
NON-EMPLOYEE PERSONNEL EDUCATION INSERVICE

ENVIRONMENT OF CARE

Greene County General Hospital maintains policies and procedures to keep you safe and healthy while in our facilities. Greene County General Hospital's philosophy is that safety is a part of everyone's job. Government regulations enforce this.

OSHA standards require:

- Every working man and woman must be provided with a safe and healthy workplace.
- Each employer shall furnish to each of his employees, employment and place of employment, which are free from recognized hazards that are likely to cause death or serious physical harm to his employees.
- Applicable OSHA rules are to be followed.

The 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 Greene County General Hospital Environment of Care policies. Know your position and job requirements and follow the hospital and your company's policies and procedures. This is an OSHA requirement for your safety and protection. 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. If you have questions about Greene County General Hospital's Environment of Care policies you may contact 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

Dial “777” to call a code from within the main hospital building located at 1185 N 1000 W. When calling any code, state the type of code and location or area. If an emergency situation occurs anywhere outside of the main hospital building at 1185 N 1000 W, dial “911” and state the emergency and the address.

All of Greene County General Hospital use what’s called “plain language” when announcing Codes overhead. Plain language is “communication your audience can understand the first time they read or hear it,” according to the Plain Language Action and Information Network. By announcing Codes in plain language, we can better ensure all employees and hospital guests are aware of any unfolding situation. For your reference below are the Emergencies and the Plain Language Codes.

Emergency	“Plain Language” Announcement
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

Life Safety Acronym: **RACE**

Remove those in immediate danger.

Activate the nearest alarm pull station.

Confine the fire by closing doors, windows, etc.

Extinguish the fire (If safe to do so) or Evacuate

Fire Extinguisher Use: **PASS**

Pull Pin

Aim the hose

Squeeze the handle

Sweep from side to side

Know the location of the nearest fire extinguisher, pull station, exit, and red emergency power outlets in your work area. Do not block fire and smoke doors.



Fire and Smoke Doors

HAZARDOUS COMMUNICATION STANDARD

OSHA's Hazard Communication Standard (HAZCOM) requires that everyone who works with a hazardous chemical has the right to know about its hazards and how to protect against those hazards, and the responsibility to use that knowledge to work safely. The Hazardous Communication Standard applies to any chemical substance present in the workplace including those that are used more frequently or for a longer duration than they would in normal consumer use. Safety Data Sheets (SDS) containing information for the management of hazardous materials exposure or spills are available 24 hours a day, 7 days a week in the Emergency Department and on SharePoint, the Greene County General Hospital intranet. For more information contact the Public Safety Officer.

WASTE DISPOSAL

WASTE TYPE	BAG COLOR OR CONTAINER INFORMATION
Infectious	Red bag
Confidential items	Gray shredding containers are now used for disposal of confidential items. These containers are located throughout the hospital organization.
General waste	Black bag
Needles and sharp objects	Red sharps containers

UTILITIES FAILURE

If there is an electrical power failure, only the red plug outlets will work. 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 you will find 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

The exposure to every day radiation is as normal as breathing. Radiation is in the air, soil, and yes, even in our own bodies. Our concern is the amount of ionizing radiation that you may have the potential to be exposed to while you are working at, or visiting Greene County General Hospital.

Three cardinal principles of radiation safety are: time, distance, and shielding. In other words, if you do not need to be in the room when an x-ray is being taken, then don't! It is that simple.

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 possible for our patients while striving to meet the needs and expectations of other customers as well. Quality means adding value to all we do through a commitment to the continuous improvement of our care and services.

CRITICAL ACCESS HOSPITAL NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify Patients Correctly

- Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

- Get important test results to the right staff person on time.

Use Medicines Safely

- Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use Alarms Safely

- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Prevent Mistakes in Surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.

The exact language of the goals can be found at www.jointcommission.org.

INFECTION CONTROL

The Infection Control Preventionist for Greene County General Hospital 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.

It has been well documented that employees with occupational exposure to blood and other potentially infectious materials containing bloodborne pathogens face a significant health risk. 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 vaccination, warning signs or labels.

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

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

The #1 intervention you can implement to prevent the spread of infection is washing your hands.

Bacteria and diseases are spread very easily from the hands of healthcare personnel. Hand washing facilities are located in every department and it is extremely important for you to wash your hands. Hand wash with soap and water when visibly soiled, before eating, after using the restroom, and when exiting a Clostridium Difficile contact isolation room. Hand wash with soap and water or alcohol cleanser before and after contact with patient or inanimate objects including medical equipment and after removing gloves.

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

Always remember to discard your sharps in a sharps container, and DO NOT recap needles. Empty trash, sharps containers, or laundry when containers are $\frac{3}{4}$ full.

Some patients are placed in isolation due to the nature of their illness. Those patients are identified with a "Stop Sign" on the door to their room. It is important that you do not enter these rooms without first consulting with the nurse to learn the appropriate precautions necessary to protect you and other patients or co-workers.

Infection Control Preventionist..... 812.847.6135 or
317.446.3948 Cell

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 Diseases Are Spread

Germs that cause disease can get on your hands when you touch:

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

Washing your hands gets rid of these germs before they can make you sick.

Always wash your hands:

- Before you eat
- After using the toilet
- Before and after patient contact or contact with patient environment
- After blowing your nose, sneezing or coughing
- After touching your wastebasket
- After touching money
- After touching things that belong to another patient or a visitor
- Before you touch your nose, mouth or eyes

How to Wash Your Hands

- Wet your hands with running water.
- Rub soap over your hands.
- Wash the palms, back of your hands, between your fingers and under your fingernails.
- Wash for at least 15 seconds (about the time it takes to sing "Happy Birthday" twice).
- Rinse with running water.
- Pat your 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
- respiratory equipment

All employees shall be knowledgeable in the following:

- 1) When PPE is utilized
- 2) What is necessary in specific situations
- 3) Proper use, care, maintenance and disposal of PPE

MULTI DRUG RESISTANT ORGANISMS (MDROs)

Multi Drug Resistant Organisms 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.)

Who is at risk for a MDRO?

- Anyone can get a MDRO - even healthy people. The risk is greater for people who:
- get antibiotics for a long time
- have a weak immune system
- had recent surgery
- have a tube, like a urinary catheter or central venous access device (tube put in a large vein that goes to the heart)

Symptoms of a MDRO

Some people have no symptoms and only carry the germ. Some have symptoms like:

1. fever
2. swelling
3. cough
4. wound drainage
5. pain

A test can be done to find out if a germ is a MDRO.

When you see an isolation sign on a patient's door, check with the staff before going in!

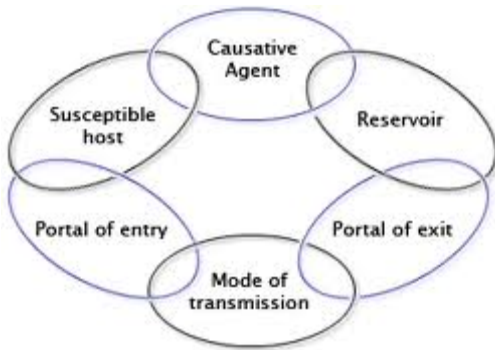


Visitors need to follow all the precautions listed on the sign. Ask the nurse what to do. Some things include:

- Clean your hands before going in and when leaving a patient room. Use alcohol hand cleanser or soap and water.
- Keep all items, including equipment, toys and games in the patient's room until cleaned by staff.
- Tell the nurse if you need linens or other items outside the patient room. Do not go into unit storage areas.
- If you have questions about these precautions, ask the 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 - needlestick)
- Susceptible Host - anyone

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.

Latex allergy in the workplace can result in potentially serious health problems for personnel and the patients. Most of these recommendations set by the task force.

INFECTION CONTROL IN THE OPERATING ROOM (OR)

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

- 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

Rationale – The number of airborne microorganisms is directly related to the number of people in a given area, and their activity.

The Surgery Department is divided into three zones of restriction, according to the degree of desired microbial reduction and patients’ 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, 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 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, 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 (OR) ATTIRE

OR 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, coming in contact with body substances or dirty surfaces occurs. 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 face mask 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 skin scarf. 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).

SERVICE EXCELLENCE

PATIENT RIGHTS

Our patients have the right to expect high quality service, and this is our guiding principle. Patients are to be treated with respect and dignity. All individuals within our 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"

STANDARDS OF BEHAVIOR

Non-hospital employees and certain visitors of Greene County General Hospital are required to follow the Greene County General Hospital Standards of Behavior. Our Standards of Behavior focus on how we treat each other. They define the quality of our relationships with everyone we work with every day. This includes employees, patients, families, volunteers, vendors, and visitors – everyone! This includes people of every age and generation, every department and type of work, every ethnic and religious group. When we act consistently toward one another, our energy can be focused on doing our work and serving customers with excellence. Disruptive behavior will not be tolerated at Greene County General Hospital.

Greene County General Hospital Standards of Behavior are (please see the attached Standards of Behavior document and required signature).

1. Communication
2. Professionalism
3. Positive Attitude
4. Compassion/Empathy/Understanding
5. Respect
6. Accountability
7. Safety
8. Service Recovery
9. Privacy/Confidentiality
10. Reward/Recognition
11. Teamwork/ commitment to Coworkers

PARKING

While there are no specific designated parking spaces, employees and non-hospital employees are asked to park at the back of all parking lots, to show courtesy to our 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 of providing a safe and healthy environment for all people who enter our hospital and our campus. To establish and maintain the safest possible environment in which to deliver such health care, effective November 15, 2012, Greene County General Hospital is smoke-free campus-wide.

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

Employees are to refrain from smoking during working hours and to avoid bringing the contaminants of tobacco smoke that remain on one's 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 issues when an 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

As non-hospital personnel you are expected to follow the dress code set forth by Human Resources policy, your clinical program, and/or department you will be performing work for at Greene County General Hospital.

DIVERSITY

Diversity at Greene County General Hospital is defined broadly to include group differences (based on age, race, gender, sexual orientation, disabilities, parental status or job group, for instance) and individual differences, including communication style, career experience and other variables. Our goal is to create an environment that is inclusive, drawing upon the strength of the diversity of our workforce to exceed the expectations of Greene County General Hospital's customers. Diversity is about valuing the similarities and differences among individuals.

While at Greene County General Hospital we can expect you to:

- Appreciate differences of peoples' styles, cultures, gifts, and skills. Be willing to learn from others' points of view.
- Implement the four steps of the F.A.I.R. approach
 - Feedback – giving and receiving appropriate feedback
 - Assistance – providing and asking for assistance when needed
 - Inclusion – ensure everyone feels included
 - Respect – demonstrate appropriate respect and regard for others
- Be understanding – acknowledge that there can be differences between our Western and other cultures' healthcare values and practices
- Be empathetic – be sensitive to the feeling of being different
- Showing patience – understand the potential differences of concept of time and immediacy
- Show respect – Understand the importance of culture as a determinant of health; the existence of other world views regarding health/illness; the adaptability and survival skills of our patients; the influence of religious beliefs on health and the role of bilingual/bicultural staff
- Be trustworthy – convey a commitment to safeguard our customers' well-being.

ABUSE

It is the responsibility of all hospital 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 batterer may frequently accompany the patient; therefore, the patient may be reluctant to give information regarding the real reason for injury. Anyone who makes a good faith report, based on the evidence they have, cannot be prosecuted for doing so 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"

WORKPLACE SAFETY AND SECURITY

Workplace safety is an important priority at Greene County General Hospital including the safety of patients, visitors and employees. The following information is provided not in the expectation that an incident will occur, but because knowledge and preparation are the best ways to minimize and avoid such events. Any form of harassment, disruptive, threatening, or violent behavior will not be tolerated by employees, physicians, volunteers or others. Such behavior does not support Greene County General Hospital organizational values.

Safety and security is a responsibility we all share. Trust your instincts. If something just doesn't look right, feel right or seem right, it probably isn't. Remove yourself from the situation and report it to someone of authority. A good guideline is that if you think you may regret not reporting something, report it.

Keep your personal belonging personal. Avoid the loss of property, time, and trust which results from theft in the workplace. Around the office, lock up your purse or wallet. Leaving them unattended or laying around on your desk invites someone to invade your privacy.

Walk with others to parking lots. If alone, contact Security for an escort. Communicate any concerns about the parking lots.

Firearms including guns and switch blades should not be brought into the hospital, contact Security at 812.847.5272 or extension 2197 if assistance is needed in addressing this.

DISRUPTIVE BEHAVIOR

Disruptive Behavior is conduct displayed by a healthcare professional that negatively impacts 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 the property of Greene County General Hospital or another employee, 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 the property of Greene County General Hospital.

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 HARASSMENT

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. Instead, a person should respond immediately and directly to the offender to indicate that the behavior or remark is not acceptable.
- Say “No” to the offender. Make it clear that you do not approve of his or her actions. Tell them any repetition will be reported to their boss. If the unacceptable behavior happens again, speak with your supervisor.
- If you do not want to confront the person, then discuss the situation with your department supervisor/manager and the Director of Human Resources.
- If you do not feel comfortable talking to a manager or director, you may go directly to the Director of Human Resources by calling 812.847.5229.

REPORTING DISRUPTIVE BEHAVIOR, VIOLENCE, AND HARRASMENT

Immediately contact security at 812.847.5272 or have someone call for you if an individual makes threats of physical harm toward you, others, or him/herself, has a weapon, or behaves in a manner that causes you to fear for your own or another’s safety. All incidents of verbal or written abuse must be reported when an employee feels threatened, provoked, intimidated by the incident, or when the person making the statement or comment intends for their conduct to be perceived as a threat. Ask for a Morrissey incident report to 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 Greene County General Hospital to ensure information privacy, security and integrity. Without your engagement, sensitive information can be breached. Information breaches are not only costly to Greene County General Hospital, but individuals may also be held liable under federal and state penalties as well as IU Health sanctions. The government mandates Greene County General Hospital protect the privacy, security and confidentiality of our 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 Greene County General Hospital 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

Never view sensitive patient (including family, friends, co-workers, neighbors, community leaders, celebrities or research subjects) or employee information without a business need-to-know or a provider relationship which allows such an action. 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, this information 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 screens.

Use and access only the minimum necessary information to perform an assigned duty or to accomplish a stated purpose. Disclose only the information that is minimally necessary in each situation to achieve the purpose of the disclosure. When documenting patient activities, always clearly provide the correct information on the record.

Clear, factual and accurate information is necessary to protect information security as well as make key clinical and business decisions.

Safeguards

- Make certain medical records and forms with patient names and information are face down and that medical records in wall boxes face the wall or door.
- Turn computer monitor screens away from public viewing areas or block the view of the screen information as much as possible while in use.
- Dispose of necessary patient information in secure shredding bins for shredding, not ordinary trash containers.
- Use lowered voices or talk apart from others when sharing patient information.
- Discuss patient information privately; never in elevators, lobbies, cafeterias or corridors.
- Always use a fax cover sheet (a Greene County General Hospital fax cover sheet is available online) and double check for accurate fax numbers.
- To securely email sensitive information to an email address that is not a @mygcgh.org address, simply type in the subject line of the email "Secure Message" (and that only). The Greene County General Hospital email system will automatically transfer the information securely.
- To securely transfer data with a USB drive, you must encrypt the specific file or the entire USB, or both. Encrypted USB drives can be obtained from the IT Department.
- Sharing of passwords is prohibited! DO NOT share system passwords with ANYONE!
- User sign-on activity is tied to your unique user sign-on identification and password. Your activity may be logged and monitored by the IT Department to ensure the protection of uses and disclosures of protected health information.
- Log-off after you have completed your work, so someone cannot access the system with your log-on. You are held responsible for any work completed under your sign-on.
- 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.
- Never save e-PHI on a cell phone device unless it is encrypted.
- Devices used for Greene County General Hospital business must be compliant with Greene County General Hospital 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

- Be conscious of the information you are carrying with you (electronic or on paper).
- When you must leave items containing sensitive information unattended, use precautions. For example, laptops or bags left visible in parked cars are tempting targets. Avoid leaving valuables unattended or lock them out of sight in your trunk.
 - When there is a breach or potential breach (i.e. when equipment or information is lost or stolen), **prompt action is critical**. Notify Compliance & HIPAA Security Officer immediately at 812.847.5232.
- The faster the breach or vulnerability is understood, the faster our 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 of time.

Social Media

- Greene County General Hospital recognizes employees and non-employees may participate in online social networking and blogging services on their personal time. But, all members of the Greene County General Hospital workforce have an obligation to protect the privacy and confidentiality of patients, their families and fellow employees ... even when not at work.
- Greene County General Hospital recognizes that our healthcare providers sometimes develop close and long term relationships with our patients. However, social networking and Internet blogging sites pose a unique risk to Greene County General Hospital and yourself because of ongoing responsibilities to protect the privacy and confidentiality of all those who seek services here.

- Sharing any private or confidential information through blogging or social networking sites on the Internet is a breach of patient confidentiality and a violation of Greene County General Hospital 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 extension 2036.

- **Do not** take pictures of patients without a healthcare purpose and a written consent from the patient on file in the medical record.
- **Do not** take pictures with personal cameras, personal cell phones or any other personal devices not owned by Greene County General Hospital.
- **Do not** post 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.)
- **Do not** post any pictures of patients received from the patient or their family.
- **Do not** text patient information using personal devices.
- **Do not** discuss 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 Greene County General Hospital 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 Greene County General Hospital disciplinary procedures, including the possible loss of computer system privileges and/or termination of employment. Illegal acts involving Greene County General Hospital 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. One of Greene County General Hospital strongest assets is a reputation for integrity and honesty. Greene County General Hospital takes its compliance and integrity responsibilities very seriously.

The Greene County General Hospital Code of Conduct states personnel will:

- Comply with laws, accreditation standards and agreements.
- Exercise the utmost honesty, accuracy, fairness and respect for others when acting on Greene County General Hospital's behalf.
- 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 Greene County General Hospital; nor shall Greene County General Hospital 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.

- Management will prescribe and place in operation internal controls to adequately mitigate significant operational, financial and compliance risks.

Fraudulent and Wrongful Acts

The prevention and detection of fraudulent and wrongful acts go hand-in-hand with regulatory compliance. If you have a reason to believe a wrongful act has occurred, you have a responsibility to report such an incident to management. Do not confront a person whom you suspect of a wrongful act, 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 Greene County General Hospital.

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 Greene County General Hospital 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 Greene County General Hospital 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. Consult with the Compliance & HIPAA Security Officer if you encounter circumstances to which the Anti-Kickback Statutes or the Stark Act may apply.

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 immediately resolve the issue. If you feel uncomfortable discussing your concerns with either Management or the Compliance Officer, Greene County General Hospital 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 to the Compliance Hotline, 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

In addition to the Compliance Hotline individuals may report concerns about safety or quality of care provided at any Greene County General Hospital 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 Greene County General Hospital 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 you believe that you are being subjected to inappropriate retaliation or retribution, please inform the Greene County General Hospital Compliance Officer 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"