality Manager	341-5295

<u>St. David's South Austin Medical Center</u>

Pat Hertzak, Director of Risk Management	816-7480
Kim Johnson, Director of Quality Management	816-7373

Unapproved Abbreviations

Considerations for the use of abbreviations:
- The Nurse or Pharmacist must call the ordering Physician if one of the listed unacceptable abbreviations is used. The order must be clarified, and the clarification written.
- No abbreviations may be used for investigational or chemotherapeutic agents.
- The use of Greek abbreviations, except Delta, should be avoided.

Never Use These…	*Write These Instead…*
µg	Use "mcg"
Lack of a leading zero (i.e. .1mg)	ALWAYS use a zero before a decimal point
Trailing zero (i.e. 1.0 mg)	Do NOT use trailing zero's after a decimal point
A.S., A.D., A.U.	Write "left ear", "right ear" or "both ears"
IU	Use the word "units"
MgS04	Write out "Magnesium Sulfate"
MS04 MS	Write out "Morphine Sulfate"
Q.D	Write out "daily"
Q.O.D	Write out "every other day"
T.I.W.	Write out "three times a week"
U	Write out the entire word "Units

2018 NATIONAL PATIENT SAFETY GOALS

Goal 1: Improve the accuracy of patient identification

NPSG.01.01.01: Use at least two patient identifiers when providing care, treatment, or services.
NPSG.01.03.01: Eliminate transfusion errors related to patient misidentification.

Goal 2: Improve the effectiveness of communication among caregivers

NPSG.02.03.01: Report critical results of test and diagnostic procedures on a timely basis.

Goal 3: Improve the safety of using medications

NPSG.03.04.01: Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
Note: Medication containers include syringes, medicine cups and basins.
NPSG.03.05.01: Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
NPSG.03.06.01: Maintain and communicate accurate patient medication information.

Goal 6: Reduce the harm associated with clinical alarm systems

NPSG.06.01.01: Improve the safety of clinical alarm systems.

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

NPSG.07.01.01: Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.
NPSG.07.03.01: Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals.
NPSG.07.04.01: Implement evidence-based practices to prevent central line-associated bloodstream infections.
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).

Goal 15: The hospital identifies safety risks inherent in its patient population

NPSG.15.01.01: Identify patients at risk for suicide.

Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

UP.01.01.01: Conduct a pre-procedure verification process.

UP.01.02.01: Mark the procedure site.

UP.01.03.01: A time-out is performed before the procedure.

Note: Any 2017 NPSGs NOT listed were moved into the standards and still apply.

<u>Assessing the Quality of Care at St. David's HealthCare facilities</u>

Who is the Joint Commission?

The Joint Commission (TJC) is an independent, not-for-profit organization established over 50 years ago. TJC is the world leader in evaluating the quality and safety of care delivered in over 17,000 health care organizations across the county – from hospitals to home care providers, nursing homes, assisted living facilities, outpatient clinics, behavioral health centers, critical access hospitals and health care networks.

TJC is governed by a board that includes physicians, nurses, medical directors, and consumers. TJC sets the standards by which health care quality is measured in America and around the world.

How do I report safety or quality of care concerns to the Joint Commission?

Employees may report concerns about the safety or quality of care provided at St. David's HealthCare facilities to the Joint Commission. No disciplinary action or retaliation against an employee who reports a safety or quality of care concern to the Joint Commission will be allowed. You may address your safety or quality of care concerns to:

Division of Accreditation Operations

Office of Quality Monitoring

Joint Commission One Renaissance Boulevard

Oakbrook Terrace, IL 60181

FAX: (630) 792-5636

EMAIL: complaint@jcaho.org

St David's HealthCare

Human Resources Policies

Sexual Harassment Policy - HR.ER.024

DEPARTMENT: Human Resources	POLICY DESCRIPTION: Sexual Harassment
PAGE: 1 of 2	REPLACES POLICY DATED: 4/1/98, 11/1/09, 11/1/12, 1/15/13, 6/1/14, 1/1/15
EFFECTIVE DATE: November 1, 2016	REFERENCE NUMBER: HR.ER.024 (formerly HR.OPO.014 and HR.201)
APPROVED BY: Ethics and Compliance Policy Committee	
DIVISION/LOB/ENTERPRISE: Enterprise-Wide	
SCOPE: All Company-affiliated subsidiaries including, but not limited to hospitals, ambulatory surgery centers, outpatient imaging centers, physician practices, Parallon Workforce Management Solutions, Corporate Departments, Groups, and Divisions (collectively, "Affiliated Employers" and individually, "Affiliated Employer").	
PURPOSE: To define sexual harassment, outline responsibilities and requirements for reporting violations of this policy, and to ensure treatment in accordance with the mission and values of the organization and compliance with federal, state and local regulations and statutes.	
DEFINITIONS:	
RESPONSIBILITIES: Colleagues have the right to work in an environment free of harassment and disruptive behavior. Sexual harassment will not be tolerated. Sexual harassment may include any unwelcome sexual advances, requests for sexual favors, and all other verbal or physical conduct of a sexual nature, especially where: a. Submission to such conduct is made either explicitly or implicitly a term or condition of employment; b. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or c. Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment. Behaviors that engender a hostile or offensive work environment will not be tolerated. These behaviors may include but are not limited to offensive comments, jokes, innuendoes, and other sexually-oriented statements, printed material, material distributed through electronic media, or items posted on walls or bulletin boards. The interpretation of this or any Human Resource policy rests with the Human Resource Department which reserves the right to modify, change or discontinue the policy at any time. REQUIREMENTS: Each member of management is responsible for creating an atmosphere free of sexual harassment. Further, each employee is responsible for respecting the rights of coworkers. If an employee experiences any conduct or activity that is reasonably believed to be considered sexual harassment, the employee should promptly report the incident to the employee's supervisor, who will investigate the matter and take appropriate action, including reporting it to the Human Resources Department. If an employee believes it would be inappropriate to discuss the matter with the employee's supervisor, the	

employee may bypass the employee's supervisor and report it directly to the Human Resource Business Partner. An employee may also call the Ethics Line at 1-800-455-1996. The complaint will be kept confidential to the maximum extent possible.

If it is determined that an employee is guilty of sexual harassment of another individual, appropriate disciplinary action will be taken against the offending employee, up to and including termination of employment. Any form of retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation is prohibited.

DISCLOSURE:

If there is any conflict between the information in this policy and a Collective Bargaining Agreement (CBA), the CBA prevails for covered employees.

Substance Use in the Workplace Policy - CSG.MM.002

DEPARTMENT: Human Resources	**POLICY DESCRIPTION:** Substance Use in the Workplace
Page: 1 of 8	**REPLACES POLICY DATED:** 4/1/07 (HR.210), 11/1/08 (HR.OP.008), 2/1/11, 4/1/11, 5/1/11, 9/1/12, 9/1/13, 5/1/14, 12/1/14, 8/1/15
EFFECTIVE DATE: November 1, 2016	**REFERENCE NUMBER:** CSG.MM.002
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health agencies, physician practices, service centers, outpatient imaging centers, and all Corporate Departments, Groups, Divisions and Markets. This policy covers all employees and students as well as those applying for employee positions.

PURPOSE: To prohibit inappropriate drug or alcohol use by our employees and students in the workplace in order to prevent a threat to the quality of care we provide to patients, the safety of our workplace and a healthy work experience.

To articulate our intent that all conduct be consistent with all relevant federal, state and local laws and regulations relating to drug or alcohol use by employees (this includes employees and Facilities outside the U.S. and the laws of the country where the Facility is located) and students. To the extent that this policy conflicts with such laws and regulations, such laws and regulations will govern.

POLICY:

1. **Assistance**

a. The Company recognizes that alcohol abuse, substance abuse, and addiction arise out of treatable illnesses. The Company also realizes that early intervention and support improve the success of rehabilitation. To support employees, the Company:

i. Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.

ii. Encourages employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.

iii. Offers all employees and their family assistance with drug or alcohol problems through the Employee Assistance Program (EAP).

iv. Allows staff the ability to request leave, in accordance with applicable leave of absence policies, while seeking treatment for drug or alcohol problems.

b. Treatment for alcoholism and/or drug use disorders may be covered by a personal benefit plan. However, the ultimate financial responsibility for treatment belongs to the individual.

2. **Shared Responsibility**

a. A safe and productive workplace free of inappropriate alcohol or drug use is achieved through cooperation and shared responsibility.

b. It is the responsibility of each employee and student to:

i. Adhere to this policy.

ii. Notify his or her supervisor at the Facility of any arrest or conviction involving drugs or alcohol prior to his or her next scheduled shift or clinical duty.

iii. Cooperate fully with any investigation related to alleged violations of this policy.

iv. Report, and/or intervene in the event of reasonable suspicion of violations of this policy.

v. Safeguard Controlled Substances from unauthorized access.

c. It is the responsibility of each Facility's management to:

i. Inform employees and students of this policy.

ii. Make the policy easily accessible to employees and students.

iii. Contract with an accredited reference lab for drug testing, transmit to the lab a copy of this policy, and ensure that there is a non-employed physician who will serve as a Medical Review Officer (MRO) for testing and interpretation.

iv. Periodically conduct substance abuse training for supervisors.

v. Promote employee awareness of the Company's assistance programs, including the Employee Assistance and Rehabilitation Assistance Programs.

vi. Investigate reports of reasonable suspicion of violations of this policy.

vii. Take action with respect to violations of this policy. Such action could include counseling with respect to professional help, referral to the Employee Assistance Program, disciplinary action, or termination. If required by accreditation, certification, licensure, or legal requirements, or if management of the Facility believes it to be appropriate, timely notify the appropriate authorities of any such action.

viii.Maintain all documents pertaining to reports and investigations pursuant to the Records Management Policy, EC.014.

3. **Prohibited Behavior**

a. The following activities are strictly prohibited and will be subject to discipline, including possible termination

of employment:

i. The sale, manufacture, distribution, purchase, use, or possession of alcohol, alcoholic beverages, marijuana (including medicinal marijuana), illegal substances, non-prescribed controlled substances, or drug paraphernalia by an employee or student on Facility premises or during his or her working hours.

ii. Reporting to work, or being at work, while under the influence of or while impaired by alcohol, alcoholic beverages, marijuana (including medicinal marijuana), illegal substances, prescribed or non-prescribed controlled substances. For the purpose of the Policy, an employee or student is presumed to be under the influence of alcohol if a blood test or other scientifically acceptable testing procedure shows a blood alcohol level of .04 or more.

iii. Reporting to work, or being at work, with the smell of alcohol on one's breath or person, a measurable quantity of marijuana, a measurable quantity of illegal substances, or a measurable quantity of non-prescribed Controlled Substances in one's blood or urine.

iv. A conviction for sale or possession with intent to distribute any drugs, including prescription drugs.

v. Theft or diversion of facility and/or patient medications.

vi. Refusal for any reason to submit or consent to a drug/alcohol screen requested by any management personnel at the Facility.

vii. Participation in any act that would create or allow false documentation of security and/or safety practices.

viii.Tampering with or otherwise altering drug testing samples or security equipment or systems.

b. Notwithstanding the foregoing, during facility-sponsored activities, the facility CEO, Administrator, HCAPS Division Vice President or Director of Operations, or individual with senior level responsibility for the facility, at his/her discretion, may approve the responsible and limited serving of alcoholic beverages.

c. Excluding medicinal marijuana, prescription medications are not prohibited under this policy when taken as prescribed under the direction and monitoring of a physician. Medicinal marijuana is prohibited even when taken as prescribed by a physician.

4. **Duty to Report, Detection and Reasonable Suspicion**

a. An employee or student must notify his or her supervisor whenever he or she is taking a prescribed or over-the-counter drug that the employee or student has been advised will, or based upon the drug profile is likely to, impair job performance (*e.g.*, drowsiness or diminished ability to focus).

b. An employee or student must notify his or her supervisor if the employee or student has reasonable concerns that another employee or student has violated this policy.

5. **Searches**

If a supervisor has a reasonable suspicion that an employee or student has violated this policy, the supervisor may require the employee or student to submit to a search or inspection. By entering Facility property, each employee or student consents to such searches. Searches can be conducted of pockets, clothing, lockers, wallets, purses, briefcases, lunchboxes, backpacks, duffel bags, desks, work stations, equipment, and other areas. See also the Company's general policy regarding searches in the Theft and Violence in the Workplace Policy, SS.001.

6. **Drug and Alcohol Testing**

a. To ensure the accuracy and fairness of our testing program, all collection and testing will be conducted pursuant to guidelines established by the Medical Review Officers and, if applicable, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines; a confirmatory test; the opportunity for a split sample; review by an MRO, including the opportunity for employees or students who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody , with the exception of medicinal marijuana.

b. All drug-testing information will be maintained in separate confidential records.

c. Employees and students will be required to participate, at a minimum, in testing as follows:

1) Post offer, pre-employment;

2) Upon transfer;

3) Prior to an acquisition which includes the employment of the seller's employees, Corporate Human Resources will compare the seller's drug testing policy to this policy in the required due diligence process and will make a recommendation to the Division President expected to operate the newly acquired business based on that comparison;

4) Upon reasonable suspicion;

5) When it is reasonably possible that drug and/or alcohol use by an employee contributed to or caused an illness or injury to the employee or to any person (*e.g.*, employee, student, patient).

An event that will not trigger testing is an accounting change initiated by an Affiliated Employer.

d. Substances tested for at hire must at a minimum include amphetamines, barbiturates, benzodiazepines, opiates, marijuana, methadone, and cocaine. Reasonable suspicion and reportable accident testing should include amphetamines, barbiturates, benzodiazepines, carisoprodol, opiates, fentanyl analogues, methadone, meperidine, marijuana, and cocaine.

e. Testing for the presence of alcohol will be conducted by analysis of breath, saliva, blood or other accepted testing methodology.

f. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, saliva, or other accepted testing methodology.

g. The MRO will review all non-negative reports. Any non-negative drug test result due to a physician-approved medication will be reported as a negative result. If it appears that the person tested is impaired by the use of medications for which the employee or student has a valid prescription, the report should note that fact. Medications that could affect an applicant's ability to perform his or her job may result in restrictions or recommendation for accommodation with respect to those tasks.

7. **Violations of Policy**

Employees and students will be subject to discipline, including possible termination, if they violate this policy in any way.

8. **Pre-Employment Tests**

With respect to a person who has been offered employment, if the person refuses to take the pre-employment drug tests described above, or tests positive for any non-prescribed Controlled Substances or Illegal Substances, the offer of employment will be withdrawn.

Current employees who accept employment with another affiliated employer are required to participate in Pre-Employment Testing. If test results are positive for any non-prescribed Controlled Substances or Illegal Substances, the offer of employment will be withdrawn. Additionally, the positive test results will be communicated to the current affiliated employer; the current affiliated employer will conduct its own investigation, the results of which will be subject to discipline, including possible termination of employment.

DEFINITIONS:

Controlled Substances: Any drug or chemical substance whose possession and use are regulated under the Controlled Substances Act.

Illegal Substances : Any drug the possession or sale of which violates federal law (in the U.S.) or the country, state or local law of the jurisdiction in which the Facility is located.

Impairment: Practitioner impairment occurs when a substance-related disorder interferes with his or her ability to engage in professional activities competently and safely.

Medical Review Officer (MRO) : A licensed physician not employed by HCA or an HCA affiliate who oversees the medical aspects of this policy. The MRO can be recommended to the Facility by the contracted Reference Laboratory. The MRO should have appropriate medical training to interpret and evaluate an individual's positive test results, medical history and any other relevant medical information.

HCA Affiliate: Any entity (partnership, corporation, joint venture, LLC, etc.) that HCA ultimately owns or controls 50% or more of, including its 50% owned joint ventures.

Facility: A facility owned by an HCA Affiliate, including, but not limited to, hospitals, ASCs, urgent care and imaging centers, billing offices, revenue service centers, and corporate, division, and market offices.

PROCEDURES:

1. **General**

a. Upon notification that any person has a reasonable suspicion that an employee or student of a Facility is violating, or has violated, this policy, the leadership of the Facility shall conduct an investigation. If, after an initial investigation, there appears to be some credibility to the suspicion, the Facility shall take whatever action necessary to protect patients, students, and employees. If the circumstances indicate that it is appropriate, the action may include immediately removing the employee or student from his or her work area and escorting him/her to a designated testing location, and conducting a search of the work area. The employee or student will be asked to sign a consent form prior to testing.

b. Any employee or student who is tested based upon a reasonable suspicion of a violation of this policy shall be immediately suspended pending results.

c. Any employee or student whose blood alcohol content exceeds the maximum set forth in this policy, or tests positive for non-prescribed Controlled Substances or illegal substances, will be immediately suspended. The Facility shall then seek legal review by the employment section of the Legal Department.

d. During a suspension for violation of this policy, the employee or student shall not be allowed access to the Facility with the exception for medical treatment.

e. The Facility may provide employees and students who test positive with contact information for substance abuse resources.

2. **Voluntary Self-Reporting**

An employee or student who voluntarily self-reports substance abuse may be offered an opportunity to participate in a rehabilitation program. In such cases, the Facility may require, as a condition of continued employment, that the employee or student abide by the terms set forth by the Facility. Circumstances related to substance abuse will be taken into consideration on a case-by-case basis.

3. **Organizational Reporting**

In the event of a violation of this policy, the Facility will, if required by law, or if not required then if the Facility deems it appropriate, notify: (a) governmental agencies with jurisdiction over drug and alcohol issues (*e.g.*, police, FDA, DEA); (b) if applicable, any professional licensing boards; and (c) appropriate Company executives (*e.g.*, Division, HR, Legal, PR, Risk Management, HCI).

4. <u>Confidentiality</u>

All information received by the Facility through compliance with this policy is confidential. Access to this information is limited to those who have a legitimate need to know within the Company or those outside the Company in law enforcement.

5. <u>Communication and Training</u>

Communicating this policy is critical to the Company's success. To ensure all employees or students are aware of their role in supporting this policy, each Facility shall prepare a plan for ensuring:

1. The policy will be reviewed in orientation sessions for all employees and students.
2. The policy will be reviewed annually by all employees and students.
3. Leadership/designee will discuss the policy and organizational procedure during orientation of staff managers.

6. <u>Financial Reporting</u>

a. Charges for employee drug screens, physician physicals, and fit for duty physicals should be reported under Account Title: Post Employment Drug Screens/Physicals #294.

b. Charges for potential employee drug screens, physician physicals, and fit for duty physicals should be reported under Account Title: Pre-employment Backgrounds/Drug Screens/Physicals #866.

7. <u>Policy Monitoring</u>

Monitoring of policy compliance will occur through Compliance Process Reviews by the Corporate Ethics and Compliance Department and Quality Review System Surveys by the Clinical Services Group.

Please review our Social Media Policy

DEPARTMENT: Ethics and Compliance	POLICY DESCRIPTION: Appropriate Use of Communications Resources and Systems
PAGE: 1 of 4	REPLACES POLICY DATED: 7/1/09, 9/15/10, 11/15/10
EFFECTIVE DATE: November 1, 2016	REFERENCE NUMBER: EC.026
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated facilities including, but not limited to, hospitals, ambulatory surgery centers, home health centers, home health agencies, physician practices, outpatient imaging centers, service centers and all Corporate departments, Groups, Divisions and Markets.

It applies to anyone who uses Company electronic communication and information systems ("IT systems"), including, but not limited to:
- Employees;
- Contractors;
- Physicians;
- Volunteers; and
- Representatives of vendors and business partners.

Unless otherwise indicated, this policy applies to the use of any Company IT systems, including, but not limited to:
- workstations and terminal devices
- networks, servers, and associated infrastructure;
- software and applications, including clinical systems and communication systems such as e-mail, instant messaging, file transfer utilities, and blogs; and
- databases, files shares, team rooms, and data storage devices.

This policy also applies to the use of Company IT systems to access *non-company* systems on the Internet or at external companies including, but not limited to:
- connection to external non-Company networks and devices;
- connection to Internet Web sites and external Web-based applications;
- use of external e-mail (*e.g.*, Gmail), instant messaging, blogs, micro-blogs (*e.g.*, Twitter), chat services, and other Social Networking communications applications; and
- use of external data storage and file sharing sites and applications.

This policy also applies to the use of systems, applications, websites or other electronic media other than Company IT systems (*e.g.*, personal or public computers) by employees, contractors, physicians, volunteers and representatives of vendors and business partners when they:
1. hold themselves out as being employed by or representing the Company or a subsidiary;
2. can be perceived to be speaking on behalf of the Company or a subsidiary; or
3. use confidential or otherwise protected information obtained through their employment or affiliation with the Company or a subsidiary.

For purposes of this policy, all persons identified as being within the Scope of this policy (*i.e.,* employees,

contractors, physicians, volunteers and representatives of vendors and business partners) are referred to as "User" singularly or "Users" collectively.

PURPOSE: This policy sets the parameters for use of communication resources, particularly electronic resources, such as e-mail, Internet services and social media.

POLICY:

1. **Business Purpose and Use.** The Company encourages the use of the Internet, e-mail, and other electronic means to promote efficient and effective communication in the course of conducting Company business. Internet access, e-mail and other electronic means of communications made available through Company systems are Company property, and their primary purpose is to facilitate Company business. Employees must not use external e-mail systems to conduct Company business. Users have the responsibility to use electronic means of communications in a professional, ethical, and lawful manner in accordance with the Company's Code of Conduct.

2. **Personal Communications.** When a User communicates in his/her personal capacity (*i.e.*, not on behalf of the Company), it is important that the User not create the impression that he/she is communicating on behalf of the Company. The User must comply with all appropriate safeguards of Company information as articulated in the Company Code of Conduct and policies.

3. **No Expectation of Privacy.** A user shall presume no expectation of privacy in anything he or she may access, create, store, send or receive on Company computer systems. The Company reserves the right to monitor and/or access communications usage and content without the User's consent. Users should be aware that with regard to non-Company systems and applications, there are varying levels of privacy protections, and communication should be made with this in mind.

4. **Communications Content.** Content of all communications should be truthful and accurate, sent to recipients based on a need-to-know and sent or posted with appropriate security measures applied in accordance with the Information Security Standards, which are available on Atlas under Information Security.

5. **Use of Social Media.** The use of social media (as defined below) is governed by detailed guidelines located on the Company's intranet. The guidelines address Company-authorized use of social media and personal use of social media. Each User is responsible for reviewing and adhering to the Company's Social Media Guidelines. Nothing in the social media guidelines can be used to limit, constrain, or waive rights guaranteed employees by federal labor law (*e.g.*, Section 7 of the National Labor Relations Act) or rights granted pursuant to a collective bargaining agreement.

6. **Use of Personally-Owned Mobile Devices to Access Information on Company Systems.** Workforce members, other than those exempted in Mobile Device Security Standards, must enroll their personally-owned mobile devices in the Company's mobile device management program before accessing Company information from their mobile devices.

7. **Exceptions.** Although rare, exceptions to this policy may be granted by the SVP and Chief Ethics and Compliance Officer. Requests for such exceptions should be submitted in writing to the VP & Chief Information Security Officer or the VP, Ethics and Compliance.

DEFINITION:

Social Media are online communication methods in which individuals play an active role as both the author and audience of messages and comments. Social Media methods include, but are not limited to, blogs, bulletin boards, networks (*e.g.*, Facebook, MySpace, Twitter), multi-media (*e.g.*, YouTube, Flickr) and news media sites.

PROCEDURE:

1. **Productive and Appropriate Communication.** Every User has a responsibility to protect the Company's public image and to use communication resources and systems in a productive and appropriate manner. Users must avoid communicating anything that might appear inappropriate or might be misconstrued as inappropriate by a reader, for example communications that are obscene, malicious, threatening, harassing, or that discriminate or could contribute to a hostile work environment on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, gender identity, genetic information, protected veteran status, or any other status protected by law or Company policy .

2. **Personal Communications Using Company Communication Systems.**
   The Company recognizes that Users may occasionally need to conduct personal business during their work hours and permits highly limited, reasonable personal use of the Company's communication systems for such purpose.
   Any personal use of the Company's electronic communications is subject to all the provisions of this and related policies. Any questions are to be directed to the User's company supervisor or designee.

3. **Personal Communications.**
   When a User is communicating personally, as opposed to on behalf of the Company, the User must make it clear that his/her communication is on his/her own behalf and does not represent the views of the Company. When using social media, the User must comply with the Social Media Guidelines located on the Company's intranet.

4. **Monitoring.**
   a. The Company may log, review, and otherwise utilize information stored on or passing through its systems in order to review communications, manage systems and enforce policy. The Company may also capture User activity such as web sites visited.
   b. The Company reserves the right to use content management tools to monitor comments or discussions about the Company, its employees, its patients and the industry posted on the Internet by anyone.
   c. The Company reserves the right, at any time and without prior notice, to examine files, e-mail, personal file directories, hard disk drive files, and other information stored on Company information systems, with proper legal authorization.
      1. This examination is performed to assure compliance with internal policies, support the performance of internal investigations, and assist with the management of Company information systems.
      2. Information contained in documents and e-mail messages and other information concerning computer usage may be disclosed to the appropriate authorities, both inside and outside the Company, to document employee misconduct or criminal activity. Moreover, in some situations, the Company may be required to publicly disclose communications including e-mail messages, even those marked private or intended only for limited internal distribution.

d. Any evidence of violations of Company policy discovered during monitoring must be reported to the appropriate managers. Facility requests to retrieve electronic communication logs (*e.g.*, Internet history logs, e-mail records) must be submitted by the facility Ethics & Compliance Officer (ECO), Human Resources representative, or Facility Information Security Official (FISO) to the facility's Ethics Line Case Manager. Corporate requests must be submitted by the Department's Vice President to the appropriate Ethics Line Case Manager. The Ethics Line Case Manager will consult with Corporate Employment Counsel to review the request and the retrieval of electronic communication logs, which includes accessing an individual's e-mail account and/or other electronic communication records. The Case Manager will forward the reviewed request to the SVP and Chief Ethics and Compliance Officer for approval. Electronic communication logs may be reviewed to address employment issues, system performance, or system security.

e. Personal files, including those on Company computers, must generally be handled with the same privacy given to personal mail and personal phone calls. This means that other workers, including managers and system administrators, must not read such personal files without authorization as described above. The following exceptions may be made routinely upon a request to the FISO with approval of the User's department manager:

1. To dispose of or reassign files after a User has left the Company.
2. To access critical files when a User is absent and has failed to properly delegate access to e-mail or forward such files to appropriate colleagues.
3. To research or respond to system performance or system security issues.

5. **Internet Use.** Users are only to access or download materials from appropriate Internet sites in accordance with Company Information Security Standards and the Code of Conduct.

6. **Unacceptable Uses.** Users may NEVER use the Company's Internet access, e-mail, or other means of communications in any of the following ways:

a. To harass, intimidate, make defamatory statements, or threaten another person or organization.
b. To access or distribute obscene, sexually explicit, abusive, libelous, or defamatory material.
c. To illegally obtain or distribute copyrighted material that is not authorized for reproduction/ distribution.
d. To impersonate another user or mislead a recipient about one's identity.
e. To access another person's e-mail, if not specifically authorized to do so.
f. To bypass Company system security mechanisms.
g. To transmit unsecured confidential information.
h. To initiate or forward chain letters or chain e-mail.
i. To send unsolicited mass e-mail ("spamming") to persons with whom the User does not have a prior relationship.
j. To participate in political or religious debate.
k. To automatically forward messages (*e.g.,* with mailbox rules) to Internet e-mail addresses.
l. To communicate the Company's official position on any matter, unless specifically authorized to make such statements on behalf of the Company.
m. To pursue a business interest that is unrelated to the Company.
n. To conduct any type of solicitation for any organization not affiliated with the Company.
o. To deliberately perform acts that waste computer resources or unfairly monopolizes resources.
p. For any purpose which is illegal, against Company policy, or contrary to the Company's best interests.

Sanctions. Suspected violations of this policy must be handled in accordance with this policy, the Code of

Conduct, any Company sanctions and enforcement policies and the Company's Social Media Guidelines. Investigation and resolution at the local level is encouraged and each facility must designate a process for promptly reporting violations. Typically, this includes reporting to one's supervisor, another member of management, a Human Resources representative, the Facility ECO, or the FISO. In addition, suspected violations may be reported to the Ethics Line at 1-800-455-1996.

REFERENCES:
1. Code of Conduct
2. Employee Handbook
3. Equal Employment Opportunity Policy, HR.ER.013
4. Solicitation Policy, HR.OP.030
5. Information Confidentiality and Security Agreements Policy, IP.SEC.005
6. Information Security – Electronic Communications Policy, IP.SEC.002
7. IS Standard: Mobile Device Management AC.MCT.02
8. IS Standard: Mobile Device Encryption AC.MCT.03
9. IS Standard: Mobile Device Applications AC.MCT.04
10. HIPAA Privacy Policies
11. HCA Social Media Guidelines

Please review our Social Media Guidelines

HCA Social Media Guidelines

These social media guidelines apply to Company-authorized users of social media, as well as HCA-affiliated employees' personal use of social media. For purposes of these guidelines, Company refers to HCA and its affiliated entities. Individuals seeking to engage in social media activity must adhere to these guidelines as well as the Company's Appropriate Use of Communications Resources and Systems Policy, EC.026.

General Provisions

Blogging and other forms of social networking include but are not limited to video or wiki postings, sites such as Facebook and Twitter, chat rooms, personal blogs or other similar forms of online journals, and diaries or personal newsletters not affiliated with HCA.

Unless specifically authorized, employees are restricted from speaking on behalf of HCA or their affiliated employer. Employees are expected to protect the privacy of patients, employees and other stakeholders and are prohibited from disclosing patient information and any other proprietary or confidential information to which they have access.

Monitoring

Employees are reminded that they should have no expectation of privacy while posting information to social networking sites. Postings often can be reviewed by anyone, including HCA and/or its affiliates. As described in EC.026, HCA and affiliated employers reserve the right to use content management tools to monitor comments or discussions about the Company, its employees, its patients and the industry posted on the Internet.

Reporting and Discipline for Violations

1. **Reporting Violations**. HCA and its affiliates strongly urge employees to report any violations or possible or perceived violations to supervisors, managers or the HR department, to the Facility Privacy Official (if patient information is involved) or to the EthicsLine (1-800-455-1996).
2. **Discipline**. HCA and/or its affiliates investigate and respond to reports of violations of EC.026, these Social Media Guidelines and other related policies. Violations may result in disciplinary action.

Authorized Use of Social Media

The goal of authorized social media is to enhance the exchange of information between the organization and its constituents in order to drive business results and support our long-term success.   Authorized use of social networking media is purposeful in conveying information about Company services, promoting and raising awareness of HCA and its affiliated entities, communicating with employees, patients, business associates and the media, and discussing activities and events.

When social networking, blogging or using other forums, HCA must ensure that use of these communications is consistent with and supportive of the mission and values of HCA and its affiliated entities, and maintains their brand identities, integrity and reputation while minimizing risks inside or outside the workplace.

The following rules and guidelines apply to social networking when authorized by your employer and done on working time. The rules and guidelines apply to all employer-related blogs and social networking entries, including employer subsidiaries or affiliates.

- Content. Only authorized employees can prepare and modify content for Company-sponsored blogs and/or Company-authorized social networking entries. Content must be relevant, add value and meet at least one of the specified goals or purposes developed by HCA and/or its affiliates. If uncertain about any information, material or conversation, discuss the content with your manager and/or the Marketing Director.
- Unauthorized Content. Business units and departments are responsible for ensuring all blogging and social networking information complies with the written policies of HCA and/or the applicable affiliate. The Marketing Department and senior management are authorized to remove any content that does not meet the rules and guidelines of this policy or that may be illegal or offensive. Removal of such content may be done without permission of the blogger or advance warning. Contact the Marketing Department or follow the chain of command to report unauthorized or questionable content.
- Identification. Employees must identify themselves as employees of the appropriate HCA affiliate when posting comments or responses on the employer's blog or a social networking site.
- Copyright. The use of copyrighted content cannot be posted on any HCA-affiliated blog without first obtaining written permission from the copyright owner.
- Guest Bloggers. HCA and its affiliates expect all guest bloggers to abide by these guidelines. HCA and its affiliates reserve the right to remove, without advance notice or permission, all guest bloggers' content considered inaccurate or offensive. HCA and its affiliates also reserve the right to take legal action against guests who engage in prohibited or unlawful conduct.
- Media. If contacted by the media or press about a post that relates to the business of HCA and/or any of its affiliates, employees are required to speak with their manager and the Marketing/Public Affairs Department before responding.

Personal Use of Social Media

HCA and its affiliates respect the right of employees to participate in blogs and use social networking sites during non-working hours and does not discourage self-publishing or self-expression. Employees are expected to follow these guidelines and policies to provide a clear distinction between you as an individual and you as an employee.

- Personal Responsibility. You are personally responsible for your commentary on social media. You can be held personally liable for commentary that is considered defamatory, obscene, proprietary or libelous by any offended party, not just HCA.
- Non-threatening. Employees should not use blogs or social networking sites to harass, threaten, discriminate or defame employees or anyone associated with or doing business with HCA or its affiliates.
- Disclaimer. When you identify yourself as an employee of HCA or an affiliate, some readers may view you as a spokesperson for HCA and/or that affiliate. Because of this possibility, you must state that the views expressed by you through social media are your own and not those of the Company, nor of any organization affiliated or doing business with HCA and/or an affiliate.
- Privileged or Confidential Information. Employees cannot post on personal blogs or other sites the trademark or logo of HCA, its affiliates, or any business with a connection to HCA or its affiliates. Employees cannot post Company-privileged or confidential information, including copyrighted information, Company-issued documents, or patient protected health information.
- Workplace photographs. Employees must follow the Company's policy regarding photos taken in the workplace.
- Advertising. Except as authorized or requested by HCA or an affiliate, employees may not post on personal blogs and social networking sites any advertisements or photographs of Company products, nor sell Company products and services.
- Patient Information. Do not use your personal social media account to discuss or communicate patient information with one of your patients, even if the patient initiated the contact or communication. Always use Company-approved communication methods when communicating with patients about their health or treatment.
- Security. Consult the Information Security site on Atlas for social media information security tips.

If you have any questions relating to these guidelines , a personal blog or social networking, ask your supervisor, another member of management, your HR Director,

St David's HealthCare
Population Specific Care

Population Specific/Culturally Competent Care:

As our community becomes more diverse, it is important to become a more culturally competent organization in order to best meet the needs of our patients. Cultural competence includes being able to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy. Competent care includes striving to overcome cultural, language and communication barriers; providing an environment in which patients/consumers from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices in the context of negotiating treatment options. We encourage our patients to express their spiritual beliefs and cultural practices; in return we will be respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans. Additionally, as a Joint Commission requirement, we need to ensure that we provide population specific care and be able to adjust our care based on the individual's culture, age, religion, etc.

Definition: Possessing the knowledge, skills, ability and behaviors essential for providing care to specific populations.

Goal: Modify care to meet the needs of a person in a specified population.

Outcome: Staff members are knowledgeable about the specific care, treatment and services required by certain populations.

- Knowing the patients you care for
- Assessing the needs of the your patients
- Individualizing patient care based on specific needs
- Effective communication from caregiver to patient

Use of Interpreters:

St. David's HealthCare uses Language Services of America (LSA) to provide telephone interpreter services to meet the communication needs of our patients. Do not interpret medical information or use a staff member to interpret medical information for a patient or family member unless they are a trained and competent interpreter. This needs to be verified through documentation.

For assistance in using LSA, please speak with the unit/department charge nurse on the process of using LSA for interpretation needs of the patient.

CULTURAL COMPETENCY RESOURCE

http://resourcecenter.qualityinteractions.org

Culture group and Language	Belief practices	Nutritional preferences	Communication Awareness	*Patient care/handling of death*
			CULTURAL RESOURCE GUIDE	
American

English | Christian and Jewish beliefs are prominent. Many other exist in smaller numbers. Family-oriented. | Beef, chicken, potatoes, vegetables; fast foods; ethnic foods. | Talkative, shake hands, not much touching during conversation. Prefer to gather information for decision-making. Some hugging and kissing, mainly between women. | Family members and friends visit in small groups. Expect high-quality care. |
| Argentinian

Spanish | 90% Catholic, some Protestant and Jewish. Strong belief in saints, purgatory, and heaven. People from rural areas may be more superstitious. | Emphasis on meat, especially beef with homemade pastas, pastries, and local wine. Maté: national beverage that is stimulating and "addictive" like coffee. | Talkative, very expressive, direct and to the point. Extroverted. Good eye contact. Like personal and physical contact such as holding hands, hugging and kissing. | Educated, yet reluctant to get medical attention or accept new medical advancements. Independent, often deny disability. Believe in natural and holistic remedies, herbal teas, pure aloe, natural oils, and poultices. Family gets involved with caring for the ill family member. |
| Brazilian

Portuguese. Diverse cultural backgrounds including: European, African, Indian | Mostly Catholic. Growing Evangelical representation. Candomble, similar to Santeria. Macumba (blend African, Brazilian, Indian) | Beans and rice are staple. Feijoada black beans, beef, and pork; churrasco (charcoaled-broiled meats); manioc (vegetable); tropical fruits. | Very sociable. Will stand close to each other. Social kissing, hugging, touching, good eye contact. | Emphasis on family unity-will want to be actively involved. Tend to trust medical personnel; place great faith in doctors and nurses. Some believe in herb treatment, teas, and balsams. |
| Canadian

English, French, and Innuit (Eskimo) | Protestant, Catholic, and Jewish. 80% of the population lives within 1,000 miles of the United States border. | Comparable to American diet. French influence in Montreal and Quebec. | Prefer no touching or kissing. Take things at face value. | Follow nurses' instructions. Accustomed to socialized medicine, less litigation. Take physicians at their word. Willing to wait for treatment. |
| Cayman

English, with some changes in accents and verbs. | People are very religious. Majority of the island is Baptist or "Church of God." Voodoo and psychics are outlawed. | Fish, turtle, beef, goat, and conch; rice, beans, and plantains; fried food very rich in fat: cooked or fried in coconut oil or milk. | Like to be acknowledged. Good eye contact. Prefer no touching or kissing. Very talkative and known for their friendliness. Everyone on the island knows each other. | Like to be told what is going on by doctor. Would rather talk to doctors than nurses. Prefer one-on-one care. |
| Chinese

Many dialects spoken; one written language. | Religions: Taoism, Buddhism, Islam, and Christianity. Harmonious relationship with nature and others; loyalty to family, friends, and government. Public debate of conflicting views is unacceptable. | Belief in theory of "yin" (cold) and "yang" (hot) when they are sick. No food with "yin" after surgery (e.g., cold desserts, salad). Often lactose intolerant. Soy sauce, MSG, and preserved foods. Diet consisting of | Quiet, polite, and unassertive. Suppress feelings of anxiety, fear depression, and pain. Eye contact and touching is sometimes seen as offensive or impolite. Emphasize loyalty and tradition. Self-expression and | Women uncomfortable with exams by male physicians. May not adhere to fixed schedule. May fear medical institutions. Use a combination of herbal and Western medicine at the same time. Traditional: acupuncture, herbal medicine, massage, skin scraping, and cupping. Alcohol may cause flushing. |

Culture group and Language	Belief practices	Nutritional preferences	Communication Awareness	*Patient care/handling of death*
CULTURAL RESOURCE GUIDE (continued)				
Chinese (continued)	Accommodating, not confrontational. Modesty, self-control, self-reliance, and self-restraint. Hierarchical structure for interpersonal and family interaction.	vegetables and rice. Tofu (bean curd) can be prepared in various ways.	individualism is discouraged.	
Cuban Spanish	Catholic with Protestant minority. Santeria, which can include animal sacrifice.	Cuban bread, café con leche, Cuban coffee; roast pork, black beans, and rice; plantains, yucca, chicken, and rice.	Some may have a tendency to be loud when having a discussion. Use their hands for emphasis and credibility, and prefer strong eye contact.	Culture requires visiting the sick; the extended family supports the immediate family. It is an insult to the patient if there is not a large family/friend presence.
Ecuadorian Spanish, Quechua-Indian	Primarily Catholic. Increase in Protestant, Baptist, and Jehovah Witness. Very respectful towards religious leaders. Small percentage of population is wealthy with much political control. Family size is usually large.	Diet high in fruits and proteins; starches: rice, potatoes, and corn. Food is prepared fresh daily, usually with salsa. Coastal diet: rice and fish (ceviche). Drink beer and soda.	Extremely polite. Reserved. Respectful. Especially helpful.	Prefer pampering ill family members; stay overnight with patient. Not stoic when it comes to pain. Very private and modest. Embarrassed if they do not look their best. Extremely protective of family; often parents live with grown children.
Filipino English, Spanish, and Tagalog (80) dialects	Catholic. Seek both faith healer and Western physician when ill. Belief that many diseases are the will of God.	Theory of hot and cold food. Certain foods in the Philippines are traditionally eaten hot or cold, e.g., milk is only taken HOT. Fish, rice, vegetables, and fruit. Meals have to be HOT.	Value and respect elders. Loving and family-oriented. Set aside time just for family.	Family decision important. Ignore health-related issues; often non-compliant. In spite of Western medicine, they often leave things in the hands of God, with occasional folk medicine. Home remedies: herbal tea, massage, and sleep. May subscribe to supernatural cause of disease.
Guatemalan Spanish; Mayan heritage; European influence	Primarily Catholic. Increase in Protestants. Very respectful towards elders. European heritage; strong family ties.	Diet high in fruits, vegetables, rice, beans, and tortillas (corn flour bread)	Quite, reserved, and respectful. Will not question for fear of insulting professional.	Modest, private, and stoic. Believe in alternative methods of healing.
Haitian Creole; French is taught in schools	Catholic and Protestant. Voodoo is practiced. Large social gap exists between wealthy and poor citizens.	Large breakfast and lunch. Light dinner. Rice, fried pork, grillot, and red beans. Herbs and cloves.	Quite and polite. Value touch and eye contact.	Obedient to doctor and nurse, but hesitant to ask questions. View use of oxygen as indication of severe illness. Occasionally share prescriptions and home remedies.
Hindu Hindi	The belief in cyclic birth and reincarnation lies at the center of Hinduism. The status, condition, and caste	Cow is sacred. No beef. Some strictly vegetarian.	Limited eye contact. Do not touch while talking.	Do not try to force foods when religiously forbidden. Death: The priest may tie a thread around the neck or wrist to signify a blessing. This thread should not be removed. The priest

Culture group and Language	Belief practices	Nutritional preferences	Communication Awareness	Patient care/handling of death
Hindu (con't)	of each life is determined by behavior in the last life.			will pour water into the mouth of the body. Family will request to wash the body. Eldest son son is responsible for the funeral rites.
Jamaican English, Patois (broken English)	Christian beliefs dominate (Catholic, Baptist, and Anglican). Some Rastafari influence.	Beef, goat, rice and peas, chicken, vegetables, fish, lots of spices. Some avoid eating pork and pork products because of religious beliefs.	Respect for elders is encouraged. Reserved. Avoid hugging and showing affection in public. Curious and tend to ask a lot of questions.	Will try some home remedies before seeking medical help. Like to be completely informed before procedures. Respectful of doctor's opinion. Can be reluctant to admit that they are on pain. May not adhere to fixed schedule.
Japanese Japanese	Self-praise or the acceptance of praise is considered poor manners. Family is extremely important. Behavior and communication are defined by role and status.	Food presentation is important. Fish and soybean are main sources of protein, as well as meats and vegetables (some pickled). Rice and noodles; tea; soy sauce. Often lactose intolerant.	Use attitude, actions and feelings to communicate. Talkative people are considered showoffs or insincere. Openness considered a sign of immaturity, lack of self-control. Implicit nonverbal messages are of central importance. Use concept of hierarchy and status. Avoid eye contact and touch.	Family role for support is important. Insulted when addressed by first name. Confidentiality is very important for honor. Information about illness kept in immediate family. Prone to keloid formation. Cleft lip or palate not uncommon. Alcohol may cause flushing. Tendency to control anger.
Jewish Many from Eastern European countries. English, Hebrew, and Yiddish. Three basic groups: Orthodox (most strict), Conservative, and Reform (least strict).	Israel is the holy land. Sabbath is from sundown on Friday to sundown on Saturday. It is customary to invite other families in for Friday evening Sabbath dinner.	Orthodox and some Conservatives maintain a Kosher diet. Kosher food is prepared according to Jewish law under Rabbinical supervision. Eating of unclean animals is forbidden. Blood and animal fats are taboo (blood is synonymous with life). Do not mix meat with dairy products.	Orthodox men do not touch women, except for their wives. Touch only for hands-on care. Very talkative and known for their friendliness.	Stoic and authoritative. Appreciate family accommodation. Jewish law demands that they seek complete medical care. Donor transplants are not acceptable to Orthodox Jews, but are to Conservative and Reform. Death: Cremation is discouraged. Autopsy is permitted in less strict groups. Orthodox believe that entire body, tissues, organs, amputated limbs, and blood sponges need to be available to family for burial. Do not cross hands in postmortem care.
Korean Hangul	Family-oriented. Believe in reincarnation. Religions include Shamanism, Taoism, Buddhism, Confucianism, and Christianity. Belief in balance of two forces: hot and cold.	High fiber, spicy seasoning, rice, Kim Chee (fermented cabbage). Speak little during meal. Often lactose and alcohol intolerant.	Reserved with strangers. Will use eye contact with familiar individuals. Etiquette is important. First names used only for family members. Proud and independent. Children should not be used as translators due to reversal of parent/child relationship.	Family needs to be included in plan of care. Prefer non-contact. Respond to sincerity.

Culture group and Language	Belief Practices	Nutritional preferences	Communication Awareness	*Patient care/handling of death*
Mexican Spanish. People of Indian Heritage may speak one of 50 dialects.	Predominantly Catholic. Pray, say rosary, have priest in time of crisis. Limited belief in "brujeria" as a magical, supernatural, or emotional illness precipitated by evil forces.	Corn, beans, avocado, chiles, and yellow rice. Heavy use of spices.	Tend to describe emotions by using dramatic body language. Very dramatic with grief, but otherwise diplomatic and tactful. Direct confrontation is rude.	May believe that outcome of circumstance is controlled by external force; this can influence patient's compliance with health care. Women do not expose their bodies to men or other women.
Muslim Language of the country and some English.	Belief in one God, "Allah", and Mohammed, his prophet. Five daily prayers. Zakat, a compulsory giving of alms to the poor. Fasting during the month of Ramadan. Pilgrimage to Mecca is the goal of the faithful.	No pork or alcohol. Eat only Halal meat (type of Kosher).	Limit eye contact. Do not touch while talking. Women may cover entire body except face and hands.	Do not force food when it is religiously forbidden. Abortion before 130 days is treated as discarded tissue; after 130 days, as a human being. Before death, confession of sins with family present. After death, only relatives or priest may touch the body. Koran, the holy book, is recited near the dying person. The body is bathed and clothed in white and buried within 24 hours.
Northern European, language of the country and some English	Similar to American customs. Protestant with large Catholic population and some Jewish. Multi-ethnic groups.	Comparable to American diet- meat, vegetables, and starches. Coffee, hot tea, and beer.	Courtesy is of utmost importance. Address by surname and maintain personal space and good eye contact.	Maintain modesty at all times. Stoic regarding pain tolerance. Death is taken quietly with little emotional expression. Patients/family tend not to question medical authority.
Southern European, language of the country and some English	Roman Catholic, Protestant, Greek Orthodox, and some Jewish.	Main at midday: pasta, meat, and fish with cheeses and wine. Fresh fruit. Espresso coffee.	Talkative and very expressive. Direct and to the point. Extroverted. Good eye contact. Like personal and physical contact: holding hands, patting on the back, and kissing.	Educated, yet reluctant to get medical attention. Very independent. Birth control and abortion are accepted in some countries and not in others. The whole family is involved in care of ill family member.
Vietnamese Vietnamese language has several dialects. Also French, English, and Chinese.	Family loyalty is very important. Religions include Buddhism, Confucianism, Taoism, Cao Di, Hoa Hoa, Catholicism, and occasional ancestral worship. General respect and harmony. Supernatural is sometimes used as an explanation for disease.	Rice often with green leafy vegetables, fish sauce added for flavor. Meat used sparingly and cut into small pieces. Tea is main beverage. Often lactose and alcohol intolerant.	Communication – formal, polite manner; limit use of touch. Respect conveyed by nonverbal communication. Use both hands to give something to an adult. To beckon someone, place palm downward and wave. Don't snap your fingers to gain attention. Person's name used with title, i.e., "Mr. Bill," "Director James." "Ya" indicates respect, not agreement.	Negative emotions conveyed by silence and reluctant smile; will smile even if angry. Head is sacred – avoid touching. Back rub – uneasy experience. Common folk practices – skin rubbing, pinching, herbs in hot water, balms, string tying. Misunderstanding about illness – drawing blood seen as loss of body tissue; organ donation causes suffering in next life. Hospitalization is last resort. Flowers only for the dead.

Clipper Salzberg, B. (2003). Cultural Competence and Communication Chart. Essentials of Nursing Leadership and Management. Delmar Publishing.

St David's HealthCare
Non-employed Staff Orientation Acknowledgement Form

Name:_____   **Department**:_____

Position:_____

Facility:_____

By completing this module I understand my responsibility, acknowledge that I understand and will comply with the policies, procedures and expectations required to work in St. David's HealthCare facilities. I will ask my supervisor if I have any questions and/or concerns about my job responsibilities.

Mission, Vision, Values, and HCA Code of Conduct

Confidentiality and Security Agreement

Principles of hospital and patient care safety related to:

Customer Service including: AIIDET, Key Words at Key Times and Rounding

Policies and Procedures

Infection Prevention and Control

Blood Borne Pathogens

Patient Rights/Use of Restraints/Abuse and Neglect/Diversity

Ethics: Code of Conduct

HIPAA Privacy and Security & HITECH

Environment of Care

_____   _____

Signature   Date

_____   _____

Supervisor's Signature   Date

This document should be submitted to Human Resources.