

**NON-EMPLOYEE PERSONNEL EDUCATION INSERVICE**

**ENVIRONMENT OF CARE**

Greene County General Hospital (GCGH) maintains policies and procedures to promote the safety and health of everyone working and visiting its facilities. Safety is part of every job, and government regulations enforce this.

Occupational Safety and Health Administration (OSHA) standards require that:

* Every worker must be provided with a safe and healthy workplace.
* Each employer must furnish employment and a place of employment free from recognized hazards that are likely to cause death or serious physical harm to employees.
* Employers and employees follow all applicable OSHA rules.

Joint Commission standards require a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the hospital. This is crucial to providing quality patient care and achieving good outcomes.

Every individual shall comply with the GCGH Environment of Care policies. Employees and Non-Employees (student workers, interns, and job-shadowers) must understand their job requirements and follow the hospital’s policies and procedures as well as those of any third party or contracting organization (school, company, etc). This is an OSHA requirement. The Safety Officer is authorized to take action when a hazardous condition exists that could result in personal injury to individuals or damage to equipment or buildings. Questions about GCGH Environment of Care Policies, can be directed to the Public Safety Officer at (812) 847-5272.

Policy Reference:

Emergency Operations Plan Appendix H.2 Emergency Codes

Emergency Operations Plan page 115 “Emergency Codes - Definition of Codes”

Emergency Operations Plan page 118 “Fire Safety Program – Fire”

Emergency Operations Plan page 128 “Chemical Spills Plan – Code Orange”,

Policy Stat 3651078 “Chemical Hygiene Plan”

Policy Stat 3740684 “Clinical Equipment Entry / Exit Policy”

**Emergency Codes**

In an emergency, GCGH uses plain language codes to alert the entire facility. Plain language means that the codes are understood the first time they are heard or read. The codes in the chart below can be announced using the overhead loudspeaker by dialing “777” from any landline telephone in the hospital’s main facility (1185 N 1000 W). If an emergency occurs outside the main facility, personnel should dial 911 and state the emergency and address to first responder dispatchers.

|  |  |
| --- | --- |
| **Emergency** | **“Plain Language” Code** |
| Fire | Fire Alert – Fire alarm activated (building, floor, room #). |
| Active Shooter | Security Alert – There is an active shooter incident in (department/location).Please locate a safe place. |
| Rapid Response | Medical Alert - Rapid Response (floor, department) |
| Medical Alert – Imminent Unattended Delivery (floor, department, room #) |
| Infant, Child, or Adult Abduction | Abduction Alert – Missing Infant/Child (floor, department, room #) Description (age, gender, clothing, hair color, ethnicity)If located, please contact Security. |
| Severe Weather | The National Weather Service has issued a (description) for (county name).The watch/warning is in effect until (time).Please move to an interior corridor away from windows. |
| Code Blue | Code Blue – (pediatric/neonatal if needed), (floor, department, room #) |
| Code Black | Behavior Alert – (floor, department, room #, for all employees) |
| Code Silver | Security Alert – (person making threats with a weapon, SECURITY ONLY) |
| Code Orange | Chemical Spill – (floor, department, or room) |

**FIRE**

Employees and non-employees must know the location of the nearest fire extinguisher, pull station, exit, and red emergency power outlets in their work areas. Fire and smoke doors must not be blocked.

Life Safety Acronym: **RACE**

**R**emove those in immediate danger.

**A**ctivate the nearest alarm pull station.

**C**onfine the fire by closing doors, windows, etc.

**E**xtinguish the fire (If safe to do so) or **E**vacuate.

Fire Extinguisher Use: **PASS**

**P**ull Pin.

**A**im the hose.

**S**queeze the handle.

**S**weep from side to side.



Fire and Smoke Doors

**Hazardous Communication Standard**

According to OSHA’s Hazard Communication Standard (HAZCOM), everyone who works with a hazardous chemical must know its hazards and how to protect against those hazards. Each employee and non-employee is responsible for working safely with hazardous chemicals.

The HAZCOM applies to any chemical substance present in the workplace, including those that are used more frequently or for a longer duration than in normal consumer use. Safety Data Sheets (SDS) containing information for the management of hazardous materials exposure or spills are always available in the Emergency Department and on SharePoint, the GCGH intranet.  For more information, contact the Public Safety Officer at (812) 847-5272.

**Waste Disposal**

|  |  |
| --- | --- |
| Waste Type | Bag Color or container information |
| Infectious | Red bag |
| Confidential items | Gray shredding containers  |
| General waste | Black bag |
| Needles and sharp objects | Red sharps containers |

**Utilities failure**

If there is an electrical power failure, only red plug outlets will function. Emergency power will come on approximately 10 seconds after a power outage. Medical gases are shut off only by Engineering and Maintenance or the Fire Department. Back-up telephones are located throughout the hospital. Directly next to each back-up telephone, there are red cards with instructions for telephone use and back-up telephone numbers for each department and unit. The Hospital has agreements with vendors and other sources to provide back-up utilities.

**Radiation Safety**

Exposure to ionizing radiation is possible for anyone working at or visiting GCGH. It is important to limit unnecessary exposure and know the principles of radiation safety: time, distance, and shielding. Only patients and mandatory personnel should be present when a radiation procedure occurs.

**BIOHAZARD AREAS**

Use extra caution when entering a biohazard area.



Door with a Biohazard Sign

**QUALITY IMPROVEMENT AND PATIENT SAFETY**

Greene County General Hospital is committed to providing the highest quality of care and services for patients while striving to meet the needs and expectations of other customers as well. Quality means adding value to all activities through a commitment to the continuous improvement of care and services.

**2017 Hospital National Patient Safety Goals**

The purpose of the National Patient Safety Goals is to improve patient safety by solving common problems.

Goal: Correct Patient Identification

* Staff must use at least *two ways* to identify patients, i.e. the patient’s name *and* date of birth. This ensures that each patient receives the correct medicine and treatment and that the correct patient receives the correct blood during a blood transfusion.

Goal: Improved Staff Communication

* Staff should work together to make sure important test results get to the right staff person on time.

Goal: Safe Use of Medication

* Before a procedure, all medicines must be checked for proper labels. This includes medicines in syringes, cups, and basins. Labeling should occur where medicines and supplies are set up.
* Patients on blood thinners should be given extra attention and time.
* Proper procedure includes recording and passing along correct information about a patient’s medicines; finding out what medicines the patient is taking; comparing current medicines to new medicines given to the patient.
* Upon discharge, patients should be informed about which medicines to take when they are at home and the importance of bringing an up-to-date list of medicines every time they visit a doctor.

Goal: Alarm Safety

* Alarms on medical equipment should be heard and responded to on time.

Goal: Infection Prevention

* The Hospital adheres to cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization.
* Everyone should set goals to improve hand cleaning.
* The Hospital uses proven guidelines to prevent infections that are difficult to treat; prevent infection of the blood from central lines; prevent infection after surgery, and prevent infections of the urinary tract that are caused by catheters.

Goal: Patient Safety Risk Identification

* Staff should know which patients are most likely to try to commit suicide.

Goal: Prevention of Surgical Mistakes

* Correct patient identification will ensure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.
* The correct place on the patient’s body where the surgery is to be done should be clearly marked.
* Before surgery begins, there should be a final time to check that a mistake is not being made.

The exact language of the goals is provided at [www.jointcommission.org](http://www.jointcommission.org).

**INFECTION CONTROL**

The Infection Control Preventionist for GCGH is responsible for the hospital-wide Infection Prevention and Control Program and can be reached at (812) 847-6135.

On December 6, 1991, the Occupational Safety and Health Administration (OSHA) promulgated final rule 29 CFR 1910.1030, entitled "Occupational Exposure to Bloodborne Pathogens" (see tab "OSHA Standard"). The purpose of this standard is to eliminate or minimize occupational exposure to the Hepatitis viruses (HBV and HCV), Human immunodeficiency virus (HIV), and other bloodborne pathogens.

Occupational exposure to blood and other potentially infectious materials containing bloodborne pathogens presents a significant health risk for workers. This risk can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccinations, and warning signs or labels.

Universal Precautions/Body Substance Isolation represents a system of infection control that assumes all blood and body fluids are potentially infectious. The basic principles are:

* Hand Washing
* Personal Protective Equipment
* Proper Trash Disposal
* Safe Work Practices

**The best way to prevent the spread of infection is proper hand washing.**

Bacteria and diseases spread easily from the hands of healthcare personnel. Every department has hand-washing facilities, and it is extremely important for all employees and non-employees to wash their hands. Hands should be washed with soap and water when visibly soiled, before eating, after using the restroom, and when exiting a Clostridium Difficile contact isolation room. Hand should be washed with soap and water or alcohol cleanser before and after contact with patient or inanimate objects including medical equipment and procedure gloves.

It is also important to know the location of the personal protective equipment in the work area and to follow departmental policies regarding their use. Personal protective equipment includes gloves, gowns, masks, face shields, and goggles. These devices protect mucous membranes (eyes and mouth) and non-intact skin (open area or cut) from exposure to a potentially infectious material.



Sharps containers are provided for used sharps disposal. Needles should not be recapped. Trash, sharps containers, and laundry should be emptied when containers are three-quarters full.

Some patients are placed in isolation due to the nature of their illnesses. Those patients are identified with a “Stop Sign” on the doors to their rooms. It is important that no one enters these rooms without first consulting with a nurse to learn the appropriate precautions.

Infection Control Preventionist…………………………………………………………………. O: (812) 847-6135; C: (317) 446-3948

Policy Reference:

Policy Stat 3201237 “Standard Precautions”

Policy Stat 2674978 “Guidelines for Isolation Precautions”

Policy Stat 2674945 “Hand Hygiene”

Policy Stat 3586322 “Protective Isolation”

Policy Stat 2818483 “Employee Illness”

Policy Stat 3496060 “Infection Prevention and Control Plan”

**Handwashing**

How Disease Spreads

Germs that cause disease can transfer to hands from:

* Doorknobs
* Stairway banisters
* Keyboards
* Light switches
* Phones
* Elevator buttons

Washing hands eliminates these germs before they cause disease.

Proper hand washing should occur:

* Before eating
* After using the toilet
* Before and after patient contact or contact with patient environment
* After touching the nose (nose-blowing),, sneezing or coughing
* After touching a wastebasket
* After touching money
* After touching things that belong to another patient or a visitor
* Before touching the nose, mouth, or eyes

Proper Hand Washing Technique

* Wet hands with running water.
* Rub soap over hands.
* Wash the palms, back of hands, between fingers and under fingernails.
* Wash for at least 15 seconds (about the time it takes to sing “Happy Birthday” twice).
* Rinse with running water.
* Pat hands dry with a clean towel.
* Turn off the water with a paper towel.

**Hand sanitizer can be used instead of soap and water to kill germs and prevent infection.**

**Personal Protective Equipment**

Personal Protective Equipment (PPE) provides an essential barrier between personnel and the hazards they face on the job. Personnel generally need PPE when containment ventilation and other controls do not provide enough protection.

Personnel will follow OSHA guidelines regarding the use of PPE while performing hazardous duties. PPE will be supplied to any personnel involved with any activity where there is reasonable probability of preventing injury or illness when engineering controls fail to alleviate the hazards and PPE is used correctly. Personnel must use the protectors. These items include safety glasses, gloves, gowns, and respiratory equipment.

All employees shall be knowledgeable in the following:

* When PPE is utilized;
* What is necessary in specific situations;
* Proper use, care, maintenance and disposal of PPE.

**Multi Drug Resistant Organisms (MDROS)**

Multi Drug Resistant Organisms (MDROS) are germs that may become resistant to common antibiotics. This makes it harder to kill the germs.

Examples of MDROs include:

* Methicillin Resistant Staphylococcus Aureus (MRSA)
* Vancomycin Resistant Enterococcus (VRE)
* Extended Spectrum Beta Lactamase (ESBL) producing organisms
* Carbapenem Resistant Enterobacteriaceae (CRE)
* Clostridium Difficile Infection (CDI)

Handouts are available with detailed information about MRSA and VRE.

Anyone can get a MDRO, even healthy people. A test can be done to find out if a germ is a MDRO. Some people have no symptoms and only carry the MDRO. Symptoms can include fever, swelling, cough, wound drainage, and pain. The risk is greater for people who receive long-term antibiotics; have a weak immune system; had recent surgery; or have a tube, like a urinary catheter or central venous access device (tube put in a large vein that goes to the heart).

A test can be done to find out if a germ is a MDRO. Some people have no symptoms and only carry the MDRO. Symptoms can include fever, swelling, cough, wound drainage, and pain.

Patients presenting any of the aforementioned symptoms or infections will be in rooms with a warning stop sign. This indicates no one is to enter the room without first consulting a nurse for proper precautions. Visitors need to follow all the precautions listed on the sign and follow nurse instructions.

Precautions might include:

* Cleaning hands before going in and when leaving a patient room and using alcohol hand cleanser or soap and water.
* Keeping all items, including equipment, toys and games in the patient’s room until cleaned by staff.
* Telling the nurse if need linens or other items outside the patient room are needed.
* Avoiding unit storage areas.
* Directing all questions to unit staff.

**Chain of Infection**

An infection can be prevented by breaking any one of the links of the chain.

**Causative Agent** - any of the numerous bacteria that can cause disease

**Reservoir** - the place where bacteria will survive (patient, equipment, environment, etc.)

**Portal of Exit** - a way out of the carrier (respiratory tract-sneeze/cough, GI tract- diarrhea)

**Mode of Transmission** - method of travel from the reservoir to the susceptible host

**Portal of Entry** - how the causative agent enters the host (respiratory - breathing, blood - needle stick)

**Susceptible Host** - anyone

**INFECTION CONTROL IN THE OPERATING ROOM (OR)**

Infection Control in the OR is based on the following assumptions:

* Every surgical procedure is considered to be contaminated and is to be managed in a consistent manner, utilizing a “confine and contain” technique.
* All patients, personnel, and materials are considered to be a potential source of cross contamination.
* Infection control is the shared responsibility of all OR personnel.

**Traffic Control**

The number of airborne microorganisms is directly related to the number of people in a given area, and their activity. Therefore, the Surgery Department is restricted to necessary personnel only. It is divided into three zones of restriction, according to the degree of desired microbial reduction and patient’s increasing vulnerability to infection.

**Unrestricted zone:** Street clothes are permitted.

Zone includes surgery nurses’ station, departmental offices, lounges, classrooms, endoscopy, pre-op services and PACU.

**Semi-restricted zone:** Scrub attire, including hair cover, is required.

Zone includes Central Sterilization and, areas in main surgery that are not operating rooms.

**Restricted zone:** Scrub attire, hair cover required. Face mask required if procedures in progress.

Zone includes all operating rooms and sub-sterile rooms.

Doors to the OR are to be kept closed except during passage of personnel, equipment, or supplies. Movement in and out of an OR during a procedure is to be kept to a minimum. Observers are limited to students of healthcare disciplines, visiting physicians, hospital employees, and instrumentation/equipment company representatives as indicated. All observers are to be properly attired and assignment of students shall be at the discretion of OR management, charge nurses, and department educators. Activity within an OR during a surgical procedure is to be conducted with consideration for airborne contamination potential. All persons in an OR during a surgical procedure are to be documented on the OR record.

**Operating Room Attire**

Operating Room attire is to be worn by all persons entering semi-restricted or restricted zones. Maintenance personnel, etc. may wear single use coveralls over their clothing, hair, and shoe covers. Scrub attire is provided and maintained by the hospital. Scrubs must be changed before re-entering a restricted area when any soiling, spillage occurs or when there has been contact with body substances or dirty surfaces. When there is any question of possible contamination, personnel will consider the scrubs contaminated and change them accordingly.

All scrub attire worn in Surgery is to be laundered by the Hospital laundry vendor. Cover gowns or lab coats are not required to be worn over scrub attire when the wearer is out of the Surgery Department. If anyone wearing scrub attire exits the building, scrub attire must be changed prior to entering a restricted zone. Head hair is to be covered completely.

Disposable caps or hoods are provided. A disposable hood is to be worn if a face mask does not cover all facial hair. Shoes that are worn out of the hospital should not be worn in restricted zones unless shoe covers are also worn. Disposable shoe covers are provided. Disposable, string-tied high filtration facemasks are to be worn when entering an operating room if a procedure is about to begin, is underway, or if sterile supplies are exposed. The Cysto and Lithotripsy rooms are exempt except during introduction of spinal anesthesia, or during a procedure in which a facemask would be required were the procedure done in the main OR.

Masks are to be removed and discarded prior to leaving the Surgery Department. Warm-up jackets are encouraged as a deterrent for shedding of scarfskin. Nail polish and artificial nails should not be worn by persons functioning in the scrub role, and artificial nails are discouraged for all surgery personnel involved in patient care.

**Personal Protective Equipment (PPE)**

PPE should be used as indicated when there is reasonable anticipation of exposure to blood, body fluids, and other potentially infectious material. Available components include scrub attire, gloves, hair cover, shoe covers, eye/face protection, warm-up jackets, and cover gowns. PPE is to be discarded (if disposable) or cleaned with a tuberculocidal disinfectant (if reusable).

**LATEX SENSITIVITY**

A latex allergy can result from repeated exposure to proteins in natural rubber latex through skin contact or inhalation. Reactions usually begin within minutes of exposure to latex, but can also occur hours later and produce various symptoms. These include skin rash, inflammation, respiratory irritation, asthma, and, in rare cases, anaphylactic shock.

Greene County General Hospital has created a task force of employees from many different departments to address issues such as latex safe alternatives, developing policy and procedures to prevent exposure to latex, patient care protocols in nursing, admission and discharge protocols, education issues, and training for the staff.

**SERVICE EXCELLENCE**

**PATIENT RIGHTS**

Greene County General Hospital patients have the right to expect high quality service. Patients are to be treated with respect and dignity. All individuals within the GCGH healthcare system will work to provide the highest level of patient care. No patient is to be treated differently or to be denied treatment because of an inability to pay, race, creed, national origin, religion, age, military service status, pregnancy, gender, gender identity, disability, or sexual preference.

Policy Reference:

Policy Stat 2999137 “Patient Bill of Rights”

Policy Stat 3493034 “Employee Handbook, Section 4, Standards of Conduct”

Policy Stat 4135224 “Code of Conduct”

**STANDARD OF CONDUCT**

Non-hospital employees and certain visitors are required to follow the GCGH Standards of Conduct. These Standards define the quality of relationships between employees, patients, families, volunteers, vendors, and visitors. This includes people of every age and generation, every department and type of work, every ethnic and religious group. Disruptive behavior will not be tolerated at GCGH.

Greene County General Hospital Standards of Conduct are:

1. Quality – GCGH staff uphold the highest standards of quality care and service.
2. Communication – GCGH staff communicate clearly and with compassion.
3. Environment – GCGH staff maintain a welcoming environment.
4. Accessible – GCGH staff make it easy and convenient for to obtain services.

**Parking**

Reserved parking for physicians and clergy is clearly marked, as is handicapped parking. Employees and non-hospital employees are asked to park at the back of all parking lots, to show courtesy to patients by allowing them to park closer to the facility.

**Smoking and Tobacco Use**

Greene County General Hospital is committed to the promotion of quality health care, which includes prevention of disease. With this commitment comes the responsibility to provide a safe and healthy environment for all people who enter hospital facilities. To establish and maintain the safest possible environment in which to deliver quality care, effective November 15, 2012, GCGH is a smoke-free campus.

It is the policy of GCGH that no smoking of cigarettes or cigars (including electronic cigarettes/vaping) may occur on any property leased, owned, or otherwise controlled by GCGH.

Employees and non-employees are to refrain from smoking during working hours and to avoid bringing the contaminants of tobacco smoke that remain on the body and clothing into the care and work environment. These contaminants can trigger adverse reactions in patients and colleagues similar to those caused by excessive use of perfumes or fragrances. Should such contaminants create issue when and employee arrives at work or returns from breaks, management will intervene with education and coaching. Repeated issues or an established pattern can result in formal disciplinary action or termination of volunteer contract.

**Professional Appearance and Dress Code**

All personnel are expected to follow the dress code set forth by Human Resources policy. If a non-employee clinical program has specific expectations for dress, those should be observed, as well as any requirements by the specific GCGH departments.

**Diversity**

Diversity at GCGH is defined broadly to include group differences (based on age, race, gender, sexual orientation, disabilities, parental status, or job group) and individual differences, including communication style, career experience, and other variables. The goal is to create an environment that is inclusive, drawing upon the strength of the diversity of our workforce to exceed the expectations of GCGH patients and visitors. Diversity is about valuing all individuals.

Greene County General Hospital expects employees and non-employees to

* Appreciate differences of peoples’ styles, cultures, gifts, and skills and be willing to learn from others’ points of view.
* Implement the four steps of the FAIR approach.
	+ **F**eedback – giving and receiving appropriate feedback
	+ **A**ssistance – providing and asking for assistance when needed
	+ **I**nclusion – ensuring everyone feels included
	+ **R**espect – demonstrating appropriate respect and regard for others
* Be understanding and acknowledge that there can be cultural differences in healthcare values and practices.
* Be empathetic and sensitive to the feeling of being different.
* Show patience and understanding of the potential differences of concept of time and immediacy.
* Show respect for the importance of culture as a determinant of health. This includes the existence of other worldviews regarding health/illness; the adaptability and survival skills of our patients; and the influence of religious beliefs on health and the role of bilingual/bicultural staff.
* Be trustworthy and convey a commitment to safeguard patient well-being.

**WORKPLACE SAFETY AND SECURITY**

Safety for patients, visitors, and employees is paramount. Knowledge and preparation are the best ways to minimize and avoid incidents. Greene County General Hospital does not tolerate any form of harassment, including disruptive, threatening, or violent behavior from employees, physicians, volunteers or others.

Safety and security are shared responsibilities. If something just does not look right, feel right, or seem right, it probably is not right. Red flags should be reported to authorities immediately.

Avoiding the loss of personal property is primarly the responsibility of each individual. Everyone is encouraged to keep personal property locked when stored in the hospital. Leaving items unattended is an invitation for the invasion of privacy.

Safety in parking lots can be assured by walking with others, or, if alone, contacting Security for an escort. Any concerns about parking lot security should be reported immediately.

Firearms including guns and switch blades are prohibited in the Hospital, contact Security at (812) 847-5272, or internally at extension 2197, if assistance is needed in addressing this.

**Patient Abuse**

It is the responsibility of all hospital employees and non-employees to protect children and endangered adults from possible abuse or neglect by reporting concerns to the appropriate authorities in order to ensure the person’s safety. Remember that the abuser may frequently accompany the patient; therefore, the patient may be reluctant to give information regarding the real reason for injury. Making a good faith report based on evidence is a protected, legal action, and the identity of the person making the report is confidential. Reports of abuse of independent adults are voluntary.

Policy Reference:

Policy Stat 3622077 “Abuse Adult & Child, Reporting”

Policy Stat 3617828 “Suspected Elder and Disabled Adult abuse and Neglect”

**Disruptive Behavior**

Disruptive Behavior is conduct that negatively affects the quality of care, causes someone to deviate from the standard of care, or causes (or has the potential to cause) a patient safety issue. Disruptive behavior could intimidate staff, affect staff morale, and lead to staff turnover. Disruptive behavior may be verbal or non-verbal.

Examples of disruptive behavior:

* Rude language or statements
* Inappropriate or offensive comments or language
* Statements toward others that may be intimidating, undermine confidence, or belittle individuals
* Inappropriate facial expressions
* Inappropriate gestures
* Non-physical threats

**Threatening Behavior**

Threatening Behavior is an expressed or implied verbal threat to interfere with an individual’s physical health or safety, or with GCGH property, which causes a reasonable belief that harm or destruction is about to occur.

Examples of threatening behavior:

* Direct or indirect threats of physical harm
* Threatening or intimidating remarks and/or gestures
* Belligerent, harassing, bullying and/or other inappropriate and aggressive behavior
* Prolonged or frequent shouting
* Stalking or following an individual
* Aggressive or hostile behavior that creates a reasonable fear of physical injury to another person or subjects another individual to emotional distress
* Possession of a weapon while on hospital property or making inappropriate references to guns or other weapons

**Violent Behavior**

Violent Behavior is the use of physical force or violence to restrict the freedom of action or movement of another person or to endanger the physical health or safety of another person or GCGH property.

Examples of violent behavior:

* Unwelcome physical contact
* Slapping, punching, striking, pushing, or otherwise physically attacking a person
* Throwing, punching, or otherwise handling objects in an aggressive manner
* Intentionally damaging employer property or the property of another employee

**Critical Risk and Contributing Factors**

Verbal warning signs of aggression may include use of angry or threatening tone of voice, making verbal threats, making unreasonable demands, talking irrationally or not making sense, cursing/shouting or screaming, defiantly challenging rules or authority, making lewd/sexual or degrading comments and suicidal threats.

Physical warning signs of aggression may include angry looks or staring, clenching of jaw or fists, tightly gripping objects, nervously pacing or restlessness, slurred speech, stumbling or other signs they are under the influence of alcohol or drugs, violent gestures such as beating, pounding or breaking objects.

**Illegal Harrassment**

The Equal Opportunity Commission has issued guidelines prohibiting harassment. The guidelines define harassment as“Verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of the individual’s protected status (race, gender, color, age, religion, national origin, disability, or sexual preference).”

Greene County General Hospital wants its employees to work in an environment free of any kind of harassment. Verbal harassment, even of a non-sexual nature, can be considered harassment if it contributes to a “hostile working environment.”

If an employee believes he/she is a victim of sexual and/or verbal harassment from anyone, including members of the medical staff, she/he should follow the following steps:

* Individuals should not ignore harassment or blame themselves, even though this is a normal reaction. Nor should they think harassment is a joke or an accident since experience shows that the behavior will continue or increase if it is ignored.
* A person should respond immediately and directly to the offender to indicate that the behavior or remark is not acceptable. This means saying “no” clearly and stating that the offensive actions are not acceptable; stating that failure to stop will result in a report to his/her supervisor.
* If the unacceptable behavior happens again, a report should be made to the supervisor.
* If direct confrontation is undesirable, then the department supervisor/manager and the Director of Human Resources should be informed.
* It is also acceptable to go directly to the Director of Human Resources by calling (812) 847-5229.

**Reporting Disruptive Behavior, Violence, and Harassment**

If an individual threatens physical harm toward any employee, individual, or him/herself and/or has a weapon or behaves in a manner that causes fear of one’s safety, Security should be contacted immediately at (812) 847-5272. All incidents of verbal or written abuse must be reported when an employee feels threatened, provoked, intimidated, or when the person making the statement or comment intends for their conduct to be perceived as a threat. Those reporting should request that a Morrissey incident report be filed.

Security Department ………………………………………………………………………………………………. (812) 847-5272

Policy Reference:

Policy Stat 3493034 “Employee Handbook, Section 4.3, Harassment, Including Sexual Harassment”

Policy Stat 2610486 “Hospital Security Plan”

Policy Stat 4106686 “Workplace Violence”

**PRIVACY**

Everyone has a role at GCGH to ensure information privacy, security and integrity. Without that engagement, sensitive information can be breached. Information breaches are not only costly, but individuals may also be held liable under federal and state penalties as well as IU Health sanctions. The government mandates that GCGH protect the privacy, security and confidentiality of patients and their health information.

**Use and Disclosure of Sensitive Information**

Sensitive information includes confidential information about our patients and business.

**Personally Identifiable Information (PII)**

PII is electronic or paper information containing a person’s name, date of birth, address, social security number, driver license number, photographic images, payment information, or other private information that one would generally want to protect from public disclosure.

**Protected Health Information (PHI)**

PHI is individually identifiable health information transmitted or maintained in any form or medium, which is held by GCGH or its business associates. PHI identifies the individual or offers a reasonable basis for identification. Photographs within the context of patient care are PHI. PHI relates to a past, present, or future physical or mental condition, treatment and/or payment for healthcare.

Sensitive information may be disclosed:

* To treat a patient
* To receive payment for services provided to a patient
* To perform daily healthcare operations

Sensitive patient or employee information (including family, friends, co-workers, neighbors, community leaders, celebrities or research subjects) requires a business need-to-know or a provider relationship that allows access. Accessing or disclosing patient information without a direct treatment relationship with the patient or for a valid business reason is subject to disciplinary action, up to and including termination of employment or contract.

The hospital directory can include information such as:

* Patient name
* Patient location in the hospital
* Patient’s condition in general terms (fair, stable, etc.)
* Religious affiliation

Unless the patient disagrees, the information in the hospital directory is released to members of the clergy or to other persons who ask for the individual by name. Greene County General Hospital is required to give the patient an opportunity to object to release of directory information. If the patient requests that no information be released about them, their choice is documented in the registration system.

Clear, factual and accurate information is necessary to protect information security as well as make key clinical and business decisions, however, only the minimum necessary information should be used when accessing, appropriately sharing, or documenting.

**Safeguards**

* Medical records and forms with patient names and information should be face down and medical records in wall boxes should face the wall or door.
* Computer monitor screens should be turned away from public viewing areas or blocked as much as possible while in use.
* Patient information should be disposed in secure shredding bins, not in ordinary trash containers.
* When sharing patient information, lowered voices are recommended, and discussions should never happen in public places (elevators, lobbies, cafeterias, or corridors). Privacy is key.
* A cover sheet will protect faxed documents and provide an opportunity to double check for accurate fax numbers.
* To securely email sensitive information to an email address that is not a @mygcgh.org address, the subject line of the email should read only, “Secure Message.” The GCGH email system will automatically transfer the information securely.
* To securely transfer data with a USB drive, the specific file or the entire USB must be encrypted. Encrypted USB drives can be obtained from the IT Department.
* Sharing of passwords is prohibited! NO ONE should share system passwords!
* User sign-on activity is tied to unique user sign-on identification and password. Activity may be logged and monitored by the IT Department to ensure the protection of uses and disclosures of protected health information.
* It is important to log-off after completing work to prevent unauthorized access. All employees and non-employees are held responsible for any work completed under their unique sign-ons.
* Laptops, iPads and other tablets that contain PHI, PII, or other sensitive information should be password protected and encrypted.
* Mobile phones should be password protected or require authentication to protect information on the device.
* It is never appropriate to save e-PHI on a cell phone device unless it is encrypted.
* Devices used for GCGH business must be compliant with GCGH policy.
* Use of a personal smartphone or other mobile device for access to hospital email, calendars, and contacts requires acceptance of Hospital-Owned Mobile Device (Policy Stat 4109792) policy and Email Usage (Policy Stat 3202392) policy.

**Breach of Sensitive Information**

* All personnel should be conscious of portable information (electronic or paper).
* When leaving items containing sensitive information unattended, precautions are necessary. For example, valuables should not be visible from the window of a parked car. Storage in the trunk or in a locked, opaque container is advised.
* When there is a breach or potential breach (i.e. when equipment or information is lost or stolen), **prompt action is critical**. Compliance & HIPAA Security Officer should be notified immediately at (812) 847-5232.
* The faster the breach or vulnerability is understood, the faster the response can be.
* Greene County General Hospital is legally required to notify regulatory agencies and those impacted by a data breach within a very short period.

**Social Media and Internet Activity**

Greene County General Hospital recognizes employees and non-employees may participate in online social networking and blogging services on their personal time. All GCGH personnel have an obligation to protect the privacy and confidentiality of patients, their families, and fellow employees whether they are at work or not.

Greene County General Hospital recognizes that healthcare providers sometimes develop close and long-term relationships with patients. However, social networking and internet blogging sites pose a unique risk to GCGH and staff because of ongoing responsibilities to protect the privacy and confidentiality of all those who seek services here. Sharing private or confidential information through blogging or social networking sites is a breach of patient confidentiality and a violation of GCGH policies, procedures, and applicable law.

Violators are subject to immediate discipline, up to and including termination. Any known or suspected activity MUST be reported to Compliance & HIPAA Security Officer at (812) 847-5232 or internally at extension 2036.

**Prohibited activity includes:**

* Taking pictures of patients without a healthcare purpose and a written consent from the patient on file in the medical record.
* Taking pictures with personal cameras, personal cell phones, or any other personal devices not owned by Greene County General Hospital.
* Posting patient pictures or information about patients on any Internet forums or social networking sites (i.e. personal email, Facebook, Twitter, professional association blogs, newspaper blogs, etc.) without written consent from the patient.
* Posting any pictures of patients received from the patient or their family.
* Texting patient information using personal devices.
* Discussing patient information on social networking sites.

Protecting patient privacy and maintaining a secure environment is everyone’s job. This includes an obligation to report data breaches and security concerns to Compliance & HIPAA Security Officer. Employees should feel comfortable knowing that GCGH may not intimidate, threaten, coerce, discriminate against, or take retaliatory action when employees file complaints. Violation of the HIPAA Privacy and Security Rules will be subject to GCGH disciplinary procedures, including the possible loss of computer system privileges and/or termination of employment. Illegal acts involving GCGH computer resources may also be subject to prosecution by state and federal authorities, fines and jail sentence.

Greene County General Hospital Privacy Officer…………………………………………….(812) 847-5232

Policy Reference:

Policy Stat 3857606 “Workstation Use Policy”

Policy Stat 2842205 “Clinic Access to Electronic Health Records”

Policy Stat 3493034 “Employee Handbook, Section 4.8, Internet Use”

Policy Stat 621434 “Information Management System”

Policy Stat 1931034 “Administrative Safeguards Security Incident Procedure – Response & Reporting”

**COMPLIANCE**

Compliance and integrity in healthcare organizations means complying with corporate policies and local, state, and federal laws through legal and ethical behavior. Greene County General Hospital values its reputation for integrity and honesty and takes its compliance responsibilities seriously. Management will prescribe and place in operation internal controls to adequately mitigate significant operational, financial and compliance risks.

The GCGH Code of Conduct states personnel will:

* Comply with laws, accreditation standards and agreements.
* Exercise the utmost honesty, accuracy, fairness and respect for others.
* Understand and abide by the organization’s policies.
* Not give, offer or promise anything of value to anyone for the purpose of improperly obtaining favorable treatment for themselves or GCGH; nor shall GCGH personnel solicit or accept anything of value from anyone for giving favorable treatment to the donor.
* Maintain the confidentiality of the organization’s financial, operational, legal, medical, employment, and other data.
* Comply with the Federal and Indiana State Anti-Kickback Acts and the Federal Stark Act.
* Avoid conflicts of interest.
* Comply with Federal and State Antitrust laws.

**Fraudulent and Wrongful Acts**

The prevention and detection of fraudulent and wrongful acts go hand-in-hand with regulatory compliance. All personnel have a responsibility to report wrongful acts if reasonable suspicion exists. Direct confrontation of a suspect of a wrongful act should be avoided, as such action may compromise an investigation. Employees found to have participated in fraudulent and wrongful acts will be subject to disciplinary action, up to and including termination of employment, prosecution, or both.

Examples of Wrongful Acts Include:

* Authorizing a patient charge for which no medical procedure was performed, item supplied, or service rendered.
* Authorizing or receiving compensation for hours not worked.
* Billing the Medicare/Medicaid program for services not performed.
* Intentionally falsifying purchase requisitions or reimbursement forms.
* Impropriety in the handling or reporting of financial transactions.
* Misappropriation of funds, securities, supplies or assets.
* ANY DISHONEST ACT!

**Conflict of Interest**

Personnel should avoid conflicts (or appearance of conflict) between their personal interests and their job related responsibilities. A potential conflict of interest exists whenever someone might notice that an individual’s actions are not in the best interest of GCGH.

**Excluded Individuals**

Greene County General Hospital does not hire or do business with persons who are excluded from participation in federal healthcare programs or with whom United States persons are forbidden to do business. Government agencies may exclude persons from participation in federal healthcare programs based on their conviction of certain crimes, their failure to enter an agreement to re-pay Health Education Assistance Loans, the suspension of their license and other reasons. Greene County General Hospital reviews the exclusion databases monthly to identify excluded individuals and entities.

**The Deficit Reduction Act**

The Deficit Reduction Act (DRA) of 2005 requires GCGH to prescribe policies for its employees, and employees of its contractors and agents, providing detailed information about the Federal and Indiana False Claims Acts, administrative remedies for false claims, and GCGH procedures for detecting and preventing fraud, waste and abuse.

**Gratuities, Kickbacks & Self-Referrals**

Greene County General Hospital personnel and contractors will comply with the Federal and Indiana State Anti-Kickback Acts and the Federal Stark Act. Greene County General Hospital personnel or contractors shall not give, offer or promise anything of value to anyone for the purpose of improperly obtaining favorable treatment for themselves or Greene County General Hospital; nor shall personnel or contractors solicit or accept anything of value from anyone for giving favorable treatment to the donor. The Federal and Indiana State Anti-Kickback statutes prohibit accepting or paying compensation or rewards in return for or to induce referrals for or use of goods or services which are or may be paid for by a federal healthcare program. The Stark Act prohibits physicians from referring patients to entities with which they have a financial relationship and the entities from billing for services based on prohibited referrals. Anyone encountering circumstances to which the Anti-Kickback Statutes or the Stark Act may apply should contact the Compliance & HIPAA Security Officer.

**Reporting Compliance Related Concerns**

Management should be the first point of contact when you have questions. Greene County General Hospital management team has an open door policy and wants to help resolve any concerns you may have. In addition, management is in the best position to resolve the issue quickly. If it is uncomfortable to discuss personal concerns with either Management or the Compliance Officer, GCGH provides a confidential Compliance Hotline. Individuals may call the Compliance Hotline anonymously and be assured that legitimate concerns are investigated confidentially. Greene County General Hospital Compliance Hotline is available 24 hours a day, seven days a week and is administered by an outside organization. The number is (812) 847-5232.

In addition, individuals may communicate questions or concerns regarding Medicare and Medicaid billing to the:

 Centers for Medicare and Medicaid Services

 Chicago Regional Office

 233 North Michigan Avenue, Suite 600

 Chicago, IL 60601-5519

 Tel. (312) 644-4227

Individuals may also report concerns about safety or quality of care provided at any GCGH facility to the:

 Office of Quality Monitoring – The Joint Commission

 One Renaissance Blvd.

 Oakbrook Terrace, IL 60181

 Tel. (630) 792-5000

 Fax: (630) 792-5636

 Complaint Hotline: (800) 994-6610

 Email Address: complaint@jointcommission.org

 Internet Address: www.jointcommission.org/GeneralPublic/Complaint

**Greene County General Hospital does not retaliate, nor does it tolerate retaliation by GCGH personnel, against persons making good faith reports of compliance or other concerns to the organization’s management or Compliance Hotline.** Greene County General Hospital also prohibits all retaliation against persons making proper reports to the Centers for Medicare and Medicaid Services or any other governmental organization and The Joint Commission. If an employee or non-employee believes he or she is being subjected to inappropriate retaliation or retribution, the GCGH Compliance Officer should be informed immediately.

Greene County General Hospital Compliance Officer ………………………………………………………………….. (812) 847-5232

Policy Reference:

Policy Stat 4135328 “Conflicts of Interest”

Policy Stat 3493034 “Employee Handbook, Section 4, Standards of Conduct”

Policy Stat 4135224 “Code of Conduct”

Policy Stat 3165311 “Non-Retaliation and Non-Retribution”

Policy Stat 3493029 “Organizational Code of Ethics”

Policy Stat 3055124 “Red Flags Identity Theft Prevention Program”

Policy Stat 3202237 “Corporate Compliance Reporting Policy”